

[p]atients were, for the most part, compliant and accepting. Ironically, in spite of all the medical advances and the greater degree of respect for their wishes and feelings, they seemed to be happier with their lot and to complain less than is the case today.

It is hard not to detect a certain nostalgia for the days of ‘compliant and accepting’ patients. With the exception of a few humorous anecdotes, this is the only mention of patients in the book. We are not even told if the work of the hospital has been affected by changing patterns of eye disease in the community. Has, for example, increasingly strict safety legislation led to a decline in admissions due to accidents?

Accepting that there are large areas of the hospital’s history which are of no interest to him, Mr Leaver is strong on the aspects he regards as important. During his research he interviewed 150 people, primarily senior medical staff and administrators, and he uses their stories well. In particular, his account of the development of clinical practice is enlivened by vivid accounts of the often lively relationships between consultants. He is lavish with his praise for those who served the hospital well, but less worthy souls are dealt with briefly and severely. His particular hero is a New Zealander, Professor Barrie Johns, who

transformed Moorfields from an institution with a formidable reputation as a hospital of the old school, but with a dwindling influence on the world outside, to a centre of excellence equipped to compete successfully with any eye unit around the world.

In stark contrast, one consultant ‘was a competent and conscientious surgeon, but did little to advance the subspecialty before retiring in 1981’, while another ‘continued to design and use his own anterior chamber implants, with questionable judgment and even more questionable results’.

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Narcotic Culture: A History of Drugs in China. By Frank Dikötter, Lars Laamann & Zhou Xun (London, University of Chicago Press, 2004, ISBN 0-226-14905-6), 256pp.

A RECENT POSTING ON AN EMAIL DISCUSSION LIST FOR THE HISTORY OF alcohol and drugs drew attention to the Opium Wars of the nineteenth century when the British fought for the right to continue peddling mas-

sive amounts of opium to the Chinese. This contributor posed the following questions: why was there such disproportionate demand in China? And why did the Chinese develop opium habits more than other people? *Narcotic Culture*, by eminent China scholar Frank Dikötter and two colleagues, answers this question. They maintain that the conventional story of the Opium Wars is a myth. Opium was intrinsic to the fabric of Chinese social and cultural life, as well as a powerful medicine used to treat a multitude of ailments; its use was widespread but for the most part neither excessive nor out of control. According to the authors, the myth of mass addiction grew out of the early twentieth century's 'narcophobic discourse', which portrayed opium as 'a drug which produced an irresistible compulsion to increase both the amount and frequency of dosage'. The myth has endured unquestioned for so long, they argue, because of the strength of stereotypes about addiction that it has given rise to, and a consequent lack of understanding of the context of Chinese drug use. Opium is not inherently 'addicting', Dikötter et al. point out, and to understand its appeal we need to take into account social function and cultural forms as well as pharmacological effects.

This book is impressive for its sheer breadth and depth of research. The opium myth has survived because it has relied almost exclusively on British sources; and in that sense it also perpetuates an imperialist perspective. *Narcotic Culture* refutes that perspective via extensive use of original Chinese sources. The book is a minutely argued social history, steadily building a case that political, economic and pharmacological factors were relatively unimportant in explaining the favourable reception of opium in China. For example, there is an extended exposition on the interrelationship between social status, opium consumption and connoisseurship. The use of opium, the authors argue, invited comparisons with tea and wine connoisseurship in Europe, not least in the array of different quality products, the appreciation of produce from different countries and regions, the reuse of ash (just as the poor in Europe reused tea leaves) and even the use of seasoning (the better the quality the longer it would keep). There is some analysis of gender differences: opium dens were a male preserve while women smoked opium at home. Opium also had widespread medical uses: in an era when both European and Chinese medicine had few effective remedies, opium was a powerful means of relieving pain and alleviating symptoms; indeed, this accounted for much of opium's regular as well as occasional use. In addition, opium assisted in maintaining stamina at work, and was effective in suppressing hunger. If the addict stereotype of the 'pale and emaciated creature with a wan complexion and languid eyes staring out of a grotesquely deformed face' had

any basis in reality, it was more accurately an image of someone who was ill or starving, not the average Chinese opium user.

A second argument is that far from opium being the cause of the most terrible suffering, the criminalisation and persecution of opium smokers from 1927 onwards carried the higher social costs. The authors focus on the consequences of narcophobic discourse and the activities of missionaries and others in the anti-opium movement. The consequences of prohibition included a shift to morphine and heroin use (both were cheaper and did not attract the same social opprobrium). In consequence of prohibition, huge numbers of people were incarcerated in overcrowded jails. There they lived in the sorts of conditions they had turned to opium to ease in the first place, now without the release afforded by narcotics. Many others were sent by the courts to detoxification programs where they underwent a process of 'moral reformation'. Run like prisons, there were many escapes and attempted escapes. The targets of prohibition were, however, only the poor smokers; the book cites many examples of wealthy and politically powerful smokers who were left alone. The tobacco industry was the lasting beneficiary of opium prohibition: unlike opium it did not attract the US-led international condemnation, and China was a new market for US tobacco producers.

From early in the twentieth century, opium gradually came to represent the old order and new drugs such as heroin and tobacco were associated with modernity. Heroin did not require the time-consuming ritual of smoking opium and this suited the increasingly fast-paced urbanising and industrialising aspirations of Chinese society. The last two chapters of the book consider other drugs and bring the story up to the present. The authors observe that cannabis has been 'socially insignificant'; unlike opium there has been no consumer demand and neither medical approval nor political opposition.

The authors rightly, in my view, emphasise social context rather than pharmacology as shaping the demand for, and the effects of, opium. In doing so, they sidestep the issue of addiction, even at one point questioning its existence. It is certainly the case that too many stories of drugs do naively emphasise pharmacological properties and ignore social, environmental and psychological variations within and across time and place. This book is a refreshing corrective to that trend even if it does at times err in the other direction, in denying that any of the social power of drugs derives from their psychoactive properties. Lending weight to their argument is the fact that Chinese opium—the bulk of the market—contained relatively little morphine. In citing this as a reason for the low levels of dependence, the authors are at least implicitly accepting that pharmacology is a factor that shaped opium use.

Part of the myth of British enslavement of the Chinese through the opium trade is that prohibition by the Chinese authorities was an attempt to free its people from this enslavement. In debunking the myth, the authors say that we need to look to politics to understand how prohibition came about. While the point is made convincingly (with reference to the internal power struggles of Chinese politics) and usefully (there are those who think that drug policy does and should depend solely on pharmacology), it is hardly new or startling, either historically or sociologically, to say that drug policy is not a matter of mere pharmacology.

Written by and for China scholars, this book assumes a knowledge of Chinese history. The evidence is extensive and detailed and at times it is hard to see the forest of argument for the trees of detail. But, heavy-going though the read may sometimes be, *Narcotic Culture* is an important and timely challenge to a myth that remains one of the cornerstones of current international drug policy.

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The Cambridge Historical Dictionary of Disease. Edited by Kenneth F. Kiple (CUP, Cambridge, 2003, pb, ISBN 0-521-530261) xiii, 426pp.

THIS IS A VALUABLE REFERENCE WORK FOR ANYONE WITH AN INTEREST IN the history of medicine. The editor has brought together a range of historians and medical scientists to provide what few other books do: up-to-date, lucid and brief surveys of the aetiology, symptomology and histories of major, and some not so major, forms of illness.

The format is the same for each of the 161 alphabetically listed maladies. A section on 'characteristics' explains the nature of the disease according to modern medical science. Then the bulk of the entry considers its place in history, with an emphasis upon key discoveries and the condition's gradual delineation. The range of conditions covered is impressive: from AIDS and favism to SIDS and trichinosis. In each case, the medico-scientific side is well explained and easy to follow. The historical sections are often first-rate. These are necessarily short (usually about a page or two), but they are full of salient information on historical epidemiology as well as the attempts made to explain the different maladies over the course of recorded history.

Where appropriate, the historical sections also include discussions of the social dimensions of illness. The entry on AIDS, for instance, considers the processes of stigmatising sufferers and the selective attri-