

put an end to harmful and unethical practices. Activists in the US drawing attention to the harm caused by the intrauterine device Dakon Shield and by DES therapy to prevent premature childbirth, helped to limit excessive medical intervention in childbirth, promoted better governmental control of pharmaceuticals, and opened the way to more equal relationships between patients and physicians.

Bryder's study provides a wealth of evidence to prove that Green's treatment of cervical cancer, called an 'unfortunate experiment' by the New Zealand Press, was neither unfortunate, nor an experiment, and, in this specific case, critique of medical practices may have got out of hand. This does not mean, however, that such a critique is unnecessary or is bound to be flawed. Bryder's own careful display of the complexities of the management of uncertainty in treatment of cervical malignancies points out possible directions of a constructive, responsible and well-informed critique of the medical establishment by healthcare users.

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Robert Tattersall, *Diabetes: The Biography*, Biographies of Disease Series (Oxford: Oxford University Press, 2009), pp. 223, £12.99/\$24.95, hardback, ISBN: 978-0-19-954136-2.

Although diabetes is a disease marked mostly by excess – elevated blood glucose, superabundant calories, increasing prevalence in sedentary societies – the historical literature about diabetes is notably lean. Most welcome, then, is the addition of Robert Tattersall's *Diabetes: The Biography*, which does a great job of compiling a formidable amount of information, clearly organised in mostly chronological order and written in an engaging manner, within the span of 200 pages. And unlike the few other historical books on diabetes, which tend to focus on one particular

episode in the overall story line with the remainder sketched in only briefly, here attention is divided equally across the various plots and themes that make the history of diabetes so redolent of the modern medical enterprise.

The book is perhaps best appreciated as a blended biography of diabetes-the-disease and of the diabetologist-author, wherein the perspectives of past physicians and scientists are merged, sometimes in the compass of a single sentence, with the perspective of an adroit present day doctor who has devoted his career to the study of aspects of the disease and to the care of persons afflicted by it. The result is a narrative that is likely quite congenial to both thoughtful physicians who seek to historicise their clinical practice, and inquisitive patients who seek to augment their lived experience, searching for the origins of contemporary concepts and practices, and to deepen their understanding of the predicaments created by human disease and medical care.

In Tattersall's account, particulars dominate: the book is crammed full of historical figures – mostly consisting of physicians and scientists, but also including occasional patients and fleeting mention of diabetes specialist nurses – and what they discovered or did. The result is a diabeto-copia of facts about the journey of discovery and diabetes disease transformation from initial descriptions in antiquity and the dietary treatments of the eighteenth and nineteenth centuries, across the drastic changes wrought by the introduction of insulin into clinical practice in the 1920s, through the era of reckoning with late onset diabetes complications, and into the present day with diabetes perceived as a looming epidemic. One learns, for instance, that a serendipitous observation in 1942 of patients with typhoid who were treated with a sulfa-based antimicrobial drug and suffered fits of hypoglycemia led to the development of oral drugs for Type II diabetes. And that a young girl whose life was saved first from diabetic ketoacidosis (DKA) by insulin and soon

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thereafter by an iron lung breathing machine, which supported her through a period of respiratory failure due to a mysterious muscle weakness that so often was the cause of death following apparent recovery from DKA, was the first to be diagnosed with DKA associated hypokalemia and successfully treated with a dose of potassium. And even, spanning decades, how knowledge of diabetic nerve damage resulting in feet that could no longer feel pain was only gradually attributed as a primary cause of diabetic foot ulcers – and done so by a physician who took care of patients with leprosy, and who had come to understand that the ‘problem is really one of mechanics not medicine’ (p. 120).

While no particular historical argument or approach dominates the book, other than a broad sense of progress, Tattersall does put forward the notion of that diabetes care

currently is aptly characterised as the ‘pharmaceutical era, because after 1980 treatment of diabetes came to be dominated by increasingly powerful drug companies’ (p. 159) and he speaks against the clinical practices that dominated the diabetes landscape of the 1970s, when ‘patients’ views were not solicited, and the idea that they might have any input in designing their regimen was unthinkable’ (p. 197). In a survey such as is offered in this book, though, which is not so much ‘the’ biography as ‘a’ biography, these and many other possible arguments and insights remain for future students of this protean disease to develop to full fruition.

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