

example, is said about the Edwardian years or the First World War—whilst ideas of gender, voluntarism and participation are addressed in a paragraph. In addition, Gorsky and Mohan occasionally come across as partisan, especially in those chapters that address the post-1948 period. For example, they lament the “failure of the contribution schemes to act collectively and articulate a plausible alternative in the NHS debates” (p. 227). Their frustration that the schemes were unable to create a fully integrated hospital service between the wars, or that a different path was not taken in the 1940s, sits uneasily with the historical record.

These points aside, the authors present a detailed examination of the nature of hospital contributory schemes. They effectively highlight their dualist nature as forms of charitable activity and insurance, in order to explore their strengths and weaknesses before and after the NHS. In so doing, Gorsky and Mohan rightly emphasize the importance of voluntary activity in health care throughout the twentieth century.

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Sharon L Snyder and David T Mitchell,
Cultural locations of disability, Chicago and London, University of Chicago Press, 2006, pp. xiv, 245, illus., £12.00, \$19.00 (paperback 0-226-76732-9).

This is an ambitious and provocative book written by disability studies specialists, rather than historians. The authors argue that current approaches to disability are haunted by “phantoms of the past” (p. xii), and that it is timely to reflect upon the cultural heritage of past practice, particularly eugenics, which, they claim, “lurked like a social phantasm just below the surface, determining the standards, manner and parameters of our cultural, political and intellectual debate about embodied differences” (p. x).

The authors examine a range of “cultural locations of disability” that have been set out on behalf of disabled people in western Europe and the United States—nineteenth-century charity systems, institutions for the feeble minded, the disability research industry, sheltered workshops, film representations of disability and current academic work in disability studies. Their theoretical framework is that these cultural locations construe disability as undesirable deviation from the norm, and that this is a consistent theme, attributable to the persistence of eugenic thought. The comfortable belief that eugenics perished with the revelations of Nazi extermination practices, is one they seek to demolish.

It is difficult to do justice to such a wide ranging book in a short review. The central thesis, namely the persistence of eugenic thought, was for me the most interesting strand. Overall, it is argued that a historical understanding of disability is underdeveloped. Even the extermination of disabled people by the Nazis has not received the attention it warrants. The chapter entitled ‘The eugenic Atlantic’ lays out the proposition that far from an aberration, eugenics was central to European and American efforts to engineer a healthy society, and that disability “functioned as the hub that provided cross-cultural utility” to fears around racial and sexual weakness (p. 101). Rather than being nation specific, they argue that eugenic thought between the two world wars crossed and recrossed the Atlantic, creating an “unprecedented level of scientific and governmental exchange over what to do with those designated with physical, sensory, and cognitive ‘defects’” (p.103). Far from Germany being unique, they regard its extermination practices as a logical extension of transnational biological targeting of defective conditions. The argument is developed that eugenics grouped people with widely divergent physical and cognitive characteristics into a single “defective” group. Whereas most historians of disability distinguish between treatment regimes for physical and mental impairment, Snyder and Mitchell contend that physical

stigmas were regarded as indicative of cognitive incapacity, and that eugenics represents “a concerted movement to rid disabilities from a country’s national spaces” (p. 120).

This central argument is then developed, through analysis of documentary films, to apply to contemporary disability practice. Unsurprisingly, a debt is acknowledged to Foucault’s work, particularly *Abnormal* (2003). Despite euphemistic names suggestive of kindness—nursing homes, sheltered workshops, 24-hour care facilities—Snyder and Mitchell portray these as punitive regimes infused with eugenic thinking and methodologies. Disabled people are fair game for research, “perpetually available for all kinds of intrusions, both public and private” (p.187).

The book ends with a provocative reflection on the place of disability studies in the academy, “the unruly child” which, by affording voice to disabled people’s desires, threatens the medical and public health disciplines that seek to control and to cure disability. It asks the important question of whether disability studies can itself escape a role which subjugates the very people it seeks to represent, and presents some tentative answers.

I am glad I read this book. It ranges widely, and makes some sweeping generalizations. Although it is hard to agree with it in every detail, as a contribution to understanding of disability, past and present, it is a book not to be missed.

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Richard DeGrandpre, *The cult of pharmacology: how America became the world’s most troubled drug culture*, Durham, NC, Duke University Press, 2006, pp. x, 294, £14.99, \$24.95 (hardback, 978-0-8223-3881-9).

For Richard DeGrandpre, a “cult of pharmacology” has come to reign supreme in

America, governing its relationship towards an alphabet of drugs from amphetamines to Zoloft. He argues that drugs have long been seen as “powerful spirits”, but during the twentieth century “pharmacological essences replaced magical ones”. Yet, this was not so much a revolution as a reformulation: “a drug’s powers were still viewed as capable of bypassing all the social conditioning of the mind, directly transforming the drug user’s thoughts and actions” (p. viii). Drugs came to be regarded as “all-powerful” substances, their effects on the user and society determined simply by their pharmacology. DeGrandpre exposes the fallacy of such a belief through an analysis of the characterization of drugs as either “demons” or “angels”. Cocaine, he maintains, is seen as a “demon” drug, a dangerous and addictive substance that corrupts all those who come into contact with it. Ritalin, on the other hand, is regarded as an “angel”, widely used in the treatment of children with Attention Deficit Hyperactivity Disorder (ADHD). Yet, according to DeGrandpre, chemically the two drugs are very similar: it is social context which has shaped their meaning, not pharmacology.

Considering legal, pharmaceutical drugs like Ritalin alongside illegal drugs like cocaine allows DeGrandpre to expose the double-standard which has often influenced attempts to regulate psychoactive substances. Within a system of what he calls “differential prohibition” the dangers of some drugs have been ignored, just as the negative consequences of using others are exaggerated. The science of drugs has had little or nothing to do with how they are dealt with, other concerns are far more important. Who is using a drug and why, for example, has been repeatedly shown to be crucial in determining the way different substances are responded to. Indeed, much of the ground covered by DeGrandpre will be familiar to historians of illegal drugs, alcohol, tobacco and the pharmaceutical industry; the value of this book lies in an attempt to bring together what have often been separate literatures.