

native nationalisms imagined across the decolonizing world, are lost. And those that do appear, such as the occasional digressions into comparisons with the Jewish diaspora, are jarring and hard to reconcile with historical and contemporary discourses around home-lands, securitization, and the “clash of civilizations.”

Weitzberg’s study is at once ambitious in scope and intimate in its narrative style. *We Do Not Have Borders* makes a significant and timely contribution to an emerging literature that denaturalizes the nation-state, challenges exclusionary notions of belonging and alienness, and proposes a political ethic based not on an elusive borderless ideal but on deep traditions of circulation and hospitality.

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JENNIFER TAPPAN. *The Riddle of Malnutrition: The Long Arc of Biomedical and Public Health Interventions in Uganda*. (Perspectives on Global Health.) Athens: Ohio University Press, 2017. Pp. xx, 218. Paper \$32.95.

Jennifer Tappan’s *The Riddle of Malnutrition: The Long Arc of Biomedical and Public Health Interventions in Uganda* carefully portrays how Uganda came to the forefront of global research on malnutrition, developed successful models of local intervention that withstood the ravages of civil unrest, but then lost many of those gains under the coercive hands of the International Monetary Fund (IMF) and World Bank. Like other African nations, it felt forced to cede its health-care sovereignty to institutions of global health. Largely biomedical in orientation and located in the Global North, groups such as the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), various nongovernmental organizations (NGOs), and university research centers seek to remedy the health of the Global South through technological fixes with one-size-fits-all protocols. Tappan’s research into severe acute malnutrition at two Ugandan sites—one rural and one urban—from the 1930s to the present, challenges the assumptions of global health on a number of fronts and shows the cost to public health when little regard is given to local culture, history, or autonomy. Using archival sources, ethnographies, and oral histories from the early 2000s to 2012, Tappan’s work makes significant interventions to the emerging field of African historical epidemiology.

In the 1930s and 1940s, Ugandan colonial doctors (more familiar with European deficiencies of certain vitamins and nutrients) struggled to recognize symptoms of malnutrition caused by lack of protein. These doctors, flummoxed by their high rate of failure (75–90 percent), conducted various experiments and eventually began to delineate and cure two such deficiencies—kwashiorkor and marasmus. Tappan, like other Afri-

can medical historians, describes how Africans interpreted and negotiated biomedical procedures both within a wider context of colonial subjugation and according to local ideas of health and illness. Thus, when biomedical doctors wrongly diagnosed and treated malnourished children for syphilis or worms (often leading to death) while simultaneously subjecting them to blood samples taken from the jugular vein and inducing painful needle pokes to obtain liver biopsies, Africans not only avoided biomedical intervention for this condition but asked larger questions about colonial culture and intent. Consequently, as biomedical doctors changed experimental protocols and moved to a 70–80 percent success rate after the 1950s, many Africans still only brought children in for treatment as a last resort when malnutrition required hospitalization. Tappan argues that early medical failures combined with local reaction (many which were duplicated in other colonial areas) led to the medicalization of malnutrition. This, in turn, had the unintended effect of popularizing nutritional supplements like formula, which reduced breastfeeding and ignited new problems.

Tappan revisits the practical and ethical dilemmas caused by distributing and marketing nutritional supplements and formula in the Global South, but she stresses how biomedicine and institutions of global health encouraged the commercial development of protein-rich cereals and infant formula. As the local health ramifications of these supplements became evident, advocates mounted an international boycott of Nestlé, and the World Health Assembly passed the 1981 WHO International Code of Marketing Breast Milk Substitutes (66). Ahead of the international curve, Uganda began in the 1960s to develop “kitobero,” a food and preparation process for parents to ensure sufficient protein for children over six months. Tappan argues the program succeeded because local personnel were conscious of past mistakes and purposely demedicalized the program; they also took the time to develop, tinker, and promote a solution that culturally resonated. Kitobero’s use of local people and foods and its independence from external sources—biomedical or otherwise—enabled its success through the political upheavals of the 1960s and 70s.

Like many nations in the Global South, Uganda no longer plans, coordinates, or delivers much of its own health care. Instead, it relies on the forces of global health, whose interests and resources shift. Thus, as researchers connected nutritional needs to successful HIV/AIDS treatment, Uganda regained funding and research capabilities in the nutrition field. Likewise, global health’s embrace of Plumpy’Nut, a new ready-to-use therapeutic protein packet proven effective during periods of severe food insecurity, has now become standard issue for many NGO sites in the Global South. Tappan asks what impact such faddism will have on

the long-standing success of kitobero, on breastfeeding mothers, or when NGOs no longer sponsor it. Already she sees hints that resemble the earlier formula debacle.

While scholars of other African countries have addressed the impact of migrant labor, cash cropping, and colonial rule more generally on African agricultural practices and their diets, this is not Tappan's prerogative. This leaves the reader wondering, however, whether Ugandan malnutrition had been endemic before kitobero or resulted from Ugandan cultural practices (as was argued by colonial doctors who purposefully avoided probing possible and embarrassing structural causes). This missing puzzle piece is at times frustrating, but it does not detract from an otherwise significant work.

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ERIC T. JENNINGS. *Perspectives on French Colonial Madagascar*. (Palgrave Series in Indian Ocean World Studies.) New York: Palgrave Macmillan, 2017. Pp. xii, 258. Cloth \$109.00.

Eric T. Jennings is the author of several books on French colonial history. While a comparative approach was central to his previous books, *Perspectives on French Colonial Madagascar* only explores the history of the island. The book is a collection of six articles mostly published about a decade ago, and three of them were published in French academic journals. As Jennings points out in the introduction, making these texts accessible to an English-speaking audience is of considerable interest, especially since the historiography on Madagascar remains rather linguistically compartmentalized.

The main argument of the book is to show the specificity of Madagascar in French colonial history, and from that perspective, Jennings addresses three topics. Following a brief introduction, Jennings uses the first part of the book to expose the ways in which colonial medicine dealt with disease (mainly malaria and rabies) on the ground during the time of conquest and in the interwar years. He shows how the reputation of Madagascar as an unhealthy island rested on these experiences and some misinterpretations. The second part of the book is devoted to the effects of the two world wars on the island. In the opening chapter of part 2, Jennings traces the history of the World War I memorial built in Antananarivo, which commemorates the service and sacrifice of French soldiers (chap. 4). The following chapter highlights the abuses of power made by an administrator in a remote area of highland Madagascar during the Second World War (chap. 5). The third part revolves around the fantasies built about the origins of the Malagasy population. Jennings explains how the Madagascar Plan rested upon the belief that the Malagasy had a distant Jewish ancestry. In the final chapter, he uses the life trajectory of Robert David to highlight

how mid-ranking colonial administrators positioned themselves as Madagascar experts.

The book's introduction and conclusion prove somewhat unconvincing. For instance, challenging Stephen Ellis's and Solofo Randrianja's *longue durée* approach, which defines the colonial period as a minor episode in Malagasy history, Jennings argues, on the contrary, that European rule turned out to be a decisive factor in this history. Jennings's position is, at the very least, arguable, and the book doesn't really prove the point that he is trying to make. As the local context is barely sketched out, the effects of the European rule are hard to see except for the material traces of it (e.g., the sanatorium or the Black Angel monument). The discussion about *fokonolona* ("rural councils"), for example, could have deserved a longer analysis. It is also surprising that so little is said about the Malagasy people. Jennings mentions them here and there: some women who protested against an administrator during World War II, or some Malagasy opposed to the Madagascar Plan. These examples make us want to know more: Who were these women? Did any Malagasy intellectuals adopt this idea of Jewish origins, and how, when, and for what reasons?

In spite of these limits, and though the documentation sometimes seems a bit thin, the book's overall quality is undeniable. Jennings used impressive archival material, such as medical reports from maritime ship convoys, archives of the chamber of commerce in Marseille, and archives from the Pasteur Institute in Antananarivo and from the sanatorium of Nosy Komba. Few historians of Madagascar have used these sources thus far.

Jennings proves to be most convincing when it comes to the true subject of this book: colonialism. The most interesting aspect of the book is the way it shows how individuals can turn out to play decisive parts in both the making of colonial politics and its application. The governor Léon Cayla, for instance, showed a strong opposition to the Madagascar Plan. André Costantini, a mid-ranking administrator, turned out to be a zealous Pétainist and abusively used his power in that way; even if he was eventually sanctioned, he had enough space for a short period of time to act that way. The chief doctors of the Pasteur Institute were willing to be pioneers in eradicating rabies. Almost each chapter highlights one decisive individual. Jennings also shows how colonial knowledge about the island is constituted: many authors quote each other, while some administrators could claim themselves to be experts of the island. Consequently, some ideas about the island persisted against reality. The chapters about malaria and rabies are decisive on that point. European settlement on the island is also a recurrent theme, closely related with the question of whether or not Madagascar was an epidemiologically "healthy" environment. And though Jennings doesn't explicitly make the point, he seems to believe that the importance of these epidemio-