

## Book Reviews

Jacana Media, 2008), pp. xxxii + 398, R250.00, hardback, ISBN: 978-1-77009-642-4.

This seventieth anniversary volume on Groote Schuur Hospital (GSH) in Cape Town, South Africa, is a significant contribution to the country's medical historiography. It is an analytical account of the world's first heart transplant institution framed within wider social, financial and political perspectives, and is a contrast to the usual '*histoire événementielle*' of health institutions in Southern Africa.

Part One gives an overview of the institution, from its protracted birth between the 1910s and the 1930s, to the challenges and changes of the late 1980s to 2000s. Those involved in the hospital experienced many stages of enthusiasm and doubt, as well as changes of vision, structures and practices. This detailed work traces the empirical development of services and the GSH's management; the second part deals with racial segregation, often seen as South Africa's main disease, which affected the daily life and work of people involved in the hospital. The authors recall that racial segregation was planned and applied long before the apartheid policy that followed the Afrikaner National Party's victory in 1948, was made official. From the start, the hospital's architecture was that of a typical South African public institution, with whites entering through one entrance, and Indians and Africans through another. By becoming a racially integrated institution in 1987, the new GSH took an early step towards curing the racial disease a few years before October 1990, when racial segregation in public hospitals in South Africa was officially brought to an end. The third part, entitled 'People', studies the GSH's well-established teams of doctors, matrons and sisters, as well as those who were still finding their way professionally: dieticians, physiotherapists and occupational therapists. The role that all these people played in the growth of GSH was extremely important, and is examined through the experiences both of the general

workers and of the patients. Thus, this book stresses the 'history from below' perspective favoured by Roy Porter and Barry Smith. In indicating that the nurses perceived the matron as close to 'God himself', and the sisters as close to the Angel Gabriel, the book successfully raises a complex anthropology of relationships between staff within GSH. The relationships between patients were equally complicated. Nostalgic for the privileges afforded by segregation, white patients disliked being squeezed 'tightly among all colours and odours' (pp. 115–16), when they had to wait together with non-white patients, and their complaints confirm the complexity of perceptions and consideration of the 'Other'. The fourth part of the book examines the development of two significant tools used at GSH: clinical medicine and research, which between 1955 and 1985 became the hospital's strengths.

While very analytical, the work is at times too detailed and repetitive, and there is a certain imbalance between the parts, with Part One running to a hundred pages, and Part Two to only thirty-one. An additional annoyance is the awkwardness of having the references at the end of the book, rather than at the end of chapters. But these are small quibbles, and this new history of Groote Schuur Hospital is a timely and fascinating work. It features the medical progress and challenges in a particular context in Africa, and proves that, as a social and biomedical institution, the hospital is a microcosm of society. The book's main significance, however, is that it challenges a particular way of writing the history of hospitals and medicine in Africa.

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**Jeffrey M. Jentzen,** *Death Investigation in America: Coroners, Medical Examiners and the Pursuit of Medical Certainty* (Cambridge, MA: Harvard University Press,

2009), pp. 290, \$49.95/£36.95/€45.00, hard-back, ISBN: 978-0-674-03453-2.

Jeffrey Jentzen's book offers valuable insight into the origins and development of the American system of death investigation. It charts the fortunes of the two main investigative models: the coroner's inquest and the office of medical examiner, as they developed in a relationship of protracted rivalry from the days of the early republic to the present. For Jentzen, these represented not merely alternative mechanisms for generating knowledge about violent, unnatural or otherwise suspicious deaths, but also contrasting views about how such inquiries fit within the broader framework of American civic democracy. The inquest system, centred on a (mostly) non-medical and popularly elected coroner and his lay jury, stood, for its proponents, as a means of guaranteeing citizen representation in matters of local concern and of checking the power of bureaucratic officialdom. By contrast, the medical examiner system, which sought to replace lay coroners with medically qualified appointees, emerged as a feature of Progressive Era efforts to harness the authority of modern science to combat the forces of political corruption which, in their view, had turned offices such as the coronership into archaic, self-serving sinecures.

Jentzen's analysis begins in earnest with this reformist movement, following the fortunes of the medical examiner model as it developed as an aspiration and was contested legislatively, institutionally and professionally. Because of the fragmented nature of the federal system in the United States, the ensuing story is told through local examples, mostly, but not exclusively, drawn from large metropolitan jurisdictions in the northeast and mid-west. New York City, with its notorious political machine, features prominently in the campaign to replace coroners with medical examiners, as one of the leading reformists, Richard Childs, made this part of his wider crusade against

electoral corruption. Childs' efforts met with a measure of success when, in 1918, the New York State legislature mandated the gradual replacement of coroners with physician examiners trained in pathology.

A parallel movement, animated not by the ideals of progressivist renewal but by establishment anxiety about rising crime rates and radical subversion in the inter-war period, pushed for improved institutional and educational provision: a 1928 Rockefeller-funded review identified the need for improving standards, training and supporting infrastructure for death investigation; in 1937, Harvard University, aided by the heiress to the International Harvester fortune, established a department of legal medicine which raised the discipline's profile and served as a base-camp for medically-minded reformers; and, in 1951, leading reformers capped decades of effort by publishing a 'model law' designed for adoption by State legislatures seeking to replace coroners with medical examiners.

These initiatives met with some measure of success, and by the early 1960s almost half of all elective coronerships had been abolished. The aim of eliminating all vestiges of the inquest eventually stalled, however. By the end of the 1960s the coroner system still operated in thirty-nine states, and the final decades of the century witnessed a 'demedicalization' of death investigation.

Jentzen, a former medical examiner himself, makes little attempt – rhetorically or conceptually – to hide his disappointment in what he sees as the ultimate failure of his predecessors to displace the corrupt and out-moded office of coroner. This is evident throughout the book, from its opening pages, which note that by the mid-twentieth century only six jurisdictions had 'progressed' (p. 3) to the medical examiner's system, to its penultimate sentence, which welcomes a National Research Council endorsement of medical examiners in 2009 as having 'vindicated' (p. 213) the case against coroners.

Jentzen's advocacy injects his narrative with an admirable sense of purpose, yet it also results in some oversimplification and a lack of analytical symmetry in his treatment of the examiner–coroner debate. As he himself notes, some of the most notable twentieth-century coroners were active and successful scientific modernisers, yet they are treated with suspicion, their support for medical reform described as 'disingenuous' (p. 57), and their innovations as driven by a 'hunger for media fame' (p. 54). Moreover, and despite his assertion that medical examiners and coroners represented alternative visions of democratic accountability, Jentzen declines numerous opportunities systematically to explore this latter vision on its own terms. His analysis thus reads as a rather one-sided lament, in which the forces of good fail through a combination of largely exogenous circumstances – personalities, internecine bickering, manipulation and misunderstanding – rather than through any form of historical logic, however problematic that logic might be.

In the end, this is an informative and engaging account of long-standing and on-going debates over the American way of investigating death, albeit told from only one of the warring camps' perspectives.

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**Elizabeth Lane Furdell,** *Fatal Thirst: Diabetes in Britain Until Insulin*, History of Science and Medicine Library, Vol. 9 (Leiden: Brill, 2009), pp. xii + 195, €99.00/ \$158.00, hardback, ISBN: 978-90-04-17250-0.

Before the isolation of insulin in the early 1920s, the lives of people afflicted with Type 1 diabetes tended to be nasty and short, usually less than a year or two after the onset of their disease. This was true wherever diabetes struck, not only in Britain. If there

had been a distinctive British approach to the treatment of diabetes in the pre-insulin era, if its incidence in Britain had been unusual, or if there had been exceptionally rich British sources describing diabetes and the diabetic life, Professor Elizabeth Furdell's use of a national approach to her study would have made better sense than it does in this meandering, short, expensive, and not very enlightening monograph.

The British were not different and the sources for studying diabetes in Britain before the twentieth century are not especially rich. Drawing on a wide variety of primary and secondary works, the author tells us more about British medicine, popular health manuals, and uroscopy than about diabetes and its treatment. Her attempt to 'reconstruct' diabetic life in early modern England boils down to this summary (p. 103): 'Healers advised sufferers. . . to consume all kinds of alleged medicines: corn, wheat, balsam, candied nutmeg, gum Arabic, opium and its alkaloids, and mineral salts like lithium, arsenic and uranium. The afflicted were bled, blistered, purged, doped, sweated, belted tightly around the waist, submerged in various liquids, and rubbed with disgusting ointments. None of these remedies proved of value to patients. . . and any improvement in a diabetic's condition, even temporary, was due to a dietetic regime that accompanied those therapies.'

A more rigorous approach to chronology and precedent would have helped the author convey the growing emphasis on diet and the developing understanding of the endocrine system in the years before insulin emerged from Canada from the laboratories of the University of Toronto. The fact that the history of the approach to diabetes was evolving entirely on an international basis, rather than a British one, confounds Professor Farrell (who teaches at the University of North Florida), as do problems of accuracy. The book suffers from many minor errors. I found nine of these in the