wildland firefighters received little media attention and public recognition in large part because they were fighting the fire in remote forestland areas where media and local citizens were prohibited. This point and others similar develop critical linkages between gender theory, environmental sociology, and disaster scholarship.

In light of the book's overall focus on disaster as a catalyst for change in the gender structure, the analysis was surprisingly quiet on the question of how the fire may have "undone" gender in critical domains beyond the workplace (such as the firefighters' families). Moreover, firefighters ostensibly deal with disaster as part of their routine business. Thus, even though it centers on one particularly disastrous event, the study is largely one of the gendered occupational and organizational culture of firefighting. As such, its conclusions regarding gender change could have been better informed by prior studies on gender segregation in the workplace. For example, the experiences of the two women wildland firefighters, which were powerfully colored by heightened visibility and scrutiny, are strikingly similar to those of the women "tokens" in the male-dominated workplace that Rosabeth Moss Kanter studied more than three decades ago (*Men and Women of the Corporation* [Basic Books, 1977]). Pacholok's conclusion that firefighters are simultaneously doing and redoing gender in the face of changing circumstances is also similar to recent arguments by scholars such as Cecilia Ridgeway (*Framed by Gender* [Oxford University Press, 2011]), who suggests that people often reformulate binary and unequal gender relations even in the face of dramatic changes in structural arrangements.

Nevertheless, Pacholok's analysis of how a high-stakes natural disaster can spark uneven change in gender relations at work is novel, insightful, and thorough. It makes an important contribution to our knowledge about gender processes in occupations that have been most successful at preserving a firmly masculine culture despite women's mass entry into the labor market. Accordingly, this book will be a valuable and engaging resource for scholars of gender, work, and the environment alike.

Knowledge in the Time of Cholera: The Struggle over American Medicine in the Nineteenth Century. By Owen Whooley. Chicago: University of Chicago Press, 2013. Pp. xiv+307. $30.00 (paper).

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Debates over Obamacare—and every other U.S. government plan for expanding health insurance over the past hundred years—have in part been disagreements over who is in charge of medical decisions: physicians or their patients. The government can empower citizen-patients through laws, but since World War I any attempts at public control of medicine in the United States have required working against a default arrangement in which doctors and medical organizations have had not only the first word

in debates over public health, but also often the last word. Owen Whooley's ambitious book, *Knowledge in the Time of Cholera*, gives a new answer to the familiar question of why this arrangement exists and, by extension, what can be done to rebalance the public authority of doctors, their paying customers, and the heavy hand of Uncle Sam.

To do so, the book considers the successive outbreaks of cholera that plagued and perplexed 19th-century America. Whooley does not find cholera inherently interesting; instead, these cholera epidemics provide a useful, longitudinal case study of how practitioners of allopathic medicine ("regular" physicians, today associated with scientific biomedicine) seized a privileged political position over practitioners of homeopathic medicine (today associated with alternative care). Whooley argues that regular doctors did *not* have superior medical knowledge. He pushes against such scientific determinism and argues that regular doctors got political control over competitors through superior organization strategies. (Still, Whooley is an ontological realist, if not a naive realist—believing things in the natural world cause diseases even before people "construct" them—and this unaddressed complexity weakens his final chapters.) Whooley's impressive achievement is to show that there is more to learn about these epidemics, not in terms of brute facts, but in terms of explanations for events that defy current understandings.

The overarching argument of the book is that seemingly superficial squabbles over the cause, spread, and treatment of cholera were about more fundamental questions of what *standards* should be used to decide the answers. Whooley calls these debates over standards "epistemic contests" (p. 15), a helpful new conceptual tool that clarifies how debates unfold and how disagreements are brought to a close. To be sure, cultural and economic sociologists have studied the processes through which people create and deploy standards of valuation and evaluation (see Michèle Lamont, "Toward a Comparative Sociology of Valuation and Evaluation," *Annual Review of Sociology* 38 [2012]: 201–21). Whooley, however, starts from the sociology of professions and sociology of science and knowledge, and he claims that his interest in "fundamental debates over standards themselves" (p. 17) has been little explored.

The book covers 100 years of U.S. history starting in the early 19th century and is organized into five empirical chapters, each examining one successive outbreak of cholera. Whooley uses these five episodes to argue that organization-level responses to the outbreaks explain how disagreements are settled, rather than individual diplomacy or "institutional" factors alone. As evidence, Whooley uses maps, images, and extensive published and unpublished texts. He seals his case with thoughtful, stylish prose.

The book begins with a free-for-all, which Whooley cleverly uses to argue that debates over ways of knowing always take shape within particular "organization terrains." The cholera outbreak of 1832 created a political arrangement that can be hard to imagine today: most U.S. states repealed laws that had allowed regular physicians, exclusively, to be licensed. Practitioners of homeopathic medicine cunningly advocated the repeals by ar-

guing it was more democratic to include multiple approaches in public health efforts. In 1849, regular doctors used another cholera outbreak to nudge homeopathic competitors out of the health care market by inventing an organization, namely the American Medical Association (AMA), and presenting it as the ultimate arbiter of what standards should be used to settle medical disputes. Still, government agencies, including the local boards of health established during the 1866 cholera epidemic, regarded cholera as a collective threat, not a disease of individuals, implying that people with a range of perspectives had equally sound claims to knowledge. The AMA, the new referee in the "epistemic contest," argued that their allopathic way of knowing disease—through empirical observation—was more *democratic* (not more scientific) than homeopathic commitments to "speculative theory." Whooley's analysis of the 1883–84 cholera chase across Egypt and India gives a keen, insightful, and admirably clear explanation of the techniques allopaths use to make new ideas seem better than old beliefs. Many scientists, healers, and citizens were understandably hesitant and patchy in their conversion to germ theory—the new, shocking notion that diseases were caused by microbes that people cannot see. The AMA established new places (e.g., laboratories and hospitals) and new versions of history (e.g., narratives of "discovery") to make their unlikely claim seem plausible. By the 1892 cholera epidemic, allopathic physicians still shared authority with homeopaths and others, especially in civic forums, such as boards of health. Thus, allopathic healers turned to private philanthropies to overhaul laboratories, hospitals, universities, and, most important, the grounds on which medical authority was based. No longer beholden to the public sphere by the start of the 20th century, allopathic healers had created a political arrangement that was recognizably modern.

Sociology of medicine has focused on two big issues: the patterns of inequality in health and the processes through which medical truths are established. Whooley's strong new book is a contribution to the latter. It is worth reading not only for sociologists of medicine, but also for historical sociologists, organizational sociologists, and scholars in science and technology studies. Still, a few words of preparation might smooth the way: Whooley's overuse of the word "epistemology" in place of more precise and less repetitive word choices eases after the introduction. The author does not subscribe to actor network theory in a serious way (pp. 156–67), though cholera has agency in the prose. It is worth turning to other sources for analysis of the broader political circumstances (e.g., slavery, imperialism) that appear in this study and deserve more consideration in a book on medicine and governance. Finally, for the curious, *Knowledge in the Time of Cholera* makes no reference to Gabriel García Márquez's famous novel echoed in its title.

The political sway of medical professions is unique to the United States and is an arrangement that Whooley regards as uniquely unjust. Looking back in time or beyond American borders, it is easy to see that the exclusive and often opaque power of professional medicine sits uneasily within a sys-

tem of governance that is supposed to be committed to transparent decision making and broad civic participation. Whooley's smart new book explains precisely how this contradictory arrangement came to exist and why choices about who governs and how remain matters of life and death.

Governing How We Care: Contesting Community and Defining Difference in U.S. Public Health Programs. By Susan J. Shaw. Philadelphia: Temple University Press, 2012. Pp. x+214. $84.50 (cloth); $27.95 (paper).

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In many ways, *Governing How We Care* is not a traditional ethnography, and the reader is better for that. The author draws upon the findings from anthropology, sociology, public health, and science and technology studies to explore the ways in which low-income and marginalized people are treated and thought about in urban public health programs in the United States today. That Susan Shaw has written an engaging book geared toward these multiple disciplines is no easy task, as these disciplines each have their own ways of defining and studying the themes of community and health that she explores. In particular, Shaw challenges the health disparities framework that she and others argue depoliticizes the underlying causes of poor health in the first place under neoliberal reform state policies.

Shaw skillfully weaves an ethnographic account of two urban public health programs (a needle exchange and a welfare-to-work program in New England) alongside a more elegant theoretical engagement of the important questions guiding public health today. These questions include What is or should be the relationship between governments and individuals in community health? What roles do racial and ethnic identity and cultural differences play in health care services at the local community level? What are the localized effects of neoliberal policies on U.S. public health programs? She asks and locates these questions within the scholarly literature of health disparities research, data about structural inequality, and debates about neoliberal state policies.

As you might expect, there are no easy answers to these questions, and this is why the ethnographic data and detail are so important in this book. The data illustrate the complexity of both the issues and any possible answers to them. The grounding of larger theoretical issues within the ethnography allows Shaw and the reader to systematically explore these questions. This exercise is the great strength of the book. Community education and empowerment programs are often built around concepts developed by Paulo Freire and the pedogogy of the oppressed literature. This source is true of the community-health-worker training programs detailed in *Governing How We Care* as both the force of and for collective mobilization. Shaw explores