

## Book Reviews

she had minor degrees of background retinopathy. “What has got into him that he won’t give me this medal?” fumed Tracy to Dr White.

In *Bittersweet*, Chris Feudtner recounts in startling clarity the tensions and the tragedies of diabetes as seen through the correspondence of patients writing to Joslin over the sixty years of his medical career. The book describes the catastrophe of diabetes before the advent of insulin in 1921, and illustrates the unfolding medico-social tensions of the fight for prevention of complications in the following decades. For those outside the day-to-day struggle it often seems that insulin was the cure, and, of course, at one level it was. But beyond the physiological necessity for insulin to sustain life came the need for daily or multiple injections, the need to check urine many times daily (by boiling it with reagents in a small test tube), and the need to understand many aspects of diet and the effect of exercise on metabolism. In one chapter Feudtner describes the heartache of those desperate for children and the tragedies of those who lost them.

The book is remarkable for its clear use of reported speech. So much of the history of the tragedies and triumphs comes verbatim from the pens of those who wrote objectively or affectionately to Joslin, chronicling many areas of their lives. And there is much to be gleaned from his replies. He was a passionate man with zeal to achieve the best for his patients. For anyone who has lived with diabetes or who has tried to manage it, this book provides resonating and arresting insights.

*Bittersweet* contains an additional resource of simple demographic data relating to the complications and the natural history of diabetes in the first decades of the insulin era. One of Joslin’s patients communicated with him using cartoons to represent the life of the diabetic patient and many of these cartoons are reproduced. The “first jab” and the “waiting list” show how some aspects of diabetes may have changed, but the social impact remains the same.

In 1957, Tracy received a standard note from the clinic inquiring after her health—was there anything the clinic could do for her? Tracy did not hesitate. “Yes! Give me a medal for

living so long and still having good diabetic control”. The medal never came, but of course it should have. For if *Bittersweet* tells us anything it is that all deserve medals for their courage in the fight against diabetes.

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**Matthew Gandy and Alimuddin Zumla**  
(eds), *The return of the white plague: global poverty and the ‘new’ tuberculosis*, London and New York, Verso, 2003, pp. vi, 330, £25.00 (hardback 1-85984-669-6).

Tuberculosis is now acknowledged as a global health catastrophe. A third of the world’s population are infected with the bacillus; eight million people develop active tuberculosis every year; and some two million die. With co-infection with HIV and the emergence of drug-resistant strains that have led in turn to the adoption of the WHO Directly Observed Therapy, Shortcourse (DOTS) strategy, tuberculosis has “apparently made a resurgence almost everywhere in the world” (p. 100).

This new book, edited by Matthew Gandy and Alimuddin Zumla, aims to provide an international survey of the historical, social, political and medical aspects of the crisis. Gandy and Zumla argue that the idea that infectious disease had been defeated, prevalent in the 1950s, has been proved to be wrong. With hindsight, it is now clear that public health professionals had too short a time horizon; looked only at people; played little attention to evolution and ecology; and were over-optimistic about development. Gandy and Zumla’s overall argument is that the resurgence of tuberculosis is a telling indictment of the failure of global political and economic institutions to improve the lives of ordinary people.

The book is organized in three sections. The first deals with historical and conceptual dimensions to the impact of tuberculosis on human societies, tracing the social and political context for its control, and exploring the roles of race, gender, and class. This includes historical

studies; the connections between immigration, race, and geographies of difference; the links between tuberculosis and gender; and its association with war. The second section focuses on the “new” tuberculosis pandemic, including the impact of HIV infection and the spread of drug-resistant strains, not only in London, New York, and the former Soviet Union, but in sub-Saharan Africa and other developing countries. The third section explores issues around advocacy and action, looking at current understanding of tuberculosis and the implications of interdisciplinary, scientific, and ethical approaches for health policy.

Thought-provoking and wide-ranging, it is not possible to do justice to the contents in the space available here. Among the highlights are Nick King’s forensic dissection of essentialist and anti-essentialist views of disease. King argues that attention was focused on “the bodies of people crossing international borders” (p. 46), and in contrast the causal roles of inadequate health care and social and economic injustice were underplayed. The studies of New York and London link the tuberculosis epidemic to wider factors of “de-development”, that included internal migration and emigration, changes in housing, and homelessness, and they emphasize the need to deal with the “full spectrum of determinants” (p. 149). The chapter on Haiti and Peru contains striking portraits of the impact of tuberculosis on two families, showing its effects on health and family life, and linking this with access to appropriate treatment. The tuberculosis epidemic in Russian prisons in the mid-1990s showed how systems for tuberculosis control in the former Soviet Union were based on models from an earlier age, and also highlighted conflicts between the imperatives of public health and criminal justice. And an important chapter on interdisciplinary approaches shows the potential value of integrating the social sciences into operational research on tuberculosis control.

Readers of this journal will find the historical dimensions of this story rather limited, and some of the arguments familiar from earlier secondary work. Similarly there is some repetition between the different chapters, for example, on the costs of

treating multi-drug resistant tuberculosis. But this is a remarkably consistent and strong collection, with a powerful political message, and illuminating cross-national perspectives. Gandy and Zumla argue that the history of tuberculosis is one of medical failure, with the key question being why available means of treatment and control have not been more widely applied. They suggest that, while vaccines may become a new “magic bullet”, reliance cannot be placed on biomedical innovations alone. Gandy and Zumla conclude that “the failure to control TB worldwide is a direct consequence both of poor political leadership and of the burden of poverty borne by the great majority of its sufferers” (p. 241). Overall this is an important book that will be essential reading for all those—academics, policy-makers, medical personnel, students—interested in tuberculosis and global poverty.

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**Helen M Dingwall,** *A history of Scottish medicine: themes and influences*, Edinburgh University Press, 2003, pp. vi, 282, £16.99 (paperback 0-7486-0865-6).

It is generally accepted that medicine, in both the past and present, is a social phenomenon. Since the 1960s, historians have analysed how medical theories are influenced by ideas from other intellectual disciplines and how practices are affected by political decisions regarding funding, social decisions about what groups are most “deserving” of care, and by public attitudes to medical practitioners. The social approach to the history of medicine opens up the possibility of writing national histories of medicine, showing how medicine is influenced by the particular social, political and cultural environment within a specific country. In recent years, many historians have made international comparisons in order to unpick the political, economic and geographical influences on medicine.

Few, however, have attempted to write a national history of medicine. Helen Dingwall’s study of Scottish medicine is therefore a bold