

Carpenter deals with the evolution of the concepts of community care and normalisation in a historical sequence. He seeks to document the effects of policies developed over the years since 1945 in the early chapters and then moves to analyse the responses of this decade. He positions the trade unions on the cutting edge of social action and indicates that appropriate reforms will require their commitment.

There is no doubt this book contains valuable material for those involved in the UK in improving services to these needy groups and as a commissioned work it has achieved its aim. But it is more than that.

It offers a vision worth considering on the global scene and should be compulsory reading for all health workers and policy makers thrown into the difficult situation of embracing community care concepts and of attempting to implement them.

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Evolution of Modern Medicine in a Developing Country: Ghana 1880–1960, Stephen Addae: Durham Academic Press, Durham, 1996. 523 pp. £32.50 (cloth).

Stephen Addae is a Ghanaian medical Scientist and a specialist on Sickle Cell Disease. He is a professor of physiology and lecturer in medical history at the Medical School, University of Ghana. In this work he attempts to write the history of biomedicine in Ghana between 1880 and 1960, covering the entire colonial period and the first years of independence.

The first part of the book deals with the beginnings of biomedicine, a practice developed to protect colonial personnel and their servants. Descriptions of various kinds of medicine, e.g., military, sanitation and health education, health in mining areas, laboratory services, staffing, maternal and child health, and the founding of the medical school follow.

The first two sections are followed by twelve chapters dealing with the epidemiology and treatment of various diseases, including malaria, venereal diseases, tuberculosis and leprosy. The two closing chapters present biographies of eight prominent pioneers of Ghanaian biomedicine and a survey of medical institutions and public health services.

The study is thorough and meticulous: it provides an overwhelming amount of data. Most are derived from primary sources, government papers and ministerial reports, thus presenting a top-down and medico-centric perspective. For those who want to know the official facts and figures of Ghana's medical history, this study is a welcome source of information. Very little had been written on the subject prior to this work. For those who want to understand the development of biomedicine in Ghana, this study provides little insight,

however. It lacks any historical, political or cultural context.

Following are some of the themes that could have been discussed in this volume: the linking of the introduction and expansion of medical services to the colonial process; the use of medical services as a mechanism to politically subjugate Africans; the reactions of traditional priests and healers to Western medicine; the perception and appreciation of new medical opportunities; the indigenous interpretation of biomedicine to suit their ends; and the role of Christian missionaries in the proliferation of Western medicine to rural areas.

The role of missionaries is conspicuously absent from Addae's book. A table on page 89 reveals, correctly, that by 1960, Ghana had 27 mission hospitals and 33 government ones. Between 1951 and 1960, the number of government hospitals had increased by only two, but those affiliated with missions by 24. Such intriguing statistics deserve extensive discussion. In this study, however, "modern medicine" is simply equated with government medicine.

The eight portraits of Ghanaian medical pioneers, often based on personal interviews, are a valuable inclusion to this book. The anecdotes, especially those in Dr. Easmon's portrait, give this otherwise somewhat dry volume a more human face. Hopefully, this didactic work will provide inspiration for an alternative interpretation of Ghana's biomedical history.

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