

nationalist leaders, and others contributed to this process. Even as we might note that considerable power and initiative rested with Europeans, development as a concept and practice did not emerge in a European vacuum. It emerged in the context of a colonial relationship in which Africans were as fully engaged as Europeans. To explore this, one needs to bring the focus back to the local and deploy sources that can give us insight into local views.

An especially noteworthy essay in the collection, therefore, is Emma Hunter's "A History of *Maendeleo*: The Concept of 'Development' in Tanganyika's Late Colonial Public Sphere." It draws on government and nationalist Swahili language newspapers to trace changes in the way *maendeleo* was promoted in the early twentieth century, when it was defined as progress or change toward civilization, as compared to the 1950s and 1960s, when the term was closely associated with nation building. She focuses in particular on the ways in which the word was deployed in the 1950s by colonial officials and community organizations alike as they battled over government interventions. Among the broader lessons that Hunter draws from this case is that while we may be tempted to see the late colonial period as the moment when the "language of 'development'" became the "new global language of politics" (103), this would be wrongheaded, because we would be missing the distinctive ways in which development resonated in local contexts. This caution is one that historians of development would be wise to heed if we wish to bring African perspectives on development concepts and practices more clearly into focus.

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HEALTH AND DISEASE

Melissa Graboyes. *The Experiment Must Continue: Medical Research and Ethics in East Africa, 1940–2014*. Athens: Ohio University Press, 2015. xxviii + 307 pp. Contents. Illustrations. Preface. Acknowledgments. Abbreviations. Notes. Bibliography. Index. \$79.95. Hardcover. \$34.95. Paper. ISBN: 978-0-8214-2173-4.

In *The Experiment Must Continue*, Melissa Graboyes offers up an imaginative and impressively detailed history of experimentation and ethics in East African medical research from about 1940 to the present. The book will be of great interest to medical historians and anthropologists, East African historians, and global health researchers and bioethicists engaged in research in the Global South today.

The Experiment Must Continue considers how colonial medical research practices linger in East Africa today and extends a new paradigm for thinking about medical experimentation in relation to colonial history and

the emergence of hybridized ethical forms. The book covers failed attempts to eliminate tropical disease; differences in how East African subjects and foreign researchers perceived research operations; and ethical forms and processes. With powerful stories about lymphatic filariasis research in the 1950s and the 2000s, TB drug trials, a male circumcision trial, a malaria scheme, and a vaccine test, Graboyes writes about the lessons of this experimental research for an anticipated readership of policymakers, public health specialists, and historians. She argues that today's researchers should adjust their ideas of consent and participation while reckoning with exploitation.

The book is intended to be an ethnography of the past and a history of the present, in keeping with recent medical historical writing, whether viewed through the lens of memory or "debris" (Nancy Rose Hunt, *A Colonial Lexicon*, Duke University Press, 1999), "traces" or "futures" (Geissler et al., *Traces of the Future*, University of Chicago Press, 2017), or other notions of "historical residue" from colonial times. Some of these matters have been covered in more depth in other works as well (e.g., Luise White, *Speaking with Vampires*, University of California Press, 2000; Ann Laura Stoler, *Imperial Debris*, Duke University Press, 2013; Stoler, *Duress*, Duke University Press, 2016; Hunt, *A Nervous State*, Duke University Press, 2016). The particular strength of this book is the way in which its central argument speaks directly to a primary audience of health practitioners and policymakers. In this sense the tone and scope of the book seem spot on. Graboyes senses how much her readers need to know or how far their patience may extend. Subtleties of periodization, theoretical musing, or the historical past may be of little interest to public and global health experts and ethicists.

Many of the lessons to be taken away from *The Experiment Must Continue*—about, for example, how experience marks memory and subsequent moments of dissent, rejection, or rumor-making—might have benefited from a deeper engagement with Africa's heterodox medical historiography and subtler argumentation. When Graboyes argues that Africans "continu[e] to create a syncretic system based on centuries of contact with foreign healing systems" (48), deeper reflection about why anthropologists of religion have discarded the notion of "syncretism" and why anthropologists and historians of medicine have discarded "systems theory" would have been helpful. Any notion of a "syncretic system" should have, at the least, engaged Steven Feierman on diagnosis by addition ("Explanation and Uncertainty in the Medical World of Ghaambo," *Bulletin of the History of Medicine* 74 [2], 2000) or Murray Last on secrecy, "not knowing," and "non-systems" ("The Importance of Knowing about Not Knowing," *Social Science & Medicine Part B Medical Anthropology* 15 [3], 1981).

Nevertheless, the book's unusual form and story-telling techniques are vivid, fruitful, and effective—Graboyes explains that the organization is designed to mimic a research encounter. Four principal sections move from the arrival of researchers; subject recruitment and matters of consent or coercion; the achievement of some kind of ethical equilibrium; and then long-term obligations. Each section contains three parts along with a

“historical narrative” and a “modern narrative.” The first kind of narrative looks at late colonial research incidents in Pate Island, Kenya, Nairobi, Tanganyika, and the Pare-Taveta Malaria Scheme in 1956, 1961, 1954, and 1955. The “modern” stories are contemporary (2001–10) and set in Zanzibar, Kilifi, Kenya, and Rakai, Uganda. Two additional chapters at the outset provide an important overview of medical research past and present with East African perceptions beautifully highlighted. What distinguishes the historical from the “modern” is declared in the main chapter of each section, though this word “modern” obscures. The book’s materials and examples jump, often quite effectively and by counterpoint, from developmentalist colonial efforts from 1940 to more contemporary ones in our neoliberal epoch. Little attention is paid to the first three postcolonial decades (the 1960s through the 1980s), or on how nostalgia for colonial developments grew from the 1980s.

The Experiment Must Continue is to be applauded as a pathbreaking, engaging historical analysis of the practices, ethics, and implications of experimental medical research in one African postcolony. What is most impressive, besides the copious research, is the sheer number of fascinating stories packed in and carefully juxtaposed, their geographic range, and the lucidity with which their significance is explained. The manner in which Graboyes presents her examples—set out in striking before/now pairs—will make them particularly valuable for classroom use, and the book’s pedagogical and bioethical approach will be of interest to students of African history, medical anthropology, and global health. We can only hope that the arguments and examples she presents here will contribute to reshape global health practice. Claire Wendland’s “clinical tourists” (“Moral Maps and Medical Imaginaries,” *American Anthropologist* 114 [1], 2012) and Vinh-Kim Nguyen’s clinical trial organizers (*Republic of Therapy*, Duke University Press, 2012) should also take note.

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Paul Wenzel Geissler, Guillaume Lachenal, John Manton, and Noemi Tousignant. *Traces of the Future: An Archeology of Medical Science in Twenty-First Century Africa*. Chicago: University of Chicago Press, 2017. Contents. Bibliographies. Credits. 255 pp. \$28.50. Cloth. ISBN: 9781783207251.

This collection of essays presents the results of historians’ and anthropologists’ journeys to medical and scientific sites on the African continent. The chief emphasis here is on exploring the remains of medical infrastructures—leftovers of scientific investigations and laboratory facilities—not only as traces of the past, but also as heritage sites through which memory,