

tragedy and the discovery of teratogens, the legalization of abortion, and growing attention to the problems of women's alcoholism following the women's liberation movement.

This volume amply lives up to its aim of exploring the intertwined relations between child health and society from the late nineteenth century to the present. It forms a significant contribution to the history of medicine and child health, opening up fascinating areas of research that would benefit from similar analysis in other countries.

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Caroline Jean Acker, *Creating the American junkie: addiction research in the classic era of narcotic control*, Baltimore and London, Johns Hopkins University Press, 2002, pp. x, 276, £31.00 (hardback 0-8018-6798-3).

In 1899, when Bayer Pharmaceuticals first presented aspirin as an over-the-counter medicine, they were hoping for a follow-up success to the bestselling brand pharmaceutical they had launched the previous year: Heroin. Their advertising pitch—"Cough? The problem has been solved by Glyco-Heroin"—had positioned the new drug as a clean, scientific and safe substitute for opium. But within a generation, heroin would become the focus for a vast body of clinical research into the deviant pathology of those who chose to take it. This construction of the "junkie" as a manifestation of a new kind of urban vice, and the medico-scientific underpinnings of the "addict personality", is the subject of Caroline Jean Acker's thorough and compelling survey.

In many ways the story of heroin in the twentieth century recapitulates that of opium which, in the previous century, had made a similar social transition from medicine to menace. In 1800, opium was perhaps the single most important drug in the Western pharmacopoeia: cheap, widely available and used liberally for a range of everyday disorders ranging from gastric ailments to headaches and

nervous complaints. By 1900, it had been placed under unprecedentedly tight medical controls and largely substituted with more potent synthetic preparations such as hypodermically-injected morphine; those who persisted in using opium without medical supervision were reconceived as suffering from personality disorders such as degeneration, constitutional diathesis or moral insanity. The pathologizing of heroin use in the early twentieth century represents a similar process, but one buttressed with a new medical language of psychology and pharmacology and a new social agenda of vice reform.

As Acker demonstrates, this new medical language was far from unified. Its psychological strand focused on the elucidation of a particular "addict personality", stressing its kinship with other forms of vice, such as prostitution, and their shared roots in poor impulse control and moral weakness. By contrast, its pharmacological strand stressed the powerful metabolic drivers of craving, tolerance and withdrawal, carrying the implication that addiction was a function not so much of the addict as of the drug itself. This latter strand manifested itself in a persistent but largely fruitless search for a "magic bullet" analogous to the contemporary success story of penicillin: a "nonaddicting analgesic" which would have heroin's therapeutic benefits without its drawbacks of dependence. This search, memorably compared by Thomas Szasz to the "search for non-flammable liquids that are easy to ignite", persisted because, as Acker shows, it dovetailed neatly with a broader agenda of supply-side control by the profession at large.

What united these and other disparate approaches to the problem of addiction in the first half of the twentieth century was their implicit support of the political programme of narcotic controls and prohibitions. Acker's book ends with the emergence of social psychologists like Alfred Lindesmith and his University of Chicago colleagues, whose work began to assemble a critique of federal drug policy, demonstrating that "criminal justice sanctions on addictive drug use were cruel and ineffective". This combined from the 1960s onwards with a changing social profile of drug use that saw more

Book Reviews

addicts emerging not from the traditional milieu of the urban underclass but from the white suburban middle-classes, and from the 1980s with the disastrous spread of HIV/AIDS, gave impetus to new non-medical movements like Narcotics Anonymous and began to refocus medical resources away from the attempt to eliminate drug use towards public health initiatives like methadone and needle exchange. This recent—and still only partial—shift of emphasis makes Acker's book especially timely, revealing the pathological paradigm of the early twentieth century to have been not so much the application of modern science that it claimed to be, as a vestigial, though powerful and massively-funded, extension of the generation of Victorian "moral management" which preceded it.

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David Healy, *The creation of psychopharmacology*, Cambridge, MA, and London, Harvard University Press, 2002, pp. 469, £27.50 (hardback 0-674-00619-4).

Does marketing determine culture? And, what influence does culture have on modern western medicine? These questions are central to David Healy's latest contribution to the history of medicine in his provocative study of the rise of psychopharmacology. This book examines the intersection of commercial and scientific interests in an historical investigation of the growing influence of pharmaceutical companies in modern medicine, particularly in mental health services. In this study, the history of psychopharmacology illuminates shifts in the faith in science in nineteenth- and twentieth-century western culture. By tracing psychopharmacological developments from the early nineteenth century, Healy illustrates how western societies increasingly have come to rely on modern biological medicine for revealing the blueprints for human life, culminating in the completion of the Human Genome Project. Westerners became conditioned to believe in the superiority of drug treatments over lifestyle

changes. As pharmaceutical companies gained control over research and the subsequent marketing of drug therapies, the faith in science increasingly meant a faith in pharmaceutical companies. Healy contends that the resulting corporate control produces a culture that was and is dominated by the dictates of a pharmaceutical market rather than the needs of public health.

Healy combines an impressive collection of contemporary medical publications from the nineteenth and twentieth centuries with a variety of secondary works to construct a comprehensive history of psychopharmacology. His book offers a number of colourful anecdotes that breathe life into a chronologically-organized chain of discoveries and developments.

In the first half of the book, Healy provides an historical analysis of developments before the Second World War, concentrating on professional accomplishments, controversies, and individual researchers that contributed to the proliferation of psychopharmacological therapies in modern western medicine. In the latter half of the book, he identifies the growing influence of pharmaceutical companies in medical research and offers a more explicit political critique of the corporate agenda. Intermittently, Healy uses comparisons with Japanese case studies, as a non-western example of responses to modern psychopharmacology, to reinforce the substantial differences in cultural attitudes towards mental illness. By the book's conclusion, readers are left with a bleak prognosis for the disentanglement of corporate interests from western medicine and, moreover, western culture.

While Healy presents a compelling argument for recognizing the dangerous liaisons between corporate and public health interests, several other areas in his book leave the reader wanting. The author considers only briefly the place of ethics in either a corporate or a medical setting, an intriguing omission considering the subject matter. Although Healy makes a strong argument for the connection between corporate advertising and western societies' attitudes to the appropriate treatment of mental illness, his comparison with Japan raises questions of whether the observed differences in