

ban League, and Southern Christian Leadership Conference follow a pattern similar to that of the media. Cohen never insinuates that black organizations and political leaders did nothing to combat AIDS. She details their accomplishments. To Cohen, black political leaders simply did not do enough. Her analysis of roll call votes and public statements of political leaders are not only evidence of their stand on AIDS and related issues, but also of the many times they should have pushed harder. Instead of "transforming" basic myths about AIDS and mobilizing black communities, far too many black political leaders played it safe. Political leaders, rather than openly confronting the AIDS problem in black communities, allowed the fissures within communities to swell. The breakdown of black politics becomes a predictable outcome. Cohen calls for a new leadership, one that will "reflect the differential life experiences and interests among black Americans, while preserving some unified constituency available for mobilization" (p. 291).

Cohen's thought-provoking book should ignite lively debate about black political leadership and responsibility. Graduate students in political sociology, medical sociology, and methodology will find this book compelling.

Fast Lives: Women Who Use Crack Cocaine. By Claire E. Sterk. Philadelphia: Temple University Press, 1999. Pp. ix+242. \$59.50 (cloth); \$19.95 (paper).

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Claire E. Sterk's descriptive ethnography of women from the Atlanta area who use crack cocaine illustrates the difficult and varied ways that drugs impact their lives. Sterk aims to tell the tale from the perspective of the women, thereby exploring the complexity of their relationships to crack, as well as to their significant others. The book explains some of the tensions women feel from, for example, wanting to identify as good mothers and how their drug use frustrates that identity. In addition, some of the women feel conflicted about their relationships with partners, about their illegal hustles, about the obstacles to successfully completing drug treatment, and other issues. At times, the women describe the salience of these other aspects of their lives, yet repeatedly throughout the book, their relationship to crack seems to be the most significant feature of their daily existence.

Yet, Sterk demonstrates that there is not a single, one-dimensional "type" of woman that uses crack cocaine. For example, some of the women engage in illegal hustles to support their habits while others do not; some have active sex lives with numerous partners while others do not; some try to reduce their drug use while others do not. In this respect, the book encapsulates many of the same findings that authors have previ-

ously reported about crack and other substances. For instance, Margaret Kearney, Sheigla Murphy, and Marsha Rosenbaum described the tensions involved in motherhood for women using crack cocaine ("Mothering on Crack Cocaine: A Grounded Theory Analysis" [*Social Science and Medicine* 38 (1994): 351–61]). In addition, other topics, such as the lack of subsidized drug treatment (specifically the lack of women-centered programs), have been documented by others as well. Many of the issues Sterk explores, such as the consequences of drug prohibition, are developed in a volume edited by Craig Reinerman and Harry G. Levine (*Crack in America: Demon Drugs and Social Justice* [University of California Press, 1997]). While Sterk's accounts of women's lives pulls together many of the findings from disparate sources, much of what she says has been said already.

The biggest drawback to Sterk's treatise is that it is virtually devoid of theoretical content. In a few places, the author alludes to symbolic interaction and the significance of social roles, yet she never develops an analysis of role engulfment or fully describes the process by which people become submerged into drug-using identities. For example, one chapter discusses the various ways that the women were introduced to illicit drugs, usually through boyfriends or other influential peers, but there is nothing unique about crack cocaine in this process of social learning. Thus, the author does not shed much light on the ways that some roles become more dominant while others do not, nor is it clear the extent to which these women identify primarily as crack users.

Similarly, Sterk tiptoes around the impact of race, class, and gender on these women's experiences. She mentions that these are critical variables for shaping their lives; however, she seems uncomfortable theorizing about the role they play. Sterk points out that most of the women had financial problems before they began using crack; many engaged in illegal hustles well before the onset of their drug use. There are places throughout the text where the role of poverty is brought into relief, but the process by which the experience of being shut out of the labor market, the feelings of hopelessness, are never fully mined. Although Sterk explains some of the differences in experience, for example, between male crack dealers and female ones, gender and race are both largely ignored. In the final chapter, the author reports that the women often blame sexism, racism, and classism for their problems, but this revelation is disconnected from the content in substantive chapters.

All of the chapters are arranged according to descriptive topics, such as women's introduction to drugs, AIDS, income, reproduction, and so on. The fact that there is no conceptual framework guiding the chapter organization speaks to the purely descriptive nature of the text. The concluding chapter begins to address conceptual issues by touching on how the portrayal of these women's lives reflects upon public policy about drug use. Sterk advocates a "harm reduction" approach, similar to the stance toward drugs in the Netherlands. Meanwhile, Sterk acknowledges that even if cocaine were legalized, poverty, racism, and sexism would

continue. In the end, Sterk claims that these women's "drug use can only be understood when placed in a larger societal context" (p. 215). The book does demonstrate *some* of these contextual factors, highlighting the chaos created by crack cocaine use, the lack of resources in certain communities to resist the drug trade, and the sense among residents that they have little to lose by smoking or dealing crack. Unfortunately, a concerted effort has been made to eliminate theoretical analysis whose inclusion would have made the book stronger for a sociological crowd.

Inventing Pain Medicine: From the Laboratory to the Clinic. By Isabelle Baszanger. New Brunswick, N.J.: Rutgers University Press, 1998. Pp. x+358. \$50.00 (cloth); \$22.00 (paper).

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Isabelle Baszanger, in *Inventing Pain Medicine*, explores the creation of the theoretical field and practical specialty of pain medicine in a way that opens up to broad and important sociological concerns, including the way professional disciplines fission and form and the way these processes interact with the creation of new knowledge and with broader socio-historical events. Scholars interested in the sociology of the professions, of knowledge, of medicine, of science, and even of social movements will be interested in this book.

This book is compendiously researched and presented, and Baszanger uses a number of qualitative techniques, including participant observation in pain clinics in the United States and France, content analysis of (American) textbooks and written materials, historical analysis, and first-hand interviewing and correspondence with some of the principals in the pain "movement." On an empirical level, Baszanger examines how and why the new conceptual and organizational forms of dealing with pain emerged at a given moment (i.e., the "invention" of pain medicine) and how and why the specific clinical interactions in this field transpire. These concerns are, in general, addressed in the first and second halves of the book, respectively. The book documents the origin and evolution of the specialty of pain medicine and the creation of pain clinics, and also the developments in biomedical theories regarding pain that both drove and resulted from these developments.

As Baszanger shows, pain is a problematic phenomenon for at least two reasons. First, it is a "private reality" that cannot be objectified given current medical technology. And second, its persistence in a patient reflects a failure of medicine to be effective. As such, it is a difficult basis for a new specialty and for everyday practice.

Baszanger shows that the challenge, when it comes to pain, is that the "physician must believe the patient" (p. 33), which is a radical proposi-