

attempts in the 1950s and 1980s to re-introduce an element of contributory funding by patients failed on the grounds that it was politically unpopular and “it would have left the NHS with a heavily reduced income and all the bad risks” (p. 248).

Overall, this book includes a good range of micro and macro studies. However, one drawback is that in the decade since the convening of the symposium substantial work on health and health policy in Scotland and Wales has appeared. These twenty-first-century works which reflect on the financing of medicine in the peripheries have not been considered or even incorporated into updated footnote references. Finally, the fact that an introduction plus fourteen essays are covered in the space of 258 pages means that some of the pieces seem very brief and do not have the space fully to develop their arguments.

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**Arthur Daemrlich and Joanna Radin** (eds), *Perspectives on risk and regulation: the FDA at 100*, Philadelphia, Chemical Heritage Foundation, 2007, pp. xvii, 163, \$12.00 (paperback 978-0-941901-41-0).

This collection of short essays is derived from a conference at the Chemical Heritage Foundation in Philadelphia in May 2006 to mark the centenary of the US Food and Drug Administration (FDA). The editors, senior research fellow and research fellow respectively at the Chemical Heritage Foundation, bring together FDA officials, including nutritional scientists, and industry scientists, in what is styled as a collaborative enterprise between regulator and business. This is perhaps designed to emphasize the FDA’s role in partnering rather than simply policing business activity. Some important industry figures are here: the global nutrition director of Heinz; the vice-president of regulatory affairs at Johnson and Johnson; the senior vice-president and chief medical officer

for GlaxoSmithKline; and the volume closes with comments from Andrew C von Eschenbach, the current (and twentieth) FDA commissioner. These and five of the book’s other contributors concentrate essentially on current concerns in the regulation of food, food supplements, drugs and medical devices. Some interesting insights are offered, chiefly relating to the apparently accelerating nature of advances in scientific and medical knowledge, but generally there is a limited engagement with scientific and indeed social scientific debates, especially in relation to the key issues of risk and regulation which are flagged in the book’s title.

Surprisingly too, perhaps, given the centenary that is being marked, there is relatively little historical insight. The editors provide a short introduction, subtitled ‘Historical and contemporary perspectives’, which glides over the former in a single paragraph (p. 4). Peter Barton Hutt, a Washington lawyer and former chief counsel for the FDA, then provides a discussion of ten ‘Turning points in FDA history’. This is useful, drawing attention to the very wide range of the organization’s remit and responsibilities over the course of its first century, but in this slightly truncated “highlights package” form it does not really do justice to the FDA’s highly contested origins and early decades. The 1906 Food and Drugs and Meat Inspection Acts provided improved consumer protection but offered a blanket to business also, legitimizing the methods of food and pharmaceutical producers. The meat packers, who were arguably the worst offenders against food consumers, and whose practices were vividly exposed in Upton Sinclair’s socialist novel, *The jungle* (1906), were also excused from the burden of funding the inspection and regulation regime. This was borne instead, to the producers’ satisfaction, by the Federal government. This important tale also highlights the fact that global food security has deep historical roots. *The jungle* precipitated a crisis in the export market for US meat products, and this in large part accelerated the drive towards Federal

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.

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**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