procedure by force. Jacobson’s challenge did not rely on disputing vaccination per se but instead asserted his own liberty to choose whether or not to comply with measures aimed at stemming an epidemic. Similarly, Walloch asserts both that Immanuel Pfeiffer ‘personified the democratic, populist impulse of the time’ (p. 127) and that he embodied the ‘extreme of antivaccination resistance’ (p. 128), two statements that when juxtaposed merit further explication. Pfeiffer’s actions earned him the sanctions of being quarantined at home and banned from selling milk and eggs, perhaps not an egregious fate given the risks his behaviour posed to the public. Further, Pfeiffer vigorously fought the same Massachusetts’ medical licensing laws that had allowed him to register as a physician despite his sketchy medical background. As these examples suggest, the very richness of Walloch’s evidence interrogates and complicates the ‘populist’ analytical framework to which she adheres. A hasty conclusion asserting a direct line between the early twentieth century and today’s controversies over the vaccination of children mischaracterises the current debate. Fortunately, it serves as only a minor distraction from this admirable historical study.

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In The Experiment Must Continue, Melissa Graboyes explores the history of medical encounters between British researchers and East African subjects during and after colonial rule. Following a chapter on perceptions of research in East Africa, the book is organised around the typical progression of an experiment, with the initial chapter looking at the arrival of the researchers. This chapter is followed by one on enrolling subjects, either through consent or coercion, another on balancing the risks and benefits of the proposed research, and finally a chapter on the conclusion of the research project. Each chapter is preceded with a historical and a more recent case regarding medical research in East Africa.

Graboyes covers a series of research encounters that occurred in the mid-twentieth century and then links these historical cases to cases from the late twentieth century. By doing so, she is thus not following one study but several studies, providing information about how the British researchers launched their studies locally—how they recruited participants, the ways they managed (and understood) risks and benefits for participants, and also how they concluded their studies. Although in less detail, she also recounts the ways those participating in the research understood the research, and the reasons for their participating—or not participating—in the research, including the ways they weighed the risks and benefits of participating, and how the subjects (or potential subjects) understood the research, which was often quite distinct from how the researchers themselves understood it. In so structuring her book, Graboyes sought to, in her words, lend ‘historical depth to modern questions of medical ethics’ and to bring ‘to light a host of ethical questions that continue to resonate today’ (p. 7). In particular these ethical concerns—such as who determines and defines risks and benefits, where the line is between consent and coercion and who draws the line, who decides when research is over, and the confusion between medical research and medical therapy—are still very relevant in medical research. By structuring her book in a way that links past with present medical
research, she effectively illustrates the longevity of these concerns, and the ways these ethical concerns are, and have been, compounded when researchers and participants understand any aspect of research differently.

Importantly, Graboyes is not interested in using the series of encounters she provides as examples of unethical research, but, rather, as a means to explore the complexity of the encounters—the ways both the researchers and the subjects participated in the research, the give and take between researcher and subject, the expectations of both the researchers and the subjects, and the concerns of both the researchers and the subjects. Graboyes analyses the cases from a nuanced perspective, something historian Susan Reverby has so pointedly written can be quite difficult when there are ‘strong beliefs about what the stories are supposed to be about’.¹ In *The Experiment Must Continue*, Graboyes avoids easy assumptions about what the encounters are ‘supposed to be about’, which here could have been the exploitation of East African participants in medical research by British researchers. Rather than being unable to respond to the research because of colonial or post-colonial structures, by closely analysing these encounters, Graboyes shows that East Africans who were subjects—or who refused to be subjects—were far from passive in their acceptance or rejection of medical research conducted in their communities.

Graboyes includes two useful appendixes, the first a glossary of Swahili terms, the second an essay discussing additional readings regarding human subject research across the globe, both of which are quite useful. She also notes a posting on her website of additional materials, including teaching activities and primary source materials she said could be used for undergraduate teaching, but regrettably I could not locate these materials on her website.

*The Experiment Must Continue* is accessibly and clearly written, and her organisation around the typical progression of an experiment is useful and would make for easy separation as an individually assigned reading for undergraduate students. Though I would have liked to have read more of the voices of East Africans themselves, I am also sympathetic to the limitations of historical research. As it is, her book will be useful for historians and anthropologists, and hopefully it will also be read by those working in biomedical global health research as a means of highlighting the longevity of the ‘host of ethical questions that continue to resonate today’.

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*Colonial Caring* is a collection of papers from a history of nursing colloquium in 2013, and is a worthy addition to the impressive Nursing History and Humanities series. Helen Sweet and Sue Hawkins have combined their considerable expertise to introduce and edit the 10 chapters. Rima Apple concludes the book, pointing out that it reveals how