

tourist revenue for NCMM at a site and community that had less political power than the top tier chiefs, such as the emir of Sokoto, who had the potential to appropriate the project for their own ends. However, despite some gaps, this monograph offers a refreshing interdisciplinary approach which will substantially reward the reader.

**Charles Gore**

STACEY A. LANGWICK:

*Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania.*

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In this book Stacey Langwick effectively undermines established categories of healing and the boundaries between them. It is an ethnography of “healing practices in southeastern Tanzania and the worlds they render meaningful and concrete” (p. 7). Langwick’s most important contribution lies in the latter part of that description: she carefully shows how different healing practices create different objects of healing, whether the biomedical body of a child or a mischievous spirit or a dangerous emotion such as jealousy. In so doing she challenges a number of orthodoxies of Africanist medical anthropology, including the concept of medical pluralism.

The book is based on over a decade of research on the Makonde plateau of southern Tanzania, a place first seen as resistant to colonization and now as both resistant to development and home to some of Tanzania’s most powerful healers. Langwick’s investigations ranged from archival research on the colonial state’s efforts to regulate “witchcraft”, to interviews with government ministers in the Office of Traditional Medicine, ethnographic observations of clinical practice at Newala District Hospital, interviews with healers, and an apprenticeship with one healer in particular, Binti Dadi.

*Bodies, Politics, and African Healing* is in three parts. In “A short genealogy of traditional medicine”, Langwick traces the efforts of the German and British colonial states in Tanganyika to control the political power of healing. In many ways this is a familiar story of the depoliticization of healing under colonialism and the hiving off of a small segment of acceptable “traditional healing” – herbalism – that colonial officials and scientists could deem “proto-scientific”. But Langwick highlights how the colonial state, while prohibiting witchcraft, simultaneously declared it not to exist. As a result, it denied “certain forms of being [spirits and *mashetani* or devils] the right to exist” (p. 56).

Langwick then unpacks the concept of Tanzanian traditional medicine by tracing how the government created it. The socialist government sought to co-opt traditional medicine and some healing practices, midwifery in particular, to lessen the burden on the state. Then, as Tanzania moved to economic liberalization, traditional medicine became part of a “strategy to manage the impacts of structural adjustment programs” and meet health development goals (p. 69). Langwick offers a compelling discussion of how the government sought to create a complementary, Tanzanian traditional medicine, akin to traditional medicine in China, with a very narrowly delimited definition of acceptable healing. This maintained the colonial emphasis on herbalism and

midwifery and excluded practices such as divination. Again this is not a new story, but Langwick is particularly effective in showing how Tanzanian traditional medicine was made by the government and the WHO in collaboration with herbalists and Chinese expertise (such as factory production of standardized herbal medicines).

How people become healers is the focus of “Hailing traditional experts”. Langwick first traces the itineraries of different kinds of healers as they became practitioners. She contrasts this with a case study on that ubiquitous figure in the African health landscape, the TBA (traditional birth attendant). Frequently seen as bridging the traditional–biomedical divide, on the Makonde plateau TBAs are products of state training. There the concept of midwife arrived with biomedicine, resulting in a situation where “traditional midwives” were those who worked in the clinic. There was no “timeless category of practice that included specialized skill in attending to and caring for women giving birth” (p. 123). Langwick convincingly unpicks the assumptions underlying WHO and government efforts selectively to incorporate traditional healing into healthcare provision.

The final part of the book, “Healing matters”, examines healing practices. Langwick starts by focusing on the creation of objects of healing. To resolve the malady of a patient afflicted by *mashetani* or devils, healers need first to establish a boundary between the body of the patient and the *mashetani* through protective medicine. Langwick argues that, “therapies to protect children . . . make the *mashetani* into an object for discussion and intervention” (p. 161). When hospital staff record the height, weight and immunizations of children under five on standardized cards they create “biomedically comprehensible” bodies that can be treated. Both forms of healing require the creation of objects before they can proceed, even if they create different objects. This is exemplified by a case study on *degedege* and malaria. Biomedical providers, the Ministry of Health and the WHO translate *degedege* as malaria, yet people living on the Makonde plateau view them as distinct. Indeed, while nurses and doctors urge parents to bring their febrile children to hospital to prevent *degedege*, parents and healers understand the injections used to treat malaria in hospital to open the child to affliction with *degedege*. Thus any attempt to equate the maladies or the forms of therapy used to address them is bound to fail.

Finally, Langwick addresses maladies not recognized by the biomedical system, such as dirty breastmilk. She argues that the denial of these maladies by the biomedical healthcare systems is an act of violence that emerges from distinct assumptions of corporeality. Healers work to protect these aspects of their expertise that are not commensurable with biomedicine as a way of protecting themselves from being co-opted simply as providers of complementary therapy.

This is an important and convincing reframing not only of the meaning of healing in postcolonial Tanzania, but also of what healing does. *Bodies, Politics, and African Healing* successfully challenges us to reconsider the very way in which we think about African healing. Langwick persuasively argues that it is not just another complementary therapy alongside biomedical provision. Thus the model of medical pluralism as it has generally been articulated, even by its most nuanced of proponents, fails. Given the importance of this contribution, it is unfortunate that the language can be rather inaccessible. This would, for example, be a very difficult book to assign to undergraduates and even to non-anthropology graduate students. But that in no way detracts from the importance of Langwick’s work.

**Rhiannon Stephens**