

As if anticipating such concerns, Reinarz storms back with fine-grained analyses (nearly four chapters) of the gradual growth of specialist hospitals, cannily using published works to supplement thin archival material, and thus revealing fascinating details of treatment (for example, of ear afflictions). As well as linking specialist developments to restricted career-development opportunities for ambitious practitioners at the General, he also cautions that, 'the origins of medical specialties in towns like Birmingham almost always pre-date the foundation of a specialist hospital' (p. 72). It seems churlish to suggest that there are no towns exactly like Birmingham, yet Reinarz tells us little about its social, political or medical distinctiveness.

Following the first specialist chapter, is a detailed analysis of the School of Medicine's early years (plagued by local versions of the characteristic intense intra-professional and university-hospital rivalries). After two more specialist chapters we return to the medical school, via an analysis of specialist hospital contributions to the unified (after 1892) Birmingham University (after 1900) medical school based around the General and Queen's Hospitals. This deliberately fragmented structure underlines that there is more to a provincial medical school than its core general teaching hospital; yet it turns out that specialties occupied a very small part of the curriculum by the 1910s, and few students went to the smaller hospitals. It seems that, rather than serving the argument, this fragmented structure is trying to serve a fragmented audience.

Similarly, we learn little about local responses to the ultimately irresistible trend toward laboratory science. Just as the context of Birmingham's distinctive social and cultural politics is largely missing, so is a characterisation of the local medical elite and the dominant medical culture. We are told that laboratories and laboratory research come slowly to Birmingham (mid-1920s) but not why. The argument that routine service work was too valuable a source of funding for

medical school development is interesting, but is not clearly enough utilised as an explanation of late development. Reinarz suggests briefly (p. 183) that Medical Faculty staff supported old-school empirical vocational training over academic laboratory-based medicine, and mentions the importance of university-hospital relations – eg., full-time clinical chairs – for integrating bedside and bench, but does not fully follow through these key academic themes into the crucial 1918–39 period. It often seems that nothing much happens until after the move to the academic Mecca of the new Edgbaston campus in c.1941 – by which time the book has ended. In fact, a lot of research went on previously and it would have been useful to know more about it. We learn of Howard Collier's broad collaborations on industrial noxia, but only very little about what the radium research beds were used for and by whom, what kinds of co-operative work were carried on between laboratory workers and clinical staff on carbon monoxide, rheumatism, gastric contents, diabetes, or sulphur metabolism in cataract patients. Yet such teamwork was characteristic of the development of scientific medicine and laboratory-orientated clinical research in other medical schools. Closer analysis of such activities would have enabled a better characterisation of the nature of scientific medicine in England's second city.

No doubt this thoroughly researched history, which at least touches on very many of the important themes in the history of voluntary hospitals, will satisfy much of the project's target audience, but it will leave medical historians wishing for more in certain key areas.

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Anne Digby and Howard Phillips, with
Harriet Deacon and Kirsten Thomson, *At the Heart of Healing: Groote Schuur Hospital, 1938–2008* (Auckland Park, South Africa:

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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,