

tually throw light on how changes in the human brain with age or disease impair the ability to adapt to change which may lie at the root of many of the functional psychiatric disorders of later life.

NOTES

- 1 Katona, C. and Levy, R. (eds). 1992. *Delusions and Hallucinations in Old Age*. Royal College of Psychiatrists, London.
- 2 They have stimulated a special issue of *Schizophrenia Bulletin*, 19, 4 (1993) 683–830.
- 3 Bowling, A. 1994. Social networks and social support among older people and implications for emotional well-being and psychiatric morbidity. *International Review of Psychiatry*, 6 41–58.
- 4 Cohen, B. M., Renshaw, P. F. and Yurgelum-Todd, D. 1995. Imaging the mind: magnetic resonance spectroscopy and functional brain imaging. *American Journal of Psychiatry*, 152, 655–658.

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Charles F. Longino and John W. Murphy, *The Old Age Challenge to the Biomedical Model: Paradigm Strain and Health Policy*, Baywood, Amityville, New York, 1995, 169 pp., hbk ISBN 0 895 03165 5, pbk 0 895 03 1.

This book is not really about ageing, rather it examines changes in the demography of the United States to make general points about the evolution of medical knowledge and the status of science. This is no bad thing, for the study of old age has a tendency to eschew theory in favour of empirical observation. The main difficulty with this approach is that social gerontology sometimes presents a static picture of ageing. Consequently, it is one of the strengths of this book that the authors start their analysis from what they see as the cultural transformations surrounding science and medicine and integrate the emergence of an ageing population with these.

Longino and Murphy argue that an ageing population is one where health care will have to confront chronic illness and disability as never before. This will pose serious problems for a system based on the dominance of a model of curative medicine. Not only are there few cures but most of these conditions dominate the lives of individuals suffering from them. The importance of wider psychological and social factors undermines the mind-body dualism fundamental to the present practise of medicine. The scientific detachment and objectivity that established modern medicine's reputation and power in the nineteenth century also removed the experience of the patient from the medical consultation. As an example, Longino and Murphy recount the way in which the invention of the stethoscope (by René Laennec in 1816) allowed the doctor to examine patients rather than observe them. By localising pathology with the stethoscope, the doctor replaced the patient's own account with a more objective measure. The love affair between modern medicine and sophisticated imaging technology is a continuation of this search for detached objectivity.

The complaint that medicine ignores the perspective of the patient is not new, nor is the allied argument that chronic illness complicates the traditional assumptions and role of clinical medicine. For Longino and Murphy, however, this is only part of the story. Bio-medicine is under threat because its 'epistemological foundations have been taken away'. The objectivity of science, the mind-body dualism and the primacy of progress have all been thrown into doubt by the emergence of a post-modern society where such grand narratives sound suspiciously out-of-date if not authoritarian. It is no coincidence that the late twentieth century is marked by challenges to previously inviolable institutions and beliefs in which questions of knowledge are seen to be inescapably entwined with power. To ignore the patient's perspective is as impossible as it is outmoded. The very number of older people may act as a catalyst for change, but the need to be aware of the multiple positionalities of these people will be the transforming medium.

This is welcomed by Longino and Murphy: they see great opportunities for the development of a more responsive health care environment predicated on Habermas's ideal-speech situation. Stripped of the distortions of power and focusing on 'communicative competence', real dialogue can commence when what people really want can surface. As I mentioned at the beginning of this review, this book is less about ageing than an extended essay on epistemology and modern culture. There are difficulties with the perspective offered by the authors. While there is a valuable account of the development of bio-medicine in the United States, more could have been written about the particular dilemmas that affect the specialty of geriatric medicine. I am also uneasy about the authors' assertions on post-modernity without any reference to the debates on its existence and nature. This is all the more confusing given Longino and Murphy's use of the work of Jurgen Habermas who, to my knowledge, is not a post-modernist. At a more practical level, the overall thrust of their arguments lead them, as they acknowledge, to endorse attempts at community decision making in health care such as the Oregon experiment. While they acknowledge the dangers for vulnerable groups in such exercises, their philosophical position underplays the non-discursive factors involved. These criticisms aside, this book should be welcomed by social gerontologists as bringing contemporary theoretical debates to the study of old age.

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Jon Hendricks (ed.), *Health and Health Care Utilization in Later Life*,
Baywood, New York, 1995, 217 pp., \$21.95, ISBN 0 89503 168 X.

A holistic, multi-disciplinary approach to the health care of elderly people is most likely to produce effective results. However, a refreshing approach is also necessary to avoid well-trodden pathways in the search for facts. In addition, a book on ageing perspectives should always leave the reader with more questions than answers. This collection of thirteen research papers meets these three criteria. Several chapters explore infrequently studied aspects of health