The rather large text provides an overview (albeit with a North American bias), of the field of mixed methods research and is divided into four sections. The first includes chapters that discuss both historical and contemporary issues in mixed methods, including a useful overview of the field and the main paradigmatic issues. The following section covers more methodological and analytical topics, outlining several different typologies for mixed methods research designs. Chapters in this section also include useful practical topics such as sampling strategies, data collection strategies, methods of data analysis, and making inferences. The third section, and in my view the weakest, is dedicated to applications and examples of mixed methods research across disciplines, including management and organizational research, health sciences, nursing and education. The book ends with a section on conclusions and future directions for mixed methods research.

As might be expected with a volume of this size, the chapters vary in quality.

There is some repetition across the chapters, however, as most of the chapters are probably intended as stand alone pieces, this is inevitable to a point. The benefit of this is that for each chapter the definitions being used are made clear and the standpoint of the author made explicit, however, a more negative aspect is the resultant inconsistencies. The book does attempt to cover a range of viewpoints relating to the issue of mixed methods. Because of this there are inevitable contradictions across the chapters, in particular, in the ways in which some authors feel ‘mixing’ of methods is appropriate. For those using the text as a first port of call, this could be rather confusing. For example, in chapter 7 Janice Morse sets out her view that mixing methods is only appropriate if the methodological congruence of each component method is maintained and not ‘mix and match’ research in which strategies can be liberally selected and combined. However, this view can be contrasted with that, for example, of Johnson & Turner (chapter 11) who argue that using both open and closed questions within a questionnaire survey would be one way to mixed methods and others who suggest that data can be ‘transformed’, that is they can be either ‘quantitized’ or ‘qualitized’ accordingly (Onwueghuzie & Teddlie, chapter 13). In this sense the novice reader could select to read only one or two chapters and be left with a biased and perhaps uncritical view of the mixed method approach. Whilst a range of viewpoints are represented I was still left with a feeling that the book was slightly biased towards the more mix and match approach to mixed methods. Some key writers were missing from the list of contributors, notably Julia Brannen, Alan Bryman and Martin Hammersley—who have written excellent pieces on mixed methods in the past and I feel could have produced very good chapters perhaps resulting in a more balanced collection overall.

A further criticism of the book is the overemphasis on ‘typologies’. The authors themselves in the final chapter state they have identified almost 40 types of mixed method designs and then go on to describe the framework for yet another typology, the usefulness of which could be questioned.

Overall this edited collection provides a good attempt at filling an obvious gap in the research methods literature that will be of use to those working in the field of health and health services research. It is built up from a series of chapters that are coherent in their own right and generally fairly easy to read. In this way, the book would be useful for researchers and research students alike and would be a helpful addition to any library of methodological texts.

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The Word as Scalpel: A History of Medical Sociology.


This is a scholarly historical study of medical sociology's ‘institutional arrangements’ rather than a history of ideas. Sam Bloom has been a well-placed insider in American medical sociological circles for 50 years: his first job was at Columbia University's Bureau of Applied Social Research, on the project that eventually led to Robert Merton et al.'s Student Physician (Cambridge, MA: Harvard University Press, 1957); he joined the teaching staff of a medical school in 1956 and has been a medical educator ever since, and for many years he was the principal administrative officer of the Section on Medical Sociology of the American Sociological Association (ASA).

The book contains a number of surprises for the casual reader. Thus, the first book entitled Medical Sociology was published back in 1909, and its author, James Warbasse, started a Section on Sociology in the American Public Health Association. Bloom also convincingly champions the cause of Bernhard Stern, a Marxist scholar at Columbia of whom this reviewer had never heard, as an alternative Father of Medical Sociology to the patrician Harvard physiologist L. J. Henderson. And he documents a surprising debate within the American Sociological Association in the 1950s about whether or not sociologists should have certification, like psychologists. More conventionally, he charts the critical and proactive role of, first, the Russell Sage Foundation (set up in 1907 by the widow of congressman and financier Sage with a gift of ten million dollars, the largest gift to philanthropy in the history of the world at that time) and, second, the National Institute of Mental Health in providing both training and research monies for medical sociology.

Non-American readers will notice the limited coverage of medical sociology outside America and occasional slip-ups: Sociology of Health & Illness is misnamed the British Journal of Medical Sociology. But these are small faults when America remains the fountainhead of the subdiscipline. Where Bloom attempts to chart the relationships between academic institutional arrangements and theoretical and policy developments, the book is rather uneven. Bloom is instructive on how the early fertile research collaboration between sociology and psychiatry withered with the advance of new pharmacological treatments but is a less valuable guide to more recent puzzling failures of sociological influence: for example, why is it that, with 1100 members in the Medical Sociology Section of ASA, syringe exchange schemes failed to get established in the USA? There is more to be written here from the perspective of the sociology of scientific knowledge.

But it would be wholly inappropriate to end this review on a critical note. In what has clearly been a labour of love, Sam Bloom has done a great deal of original research both in archives and in interviews with key figures in the emergence of medical sociology.
The Moral Economy of AIDS in South Africa


The Moral Economy of AIDS in South Africa is a timely contribution to the ongoing debate about the feasibility of scaling up access to HIV/AIDS treatment in developing countries. In particular, the book provides a readable critique of the economic orthodoxies commonly deployed in arguments against scaling up access in resource-poor settings. As a work that is simultaneously academic and activist, it is appropriate that it has emerged out of South Africa—a country that is at the epicentre of the epidemic and that has a long-standing tradition of community activism, visible most recently in the legal and political struggles of the Treatment Action Campaign (TAC).

Nattrass’s key objective in this work is to question the powerful conventional ‘wisdom’ asserting the unaffordability of highly active antiretroviral therapy (HAART) in developing countries—a view that, as she points out, is far from unique to the South African government. In her dissection of the costs and benefits of various policy options relating to HIV/AIDS in South Africa, the author exposes the economic and philosophical underpinnings of the South African government’s decisionmaking in this arena. In particular, the book argues that the government’s rhetoric about resourcing and sustainability is underpinned by certain assumptions that are hidden behind a discourse of technical (economic) expertise, and so insulated from serious public debate. The ‘moral economy’ of the title, a term first coined by E. P. Thompson in his discussion of bread and food riots in eighteenth-century England, seeks to emphasize the political nature of resource allocation and to remind us that the economic analyses that often accompany political decisionmaking can never be value-free.

Taking a comprehensive view of the HIV/AIDS epidemic in southern Africa as simultaneously a threat to economic development and social solidarity and a major public health crisis, the book begins with an overview of the structural, biological, cultural, historical, and political-economic factors that coincide lethally to produce Africa’s particular susceptibility to the virus. These include its history of colonialism, sustained conflict, and weak governance; ongoing gender inequalities and poverty; compromised immunity and untreated sexually transmitted infections (STIs); and certain aspects of local sexual cultures. Chapter 2 provides an overview of the history of AIDS policy in South Africa, describing the catalogue of failures, omissions, and missed opportunities that culminated in Mbeki’s notorious public pronouncements doubting the established science of HIV/AIDS aetiology and treatment. Nattrass’s description of the TAC’s (successful) legal struggle over access to treatment in the Constitutional Court—first over prevention of mother-to-child transmission (PMTCT), for which the author provided an expert affidavit—exposes the ‘moral economy of triage’ implicit in the government’s position. This has centred on arguments about the importance of HIV prevention and fulfilling other developmental goals before providing access to treatment.

The two following chapters demonstrate how the South African government’s argument about unaffordability is based on economic data that fail to take into account the overall impact that access to HAART would have in terms of reducing AIDS-related morbidity and mortality. Extending her cost-effectiveness lens beyond conventional economic analyses (which tend to calculate the direct costs of HAART), Nattrass considers the systemic effects that HAART would have on the health sector as a whole, as well as on corporations and on households. Examining the cost-effectiveness of a PMTCT programme using a disability-adjusted life year (DALY)-free approach, for example, by comparing the cost of providing PMTCT with the cost of not doing so, the author concludes that in all likelihood current paediatric costs associated with HIV/AIDS exceed the costs of PMTCT. Chapter 4 compares the impact and costs of HAART with those of no intervention and with five other interventions: treatment of STIs, voluntary counselling and testing, PMTCT, a prevention package containing these three interventions, and a combined HAART and prevention package. Nattrass unflinchingly engages with key reviews and studies that challenge her conclusions, discussing the differences in their methodology and assumptions—mainly their failure to take a broader cost savings into account, their scepticism over the benefits of HAART to prevention, and their treatment of the existing level of health spending as an absolute restraint.

Chapter 5 discusses possible links between HAART and HIV prevention, a question that is often neglected in the unaffordability argument. The author weighs up the evidence relating to HAART and sexual risk-taking, finding no proof of a causal link in the handful of European and US studies of men who have sex with men that have been cited by some academics as evidence that HAART increases unsafe sex. The author raises instead the question of whether failure to provide HAART increases the likelihood of people continuing to engage in unprotected sex, in the light of qualitative studies suggesting that hopelessness can lead to a desire to spread the virus among some who are infected, and given that continuing stigmatization of HIV/AIDS (reflected in part the awfulness of the illness in the absence of treatment) limits people’s willingness to be tested and therefore to be counselled.

Unequal access to HIV/AIDS treatment brings into stark relief South Africa’s economic inequalities, and poverty is an underlying concern of the book. Chapter 6 provides a review of macroeconomic modelling work on the impact of HIV/AIDS on economic growth, pointing to the limitations and theoretical underpinnings of different models. Arguing both that poverty alleviation is a precondition of addressing AIDS and that addressing AIDS is a precondition of addressing poverty, Nattrass makes the case for a two-pronged strategy: the provision of HAART and direct welfare interventions for the unemployed.

The Moral Economy of AIDS in South Africa is written with clarity and honesty, never failing to address counterarguments. Economic modelling is presented in terms a non-economist can grasp, and in this sense the book is itself proof that ‘technical’ economic expertise can be presented accessibly to a general readership. In embodying this possibility in her writing, Nattrass boosts her passionately made case for the importance and feasibility of promoting collective public discussion among