

*Africanizing Oncology: Creativity, Crisis, and Cancer in Uganda.* By Marissa Mika. Athens: Ohio University Press, 2021. Pp. 248; 9 b/w photographs, 2 maps. \$80.00 cloth.

Founded five years after Uganda's independence from British colonial rule, the Uganda Cancer Institute (UCI) serves for Marissa Mika as a microcosm of the country's postcolonial history. This is by no means a simple story of trampled dreams, brain drain, and neocolonial relationships with research institutes in the Global North. Nor is it a narrative of heroic struggles to overcome all adversities. Rather, Mika offers us a thoughtful, nuanced, and often sobering, account of how "the temporal shifts of politics, economics, scientific priorities, and personal relationships" (p. 152) have shaped the work of research and healing at the UCI.

Drawing on oral histories, ethnographic fieldwork, and archival research in Uganda, Europe, and the United States, *Africanizing Oncology* is methodologically inspired by scholarship such as that of Kenda Mutongi and Julie Livingston.<sup>1</sup> Mika's focus on telling the story of a single institute over several decades, drawing on patient records and the personal collections of staff, Ugandan and foreign, allows her to show the potential for this methodology. She highlights how the early research focus on Lymphosarcoma shaped the work of the UCI over subsequent decades and across many changes of personnel, while also attending to critical transformations, such as the shift from a research institute to a center for curative care.

Chapter 1 sets out the prehistory of the UCI, tracing the epidemiological work of doctors in Uganda in the 1940s and 1950s and research into using chemotherapy to treat Burkitt's lymphoma. An important shift in the 1960s was Ugandan doctors training in oncology and taking on leadership roles. As set out in Chapter 2, when the UCI was founded through a partnership with the National Cancer Institute (NCI) in the United States, and the British Empire Cancer Campaign, its founding director was an American, but one of the coprincipal investigators was the Ugandan oncologist Sebastian Kyalwazi. And while technology and practices were imported, they were transformed by "the material realities of practicing biomedicine" in the country and the political imperative of "Africanizing the medical profession" (p. 44). Part of that transformation was an understanding of the role played by a patient's "therapy management group," even if medical staff did not describe it those terms. The early successes—in patient care and research—of the UCI were strained by the political situation of the 1970s and the conflict of the 1980s, described in Chapters 3 and 4. Under Idi Amin's rule, the UCI largely continued to function, with Charles Olweny taking over as director and continued financial support from the NCI. But the sustained instability through the 1980s, combined with the acute crises of the HIV/AIDS epidemic and structural adjustment policies, meant that increasingly only those who could afford to buy chemotherapy drugs were able to access

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<sup>1</sup> Kenda Mutongi, *Worries of the Heart: Widows, Family and Community in Kenya* (Chicago: University of Chicago Press, 2007); Julie Livingston, *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic* (Durham, N.C.: Duke University Press, 2012).

treatment, and research largely paused, a situation that continued into the twenty-first century.

In the last two chapters, Mika focuses on technology transfers and research collaborations. In Chapter 5, she uses the case of Uganda's sole radiology machine to examine the globally uneven distribution of resources. While the skill of the technician in keeping the machine working was clear, the therapeutic benefits of using a depleted source of radiation are murkier, as is the responsibility of international agencies who had paid for it. Chapter 6 traces the revival of research collaboration between Uganda and the United States in the 2000s, which resulted in the construction of a new patient and research facility for UCI. Cancer therapy is expensive and mortality rates high, but "global funding ... for treating and preventing cancer in low- and middle-income countries" remains far lower than for diseases that kill fewer people each year (p. 141). Despite Uganda's exceptional status in much of sub-Saharan Africa for its cancer treatment and research, the UCI still does not have the capacity to treat all those in need.

*Africanizing Oncology* shows how Ugandans have contributed to global knowledge about and treatments for lymphoma and other cancers, as medical practitioners, patients, and families. Mika's detailed case study emphasizes continuities alongside interruptions and new starts in treating and researching cancer. It would have been valuable to see her develop some arguments with more evidence, especial around the paternalistic nature of the partnerships between Ugandan doctors and their British and American counterparts. And I would have preferred a strong concluding chapter instead of the epilogue. But these do not undermine what is a valuable contribution to Ugandan historiography and to the historiography of medicine in Africa.

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***Archaeology and Oral Tradition in Malawi: Origins and Early History of the Chewa.*** By Yusuf Juwayeyi. Rochester, NY: James Currey/Boydell Brewer, 2020. Pp. 262. \$99.00 cloth.

This volume is a wonderful addition to the literature on Iron Age Africa and offers an accessible account of important research that Dr. Yusuf Juwayeyi carried out in Malawi over many years. The study focuses on a deep time history of the Chewa in Malawi, with particular emphasis on research at Mankhamba, the first major Chewa settlement. There are a number of points that distinguish this volume: first, the author is himself from Malawi and is thus writing about his own history; second, the book strikes a balance between the reporting of data and a narrative style that will appeal to a non-specialist; and finally, the book moves easily between archaeological, historical, and oral historical data to both challenge existing models and offer new interpretations.