

regulation. Yet elsewhere in the volume the current director of the FDA Center for Food Safety and Applied Nutrition, making otherwise sensible observations about the problems of food security in the contemporary globalized market, seeks to present the issue as very largely an unprecedented phenomenon, which clearly it is not.

Difficult issues and problems, it should be emphasized, are not ignored in the book. There are references to the absence in the US of a comprehensive system of national health care, which is not unrelated to the activities of pharmaceutical companies, and the still contested nature of the FDA is alluded to, with the struggle to secure continued Federal funding leading the organization into the problematic practice of charging user fees for new drugs and medical devices. These lively and ongoing concerns are well presented in the book, which would—it bears repeating—have been considerably strengthened with more robust and extensive historical perspective.

Jim Phillips,

University of Glasgow

Anne Digby, *Diversity and division in medicine: health care in South Africa from the 1800s*, Studies in the History of Medicine, vol. 5, Oxford, Peter Lang, 2006, pp. 504, illus., £49.50 (paperback 978-0-8204-7978-0).

Writing in opposition to older accounts of South Africa's medical history that featured triumphal careers of white biomedical doctors, devoted little attention to the work of indigenous healers, and focused on separate histories of aspects of the healing profession, in *Diversity and division in medicine*, Anne Digby writes a more comprehensive history of the structure and complex dynamics of health care in South Africa from the 1800s to the present. Using a wide range of archival materials, oral interviews, and secondary literature, the book explores the development of diverse, yet sometimes overlapping, healing

practices provided by “western” and indigenous healers, as well as the often pluralistic paths taken by many patients in search of healing.

This book is divided into ten chapters and grouped into five parts. A useful thematic and historiographical overview sets the scene in Part 1, followed by a paradigmatic chapter in Part 2, introducing the development of medical pluralism amongst different practitioners and their patients in a little-studied frontier region of the Northern Cape. Part 3, which forms of the bulk of the book, examines the work of a variety of health care providers within the region of present-day South Africa. In five separate chapters, Digby examines the healing work of “western” health care providers, including missionary doctors and nurses, colonial medical officers and public health officials, private practitioners, secular nurses, and other health auxiliaries. In another chapter, she also examines the continued resilience and adaptability of indigenous African healing practitioners in the region in the face of the huge changes brought by Europeans. The chapters in Part 3 can usefully be read together as part of the larger story, or as individual, stand-alone units.

One of the most interesting sections is Part 4, entitled ‘Interaction: medical pluralism’. Although Digby’s book is entitled *Diversity and division in medicine*, and Part 3 investigates complex differences, divisions, competition and hostility that have historically determined the existences of different healing traditions, and also led to the unequal and unevenly distributed health care provisions in South Africa, she does not focus all her attention on healing schisms and differences. Part 4 provides an intriguing study of the evolving and sometimes overlapping nature of some “western” and African indigenous healer practices, as well as the complex nature of patients’ eclecticism in health-seeking behaviour and medicinal consumption. By highlighting diversity *within* the different kinds of medicine examined and important changes that have occurred over time, fresh perspectives are suggested on the dynamic

nature of healing encounters, as well as providing invaluable insights into the hybrid forms of medicine resulting from selective cross-cultural appropriation or imitation. Finally, the book ends by relating the past to the present and examines the historical legacy of the racially divided and inequitable health care structures, manpower and resources on the “new” South Africa, particularly the huge challenges these have posed for addressing the HIV/AIDS pandemic.

This book, despite its implied inclusive subtitle, is strongly focused on the Cape. Although it is possible to generalize about many health care issues from the Cape to the whole of South Africa, this regional specificity also hides certain important dynamics. For example, one group which receive little mention are Indian South Africans. Not well represented in the Cape, though present in larger numbers in other parts of the country (especially Natal), within “western” medicine, Indian South Africans were some of the earliest “black” doctors trained both overseas and locally in Durban and Johannesburg, and for many decades during the twentieth century formed the largest number of “black” doctors in the country. A focus on the Cape region also presupposes it as the locale for the earliest initiatives within the “western” tradition, but there were many pioneering efforts elsewhere, such as nursing, midwifery and medical training opportunities provided for “blacks” by McCord Zulu Hospital in Durban, for example. Finally, while a valuable introductory survey, inevitably, the single final overview chapter covering the period from the 1940s onwards is less developed than Digby’s earlier chapters covering the nineteenth and early twentieth centuries, giving the book a somewhat unbalanced feel.

Despite these above concerns, *Diversity and division in medicine* is a welcome addition to the history of medicine in South Africa. It ambitiously brings together analysis of many of the complexities of health care in that country during the last two centuries and highlights its differentiated and contested character. The book’s extensive footnote and

bibliographical references will be invaluable to researchers in further explorations on the subject. It is an enormous pity, however, that its exorbitant price puts it out of the market for most people in Africa interested in reading it.

Vanessa Noble,
University of KwaZulu-Natal

Paul D Blanc, *How everyday products make people sick: toxins at home and in the workplace*, Berkeley and London, University of California Press, 2007, pp. x, 374, £32.50, \$50.00 (hardback 978-0-520-24881-6), £12.95, \$19.95 (paperback 978-0-520-24882-3).

The publication of Rachel Carson’s *Silent spring* in 1962 serves as an important landmark in the history of medicine. Medical researchers and policy-makers once again registered the impact of environmental conditions in the health of populations familiar to Victorian doctors, while the manufacture and use of chemical products (and the pollution caused by petro-chemicals in particular) became associated with imbalances in nature and ecological degradation. The practice of occupational and environmental medicine moved from the margins of professional concerns to the centre of debates on the protection of consumers as well as producers. Air quality, urban atmospheres and domestic or garden products were subjected to fresh scrutiny as environmental health campaigns targeted DDT, lead paint and a host of other substances widely marketed as safe for suburban family use. Policy innovations of the 1970s and 1980s included the creation of new national health and safety agencies in Britain, the United States and other affluent societies.

Medical historians have followed this shift in focus from professionalized personal medicine and institutional provision to take more seriously the potent significance of toxins found at work and in the home. Chris Sellers, Joel Tarr, David Rosner, Gerald Markowitz, Paul Blanc and others have made