

Book Review

Gerald N. Grob, *Aging Bones: A Short History of Osteoporosis*, Baltimore: Johns Hopkins University Press, 2014. Pp 284. £16. ISBN 978 1 4214 1318 1.

In *Aging Bones* medical historian Gerald N. Grob expounds his thesis about osteoporosis that the 'normal aging of bones was transformed into a medical diagnosis that eventually included every aged person' (p. xv). This transformation occurred through a coalition of cultural, medical and pharmaceutical forces that moved osteoporosis from the margins of health research in the earlier part of the twentieth century to the centre of a national and well-funded American agenda by the twenty-first century, that urged all women over 65 (and men over 70) to be screened for bone mass density (BMD). But why osteoporosis? We already know that as we age our bones change and can become more fragile. We also know that menopause can affect bone strength. However, osteoporosis, as Grob explains, was elevated to a master deficiency linked to bone fractures and falls because of its relentless targeting by the powerful industries that produced oestrogen hormone replacement therapy (HRT) and screening machines. While calcium supplements, Vitamin D and bisphosphonates such as Merck's Alendronate also became profitable items in the armamentarium for osteoporosis, nothing has topped premarin-based HRT as the recommended treatment since the 1980s.

A good part of the story about HRT and osteoporosis is shaped by a century of ageism and current public anxieties about growing ageing populations, in particular in reaction to the mounting health care costs of treating bone fractures due to falls. Thus, the boundary between normal and pathological old bones is almost impossible to define given our ageist attitudes towards older people that depict any loss or deficiency as evidence of 'unsuccessful' ageing. In addition, our cultural narratives about the female life course have naturalised women's bodies as weak and debilitated by menopause. A diagnosis even of the risk of osteoporosis turns a woman's post-menopausal life into a time fraught with fear about what BMD screening may reveal about the precarious state of their bone porosity.

As a counter-story, Grob asks us to step back from the medical research, the pharmaceutical trials, the supplement and dairy industry promotions, and the osteoporosis movement itself. Instead, we should read the historical record as outlined in *Old Bones* to ask the following critical questions. First, what other causes of osteoporosis, such as trauma, malnutrition, stress, heredity or childhood diseases, have been excluded by the domination of medical explanations based on oestrogen, vitamin or calcium deficiencies? For example, there is a wealth of historical data on industrial workers and sailors that demonstrate the relationship between poverty, diet and bone disorders. Second, have bone-scanning technologies for BMD, bone mineralisation and fracture risks created such rigid standard-deviation and T-score measurements that increasingly larger numbers of older people are being unnecessarily diagnosed with osteoporosis? Third, why has there been a decline in age-related hip fractures in certain countries, including in the United States, which cannot be attributed to HRT or supplement usage? The osteoporosis movement has been so intent on multiplying the risks; it has neglected to recognise fluctuations in medical demographic data and divergent generational experiences. Lastly, is our fear that osteoporosis will lead directly to fractures and/or risks of falling really warranted? The data suggest that there are many reasons

for fractures and falls that have nothing to do with osteoporosis. In fact, osteoporosis may cause little harm at all, which belies the urgency of our aggressive treatment of it.

I appreciate that Grob commends the feminist movement for its influential critiques of the medicalisation of menopause, the harmfulness of HRT and the osteoporosis movement's patriarchal programmes to 'educate' women about their own bodies. But he could have done more to consider some of the theoretical insights of feminist research that has focused on the sociology of the body (e.g. the historical construction of the female skeleton), the feminisation of risk, the gendered biopolitics of medicalisation and the everyday ethnographies of women who bear the emotional burdens of their diagnostic labels.¹ My other quibbles with *Old Bones* are its reliance on dated sources for the first chapter's narrative on the history of old age in America and its disregard of the archaeological and anthropological records about the world's knowledges about bone. Imagine what peoples such as the Inuit of Canada, who make their tools and arts out of animal bones, must know about bone type, strength, age and density? Otherwise, *Old Bones* is a well-written and compelling book that should convince academic, student, lay and professional audiences alike that immersion in the history of a disease is indispensable to treating it.

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¹S. D. Reventlow, L. Hvas and K. Malterud, 'Making the Invisible Body Visible: Bone Scans, Osteoporosis and

Women's Bodily Experiences', *Social Science & Medicine*, 2006, 62, 2729–31.