

case, and second through more specificity around micro and macro distinctions across categories of actors employed in her analysis including residents, grassroots organizations, lead organizations, intermediaries, and city elites. Chicago is indeed unique, and while it would be unfair to question how “generalizable” this work can be, the lack of a sustained theoretical statement makes grasping the exact nature of its contribution a more difficult task for the reader.

Building a Better Chicago will be of interest to urban sociologists, graduate students, qualitative methodologists, and those working in community and grassroots organizations. It raises several critical questions including, How do community organizations and residents respond to development decisions? How do groups with different interests and perspectives, including residents, grassroots organizations, intermediaries, and city elites, work together even when they are not getting along and they do not trust each other? In answering these questions, Gonzales highlights the tense relationships that occur cross diverse groups and fields. Gonzales provides unique insight into how communities can advocate for themselves and demand accountability from politicians and agencies in their midst. The result is an important contribution to our understanding of redevelopment and the tensions that exist between institutional and grassroots organizations within urban revitalization.

Managing Medical Authority: How Doctors Compete for Status and Create Knowledge. By Daniel A. Menchik. Princeton, N.J.: Princeton University Press, 2021. Pp. xx+308. \$95.00 (cloth); \$29.95 (paper).

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In this rich ethnography, *Managing Medical Authority: How Doctors Compete for Status and Create Knowledge*, Daniel Menchik shows how physicians maintain professional authority in a world of knotty bodies, dicey careers, and ferocious rivalry. In a nutshell, he argues that physicians’ occupational authority arises from how they define and manage those bodies, careers, and rivalries across a diverse set of biomedical spaces. The book engages long-standing Chicago school puzzles about the organization of knowledge work and dynamics of social order. It is a doctor-focused study where doctors are in control. It leverages data from a decade of lone ethnographer fieldwork. These attributes lend *Managing Medical Authority* a throwback quality I appreciated. It features compelling storytelling and thought-provoking interpretation.

Menchik spent a decade with electrophysiologists (EPs), the specialists who repair the heart by silencing misfiring nerves. We follow them from intimate surgical suites (which they call labs) to grandiose stage sets at professional conferences. We see the world through their elite eyes. Menchik argues that

the academic standard setters who run the labs and headline the conferences manage indeterminacy as an occupational project. The occupational project constitutes an individual ambition for some doctors. It is sociologically more compelling as a collective accomplishment of the profession.

The introduction notes that the occupational project plays out across venues connected by symbolic and practical tethers. In chapter 2, notes from early fieldwork compare EP wards to medical cardiology. The contrast illuminates different types of occupational projects. The chapters that follow show tethers linking venues in the service of EP occupational projects. Chapter 3 examines how EPs learn to fix things in the labs of standard-setting senior physicians. In chapter 4, we learn of the flow by which the most-broken hearts get into the hands of those best suited to repair them. Chapters 5–7 introduce new venues: fellowship training, device companies, and professional meetings. Evidence, referrals, traineeships, gossip, and lots of PowerPoint slides tether them all together. The venues and tethers sustain a mix of individual occupational projects that imbue the electrophysiology subspecialty a shared, flexible, and durable professional authority. Throughout these empirical chapters, Menchik reminds us how the action is driven by the need to manage real-world indeterminacy.

Managing Medical Authority shines when it illuminates the anatomy of practices involved in organizing a world of inescapable problems. Successful standard setters deftly manage diverse types of knowledge and practice. They appreciate which skills (interpersonal, technical, performative) to deploy in which venues (expert panel, lab, international conference). They know how to draw tethers across venues. They create a coherent way of seeing and experiencing their professional world.

The book's rich data also document EP behaviors that call for critical exploration. The fieldnotes document a pattern of cruelty in how EPs treat patients, coworkers, and each other. Unlike the cardiologists, EPs see no reason to treat patients with compassion. In one lab, a standard-setting surgeon will call out the OR techs if he notices a pencil lacks a sharp tip. In another lab, a standard setter admonishes a tech who playfully calls him "bro." "You gotta keep these guys in line," he tells Menchik (p. 72). When standard setters prepare to debate each other at conferences, they do so as gladiators eager to destroy the opponent with their own arguments. I also pined for a critical examination of the lightly regulated and highly profitable medical device industry. It lies at the center of the EP occupational project. Menchik says device companies need independent standard setters to evaluate and endorse their wares. Yet health policy scholars note industry often undermines professional integrity. Menchik links the cruel behavior and the industry ties to the task of managing indeterminacy. I wished he explored how they protect privilege. Standard setters are elite and powerful men of a certain age. I suspect they manage indeterminacies of age, gender, race, ethnicity, class, and sexuality. Menchik diminishes the power of his own argument by leaving these issues unexplored.

The book opens rich veins for future work. Medicine has grown some fascinating tethers in recent decades. Medicare billing codes and interoperable

electronic health records are powerful managers of indeterminacy. They may also structure professional life in other ways, for example, through jurisdictional boundary drawing. Medical sociologists have recognized how these innovations constrain and deprofessionalize. Menchik's framework encourages us to consider how doctors may adopt these tethers for their own purposes. *Managing Medical Authority* also encourages us to think about the clinic as a professional venue. Menchik suggests that EPs gently collude to ensure that less talented practitioners don't end up clinically out of their depth. This resonates with my own observational research in academic and community oncology settings. Menchik shows how this helps manage the indeterminacy of malpractice. His theory also suggests other interesting questions. For example, might patient gratitude serve as a tether?

I was especially appreciative of the book's insight regarding the duality of the occupational project. Like Menchik, I have encountered distasteful and enraging behavior on more than a few occasions during years of observational fieldwork with a cross-section of physician specialists—for example, oncologists, surgeons, emergency physicians, neurologists, internists, and family doctors. I struggle to reconcile atrocious behavior with a commitment to repairing the world one patient at a time. The occupational project lends physicians agentic duality that makes the contradiction more comprehensible. It helps us see how their profession accommodates compassion and cruelty.

The methodological appendix introduces a twist. Tethers, venues, and occupational projects turn out to provide a valuable lens for interpreting the work of constructing ethnographic authority. Menchik thus acknowledges that EPs are not the only status-conscious professionals sinking a lot of time and effort into managing their field's indeterminacy. I came away from *Managing Medical Authority* wondering if sociology—and the academic disciplines generally—might not even better illustrate this insight. As sociologists explore these questions, they will benefit from engaging the creative and ambitious ground Menchik covers in this valuable book.

The Arab Spring Abroad: Diaspora Activism against Authoritarian Regimes. By Dana M. Moss. Cambridge: Cambridge University Press, 2021. Pp. xviii+272. \$29.99 (paper).

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A great deal of scholarship has shown how social movement organizations, especially those working through nonviolent action, can contest the state and push for various goals and objectives. These goals have even included the push for large-scale change with greater voice and accountability in government institutions through democratization. Much of this research has focused on intranational social movement organizations and has carried an assumption that once movements "exit" an arena, their ability to create