

insights into the history of these nations. This, he expanded and developed during his trip. Furthermore, his lyricism, in his descriptions of the visit, are a delight. He describes “gum trees with their various coloured trunks, white, brown, salmon pink, many with bark peeling off them, shaggy like the hair of highland cattle”. As he admits, he is fascinated by the history of Australia and this is transmitted to the reader by his style of writing, so easy to read.

His history of British gastroenterology highlights the roles of both personalities, for example, Sir Francis Avery Jones at the Central Middlesex Hospital, and institutions. In his view, a particular feature of the development of gastroenterology in Britain has been the role of district hospitals rather than “elitist teaching hospitals”. Yet it is the march of technology in gastroenterology that has been such a feature of its modern development. Although quality clinical research undertaken by individuals such as Richard Doll are of key importance. He reminds us that Doll undertook the first randomized controlled clinical trial in gastroenterology in Britain, working with Avery Jones, following upon his own research work on lung cancer.

Elsewhere in an essay relating his conception of the Royal College of Physicians entering the modern world, he again refers to the work of Richard Doll in collaboration with Bradford Hill. This demonstrated the association of smoking and carcinoma of the lung. He relates how the then president “of the elitist college” Lord Brain, doubted very much whether the Royal College should give advice to the public about smoking. However, things changed radically with the election of Robert Platt as president, resulting ultimately in the publication in 1962 of *Smoking and health*, which Booth regards as “the most important contribution of the Royal College of Physicians during the 20th century”.

Booth describes “the extraordinary changes in man’s technological development, deeply influenced by scientific discovery, that have affected man’s health more than anything else”, which have occurred during the twentieth century. He does not agree with any “fin de siècle ennui” expressing pessimism about further medical advance, finding it difficult to accept

the views of authors such as James Le Fanu, who believe that the age of optimism for medicine ended with the twentieth century. He points to molecular biology, which offers many prospects of future advance following the sequencing of the human genome, and robustly believes that the pace of advance in medical science and technology will continue to accelerate.

He concludes, however, that the age of medical giants such as Boerhaave has gone and the future for the physician in the twenty-first century is a democratic one.

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Chris Feudtner, *Bittersweet: diabetes, insulin and the transformation of illness*, Studies in Social Medicine, Chapel Hill and London, University of North Carolina Press, 2003, pp. xxii, 290, illus., £22.95, US\$29.95 (hardback 0-8078-2791-6).

In 1923, fifteen-year-old Tracy, living at Cape Cod in the USA, contracted diabetes and was one of the first in the world to receive insulin. Twenty-seven years later she was writing to her physician, Dr Priscilla White, about her failure to get a Victory medal from her Boston clinic, despite being “sound and healthy”.

In 1947, Dr Elliott Joslin had created this Victory medal to be awarded to any patients who had diabetes for twenty-five years or longer and were found—after a thorough physical examination, X-rays and an analysis of the urine—to be in perfect health. In Joslin’s view lasting health with diabetes was a Scientific and Moral Victory, and this was imprinted on his other medal—the Life Span medal awarded to those who had diabetes for fifty years. Of course, the premise of this was that patients could control their disease if they followed the rules set down by the doctors; patients were responsible for their health, good or bad. A small step from this was the conclusion that patients were to blame for the long-term complications of diabetes. Tracy’s exclusion was on the basis that

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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