

Honolulu was among the lowest of the third pandemic, despite the low standard of public health practice there, though the relevant chapter does not really explain why. Plague entered Sydney between October 1899 and January 1900, introduced probably through its close ties to Hong Kong and Bombay. Sydney displayed one of the best public health responses to plague during the third pandemic, recording the lowest case fatality rate. The final plague case study in the book is of Cape Town in South Africa in 1901, where the overlap of the epidemic with the Boer War further complicated official response, as military contingents were beyond the control of civilian public health personnel. Cape Town's epidemic was significant in the high mortality rate among health workers. Plague measures targeted Africans and resulted in the relocation of Africans from Districts 1 and 6 to Uitvlugt, formerly designated as a sewage farm. So plague provided the occasion for Cape Town to create the first African relocation in South Africa.

Plague Ports highlights how international trade had connected ports in different continents by the end of the nineteenth century, with the potential to transform local epidemics into global pandemics. The book also underscores international collaboration in the face of epidemics such as bubonic plague. Even when epidemics occurred in far-flung locations such as Hong Kong, Bombay or Portugal, medical teams arrived from several countries to study disease epidemiology. The third plague pandemic forced many cities and national governments to take modern public health seriously. The presence of immigrant Chinese populations in Honolulu, San Francisco and Sydney, places in close connection with Hong Kong, the original port of infection, suggests that Chinese immigration and trading networks may have played a role in the widespread transmission of plague. All three cities displayed pronounced anti-Chinese sentiment, even when the link between the Chinese population and the plague epidemic seemed tenuous. For the Africanist, *Plague Ports* places in a larger context single-country studies by Maynard Swanson on South Africa, and Echenberg on Senegal. It reveals the fragility of disease boundaries in an era of European empires and European-dominated international trade.

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HIV/AIDS IN AFRICA IN CONTEXT

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HIV/AIDS, Illness, and African Well-Being. Edited by TOYIN FALOLA and MATTHEW M. HEATON. Rochester NY: University of Rochester Press, 2007.

Pp. x + 414. \$75 (ISBN 978-1-58046-240-2).

KEY WORDS: Health, medicine.

HIV/AIDS in Africa has long been regarded as an 'exceptional' disease – exceptional with regard to the epidemic's magnitude; its social, economic and political impact; and the amount of resources allocated to the fight against the epidemic over the last two decades. This volume represents a welcome differentiation to this debate. The book wants to achieve a broader understanding of HIV/AIDS in relation to other diseases on the continent and to explore how globalization and development have structured African experiences surrounding health and

illness, in historical and contemporary perspective. It also aims to establish a more differentiated view of the African continent – which in the context of AIDS was often portrayed as ‘infectious and backwards’ – by showing how societies have responded to diseases over the last 150 years by relying on a wide range of local, national and international resources. Among the book’s obvious strengths are that it includes contributions from African as well as non-African scholars and that it approaches its subject from different disciplinary perspectives, ranging from biology over economy and sociology to history. One of its drawbacks is the lack of coherence between the individual chapters, some of which cover more familiar ground while others offer new and unusual perspectives on health, illness and healing in Africa.

Following the two introductory chapters (Falola and Heaton; Okeke) and a chapter on the tenaciousness of ‘AIDS in Africa’ stereotypes in the Canadian print media (Wertheimer), the second section brings together case studies on specific illnesses in historical and contemporary Africa. In addition to the chapters on disability in Nigeria (Fosu *et al.*), epilepsy in Ghana (Obeng) and the history of malaria control in West Africa (Njoku), Philip argues that the spread of waterborne diseases in early twentieth-century Nigeria started with the onset of colonialism and the segregation of the newly established cities where treated and filtered water was available only for Europeans. Ngalamulume describes how Western medical knowledge in colonial Senegal served as a tool for the colonial government to construct hegemonic presence: in the context of the growing resistance against smallpox vaccination campaigns, the recruitment of native auxiliary agents for the propagation of Western medicine was seen primarily as an opportunity to spread ‘civilizing ideas’ among marabouts and ‘fetishmakers’ and the local population.

The third part of the book discusses the global, national and local configurations that have affected the distribution and control of disease and illness in sub-Saharan Africa. This section includes chapters on the suppression of transnational pilgrimage schemes in colonial Nigeria as a measure to control the spread of cholera (Heaton); the sick-making conditions of the South African mines which are inseparably intertwined with the country’s history of apartheid (Cronjé and Chenga); and also the impact of the Buruli Ulcer disease on household economies in West Africa (Dazie *et al.*). The chapter by Jacobson and Van Dyke argues that ‘development’ not only has become a solution for health problems in Africa (e.g. through the raising of life expectancies), but also has led to the emergence of new afflictions on the continent (e.g. heart disease, diabetes, stroke). Health systems in Africa are often not well equipped to deal with this ‘epidemiological transition’, particularly since many countries carry the double burden of high incidences of infectious *and* non-communicable diseases, a challenge that continues to remain overlooked by global health programs. The chapter by Okeke deals with the growing resistance of disease organisms in sub-Saharan Africa to antimicrobial drugs: this dynamic is caused not only by overprescriptions and the sale of inferior-quality medication on the pharmaceutical markets, but also by national governments’ lack of power to implement effective resistance control mechanisms at the population level.

The fourth section presents case studies on the HIV/AIDS epidemic in different African countries. The chapters describe the (gendered) responses of local populations and national governments to HIV/AIDS in Burkina Faso (Banhoré), Tanzania (Mkanta) and Zimbabwe (Chikombero), and also offer critical perspectives on international interventions against the epidemic. The chapter by Aginam is a passionate critique of the emergence of the global health governance structure in the wake of HIV/AIDS: the continued unequal global

distribution of morbidity and mortality rates, Aginam argues, is reflective of a racialized world order in which international systems of domination and exclusion perpetuate century-old divisions between the 'civilized' and the 'uncivilized' worlds. The remaining two chapters argue for the necessity to consider the broadening of existing HIV/AIDS interventions (Beilock and Creswell) and to rethink current methods and models of measuring the impact of HIV/AIDS on African economies (Beilock). With regard to the former, the authors argue that international donors, NGOs and national governments should explore new ways and opportunities for private-sector vendors to improve the delivery of current programs through the involvement of local providers.

While the book contains highly innovative and interesting chapters on the way illness and healing in contemporary and historical Africa have been structured by global power relations and the interactions between hierarchically organized medical systems and practices, the approach of the volume remains too broad and establishes insufficient dialogue between the individual disciplines, time periods and regions represented by the chapters. How, for instance, does the (highly relevant) study on the incidence and the distribution of disability in Nigeria relate to other studies in the book that emphasize the historical forces shaping health and healing in Africa? Equally, how does Aginam's critique of global healthcare structures relate to a more critical perspective on the role of African nation-states in the management of their populations' health? Despite these shortcomings, however, the volume presents an important reference book for scholars and students interested in health and healing in Africa, and should become a relevant reading in the field.

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A COMPARATIVE HISTORY OF THE FRENCH AND PORTUGUESE EMPIRES IN AFRICA SINCE 1930

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Living with Ambiguity: Integrating an African Elite in French and Portuguese Africa, 1930–1961. By ALEXANDER KEESE. Stuttgart: Franz Steiner Verlag, 2007. Pp. 344. €46, paperback (ISBN 978-3-515-09032-2).

KEY WORDS: Central Africa, West Africa, Western Africa, colonialism, decolonization, imperialism.

Guess where the French consul took the visiting Kabaka of Buganda for dinner in Lourenço Marques (now Maputo) in 1957. To a 'Whites Only' restaurant, where, Alexander Keese tells us, the presence of African royalty 'provoked a scandal' (p. 247). Keese does not record the Kabaka's reaction to his encounter with 'João Crow', but the minor diplomatic incident it engendered represents only one of many awkward moments when the differences between Portuguese and French modes of colonial governance in Africa appeared to be greater than their similarities. Keese's fine *Living with Ambiguity* offers a comparison of these two purportedly assimilationist empires, whose agents looked upon the strategies of their counterpart with reactions ranging from admiration to amusement. The book spans several decades, from the interwar years to just after the independence of francophone Africa, and it offers an impressively thorough example of the potential of comparative imperial history.