

**Langwick, Stacey A.:** *Bodies, Politics, and African Healing. The Matter of Maladies in Tanzania.* Bloomington: Indiana University Press, 2011. 300 pp. ISBN 978-0-253-22245-9. Price: \$ 24.95

Traditional medicine in Tanzania is a political matter. Historically traditional healers were entwined in matters of statecraft – being seen to care for the health of a country, especially the fertility of land and people – once helped to ensure the political legitimacy of chiefs. These days traditional medicine is framed in the biomedical language of “efficacy.” Healers are subject to state control – they are dangerous because they harm sick people or divert them from hospitals, or they provide a resource – an untapped pool of pharmacopeia, an army of potential barefoot doctors. In her ethnography of traditional healers on the Makonde Plateau, Stacey Langwick takes us to a less trodden political path: the struggle to control what counts as real – asking which therapeutic objects (spirits, malaria parasites, clinic cards) have “the right to exist.”

The book is informed by fieldwork in the town of Newala and spans the period between 1998 and 2008. Working closely with local healers, most notably two women – Binti Dadi and her daughter Mariamu – in addition to fieldwork in biomedical spaces, Langwick presents a nuanced account of contemporary healing practice with a focus on ailments, which afflict women and young children.

Analytically, Langwick draws on science studies – a discipline which has allowed us to see the cultural and historical contingencies of scientific facts. This enables her to place traditional medicine and biomedicine under the same ethnographic lens. This marriage of science studies with what has become a quite conventional area of ethnographic study (the African traditional healer) leads to some interesting innovations. What are the different conditions under which spirits or malaria parasites can be said to exist? How does therapy “make” the afflictions from which women and children in Newala suffer? What kind of “ontological politics” are produced by the domination of biomedicine over traditional medicine? Whilst the tools of science studies allow Langwick to offer excitingly original and nuanced ethnography, its language may be a barrier to some readers who are less familiar with its terminology. Technical concepts such as “objectification,” “entities,” “enact,” “purification” are sometimes dropped into sentences without much in the way of clarification, so the reader is obliged to re-read some complex sections several times in order to grasp their meaning.

In the first chapter “Orientations” Langwick sets out her approach. Her aim is to depart from conventional ideas about medical pluralism and get to the heart of some very political questions. Which are real: Devils or malaria parasites, and who gets to decide? Why are some therapeutic objects designated as the artefacts of “belief,” whilst others represent the real? How can the making of medical categories be political? Her emphasis on the material is an important departure in this area of anthropology, in which matters such as witchcraft or spirit possession are more usually subsumed under headings such as symbolism, meaning, and discourse. By paying attention

to the politics of being and materiality, Langwick takes seriously the world of the healers and their clients.

The first part of the book maps out the political space in which traditional medicine is located. Chapter 2, “Witchcraft, Oracles, and Native Medicine,” traces the history of anti-witchcraft legislation in colonial Tanganyika and its role in differentiating the practice of witchcraft from that of healing. This colonial distinction had more to do with regulating healing in courts and laboratories than it ever had to do with regulating witchcraft. Chapter 3, “Making Tanzanian Traditional Medicine” follows these developments into the post-independence period. Links with China and its policies on Traditional Chinese Medicine developed during the socialist years have fuelled hopes that medicinal plants could be used to make Tanzania self-reliant in its production of pharmaceuticals. More recently, there are hopes that traditional medicine might be reconfigured as a global commodity – could it be produced and packaged in factories as the Chinese have with artemisinin products? When, in Tanzania, traditional medicine was “legalised” in 2002, it was hoped that it could be “modernised” still further through laboratory testing, and incorporating public health messages into the daily work of healers.

The second part of the book “Hailing Traditional Experts” takes a closer look at individual healers. In chapter 4, “Healers and Their Intimate Becomings,” Langwick traces the biographies of Islamic healers, whose knowledge depends on a hermeneutics of the written word in the Qu’ran, astrology and numerology, and “African” healers whose expertise depends on a personal relationship with medicines and is mediated by spirits and ancestors in visions and dreams. Chapter 5, “Traditional Birth Attendants as Institutional Evocations,” teaches us that the traditional birth attendants (TBAs) trained by the development state were never really traditional. Instead, these women are almost always oriented towards biomedicine, and must learn that they are no more than adjuncts to the national health system – monitoring hygiene at normal births, and referring difficult cases to the clinic.

Part 3 gets to the heart of the “ontological politics” that Langwick wishes to address. In chapter 6, “Alternative Materialities,” she examines how different kinds of therapeutic object are made in practice. This is where the contribution of science studies really comes into its own: we can see the parallels between the making of boundaries between a child’s body and a spirit through repeated washing with traditional medicines, and the “rendering” of future patients and populations with the bureaucratic technology of the clinic card. Chapter 7, “Interferences and Inclusions” is the best analysis of *degedege* and malaria that I have read to date. *Degedege* has been translated as the convulsions of cerebral malaria in children, and is targeted by health education programmes, because it is feared that parents fatally delay taking children for emergency treatment and instead visit a traditional healer. Langwick is interested in the struggles over different realities that are taking place. Children with *degedege* are startled by spirits, because their bodies are not fully bounded and so they must be closed, and made visible, with medi-

cines. Malaria is defined in the laboratory – as parasites are visualized under the microscope (although, I would add, not always as microscopes are more often unavailable). The objects of therapy – malaria parasites, spirits, the body of a child – emerge as they are acted upon, they do not pre-exist as signs awaiting a doctor’s diagnostic and classifying gaze. Finally, in chapter 8, “Shifting Existences, or Being and Not-Being,” Langwick draws our attention to maladies which are invisible to biomedicine – tiny growths inside the vagina and nose which house devils after they have raped women in their sleep, breast milk which can be infected with the dirt of adulterous sex and make a child ill, and the oversized heads of children who have not had cysts in their throats removed. To biomedicine these things are innocuous and irrelevant, and this disinterest leaves a space in which traditional healers can assert their expertise.

This book contributes to the understanding of traditional medicine in a contemporary African setting. It makes clear the inequalities that shape the space under which healers must operate, and their efforts to work this to their advantage. Through its emphasis on the material it draws attention to the struggles over what is and what is not real – the “ontological politics” that defines what kind of therapeutic practice is possible.

Rebecca Marsland

**Leong-Salobir, Cecilia:** Food Culture in Colonial Asia. A Taste of Empire. London: Routledge, 2011. 191 pp. ISBN 978-0-415-60632-5. (Routledge Studies in the Modern History of Asia, 69) Price: £ 85.00

Vermutlich ist es mit Marketinggründen zu erklären, dass der Titel dieses Buches nur sehr allgemein den tatsächlichen Inhalt wiedergibt. Konkret geht es um die Kochkunst, die mit den Briten assoziiert wird, die zwischen 1858 und 1963 als Kolonialherren in Indien, Malaysia und Singapur gelebt haben. Die ausgewählten Eckpunkte betreffen den formellen Anfang des britisch-indischen Reiches nach der Ablösung der Ostindien-Gesellschaft (1858 bis zur Unabhängigkeit im Jahre 1947), während im Jahre 1963 eine Föderation unter dem Namen Malaysia gegründet wurde, welche die Föderation Malaya, die Kronkolonie Singapur sowie die Protektorate Nordborneo (heute Sabah) und Sarawak umfasste. Die Autorin versteht es, ihre Primärquellen in Form von Kochbüchern, Handbüchern für den Haushalt, Tagebüchern, Reiseberichten und Fragebogen für ehemalige britische Expats adäquat zu befragen und zum Sprechen zu bringen. Mit diesem Buch liegt jetzt eine sorgfältig recherchierte Untersuchung zur britischen Kolonialgeschichte der Kochkunst und Esskultur in Süd- und Südostasien im 19. und 20. Jh. vor. Zudem ist die Studie durchweg angenehm zu lesen, obwohl einige Wiederholungen von Zitaten und Kommentaren stilistisch störend wirken, die in einem schmalen Band umso mehr auffallen.

Ursprünglich im Jahre 2010 als Dissertation im Fach Geschichtswissenschaft an der University of Western Australia eingereicht, vertritt dieses Buch zwei Hauptthesen: (1) In Indien, Malaysia und Singapur entstand eine

einmalige hybride euroasiatische Küche, an der (2) asiatische Hausbedienstete einen prägenden Anteil hatten. Die Autorin richtet sich stark auf Indien, wobei die Esskultur in Malaysia und Singapur bloß unter dem Gesichtspunkt der angloindischen Küche betrachtet wird, “not as a comparison to India but rather to illustrate that colonial culture in the form of food and patterns of domestic service was transplanted to, or replicated in, other colonies in Asia” (2). Deshalb bleibt z. B. die *Nyonya* oder *Peranakan* Küche in Malaysia und Singapur mit ihrer Mischung aus chinesischen, malaiischen, indischen und europäischen Einflüssen unerwähnt, obwohl einige Beispiele in diesem Buch klar zeigen, dass die Briten durchaus auch mit südostasiatischen Essgewohnheiten vertraut waren. Garnelenpaste kommt z. B. als *blachang* (33) vor und wird im Glossar unter *ballachong* erklärt (139); in der heutigen Rechtschreibung ist sie in der malaiischen Welt als *belacan*, noch besser aber als *terasi* bekannt. Weiterhin wird *gula malacca* (Sagopudding mit Palmzucker) als Favorit unter den kolonialen Desserts genannt (19); die Bezeichnung ist malaiisch und bedeutet wörtlich “Zucker aus Melaka”. Die spezifische Ausrichtung dieses Buches findet jedoch seine Berechtigung in der Tatsache, dass, im Gegensatz zur angloindischen Küche, es nie zu einem vergleichbaren Pendant in Malaysia und Singapur gekommen ist.

Im ersten Kapitel (12–38) wird die gängige Meinung bestritten, dass die britischen Kolonisten im Zeitalter des Hochkolonialismus europäisches Essen präferierten, um sich somit von den kolonisierten Asiaten zu unterscheiden. In “What Empire Builders Ate” (12–38) wird beschrieben, dass sie sowohl europäische als einheimische Gerichte aßen und dass es zur Entwicklung typischer anglo-indischer Speisen kam, wie *Mulligatawny*, *Kedgerree*, *Country Captain* und *Pish-Pash*. Im zweiten Kapitel (39–59) handelt es sich um “The Colonial Appropriation of Curry”. Curries sind wohl die bekannteste Spezialität der angloindischen Küche geworden, die auch außerhalb Indiens gerne zubereitet wurden (und immer noch werden). Einige damalige Liebhaber meinten sogar, dass malaiische Curries viel besser als ihre indischen “Originale” seien (53). Im dritten Kapitel “Servants of the Empire. The Role and Representation of Domestic Servants in the Colonial Household” (60–86) wird nachgewiesen, wie wichtig die Rolle der einheimischen Angestellten bei den Kochinnovationen gewesen ist. Das vierte Kapitel “Leisure and Segregation. Clubs, Hill Stations, and Rest-Houses” (87–113) unterstreicht nochmals ihre Bedeutsamkeit im Alltagsleben der britischen Kolonisten, die sich der indigenen Bevölkerung weitaus überlegen fühlten. Die räumliche Abschottung von der kolonisierten Gesellschaft bedeutete dennoch nicht, dass die Kolonialherren sich nicht als Paschas von den deklassierten Asiaten bedienen lassen wollten. Ironischerweise galten die Einheimischen grundsätzlich als schmutzig, unfähig, faul und unzuverlässig, wurden jedoch gerne für die Hausarbeit und Kinderversorgung eingesetzt und dadurch intensiv am Familienleben der Kolonisten beteiligt.

Das Schlusskapitel “Dirt and Disease” (114–133) ist, genauso wie das ganze Buch, stark deskriptiv geraten.