

humanism - the translation of knowledge changes the actors involved as well as the knowledge itself, and in translating these texts, the editors have also changed them. In her introductory chapter, Åsberg describes how they have adapted the original texts in an effort to create a common posthumanist ground, “transposing” the texts into a posthumanist language to enable communication between different disciplines and fields (p. 16-17). Through the introductions and the translations, they put these texts into dialogue with each other as well as with the posthumanist field. Still, in selecting, introducing and translating these texts, they have also been excluding. And although the editors assure us that they do not want to create any form for canon, the texts they have chosen inform us that the effects may be something quite different from the intention. The definitions in the dictionary at the back also remind us as readers that this is a specific version of posthumanism. Translated from other languages into Swedish, it creates something new, something that might be termed Swedish, or Scandinavian posthumanism. Histories, actors, agents, objects, relations, effects, materiality and meaning is what this posthumanism is all about. The posthumanist challenge posed in this book might be summed up like this: How to make sense of the complex realities of humans and non-humans in ways that includes the material, challenges anthropocentrism and are ethically valid? *Posthumanistiska nickeltexter* offers nu-

merous points of departure for anyone eager to venture into this landscape as well as a range of interesting, and creative answers to this challenge.

Dawn Goodwin

Acting in Anaesthesia. Ethnographic Encounters with Patients, Practitioners and Medical Technologies

2009, Cambridge University Press,

187 pp.

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This book is about how anaesthesiology practices are formed, maintained, challenged and extended, and how these anaesthesiology practices are learned through doing, in an apprenticeship relationship. It is based on ethnographic research, both detailed, real-time observations and in-depth interviews, but it also benefits from Goodwin's past experiences as an anaesthetic and recovery nurse. It is obvious that she knows her ethnographic field very well, a knowledge which allows her to provide the reader with very detailed and helpful descriptions of otherwise confusing medical proce-

dures. But she has also succeeded in distancing herself from the field to analyse actions and taken-for-granted practices with an astute eye to the learning and identity construction occurring.

The book consists of six chapters, and through out, Goodwin illustrates her discussions with rich, descriptive scenarios, transporting the reader between the hospital and her theoretical analysis.

In the first chapter, the author introduces the fields, both the field-work environment of the anaesthesia practices; the operating and recovery rooms, and the academic field of learning in doing, within which this book's theoretical arguments are placed. In chapter 2, Goodwin discusses the concept of agency, demonstrating the relational aspects of the concept in the context of 'silent' bodies and anaesthesiology technology. Using the term cyborg, she shows that the anaesthetised body is not so much silenced and disabled as merely transformed. It can communicate, but in different ways and through augmenting technology. This communication changes the trajectories a patient can take through anaesthesiology, interesting in itself, but it also allows for Goodwin to demonstrate one way agency without intentionality may look, indicating that "Agency is not contained within the body, or within the machines – it is enacted in relations" (p. 57).

How anaesthesiologists deliver care and achieve accountability, even when the bodies and technologies are

sending incoherent messages, is discussed in chapter 3. Goodwin shows that sometimes the body-machine patient of anaesthesiology is not communicating clearly, yet actions must both be taken and later accounted for. Her examples and her discussions of other work in STS show how incoherencies and disunity are prevalent in medical practices, and that these elements also problematise the concept of accountability. In her words, while "certainty may be highly valued, it is also an ideal, and in some circumstances, practice, actions and interventions must go on in spite of intense uncertainty" (p. 103).

In the next chapter, Goodwin expands her ethnographic view to include the work of nurses and operating department practitioners, exploring the abilities and limits these participants have in shaping anaesthetic care. Doing so allows her to show how knowledge, practice and agency are distributed asymmetrically across an organisation, and what the consequences of enacting or transgressing different remits of participation are, at least in the UK context. Goodwin's approach in this chapter allows her to expand on existing work in discussions about communities of practice because her material comes from a multidisciplinary community with very regulated hierarchies.

The final empirical chapter examines how space and material resources are involved in embodied anaesthetic knowledge. Discussing situations when routine work is interrupted

because of disturbances in the regular arrangements of tools, patients or practitioners, Goodwin is able to convincingly suggest that such disturbances are actually a contributing factor to the development of expertise. "Learning to see "normal appearances" from a different perspective, and to accomplish anaesthetic techniques from these altered positions, furnishes a repertoire of techniques that can be used when facing unanticipated difficulties" (p. 165).

Some of the chapters in this book have previously been published as articles. Collecting them into one volume is very useful for those of us who have long been inspired by Goodwin's work, and it is a pleasure to be able to read a substantial quantity of this research at once. But collecting the work this way has also allowed Goodwin to draw larger theoretical lessons from her research and present more nuanced ideas about learning and acting in anaesthesia for the reader. Thus, because of this book, she has been able to develop her ideas about health care as practice populated by clinicians, patients, medical technologies, machines and devices, all acting in concert, and all relationally shaping action, which she discusses further in the final chapter.

These ideas are useful to us working in the field of science, technology and medicine studies and to those interested in the interplay between learning-in-practice, cognition and technology, so the work is well placed in Cambridge's 'Learning in

Doing' series. However, her work also has much to contribute to the debates about standardizing health care work and accountability. Her descriptions of how knowledge is embodied and situated in practices, her ability to make invisible anaesthesiology work visible, and her arguments about "the primacy of the immediate context of action in understanding how trajectories of care are shaped" (p. 32) ought to be incorporated into policies regarding medical technologies and clinical guidelines. Her book would force policy makers to ask: if agency is recognized as enacted in relations between bodies and machines, should this not also change our understanding of who can be held accountable for what within medicine and health care?

Scott Lash

**Intensive Culture. Social Theory,
Religion and Contemporary
Capitalism**

2010, Sage, 247 pp.

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As often happens in the lives of scholars who have achieved a deserved success, Lash allows himself the luxury of an exploration, philosophically founded, on contem-