

deftly introduces short explanations of political events and cameo portraits of politicians like Modibo Keita, the country's politically bipolar first president (pp. 55–57).

Later chapters expand the book's horizons exponentially to cover the wider role of the ex-soldiers in the 1914–1940 interwar period, in the roller coaster world of French and African politics of the 1940–1960 era, and as a presence in France, Africa, and Asia. Here again the ambiguous place of the ex-soldiers is made clear. Both French colonial administrators and nascent African political parties cast a cold eye on the veterans, seeking to use them when needed, but otherwise remain wary of them as a potential political threat, which they never became. Some veterans organized into ineffective short-lived groups, others found work as local guards, messengers, gardeners, houseboys, and interpreters. (Most were poorly educated to begin with.)

Two suggestions come to mind in reading and rereading this thoughtful volume. First, some of the social anthropological theory employed in the opening section seems more appropriate to smaller, more heterogeneous societies than to the veterans. Such theory fits even less well when the book expands its focus to include France and sections of its overseas empire. Second, Mann probes terrain not every historian of military-civil societies would touch, like slavery and clientage. Why not add sex? It obviously was a significant but unspoken issue in garrison towns like Fréjus in the south of France, where there was a conscious effort to keep African patients away from French female nurses. Was prostitution an established social-economic institution in such a garrison setting? Was there interracial socializing, or marriage? Historians of France have recently opened up the sex-and-empire topic, it could be explored further among the *tirailleurs*.

Native Sons is in the vanguard of new African history writing; Mann's book is commendable because of the author's keen eye for macro and micro issues and for his ability to introduce a human dimension into the lives of the people he writes about.

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Borders and Healers: Brokering Therapeutic Resources in Southeast Africa. Edited by Tracy J. Luedke and Harry G. West. Bloomington and Indianapolis: Indiana University Press, 2006. Pp. 223; \$65.00 cloth, \$24.95 paper.

As a historian working on medical history, I was excited to see *Borders and Healers*. It seemed to be an excellent opportunity to keep abreast of the newest anthropological literature. However, halfway through the introduction, I did what frustrated readers do: I skipped to the end. More specifically, I flipped to the final

paragraph of Steven Feierman's afterword. There I discovered that "The processes are, of course, too complex to capture" (p. 194). That's when I began to worry.

Perhaps starting with the end is unfair. *Borders and Healers* is a collection of essays written primarily by anthropologists, but it—unfortunately—contributes little new information to the field of health and healing. The volume investigates both borders and healers, arguing that the power of healing is "bound up with crossing, constructing and maintaining borders" (p. 6). What the authors believe is original in this approach is "the idea of the healer as border-crosser and boarder guard—indeed, as border embodied" (p. 7).

There are separate chapters addressing healers and borders in Mozambique, Zimbabwe, Malawi, Botswana, South Africa, and Tanzania. The first chapter, written by Harry G. West, presents very interesting case studies of healers in northern Mozambique. He records their changing practices and probes the blurry line between who is a traditional healer rather than a modern healer and what constitutes indigenous knowledge as opposed to modern knowledge.

Chapter 3, "Of Markets and Medicine" written by David Simmons, is a refreshing change from some of the other contributions. Rather than philosophizing about when "traditional" medicine becomes "modern," the author asked Zimbabwean healers and traditional medicine administrators that question. Readers are treated to actual quotations, which are fascinating. Simmons also shows how "traditional" healing is modernizing and professionalizing through the naming of drugs, the use of latex gloves, and bottling and labeling strategies. The chapter also addresses another hot button issue: the use of clinical trials to test the effectiveness of traditional medicine.

Chapters 6 and 7 both deal with Tanzania, although in different time periods. Julian M. Murchison's "From HIV/AIDS to *Ukimwi*" dissects and analyzes a singular story told in southern Tanzania about a woman giving birth to a cure for "Ukimwi" (AIDS). He argues that the storytellers are "not only making and shaping history and culture," but are also "asserting control" over "their lives and their health" (p. 141). By relating aspects of the story to local circumstances (such as the presence of a Roman Catholic monk-doctor), Murchison uses the story as a vehicle to explain people's mixed feelings about biomedicine.

Stacey Langwick focuses on colonial Tanganyika in "Geographies of Medicine," which interrogates the boundary between biomedicine and traditional medicine through a re-reading of Leader Stirling's *Bush Doctor: Universities' Mission to Central Africa* (London, 1947), and *Tanzanian Doctor* (London and Nairobi, 1977). Stirling was a mission doctor turned Tanzanian minister of health, and he does not emerge unscathed from Langwick's analysis. Unsurprisingly, she tells us that his descriptions of rural medicine "are not neutral" (p. 144) and that "nonbiomedical ways of healing hardly seem to be present" in his writings (p. 151). The strongest parts of the chapter are the reconstructed medical scenes, including a detailed description of what a "proper" hospital should include (fired bricks, stone floor, glass windows, and roofing tiles) and a discussion of the building's architecture that created physical boundaries between preparation, operation, and recovery areas.

Oddly, the editors articulate the most legitimate criticism of the volume in the introduction. The editors recount how, after reading the book manuscript, Megan Vaughan (a distinguished historian who has written about health and disease in this region) commented that there was nothing new about the circulation of healing techniques, ideas, people, and substances, and that their collective accounts added little to the regional literature on health and healing (p. 3). Unfortunately, that early criticism is still valid despite additional drafts during the editing process. Another shortcoming is the writing. Readers are subjected to the over-use of catch words such as: complicated (which refers to nearly everything); power (which is contested, constructed, related, and brokered); authority (always contested, and often constructed); and a medley of parenthetical words such as (re)producing, (re)creating, (re)positioning and (trans)forming.

This book will surely find readership among anthropologists who focus on southeast Africa. They will appreciate this regional study, which provides both themes and variations on the subject of healers and borders. However, the rest of us who study medical history might be better served by looking elsewhere.

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“Letting Them Die”: Why HIV/Aids Intervention Programmes Fail.

By Catherine Campbell. African Issues. Bloomington, Ind.: Indiana University Press, and Oxford: James Currey, 2003. Pp. vii, 214. \$49.95.

“Letting Them Die” is Catherine Campbell’s timely analysis of why HIV intervention programs fail, even when they are highly resourced and well conceived. The title borrows a quote from South African satirist Pieter-Dirk Uys: “In the old South Africa we killed people, now we are just letting them die.” By equating HIV intervention projects to processes of “letting [South Africans] die,” Campbell demands researchers and public health practitioners to critically analyze contemporary methods for dealing with HIV/AIDS. Campbell draws on observations and data from an HIV intervention in a mining town in South Africa, that she calls the Summertown Project, to contextualize two participatory approaches to HIV control: peer education and stakeholder management. *“Letting Them Die”* offers a much-awaited theorization of commonly used, but rarely theorized, concepts in public health practice.

As Campbell points out, there has been a “paradigm drift” in public health practice away from individual level behavior change programs to interventions that actively involve community members in the design, research, and implementation of health promotion projects. The Summertown Project had the makings of what would be considered good community-based programming. The impetus for the project came from the community and the participatory strategies were grounded in the social science concepts of social capital, social identity, power, and critical consciousness. What actually happened in the Summertown



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