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**GLOBAL HEALTH, MEDICINE, AND MEDICAL RESEARCH IN AFRICA. P. Wenzel Geissler and Catherine Molyneux, eds. *Evidence, Ethos and Experiment: The Anthropology and History of Medical Research in Africa*. New York: Berghahn Books, 2011. x + 498 pp. Photographs. Index. \ \$99.00. Cloth. \ \$95.00. EBook. Hansjorg Dilger, Abdoulaye Kanye, and Stacey A. Langwick, eds. *Medicine, Mobility, and Power in Global Africa: Transnational Health and Healing*. Bloomington: Indiana University Press, 2012. vi + 348 pp. Acknowledgments. Contributors. Index. \ \$80.00. Cloth \ \$27.95. Paper. EBook. \ \$22.99. Tamara Giles-Vernick and James L. A. Webb Jr., eds. *Global Health in Africa: Historical Perspectives on Disease Control*. Athens: Ohio University Press, 2013. viii + 246 pp. Contributors. Index. \ \$80.00. Cloth. \ \$32.95. Paper.**

Melissa Graboyes

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## **GLOBAL HEALTH, MEDICINE, AND MEDICAL RESEARCH IN AFRICA**

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**P. Wenzel Geissler and Catherine Molyneux, eds. *Evidence, Ethos and Experiment: The Anthropology and History of Medical Research in Africa*.** New York: Berghahn Books, 2011. x + 498 pp. Photographs. Index. \$99.00. Cloth. \$95.00. EBook.

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I can usually gauge my enthusiasm for a book by how dog-eared, spine-broken, and scrawled upon it is. An entirely unscientific measure, no doubt, but reliable all the same. It follows that the more beat-up and gutter-dragged a book looks, the more inspired or useful I found it. Three new edited volumes broadly revolving around issues of global health, medicine, history, and anthropology in Africa satisfied me in very different ways. And I can report that all of the books reviewed in this essay have been defaced with multiple colors of pen ink as I've read and noted (sometimes arguing in the margins); I've also flagged many new citations to look up, and made notes to go back and reread some older works. Although each of these books has a particular target audience, there is still a great mass of readers—medical historians or anthropologists of Africa, global health practitioners, those who teach classes in global health or African studies—who will find selected chapters in each of these books valuable.

Despite some general thematic overlaps, the books vary substantially in their regional foci, their theoretical orientation, and their intended audience. The most explicitly anthropological book is Dilger, Kanye, and Langwick's *Medicine, Mobility, and Power in Global Africa*. Not only are a majority of the contributors anthropologists, but the chapters also speak to one another through a common language of shared references and overlapping questions. For anyone looking for a book to assign to undergraduates, or to recommend to students who are interested in the field of global health, the collection edited by Giles-Vernick and Webb, *Global Health in Africa*, is the obvious choice. It is clearly written and the brief chapters cover

a range of topics both historical and current; students will have a sense of the field without being put off by too much theory or technical language. For anyone with an interest in medical research in Africa—be it historical or modern, doing it or studying it—the volume by Geissler and Molyneux is particularly worthwhile. *Evidence, Ethos, and Experiment* is the longest of the three books and its value is in the diversity of topics, locations, and disciplines represented. (Be warned, though, that this book is most likely to leave you with a pile of citations to look up.)

*Medicine, Mobility, and Power in Global Africa* is organized into thematic parts and twelve chapters (part 1, “Scale as an Effect of Power”; part 2, “Alternative Forms of Globality”; and part 3, “Moving Through the Gaps”). The volume includes chapters on Tanzania, Senegal, Nigeria, Mali, Togo, Niger, Ghana, Somaliland, and Kenya, in addition to a few chapters addressing themes that crisscross the continent. This is a good spread of countries, and it is especially useful to have English sources on countries such as Mali, Togo, and Niger. The emphasis on mobilities allows for a focus on diasporic communities and transnational case studies.

Chapters near the end of the book were particularly interesting for a nonanthropologist, and exposed me to both new empirical information and new authors. Adeline Masquelier’s “Public Health or Public Threat?” presents a nuanced explanation for why polio eradication efforts have been stalled in Niger. She does a good job placing the issue within larger global health debates on noncompliance and models that tend to emphasize the ignorance of local residents, or what is “lacking.” Particularly illuminating is how “suspicion and mistrust run in both directions” between local residents and public health workers (222), and she spends time explaining the logic of suspicion and how past actions are linked with current mistrust. “It’s Just Like the Internet: Transnational Healing Practices between Somaliland and the Somali Diaspora,” by Marja Tilikainen, is based on fieldwork in Somaliland and chronicles the work of healers who treat Somalis and foreigners located both near and far, mediating healing across oceans through the use of videos, phones, and even new technologies such as Skype. The title comes from the association a local healer makes, linking *jinn* with the Internet as an example of an object that exists but cannot be readily seen. This would be a fascinating chapter to assign to undergraduates, as it forces an engagement with the idea of modern technologies being adopted into “traditional” healing practices and provides information about a part of the continent that is rarely discussed.

For the most part, though, this is clearly a book by anthropologists, for anthropologists. As a historian of science and Africa, I felt slightly out of place, as if I were eavesdropping on a very private and long-running conversation. The chapters largely cite a similar set of references, with John Comaroff and Jean Comaroff, James Ferguson, and Arjun Appadurai as the mainstays, and most of the authors are concerned with a similar set of topics: biological and therapeutic citizenship, alternative or parallel

modernities, and global frictions or evidence of biopower. On the positive side, this type of focused conversation around a few authors and theories creates coherence among the chapters, since the authors are all reading, thinking about, and citing the same literature. On the downside, the chapters can also feel stifling and stale, depending on how familiar or interested the reader is in these debates.

*Global Health in Africa*, the shortest of the three books, is organized in a loosely chronological manner. Part 1, “Looking Back,” contains four chapters that cover purely historical issues of global health in Africa. Part 2, “The Past in the Present” presents three chapters that begin with historical data but move into the present, making connections with modern global health concerns. Part 3, “The Past in the Future” contains two chapters that address modern concerns of global health. The introduction provides a framing for the book and emphasizes the role of international actors and the creation and running of large-scale global health campaigns. It contains a useful chronology for students without prior knowledge of the field, although its focus on political economy could mislead students into thinking that global health initiatives consist of structures, bureaucracies, and foreign ideas being imported into Africa. Luckily the individual chapters provide a nice counterbalance by demonstrating the importance of local context, how African understandings and preferences have shaped the way that “global health” has been practiced on the continent, and how global policies and campaigns have been adopted and adapted. The book is part of a new series published by Ohio University Press, “Perspectives on Global Health,” and the introduction identifies it as part of a new field of “global health history,” although it is unclear if this is truly a new field or merely a semantic shift. A strength of the book is that it does not focus on a single disease, time period, or region. In this regard, the entire volume could be useful in a course related to global health initiatives in Africa or within a department of international health or international studies.

The book presents some well-known stories that many will be familiar with: the failed attempt at malaria eradication, the success of smallpox eradication, and the massive iatrogenic infection of hepatitis C in Egypt. Yet there are also plenty of unusual examples that hint at impressive new research being done in this area. Jennifer Tappan’s chapter, “The True Fiasco: The Treatment and Prevention of Severe Acute Malnutrition in Uganda,” outlines how a successful new therapy—dried skim milk and the distribution of reinforced milk packets—ultimately led to the unnecessarily bottle feeding of many children. The unintended consequences of the story are jarring, and should give students pause in the age when “ready-to-use therapeutic foods” are being trumpeted as an easy solution to famine. Sheryl McCurdy and Haruka Maruyama’s chapter, “Heroin Use, Trafficking, and Intervention Approaches in Sub-Saharan Africa,” focuses on the growth of heroin use on the continent since the 1980s, the human toll and suffering it has involved, and the slow adoption of harm prevention policies by

national governments. Few students are likely to have thought about the global circulation of drugs, or considered that a problem such as heroin use might be affecting countries in Africa. Tamara Giles-Vernick and Stephanie Rupp's chapter, "People, Great Apes, Disease, and Global Health in the Northern Forests of Equatorial Africa," presents a counterpoint to the alarmist accounts of ape-human contact as inherently dangerous. Each of these chapters is notable for taking an issue that will likely be of interest to undergraduates and forcing the reader to rethink the helpfulness of interventions and whether global health practices can be usefully exported wholesale.

*Evidence, Ethos and Experiment* is organized around an introduction and three sections: "Engagements" (six chapters), "Evidence" (seven chapters), and "Politics" (five chapters). The chapters present historical and ethnographic data from Gambia, Nigeria, Tanzania, Kenya, Cameroon, and Zambia, with a few chapters focusing on theoretical or continentwide thematic discussions. Since the editors have done most of their own ethnographic research in Kenya, the volume is slanted toward the eastern part of the continent. Chapters by well-known scholars, such as Susan Reynolds Whyte, Hansjorg Dilger, Steven Feireman, Stacey Langwick, and Luise White, present new information and are all solid contributions.

The introduction makes clear that the book is a joint anthropological and historical inquiry, and the chapters represent a mixture of disciplinary approaches. In the introduction the editors characterize the chapters as being united by a shared commitment to examine how medical research is shaped in the multilayered interactions among scientists and institutions, governments, and individuals, including, in the latter case, the bodily substances that are collected. They point out that in the presentation of discrete case studies, many of the authors are asking much larger, and more difficult, questions about "how scientific investigations . . . could be realised in a more democratic and equitable manner" (2). In general, the chapters represent a nice balance between a focus on narrower questions and a consideration of broader ones. Among the former is Babette Muller-Rocksroh's "ethnography of a technology in transit" (or "technography," as she calls it) (246), which deftly explores Tanzania's importing of ultrasound technology and the difference between how the imported product is used and what the manufacturers intended. Kenneth Ombongi's chapter presents a rough chronology of medical research in postcolonial Kenya, painting a harsh picture of a weakened state through the 1980s and 1990s and the control exercised now by nonstate and international actors. He provides many compelling and disturbing examples of the racism and the hegemonic powers of the state that have undergirded much of this research, characterizing colonial biomedicine as a "tool of empire." However, as with many stories that focus on the state, the responses of those who participated are largely absent. This is not a criticism as much as a call for more research, a recognition that for a topic as important as medical research we need accounts that also come from the bottom up.

Precisely because medical research in Africa is a largely untouched topic, but one with ongoing relevance, this volume is particularly important. It also means that there is plenty of space for discussion, disagreement, and revision of some of the conclusions reached. For those who work in this area, some of the broad claims about how medical research is increasing or decreasing over time, how resistance to medical research has increased or decreased, and how ethical dilemmas are changing in systematic, linear, or predictable ways can sometimes feel overstated. But these claims are provocative (even if sometimes poorly cited) and should spur additional work.

These three books, therefore, will be interesting to a wide audience. For medical anthropologists who work in Africa, the Dilger, Kanye, and Langwick volume is almost obligatory, and reading it will likely lead to a pleasant afternoon filled with recognizable names and debates. For those teaching undergraduates in the fields of global health, the history of medicine, or the history of Africa, the Giles-Vernick and Webb volume offers some new, clearly written, and concise chapters for classroom use and should be adaptable to many different class formats. For scholars with any interest in medical research in Africa, Geissler and Molyneux's volume will prove to be deeply satisfying: the book is long, the chapters are varied, and even those with knowledge of the topic are unlikely to know the details of so many different cases. A brief word about the pricing of these books: *Evidence, Ethos, and Experiment* is solid at 498 pages, but Berghahn has priced it at \$90.00, which feels excessive. On the other hand, *Global Health in Africa* and *Medicine, Mobility, and Power* have both been put out as paperbacks and are priced at under \$35.00. If you choose wisely, at least one of these books is likely to end up just as dog-eared and battle-worn as my own copies.

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## THEORETICAL EXPLORATIONS IN AFRICAN MUSIC

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**Gerhard Kubik. *Theory of African Music, Volumes I and II*.** Chicago: The University of Chicago Press, 1994, 2010. Chicago Studies in Ethnomusicology. Volume I: 464 pp. Volume II: x + 368 pp. List of Musical Examples. Artists and Authors. Song Titles. Index. 2 CDs. \$30.00 (each volume). Paper.

Gerhard Kubik's *Theory of African Music*, published in two volumes, derives largely from fieldwork conducted in the 1960s, a time when