

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.

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**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

notable contributions, mostly concerned with environmental hazards in twentieth-century America. This new research has also encompassed occupational threats from products such as asbestos, silica and coal, provoking heated debates as well as the participation of historians in public legal proceedings as workers and consumers have sought damages from major corporations across the globe. It is in this context that Paul Blanc's new book can be welcomed both as a significant exercise in medical history and as a useful attempt to popularize the subject of health risks which have been, and are, associated with the production, use and consumption of familiar and unfamiliar substances. As a medical scientist with direct experience of occupational and environmental hazards, Blanc presents a vivid and fluent narrative history of individual chemicals and industrial processes, including the introduction of man-made fibres such as rayon which involved the lethal use of carbon disulfide.

We are reminded that the widespread introduction of poisonous substances to processes of production and consumption has been inextricably linked to the growth of consumer capitalism and the large transnational corporation. Blanc's general argument is that many of the most dangerous minerals and compounds utilized in the making of household goods have long been known to be seriously dangerous to human and animal health. Bernardino Ramazzini graphically described many of them at the beginning of the eighteenth century. Blanc outlines the characteristic responses of the opponents of regulation. Advocates of economic liberalism emphasize the capacity of markets, producers and consumers to assess risks and protect their own interest by demanding higher wages or another premium. Faced with indisputable evidence of poisoning, critics have historically questioned the scientific veracity of research and stressed the economic and political costs of following visionary (anti-business) crusaders. Some "revisionist" health historians as well as economists have argued that the most effective

solutions to the risks of human and environmental damage have been historically found by scientists, business leaders and policy-makers seeking practical technologies, contrasting these approaches with the politically-inspired critics of economic progress.

Blanc's vivid and meticulous documentation of deaths and illness arising from a wide range of "durables" provides irrefutable evidence that irresponsible practices have been perpetrated in weakly-regulated industries within advanced industrial societies as well as less-protected developing countries where workers and consumers have historically absorbed the risks of production undertaken by global corporations mainly based in the United States, Europe and Japan. It is worth noting that some of the most primitive working conditions and the least healthy products were (and are) found in communist societies pursuing a productionist goal of maximum economic and military growth alongside a drive to improve basic living standards and state health services. The paradoxes of consumer choice and collective responsibility for a sustainable environment can in part be explained by delinquent capitalism but we also need to embrace the lessons of global deterioration. Otherwise the historical fears of a silent spring and a nuclear winter will be superseded by the prospect of profound global damage.

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**Neil Pemberton and Michael Worboys,**  
*Mad dogs and Englishmen: rabies in Britain, 1830–2000*, Basingstoke, Palgrave Macmillan, 2007, pp. x, 247, illus., £45.00 (hardback 978-0-230-54240-2).

Walking across a Chinese campus with a friend in 2006, we met a Shih Tzu, a breed much favoured by the local teachers (its great feature is that it doesn't bark). Much to my surprise, Shao Peng backed away, muttering