Book Reviews

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Menchik, Daniel. (2021). *Managing Medical Authority*. Princeton University Press. 328 pp. $29.95 (paper).

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Sociologists interested in professional jurisdiction and power have often turned to physicians as an empirical case. How did allopathic medicine beat out its competitors to become the defining professional group over our experiences of illness and the body? This question is reinvigorated in Daniel Menchik's new book, *Managing Medical Authority.* Menchik analyzes an astonishing 12 years of ethnographic data to develop an account of the machinations of authority among cardiologists and their more specialized peers, electrophysiologists. Menchik situates his account in a deep theoretical tradition on how physicians maintain professional authority. At stake in what constitutes a profession is its members' ability to define problems and establish themselves as the ideal experts to solve such problems. Physicians as a professional group must defend their authority from interlopers—like health insurance or pharmaceutical industries—which have multiplied and intensified around the medical profession since the 1980s. Rather than focusing on how authority is established, Menchik focuses on how physicians continuously manage their authority through status-seeking behaviors. Indeed, as Menchik demonstrates convincingly, interlopers can be a source of not just competition for authority but collaboration and coordination.

Menchik's major theoretical contribution is what he calls "organizing indeterminacy." Organizing indeterminacy attends to the dynamics by which cardiologists—and, indeed, physicians more broadly—define problems and their solutions. According to Menchik, cardiologists maintain their authority through their ability to set the terms of the problems into

which they intervene *and* also guide and control the ways in which they address such problems. In this way, Menchik's account frames professional authority as an active and ongoing process, which the medical profession engages in alongside other professional groups, like the medical device industry or bureaucratic hospital structures, in sometimes antagonistic and sometimes mutually beneficial ways. Menchik traces these practices from the bedside to the surgical theater to the conference venue, linking strategies for organizing indeterminacy across social spaces.

In this way, *Managing Medical Authority* also provides a major methodological intervention. Classic studies of medical authority focus on single institution ethnographies. This method worked for the Golden Age of medicine; however, since the incursion of pharmaceutical and medical technology industries, patient consumerism, and allied health professionals, a single institution no longer captures the dynamics of power and authority in contemporary medicine. Menchik instead examines what he calls tethered venues. Venues are specific and bounded social and technical spaces, in which certain kinds of work gets accomplished. They are "tethered" when they are connected by the efforts of social actors to establish social projects, such as an occupational project, across them. Menchik follows physicians from the hospital to the operating theater to board rooms and conferences. This method allows him a fuller and more nuanced portrayal of how contemporary medical authority is managed by some of its most prestigious wielders.

The data are rich and far-ranging and provoke a number of important questions about the nature of power and expertise in the medical profession in the early 20th century. Menchik begins in the field site he calls Superior Hospital by analyzing how physicians employ different interactional styles to "groom" patients, or secure their compliance. Menchik then follows physicians into the bureaucratic innerworkings of the hospital, as physicians and allied health professionals grapple with the bed management program, a system for rationing care. What is most compelling is that Menchik provides insights into the understudied ties between medical technology industries and the medical profession. He takes the reader inside "hands-on" meetings sponsored by industry in which cardiologists learn new surgical skills and the conferences where they socialize, gossip, and are courted by medical technology companies. The result is a fascinating layering of bounded social spaces in which cardiologists compete with one another—using resources like interesting patient cases and industry representatives—to secure status.

While the ethnographic data and theoretical interventions are compelling, there are moments where Menchik's analysis could go further. I wondered whether the examples in his ethnographic data of bullying and sexist harassment could have been probed more deeply for what these moments tell

sociologists about the occupational cultures of elite medical specialties. Indeed, the gendered and racialized aspects of status and authority in the medical profession (and healthcare work more broadly) receive little attention. In a similar vein, I was curious about the cardiologists' refusal to attend bed management meetings. I wanted more analysis of how cardiologists' need for interesting cases might demonstrate a tension between the profession's self-interest and its duty to the public.

Managing Medical Authority provokes important questions about the ongoing negotiation of professional authority among physicians in an ever-changing landscape of corporatized healthcare. Given the recent resurgence of interest in the health professions within sociology, *Managing Medical Authority* is an exciting recent addition to this once-again burgeoning subfield.

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Alvarez, W. (2022). *Everyday Dirty Work: Invisibility, Communication, and Immigrant Labor*. Columbus, OH: The Ohio State University Press. 180 pp. $32.95 (paper).

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In *Everyday Dirty Work: Invisibility, Communication, and Immigrant Labor*, Wilfredo Alvarez offers an empirically driven, theoretically sophisticated, and touchingly real account of everyday, stigmatizing workplace communication experiences of Latin American immigrant janitors at a U.S. university. Drawing mostly on qualitative interviews with workers, supplemented with recollections of their own social, cultural, linguistic, and economic integration into the American society, Alvarez offers plentiful examples of shame thrown upon and experienced by the janitors by virtue of their occupation, race, ethnicity, social class, gender, and language ability. Shame then shapes workers' social identity, which reflects, and feeds into, the macro-level anti-immigrant sentiment within American society. Chapter by chapter, Alvarez reinterprets janitorial narratives about experiences of communicative rudeness and self-silencing across vertical