

Book Reviews



Prisoners of Ritual: An Odyssey into Female Genital Circumcision in Africa. By Hanny Lightfoot-Klein. New York: Harrington Park Press, 1989. xii + 306pp. Paperback.

In this curious mixture of the author's personal travel experiences, anecdotes, case histories, and a descriptive review of female circumcision and infibulation mainly as practised in the Sudan, Lightfoot-Klein manages to convey a lot of information on the subjects – without giving any tangible means of evaluating the significance of this information.

The preface sums up the approach taken:

The roads I have traveled and the information I have gathered represent merely one woman's lone trek through some of the less frequented areas of Africa. Mine was a quest for understanding (p. ix).

By combining a romantic travelogue style with that of a more systematic approach to the phenomenon, practice and consequences of female circumcision, she leaves the reader who is interested in 'facts' very frustrated. This is not to deny that the use of her personal experiences, encounters and conversations with Sudanese women and men, provides a wide and sympathetic perspective on the variety of attitudes, but the fact that she rarely tries to coordinate or conclude anything from her case examples leaves one wondering to what extent a particular attitude was representative or unique, and also how much people were lying about this very private subject. The case histories are often very powerful and moving accounts of personal experience which outline not only suffering and pain but also positive attitudes towards physical sexual relations.

After a general chapter describing the various forms of excision and infibulation and their distribution in Africa, Lightfoot-Klein goes on to describe the situation in Sudan today, where the evidence from both reports and her interviews shows that 'instances of non-circumcision and non-infibulation are still exceedingly rare' and that in reality the practice is spreading into non-Arab areas where the form of infibulation seems to be even more severe than in the areas where it was traditionally practised. There are descriptions of the procedures and their consequences for both the young girls when circumcision takes place (usually between four and eight years old) and for women when they marry and give birth, and of the serious consequences the procedure has for female health. Most operations are performed without analgesics or anaesthetic and a variety of complications involving shock, haemorrhage and infection occur at that stage. After infibulation, when often only a pinhead-sized hole is left, many girls have severe problems in urinating, and long and painful menstrual periods because the blood cannot be evacuated. At marriage, penetration by the husband is painful, it may take several months, and sometimes the woman has to be surgically opened. At each birth she is cut open and often reinfibulated afterwards.

Lightfoot-Klein goes on to analyse the reasons for the persistence, and even expansion, of the practice. Girls, women and men alike believe that female circumcision keeps the sexual organs clean,

helps preserve virginity and is essential if a woman is to find a husband. (Ironically, virginity is easier to fake for a circumcised girl than for a non-circumcised girl, since the former can be sewn up again.) Its persistence is explained by the power of older women who subscribe to these ideas, and the belief by girls and women that circumcision is done for them and for their well-being; also, because it is so ubiquitous, most women are unable to compare their health, sexual experience and pain levels with a non-circumcised woman. In looking at the consequences for women Lightfoot-Klein concentrates on their ability to obtain pleasure from sex and to reach orgasm with the conclusion that 'orgasm exists ... among these drastically mutilated women to a surprising extent and it is far from being rare' although her sample is a self-selected group and who knows to what degree they were being truthful or understood what she was talking about? Though she does discuss this issue. In discussing men's sexual response to female circumcision she documents cases of painful sex, inability to penetrate, and ultimate impotence; the men interviewed are in general opposed to the practice yet powerless to intervene in this 'women's business'. Despite this a new fashion has arisen for reinfibulation after childbirth - which the women say the men want - thus reinforcing the clear theme of total lack of communication between men and women on all things sexual.

Two brief chapters cover clitoridectomy in Europe in order to treat 'illnesses' such as masturbation and mental illness, and male circumcision. The purpose of these chapters seems to be to try and remove the idea that female circumcision as practised in the Sudan is exotic, primitive or remote although the extent, the reasons and the health consequences of Sudanese practices tend to deny this aim.

Old personal anecdotes about the author's travels through Sudan, ideas she has had, people she has met, with no obvious reason for inclusion in a book on circumcision except that they present her picture of the country and context, are interspersed with interviews with male and female doctors who, in general, oppose the extreme pharaonic circumcision and infibulation. They can by no means be taken as representative of even the educated liberated minority in Sudan, since they were those people who were willing to be interviewed on the subject, and were certainly aware of the attitudes held by the author. These are followed by another series of short personal histories by women of their circumcisions, the consequences and what they plan to do for their children.

Even among this self-selected subgroup, many women intend to circumcise their daughters albeit in a reduced manner. In one case a woman said emphatically that she would not circumcise her daughter, yet on the author's return the girl had clearly been operated on. This is the key problem to the presentation: how much can we believe of these case histories?

University-level education and foreign travel seem to be the only factors changing attitudes towards, if not practice of, infibulation and severe circumcision. Amongst the tiny majority of university-educated and well-travelled women, there are some who are bent on change, because of their own personal suffering and because of their exposure to other ideas and customs. Men too, of whom there are more who have travelled and had sexual experience with non-circumcised women, also talk about change, although it is clear that they have little power faced with women's control over girls. Clearly if change is going to occur, it is not going to be through legislation, which already exists but is constantly bypassed, but through education and contact with other cultures. However, with the current levels of education for girls in Sudan, held back by many of the same social factors which promote infibulation and circumcision, the prospects for change are not bright. In the 1979 Sudan Fertility Survey only 14.2 per cent of women aged 15+ had completed primary school education, though this rose to 34.2 per cent for those aged 15-19 (Sudan Fertility Survey, 1979, Principal Report, Volume II, Table B6).

For those with a general interest in female circumcision and infibulation in Sudan this book provides a readable, if somewhat infuriating and idiosyncratic introduction. Anyone more interested in

either concrete evidence of the effects of the practice on health, fertility and wellbeing, or the degree to which socioeconomic or political factors are initiating change, will only find it frustrating.

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Deadly Dust: Silicosis and the Politics of Occupational Disease in Twentieth-century America. By David Rosner and Gerald Markowitz. Princeton: Princeton University Press, 1991. xiii + 229pp. Paperback US\$29.95.

Silicosis is an occupational lung disease caused by the inhalation of silica dust. The disease, once symptomatic, tends to lead to progressive pulmonary fibrosis and death.

This well-researched book begins with the assertion that 'the story of silicosis is more than the story of a particular crisis in American medicine and public health. Rather it is the story of the discovery of chronic industrial disease and its relationship to industrial society'.

The authors document the explosion in the incidence of silicosis that occurred at the beginning of the twentieth century with the mechanization of the sand, quartz and granite industries. The medical profession was slow to recognize industrial lung disease as a unique entity, partly because the symptoms and signs were not readily distinguishable from tuberculosis, and partly because their approach to health was changing. The authors note that the discovery of the tubercle bacillus in the early 1880s led to the medical profession adopting a narrow physiological and bacteriological approach to the assessment of sickness and disease. No longer was primary importance placed on assessment of an individual's unique social, personal, hereditary and economic circumstances.

The authors then describe the difficulties experienced by workers in their efforts to achieve recognition and compensation, as silicosis became an enormous public health problem. Silicosis moved from being a medical disease defined and debated by the medical profession to a public and occupational health issue controlled by workers in their thrust for improved working conditions, health care and social welfare. The ingenuous response of industry to the petitions by workers and their unions is recorded. The authors also highlight the loss of objectivity suffered by scientists when research was funded by industries holding a vested interest.

The reluctance of the politicians, particularly those at local levels, to legislate and enforce regulations that might have protected the health of workers at the expense of industrial profitability is also enunciated. The sorry saga continues through to 1936 when the Gauley Bridge disaster occurred. At Gauley Bridge approximately 2000 men were employed to dig a tunnel through a mountain of almost pure silica. No serious attempt was made to protect the workers from silica inhalation despite the fact that the dangers of silica dust exposure were widely appreciated at the time. Nearly 1500 men died, mainly of acute silicosis. Poignantly, for those who remember Bhopal, the company was the Union Carbide and Carbon Company.

Although I found this book fascinating, the later chapters are rather repetitive and perhaps more comprehensive than is necessary. I recommend it particularly for students of public health, politics, sociology and medicine.

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Women's Mental Health in Africa. Edited by E.D. Rothblum and E. Cole. New York: Haworth Press, 1990. 98pp. Hardcover US\$19.95.

This volume is a slight and at times naive but always interesting compilation of eight essays spanning a range of topics relating to women's mental health. These topics include spirit possession, AIDS, family planning and maternal health care, sexuality, bereavement, occupational stress and role fulfilment. The authors of the chapters include several women scholars in the region from a variety of academic backgrounds including demography, psychology and adult education. Their studies are located in Sudan, Uganda, Egypt, Zimbabwe and Nigeria.

These essays serve to highlight areas of female experience which are so far rather poorly researched and documented in the region and yet crucial to health and to population and development concerns. They underline the sparse and partial nature of much of the available evidence and the paucity of relevant data. In contrast they highlight the significance and interest of a number of themes, calling attention to crucial potential linkages between, for example, fertility and migration on the one hand and mental wellbeing on the other.

As the writer of the first essay underlines, many of the issues raised need more systematic investigation than that which has been undertaken hitherto, investigation which combines a range of medical, demographic, economic, and social data.

A gender issue of potentially wide-ranging significance, touched upon in Kisekka's chapter on AIDS in Uganda and again in Mhloyi's chapter on sexuality in Zimbabwe, is the link between male sexual aggression and harassment of less powerful women (both in the home and in the workplace), and the spread of disease and death. This demonstrated connection means that current attempts by the International Labour Office and other bodies to further document sexual harassment in workplaces are a matter of urgent concern, since it underscores the importance of promotion of sexual protection for women and men in workplaces.

These studies point to interesting areas for more interdisciplinary research in the nineties and beyond. Since they focus on the stresses and strains of women's changing roles and their health outcomes, they provide a number of crucial insights for researchers seeking to document women's reproductive and productive behaviour.

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Pharmacy and the US Health Care System Edited by Jack E. Fincham and Albert I. Wertheimer. New York: Pharmaceutical Products Press, 1991. xvii + 569 pp. Hardcover US\$49.95, paperback US\$24.95.

The first seven chapters of this book provide a summary and some analysis of the US health system. The emphasis, as would be expected from the title, focuses on the range of programs that include drug distribution in the US; the authors of these chapters, however, generally give a much broader scope. It is evident that some of these schemes in the US have attempted to address the problems of inefficiency and increased costs of health care. Several authors emphasized the continuing cost escalation that will occur with an increasing proportion of old people in the population, many of whom also now live to a greater age.

Considerable discussion of the diagnosis-related groups (DRGs) system is provided in several chapters. This system, which has operated in the US for Medicare payments since 1983, has been widely investigated in Australia as a likely future model for hospital funding. The authors note that, being a prospective payment system, it is designed to promote early discharge of patients from hospital; this has resulted in savings and not merely a shift of costs to other payers. About one-third of these savings have occurred because of a decline in admissions, a result of the Medicare Peer Review Organization (PRO) Program, that monitored hospital admissions through a mandatory system of peer review. Data published after 1989 have not been included in these analyses. An extensive chapter on Managed Health Care will be of value to a wide readership with an interest in health management and administration.

The challenge to pharmacy within an environment of cost management is to implement effective drug therapy regimens that enable shorter periods of drug administration, yet do not increase costs. These therapies must therefore avoid drug interactions and adverse drug reactions; this avoidance is a major factor in ensuring shorter lengths of stay in hospitals.

An interesting contribution for general readership is the chapter on the implications for pharmacy and the community of the new biomedical technologies. A well presented overview of the major developments in this field indicates that 14 biotechnology-based drugs and vaccines were in the marketing approval process, and nearly 70 others were under development in 1988. Since oral administration is inappropriate for many of these drugs new drug delivery methods are well summarized; these are novel and important since repeated administration of these products by injection is inconvenient and uncomfortable. The closely related advances on targeting drugs to specific sites in the body is also reviewed. The authors indicate that it is difficult to predict the overall implications of technological innovations on the health-care system. An issue raised was restriction of drug distribution by drug manufacturers: genetically engineered human growth hormone had been restricted to hospital pharmacists because of a cited insurance reimbursement and diversion potential possibly occurring in the community. A compromise requiring a community pharmacist to supply the name of the patient to the drug company before purchasing the drug raises important ethical and confidentiality issues.

Other topics covered include the pharmaceutical industry, pharmacy organizations, drug distribution, the drug-use process and the provision of pharmaceutical services to subpopulations.

The book is a substantial contribution to the field with relevance outside the US. It indicates to health planners and administrators that appropriate drug usage is an important element in any health-care system.

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African Indigenous Medicine: An Anthropological Perspective for Policy Makers and Primary Health Care Managers. By David Nyamwaya. Nairobi: African Medical and Research Foundation, 1992. vi + 44pp. Paperback.

There now exists an extensive literature on popular medicine in Africa. Much of it underscores the diversity of local knowledge about the body and how best to cure its ills; much of it also suggests that demand for biomedical services need not entail acceptance of biomedical perspectives. Throughout Africa physicians and nurses are consulted and pharmaceuticals are dispensed but the biomedical profession has yet to dominate the marketplace of health and disease. David Nyamwaya seems to share

this view. He tells us that while biomedicine is used by Africans, 'cognitively' popular medicine 'still has the upper hand' (p.3). *African Indigenous Medicine* aims to show health-care planners and providers how they might put popular medicine to better use. Rooted in the twin assumptions that concepts of disease govern responses to illness and that biomedical workers have little understanding of the disease concepts held by ordinary men and women, it describes 'what lay people believe in and do in their health seeking behaviour' and indicates when and how these beliefs and actions should be exploited and supported (p.3).

Nyamwaya deals with a single country (Kenya) rather than an entire continent yet he covers a great deal of ground. Following a brief introduction, he discusses popular ideas about health and illness; types of healers; lay perspectives on healing; negative and positive healing practices; interactions between biomedical workers and local healers; and policy options for indigenous medicine. Each chapter begins with a concise overview; each ends with a concise summary and a series of recommendations. The chapters are illustrated with examples and photographs from a variety of ethnic groups, including the Gusii, the Pokot, the Samia, the Marakwet, the Kikuyu, and the Luo.

The substantive heart of *African Indigenous Medicine* is the chapter on lay perspectives. Here we learn that the majority of Kenyans take an eclectic approach to sickness and that there is no overarching 'hierarchy of resort' that might predict how individuals and families select and combine medical regimens (p.28). We also learn that 'therapeutic actions do not necessarily correspond to those prescribed by custom' (p.32) and that the choices people make about health care are complicated by their social positions, their social networks, and their religious beliefs (p.33). Equally important, we learn that popular medicine is broad enough to accommodate aspects of biomedicine, such as the germ theory of disease (p.28).

One wishes that the author had made more of these findings, or at least had incorporated them into the other chapters. By casting doubt on the primacy of ideas and the autonomy of conceptual systems, they suggest that the assumptions of *African Indigenous Medicine* might profitably be interrogated and the subject matter expanded. When the dictates of 'custom' do not prevent people from going to hospitals and clinics, and popular medical thinking encompasses the germ theory of disease, then surely the limits of the biomedical authority and expertise merit as much consideration as the beliefs of ordinary men and women. When health-care planners and providers are urged to exploit the full potential of indigenous health workers (p.42), then the legal and institutional framework of medical practice and the results of previous 'collaborations' deserve as much attention as the different categories and types of healers on the local medical scene. And when physicians and nurses are urged to emulate their popular counterparts by 'consider[ing] the management of the total patient and not just an individual's physical condition' (p.10), then there should be some indication of why this is desirable, what it entails, and how it might be accomplished under conditions of medical scarcity.

Deciding whether popular medicine works is one of the most pressing issues faced by makers of medical policy in contemporary Africa. In part this is due to the limits of biomedical knowledge, in part to the overwhelming burdens placed upon biomedical services. Nyamwaya's undertaking is ambitious and timely, yet he seems to have cast too narrow a net. Without some sense of the historical, political, and intellectual relationships between popular medicine and biomedicine, it is difficult to move from general pleas for greater tolerance and understanding to more specific advice on how to assess popular medicine's efficacy and how to regulate and train its practitioners. Forty-three pages of text do not easily accommodate the topics the author has singled out, nor allow room for the cultural and historical specificities that are central to both anthropological and policy analyses. One looks forward to Nyamwaya's fuller treatment of these important concerns.

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Anthropology and Primary Health Care. Edited by Jeannine Coreil and J. Dennis Mull. Boulder, Colorado: Westview Press, 1990. xv + 328pp. Paperback US\$32.00.

This collection of fourteen articles is offered as the contemporary counterpart to Benjamin Paul's volume, *Health Culture and Community* from 1955. The editors point out that despite the growth of the field of anthropology and international health, there are no current comprehensive books on the area. They have set out to present the major topics, theories and methods with a historical background and illustrated through work from a variety of geographical settings. They point out that the book includes 'strong critical essays discussing broad macropolitical questions as well as more narrowly focused chapters dealing with important "nuts and bolts" issues'. Given the vitality of the field, this is an enormous, if not impossible, agenda; but the attempt is indeed welcome.

The articles are grouped into five sections: Overview, Critical Perspectives, Extending Primary Health Care into the Community, Ethnomedical Models, and Issues and Methods in Applied Research. The book begins with introductory chapters by each of the editors. Coreil gives a history of the field, charting anthropology's application to the solution of health problems in developing countries. She pinpoints two issues confronting researchers today: the desire of planners for simple answers and the unwillingness of those in authority to give legitimacy to 'unorthodox' (read popular or 'traditional') knowledge and practices. Mull considers the concept of primary health care, summarizing the Alma-Ata program and the development of the primary health care debate since 1978. He contrasts the comprehensive (horizontal) approach with the selective (vertical) one. The latter is likely to remain dominant, he argues, because vertical programs, like immunization and oral rehydration therapy, are cost effective and, with their limited targets, easier to implement and more amenable to measurement. They do not foster community participation and self-reliance, though there may be a good deal of rhetoric about incorporating these virtues of comprehensive primary health care. Assessing the difference between rhetoric and reality, furthering community involvement and advocating community interests are tasks for anthropologists, Mull concludes.

Donahue takes up the role of the anthropologist in reconciling professional and community interests. He considers the importance of power relationships in defining and implementing primary health care, an issue which is touched upon in other contributions as well. Wood's description of how professional health staff in New Zealand tried to limit the activities of Maori Community Health Workers illustrates the same issue. Rubel's case study from Mexico shows the disjunction between professional interests and those of the community; the concerns of the medical establishment (personified in the medical student doing his compulsory rural service) and those of the locals move them in opposite directions.

Velimirovic's paper on the integration of traditional and Western medicine seems to me to relate to the issue of professional and community interests as well. This critique of WHO policy on Traditional Medicine is no doubt meant to be provocative; I found it tendentious but other readers may be stimulated by it. The point that most health problems are not going to be solved by supporting Traditional Medicine is unexceptionable. But simply asserting the superiority of 'scientific medicine' while ignoring questions of communication, accessibility, community involvement, and quality of biomedical health care is unproductive. The critique of the rhetoric about Traditional Medicine is well

taken. But Velimirovic falls into another kind of rhetoric, because he sets up a simple dichotomy. Instead of operating with ideal categories like Western (or Scientific) and Traditional Medicine, anthropology must look at the kinds of health care that are actually available in given communities. When Velimirovic touches on the issue of what he calls 'hybrid medicine', it is only to blame it on endorsements of 'TM'; it would be more useful to ask why and how Western medicine is adapted to a particular setting by persons whose interests and perspectives contrast with those of health professionals.

Closely related to the anthropological interest in the opposition between professional and community positions is the concern with communication and contrasting perceptions of sickness and health. Three articles grouped in the section on 'Ethnomedical Models' pursue this theme, as does Griffiths's piece on nutrition education in Indonesia. For the most part, the authors are not content simply to document the existence of ethnomodels; they consider the implications of particular models for health behaviour and the ways in which communication between health professionals and lay people may proceed. The article by Mark Nichter on vaccinations in South Asia is a specially fine example. It is rich with information garnered from extensive fieldwork in south India and Sri Lanka about how 'Western medicine' is in fact realized, communicated and perceived in particular communities.

A chapter by Jordan on technology and the social distribution of knowledge identifies matters that should occupy anthropologists, medical and otherwise, and that are central to programs of health development. She argues that the introduction of advanced obstetrical technology, such as delivery tables, skews information and power towards specialists. At the same time, the symbolic value, as opposed to the use value or efficacy, of advanced technology makes it attractive. In her conclusion Jordan reminds us that 'appropriate technology' is a central tenet of primary health care, but that its social implications have hardly been explored. This seems to be a pressing problem of further research. Jordan restricts her discussion to obstetric technology; it would be instructive to examine and compare the social aspects of other kinds, as well. The Maori case presented by Wood shows that otoscopes were seen as appropriate technology by community health workers, but that doctors sought to maintain their own monopoly on this type of equipment. In this instance, the wider adoption of more advanced technology was seen to broaden the distribution of knowledge. The use of pharmaceuticals, which constitute the core technology of biomedicine, raises still other, even more complex, issues in the sociology of knowledge and technology.

I have pointed to general themes and conceptual issues raised in this book because I think that a primary contribution of anthropology to health research should be to ask the broad questions, explore power relations and contextualize health problems. However, much of this volume is devoted to studies of particular health development projects and methodology discussions. It is decidedly a book about applied anthropology, that is, about how anthropologists can facilitate the implementation of plans to improve health. In this respect, it is sensible, clear and useful, and likely to be of equally great interest to people in the field of international health who are not professionally-trained anthropologists. Personally, I would have preferred a whole collection of 'critical perspectives' with a separate handbook about nuts and bolts. But this is a helpful step.

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Health Care Patterns and Planning in Developing Countries. Edited by Rais Akhtar. Connecticut: Greenwood Press, 1991. xxv + 334pp. Cloth US\$65.00.

This book brings together sixteen articles focusing on the geography of health and the decision processes that influence it in the third world. It is a welcome contribution given the links this perspective provides to population studies and ecology, and thus to the interdisciplinary study of health.

In his introductory chapter Akhtar throws into relief the great distributional disparities in health resources between countries and within regions of the world. Lack of planning, says Akhtar, or the use of inappropriate planning models on the part of health authorities leads to underutilization and the purchase of inadequate technologies, increasing the difficulty to cope with health problems. The author concludes that formal methods for determining optimal locations for scarce resources are needed to help overcome the problem of maldistribution.

The first section of the book purports to analyse planning issues raised by primary health care. However, there is a failure to address in this section the main issue raised in the general introduction and developed in later sections: planning the spatial allocation of health resources in developing countries. The section rather appears as a series of suggesting articles for the geography of health. Ian D. Askew poses the rhetoric-reality disparities in community participation, analysing why governments tend to disenfranchise the needy in spite of the support given to primary health care. The author compares governmental and private agencies with respect to project and program organizations, recognizing specific limitations in their approach to the community. Non-market processes used to channel national and international resources to the local level lead to a bureaucracy that stifles truly decentralized planning and participation. The question is thus how to blend external and internal resources through processes that allow participation and adaptive innovation. To this end the author suggests differentiating the organization of the community from the governmental bureaucracy, thus establishing development partnerships at the local level. In order to tie this proposal with the general theme of the book it has to be asked how such partnerships can depend in turn on local and regional political processes that could lead the centre to allocate resources and deliver actions in terms of locally defined needs and aspirations.

Also, in the first section, Oscar Gish addresses a key question for regional planning of health: what are to be understood as minimal criteria within the primary health care (PHC) movement? It is a pity that such an important issue is exemplified on a rather general and now outdated analysis of Mexico. Gish argues that the Alma Ata declaration is so ample in its definitions that PHC can lead to the definition of basic actions to satisfy minimal needs, or to a wide-ranging redefinition of health-care organization. In the first case minima are defined with respect to the current maldistribution of resources, thus legitimating it. So long as the overall distribution of resources is not questioned, then resources will not be made truly available to the needy. In this context the editor could have invited the discussion of whatever attempts there may have been to establish policies aiming to set upper limits on the regional availability of specific resources. However, Gish goes on to suggest avenues for research on coverage and resource allocation to achieve minimal outputs and health outcomes. He uses the case of Mexico as an example.

The last two articles of section I describe in more detail the regional health systems and policies of the Philippines and Nicaragua. The latter demonstrates the interplay of conflicting interests within a rapidly changing political environment. The professional dominance of physicians was able to limit and thwart efforts towards the more regionalized and participatory health system proposed by *brigadistas* and other grass-roots interests.

Part II of the book addresses socioeconomic and political aspects of health care through a fairly detailed presentation of the service sector and planning situation in Zambia, India and Ethiopia; the case study of the Philippines presented in the previous section is also relevant here. The studies give an impressionistic image of the health sectors in these countries. They contrast with the very technically detailed studies presented in Part III 'Modelling the allocation of health care provision'. The emphasis here is in the use of location-allocation models as tools for the establishment of objective functions that can guide decentralized planning and complex decision-making. Such articles are usually presented in the context of financial planning and fail to criticize actual decision making. In this book, however, the technical perspective is well introduced and leads to a holistic perspective.

Part IV, the last section of the book, attempts to focus on 'historical context and traditional versus modern health care'. The book ploughs through six short but well structured articles offered by native authors, chiefly from African countries. A common concern with equity and health-system development permeates the pieces.

The editors of this book succeeded in bringing together a group of authors focusing on the plight of health equity in developing countries as seen from a geographical perspective. However, there is no clear view of what the 'health care patterns and planning' are at a general level, that is, when comparing regions of development. The operations-research bias of the book and the exemplification of location-allocation models lead to a formal perspective of the decision process that privileges intra-country and local area analysis. This is in spite of the concern voiced by the editors with cultural values and the historical perspective that should have led to a more general overview. This imbalance would have been corrected had the editors ventured to write a concluding article pulling together the wealth of intimate experiences offered by their contributors.

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