

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.

Christopher Lawrence,
The Wellcome Trust Centre for the
History of Medicine at UCL

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

scientific study of medicine was its influence upon Talcott Parsons and the development of his theory of the sick-role which made medical relations a central example of a functionalist model of social organization.

New funding opportunities facilitated the expansion of medical sociology as a discreet discipline with its own intellectual paradigms and research subjects. Perhaps the most fascinating aspect of Bloom's analysis is his explanation of how the institutionalization of medical sociology was structured by the sources of research funding. Since before the Second World War, the most receptive division of medicine to the social sciences had been psychiatry, and in the post-war period the first director of the National Institute for Mental Health (established by the Mental Health Act of 1946), Robert Felix, created a home for the social scientific study of medicine by setting up a socio-environmental laboratory. It was within the context of the NIMH that medical sociology became identified as a behavioural science. Apart from avoiding association with what Bloom states was perceived as "political deviationism"—some of the research projects funded by Felix were attacked by Congress as "communistic"—Felix's understanding of medical sociology as a behavioural science was grounded in an intellectual vision that "everything is behaviour" (p. 162).

The most profound conclusion to be deduced from Bloom's richly informed and nuanced account of his discipline and those who defined it in the post-war period is that the development of medical sociology as a behavioural science separated it from socialism in more than name only. The failures of the discipline in policy advocacy were compensated for by the utility of its knowledge for health management, which was embraced by a wide range of health care providers and those who trained them. The promise of improved effective medical and bureaucratic management of health and illness either for individuals or populations opened the door for the social sciences to curricula designed to train clinicians and public and community health officers and practitioners.

But for Bloom the most important reward for the construction of medical sociology as a science of behaviour was the accomplishment of objectivity that distinguished it from polemical advocacy. The professional identity of medical sociology summed up in the bye-laws of the Section within the ASA provided the discipline with an epistemological status that belied accusations of being nothing more than an advocacy vehicle. As Bloom points out, the struggle to establish their status as objective knowledges denied the social sciences the funding advantages enjoyed by the natural sciences, regardless of the political colour of government administrations. For successful academic institutionalization, medical sociology needed to acquire legitimate authority through—as the bye-laws stated—"efforts in both teaching and research to develop the concepts and principles of behavioural science (sociology, anthropology and social psychology) as they apply to problems of health and illness" (p. 236). Influential in the creation of the Section from the outset, Bloom received its highest honour in 1989, "The Leo G. Reader Award for Distinguished Service to medical Sociology" (p. 240).

Bloom argues that objective intellectual enquiry is the only protection the discipline has from becoming a "hired gun" of government agencies or special interest groups requiring targeted research. He worries that the scarcity of resources to support independent research may encourage such trends but this would undermine the "heart of the enterprise" (p. 283), which for him is to retain the status of independent science on the one hand and trusted service on the other. Retaining the heart of the enterprise also depends, Bloom believes, on addressing the forces that are dehumanizing medicine as the psychosocial dimensions of health care are dramatically undermined by the structural pressures that turn provision into a commodity. For Bloom, the challenge for the social sciences of medicine is maintaining human relations as the core of the medical agenda.

Dorothy Porter,
University of California,
San Francisco