The overriding goal for this collection is clearly articulated in the introduction, and the nine essays largely fulfill the promise of that goal. That is to bring the insights of social science, particularly history and historical anthropology, to bear on past and contemporary global health initiatives in Africa for the express purpose of contributing to the training of global health professionals.

The call for multidisciplinary training of global health practitioners is reflected well in the academic backgrounds of the scholars. They include anthropology, history, public health, psychology, and demography and they are based at universities and research institutes in both North America and France. Further, three of the essays are coauthored by specialists in different fields, a relative rarity in work by historians and anthropologists (Giles-Vernick and Rupp; Garenne, Giambi and Perrey; McCurdy and Maruyama). These three essays positively demonstrate how greater collaboration between social scientists and biomedical specialists can produce useful work that is both scientifically valid and well rooted in local social contexts. But readers also see the value of this sort of collaboration by contrast, as several essays excavate the histories of assumed etiologies or health interventions that failed to balance science and social science (Giles-Vernick and Rupp, Tappan).

The essays range widely in terms of time and space, and include a solid balance between Francophone and Anglophone areas. Four essays are regional or continent wide, and one brings North Africa into the conversation by its focus on Egypt (Moulin). The essays are divided into three sections with the first two largely abiding by their framing in the introduction, as analyses of colonial-era interventions that can speak to contemporary ones (Looking Back) and in revealing assumptions and hidden histories of contemporary programs (The Past in the Present). The essays in the third section (The Past in the Future) are certainly valuable ones, but their framing is less satisfying. Described as examinations of „efforts to reduce disease transmission and future harm“ that „are premised on an understanding of the past,“ their contribution seems to focus less on understandings of the past and more on the circumstances that have allowed for the adoption of momentous public health policies. The first concerned the 2007 WHO recommendation and international enthusiasm for medical male circumcision as a means to limit HIV transmission that was based on specious evidence (Garenne, Giambi, Perrey). The other examined the constellation of circumstances that have enabled officials in Mauritius and Tanzania to adopt a harm reduction approach to addressing infections among people who inject drugs (McCurdy and Maruyama).

Notable in the collection’s strengths are the essay’s overall accessibility and explicit attempt by each contributor to note how the essay can inform global health interventions. The introduction by Giles-Vernick and Webb sets a high standard for the rest of the book by providing a useful, cogent, and brief overview of global health history in Africa. With few exceptions, authors consciously provide pertinent background information and avoid theoretical discussions that might be alienating to specialists in other fields. These features make this a text that is quite suitable for the classroom, whether public health, history, or anthropology, undergraduate or graduate. Further, there are explicit sections or discussions in most essays that highlight the implications of history, anthropology, or social context on contemporary global health initiatives. For example, Schneider’s essay on early colonial efforts to eradicate smallpox enables him to highlight the factors that made the much later successful campaign stronger. He posits that similar dynamics, such as effective technologies, systematic monitoring and isolation, international cooperation, and a global approach, need to be in place before other eradication programs can be successful, such as the current effort against polio. The value of this feature for global or public health stu-
dents is obvious, but it also can help students in social sciences to see the contemporary relevance of their field.

Taken as a collective, the essays offer other lessons to those interested in African public and global health. The most striking theme across the volume are the ways in which health interventions can unintentionally contribute to ill health and create tense relationships with medical practitioners. Examples include how insecticide campaigns against mosquitoes imperiled some Liberians’ acquired immunities to malaria (Webb), or how compulsory schistosomiasis vaccination aided the spread of Hepatitis C in Egypt (Moulin), or how the distribution of dried milk packets in Uganda to fight against severe acute malnutrition, kwashiorkor, increased incidences of undernutrition, marasmus (Tappan). A second theme is how individual rights are frequently imperiled by mass campaigns, particularly ones where the line between cure and prevention is blurred (Tappan, Lachenal). Global health practitioners can draw discrete conclusions from each of these lessons.

The collection makes the case well for including historical perspectives in approaching global health, but it also demonstrates how including a global health frame can contribute to histories of disease, health and healing in Africa. The essays ably demonstrate the ideologies that justified the use of force in therapeutic settings so common in the colonial period and call us to broaden our sense of context to the level of region, continent, or globe. A fine example is Tappan’s article on malnutrition treatment in Uganda. While she could tell this story as a local one, she gains greater traction by showing the international influences on the path of colonial medicine in Uganda. On the one hand, local treatment and prevention of severe acute malnutrition were influenced by developments from Guatemala’s Institute of Nutrition for Central America and Panama as well as funding from the WHO, FAO, and Rockefeller Foundation. On the other hand, local research priorities were imperiled in the 1970s when international researchers began to question the global scope of the protein crisis. This was a real problem in Africa, but less and less research focused on the issue.

This volume is part of an interesting new trend in which Africanists wish to reach and influence public and global health practitioners. The recent collection by Prince and Marsland, and monographs on specific diseases by Livingstone (cancer), Renne (polio), Webb (malaria), and Echenberg (cholera) form a powerful literature as useful to those in other disciplines as they are to anthropologists and historians. It would be interesting and refreshing to see how biomedical scholars would reciprocate. What would they like for social scientists to understand? Hopefully their answer would produce a volume like this one, in which individual essays take on greater significance by their placement alongside the rest.
