will be well entertained by Jangfeldt's rendition of Axel Munthe's story.

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**Nicolas Rasmussen,** *On speed: the many lives of amphetamine*, New York and London, New York University Press, 2008, pp. ix, 352, $29.95 (hardback 978-0-8147-7601-8).

Rasmussen's book joins a host of recent social histories of psycho-active substances in the twentieth century, emphasizing how drugs have shaped our modern medical and political circumstances. This growing field of drug biographies merges social and cultural history with the history of sci-tech-med, and in that vein Rasmussen offers a detailed description of the science behind amphetamine production, but he also shows the impact of amphetamines on US consumers.

Drawing primarily on legal records dealing with pharmaceutical companies, medical publications and personal papers of such personnel, and military sources, *On speed* explores America's fascination with amphetamines. As the book title suggests, "speed" has had many incarnations, from military applications, such as increasing wakefulness and alertness on long flight missions, to treatments for depression-related disorders, to mainstream diet pills, to an abused recreational substance, to pep tonics, to Attention Deficit Disorder medications, to creativity enhancers. Considerable tension existed between the legally sanctioned uses and recreational abuses, but the drug and its advocates continually refashioned speed and found new ways to keep it in legal circulation. Some of the repackaging came from pharmaceutical companies competing for new patent rights, but Rasmussen suggests that consumers also influenced the characterization of speed, especially with off-label use.

In addition to tracing the various patterns of consumption, Rasmussen attempts to quantify amphetamine use in the United States, in part to bolster his overall argument that American culture itself is addicted to the idea of "speed". He articulates the different threads of amphetamine use, illustrating both a widespread appetite and diverse rationales for taking speed. But, considerable overlap exists across categories of users and interpreting the reasons why people take amphetamines becomes complicated. For example, while Benzedrine was eventually marketed as a drug for mild or minor depression (anhedonia), its mood-elevating qualities soon attracted a different group of off-label users who sought it for its ability to produce "pep". Similarly, the Benzedrine inhaler, offering an amphetamine-based decongestant, became a "cash cow" for its producers, Smith Kline and French, not as much for its legitimate uses but because recreational consumers discovered that an adulterated inhaler could provide hours of exhilaration. Allegedly this practice appealed to famous beatniks, including Jack Kerouac and Allen Ginsberg, which added considerable cultural appeal to this practice by associating it with an elite social group. Recreational use probably inflated sales figures and therefore distorts information about the marketed, intended and actual uses. It also raises suspicions about the pharmaceutical company's knowledge of such drug abuses, which proved quite lucrative to the industry.

Ultimately the numbers argument seems to fall apart due to these kinds of complexities, but Rasmussen's general claim that by the end of the twentieth-century speed is intimately woven into American culture is convincing. For a combination of reasons, the thirst for more pep or increased levels of concentration and efficiency, combined with the growing tendency to medicalize behaviour means that amphetamines in their various guises have become well entrenched in America. Confronting this reality in a rather bold conclusion, Rasmussen turns to a critique of the American health care system. He suggests that the combined forces of medical science, pharmaceutical marketers and partisan governments conspired to establish an



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intractable health culture designed to encourage rather than reduce a cultural fascination with drugs, in spite of any rhetoric to the contrary, including “wars on drugs”. Moreover, Rasmussen argues that socio-political conditions in the US exacerbate inefficiencies in a health-care system that consistently ranks poorly in terms of national expenditures. His critique of free market health care exposes the irony of American cultural assumptions regarding the essential role that drugs play in maintaining a healthy society.

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**Alex Mold,** *Heroin: the treatment of addiction in twentieth-century Britain*, DeKalb, IL, Northern Illinois University Press, 2008, pp. x, 236, $49.00 (978-0-87580-386-9).

Drug law reformers in North America have often held up the “British system” of heroin maintenance as a model for a more humane drug policy. But in this nuanced history of addiction treatment Alex Mold shows that while doctors and policy-makers in Britain were more open to maintenance than their US counterparts, abstinence-based treatment has also had considerable appeal. The “British system” never really existed, at least not in the form envisaged by drug law reformers.

Until the 1960s, Britain had a small number of middle-aged addicts, most of whom became addicted through medical treatment. Doctors were permitted to prescribe heroin to these patients, although in other respects the drug laws in Britain were similar to those in North America. In the early 1960s, a small group of younger, recreational drug users emerged and successfully obtained very large prescriptions from a few doctors. This led to the creation of specialized Drug Dependence Units (DDUs). The psychiatrically-oriented DDUs moved away from prescribing heroin. Instead, following the American example, they provided methadone. Although a study showed that addicts maintained on heroin were more likely to continue attending treatment, and less likely to commit crimes than addicts on methadone, burned-out staff saw methadone as a step towards getting off drugs. As time went on, DDU doctors largely abandoned methadone maintenance, preferring short-term withdrawal therapy in addition to psychiatric treatment.

In the late 1970s, heroin addiction increased rapidly creating long waiting lists at the DDUs. Many addicts were frustrated by the conservative prescribing practices of the DDUs and what they saw as patronizing psychiatric treatment, and they began to seek treatment from general practitioners (GPs). Mold argues that GPs trained in Britain in the 1970s and 1980s had been encouraged to see patients in terms of their social environment and life histories and, as a result, were more open to maintenance therapy. But DDU doctors and some policy-makers were uneasy about this new development. Ultimately Ann Dally, a prominent critic of DDU practices, faced two General Medical Council tribunals in 1983 and 1986/7 for over-prescribing and medical negligence. But the penalties she received were small, and Mold argues that the Dally cases can be seen as a minor victory for maintenance.

The Dally cases coincided with the emergence of HIV/AIDS among injection drug users. In response, Britain introduced needle-exchange programmes and strove to make treatment programmes more accessible. There was a renewed openness towards maintenance therapy, and users began to play a role in policy-making. Since the mid-1990s, the drug issue, which has increasingly been defined as a drug/crime issue, has assumed a much higher political profile and there has been an enormous expansion of treatment facilities and options. New legislation allows police to drug-test people charged with robbery, begging and other offences. Those convicted of their crimes are frequently given the opportunity to go into drug treatment instead of serving time. So, once again, there is a mix of “treatment” and “control” in the British response to drug use.



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