

Book Reviews

Naomi Rogers, *An alternative path: the making and remaking of Hahnemann Medical College and Hospital in Philadelphia*, New Brunswick, Rutgers University Press, 1998, pp. xi, 348, illus., \$50.00 (hardback 0-8135-2535-7), \$20.00 (paperback 0-8135-2536-5).

The historic weaknesses of America's schools of homoeopathy are well known. Born in an era of untrammelled, free-for-all competition among divergent theories of medicine, they followed the organizational and pedagogical practices of mainline schools of medicine—except for courses in homoeopathic therapeutics—and like them relied on student fees for operational expense. As laboratory instruction, hospital experience, and some full-time instruction became *de rigueur* towards the end of the century, the homoeopathic schools, like the others, were forced by rising costs and increased public control to either consolidate, find a sheltering university, or go out of business. But the homoeopaths faced the additional obstacle of a growing impatience and scepticism of their anachronistic therapeutic doctrines. “While traditional medicine tended to divide physicians,” writes William Rothstein, “scientific medicine tended to unify them.” One by one, the marginal irregular schools began to close their doors. Among the homoeopathic schools, only those in Philadelphia and New York survived the Flexner report of 1910 by more than a decade or so.

What is most striking about the Hahnemann College of Philadelphia, the longest-lived of all the homoeopathic schools, is how it was able to survive at all in the whirlwind of change that blew away its competitors. Clinging unsteadily to its homoeopathic roots, seeking acceptance by mainline medicine, lacking a university connection, endowment, full-time clinical teachers, or a real teaching hospital, Hahnemann made its tortuous way to safety through a series of hairbreadth escapes—

looming bankruptcies, student dissension, public scandals, and a threatened loss of accreditation by the American Medical Association. For much of its history, despite its dependence on attracting students, it remained a white, Protestant, middle-class, male institution. Only the imminent loss of accreditation in the 1940s brought “the final pressure to push the school into the orthodox mainstream” (p. 82). Until the late 1940s the school made few changes in its curriculum or teaching methods and the faculty conducted its teaching much as it had in the 1890s.

My major criticism of the book is that it does not adequately answer the puzzling question of *why* such a school survived when so many others—some far more promising than the Philadelphia school—did not. The author suggests that it survived the Flexner era by becoming more diverse, through admitting a greater variety of students, but then admits that women and blacks were still excluded until the 1940s, and that a quota sharply restricted the number of Jews and Catholics until the 1930s. The school, she argues, was somehow stable, the curriculum less distinctive, while it still maintained the traditions of “Old Hahnemann”. Yet it is not at all clear how such a marginal institution, still without endowment or outside support, with an inferior public reputation, with rising demands for more facilities and more faculty members, managed to raise enough money to stave off creditors and critics both outside and inside the school. The lack of budgetary and financial information is the weakest part of the book.

It was the school's good fortune to survive somehow into the postwar era when government grants for construction and research, the GI bill for veterans, and a national demand for expansion of the number of medical graduates, especially for the inner cities, opened up new opportunities for even the weakest schools. The last fifty years are glowingly described as “Recreating a school and identity”. The radical student pressures of

Book Reviews

the 1960s called for “new alternatives” to Hahnemann’s past, while the 1970s and 1980s were marked by community outreach, financial crises, and public controversy.

The theme of the book as reflected in the title seems somehow misleading and ambiguous. Hahnemann did indeed follow an “alternative path” in its first half century but for much of the rest of its history it has scrambled to identify with mainstream medicine. The term “alternative medicine” as used today, describes a whole range of therapies that have had no place in Hahnemann’s goals or purpose for at least half a century.

Naomi Rogers has written perhaps the most detailed history we have of a single medical school. It is chock-full of information about faculty vitae, student life, buildings, curriculums, trustees, and community relations. Despite the cavils, she has made a worthwhile contribution to the literature of medical education.

Thomas N Bonner,
Arizona State University

Roy Porter, *The greatest benefit to mankind: a medical history of humanity from antiquity to the present*, London, HarperCollins, 1997, pp. xvi, 831, illus., £24.99 (0-00-215173-1).

As health increasingly becomes an individual obsession and a wary public seeks to understand the contours of what Samuel Johnson, imbued with typical Enlightenment optimism, called “the greatest benefit to mankind”, medicine’s past is attracting more popular attention. The publication of this book, therefore, closes a paradoxical chapter in the history of medicine. A flourishing field of research presenting complex and sophisticated reconstruction of the past, it lacked an updated and readable synthesis that could serve as introduction to scholarly newcomers and interested general readers. Say good-bye to Shryock’s (1936) and Ackernecht’s (1955)

texts that had served us well for decades in spite of their age. As in other fields of knowledge, general works in medical history are difficult to write and less appreciated. Specialization is necessary and confers the prestige associated with cutting-edge discovery leading to the usual rewards of a successful career.

Porter brings impressive credentials to this task he characterizes as “foolhardy”. Originally a prominent social historian of the Enlightenment, his interest in scientific and medical subjects not only led him to reshape the debates concerning Britain’s eighteenth-century medical marketplace, but allowed him to roam widely and write on a great variety of topics dealing with issues from sexuality to psychiatry, disease to public health, therapeutics to popular medicine. His prodigious number of books, articles, and reviews are insightful, frequently provocative, and a delight to read thanks to his unique literary style. As with any task as ambitious as writing a general history of medicine, the author has drawn freely on the works of numerous scholars and acknowledged them in a most valuable bibliography appended to the text for further reading. Unlike similar books, many of them written by physicians, however, this is not a celebratory account nor is it a “doctor-bashing” story.

As historians, we continue to believe that perhaps the puzzles of contemporary biomedicine can be better understood by retracing and exploring the developments that shaped its history. Porter explains that the aim of his book is to feature prominently medical ideas and practices within their cultural contexts, focusing primarily on the evolution of Western medicine not because of ethnocentrism, but because of its worldwide prominence and power. He explains that this medical system arose from its roots in ancient Greece as a radically distinctive approach focused on the workings of the human body in health and disease as opposed to other perspectives—in ancient China and India—that retained fundamental associations with the physical and social environment to explain