

Bookreviews / Boekbesprekingen

David Baronov, *The African transformation of Western medicine and the dynamics of global cultural exchange*. Philadelphia: Temple University Press, 2008. 249 pp. \$54.50 (cloth). ISBN 978 1 59213 915 6.

Much has been written about how biomedicine changed Africa; the author of this book has set himself the opposite task: to describe how Africa has changed biomedicine. His study raises the question: "What the West can learn about Western medicine, by understanding the African contributions to the development of biomedicine" (p. 3).

In the first chapter, about the origins of African biomedicine, the author argues that biomedicine was not a "benevolent gift" that was gratefully welcomed and accepted by Africans and as a result effectively replaced traditional 'primitive' and 'superstitious' medical practices. Africa rather appropriated biomedicine and made it into its own thing. The author describes the cultural reinterpretations to which biomedicine was subjected: disease aetiology shifted from physical to holistic; the African approach was characterised by pragmatism that freely combined and mixed local elements with biomedical ones; biomedicine became a valuable item of exchange and social obligation. These and other developments move the author to refer to African (transformed) medical traditions as 'pluralistic medicine' and its practitioners as 'pluralistic medical practitioners.'

The second chapter dissects Western biomedicine as a scientific enterprise that at the same time expresses social-cultural realities and power. The 'dissection' lies in the author's challenging biomedicine's universalistic claims and pointing out its historical contingency. His goal is to expose the biomedical worldview that "uncritically reifies the norm and values of the physical sciences." (He approvingly adds a footnote with a quote from Chalmers that "... perhaps [only] five percent of procedures currently [1993] in use in [bio]medical practice are supported by solid evidence such as randomised clinical trials," p. 49). Thus, biomedicine became a convenient tool for "aligning African sociocultural beliefs and practices with the global structures and processes that comprised the capitalist world-system" (p. 76).

That 'civilizing' role of biomedicine in the colonization of Africa is the topic of the third chapter. It describes the ruthless exploitation of African populations and the work of missionaries and shows how these and other colonial enterprises were backed up by biomedicine.

In the fourth and fifth chapters that author comes to his central idea: biomedicine was in return transformed by African beliefs and practices. I am not sure, however, that he succeeds in doing so. What he does show is that the biomedical presence did not supplant local medical traditions. Both African healers and the general population

retained their own medical views and practices while borrowing countless elements from the imported medical tradition. The chapters do show that parts of biomedicine were used, mixed and diluted by non-biomedical practitioners and 'lay people' (which has already been described by others) but they say nothing about how biomedicine is practised in centres of African biomedicine: hospitals, laboratories and clinics.

Baronov provides four case studies of African 'pluralistic medicine' to give his rather general argument local flesh and blood. Unfortunately, these cases also do not deal with the practices of representatives of biomedicine such as doctors and nurses. They rather show how African 'pluralistic medicine' works; not how biomedicine in Africa becomes 'pluralistic medicine.'

This is not to say that this does not happen. On the contrary, I am convinced that biomedical hospitals and health centres in Africa are not 'identical clones' of hospitals and health centres in other parts of the world; they have a distinct local character. How and to what extent, has hardly been recorded, however. Studies that begin to appear suggest, for example, that the paternalistic style of traditional practitioners is found back in the overbearing attitude of African doctors and nurses. It has also been remarked that the traditional focus on social and religious aetiology and treatment has entered African hospitals and that doctors are as non-communicative about their treatment as traditional healers. Finally, rumours have it that at night, when doctors are absent and nurses asleep, spiritual healers take possession of wards to treat patients for problems that doctors cannot handle. In some cases nurses take part in those spiritual activities.

Baronov's study is extremely interesting in its description of the intertwinement of medicine, mission, politics and trade but he does not keep his promise boldly made in the title and throughout the book.

Sjaak van der Geest, medical anthropologist
University of Amsterdam

João Biehl, *Will to live: AIDS therapies and the politics of survival*. Princeton: Princeton University Press, 2007. 466 pp. (with photographs by Torben Eskerod). Index. \$30.50 (hard cover). ISBN 978-0-691-13008-8.

Will to live discusses Brazilian AIDS policy but more particularly the history of Caasah, a small community of people with HIV/AIDS in the city of Salvador in the poor North-East region of Brazil. João Biehl was accompanied by a Danish photographer who made penetrating portraits of the main characters of the dramatic events described by him.

Brazil was the first 'third-world country' that succeeded in making antiretroviral medicines available to the entire population. That fact gives particular relevance to Biehl's study. He describes not only how the Brazilian government achieved this through negotiations with the pharmaceutical industry but also how it tried to bring the medicines to the poorest and most marginal groups of the society.