environment, culture, and economic deprivation, rather than possible genetic and biochemical factors, are the prime cause of black illness. It is more than likely that predisposition to illness and illness itself result from a combination of genetic, biochemical, and environmental factors. What we must guard against is a swing of the philosophical pendulum that causes those concerned with public health and, specifically, the health of minorities to ignore relevant evidence because it is not fashionable: such behavior would only constitute a new form of racism.

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Notes

[1]Dwight W. Hoover. *The Red and The Black.* (Chicago: Rand McNally, 1976) 173.
[2]*Ibid.*, 175.
[2]*Ibid.*, 233. See also Cary D. Wintz. *Black Culture and The Harlem Renaissance.* (Houston: Rice University Press, 1988) 10-11.

Critique

David McBride unravels an informative set of historical events linking blacks and the prevailing health care beliefs and practices during the 110 years between 1850 and 1960. That true and empirical medico-sociological research was unavailable in the late 1800s and early 1900s is well recognized, and one need only to review these dates and the literature available on this topic to find these major research limitations.

McBride also makes a case for the lack of holistic health care provided to blacks and the biased, misinformed approach used during this time frame. Mechanic (1975) and Bullough (1982) place clinical discoveries in the socio-cultural context so long deserved. Blacks are identified by McBride as being selected out of this context and victims of subsequent and sometimes erroneous research findings used to generalize inaccurately from these early pseudo-research studies. While this premise holds true for blacks, it also applies to other ethnic populations. These early research efforts have remained negative reminders of the research patchwork which has affected health care practices throughout the years. The unfortunate situation is that these same early mis-studies continue to surface and to be used as evidence by those who continue to misperceive the health care needs of blacks.

McBride uses an effective walk-through approach to three major time periods of racialism, anti-racialism and cultural relativism. One needs to note that this study focuses on medical practitioners and does not

address health care views and practices of other healthcare practitioners. Using the term "medical" tends to group all health care providers as one and the same in the public's eye.

The literature review is appropriately cited and nicely completed for reader update. However, one is left with the impression that other documentation may be available though not included here. The depiction of the hapless, black patient in Africa (Walton, 1925) and the dissenters' views of Boas and Herskovitz added reading interest. The influence of environment and genetics on the occurrence of disease in blacks was discussed openly and objectively.

Of particular importance to the reader as a learner is the author's inclusion of a broader, international perspective of black health. That is, through the United Nations and UNESCO's efforts in public health and informational campaigns, America's changing health perspectives are discussed. Following the period of medical radicalism, the author discusses the evolutionary 1950-1960s as a period when the United States provided medical assistance to African nations. This aid, carried out under the guise of altruism, was actually carried out with a self-promoting interest according to McBride. The motive, to expand America's "leverage over other super powers vying for political, military and economic benefits that the independent African nations offered," was openly stated by Thorp (1952).

Of greatest importance to readers is the author's evidence for the need to provide a sound socio-cultural context and framework for black studies in medicine. Socio-cultural and cross cultural approaches are suggested. However, one hopes that the term "culture" is further defined to include ethnicity, socio-economic status, and geography. The stages of acculturation/assimilation of the individuals into the majority culture also need to be considered as influences. These considerations can make significant differences in the research studies conducted, their findings, and in the quality of medical care provided to individuals of various ethnic backgrounds. These major influences affect the level of care and manner in which care is given by nurses, social workers and others.

Health care professionals today are becoming more aware and sensitive to the multi-cultural diveristy, ethnic values, and beliefs which contribute to the health and wellness of black patients as well as other clients. Providing quality care is a priority. Incorporating these values into a holistic approach to care is also becoming a high priority for caregivers. Hospitals, clinics and other health care agencies are devoting resources to conduct sound clinical research and to provide reliable continuing education for their personnel to provide quality health care to their patients. And, quality defined as a whole package of technical care in a bio-psycho-social context is now the expected norm. Schools of medicine, nursing and allied health are also emphasizing these issues for their students. The need continues, however, to communicate these educational needs to health care providers who interpret research findings for

their clinical practice settings.

The author needs to make a stronger summation and plea for continued research efforts that truly make a difference in the health care of blacks and other ethnic groups. Future implications for research in ethnic health care are significant especially when one considers that blacks and other minorities are becoming majorities in parts of this country. These ethnic minorities are settling in major cities and communities. Additionally, future health care resarch of ethnic groups needs to be conducted by interdisciplinary teams of qualified researchers to identify specific and relevant needs in medicine, nursing, pharmacy, psychiatry, rehabilitation and prevention *beyond* the traditional illness model. This focus needs to be on a holistic view of the ethnic group's particular needs. Although researchers need to identify ethnic-specific needs, health care providers also need to be careful *not* to stereotype patients and the needs of those who may be members of an ethnic group. The bottom line must be that the professional focus be on the *individual*, the assessment of that individual, and the appropriate treatment and care modality appropriate to that client/patient, regardless of ethnicity.

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