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.

Mike Jay,
London

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

pharmaceutical use are due to the relative power of the multinationals or to more fundamental "cultural differences" in attitudes to health and healing. Readers are led to believe that western society is destined for a dismal future of market-dominated culture. Healy offers no alternatives for charting a better course: his suggestions for reform would be welcome.

The creation of psychopharmacology makes a substantial contribution to the history of medicine with its rich history of psychopharmacological developments and an intriguing analysis of the relationship between culture and medicine over the last two centuries. It is refreshing in its provocative analysis of a western culture that faithfully consumes psychopharmacological treatments as directed by the corporate media. While this book often presents advanced technical and scientific detail—which this reviewer cannot fully evaluate—Healy admirably merges biochemistry and political critiques in an accessible manner. As a trained clinical psychopharmacologist, Healy gives us a rare insider's view of the tangled web of corporate imperatives and public interests that come into play in the world of modern medicine.

Erika Dyck,
McMaster University

Jennifer Stanton (ed.), *Innovations in health and medicine: diffusion and resistance in the twentieth century*, Routledge Studies in the Social History of Medicine, London and New York, Routledge, 2002, pp. xviii, 232, £55.00 (hardback 0-415-24385-8).

Interest in innovations in health and medicine has been growing in recent years amongst sociologists, economists and a politically interested general public, confronted with high tech medicine and soaring health care costs. This volume offers a welcome historical perspective to these debates and is a useful addition to the two essay collections on the subject published in the early 1990s by John Pickstone (*Medical innovations in historical perspective*, Basingstoke, 1992) and Ilana Löwy (*Medicine and change: historical and sociological studies of medical innovation*, Paris, 1993). Like these earlier volumes, the papers in Jennifer Stanton's collection argue against the assumption that innovation takes place because the new is always better than the old. Rather, as Stanton and her co-authors seek to persuade us, changes in medical practices are products of their social, political and economic contexts. Practices are what most papers in the volume are focusing on, rather than devices and machines. With many of the authors influenced by the Sociology of Scientific Knowledge (SSK) and the Social Construction of Technology (SCOT), the spotlight is on the diffusion, the uses of and resistance to, new techniques, technologies and organizational innovations, rather than on acts of invention.

Comparison between different contexts, local, regional, national or historical, is a central theme of the book, and most papers deal with recent developments. The focus of papers by Debbie Nicholson, Helen Valier and Roberta Bivins, and Jennifer Stanton is predominantly local, regional and British. Nicholson compares the uptake of obstetrical ultrasound and its adaptation in the 1970s and 1980s in two different hospitals in Scotland, an average size maternity hospital and a small, remote island hospital. She finds that not only the ultrasound machines were reconfigured to match particular demands—portability was a central concern—but also medical hierarchies and the interactions between local actors. Valier and Bivins compare local services established in Manchester for the care of sufferers from three different chronic diseases, diabetes mellitus, sickle cell anaemia and thalassaemia, analysing how the different professional and ethnic identities of promoters, practitioners and patients shaped these services. Stanton studies the diffusion of and resistance to two different dialysis techniques for the treatment of chronic kidney failure in the UK since the 1960s, high tech haemodialysis, and rather low-tech continuous ambulatorial peritoneal dialysis (CAPD). She analyses how both techniques configured their users, i.e. practitioners and patients (the configured user is a