

his paper examines the contemporary scene, with no historical framework.

The book concludes with two papers on “quackery” and the internet. Michael Hardy’s study of consumerism surveys ten British households, 132 health-related web pages and ten health chat rooms monitored for six hours; there is no attempt to draw parallels with earlier medical advertising. Ned Vankevitch reports on a contemporary campaign conducted by a retired American psychiatrist and “self-described online ‘quack-buster’”. Although the author draws parallels with the 1910 Flexner Report—which evaluated standards of medical education rather than unorthodox medicine—he makes no attempt to indicate how, if at all, things evolved during the intervening ninety years.

The editor’s introduction states that “pluralism” features prominently in current writing on the history and development of medicine and is especially relevant in a “post-modern”, “post-colonial” world. She is critical of the fact that medical historians have been slow to avail themselves of the conceptual and empirical insights of anthropological scholarship, and “inter-disciplinarity”. Many of the contributions to this volume, however, suggest that these other disciplines, if they wish to contribute to historical debate, have some way to go to match the range of evidence and rigorous evaluation practised by historians.

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**Thomas Schlich,** *Surgery, science and industry: a revolution in fracture care, 1950s–1990s*, Basingstoke, Palgrave Macmillan, 2002, pp. xi, 349, illus., £45.00 (hardback 0-333-99305-5).

I truly enjoyed this book. It is one of the very few sound historical (as opposed to sociological) studies of post-Second World War medicine that we have. Schlich has brought together all that should be admirable in a good work of history: new material, a fascinating narrative and an informed historiographical approach. During the

twentieth century, traumatology was created as a medical speciality as fractures were perceived (by way of insurance companies) as a distinct category of accidents. For the most part, broken bones were treated conservatively. That is, if the skin was intact, a wounded limb was manipulated and immobilized in plaster of Paris for weeks. A broken femur had the patient in bed and in traction for what must have seemed, to the sufferer, for ever. The huge disadvantages of this regime, setting aside the economics, were wasting of the limb and all the possible dangers, notably deep vein thrombosis, of being supine for a long period. A few brave, or foolhardy, surgeons, such as Arbuthnot Lane, practised open reduction. They operated, exposed the bone and used plates, screws and nails to achieve union. In the hands of the skilful great success was achieved but when less adept practitioners copied these techniques the failure, usually meaning wound infection, was there for all to see. The point here is that pre-war fracture management was analogous to the workshop model of industry. Surgeons had their individual approaches, each turning out his (almost invariably a man) own product using his own methods. Schlich’s study is a history of Fordism in surgery, the creation of a standard model with interchangeable parts in use everywhere.

In November 1958, thirteen relatively young surgeons in Switzerland met in Bienne and founded an association to promote the systematic treatment of fractures. The group was called AO, shorthand for its full title *Arbeitsgemeinschaft für Osteosynthesefragen*—the Association for the Study of Osteosynthesis. Osteosynthesis treatment was based on open (operative) reduction and aimed at restoring the original anatomical shape of the bone by using implants, almost immediate post-operative exercise and healing without callus, the lumpy bony scar regarded as essential in conservative treatment. Schlich’s story is a classic account of how an innovation can be made to travel if control is kept at the centre. Standardization was the key to the Swiss surgeons’ success in promoting a method of fracture management that was ultimately to become universal. Schlich’s tale is about how the surgeons had uniform instruments

and implants made for them, and how they exercised control over where in the world their devices went. It is a story about how they wrote textbooks, organized courses, arranged fellowships and taught their tacit surgical skills to others. It is also a story of resistance, notably in America, and of loss of control with, at times, the failure of osteosynthesis and the inevitable criticism of it. One of the most fascinating narratives in this book is how AO founded a laboratory that came up with a new theory of bone healing that was accepted into the biological mainstream. The new theory, incidentally, also legitimated the osteosynthetic approach. It is hard to do justice to this book in a summary. It is about centre and periphery, control and anarchy, individual and collective knowledge, standardization and inventiveness, workshops and industry, continuity and change. It is a splendid book and a must for historians whatever subject or era they work in.

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**Samuel W Bloom,** *The word as scalpel: a history of medical sociology*, Oxford University Press, 2002, pp. vii, 348, £47.50 (hardback 0-19-507232-4), £19.95 (paperback 0-19-514929-7).

There is such a dense amount of information in this account it takes some time to absorb it and get a clear understanding of the complex mosaic constructed by Samuel W Bloom. The effort is extremely well rewarded, however, by this deeply perceptive and richly documented history of medical sociology in the United States written by one of the discipline's elder statesmen. Based initially at Baylor University College of Medicine and later at the Department of Community Medicine at the Mount Sinai School of Medicine, CUNY, Bloom was amongst the first generation of medical sociologists to institutionalize the discipline after the Second World War. His personal knowledge of many of the developments he describes is supported by

extensive research, which brings the history of this sub-discipline into relief.

Bloom's analytical structure is uniquely valuable in signposting the critical historical configurations that facilitated the establishment of medical sociology as a title that covered a mutable, protein-like range of intellectual activities and educational practices. Medical sociology emerges from Bloom's study as a flexible system of values and methodologies, constructed out of the highly porous boundaries of sociology, anthropology and social psychology. The analytical focus of medical sociology and its intellectual goals shifted according to the location in which it was based, the source of funding underwriting it, the political or educational role it was attempting to fulfil and the personalities who were determining how it should be defined. Nevertheless, Bloom persuasively offers a synthesizing telos to these multiple intellectual trajectories, residing in the emergence of medical sociology as a behavioural science of health and illness.

Bloom carefully differentiates the intellectual origins of medical sociology from the amorphous relationship of medicine and the social sciences that began to develop in Europe from the early nineteenth century. Social medicine, he suggests, emerged during this period more as a reform movement, aiming to relieve social inequality through political interventions.

By the interwar years of the twentieth century intellectual developments within sociology in the United States began to offer a theoretical basis for a scientific study of medicine as a set of social relations. Two approaches emerged which focused on medicine as a sample case for examining broader social processes. One developed out of the Pareto seminar of L J Henderson at Harvard and the other from the historical sociology of technological innovation undertaken by Bernhard Stern at Columbia. Bloom provides a convincing interpretation of the contribution of each school of thought and their progenitors, dismissing the political extremism attributed to both by later critics. Perhaps the most significant outcome of the interwar intellectual differentiation of the social