Copeland secured the future of homeopathy in the United States. Homeopathic drugs would now be on equal footing with other "drugs" sold in the United States. It is this Copeland—physician turned public servant—who is the subject of Natalie Robins' historical biography, a biography not only of a man but of US medicine itself.

Relying on Copeland's own works, contemporary sources, and the archives of the American Medical Association (citing many of JAMA's letters and articles), Robins weaves a meandering account of the influences that potentially shaped the beliefs and political ambitions of a 19th-century "country surgeon." Opening with the pastoral setting of his childhood home in Dexter, Mich., in the 1830s, the book traces Copeland's career from private practitioner to professor of homeopathic medicine at the University of Michigan; mayor of Ann Arbor, Michigan; dean of the New York Homeopathic Medical College and director of Flower Hospital; New York City Commissioner of Public Health during the 1918 influenza pandemic; and, finally, Democratic US Senator from New York (1923-1938).

In chronicling the "war" between "standard" and "alternative" medicine from 19th-century pluralism to a new millennium, the author has gone great lengths to maintain a neutral voice in a highly polarized discussion. Copeland's attitudes as a teacher and his strategies as a proponent of homeopathy and a politician are reflected against a backdrop of new technical discoveries, evolving scientific theories, and changing mores of American medicine. Reportedly, Dr Copeland was acutely aware of homeopathy's shortcomings when it came to "modern" scientific thinking. From within its ranks, he repeatedly urged incorporation of the nascent disciplines of biology, chemistry, physics, pharmacology, bacteriology, and histopathology into the homeopathic curriculum. Personal notes and records show that Copeland practiced his own form of "eclecticism," using the latest surgical techniques (corneal grafting) and even nonhomeopathic ingredients as it best suited the clinical circumstances, while eschewing the "drug-less healing" practices of chiropractic and naturopathy as lacking in the "fundamentals of medical knowledge." Copeland's interpretations of "cause-and-effect" of disease and interventions, espoused in his medical textbooks, articles, and syndicated health columns, were neither more nor less enlightened than those of his "standard" medical peers. As the times changed, so did he, and his ability to incorporate the new science into public platforms for health care brought him both accolades and notoriety as a major public health figure.

The book's final chapters follow developments since the senator's death, including the impact of the FDC Act on both mainstream and homeopathic medicine over the latter half of the 20th century. Perhaps owing to this ambitious scope, the book loses focus. Robins tries, somewhat unsuccessfully, to relate from firsthand accounts of homeopathic "researchers" how the principles of homeopathy might be brought into alignment with those of quantum physics, vaccine immunization, and accepted scientific methodologies along with opposing views.

Regardless of whether the book achieves all of its objectives, it provides a fascinating account of US medicine during a period of extreme growth and differentiation as observed through the eyes of a contemporary practitioner. From a regulatory perspective, the book offers some amazing insights into how homeopathic drugs came to coexist with conventional drugs in the present-day US marketplace and into the man who brought them together.

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Polio


POLIO AND ITS AFTERMATH IS AN AMBITIOUS BOOK. IT PROMISES TO NARRATE A STORY OF POLIO THAT MOVES FROM THE PERSONAL
and biographical to the more abstract movements of social history, culture, and politics. The story line works at times, though in the end it proves impossible to sustain. That said, the book is worth reading.

The author, Marc Shell, is a professor of English and comparative literature at Harvard. He is also a polio survivor, a term that should not be confused with cured or completely recovered. It is Professor Shell’s personal and corporeal life as “a polio” that is both the inspiration for this book and a thread meant to tie together its melange of themes.

Divided into three parts with three chapters per part, the book is organized to move through the autobiographical, the cultural, and, finally, the political realities of polio in North America. Part 1, “Autobiographies of Disease,” is organized around the idea of the “illness narrative.” This, in the end, is the only concept Shell relies upon, and it appears to be the abstraction that is expected to pull together the concrete personal, diverse cultural, and national political story he seeks to tell. He writes, “In telling a single person’s story, with all its idiosyncrasies, I seek to close a differentiating gap between the individual and the general” (p 6).

Fashioning an argument from individual experience to the grander cultural and political dynamics that shape that experience is a worthy pursuit—particularly when the experience in question is illness. Shell is surely right to point to the “gap” that exists in the social and cultural study of illness between the personal, day-to-day life in what Susan Sontag called “the kingdom of the sick” and the far broader sweep of the history that shapes, and is shaped by, diseases. The pandemic, iconic nature of polio was destined to be politics by other means.

Successfully executing this type of inquiry, however, is always difficult. And in the end, the book is more usefully read as three discrete narratives of polio in America, rather than one. But each narrative is worth a read.

Joining intimate, often obscure, diaries and memoirs written by “polios” to his own experiences with the disease, Shell opens the book with a revealing chapter of a boy who struggled to identify what, in fact, had become of his leg. Resisting the truth, his parents explained his paralysis benignly, and falsely, as a “cold” in his leg. While it is hard to know what prompted his parents to deceive him (perhaps they were deceiving themselves), Shell was left confused and frightened. On the other hand—as he graphically depicts—heroic treatments for the disorder were often little more than experiments and often dangerous. I suspect this bewildered child would have benefited from the truth followed by an honest, deliberate approach to addressing the polio.

The book’s second and third chapters reveal more about Marc Shell, his parents and siblings, and the ways this insidious disease shaped and was shaped by a family culture rather than the other seven chapters combined. The writing moves briskly and convincingly from the social and medical to the disturbingly personal, interspersed with allusions to films, autobiographies, historical anecdotes, and classical poetry. This is recommended reading for any student of the phenomenology of sickness and its inescapable connections to broader, more inclusive, social forces.

The next three chapters are grouped under the heading “Stasis and Kinesis.” Shell’s private, individual experience with polio fades in the first few pages of chapter 4, and Shell the distinguished professor of comparative literature emerges, a student of photography and film. While he connects his intellectual interest in images, moving and fixed, with paralysis, from here on the book takes on a more donnish tone as Professor Shell makes a convincing case for the interplay of popular culture and a crippling, pandemic disorder. A stand-alone argument, this portion of the book should interest students of both film and disease. Alfred Hitchcock’s classic Rear Window is treated to a particularly detailed inquiry into the making of a Hollywood film during the unavoidable cultural spectacle of polio.

The final chapters are grouped under the heading “Politics.” I found this section to be the least developed. A chapter on Franklin D. Roosevelt’s personal experiences with polio and his philanthropic work dedicated to the disorder is interesting history but more descriptive than critical. Polio struck all social classes, but there is every reason to believe the poor suffered with this disease far more intensely than the better-off. The recent example of AIDS confirms the need for a more critical class-based analysis of polio. There are several fertile topics this section might have pursued to present a realpolitik of polio, but none are chased. A final substantive chapter on postpolio syndrome seems to beg the subtitle of the book, “The Paralysis of Culture.” But the chapter is too brief and anecdotal to fully address the evocative idea that a culture might become immobilized, powerless to respond to a human misery.

Despite my criticisms of this book—and what good book isn’t criticized?—Shell has opened a new and compelling vista on an American tragedy. Students of the body and disfigurement, popular culture, narrative, disease, and related fields will find all or parts of this book worth a close and considered look.

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RECEIVED

Anatomy

Cardiovascular Medicine