

## 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,**  
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**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

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suffering and illness. In his view, such relentless probing of the body through the ages yielded an ever-more detailed map of its innards, from the gross anatomical location of organs to microscopic tissues, cells to chromosomes, enzymes, genes and proteins. By its very universality, such knowledge of human structure has global appeal and shapes the battle against disease in our days.

The book is chronologically arranged and divided into twenty-two chapters, including a very useful introduction that presents Porter's aims and main themes. This is followed by another chapter on the pre-literate "roots of medicine" in which the author presents an updated and useful synthesis of McNeill's "plagues and peoples", describing the shifting ecology of disease. A brief treatment of ancient medical systems in Mesopotamia and Egypt is followed by more detailed accounts of classical Graeco-Roman medicine, followed by medieval and Renaissance developments. Subsequent entries take up scientific medicine, bacteriology and public health, tropical medicine and psychiatry, surgery and clinical research, ending with a chapter on the current dilemmas of biomedicine.

Perhaps it would be unfair for professional historians to point out omissions, criticize particular interpretations, or object to the balance imposed on the various topics presented in the book. Such quibbles are inevitable in a work of this scope and size, but they matter little and say more about the divergent backgrounds and expertise of the reviewers. We all dream of writing some day our own medical histories based on knowledge and understanding of the topics we deem most relevant. Porter, in his inimitable style, has actually done it, and only general readers will be the ultimate judges of a book that fills an obvious niche in everybody's library despite the inevitable shallowness inherent in any one-volume history. Positive feedback has already come from an assorted readership ranging from high school students to movie producers. I, for one, feel that *The greatest benefit to mankind* adequately presents the essential contours of medical history and serves as a welcome

introduction to the field. Indeed, the book can be warmly recommended to anyone who wishes to grasp the evolution of our medical past and reflect on its nature.

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**Jack D Pressman, *Last resort: psychosurgery and the limits of medicine*,** Cambridge History of Medicine series, Cambridge University Press, 1998, pp. xv, 555, illus., £40.00, \$49.95 (0-521-35371-8).

With the introduction of chlorpromazine in 1954, the reputation of lobotomy as a psychiatric treatment plummeted, becoming, by the time of the film *One flew over the cuckoo's nest*, a symbol of psychiatric barbarity. In seriously attempting to put the history of this recently failed treatment, as opposed to a more remote example such as bloodletting, in its social as well as medical context, the late Jack Pressman took the risk of being called an apologist for psychiatry's abuses. He has however, wonderfully avoided both bashing psychiatry and whitewashing the historical record by writing both "an intensive case study of the rise and fall" of a treatment and "an extended musing on how we tell our stories of triumph and failure in science".

One could give numerous examples of Pressman's "musings on how we tell our stories". Consider the priority dispute between John Fulton, the influential Yale physiologist, who claimed that his work on lobotomies on chimpanzees critically influenced Egas Moniz, the Portuguese neurologist, who won the Nobel Prize in 1949 for introducing lobotomy as a treatment for psychiatric patients. For Pressman the story of this priority dispute emphasizes a traditional narrative of scientific discovery. Pressman accepts the view that Fulton did not deserve recognition for priority. What makes his chapter on priority interesting, however, is that Pressman retells the story to show how Fulton's insistence on the importance of his work on chimpanzees