
Reviewed by Rachel Garratt (University of Leeds)

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Commissioned by Iain C. Hutchison (University of Glasgow)


Taking a historical approach, McGuire sets out why certain kinds of measurement have been prioritized and are imbued with ideas of trust and objectivity. She also problematizes the process of selecting certain human bodies from which "normality" is standardized and people are categorized. She questions not just statistics and how they have been used by the state, the medical field, and the military-industrial complex but also the instruments through which these measurements were taken. Through the history of these instruments and the organizations behind their design and elevation, McGuire consistently demonstrates how individual, particularly disabled, experiences are relegated as subjective and, therefore, less important.

McGuire focuses on hearing and breathing through the devices used to measure them, the audiometer and spirometer. In selecting two invisible, deeply individual processes that engage the whole body, she highlights why measurement and standardization were desired by medicine, industry, and the state. As she argues, they attempted to make the invisible visible, quantifiable, and comparable.

McGuire begins with an extensive philosophical discussion of how disease and disability have been defined and the fluidity of such definitions and thresholds. In chapters 3 and 4, she investigates how technologies, specifically the telephone, have acted as a means of testing and categorizing hearing and the increased medicalization of hearing loss using the audiometer. In chapter 5, she explores the attempts in the 1930s to standardize the breathing difficulties experienced by miners and the consequences of only using miners to define
what was "normal," which had a significant impact on those seeking compensation for their disability. In chapter 6, McGuire delves into the history of breathing prosthetics and the contested role of individual users in their design and application before looking into the future, in chapter 7, by discussing the modern phenomenon of self-tracking data.

Throughout the book, McGuire formulates and effectively uses the concept of "mechanical epistemic injustice." This is the term she uses to define the harm caused to individuals as mechanical, instrumental measurements were given greater weight in decisions around health and standardization than individual experiences, particularly that of groups that have been consistently discriminated against, such as people with disabilities. McGuire effectively demonstrates how this injustice increased the stigma around certain groups and resulted in unsatisfactory categorization, products, and medical care. Along with her thorough unraveling of the issue of reference classes in measurement, McGuire presents a comprehensive and valuable vocabulary with which scholars can continue to discuss the contested and complex intersection of disability studies and science, technology, and medicine.

McGuire’s telling of history is engaging and thorough, providing colorful and, at times, emotive context to a wide range of organizations, products, and medical conditions. She skillfully explains the intricacies of the British Post Office; the Medical Research Council; and the development of telephony, hearing aids, and respirators. The strongest parts of the book come when she gives accounts of individual users and their influence on products and the process of mechanical isolation. Her primary source material on the experiences of people and their families with respirators is particularly illuminating and moving. Throughout the book, she frequently returns to the subjugation of embodied knowledge and the frustrations and suffering this has caused. She makes a solid argument for skepticism around instrumental measurements and our trust in numbers today, particularly regarding health and well-being.

*Measuring Difference, Numbering Normal* is an extensive and detailed volume, in which McGuire presents scholars with many further avenues to explore. In her concluding remarks, she mentions the need to scrutinize self-measurement and the consequences we may not yet be aware of. While she briefly mentions events in the United States that ran parallel to developments in Britain, a comparison of instruments, measurements, and their socio-environmental context would help to further McGuire’s arguments. Similarly, further analysis of the political and power imbalances between the medical establishment and those using it would be fascinating, particularly an exploration of those seeking to question the numerical data that has shaped their diagnosis and treatments.

In highlighting the tension between instrumental measurement and embodied knowledge, McGuire’s work is a helpful and illuminating addition to the growing body of work that discusses disability and medical histories in conjunction with each other. By taking a multidisciplinary but consistently historical approach, she builds a picture of how and why normality, and therefore abnormality, is constructed, maintained, or shifted. Her work contrasts twentieth-century desires to standardize medical care and industrial compensation with the personal, intricate, and often overlooked lived experience of individuals, shedding light on those who did not fit socially constructed, politically imbued definitions of "normal."
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