of meaning are, other than the synthesis of what the previous sociologists say they are, is never quite spelt out. I would suggest, however, that while Clegg wants to be on the side of the calculating, cynical Machiavellians, he might actually be creating the new Leviathan of 'The Organisation'. If so, this would be a subversion of his political intent, and an exchange of strategic thinking for global theory.

To explain this further: for Clegg, power is configured within a triple-level network of circuits. It is most effective when it stays at the most basic, agency level analysed by Hobbesian episodic power relations. Yet it is often obliged to take different routes through circuits concerning social and system integration, which concern rule-fixing and technical or disciplinary innovation, and dispositional and facilitative (instead of causal) power. Through these levels social relations are constituted, agencies enrolled, interests formed and translated, and strategies shaped. Finally, it is here that contestation and control take place by forcing or resisting the passage of power through particular nodal points, or 'obligatory passage points'. My problem, however, is whether the figure of these circuits (on p. 214) is a diagram of the relation of forces from which organisations are composed, or one which presupposes the existence of organisation. In other words, is organisation the compound or reification of relations of force (power, resistance, struggle, etc.), or is it the condition for the circuits through which power is forced to flow? It may be that Clegg has exchanged the complex, descriptive, strategic, open-ended contingency of the analysis of power for the structured, explanatory, closed necessity of the Theory of Organisation.

In short, this is a provocative, difficult, dense, book for specialists, and of restricted use in the teaching of undergraduate students. Whether the book has effectively constituted a realist theory of power, and whether such a project has proved to be worthwhile and useful, will be a subject of much debate for some time hence. Meanwhile, the analysis of power relations will proceed, as both the sociology of science and the historical sociology of the state have shown, without worrying too much about an epistemologically grounded theory of power. If such a theory is ever constructed in such a way as to prove useful, this book may well have formed one of its obligatory passage points.

REFERENCE

1. S. Lukes, *Power: a Radical View,* London, Macmillan, 1974.

Mitchell Dean
Phillip Institute of Technology, Melbourne.

In Sickness and in Wealth: American Hospitals in the Twentieth Century *by Rosemary Stevens*
(Basic Books, New York, 1989), pp. xii + 432, $US 24.95, ISBN 0-465-03223-0.

The function of 'the hospital' has changed through time. In an earlier age it was a place where sick people went to die. However this is not the case now: for some time now there have been dedicated institutions (hospices) which perform this function. The term 'hospital' is now used to describe a short stay institution which, in large part, is associated with the restoration of health, rather than death.

This transformation of function has occurred, in large part, as a result of new knowledge about illness, and how to cure it. It is well known that 'scientific medicine' had little impact on mortality until the 20th century. Prior to our very recent past, the major factors that have produced decreases in mortality have been improvements in nutrition and hygiene measures associated with water and food-borne diseases.[1]

Stevens doesn't tell this story. Hers is "a story of medicine, money and power — of change and the continuity of conflicting ideals". She traces "the hospitals from their expansion into a visible national movement at the beginning of the 20th century to the massive corporate complex we have today" (p.4).

This book purports to be a history of American hospitals in the 20th century. Stevens, a professor in the Department of History and Sociology of Science at the University of Pennsylvania, divides her material into 13 chapters. Some of the chapter titles give an indication of her perspective: "Charities and Businesses: Hospitals in the Early Twentieth Century"; "Hospitals in the 1920s: The Flowering of Consumerism"; "Technology and the Workers: The Genesis of Blue Cross"; "Pillars of Respectable Independence: The 1950s"; "Pragmatism in the Marketplace: 1965-80".

To describe any segment of the health sector, e.g., hospitals, involves describing other segments such as the medical profession, other occupational groups (nurses, etc.), hospital adminstrators, university medical schools, health insurance carriers and governments. In large part, hospitals are simply places where all these groups interact to provide, or fund, treatments for consumers/patients. This interaction is a large part of Stevens' story. Several dimensions of this interaction are very interesting: first, how United States (US) hospitals, affiliated with particular universities, established and staffed mobile hospitals in France during World War I; second, why the Federal Government decided to establish the network of Veterans Affairs hospitals after World War I; and third, how voluntary not-for-profit hospitals fostered the growth of Blue Cross health insurance plans during the depression of the 1930s. Some of the material presented in the early chapters of this book is interesting.

However, as Stevens proceeds through time towards the present, her work does not have the flavour of an historian's effort. The text becomes polemical, and even quite silly. Stevens doesn't like computers (p.297); statistical analysis, which has become ". . . the *sine qua non* of policy making" (p.330); and data collections, as ". . . the existence of data thus confirms, in turn, the managerial focus of standardisation" (p.328). However the most telling example is where she reports that the number of for-profits hospitals fell in the decade 1970-1980 (p. 298), yet later on she writes of the reactions to "the growth of for-profit enterprise in the hospital sector . . ." (p. 299).

Stevens doesn't like technology and new medical practices: "The steam steriliser was an important symbol of the new hospital-based technique" (p.34); hospitals are "treatment factories . . . tethering the patient to machines" (p.173); "Obstetrics provided hospitals, as modern consumer service centres, with an unrivalled product: the newborn baby" (p.107); hospitals ". . . tempted [patients] with equipment such as incubators, [and] with specialised medical services such as ophthalmology, neurology, orthopaedics . . ." (p.108). (One can only speculate on the reaction of a reader who was born premature to this statement). Even a concern for improving medical records gets the cynical Stevens' treatment: this is a manifestation of "the scientific cast of mind" (p.60). The most bizarre comment, for me, was when Stevens reported that average length of stay in

hospitals had fallen because ". . . treatment became increasingly aggressive" (p.231). Needless to say hospitals were racist (p.50) and of course, sexist (p.65,138).

It is important to realise that Stevens' book is *not* a history of American hospitals, as the title suggests. In fact, her focus is on the manifestation of American community response and/or altruism as epitomised by "the voluntary ideal" of voluntary or community (often church affiliated) not-for-profit hospitals. This is made explicit in a footnote: "I limit the term 'hospitals' in this book to mean nonfederal short-term acute general hospitals (with a few related special hospitals), as distinguished from federal hospitals, long-stay hospitals for chronic disease and psychiatric hospitals . . ." (p.367). Within this definition Stevens directs her rhetoric, not at for-profit hospitals, but at the not-for-profit sector. "The charitable hospital was a signal achievement of American culture. Business, technology and charity were linked" (p.47). And again, "The American private benevolent hospital, progressive, expansionist and ill-defined, occupied the middle ground between commerce and government while also being supported by both" (p.50). It is this segment of the hospital sector which Stevens doesn't like? How large is the voluntary sector? From a table in Stevens' book (p.151) I have calculated that 77 per cent of all patients were in government hospitals in 1933! Furthermore, there is virtually no emphasis on Health Maintenance Organisations (HMOs) in any form (pre-paid group practice, etc.). HMOs are institutions which perform *both* the insurance function and the production of health services. Some of the long established HMOs, e.g., Kaiser Permanente, own and operate their own hospitals. These institutional arrangements hardly rate a mention, and the most detailed comment appears in a footnote (pp.415-6).

What, for Stevens, is wrong with voluntary hospitals? Well, it seems that they don't pursue the (Stevens') public interest. "Hospitals should be criticised for pressing policies which are clearly self-serving rather than lobbying for the needs of patients. In the American system . . . the primary responsibility for social equity . . . has fallen on government" (p.346). And again ". . . hospitals have rarely tried to change the system in directions which would clearly be in the public interest: notably towards comprehensive services for long term illness" (p. 353). And again: "Hospitals responded to the rise of chronic diseases in the classic way, by providing radiotherapy departments, coronary care units and surgical subspecialities rather than programmes for community education and prevention" (p.252). Stevens also refers often to the absence of some non-defined "community health services" as a deficiency of hospitals. These statements, quoted above, indicate the quality of Stevens' analysis: hospitals, not governments, should be concerned with social equity, and acute short stay hospitals are criticised for not being concerned with long term illness, health education and prevention.

Stevens is a person who lets herself get carried away with her own rhetoric, and this leads her into numerous contradictions. Sometimes hospitals are motivated by greed and profit (p. 319), then they're income maximisers (p. 324, 332), and then they're "mercantilist" (p. 324). I suspect Stevens doesn't know that these terms have different meanings. The most telling example of this practice is her discussion of hospitals in the first decade of the century. She asserts, without any (quoted) evidence, that American hospitals were subject to the scientific management movement, or Taylorism.[2] It is argued that the newly emerging class of hospital administrators and reforming surgeons "rallied" to the flag of "time and motion studies, cost-benefit analysis and organisational

analysis" (p.71). This is an interesting claim for those economists interested in the origins of the economic investment appraisal technique commonly called cost-benefit analysis: they will be surprised to know that the technique was first used in hospitals in the 1910s, and not in the early studies by the Army Corps of Engineers operating under the *Flood Control Act.*[3] Unfortunately, Stevens provides no proof of this assertion. If there is proof, I think she could have a note published in, say, *History of Political Economy* or *Utilitas.*

I don't like this book, as I have found no evidence that Stevens knows how to handle her subject matter. I will give two samples. Nowhere is there any conversion of (time series) financial/economic data into constant prices, and she describes cross-subsidisation as cost-shifting (p.274). On the other hand people who share Stevens' arbitrary collection of prejudices may like it. It is my view that the story Stevens has tried to tell awaits a competent economic historian.

REFERENCES

1. T. McKeown, *The Role of Medicine: Dream, Mirage or Nemesis,* rev. edn, Basil Blackwell, Oxford, 1979.
2. For a concise account see A.L. Friedman, 'Taylorism', in J. Eatwell, M. Milgate and P. Newman (eds) *The New Palgrave: A Dictionary of Economics,* Macmillan, London, 1987, 4, pp. 612-3.
3. See Otto Eckstein, *Water Resource Development: The Economics of Project Evaluation,* Harvard University Press, Cambridge, Mass., 1958.

D.P. Doessel
University of Queensland.

The Mind Has No Sex: Women in the origins of modern science *by Londa Schiebinger*
(Harvard University Press, Cambridge, Massachusetts, 1989), pp. viii + 347, ISBN 0-674-57623.

It would be a pity if the odd title of this book put off potential readers. *The Mind Has No Sex* derives from the views of Francois Poullain de la Barre, 17th century ex-Jesuit who claimed that there were no significant differences between the sexes in mental capacity. The central theme of the book is that women are just as capable of doing science as men. The title could mislead and possibly attract the wrong sort of readers.

The book focuses on pre-19th century science, the role that women had which has often been obscured and the various encouragements and exclusions that applied to women. The argument is that women's involvement in the origins of sciences establishes that women can be excellent scientists but the numerous inhibiting factors explain why there are not as many female as male scientists.

Three institutions that Schiebinger pinpoints as important in the emergence of Western science are the Renaissance court, monasteries and universities. She claims that aristocratic women held power and prestige which "carried them into the world of natural philosophy" (p.12) and the medieval convents also provided women with opportunities to pursue learning. From the 12th to the end of the 19th century universities generally excluded women. Italy is an interesting exception. The scientific academies set up in the 17th century marked