

villageoise) mise en branle par l'annonce de cet événement et, finalement, l'opération proprement dite. L'auteur s'appuie sur la description d'une cérémonie datée de septembre 1991 comme illustration d'un cas-type de rite de circoncision dans cette population. Le lecteur est convié à une présentation ethnographique qui aborde par le menu toutes les activités liées à la circoncision proprement dite.

Le troisième chapitre décrit en détails les différentes étapes de la période de «renaissance», i.e. de réclusion/convalescence qui suit la circoncision. Elle dure le temps nécessaire à la cicatrisation du pénis de tous les initiés.

Le propos de Muller montre que la circoncision constitue un élément central de l'identité dii depuis des temps immémoriaux et qu'elle continuera de le faire dans l'avenir puisque ces rites initiatiques se maintiennent en assimilant divers changements. Ainsi, certaines familles conduisent leur enfant à l'hôpital pour y être circoncis sans que cette façon de faire n'empêche le garçon de s'inscrire au camp d'initiation comme tous les autres. Plusieurs autres transformations ont également cours, par exemple «l'individualisation croissante du processus de la circoncision» (p. 43), amenant des parents à faire circoncire leur enfant à la maison. Dans de tels contextes, le caractère autrefois communautaire de cette pratique a déjà commencé à subir des modifications en profondeur.

Les pages (pp. 107-110) consacrées à la mise en rapport de la circoncision avec la «pseudo-excision», que Muller identifie également comme «tiraillement du clitoris» (p. 108) et leur interprétation qui s'éclaire davantage dans le rapport des Diï avec leurs voisins Gbaya nous fait passer, en fin de parcours, de la description ethnographique centrée sur la circoncision à une interprétation ethnologique plus large des variations sur les thèmes de la circoncision et de l'excision, des rapports entre les sexes et de la circoncision comme «un indicateur de genre qui produit et perpétue la séparation entre les hommes et les femmes» (p. 121).

Les paragraphes de conclusion servent à aborder la question plus générale des transformations qui sont apparues dans les rites de circoncision pratiqués par les Diï. C'est alors l'occasion pour Muller d'insister sur la persistance de cette pratique comme marqueur identitaire malgré les changements qu'elle a connus depuis quelques décennies. Elle contiendrait même, dans ses manifestations actuelles, une résurgence de l'identité dii devant les forces mondiales de dé-localisation.

Pourtant, plusieurs indices des modifications apparues au fil des années et présentées dans cette monographie laissent davantage penser que nous sommes face à une rupture définitive avec des coutumes déjà passées dont l'ethnologue vient nous livrer une dernière photographie. La description ethnographique de l'anthropologue prendrait ainsi l'allure d'un témoignage à valeur historique des derniers sursauts de pratiques communautaires largement modifiées, laissant anticiper leur dissolution comme phénomène social, malgré la persistance de cette pratique.

Une remarque de détail en terminant. L'usage abondant que Muller fait de la transcription phonétique des termes et des expressions de la langue dii aurait mérité une présentation des clés du système phonétique utilisé par l'auteur en début ou en fin de texte.

Susan Greenhalgh, *Under the Medical Gaze: Facts and Fictions of Chronic Pain*, Berkeley: University of California Press, 2001.

Reviewer: *Sam Migliore*
Kwantlen University College

Under the Medical Gaze is an interesting and thought provoking book. Susan Greenhalgh's personal and intimate account of her experiences with biomedicine and specific members of the medical profession makes an important contribution to medical anthropology, feminist and gender studies, and the relatively new field of autoethnography. It is the type of book that should appeal to academics, the general public and, it is hoped, medical professionals.

Greenhalgh begins with the usual review of literature and discussion of theory. The reader soon discovers, however, that *Under the Medical Gaze* is anything but a traditional academic text. Greenhalgh takes chances and experiments with the narrative. She displays courage, for example, in presenting a narrative that delves deeper into her personal feelings, psyche and medical condition(s), and provides a much more detailed account of her interactions with medical professionals than most academics would feel comfortable discussing publicly. In the process, Greenhalgh succeeds in providing us with an insider's shifting account(s) of the pain, desires and troubling doubts people may experience due to the medical diagnosis (misdiagnosis), prognosis, and treatment of chronic conditions such as fibromyalgia. She also succeeds in demonstrating the potentially negative effects a diagnosis/misdiagnosis can have on a person's self-image and mental health. The book does not provide an account of how the medical professionals themselves viewed their interactions with Greenhalgh but, to her credit, she acknowledges this and attempts to address some of the limitations of the narrative.

In terms of style, the author experiments with the narrative presentation. She distinguishes between Susan Greenhalgh, the anthropologist and author of the text, and S., the patient who diligently recorded the everyday notes that made the text possible. Although I suspect that the distinction between the "I" and the "she" facilitated the actual writing of the book, it left me wondering about the usefulness of discussing autoethnography in terms of a divided "self" (a portion of which, according to the author, no longer exists except for the notes left behind). My personal bias is that autoethnography is one means by which anthropologists can open the

door to include their subjective feelings and experiences into the study of some phenomenon, not to create an objective “self” that one can step away from for analytical purposes.

In terms of content, reading Greenhalgh’s narrative reminded me of a Sicilian story I heard several years ago. Although the story loses something when condensed and presented in translation, it may be worthwhile summarizing here:

One evening, during the family meal, a fisherman felt a tinge of pain in his throat. He suspected that he had swallowed a small fish bone but, since the pain was not severe, he continued with his regular activities. The pain, however, persisted, so the man visited the doctor for help. Following the local custom, he brought a gift for the doctor, some fresh fish. The examination did not reveal anything amiss. The doctor recommended that the man eat and drink things that would be soothing to the throat, and to return within a week.

The pain did not go away; in fact, the man had to visit the doctor repeatedly over the next several weeks. Then, one day, the doctor was away on business. The doctor’s daughter, a newly trained physician, examined the man and discovered the tiny fish bone lodged in his throat. After some struggle, she removed the bone.

When her father returned to the office, the daughter enthusiastically related what had transpired. The doctor sadly replied: “we have eaten our last fish.”

Through humour, people acknowledge the fact that medical professionals have a vested interest in *sickness* and *suffering*. This is precisely one of the points Greenhalgh addresses in the book. Medical practice, and biomedicine in general, is not free of cultural values and self-interest.

Greenhalgh, however, goes well beyond this point. She does not treat herself as simply a victim of biomedicine and a specific medical practitioner (Dr. D.). Greenhalgh makes it clear that she played an active role not only in her interactions with medical professionals, but also her interactions with family members, alternative medicine, the medical literature, and various aspects of popular culture. At the same time, it also is clear that this interaction process (especially those interactions with Dr. D.) was sometimes fraught with inequality. One of the strengths of the book is Greenhalgh’s ability to document how the culture of biomedical practice can place women at a disadvantage in dealing with male medical doctors.

Finally, *Under the Medical Gaze* addresses the notion that although the biomedical stories practitioners construct may provide a basis for medical treatment and relief of suffering, they can also generate pain and suffering. The story one chooses to represent the “truth” does make a difference in terms of a patient’s overall health and well-being.

Under the Medical Gaze is a welcome addition to the ever growing literature in medical anthropology. It would make an excellent choice as a text for both undergraduate and graduate courses.

Regna Darnell, *Invisible Genealogies: A History of Americanist Anthropology*, Lincoln and London: University of Nebraska Press, 2001, xxvii + 373 pages.

Reviewer: *Naomi McPherson*
Okanagan University College

There is a “rhetoric of discontinuity” among contemporary anthropologists that renders invisible the intellectual genealogies of American anthropology, particularly in relation to “Franz Boas and his first generation of students” (p. xiv). Darnell brilliantly and convincingly argues that, regardless of where they did fieldwork, all North American-trained anthropologists are Americanists who take as givens the theoretical, methodological and ethnographic heritage of the Boasian tradition—culture in the plural, participant observation fieldwork, the cross-cultural study of meaning, the collection of ethnographic and linguistic texts, relativity and relativism, anti-racism—concepts foreshadowing contemporary “feminist, postcolonial, and postmodern interests in narrative, dialogue, and standpoint” (p. xviii). Darnell’s own intellectual genealogy connects her to the Boasians through Frederica de Laguna, Boas’s last doctoral student and Darnell’s first anthropology teacher, and from her first anthropology textbook, Kroeber’s *Anthropology* (1948 edition), to her dissertation (1969) on the early history of Americanist anthropology. Darnell’s own corpus of work (nearly 50 entries in the bibliography), is grounded in long-term ethnographic and linguistic collaboration with the Plains Cree of northern Alberta and a career-long study of the history of Americanist anthropology. This deep and abiding understanding of the Americanist tradition richly informs this “discursive essay” which is both ethnography and a “serious critique of contemporary anthropology...theory and practice in the context of history” (p. xxiii).

The introduction, “The Invisibility of Americanist Genealogies,” begins to reveal the intellectual continuities in contemporary, postmodern anthropological practice through a normative list of “distinctive features of the Americanist Tradition” which go to the heart of the anthropological endeavour theoretically, methodologically and ethically. Readers may well find themselves, perhaps surprisingly, acknowledging with Darnell that “The basic premises of the Americanist tradition are for me, not negotiable” (p. 23).

The first five chapters explore the work and key contributions of the core Boasians—Boas, Kroeber, Sapir, Whorf and Benedict—but this is no mere chronology of anthropological begets; rather, it is a nuanced, layered and critical analysis of the Americanist tradition and its continuity with contemporary anthropological practice. For example, Darnell points out that the two theoretically central Boasian concepts, the “analytic discreteness of race, language and culture...[and] the relativism and historical contingency of cultural categories...have been so thoroughly incorporated into North American anthropological praxis that they now