Diabetes is a growing concern in the world of twenty-first-century medicine, with global diagnoses rising year after year. The history of diabetes from a clinical perspective is well documented, and one doesn't need to search far to find accounts of the progress that has been made in diabetes care and treatment since the discovery of insulin in 1921. What is less available in the scholarship is the accounts of diabetic patients and their experience of living with a chronic illness. Margaret Pollak adds here to the growing literature of patient experience in medical historiography with this fascinating and important account of the Native American experience with diabetes in Chicago. Further, adding to the growing use of oral history in medical history is very much needed and demonstrates an essential methodology for documenting the patient experience. It complements my own work on the history and lived experience of type 1 diabetes, using Northern Ireland as a case study, and examining this through the lens of memory. Pollak's book provides a new viewpoint by focusing on the care and experience of diabetes in an urban setting.

By focusing on the Native population of Chicago, Pollak gives a voice to those who have been left out of medical history scholarship. With the higher rates of diabetes diagnosis among these communities, this is an extremely important contribution, and their voices need to be heard. Pollak provides excellent building blocks for both the diabetes context as well as context on the changing population of Chicago. I found the discussion around the impact of the Colombian Exchange and the illnesses brought by European bodies, which Natives could not combat, particularly interesting. The contextualization of the book within these backgrounds is interesting and something that current scholarship lacks.

The main body of the book is set out in clear sections and has a natural flow into each new theme. The first two chapters introduce Chicago's Native population, as well as examining contemporary Native Chicago. Pollak traces the relationship between Indigenous American nations and the settler community before examining the history of the Urban Relocation Program. This provides interesting and important context. What strikes me most about this initial chapter is the importance of discussions around relocation and the reasons behind it. Pollak uses oral history interviews and archival material to discuss and explore important themes in this opening chapter to “introduce readers to the history of urban Indigenous
American communities” (p. 3). By providing information on themes such as the history of relationships between Indigenous Americans and the US federal government, as well as using oral history interviews to document some of the reasons behind the Native community’s relocation to Chicago, Pollak gives us deeper understanding again of the context in which this book is set. In the second chapter, Pollak explores contemporary Native Chicago as well as Native identity and community in the broader region. With themes emerging such as local discussions of blood, race, appearance, shared history, and language, this chapter again provides important discussions on the background of the region to be studied throughout the book. The first two chapters are key for setting the scene for further discussions in this study, particularly in terms of politics and through an anthropological lens as well. The combination of these themes through a medical history text is sorely needed, and it will be of real benefit to medical, political, and anthropological scholarship.

In the following chapters, we are introduced to the concept of diabetes among Indigenous Americans and in Native Chicago. Pollak continues an enjoyable and intriguing writing style as she talks about her experiences interviewing participants. Each chapter begins with an anecdote from various oral history interviews Pollak has conducted for the book, immediately drawing the reader in to find out more about these people and their experiences. This is an element of the book that I find incredibly clever, and it gives way to a fantastic structure. By providing context to diabetes in the Western world, Pollak gives the reader an understanding of where notions of the disease came from, as well as how we have come to what we know about the illness today. Pollak goes back to ancient descriptions and notions of diabetes but does so in a concise way. She covers the advancement of diabetes treatment throughout the twentieth century, again providing important and relevant context for its development since the discovery of insulin in 1921. I found it interesting that Pollak asked her interviewees, “What is Diabetes?” and that they found this a difficult question to answer (p. 69). Pollak states, “While this biomedical definition strives to describe the physiological factors behind diabetes, it does not get at the experience of the disease for those living with it in the same way that Aretæus was able to in the first century CE” (p. 70). I find this fascinating. The notion that we have taken a step backward in our understanding of diabetes as a chronic condition, and the impact it has on patients specifically, shows the need for and importance of a study like Pollak’s, as well as my own work. The idea of patients and their experience of disease being removed from definitions of disease and advancement of clinical progress is one of the biggest shortcomings in medical historiography.

Pollak goes on to discuss the Indigenous American diabetes epidemic. Covering the various records of diabetes diagnosis among Native Americans, Pollak again sets the scene for this section of the book. From sporadic records of diagnoses in the early twentieth century to Native Americans now having some of the highest rates of diabetes in the world, Pollak’s exploration of the reasons behind this is an important and valuable addition to the historiography. Pollak provides interesting and insightful explanations for the recent rise in diabetes diagnoses among Native Americans, looking at genotypes and phenotypes, as well as environmental and life conditions. Pollak stresses the importance of looking at the history of colonialism and its impact on rates of diabetes, rather than solely considering biological studies on individual bodies. In the following discussion of diabetes in Native Chicago, Pollak explores the knowledge of diabetes among Native American populations, including knowledge among children.

In the final chapters of the book, Pollak provides insight into local understandings and explanations of diabetes, and care in the context of chronicity. Once again Pollak’s insights into how
diabetes was understood and cared for among local populations give us a look into the social impact of chronic illness and the many ways in which patients are affected by it. Pollak covers important social issues, particularly for young people, such as having to manage blood glucose and activities in social situations, adopting restrictions that friends and social groups may not understand. This is an important area when it comes to analyzing and understanding patient experience, something that can only be told through oral history interviews. Pollak returns to her earlier discussions about the impact of colonialism, a new diet forced upon Native Americans, and poverty, examining how these factors led to the development and rise of diabetes diagnoses among these populations. These chapters explore important taboos associated with diabetes, such as poor diet, and that the condition is only associated with those who are deemed unhealthy. These assumptions are still being made today, showing again the importance of work like Pollak’s to squash these notions and provide new, patient-centered knowledge on diabetes as a chronic condition. Providing patient experience of the care they receive as Native Americans in Native Chicago is also fascinating and important, again as we are not exposed to these experiences through clinical texts and journals. Pollak explores the community care of Chicago’s Native American diabetic population and presents findings on a community coming together to support those living with the disease. This is an important and new addition to the historiography, one that deserves a further study.

In summary, Pollak’s book is an important and valuable addition to medical historiography. It will be beneficial to a wide audience in the field of history as well as for medical professionals and clinicians. The use of oral history is important in a study like this to give voice to those who have been previously hidden from history. The book is extremely well written and has an excellent flow.

It was an enjoyable read and covers a fascinating scope.

Note
[1]. Lauren Young, “‘A Curse of a Disease!’ Remembering the History and Lived Experience of Type One Diabetes through Patient Memory” (PhD diss., Queen’s University Belfast, 2023).