

about whether one's fears of their own deportation matter to the story that McCann and Jones-Correa tell. Relatedly, one reason that someone might worry about their own deportation is because they have children at home who would suffer in the event of their parent's untimely removal; this is particularly true in the context of Latino immigrants, whose households nationwide contain millions of children. Though both LINES surveys include information on whether survey participants have children, this indicator was not included in the statistical analyses that inform the book's argument. Both measures—about one's own deportation fears and about parenthood—would likely augment the study's core contributions by revealing how fear and anger, alongside love for one's children and hope for their future, matter for the metrics of societal engagement on display in *Holding Fast*. Such an analysis, especially one that combines national data and in-depth interviews among Latino immigrants, could uncover additional insights about how Latinos' cross-cutting and countervailing social roles and responsibilities inform how they understand the forms of surveillance and punishment they manage in their daily lives (Asad 2023).

At bottom, *Holding Fast* presents a convincing account of Latino immigrants' resilient relationship with the United States during a time of marked legal and policy uncertainty. McCann and Jones-Correa gift the reader a careful statistical analysis of novel national data and an accurate interpretation of their many results, which they narrate in an accessible writing style. The book is a must-read for anyone interested in how Latino immigrants—as the disproportionate targets of punitive immigration laws and policies—carve out a space for themselves in U.S. society.

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Managing Medical Authority: How Doctors Compete for Status and Create Knowledge, by **Daniel A. Menchik**. Princeton, NJ: Princeton University Press, 2021. 328 pp. \$95.00 cloth. ISBN: 9780691223568.

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Good ethnographies give the reader unique and durable insights into a particular social group or context. Great ethnographies do this and offer theoretical tools and explanations. Daniel Menchik's book is a great ethnography that expands the toolkit for fieldworkers in the Chicago School tradition.

In *Managing Medical Authority: How Doctors Compete for Status and Create Knowledge*, Menchik develops an innovative and theoretically compelling vocabulary to explain

how cardiologists and subspecialist electrophysiologists maintain and enhance their authority as a professional group. He does this by focusing mostly on leading-edge M.D. researchers, their trainees, and practicing electrophysiologists (EPs). He develops concepts like “organizing indeterminacy,” where leaders continually contest the definition and management of problems and their solutions, “tethers,” often standard-setting doctors, relationships, collaborative research projects, and the sharing of research findings, and “venues,” locations where the occupational project of electrophysiology takes place, spaces like the operating room (or “lab” for EPs), hospital wards, and educational events like training programs for fellows and “hands-on” meetings where doctors learn to use the latest medical technology.

This book is the product of extensive fieldwork that took place from 2005 to 2018 at “Superior Hospital,” a tertiary care center, including direct observation in the lab, over 120 interviews, and thousands of hours with doctors, fellows, and industry representatives within and outside the hospital. Menchik demonstrates that the occupational project—maintaining relationships within invisible colleges, joining clinical trials, and making scientific advances in physiology, all with an eye toward protecting the field’s future—relies on a diverse network of actors and organizations across time and space.

The six in-depth and compelling empirical chapters can be read as a series of case studies linking cardiologist and EP practices within and outside the hospital to advance the occupational project and manage authority. The first three focus on in-hospital contests between cardiologists who advocate most strongly for changes to patients’ lifestyles and medical management for heart problems and more interventionist electrophysiologists, who favor interventions like pacemakers, internal cardiac defibrillators, and ablation (burning) of heart tissue via catheter for conditions like atrial fibrillation. Here, patients are (with apologies for this awful term) “groomed” toward drug and lifestyle management or EP intervention, and trainees are also socialized to understand and potentially adopt attendings’ favored sets of problems and solutions.

The next two chapters focus on EP work in the lab, the expert division of labor, and the politics of allocating beds to the various services within the hospital. Here, Menchik shows how changes to the hospital’s bed allocation system limit the ability of EPs to accept challenging cases and maintain their referral networks. Without challenging cases and a robust referral network, standard-setting doctors risk loss of status, resources for clinical trials, and even their training program.

The next three chapters shift to venues outside the hospital, helping us to see how maintaining professional status and authority requires “tethers,” or links between venues. Chapter Five offers a case study of fellows’ conferences, where standard-setting doctors teach their preferred methods and tools to trainees. Chapter Six profiles “hands-on” meetings sponsored by medical technology companies, comparing two such events. One big lesson is that technology companies are considered helpful when they support the occupational project of EPs, showing appropriate deference to standard-setters and retaining at least the appearance of an arms-length relationship between these doctors and industry and seeking to reduce any ethical concerns.

The final empirical chapter examines the annual international conference, where thousands of EPs come to learn from standard-setters, socialize, gossip, and compete in industry-sponsored games and quizzes. In this venue, competition among groups of standard-setters is managed when leaders create guidelines, and gossip functions to curb clinicians who grandstand. Overall, Menchik gives us an extensive look at the social world of EPs, showing us the ongoing process of profession-building through competitions for status among themselves, the securing of resources from their hospital and, for leading doctors, the development of research partnerships among peers and with medical device companies.

Menchik draws an important contrast between his fieldwork and Chicago School ethnography. He argues that previous work on professional authority in the Chicago tradition has often focused on one location. These accounts focus on how work within

the scene establishes and reproduces medical authority, leaving us with an incomplete picture. Menchik's focus on venues and tethers, in contrast, follows the occupational project as it moves within and beyond the hospital, engaging significant others, such as peers in the invisible college and the technology industry. This approach shares some features with Adele Clarke's Situational Analysis. I especially valued Menchik's concluding chapter and the thoughtful methodological appendix that unpacks and argues for the tethers and venues approach to ethnography.

This text offers many points of departure for future studies, including work that examines more fully inequalities within EP and cardiology more generally. Menchik notes that white men are significantly over-represented in the field, and we know from other work how within-occupation gender and racial segregation often reproduces inequality in income, power, and status. Other studies might consider the work of tech industry representatives as an occupational group. What does the occupational project of high-status medical professionals look like from the other side of this relationship? Concepts like occupational project, organizing indeterminacy, tethers, and venues are also likely applicable to a wide range of knowledge professions. Indeed, it is difficult to read this text and not think of the hierarchies of power and authority that attend the professoriate, with its classes of graduate student trainees, staff, postdoctoral fellows, full- and part-time contingent faculty, and the chosen few in tenure track or tenured positions. How similar or different from the international EP conference is the ASA annual meeting as a venue for knowledge-sharing, interpersonal networking, and gossip? What is the shape of sociology's occupational project, and how does it rely on a complex network of venues and tethers within and outside the university?

Managing Medical Authority joins a short list of the most authoritative studies of professions while developing an important and actionable conceptual toolkit for analyzing knowledge communities in a wide variety of contexts. This text is likely to appear on many graduate syllabi and exam lists in the sociology of medicine, health

professions, and knowledge, influencing studies of professional work for generations of scholars.

The Colors of Love: Multiracial People in Interracial Relationships, by **Melinda A. Mills**. New York: New York University Press, 2021. 310 pp. \$30.00 paper. ISBN: 9781479802418.

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The Colors of Love: Multiracial People in Interracial Relationships by Melinda A. Mills is a significant contribution to the field of mixedness as it connects critical scholarship on multiraciality and interraciality. While other scholars have certainly discussed and evaluated this connection, this book is novel in its in-depth look at how the romantic partner that a person of mixed-race descent chooses influences their racial identity and racialized outlooks. In particular, there is an emphasis on understanding how multiracial people often "hide in plain sight" in romantic relationships and on the lack of attention to mixedness and multiracial identity within conversations on interraciality (p. 27).

While most of the data and analysis in this book focus on the micro level, broader connections to the future of race are made. First, Mills critiques the idea that multiracial people in interracial relationships are necessarily indicators of post-racialism, noting how partner choices often normalize the centrality and status of Whiteness. Second, and in relation to the first point, Mills notes that multiracials choose partners who are similar in ancestry and/or skin tone, which leads to a recreation of monoraciality. Both points offer serious challenges to the demographic projections that mixedness will exponentially grow.

One of the principal difficulties in documenting mixedness is accounting for fluidity in the racial identity of mixed-race people, but Mills does not shy away from this complexity and instead embeds the shifting nature of mixedness throughout her entire analysis. Before delving into the analysis on