

Julia Ross Cummiskey. 2024. *Virus Research in Twentieth-Century Uganda: Between Local and Global*. Athens: Ohio University Press. 305 pp.

Julia Ross Cummiskey's *Virus Research in Twentieth-Century Uganda: Between Local and Global* offers a deliberate and necessary reframing of how we understand virology and biomedical science in Africa. Challenging the familiar narrative of scientific knowledge flowing outward from Western metropolises to colonial peripheries, Cummiskey places Uganda's Virus Research Institute (UVRI) at the center of a complex, century-long story of scientific practice, institutional survival, and shifting expertise. Through meticulous archival research and attention to local agency, she demonstrates how success in medical research has been repeatedly defined and redefined by scientists, politicians, and research subjects, illuminating how Ugandans navigated this landscape and contributed to establishing Uganda as a "'darling' of global health research" (p. 5).

The study unfolds in three parts, each anchored in a specific disease context that allows Cummiskey to explore distinct dimensions of scientific practice and power. The first part, with two chapters focusing on yellow fever, "describe[s] the laboratory and field-based components of the Institute's mission to isolate yellow fever virus in East Africa and describe its epidemiology and transmission cycles" (p. 14). The first chapter reconstructs the establishment of the Yellow Fever Research Institute in 1936 within the broader context of colonial and international public health concerns. The institute was founded with support from the Rockefeller Foundation's International Health Division and the British colonial administration. This early institutional moment was shaped by a mix of scientific ambition, global health politics, and the pressing practical concerns of controlling yellow fever, which at the time, was a disease that posed serious risks to colonial administrators and military personnel, even as its clinical presence in East Africa was more elusive than in West Africa. Moving from the institutional to the empirical in chapter two, Cummiskey shifts focus from the walls of the laboratory into the varied landscapes where viruses were studied and documented. Focusing mostly on the work of Scottish scientist Alexander J. Haddow and Ugandan researcher Yovani Ssenkubuge, this chapter highlights the messy realities of field research, marked by the unpredictability of environmental conditions, the challenges of gathering reliable data in regions often underserved by infrastructure, and the reliance on unconventional data-collection methods such as "experimental huts" (p. 53) and the use of "stationary bait[s]" (p. 58). This way, *the book* reinforces that virus research in Uganda was never confined to microscopes and benches, but instead *was* fieldwork, community engagement, and negotiation with diverse social and natural environments.

The second part (Chapters Three, Four and Five) *turns to Burkitt's Lymphoma*, a childhood cancer first described in Africa, as a lens through which to explore how international research collaborations were renegotiated in an era of post-colonial change. More notably, *Virus Research* reframes the notion of a "local partner" not as a nominal tag but as a strategically deployed identity that both Ugandan and foreign researchers used to pursue funding and scientific autonomy. Building on the third, Chapter Four charts how the push for *Africanization*, described as "replacing colonial...staff at the Institute in positions of responsibility with Ugandan employees" (p. 105), played out within the institute's walls and in global scientific forums. This

chapter is less about pathology and more about politics and professional identity. The author illuminates how amongst the waves of decolonization sweeping East Africa in the 1960s, UVRI researchers sought to claim leadership in research that had long been dominated by external actors. The fifth chapter adopts the West Nile cohort study as a narrative fulcrum, showcasing how it was among the most ambitious longitudinal investigations of cancer in Africa at the time and served as a crucible for testing new models of collaboration and data gathering.

Cummiskey charts the everyday labor of cohort science, such as clinic visits, blood draws, and patient tracking, but also reads these practices politically, taking care to highlight where Ugandan scientists asserted their expertise and redefined what counted as credible evidence within global oncology circles.

The book's third part (Chapters Six and Seven) tackles one of the most consequential scientific incidents of the twentieth century: the HIV/AIDS epidemic. Chapter Six guides the reader through how Ugandan scientists such as the members of the "Rakai Project" (p. 148) confronted the emerging crisis in the 1980s, not as passive data collectors but as actors shaping both national response and international understanding. This chapter captures the tension between local epidemiological realities and global research imperatives, especially as Uganda became one of the virus' earliest and hardest-hit nations. In Chapter Seven, perhaps the most provocative section of the book, Cummiskey recounts a case where results generated in Uganda challenged prevailing scientific consensus globally. Specifically, Ugandan data complicated dominant narratives about HIV prevention strategies and highlighted the risks of assuming that findings in one context automatically generalized to others. In doing so, this chapter crystallizes one of Cummiskey's central arguments, which is that global health research is most illuminating (and also most ethically fraught) when *local evidence* refuses to conform to *global models*.

As a way of concluding, it is important to note that while this study is rich in institutional and professional perspectives, it offers comparatively less sustained attention to the subjective experiences of research participants. Therefore, readers interested in patient agency or cultural interpretations of disease may find this dimension underdeveloped. More so, the study's careful attention to bureaucratic negotiations, funding structures, and scientific protocols may make it less accessible to non-academic or interdisciplinary readers, as sometimes the narrative prioritizes institutional detail over narrative momentum. But overall, Cummiskey's book is a major contribution to the history of medicine, African studies, global health scholarship, and postcolonial studies. While its limitations largely stem from archival constraints and disciplinary focus, they do not detract from the book's central achievement, which is demonstrating that twentieth-century virus research in Uganda was not peripheral but constitutive of global biomedical knowledge.

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