

Milner is convinced of the ideological centrality and historical continuity of Brahmanical notions of ritual purity and caste status, “the relative stability of Indian social structure at the village level,” and “the Brahmans' prominent and often dominant position as cultural and religious leaders over a long period (p. 56).” Historical studies of castes in Mughal or British administrative settings and studies of popular religion where Brahmanical notions are unknown or do not fit have not been used. One can hardly fault him, however, for a poor command of the literature, and scholars whose work fits in with his views and development of theory have been used well. His discussion of sacredness and status in Hinduism, chapters 12-15, is generally very well done, based on excellent recent work, and brief contrasts with Christianity add a comparative dimension. In his writing, salvation or moksha is analyzed as the ultimate form of social mobility or status transformation, but the quoted poetry from various bhakti (devotional) movements should introduce many to some of the special delights of Hindu doctrine and practice. Even here, however, his notion of Brahman dominance sometimes leads him astray. He says that in Europe the priesthood was in principle always open to those of low status origins, “which certainly has never been the case in Hinduism (p. 217),” apparently forgetting that in recent centuries secular Brahmans have always ranked above priestly Brahmans, and that persons of any status or gender can become sanyasis (world renouncers) and sanyasis are often gurus or religious preceptors for lay Hindus.

I do not mean to underestimate Milner's achievement. The book is the product of much hard work and hard thinking, and his prose is clear and forceful (but the editor did not catch some instances of lack of agreement between subject and verb or modifier.) Milner has mastered an extensive and difficult body of material, understood it through social science theory, and used it to suggest further advances in that theory. It may be that this study will lead to real advances, particularly in the moving of the “unique” case of Indian society into the mainstream of sociological analysis.

Women in Pain: Gender and Morbidity in Mexico. By Kaja Finkler. Philadelphia: University of Pennsylvania Press, 1994 xviii, 238 pp.

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This is an ambitious book. In her book, *Women in Pain: Gender and Morbidity in Mexico*, Finkler sets out to explain the differential morbidity patterns experienced by men and women in Mexico. The author has been conducting research and observing Mexican life for 20 years, during which time she has lived with families, trained as a Spiritual healer and studied biomedical practices in one of the largest hospitals in Mexico City. The author's knowledge of the population she addresses is evident on every page and in every description, as is her grasp of the complexity of issues surrounding the women whose pain she describes.

Finkler writes that her goal in writing this book is to “deepen our grasp of human sickness...and to do so I focus on what I call life's lesions.... Contemporary biomedicine has unquestionably made dazzling advances and has succeeded in treating complex medical impairments. At the same time, biomedicine often fails to alleviate patients'

routinely experienced symptoms because of the limitations of the biomedical script, a script that fails to comprehend life's lesions" (p. xv).

Life's lesions, a concept that Finkler introduces, is an intriguing symbol of how the wounds inflicted on people (in this case, women) during their lives become expressed in physical manifestations of ill health. An important aspect that Finkler incorporates in the concept of life's lesions is the reflection of a sense of loss of control, or of one's life being out of control. Her description of Mexican gender role expectations makes clear why women who have little control over their lives would express chronic and unexplained physical pain. Lest readers would assume that all Mexican women are trapped in the same gender roles and experience the types of life's lesions that Finkler describes here, she cautions against being able to generalize the entire population of Mexican women. The women described in her book are, however, a particular set of women. They were drawn as a subset from a sample of 205 women Finkler interviewed initially at the hospital, of whom 161 were interviewed later in their homes. The 10 case studies included in the book are drawn from the 161 women interviewed both in the hospital and in their homes.

The book is divided into three parts: the first part reviews the literature on the nature of sickness, the nature of gender, and the intersection between gender and sickness. The second part lays out a good review of gender roles in Mexico, historical relations between men and women, and the place of Spiritualist or Evangelical movements in the lives of poor men and women. In addition, Finkler includes an overview profile of women in her population. The longest section of the book is reserved for the case studies of women, their life's lesions and their descriptions of their pain. In the case studies the reader meets Juana, Susana, Carlotta, Maria and five other women whose lives and whose pain are detailed.

Maria, for instance, is 33 years old, married and has two children. She lives in a newly developing neighborhood in Mexico City, and like other women in the book has seen a variety of physicians and healers without surcease for her pains. She has been diagnosed as having "a spastic colon, parasitic colitis, and diverticulitis" (p. 190). In addition, her condition has been diagnosed as "ovarian problems," "chronic nervous colitis" and one doctor told her that her problems were caused by "animals in her stomach" (p. 192). She said that she has experienced a fright (*susto*) that caused her to become very nervous. Unable to find relief from her continual pain, Maria sought out a homeopath, but to no avail. When the Social Security doctors were unable to treat her and became exasperated, they referred Maria to a psychiatrist with whom she spoke about her refusal to have sexual relations with her husband since he has been sexually active with another woman.

According to Maria, she and the psychiatrist "just talked" (p. 192). "He asked me questions about my sexual relations with my husband and how I treated my children. The psychiatrist told me that I should change, but if my husband who has made me so [sick] does not change, and he does see the psychiatrist, then what difference will it make? It is just talk. What for, I will be the one who will change but my husband will not. I told the psychiatrist that I didn't like being with my husband and that he was seeing other women, and he told me that we [Maria and her husband] needed to talk: that we should be calm about it, and when he said, "well, maybe it wasn't true [that her husband had another woman], I didn't return" (p. 192).

Finkler notes that the medical profession provided little help to Maria. Indeed, the psychiatrist failed to recognize her suffering, and in general, medicine failed to treat Maria as a whole person expressing a life of misery and injustice. Maria's life's lesions reflect her perceived lack of control over her own life; her inability to acquire a primary school

education because she was forced to care for her 10 brothers and sisters, and her inability to control her husband's sexual relations with other women. Poverty and traditional gender roles conspire to limit Maria's perception of choices open to her, and result in the physical manifestation of shifting and continual pain.

Finkler's women are real: they will be recognizable to anyone who has worked in Mexico. I knew women like them when I worked in both southern and northern Mexico. Mexican women are not the only women whose stories resonate in these case studies; they are women whose lives have been continually constrained until the women themselves see no possible good future in store. As I wrote at the beginning of this review, this is an ambitious book; a book that succeeds better at some levels than at others. The concept of life's lesions is a significant contribution, allowing us to comprehend the cumulative effect of life's assaults on a person. Finkler also succeeds with the chapters on the nature of sickness, gender and history. Life's lesions cannot be understood without the presentation of that larger context. Putting the case studies together with the literature on gender, sickness and history is less successful until the reader reaches the conclusion where Finkler brings it all together.

I would have liked to see more complex analysis of each case study, even if that meant fewer case studies could be presented. I also wanted to know more about the medical/health care systems in which these women were enmeshed. In some ways this book can be read as an indictment of the medical care the women received, but we don't know enough about the system to draw our own conclusions and Finkler does not directly address the subject. The author acknowledges that the book is intended to be "more an intermediary stage than an endpoint" (p. xvii). Using those words as a guide, perhaps the next stage will include a greater reliance on the political economy of the situation. Until then, we can appreciate this book for its many insights and valuable contribution of life's lesions in understanding health and illness.