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*The History of Blood Transfusion in Sub-Saharan Africa* by  
William H. Schneider (review)

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in chapters 5 and 6, focusing on particular localities and residential settings, reveal the shortcomings of an analysis of the macro level alone, particularly one that focuses exclusively on statutory provision and excludes other forms of support, such as in the health and social care sectors. For instance, the author indicates that the contrast between Japanese family-oriented values and the assumed breakdown of family support in England may be overstated. In fact, at times older people in Japan faced considerable abuse or lack of support in their families, and the proportion of older people in residential care may have been underestimated if the large numbers of “socially hospitalized” were not included, while in England “poor quality evidence of family care and assumptions about the breakdown of the nuclear family may have led to an underestimation of how much the family actually contributes to caring for older people” (p. 182). Sometimes these misconceptions have far-reaching consequences, as these faulty analyses may support or perpetuate certain serious shortcomings in the provision of care.

While the book offers a meticulous and a systematic account of many of the features of both systems, including an overview of policies and their translation on the local level through detailed case studies, it does not pursue detailed critical evaluation of the policies, trends in legislation, or practices. A more explicit comparative analysis is offered in the conclusion, yet as the author is very careful in drawing her conclusions, it raises more questions than it attempts to answer. Rather than offering a novel policy analysis or a critical reading with a theoretical or ideological agenda, the book provides a detailed and nuanced description of historical changes, supported with a large amount of material. While this may be a drawback for readers interested in critical policy analysis, the author’s careful approach focused on data provides an invaluable resource for anyone interested in the history of care for older people and its relevance for future decision making.

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William H. Schneider. *The History of Blood Transfusion in Sub-Saharan Africa. Perspectives on Global Health*. Athens: Ohio University Press, 2013. ix + 239 pp. Ill. \$32.95 (978-0-8214-2037-9).

This is the first ever continent-wide history of blood transfusion, and as such it has a range of details and stories that I, at least, didn’t know. At the same time it does not have much analysis, so the details and stories tend to dangle. Nevertheless, the details are awesome and the story is a good one. Blood transfusion began on a wide scale only during World War I. The first transfusions in Africa began shortly after that, in the early 1920s. They were a last resort of treatment, to be sure, as they were done without reference to blood groups. Doctors in remote areas trans-

fused small amounts of blood—from “a healthy, solid European, with no apparent defects” (p. 12)—and waited to see if there were adverse reactions. If there were none, more blood was transfused. By the 1930s, when the well-resourced hospitals of Kampala, Nairobi, and Dakar had facilities to determine blood types, blood transfusion was commonplace enough to be the stuff of anecdotes. Africans hesitated to donate blood, even for relatives, because they feared they would become permanently weakened or that they would “somehow” contract the disease of the person they were helping to cure. By 1960, however, those same hospitals reported that the greatest impediment to transfusion was not the prejudice of Africans but the shortage of trained staff and proper equipment.

The real prize of this book however is its history of blood transfusion between 1945 and the mid-1970s. From the end of World War II until 1960, the urban Belgian Congo and the Copperbelt of Northern Rhodesia had medical services and transfusion technologies at least equal to those in Nairobi and Dakar. Why this was so is not one of the questions Schneider pursues, but the late colonial and early independent era was—almost everywhere but the former Belgian Congo—an era of unprecedented growth in the medical care available in African cities, the development of blood banks, and an involvement of African governments in health policies that is hard to imagine at a time when we think of most medical interventions in Africa as donor-driven. Who knew, for example, that Jomo Kenyatta, Kenya’s first president and easily an iconic nationalist hero, was a huge proponent of blood transfusion and that he designated a week in October for citizens to donate blood? Even with the uneven figures available from different African cities, Schneider shows an increase in blood transfusions in Africa from 1960 to 1972: the numbers trebled in Nairobi, and went up by almost 400 percent in Yaoundé, Cameroon, and more than doubled in Brazzaville, Dar es Salaam, Kampala, and Chad. Schneider does not tell us why certain cities had such a rate of increase—Brazzaville and Yaoundé had *Instituts Pasteur*—but the numbers are impressive, and put into high relief the decline in health services in Africa after 1972. In another table in another chapter, Schneider shows the percentage of African government expenditures on defense and health between 1972 and 1978. In that period, the only country to spend more on health than on defense was Ghana.

The story of blood transfusion in Africa after 1978 is as sad as any story of government-funded public good in sub-Saharan Africa, but with the exception of an excellent chapter on blood transfusions and the AIDS epidemic, albeit with no mention of structural adjustment programs, he hardly writes about the years after 1980. He spends more pages than are necessary on what is written on blood donation posters. It is in the history and politics of donation of blood that Schneider is at his least analytical. If Africans did not donate blood because of their prejudices, who then donated blood, and how willingly did they donate it? In colonial times, colonial soldiers gave blood, but after independence most blood donors were students in African secondary schools; female students volunteered most often. Schneider does not hazard a guess as to why this was so. He does not mention widespread resistance to giving blood, but notes that in Uganda in the

1960s the Red Cross decided to take blood from its staff, rather than seek donors from the general population.

A final note to the author and the press: the country of Zaire no longer exists. It became the Democratic Republic of Congo in 1997.

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Mical Raz. *The Lobotomy Letters: The Making of American Psychosurgery*. Rochester Studies in Medical History. Rochester, N.Y.: University of Rochester Press, 2013. xii + 166 pp. Ill. No price given (978-1-58046-449-9).

If you have read Jack Pressman's *Last Resort*, you may have concluded that you had read all you need to about the history of lobotomy. Mical Raz's book will make you think again. Through a close and thoughtful examination of lobotomist Walter Freeman, and especially his relations with patients, Raz has made a major contribution.

*The Lobotomy Letters* takes the focus in the history of lobotomy away from the hospital and into ambulatory settings. It uses letters between Freeman and the families of lobotomy patients to see how they understood the treatment. Raz shows that Freeman was highly respected by the families, who viewed him not just as a surgical authority, but also as someone whose social advice was valued. He was highly involved with former patients, visiting them and writing the letters that made Raz's book possible. The relatives of many very disturbed people who received lobotomies shared Freeman's view that an invasive and risky procedure was often better than simple inaction. Freeman's goal was the reduction of suffering, and he and the families accepted that there might be costs associated with this. Even after clearly unsuccessful cases of lobotomy, family members often retained positive views of Freeman.

Raz also shows how the intended and "side" effects of medical treatments can be historically variable. For example, emotional flatness, which might today be seen as evidence of brain damage, was during the heyday of lobotomy often seen as one of the benefits of the treatment. Chapter 5, "A Surgically Induced Childhood," is especially revealing. Lobotomized patients often exhibited childlike behavior, but in a wider context of a psychotherapeutic culture that, in varied ways, often gave a positive value to "regression," this was not necessarily seen as a bad thing. Here Raz takes us a substantial step forward toward a better grasp of the complex relationship between somatic and psychodynamic approaches in twentieth-century psychiatry.

Although *The Lobotomy Letters* does much to contextualize the decisions of Freeman and those who sought his help, it does not flinch from considering the