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BACHELARD, GASTON (1884–1962) French historian and philosopher of science who along with **Canguilhem** (q.v.) argued that scientific developments were ‘epistemological ruptures’ and not progressive developments. Thus the history of science was the history of discontinuities. His work had a major impact on **Foucault** (q.v.) who used the concept of epistemological rupture to challenge linear, progressive histories of the development of Western knowledge, and particularly medical knowledge (Bachelard, G. (1968) *The Philosophy of No*. Trans. G.C. Waterson. New York: Orion Press) (q.v. **Canguilhem**; **Fleck**; **Kuhn**; **social history of medicine**; **Whig histories of medicine**).

BACTERIOLOGY The study of bacteria, especially as they relate to the spread of disease. Their discovery by Pasteur (1822–1895) the French chemist produced the spur for the development of the germ theory of disease, that is, that disease is caused by an invading micro-organism which infects the body. The development of the germ theory meant that the social and political aspects of the causes of disease were obscured (q.v. **antibiotics**; **McKeown**; **social medicine**; **Virchow**; **Whig histories of medicine**).

BAREFOOT DOCTOR An initiative of the Chinese Cultural Revolution in the 1960s in which local people received basic medical training and thereby provided the rural population with access to basic medical services.

BARKER HYPOTHESIS From the work of epidemiologist David Barker on the fetal origins of disease, suggesting that life-time patterns of health are laid down in the womb (Barker, D. (1994) *Mothers, Babies and Disease in Later Life*. London: BMJ Publishing Group). This has led to a reductionist account of the ‘biological programming’ of health at birth, with the implication that it is an individual, biological phenomenon unrelated to social factors. In contrast, health sociologists argue that far from being simply biological, poor fetal development is linked to class position, which in turn in later life exposes individuals to hazardous lifestyle factors. It is the interaction of the biological with the social that has to be accounted for, and not the assertion of a biological inevitability to disease (Blane, D. ‘The life course, the social gradient and health’, in M. Marmot and R. Wilkinson (eds), *Social Determinants of Health*. Oxford: Oxford University Press) (q.v. **life course analysis**).

BEDLAM The first psychiatric institution for the insane in Britain, the Hospital of St Mary of Bethlehem. Founded in 1247, but established as an asylum in 1547 by Henry VIII, the insane were treated with deprivation and shock. In the nineteenth century it was the focus of reform as humane care for the insane replaced public exposure and confinement in chains. The claim of a progressive development in the treatment of the insane was the target of Foucault's (1961) *Madness and Civilisation* (London: Tavistock) (q.v. **American Psychiatric Association**; **asylums**; **Dix**; **Foucault**; **Pinel**; **Tuke**).

BEDSIDE MEDICINE In the history of medicine the term used to designate the situation of medical practice in the eighteenth century. It was one in which the elite, powerful patients dominated the lower-status, poorer doctor. The model of illness in this period reflected the concerns of the patient who was treated in a holistic way. With the development of **hospital** (q.v.) medicine patients lost power to the rising medical profession. Along with this went a redefinition of disease as a purely physical event, independent of the patient's social location. In turn this has been supplanted by laboratory medicine in which both the doctor and the patient have become subservient to laboratory tests rather than clinical judgement (Jewson, N. (1976) The disappearance of the sick man from medical cosmology 1770–1870, *Sociology*, 10 (2): 225–44) (q.v. **medical technology**; **profession**; **Whig history of medicine**).

BEHAVIOURISM A highly influential stream of thought in psychology in the mid-twentieth century. Behaviourists argue that psychology can become a science if it focuses on the external behaviour of people and rejects any analysis of mental events, emotions or feelings. Largely based on animal studies of rats and pigeons, it is rejected in sociological accounts of human action (q.v. **behaviour modification**; **empiricism**; **voluntaristic theory of action**; **Watson**).

BEHAVIOUR MODIFICATION Based on the **behaviourism** (q.v.) of **J. B. Watson** (q.v.) a clinical technique alleged to be able to modify an individual's reactions to stimuli, particularly that they could be desensitized to things that they fear. At its height under the impact of B. F. Skinner and Clark Hull it was claimed that all forms of human behaviour could be manipulated via stimulus–response reactions. In works of fiction such as Aldous Huxley's *Brave New World*, and George Orwell's *1984*, it was presented as a tool of a totalitarian state to ensure conformity and compliance.

BEHAVIOURAL DISORDERS A wide range of conditions in which the individual fails to conform to 'normal' expectations, developmentally, educationally, or interpersonally. Empirically, sociologists examine these conditions as aspects of the **medicalization** (q.v.) of life and of the **social control** (q.v.) functions of medical professionals (q.v. **abnormal**; **attention deficit disorder**; **Aspergers syndrome**; **autism spectrum disorders**; **labelling theory**; **learning disabilities**).

BELMONT REPORT The report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research, published in 1979. It lays down the basic ethical principles for medical research in the US: that there be respect for the autonomy of the person, beneficence, that is, to do no harm, and that the findings of research be used justly (q.v. **bioethics**; **ethics**, **Medical**; **Helsinki Declaration**; **Hippocrates**; **Nuremberg Code**; **Tuskegee syphilis experiment**).

BENCHMARKING The commitment to introduce the best standards of international practice into an organization, such as a hospital. It is usually done in the guise of the new public management, in which market approaches are applied in public institutions, on the grounds that this will make them more efficient and business like (Cairney, P. (2002) 'New public management and the Thatcher healthcare legacy', *British Journal of Politics and International Relations*, 4: 375–98) (q.v. **clinical pathways**; **corporatization**; **neo-liberalism**; **new public management**; **privatization**).

BENTHAM, JEREMY (1748–1832) The founder of utilitarianism, and author of *Introduction to the Principles of Morals and Legislation* (1789), a philosophy that states that each individual's pursuit of happiness will produce the happiness of the greatest number. Bentham devised the model of the **panopticon** (q.v.), a form of prison, in which the prisoners do not know when they are being observed and therefore at all times have to assume that they are under observation.

This leads to the internalization of social control. Foucault argues that this is now a central feature of modern societies such that we now police ourselves, monitoring our thoughts, behaviour and body in the context of a medicalized net of social relationships (Goodin, R. (1995) *Utilitarianism as a Public Philosophy*. Cambridge: Cambridge University Press) (q.v. **carceral society**; **Foucault**; **medicalization**; **psy-professions**; **technologies of the self**).

BEREAVEMENT Following the work of Kubler-Ross in the 1960s grief over death became acceptable in the West. Kubler-Ross identified the stages of grief as denial that the person is dead, anger with the person for dying, explained by Kubler Ross as the outcome of things that have been left unsaid, bargaining, depression and finally acceptance of the situation (Kubler Ross, E. (1969) *On Death and Dying*. London: Tavistock) (q.v. **death**; **hospice movement**).

BEST-CARE PRACTICES The claim by medical practitioners to have the clinical freedom to act in the best interests of their patients, independently of considerations of cost. In Max Weber's terms they are guided by 'wertrational' principles, action guided by an orientation towards valued ends, and come into conflict with bureaucratic concerns guided by 'zweckrational' principles, that is, rule following in a bureaucratic hierarchy (q.v. **authority**; **bureaucracy**; **critical theory**).

BIAS In positivist social science the claim that the researchers' subjectivity has

to be controlled so as to allow for 'objective' scientific findings to emerge. The pursuit of objectivity has been criticized by those in the qualitative tradition of research who emphasize the contextual nature of knowledge. Feminist sociologists, for example, argue that the research process is built on trust and empathy, and that the production of knowledge is a joint venture of the researched and the researcher (Oakley, A. (1981) 'Interviewing women: a contradiction in terms', in Roberts, H. (ed.), *Doing Feminist Research*. London: Routledge and Kegan Paul). Jürgen Habermas has argued that the aim of social science research is empathy and understanding, rather than explanation and prediction, and that objectivity is a impossibility in the social sciences (Habermas, J. (1972) *Knowledge and Human Interests*. London: Heinemann). It is often assumed that if the results are statistical this in some way frees them from bias. However over thirty-five sources of bias have been demonstrated in statistical research as a consequence of selection, classification or confounding of data (Sackett, D. (1979) 'Bias in analytic research', *Journal of Chronic Disease*, 32: 51–63) (q.v. **action based methods research; positivism; verstehen; Weber**).

BINARY OPPOSITIONS The division of the natural and social worlds into opposites, for example male/female, reason/emotion, able-bodied/disabled body, healthy/sick, or young/old with the privileging of one – the former – over the latter. Dualisms such as these are central to Western ways of thinking, taken as they are to reflect

real differences in nature. Such simple divisions obscure the complexity of social relationships and exclude those in the latter categories from a full participation in social life (q.v. **ageism; Cartesian; disability; gender**).

BINET, ALFRED (1857–1911) French psychologist at the Sorbonne who formulated the IQ test. Widely adopted by educational reformers it was standardized by Lewis Terman at Stanford University, hence the Stanford-Binet IQ test (q.v. **IQ controversy**).

BINGE-PURGING The act of gorging on food and then inducing vomiting, self-administering laxatives or undertaking excessive exercise to prevent weight gain. Foucauldian **feminists** (q.v.) argue that binge purging may be either the act of a rebellious subject, flaunting societal dictates of appropriate usage of food, or of a docile subject attempting to conform to what they think is the appropriate body image (Eckermann, E. (1997) 'Foucault, embodiment and gendered subjectivities', in A. Petersen and R. Bunton (eds), *Foucault, Health and Medicine*. London: Routledge) (q.v. **anorexia nervosa; bulimia**).

BIOETHICS The study of moral issues raised by medical research, technological developments and the rights of individuals and groups, particularly around reproduction, life and death. Many of these issues are specific to social groups. **New reproductive technologies** (q.v.) and their

impact are specific to women, while the conduct of unethical research based on racist assumptions is of concern to black Americans (**Belmont Report**; **eugenics**; **new genetics**; **Nuremberg Code**; **Tuskegee syphilis experiment**).

BIOGRAPHICAL DISRUPTION With the increase in chronic illness, and the extension of life after the diagnosis of a terminal illness, individuals now experience ongoing status as a sick person. This may positively or negatively affect their sense of self, and a new identity has to be created and managed to allow the continual presentation of the self. In doing so individuals tell stories that repair the damage done to them, both physical and psychological, and attempt to reconstitute their biography as meaningful (Williams, G. (1984) 'The genesis of chronic illness: narrative reconstruction', *Sociology of Health and Illness*, 6: 175–200) (q.v. **chronic illness**; **disease identity dependency**; **narrative accounts of illness**; **quest narratives**; **stigma**).

BIOLOGICAL ANTHROPOLOGY A branch of anthropology, also called physical anthropology, that studies human beings in the context of their links with the animal world, adopting an evolutionary perspective and closely allied to **sociobiology** (q.v.). It is biologically **reductionist** (q.v.), and in studying disease, ignores the social, political and economic factors which socially produce and distribute it (q.v. **anthropology of health**; **medical anthropology**).

BIOLOGICAL DETERMINISM The claim that some characteristics of human beings are given in nature, and therefore are unchangeable. It provides conservatives with an argument that inequality is natural and inevitable. In its political form it leads to **eugenics** (q.v.), the claim that the 'unfit' should not be allowed to produce offspring. The opposite is **cultural determinism** (q.v.), which argues that human beings at birth are unfinished, and that their culture will determine their final characteristics, both psychological and biological. The debate has significant policy implications, since the biological determinist position suggests that little can be done if those experiencing ill-health are biologically programmed that way. Cultural determinists hold to the position that if our characteristics are socially shaped then they can be socially modified. The most significant arena for the debate in the late twentieth century has been over the heritability of intelligence (q.v. **IQ controversy**; **sociobiology**).

BIOLOGICAL HAZARDS The explanation given for disease in biomedicine is that it is the product of external biological factors such as germs or viruses, that is, 'biological hazards'. The contrast is with the role ascribed to psychosocial and social epidemiological factors identified by the social sciences in explaining the production and distribution of disease (q.v. **health determinants**; **social support stress**).

BIOLOGISTIC A pejorative term used to describe the attempt by the medical sciences

to reduce human experience to the biological workings of the body. Social scientists argue that the experience of the **body** (q.v.), sickness and disease is mediated by social structures such as gender, class and ethnicity, and do not reflect in any immediate way the working of nature (q.v. **constructionism**; **disembodiment**; **reductionism**).

BIOMEDICAL CULTURES A concept in anthropology which highlights the fact that there are competing understandings of disease and illness co-existing alongside the **medical model** (q.v.). These include lay and folk understandings of illness in the West, as well as those alternative medical practices in developing countries, captured in the phrase 'medical pluralism', where an attempt is made to integrate indigenous healing systems with Western biomedicine (Leslie, C. (1980) 'Medical pluralism in world perspective', *Social Science and Medicine*, 14B: 629–42) (q.v. **lay referral system**; **shamanism**).

BIOMEDICAL MODEL Developing from the eighteenth century, the biomedical model explains disease as the working of lesions in the body, chartable by the doctor through the physical examination. It became institutionally located in the developing hospitals in France from the eighteenth century. The emphasis of biomedicine is the treatment of disease using the methods of the natural sciences (q.v. **Birth of the Clinic**, **The**; **Cartesian**; **Foucault**).

BIOMEDICINE Orthodox Western medical knowledge sometimes referred to as **allopathic** (q.v.). Its key assumptions – that disease is a biological fact, that patients can best be examined using the methods of the natural sciences, and that effective treatment involves drugs, technology, surgery and **psychosurgery** (q.v.) – are widely criticized in health studies (q.v. **abnormal**; **clinical iceberg**; **disease**; **disembodiment**; **normal**).

BIOPOLITICS The linking of the human body to organized medical knowledge so as to achieve social control (q.v. **anatomo-politics**; **The**; **biopower**; **Birth of the Clinic**, **Foucault**; **morality and medicine**; **psy-professions**; **surveillance**).

BIOPOWER In **Foucault's** (q.v.) sociology the key to understanding social control in modern societies. Foucault argued that the new social and medical sciences of the nineteenth century – penology, criminology, sexology, psychiatry, psychology, sociology and medicine – operate as disciplines of **power/knowledge** (q.v.). They are disciplines in the academic sense of claiming to have knowledge of how populations and individuals act and behave, and they are disciplines in the sense that they are empowered by the state to enforce compliance with normal behaviour (q.v. **abnormal**; **anatomo-politics**; **biopolitics**; **Birth of the Clinic**, **The**; **psy-professions**).

BIOPSYCHOSOCIAL The integration of sociological and psychological insights into

biomedicine (q.v.). The development of the model was professional medicine's attempt to come to grips with the patient's experience and understanding of their illness, as well as seeing their illness as an aspect of their social location. Nevertheless the model fails to challenge the basis of medical practice in biology and is ultimately reductionist (Engel, G. (1977) 'The need for a new medical model: a challenge for biomedicine', *Science*, 196: 129-34) (q.v. **medicalization**; **mind-body relationship**).

BIOTECHNOLOGY The interface between engineering and biology ranging from the stethoscope, the ultrasound, and the fetal monitor to the titanium hip, the pacemaker and the cochlea ear. These developments have led some to speculate on the disappearance of the body in modern techno-medicine. We now have bodies made with plastic, bionic/interchangeable bodies, and the virtual bodies of the new surgical techniques in which surgeons operate at a distance on TV screens of the patient's body. The body of the patient has been dissolved with the creation of hyper-real bodies of technological-human blend, such that the two cannot be distinguished (Williams, S. (1997) 'modern medicine and the "uncertain" body: from corporeality to hyperreality', *Social Science and Medicine*, 45: 1041-9) (q.v. **body**; **cyborgs**; **disembodiment**; **medical technology**; **social construction of technology**; **visual imaging**).

BIRTH CONTROL Measures taken to prevent conception. In early feminism (before

the 1920s) this included abstinence and the refusal of conjugal rights to the husband. With the development of the pill in the 1960s freedom from the threat of pregnancy became a reality for women and fuelled the woman's liberation movement. Women's control over their reproductive capacity is central to all forms of **feminism** (q.v.) (q.v. **abortion**; **childbirth**; **radical feminism**).

BIRTH OF THE CLINIC, THE Foucault's account of the development of modern medicine in which he argues that medical knowledge, rather than being a steady progression of science, is historically and culturally specific. In it he documents the rise to power of the medical profession with the development of the medical gaze, that is, the **power/knowledge** (q.v.) to define life and death. Foucault locates in the development of medicine the first successful discourse to treat human beings as objects, producing a science of the individual. Central to *The Birth of the Clinic* is the concept of the gaze, by which Foucault means both the act of perception, but also a way of perceiving, of bringing something into existence. The medical gaze brings into existence the body of the individual and the fact of disease, an objective and independent entity, as something that happens to the individual. This allows Foucault to develop his argument that modern societies have power relations that involve the individual policing their own bodies and health status (q.v. **technologies of the self**), and provides the basis for **antomo-politics** (q.v.) and **biopower** (q.v.)

(Foucault, M. (1973) *The Birth of the Clinic: An Archeology of Medical Perception*. London: Tavistock) (q.v. **Foucault; social construction/constructionism**).

BLACK REPORT One of the most important reports to come out of the UK in the twentieth century on the social patterning of illness and disease. It demonstrated the links between poverty, inequality and differential rates of disease in the population. Using the British Registrar-General's classification of occupation on death certificates it showed that those in classes IV and V (partly skilled and unskilled) were sicker and died earlier than those in classes I and II (professional and managerial). The report systematically reviewed the evidence for this correlation and rejected explanations that suggested that it was a statistical artefact, that it was a consequence of natural selection, or that it was a product of lifestyle choice. Rather it argued that the distribution of disease down the social system was the product of structural aspects of inequality such as patterns of property ownership and poverty. Because of its overwhelming demonstration of inequality in health and the links it made between wider social inequalities and health the Conservative Prime Minister Margaret Thatcher attempted to prevent its publication and it was only through the privilege of the House of Lords that Lord Black brought it to light (Department of Health and Social Security. (1980) *Inequalities in Health: Report of a Working Group Chaired by Sir Douglas Black*. Department of Health Statistics and Surveys: London) (q.v.

health determinants; social inequality; Whitehall Studies).

BLACKWELL, ELIZABETH (1821–1910) The first woman to gain an American medical degree and to have her name listed on the Medical Register, London. The author of, and the first to use the term 'medical sociology', *Essays in Medical Sociology*, published in 1902 (republished in 1977 AMS Press: New York), her major contribution was a scepticism about 'medical materialism' developing out of the mechanistic view of the body that bacteriological medicine was fostering. She founded the National Health Society of London and was one of the founders of the London School of Medicine for Women (Morantz-Sanchez, R. (1992) 'Feminist theory and historical practice: rereading Elizabeth Blackwell', *History and Theory*, 31: 51–69) (q.v. **Anderson; vitalism**).

BLAME THE VICTIM Attributing to a person the cause of their own misfortune. A common strategy in conservative social policy which by focusing on the individual obscures the social, political and economic environment that shapes their actions. In the **new public health** (q.v.) individuals are blamed for their conditions for choosing an unhealthy **lifestyle** (q.v.). The result is to excuse governments from taking action and thus to evade the costs of disease prevention (Ryan, W. (1971) *Blaming the Victim*. New York: Vintage) (q.v. **accident proneness; asbestosis; Engels; industrial disease; medicine and morality; social drift hypothesis; stigmatized risk group**).

BLUE CROSS/BLUE SHIELD US health insurance agencies that operate by collecting monies from individuals independent of their current healthcare requirements for utilization when needed (q.v. **health insurance**; **health maintenance organizations**; **uninsured**).

BODY In medicine, the body is the unproblematic basis of our natural, biological existence, and the site of disease (q.v. **Cartesian**). In the social sciences the argument is that our experience of, and knowledge of, our bodies is a product of our specific historical, cultural, political and gendered existence. In this sense the body is not a biologically objective entity but the canvas on which social relationships are painted. In classical sociology **Marx**, **Engels** (q.v.) and **Weber** (q.v.) demonstrated the shaping of the body as it was harnessed to the discipline of factory labour, and in this sense the malleability of its 'natural' form, which they took for granted. One of the earliest anthropological accounts of the body was produced by Marcel Mauss who noted that every aspect of bodily deportment – from breathing, through to marching and swimming – was specific to the society which produced it and reflected hierarchies of inequality, especially based around education levels (Mauss, M. (1973 [orig 1935]) 'Techniques of the body', *Economy and Society*, 2: 71–88). Mary Douglas went on to argue that "the social body constrains the way the physical body is perceived. The physical experience of the body, always modified by the social categories

through which it is known, sustains a particular view of society. There is a continual interchange between the two kinds of bodily experience so that each reinforces the categories of the other (Douglas, M. (1973: 93) *Natural Symbols*. Harmondsworth: Penguin). Contemporary research goes further in rejecting the 'naturalness' of the body providing alternative definitions and accounts of the body that highlight both the social shaping of our understandings of our body and our body as a lived reality. As Simone de Beauvoir, the French feminist philosopher put it: 'it is not the body-object described by biologists that actually exists, but the body as lived in by the subject' (de Beauvoir, S. (1953: 69) *The Second Sex*. London: Harmondsworth) (q.v. **embodiment**). Feminist analyses of medical representations of the body highlight the way in which medicalization (q.v.) produces women's bodies as sick and in need of constant care and surveillance (q.v. **Foucauldian-feminism**). At the cultural level women's bodies have been shown to be construed as inferior to men's, as less amenable to control and as dangerous (Grosz, E. (1994) *Volatile Bodies: Towards a Corporeal Feminism*. Sydney: Allen and Unwin). Historians, particularly those influenced by Foucault, have also demonstrated how specific religious, political and economic contexts produce our knowledge of the body (Feher, M. et al. (1989) (eds), *Fragments for a History of the Human Body*. (3 volumes). New York: Zone). In the context of medical thought Foucault argues that the crucial concepts of the body and disease must be seen as historical

products. In our culture we believe 'that the body obeys the exclusive laws of physiology and that it escapes the influences of history but this too is false. The body is moulded by a great many regimes' (Foucault, M. (1977) 'Nietzsche, genealogy and history', in D. Bouchard (ed.), *Language, Countermemory, Practice*. Oxford: Basil Blackwell) (q.v. **biotechnology**; **cyberanatomies**; **cyborgs**; **embodiment**).

BODYISM The imperative to control one's body in neoliberalism, where to fall sick, particularly of what are claimed to be lifestyle based diseases, is a failure to monitor oneself in the conduct of one's life as an active citizen. Being ill is a moral failure (Rosenberg, C. (1997) 'Banishing risk: continuity and change in the moral management of disease', in A. Brandt and P. Rozin (eds), *Morality and Health*. London: Routledge) (q.v. **fitness**; **habitus**; **Mauss**; **morality and medicine**; **self-care**; **somatic norms**; **technologies of the self**).

BODY MAINTENANCE (q.v. **bodyism**; **citizenship**; **fitness**; **self-care**; **technologies of the self**).

BODY POLITICS The idea of the body as resource for political mobilization around issues of inequality of access to social status and resources and, especially for disabled bodies and aged bodies (Elshtain, J. and Cloyd, J. (1995) *Politics and the Human Body*. Nashville, Vanderbilt University Press). Nancy Henley's 1977 book, *Body Politics* (New Jersey: Prentice

Hall) described how in Western patriarchal society power relationships between men and women determine who can touch who, where and for what reason. Thus men in guiding women to restaurant tables exercise their dominance in physical touch (q.v. **somatic society**)

BOOTH, CHARLES JAMES (1840–1916) Author of the study *Life and Labour of the People in London* (1889–1891) in seventeen volumes, in which he demonstrated statistically the links between poverty and disease. The discovery of the social patterning of disease – its distribution correlating to poverty and housing conditions, as well as employment conditions – laid the basis for the public health movement. It was overtaken by the **germ theory** of disease (q.v.), which by locating disease in the body of the patient, and developing drugs and technologies for cure, deflected attention from the social environment (q.v. **Chadwick**; **Engels**; **hygiene**; **snow**; **social medicine**).

BRACKETING (phenomenological reduction) At its simplest, the attempt by phenomenological researchers to suspend pre-existing knowledge, that is, the taken for granted reality, so as to achieve understanding from the perspective of the subject. In qualitative research it has been adapted to mean 'putting yourself in the place of the other', in an attempt to capture their view of the world, and while having origins in the work of **Max Weber** (q.v.), was brought into American sociology by **Alfred Schutz** (q.v.) (q.v. **Husserl**; **qualitative research**; **verstehen**).

breast cancer

BREAST CANCER Of particular interest to sociologists of scientific knowledge and feminist sociologists because of the wide range of medical opinions about the utility of mammogram screening for its early detection. Because of this uncertainty it is argued that breast cancer screening is a form of **surveillance medicine** (q.v.) and of the **medicalization** (q.v.) of women's bodies. In this perspective screening is 'a site for state, professional and male surveillance and control, through preventive services that many feel obligated to participate in' (McKie, L. (1995) 'The art of surveillance or reasonable prevention – the case of cervical screening,' *Sociology of Health and Illness*, 17: 441–57) (q.v. **mammography screening programmes; surveillance medicine**)

BRITISH MEDICAL ASSOCIATION (BMA)

Founded in 1832 as the Provincial Medical and Surgical Association, becoming the BMA in 1855, the first of the modern professional organizations and one whose power and influence in politics and policy other occupations have aspired to. The aims of the organization were to break the stranglehold of the Royal Colleges over the practice of medicine and to eliminate competition from unqualified practitioners (q.v. **medical dominance**). The success of the developing medical profession was marked by the monopoly over practice granted to it when the General Medical Council was established as a statutory body in 1858. Throughout its history the BMA has had a antagonistic relationship to state-based healthcare initiatives, arguing for the

brown lung disease

preservation of a private fee-for-service model. In Britain the **National Health Service** (q.v.) represented an uneasy truce between doctors and the state in the provision of healthcare (Lawrence, C. (1994) *Medicine in the Making of Modern Britain. 1700–1920*. London: Routledge).

BRITISH NATIONAL HEALTH SERVICE

Legislation to extend state ownership and provision of health services in 1948 following long-standing recognition of problems of quality and access to health services exacerbated by World War II. It was hotly opposed by the **British Medical Association** (q.v.), which saw it as turning doctors into state employees and threatening their professional status. In all events it did neither, but it did increase their income (Klein, R. (1989) *The politics of the National Health Service*. London: Longman).

BRITISH NATIONAL INSURANCE SCHEME

A health insurance scheme launched by British Prime Minister Lloyd George in 1911, and laying the foundation for the scheme operating today in the UK. The scheme did not bring about free healthcare for everyone. Only the worker who paid into the scheme was entitled to free medical care from a panel of doctors. His wife and children had to pay for treatment. Free medical care for everyone came about in 1948 with the introduction of the **National Health Service** (q.v.)

BROWN LUNG DISEASE (q.v. **asbestosis**)

BRUNONIANISM A system of medicine named after the Scottish medical practitioner John Brown (1735–88) who argued that health was the outcome of an equilibrium between stimulus and excitability. Too much of one, or too little of the other, resulted in disease.

BUILDING RELATED ILLNESS (BRI)

Unlike **sick building syndrome** (q.v.), BRI is the term used when symptoms of diagnosable illness are identified and can be directly attributed to airborne contaminants. Indoor air pollution comes from the manufactured products emitting volatile organic compounds (VOC). Other sources are contaminated air supplies from stagnant water lying in air-conditioning ducts, the cause of **Legionnaires' disease** (q.v.) (**Indoor Environmental Quality**. National Institute for Occupational Safety and Health, June 1997. <http://www.cdc.gov/niosh/ieqfs.html>) (q.v. **alienation**; **building related illness**; **occupation and health**; **repetitive strain injury**).

BULIMIA The diagnosis of an eating disorder, characterized by the excessive intake of food over a two-hour period, usually followed by self-induced vomiting or the consumption of laxatives, prolonged fasting or excessive exercise, to prevent subsequent weight gain. It may accompany anorexia nervosa. Statistical estimates of its prevalence range from 5–35 per cent of women aged 13–20 years in the USA having the condition. Feminist analysis points to the media's construction of the slender body as

the ideal, the construction of a morbid fear of weight gain, and the contradictory focus on women's role in the preparation of food for the family while she should watch her eating habits, as sources of tension which the individual cannot resolve. The result is that women are driven to consume food, but then need to rid themselves of it (Bordo, S. (1985) 'Anorexia nervosa: psychopathology as the crystallisation of culture', *The Philosophical Forum*, 17: 73–103) (q.v. **anorexia nervosa**; **binge-purging**).

BURDEN OF DISEASE Epidemiologists examine the impact of disease and death in the population using measures of the 'burden of disease', that is disability through ill-health, and preventable death. These measures are: years of life lost due to premature mortality (YLL) and the impact of disability (YLD) – that is the number of healthy years that have been forfeited. YLL plus YLD gives the total number of years lost to disability and premature deaths (DALY). One DALY equals one year of life lost (q.v. **global burden of disease**; **quality adjusted life years**).

BUREAUCRACY Institutional structures based on **rationallegal authority** (q.v.) and argued by **Max Weber** (q.v.) to be the dominant form of social organization in modern society. A bureaucracy, as an **ideal type** (q.v.), is characterized by: a division of labour based on specialization; a well-defined hierarchy of authority; a system of rules detailing the rights and duties of the office holder; explicit procedures for

bureaucracy

dealing with the work to be done; an impersonality of interpersonal relations; and selection and promotion based on technical competence. Hospitals as bureaucratic structures were the focus of much sociological analysis during the 1960s, examining the ways in which conflicts arose

bureaucracy

between physicians and the bureaucracy; and the ways, which in spite of appearances, individuals negotiated bureaucratic structures in ways which got around the rules (Freidson, E. (1963) *The Hospital in Modern Society*. New York: Free Press) (q.v. **hospitals; total institution**).