



PROJECT MUSE®

The Experiment Must Continue: Medical Research and Ethics in East Africa, 1940–2014

by Melissa Graboyes (review)

Claire Wendland

Journal of Interdisciplinary History, Volume 47, Number 3, Winter 2017,
pp. 438–439 (Review)

Published by The MIT Press



➔ For additional information about this article

<https://muse.jhu.edu/article/635441>

The epilogue returns explicitly to history and memory, drawing contrasts in black and white. Local people contrasted the security and predictability of work in the “time of Diamang” with their insecure and unpredictable present. Cleveland reminds us that by 1974, Angola’s white population was the largest on the continent outside South Africa. Whites who fled to Portugal from 1974 to 1977 were nostalgic about the idyllic lives that they once enjoyed in Diamang’s garden city with its pools and tennis courts.

It is telling that Diamang’s paternalism and the black workers’ professionalism never extended to allowing blacks into the ranks of engineers and managers. The upshot was that when whites fled in the mid-1970s, the mines soon closed. It is also telling that Diamang’s paternalistic whites were so fearful and distant from their professional workforce that they claimed to prefer being shot to living in Angola under black rule (214).

Jeanne Marie Penvenne
Tufts University

The Experiment Must Continue: Medical Research and Ethics in East Africa, 1940–2014. By Melissa Graboyes (Athens, Ohio University Press, 2015) 350 pp. 79.95 cloth 34.95 paper

Hunt recently urged Africanists to write new kinds of histories for new publics; students committed to “global health,” in particular, needed to learn about the long and troubled record of expatriate medical interventions.¹ Graboyes’ imaginative new book takes up Hunt’s challenge.

Two introductory chapters orient readers to several East African sites that have long been hotbeds for medical research and interventions. Subsequent chapters then move through four key moments in research encounters—the arrival of researchers, the interactions that surround consent or coercion to participate, the balancing of benefit and risk, and the conclusion of the experiment. Graboyes illustrates each moment with a pairing of two case studies from East Africa, one historical (mostly from the 1950s), and one contemporary (mostly since the millennium). These narratives provide insight into the issues at stake in large-scale research projects. The innovative structure, not chronological but thematic, draws out continuities through its vivid depictions of the difficult dilemmas faced by potential participants and members of the study team. Readers are left unable to hew to any comfortable progress narrative that would pit “bad old days” of colonial research against enlightened modern-day practices.

The Experiment Must Continue draws from Graboyes’ interviews and archival work, primary sources gathered by others, and secondary

1 Hunt, *Suturing New Medical Histories of Africa* (Berlin, 2013), see esp. 11, 34–39.

scholarship to support four major arguments. First, East Africans typically understood research differently than did scientists; many of them were unaware that they were participating in experiments at all. Second, both participants and researchers frequently discussed research as a process of exchange. Third, expectations for what constituted a fair exchange often differed and could escalate into open conflict, whether between researchers and participants or within European research teams; frequently, those in the field wanted to do more for participants than did their supervisors. Finally, a form of everyday syncretic “field ethics” developed, negotiated among European researchers and African participants. Such binaries are sometimes drawn too sharply: The case studies provide some examination of the experiences of African fieldworkers but largely omit African scientists.

Nonetheless, Graboyes’ arguments are critical for contemporary researchers who must understand how the “residue” of each experiment alters the course of the next. At several points, for instance, she introduces stories about angry villagers who accused researchers of sucking blood or killing children. Scientists readily dismiss such accusations as preposterous, but Graboyes shows that a little archival legwork reveals them to be reasonable interpretations of previous interventions.

Graboyes’ book, which does not presume knowledge of the history and ethnography of medical research in Africa, is written in engaging and jargon-free prose. Although it will be of interest to historians of Africa and of medicine, it is clearly aimed at a nonspecialist audience. A short bibliographic appendix directs readers to other scholarship about global medical research; a wonderful online study guide asks students to come up with their own answers to a range of questions raised by primary sources. This book is certain to prompt lively classroom discussions about global health, African medical research in colonial and postcolonial times, and the history of medicine.

Claire Wendland
University of Wisconsin, Madison