

Religion also gets short shrift, yet from baptism to circumcision, these and other religious beliefs and rituals held different meanings for both baby and family.

These minor niggles should not detract from the book's strength. Incorporating voluminous and highly original sources, Janet Golden has constructed an accessible, fascinating account of how babies have helped to shape American lives. She concludes with a note about how American infant mortality and welfare is falling behind that of other countries. While poverty is a proven factor behind the mortality figures, addressing it takes public and political will. Finishing on this sober note also suggests directions for future research, particularly comparative studies of the changes in infant health and the attempts to improve them and tackle social and economic inequalities could provide valuable insights for all countries.

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Jennifer Tappan, *The Riddle of Malnutrition. The Long Arc of Biomedical and Public Health Interventions in Uganda*, Athens, OH: Ohio University Press, 2017. Pp. 238. \$32.95. ISBN 978 0 8214 22465.

The syndrome now known as severe acute malnutrition emerged as a focus of scientific research and medical interventions during the 1930s. It was first recognised, as a form of protein deficiency known as kwashiorkor, in the mid-twentieth century and was at the time a central international concern; it continues to be a serious threat to child health. Early twenty-first century estimates suggest that it affects 10–19 million children, over 500,000 of whom die before their fifth birthday. Current interventions centre on a magic bullet, 'PlumpyNut', a concentrated protein paste; Tappan argues that we should be aware it is also a re-medicalisation of malnutrition, a magic bullet intervention that is dependent on donor funds, commercial production and the organisational capacities of an NGO such as MSF. The history of nutritional interventions in Uganda tells a different story. Here, decades of scientific research and medical expertise led to the development of a community-based, local, public health initiative, which focused on prevention and the empowerment of mothers to feed their children with local nutritious foods.

Tappan's book traces the history of biomedical interventions into malnutrition in Uganda from the early twentieth century to the present day. It situates Uganda as a central site of scientific research into nutrition and explores how a nutritional rehabilitation programme was transformed into a lasting public health initiative, which persisted, despite lack of funding and scarcity of medicine, through the civil war period. The story of public health and nutrition in Uganda, with its attention to local, grassroots and community-based initiatives, stands in stark contrast to dominant trends in global health. At a time when we are dazzled by the flows of resources and expertise into global health in Africa, and confronted with dominant narratives of ruination and crisis in African health, Tappan's book tells an important story of local initiative that produced a sustainable and resilient programme of community-based primary health care. It also tells a story of Africanising science, as Makerere-trained doctors and public health specialists worked together to develop one of the most successful (albeit little known) primary healthcare initiatives in the region.

Drawing on archival materials, scientific publications and interviews, Tappan strives to tell these stories from multiple perspectives. In doing so, she attends to the 'accumulated

reflections'¹ and the traces that medical interventions and community health initiatives left among participating communities (p.6) and to the ways in which such experiences shaped subsequent responses to medical and public health interventions. Tappan's research also brings to forefront the important work of Ugandan doctors, nurses and community health workers in initiating and sustaining the programme.

From the 1930s, Uganda under British rule emerged as a centre of international efforts to promote nutritional health. The first chapter documents this period of colonial experimentation and the medicalisation of malnutrition. Scientific efforts to determine aetiology translated into years of questionable experimentation on severely malnourished children, the vast majority of whom died, spurring rumours of blood stealing and local distrust of hospitalisation. After the Medical Research Council established an Infant nutritional Research Unit in Uganda in 1951, a new protocol was introduced, and treatment became more effective. However, this had the unintended consequence of causing frequent re-occurrence of malnutrition in children. Instead of learning prevention, mothers were becoming 'passive observers of biomedical interventions' (p.70). This changed in the 1950s when Makerere's newly established Department of Preventative Medicine developed a novel research programme that focused on the 'ecology' of malnutrition, studying local practices of cultivation, cooking and child weaning. The Nutritional Rehabilitation Unit (f.1962) emphasised learning by doing, and peer learning, a practice that became known as Mwanamugima. Mothers of malnourished children were instructed in how to prepare nutritious meals for their babies using local foods already used in their diets. Some of these mothers became trainers themselves.

The persistence of Mwanamugimu as a form of community health is not obvious to visitors to the clinics today, who are confronted with a state of disrepair, dilapidated infrastructure and lack of supplies. But its focus on local capacity, sovereignty and sustainability conferred resilience. As a primary healthcare initiative, not dependent on medical expertise, expensive technology, hospitals, doctors or outside funding, it survived the violence that engulfed Uganda from the late 1960s into the 1980s. When the war ended in 1986, Uganda entered an extended period of stability. However, the country's acceptance of International Monetary Fund loans meant a loss of sovereignty over health policy and provision, and the government opened its borders to international donors and Non Governmental Organisations (NGOs). The resulting projectification and fragmentation of public health is well known. During the 1990s and 2000s, Uganda's HIV/AIDS epidemic drew international attention and resources (most of them channelled to NGOs). Tappan points to the false separation of poor nutritional health and HIV infection, seen in the huge differences in funding between HIV/AIDS treatment and research and the 'quiet and aged look' (p.132) of Mwanamugimu facilities. From 2008, the negative feedback loops between poor nutrition and HIV/AIDS began to receive more attention—with the World Bank calling for scaling-up of action on nutrition and AIDS through 'action research' and 'learning by doing' (p.133). This is both a positive development and a 'sad reinvention of a wheel originally devised more than forty years ago' (p.134).

This is a thoughtful and well-researched book on a subject that has remained outside the global health bubble. It tells the important story of capacity and local initiative, as Ugandan doctors, scientists and community health workers struggled to sustain primary health care against unbelievable odds. My only quibble is that Tappan could have made

¹Melissa Graboyes, *The Experiment Must Continue. Medical Ethics and Research in East Africa, 1940–2014* (Athens, OH: Ohio University Press, 2015).

an effort to situate Mwanamugimu in relation to primary healthcare efforts taking place elsewhere on the continent after independence. How singular was Mwanamugimu? An historical comparison between Ugandan efforts to sustain community-based nutrition and struggles to scale-up community health projects into sustainable national programmes elsewhere on the continent could answer this question.

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Matthew Oram, *The Trials of Psychedelic Therapy: LSD Psychotherapy in America*, Baltimore, MD: John Hopkins University Press, 2018. Pp. 288. \$49.95. ISBN 978 1 4214 2620 4.

For scholars such as Erika Dyck or Stephen Siff, though public discourses about LSD were complex, a decisive shift was seen from 1966 as LSD transitioned from a medical marvel to a demonised molecule.¹ Even Albert Hofmann, the first person to synthesise and ingest LSD-25, suggested that a 'veritable LSD hysteria reigned'.² It was this hysteria, manifest in broader social, cultural and political responses to the drug—including its criminalisation—that saw LSD research become untenable, with research projects stifled and abandoned in Europe and North America.

In his important, focused and thoughtful study, Matthew Oram nuances this perspective. While the wider social and cultural climate is not dismissed, Oram argues that the medical trajectory of LSD offers important explanatory insights into the drug's history. LSD found a ready home in the experimental and comparatively unrestricted discipline that was 1950s US psychiatry, but it was the impact of the Drug Amendments of 1962 that resulted in LSD's failure to become an established tool of psychotherapy. These amendments, which introduced new administrative and methodological oversight, governed drug research more generally, not just research with psychedelics. As Oram argues, the Amendments were a response to broader concerns about the relatively unregulated nature of drug research in the USA, refracted through the specific prism of the thalidomide tragedy alongside the aggressive and ethically questionable marketing of substances such as amphetamine. Research with LSD was not the driver of these changes.

The post-1962 regime reduced the opportunities for, and the scale of, LSD research, with Sandoz, the drug's manufacturer, emerging from Oram's study as a generally intransigent research sponsor. Yet, it was the methodological implications of the Amendments that posed perhaps the greatest challenge for those working with LSD. For drugs such as penicillin or the sulphonamides, the randomised, double-blind controlled trial, which sought to isolate and establish a drug's 'true effects', appeared to be an appropriate methodology. However, LSD's ability to help individuals suffering with depression, anxiety or alcoholism was governed in large part by 'nonspecific drug effects' and the subjective experience of the drug in combination with a psychedelic/psychotherapeutic context. Given the profound nature of the LSD experience, it was also difficult, if not impossible, to design controlled and genuinely double-blinded trials, particularly in

¹Erika Dyck, *Psychedelic Psychiatry: LSD from Clinic to Campus* (Baltimore, MD: John Hopkins University Press, 2008); Stephen Siff, *Acid Hype: American News*

Media and the Psychedelic Experience (Chicago, IL: University of Illinois Press, 2015).

²Albert Hofmann, *LSD: My Problem Child* (Oxford: Oxford University Press, 2013), 50.