

cost of living high. The men insisted that it was “utterly impossible to put anything whatever . . . by for a rainy day”, and that they could only support their dependents “respectably” with “much struggle and difficulty”.

The interpretative line that is taken up by Monk, in response to these archival records, utilizes a gender analysis approach: “[T]he reduction in the wages was potentially more than an economic challenge”, she insists. “It was also a ‘psychic’ challenge to their masculine independence and ‘manly pride’ because it threatened their ability to support their families” (p. 181). Whilst this reading of the sources is not inconsistent in any way, there is no evidence that actively supports it. More generally, Monk never stops to interrogate the strengths and weaknesses of her chosen approach. In this specific section, for example, she does not question whether this group of historical actors were concerned about their identity, occupational, gender or otherwise, in and of itself or only as a means to a pragmatic end. Indeed, did their aspirations to live a “respectable” life indicate a concern with anything like a twenty-first-century concept of “identity”? On this occasion it feels as if the author has put the theoretical cart before the empirical horse.

Other portions of the book, where the sources are better suited to Monk’s chosen methodology, are stronger. In chapter 2, for example, she does make a persuasive case that the attendants at the Yarra Bend Asylum were concerned about separating themselves, as a certain “type” of person, from the patients. This section is built around the records pertaining to the employment of one particular co-worker who had originally been admitted to the institution as a patient before being taken onto the payroll. In this instance her decision to examine the notion of the attendants’ occupational identity is a potentially rewarding one. Only potentially, however, since the relentless narcissism, implied by her focus on the attendants’ own identity, is

frustrating. Here she misses her chance to make a truly original contribution to the history of madness; she does not ask how this group of laypeople perceived the afflicted in their care. That they felt it necessary to work at distinguishing themselves from their patients is an insightful observation and begs the question as to how madness was defined within the community at this time. Its conceptualization, in the contemporary medical literature, has long been picked over by historians but here was the promise of a novel perspective on an important question. Instead we are offered a “fashionable” but ultimately disappointing study.

Emma Sutton,

The Wellcome Trust Centre for the History of
Medicine at UCL

Erika Dyck, *Psychedelic psychiatry: LSD from clinic to campus*, Baltimore, Johns Hopkins University Press, 2008, pp. xiii, 199, £19.00 (hardback 978-0-8018-8994-3).

This book explores the history of early LSD experimentation in Saskatchewan, the unlikely birthplace of psychedelic psychiatry. In 1944, the small, primarily rural, province of Saskatchewan became the first province in Canada to elect a socialist government. The promise of health-care reform, including significant support for research, lured many medical researchers to the province. Dyck argues that the combination of progressive doctors, a high degree of professional autonomy and a supportive research environment allowed psychiatrists in Saskatchewan to innovate and take risks.

One of the people who came to Saskatchewan was Humphry Osmond, a British-trained psychiatrist, who had been working on the links between mescaline and hallucinations. Along

with several colleagues, Osmond had theorized that schizophrenia might be the result of an error in the metabolization of adrenalin, which led the body to produce a substance similar to mescaline. In Saskatchewan, Osmond met a number of sympathetic researchers including Abram Hoffer, a Saskatchewan-born psychiatrist with a background in agricultural chemistry, who shared Osmond's belief that much mental illness was caused by biochemical imbalances. Osmond, Hoffer and others began their research with mescaline but quickly changed to the more readily available and potent LSD. They began by using the drug themselves and cataloguing their reactions. Eventually, they tested it on friends, family members, health-care workers, students and members of a Mental Health committee at the Regina Chamber of Commerce. Their studies showed that LSD produced intense, but usually pleasurable hallucinations, a profound feeling of spiritual connection, even among non-believers, as well as difficulties with time perception and problems organizing and communicating thoughts.

They compared these experiences with autobiographical experiences of mental illness and were struck by the similarities. Eventually, they gave LSD to recovered schizophrenics and asked them to compare the experience of LSD and their illness. By the late 1950s, Osmond and Hoffer began presenting the results of their work, arguing their studies showed that schizophrenia was the result of a biochemical imbalance. Dyck concludes that their work achieved little recognition outside Saskatchewan, in part because of their opposition to controlled clinical trials, which were then becoming the gold standard in psychopharmacology. Their failure to get their research more widely noticed made me wonder if their relative isolation made it difficult for them to keep up with a rapidly developing field, and if their research was the weaker for it, but Dyck focuses her attention on Osmond and Hoffer's belief that research which took into

account subjective (and often spiritual) experiences could produce better results for patients.

Much of Osmond and Hoffer's therapeutic work with LSD focused on alcoholism. They believed that LSD's power to effect personal transformation, especially spiritual growth, made it an excellent treatment tool. Supported by the local Alcoholics Anonymous, which also stressed the importance of spiritual growth, they treated hundreds of patients. But by the late 1960s, the growing black market in LSD, widespread use of the drug by young people, and gruesome media tales of the dangers of LSD made it difficult to continue their research.

This book will be of interest to anyone in the history of psychiatry, the history of psychotropic drugs, and the history of medical research. The focus on Saskatchewan provides a valuable case study of how national and provincial politics affects research. That said, I wish that Dyck had more often broadened her focus beyond Osmond and Hoffer to explain what other researchers were doing with LSD at the same time. Hopefully, future scholars will take Dyck's careful and insightful attention to the local and apply it to LSD research in other places.

Catherine Carstairs,
University of Guelph

Graham Mooney and Jonathan Reinartz
(eds), *Permeable walls: historical perspectives on hospital visiting*, Wellcome Series in the History of Medicine, Clio Medica 86, Amsterdam and New York, Rodopi, 2009, pp. vi, 352, €70.00 (hardback 978-90-420-2599-8).

Most of our experiences of the hospital world come from visiting friends or relatives; not so "patient visitors" (p. 8) we awkwardly enter the