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The Word as Scalpel: A History of Medical Sociology. By Samuel W. Bloom. Oxford: Oxford University Press, 2002. Pp. 348.

Nicholas A. Christakis
Harvard University

While mostly a staid history of institutions and a biography of great men, *The Word as Scalpel* nevertheless engages important issues in the social history of ideas as they have emerged between the hammer and anvil of the social sciences and medicine. Samuel Bloom, a respected sociologist of medicine, describes the ancient predicates and modern emergence of medical sociology. This is the most comprehensive such history of which I am aware, and it sheds light on how many issues currently being engaged in the field have very old roots indeed, whether they pertain to socioeconomic health disparities, ecological or neighborhood effects, or even sociobiologic determinism.

The problem of advocacy versus objectivity, rife in the social sciences, prominent in sociology, and especially poignant in medical sociology (given its focus on illness and death) is extensively treated in this volume. How could any field that not only originated from the concerns of religious individuals, but also emerged from the active engagement of its founders with the problems of poverty, urbanism, child welfare, and mental health do anything but struggle with the difference between advocacy and objectivity? As Bloom points out, the issue engaged by moral crusaders, social reformers, and ultimately by social scientists is how to “reconsider the causes and reassign responsibilities for problems of health and illness” (p. 19). Among other things, this dualism is illuminated by Bloom with his engaging, contrasting biographies of Lawrence J. Henderson and the unknown Bernhard Stern.

This book comprehensively engages the ways in which the notion of medicine *as* a social science—an ancient idea—butts up against the idea of a social science *of* medicine, and the ways in which disparate professions (from medicine to public health to sociology) have struggled with professional identity. Bloom argues that “both medicine and sociology sought to deal with similar problems” (p. 4) and that “the tension between explanations that focused on the biological on the one hand or on the psychosocial on the other hand has always been there. The tendency for interest in social factors to become greater during periods of social and political conflict and change caused such tension only to become deeper. As a result, public health/social medicine has a long history of identification with radical political movements” (p. 104).

Another theme of the book is the way that mental health—and its origins, distribution, and cures—is related to social phenomena, intellectually and institutionally, and hence to medical sociology. Whether the topic is how problems in mental health motivated some of the founders of the field or what funding was available from the National Institute of

Mental Health for many decades to support the training and research of sociologists interested in medicine or because psychiatry and psychiatrists such as Harry Stack Sullivan were so influential, the book does an excellent job of identifying the links between mental health and medical sociology.

We also learn much about the coemergence of sociology and medical sociology at the University of Chicago, the University of Wisconsin, Harvard, Yale, Johns Hopkins, Columbia, and other eminent institutions. The reader is offered a detailed history of the development of the section of medical sociology within the American Sociological Association in one chapter and the role of the University of Chicago in another. Everett Hughes, Talcott Parsons, and Robert Merton make appearances as do Renée C. Fox, Eliot Freidson, Howard Becker, and David Mechanic. So many important individuals receive attention that the book struggles hard to avoid being a “great man” history of medical sociology.

The book offers picquant details regarding key figures. We learn, for example, how Lawrence Henderson, also known as “Pink Whiskers,” sent his shirts to be laundered in France every other week; we learn about W. I. Thomas’s arrest for disorderly conduct in a Chicago hotel room with a married young woman; we learn of the very old links, at least at Harvard, between the study of human beings and the study of insects, personified by the appointment of William Morton Wheeler as one of the first professors of sociology in 1931.

We hear little in this book about any rancor between the quantitative and qualitative aspects of medical sociology. In part, this is because these two methodological approaches reach their apogee in time periods separated by several decades. I suppose this is good. But we also hear little about vibrant aspects of contemporary medical sociology, such as its increasingly epidemiological focus on the social determinants of how and when we die, its attention to how socioeconomic status affects health across the life course, its examination of the role of social networks in health, its exploration of how health care organizations function and evolve, and its engagement of biodemography and sociobiology.

Bloom’s final chapter is oriented to the recent history of medical sociology and the ways in which medical sociology, to the intellectual detriment of the field, has become more multidisciplinary, more applied, and more reliant on government and foundation support for specific projects. Bloom tries mightily to suggest that medical sociology is not in decline in the period between 1980 and 2000, but the evidence he musters would seem to suggest that, in his opinion, the golden period is behind us. This tone, I think, is needlessly pensive.