

of the historiography of history of medicine and wider modern British history, will easily earn its place on undergraduate reading lists. Flurin Condrau provides a useful wide-ranging essay on defining “medical success” for tuberculosis patients in British and German sanatoria. The chapter by Pat Starkey examines strategies used by social workers in the post-1945 period to re-voice the “client”. She urges us to consider how interview questions were framed and the responses re-interpreted, and raises pertinent issues on the methodologies required to produce patient-centred history, especially the “decadence of transcription” of interview tapes.

As well as exploiting individual case studies, there are also chapters that imaginatively use groups of patients to address the theme of negotiated relationships. Andrea Tanner uses statistics from Great Ormond Street Children’s Hospital to speculate on how parents calculated the wider costs and benefits of accepting in-patient treatment for their children, and Barry Doyle unpicks the tangled relationships between working men’s organizations and institutional authorities in the provision of hospital care in Middlesbrough in the early twentieth century. Some chapters, such as that by Jonathan Reinartz on Birmingham’s charitable hospitals veer towards the provision of health care, and in fact his chapter in Martin Gorsky and Sally Sheard’s book *Financing British medicine since 1750* might be seen as more successful in articulating the individual patient’s perspective than the one he produces here.

This book is full of interesting digressions and anecdotal history. The editorial touch appears to have been too light in some places, and the potentially unifying urban theme has not always been rigorously applied. One would also have liked to see some discussion on how this volume, with its explicit mission to “voice” the “consumption” of charity, health care and mutual aid can be integrated into other, more established, research themes and methodologies.

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**John Iliffe,** *The African AIDS epidemic: a history*, Oxford, James Currey, 2006, pp. ix, 214, £45.00 (hardback 0-85255-891-0), £14.95 (paperback 0-85255-890-2).

Historians and interdisciplinary social scientists faced with the task of explaining the HIV/AIDS epidemic to their students can only be grateful to one of the most distinguished Africanist historians, John Iliffe, for his “introduction” to the history of HIV/AIDS in Africa. The sheer volume of publications in the scientific and non-scientific literature, not to mention the “grey” literature of countries, international agencies, non-governmental agencies, is so immense that to any student beginning a research project on HIV/AIDS in Africa, the search for evidence is overwhelming. Professor Iliffe’s book is far more comprehensive than an introduction, and yet historians would agree with him in his statement that the full history of HIV/AIDS cannot yet be written. Much of Africa faces this epidemic in its multiple forms, and historians can outline only the contours of its development, maturity and effects at this point in time.

Why a history of the AIDS epidemic in Africa? Iliffe responds by addressing two distinguishing and interrelated features—the breadth of population targets and the massive, if localized, scale. For Africans, AIDS is a family disease. Those infected and affected include women and men, mothers and fathers, children, caregivers, extended families. The scale of the epidemic (Iliffe reports the 2004 figures that Africa had 90 per cent of the world’s HIV-positive children) is almost immeasurable. With the advent in the early 1990s of antiretrovirals for management and treatment, AIDS has become a “chronic disease” increasing the number of those requiring community or palliative care and the number of HIV-infected children, many of whom have become HIV-infected orphans. For all concerned with the epidemic, these challenges are well known.

What then are the contributions of this book? Why should a student or researcher interested in the African contexts start here? Only an Africanist historian of breadth and experience

could truly address the multiple contexts through which this epidemic must be seen. Professor Iliffe, highly respected for his honesty with respect to sources, for his rigour in attention to evidence and for his understanding and respect of African peoples, has consciously balanced, where possible, evidence produced from within every country and region of sub-Saharan Africa. The references cited and those recommended for further reading, if mapped, would cover the sub-continent. The extent and balance of the coverage is no mean feat. In addition, the scientific literature produced on sub-Saharan African AIDS and that produced from sub-Saharan Africa is also sourced and included. There is never any question that the focus of this study is African people and that African communities can be understood only in their particular contexts. That said, Iliffe expertly presents comparative case studies, across nations, cultures, languages, that allow the reader to frame the epidemic within African terms. There is not another work in the literature that combines breadth and locality for sub-Saharan Africa.

Of what interest is this to those teaching, studying or researching HIV/AIDS from the global perspective? There is a unique periodization of the epidemic within Africa as various strains of HIV have been discovered or emerged. For scientific, and in particular immunological, researchers the challenges posed by the emergence of new strains for the production and distribution of a potential vaccine are immense. One cannot study any aspect of the prevention, management or treatment of this epidemic globally without paying attention to the experiences from Africa. In related areas, questions of ethics, informed consent, and trials are established areas of concern across the research communities.

African communities' responses to the epidemic are as heterogeneous as the complexity of the epidemic itself. Iliffe has outlined possible areas for future comparative study: models of community care in Uganda and Namibia; the pressure on societies to provide care: "the shame of not caring was worse than the shame of AIDS" (p. 103); explaining urban decline but

rural growth of AIDS in Ethiopia and Rwanda; developing "cultures of risk prevention" (p. 133); investigations of the strategies of counselling and preventive education; variations in policy—changes in government responses over time; challenges and responses to the changes in the social "safety net" (p. 103); dependence on external funding.

Experiences in Africa also challenge the efficacy of global models and solutions for health crises. Iliffe believes that the 1990s anti-retroviral drugs are no "magic bullet" answer to the epidemic. There is a need for clearer, more developed explanations of decline in incidence and prevalence. The lack of fit between the development of global programmes, "hatched like chickens", based on data and experience for one region—South Asia, for example—for application to diverse national contexts within Africa, must be addressed. For all researchers in global health, studying the history of the AIDS epidemic in Africa challenges the "paternalism of public health" (p. 145).

This book, with its imperative to pay attention to local contexts within a global setting, should be on the reading list of every university course that explores the complexity of health crises. For the greater readership, the book is a careful, thoughtful and respectful introduction to this most complex epidemic.

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**Warwick Anderson,** *Colonial pathologies: American tropical medicine, race, and hygiene in the Philippines*, Durham and London, Duke University Press, 2006, pp. ix, 355, illus., £64.00, \$84.95 (hardback 0-8223-3804-1); £14.99, \$23.95 (paperback 0-8223-3843-2).

Recent literature has shown that western tropical medicine has a 400-year-old history in Asia, Africa and the Americas. Scholars have explored the role of tropical medicine in the European search for medicinal plants and spices, in the exchange and acquisition of medicinal and botanical knowledge, in shaping western