

continue. In the end, Sterk claims that these women's "drug use can only be understood when placed in a larger societal context" (p. 215). The book does demonstrate *some* of these contextual factors, highlighting the chaos created by crack cocaine use, the lack of resources in certain communities to resist the drug trade, and the sense among residents that they have little to lose by smoking or dealing crack. Unfortunately, a concerted effort has been made to eliminate theoretical analysis whose inclusion would have made the book stronger for a sociological crowd.

Inventing Pain Medicine: From the Laboratory to the Clinic. By Isabelle Baszanger. New Brunswick, N.J.: Rutgers University Press, 1998. Pp. x+358. \$50.00 (cloth); \$22.00 (paper).

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Isabelle Baszanger, in *Inventing Pain Medicine*, explores the creation of the theoretical field and practical specialty of pain medicine in a way that opens up to broad and important sociological concerns, including the way professional disciplines fission and form and the way these processes interact with the creation of new knowledge and with broader socio-historical events. Scholars interested in the sociology of the professions, of knowledge, of medicine, of science, and even of social movements will be interested in this book.

This book is compendiously researched and presented, and Baszanger uses a number of qualitative techniques, including participant observation in pain clinics in the United States and France, content analysis of (American) textbooks and written materials, historical analysis, and first-hand interviewing and correspondence with some of the principals in the pain "movement." On an empirical level, Baszanger examines how and why the new conceptual and organizational forms of dealing with pain emerged at a given moment (i.e., the "invention" of pain medicine) and how and why the specific clinical interactions in this field transpire. These concerns are, in general, addressed in the first and second halves of the book, respectively. The book documents the origin and evolution of the specialty of pain medicine and the creation of pain clinics, and also the developments in biomedical theories regarding pain that both drove and resulted from these developments.

As Baszanger shows, pain is a problematic phenomenon for at least two reasons. First, it is a "private reality" that cannot be objectified given current medical technology. And second, its persistence in a patient reflects a failure of medicine to be effective. As such, it is a difficult basis for a new specialty and for everyday practice.

Baszanger shows that the challenge, when it comes to pain, is that the "physician must believe the patient" (p. 33), which is a radical proposi-

tion, as it turns out. On this point, however, the analysis in the book is a bit confused, for while the first half of the book, relying primarily on textual and historical analysis, argues that the specialty of pain medicine specifically accepted the patient's experience as the "truth," the latter half of the book, primarily based on participant observation, documents that the patient's version and interpretation of events is *not* always accepted as "real." Baszanger carefully describes the complex process by which the patient's subjective experience is mapped onto the physicians' "objective" understanding. Indeed, during one clinical encounter documented by Baszanger, the physician says to a patient: "You have only your experience to go by, whereas I am familiar with many cases" (p. 149).

Nevertheless, Baszanger's work provides plentiful support for the privileging of the patient's experience as both the subjective and objective standard for the diagnosis of pain, positioning pain medicine as part of a larger modern social and medical movement that attaches great importance to the patient's subjective experience. As such, the emergence of pain medicine parallels broader developments regarding the empowerment and self-determination of patients, consumers, and citizens. Moreover, the emergence of pain medicine offers a stark counterpoint to the therapeutic hubris that was (and is) so rife in medicine, for, as Baszanger shows, the object in the treatment of chronic pain is often not to "cure" it but rather to "manage" it.

It is an extraordinary fact, as Baszanger notes, that the specialty and field of pain medicine are born of the *failure* of the prior practitioners. Since "a patient is only seen at the express request of a physician for pain that has lasted for more than six months and has proven resistant to conventional medical treatment, the point of departure is the failure of medicine at large. . . . This creates a situation quite different from other medical specialties, even if their work also includes dealing with chronic illness. . . . [Pain medicine] occupies a specific place that is linked with this idea of an initial failure" (p. 13). The book thus excellently documents how a professional failing and limitation is used as criterion to define another professional group.

Baszanger provides a compelling illustration of the ways in which the social construction of knowledge plays out in the practical world of real human beings, primarily by examining the fascinating impact of new theories of pain on both discourse and practice in the exam room. For example, she shows how the emergence of a certain theory of pain resulted, post hoc, in the legitimation of previously folk medical practices and their transformation as part of mainstream medicine. She also illustrates how definitional problems—for example, about what constitutes "chronic pain"—can both motivate the creation of a new professional form or specialty and also divide it. More broadly, however, Baszanger carefully documents the role of biomedical theory and discoveries in the creation of a "world of pain."

Baszanger misses the opportunity to connect her analysis to the work

of scholars such as Ivan Illich (who is not so triumphalist about the benefits of treating pain) or Arthur Kleinman (who situates the problem of pain in the broader problem of suffering). There is also a sense in which this work could be connected to a broader literature on the task of medicine in society. Nevertheless, this dense book is an important contribution to our understanding of the translation of scientific theory into practice, and vice versa, at the bedside of suffering patients and within the profession of medicine itself.