In her last three chapters, the most powerful of the book, Turner minutely dissects infanticide trials and accountings of them in the popular press to expose the racialized gendering of knowledge and motherhood. Turner teases out how individual words or phrases continually conflated the crime of infanticide with Blackness. In the wake of the Civil War, as White Americans grappled with how to understand the freedom of Black Americans and what that meant for national character and strength, reports of Black women committing infanticide became an important marker that such "barbarous" women did not deserve to be free. White women accused of infanticide (a much less frequent occurrence), however, were deemed mentally ill, as their level of civilization would prevent any such violence.

One of the questions I pose to students in most of my history of medicine courses is: "why did the regulars win?" This question is meant to emphasize to students, who are often on health profession tracks themselves, that there was no logical or natural path for White, male, college-educated physicians to become the ultimate medical authority in the US. In recent years, historians such as Nora Doyle and Deirdre Cooper Owens have revealed how important race — or, rather, racism — was in that rise of the regulars, especially when it came to reproductive health. By reframing this story around property, Turner not only expands upon this trend, but also is deftly able to tie the history of reproductive health and medical professionalism to mythological narratives of women's rights and the very meaning and deployment of American law. White, male physicians did not win because they could provide safer or easier birthing experiences for American women, they won because they were White and male.

In the end, while my head was spinning on the inclusion of property into narratives previously centered around medical authority and bodily control, I also quickly sped down the path of "what else?" or maybe more importantly "who else?" If, as Turner demonstrates brilliantly, reframing the medicalization of childbirth in terms of the control of property allows us to focus more on the tangled web of racism, concepts of civilization, and bodily knowledge, what else can we and should we study in what, to some, is the tired field of birth medicalization? Turner's work has inspired me to, as all the best books do, ask new questions. What are the connections among racism, colonization, concepts of Nativeness, property, and reproduction? How much were narratives and medical constructions about the "nature" of Black motherhood copied onto Latinx bodies later in the twentieth century? How much left do we have to learn? A lot, by my count. Thank you, Dr. Turner, for pointing out the path.

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Managing Medical Authority: How Doctors Compete for Status and Create Knowledge

Daniel A. Menchik
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KEYWORDS: Medical authority; Doctor-patient relationships; Cardiology; Ethnography.

Managing Medical Authority, the product of ethnographic work conducted by Daniel Menchik over a decade observing electrophysiologist (EP) cardiologists, will be of interest to historians

of medicine and medical humanities scholars working on medical authority. Menchik's book seeks to go beyond Eliot Freidson and Paul Starr's influential syntheses on medical authority and the various analyses that followed these cornerstone publications. It does so by expanding on the Chicago school's work on connected venues; including a broad range of stakeholders beyond physicians; taking a processual view of authority managed through individual interactions; and analyzing a single specialty tied deeply to time and place through ethnographic research. By looking at a range of connected venues, Menchik offers a more complex portrait of authority-bolstering activities and the relationships between them. The substantial literature on the history of medical professionalization and specialization has to date focused primarily on change over time, but it has not so clearly expressed the contribution of everyday actions to the larger project of professional authority. Menchik pushes beyond the recent tendency to focus on the emergence and utility of a single authority supporting activity.[1]

The rich ethnographic vignettes are lively and written accessibly for non-specialists, with potential use for teaching on the construction of medical knowledge. They provide rare insight for historians into interpersonal moments that would otherwise be difficult to trace through historical research. The introduction offers the theoretical concepts around which Menchik organizes his argument, including tethered venues where authority bolstering activities take place, the organizational project of future focused work to advance the specialism, and the process of organizing indeterminacy to define, control. and construct the ways the specialism should understand its work. This is followed by three chapters of ethnographic content and analysis, each focusing on a different venue within the hospital, including inpatient wards and operating theatres. The next three chapters move beyond the confines of the hospital, including hands-on meetings between technology companies and physicians and an annual conference. These are followed by a conclusion and an appendix on methods. The structure makes for a more engaging reading experience and allows readers to identify relevant sections easily.

The value of ethnography is that it illuminates dynamic interpersonal processes in a way other methodologies can fail to capture. This is the strength of Menchik's book. It also brings with it some risks. Menchik's stated goal is to follow "early scholarship in medical work in offering generalizations about core questions of social life more generally" (p. 35). These aspirations to make generalizable statements about social life mean it is important that omissions in the text are interrogated. The first notable example is Menchik's limited discussion of the role of doctor-patient interactions in shaping authority and consideration of the impact of medical authority on patients. The book focuses rather on the locations and experiences from which the doctors Menchik studied believe their authority derives. While Chapter Two of the book deals with interactions between doctors and patients on an inpatient ward, the stated overall conclusion of the book is that interactions between doctors and patients do not, to a significant degree, shape medical authority (p. 226). However, what Menchik means by this, according to the section notes, is that patients were unable to shape, in his data, decisions in a clinical setting (p. 280). This is not quite the same thing as saying that patient-doctor interactions are not important to the continual construction of medical authority. The work of other scholars has found that the authority of doctors over patients is continually constructed during their interactions.[2]

There is also space for more acknowledgment of the ways the focus on the area of EP may have influenced the findings. EP is a particularly new and technology-focused specialty, in ways

1 See for example, Jeanne Daly, *Evidence-based Medicine and the Search for a Science of Clinical Care* (Berkeley: University of California Press, 2005); George Weisz, Alberto Cambrosio, Peter Keating, Loes Knaapen, Thomas Schlich, Virginie J. Tournay, "The Emergence of Clinical Practice Guidelines," *Milbank Quarterly* 85 (2007): 691-727.

2 See for example, Sara Cohen Shabot and Keshet Korem, "Domesticating Bodies: The Role of Shame in Obstetric Violence," *Hypatia* 33 (2018): 384–401.

that may, for example, discourage patient activism. Indeed, Menchik's section in the book looking at how general cardiologists, as opposed to specialist EPs, negotiate with patients about how their work should be done suggests that outside the hyper-technological and specialized EP field the authority of the medical professional must be continually reasserted and renegotiated within patient-doctor encounters. A further concern is the particularly White and male nature of EP as a specialty. Menchik acknowledges early in the work that compared to the medical profession generally and cardiologists in particular, EP has a significant gender bias, with roughly only 5% of EP operators identifying as women.[3] Menchik has noted in the text where he thinks this may have skewed his findings, but this only refers to one chapter of the book. The nature of authority as conducted in an overwhelmingly White, male specialty could use further interrogation before conclusions are drawn about a more general picture of medical authority. In Chapter Four, Menchik recounts an incident in which the hospital cardiologists he follows were accused of racial discrimination at a professional meeting. This is not tied, however, to a more in-depth discussion of how racialized doctors may format their own authority differently or the impact of medical authority on racialized patients. Here readers would find it productive to refer to recent work by historians of medicine on Black doctors and their creation of medical authority, such as the work of Ayah Nuriddin and Adam Biggs, alongside work on the ways ideas about race and racialized bodies were marshaled to advance doctors' professional authority, such as that by Christopher Willoughby.[4]

Managing Medical Authority has much to offer those interested in a new way of understanding the dynamic interpersonal processes that contribute to medical authority. In spite of some omissions, the book contributes useful theoretical tools and rich ethnographic detail to historians and humanities researchers seeking original insight and an accessible update to sociological work in the field.

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3 Stacey J. Howell, Timothy Simpson, Tamara Atkinson, Cara N. Pellegrini, Babak Nazer, "Temporal and Geographical Trends in Women Operators of Electrophysiology Procedures in the United States," *Heart Rhythm* 19 (2022): 807–811.

4 See for example, Ayah Nuriddin, "Psychiatric Jim Crow: Desegregation at the Crownsville State Hospital, 1948-1970," *Journal of the History of Medicine and Allied Sciences* 74 (2019): 85-106; Adam Biggs, "The Newest Negroes: Black Doctors and the Desegregation of Harlem Hospital, 1919-1935" (PhD diss., Harvard University, 2021); Christopher Willoughby, *Masters of Health* (Chapel Hill: University of North Carolina Press, 2022).