

terms, as a series of works of short fiction, rather than as windows into a universe existing beyond the stories.

*The Scientific Sherlock Holmes* is unlikely to be of great interest to readers of this journal. It does not engage with current scholarly debates about Sherlock Holmes, science and wider Victorian culture. It is based almost entirely on works of secondary literature, many of which are not scholarly. While it does not claim to be a history book, it does contain some passages of historical exposition. However, a number of these appear to be based on quite perfunctory research. For example, in a passage discussing the rate of uptake of fingerprinting by police, O'Brien cites the failure to analyse a bloody handprint found at the scene of the murder of Marion Gilchrist in 1909 (which led to the notorious conviction of Oscar Slater) as evidence that 'as late as 1909, Scotland Yard was not totally using fingerprinting' (p. 52). However, because the Gilchrist murder took place in Glasgow, it was not investigated by Scotland Yard (a colloquial term for the London Metropolitan police). The case cannot therefore be used justifiably as evidence for their use (or not) of fingerprinting. The book also contains some errors in its scholarly apparatus. At least two citations from the main body of the text do not appear in the bibliography.

Excessive concentration on happenings or references that are not fully explained in the stories means that there is less space which can be devoted to addressing the interesting questions arising in the reader's mind, which is a shame. I would have liked to learn more about what it was about Victorian and Edwardian culture which so valued a detective with scientific and deductive credentials, rather than be subjected to a two-page demonstration of Holmes's aptitude in mental arithmetic. Why did so few of the stories feature the detailed examination of the corpse, despite Conan Doyle's medical background? Did the changing portrayal of the police in the stories reflect wider cultural shifts? There is plenty of scope for a thoughtful, engaging work on science and Sherlock Holmes. Unfortunately, *The Scientific Sherlock Holmes* disappoints in this regard.

Nicholas Duvall

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**Howard Padwa**, *Social Poison: The Culture and Politics of Opiate Control in Britain and France, 1821–1926* (Johns Hopkins University Press, 2012), pp. 248, \$55.00, hardcover, ISBN: 9781421404202.

These days, the smart money – actually, pretty much all the money – is on addiction being a chronic, relapsing brain disease whose cure will involve repairing or mitigating organic lesions. But many of the most important aspects of addiction are forged not neurochemically but socially and culturally: the line between addiction and other forms of chronic behaviour; how much addicts should be held responsible for their actions; the impact of 'structural' factors (eg., racial segregation) on the epidemiology of addiction; and, not least, how authorities should understand and respond to the social problems associated with addiction. Such judgements have profoundly marked experiences with unproblematically biomedical illnesses such as tuberculosis, cancer and the flu, and the same remains true for addiction, too, no matter how the science plays out. This is why we need books like Howard Padwa's *Social Poison: The Culture and Politics of Opiate Control in Britain and France, 1821–1926*, which analyses the cultural processes

that produced two dramatically different responses to the same biological phenomenon – which, in turn, meant dramatically different experiences for addicts.

Padwa argues that writers, politicians and other commentators were as significant as medical researchers in establishing beliefs about opiates and addiction. The English writer Thomas De Quincey, for example, was the most powerful articulator of prevailing beliefs in the nineteenth century, helping cement opium's reputation as an 'emblem and pastime for outcasts and recluses, individuals who were, paradoxically, united by their radical individualism and passion for personalized reverie' (p. 48).

This reputation was more of a problem in France than in Britain, where individualism and productivity were understood as hallmarks of good citizenship. Strongly coloured by their national interest in continuing the opium trade between colonial India and China, British cultural and imperial authorities ultimately concluded that opium was 'not necessarily incompatible with an industrious and self-sufficient lifestyle' (p. 66). The French, however, placed a much higher importance on 'the collectivity of the nation as a more active player in the cultivation of individual liberty and prosperity' (p. 70). Novelists helped draw cultural links between addiction among French soldiers and treason, which were then given greater currency by political discourse around actual episodes such as the Ullmo Affair. As a result, France ended up with the more incendiary panic over addiction, despite apparently higher rates of opiate use in Britain.

These national understandings of addiction shaped drug policy as it emerged in France and Britain in the years around World War I. British authorities confronted addiction only as an economic issue: lax laws made their nation a haven for smugglers, who created problems for legitimate trade interests. As a result, 'repressing the international drug traffic, more than limiting domestic drug use', was their principal aim (p. 109). France, on the other hand, cracked down on addiction itself, criminalising not only the sale and use but 'encourag[ing] the possession or illegal use of opium' (p. 115). Ultimately, Padwa argues, British authorities saw opiate control as 'largely a means to an end' whereas for French authorities 'drug control was an end in itself' (p. 138).

Despite these difference, the 1920s saw a similar situation in both nations: plenty of addicts with no easy access to drugs, but also no realistic hope of 'cure'. In Britain, addicts and physicians successfully marshalled cultural arguments about individual liberty and productivity to defeat anti-drug crusaders and secure the famed 'British System' of tightly controlled medical maintenance. French doctors made the same pleas on behalf of addicts but they fell on deaf ears. Much later, both nations would adjust their regimes to circumstance: tightening controls in the countercultural 1960s, and then expanding maintenance and public health approaches (a much more dramatic shift in France) in the age of HIV/AIDS. But throughout, national self-perception powerfully shaped each stage of drug control.

That said, this is a valuable story: deeply researched, consistently insightful in analysis and crisply written. The comparative model is an excellent way to show the fundamental importance of social and cultural factors in shaping the history of addiction, and Padwa uses it deftly. Today's addiction researchers would do well to read this book and think about the cultural (and moral) assumptions that frame their own work, and that will most assuredly frame any policies that rely on their conclusions.

The representation of national cultures can be strangely static in this otherwise compelling story. They appear like fields naturally generated within a nation state, homogenous enough that almost any discourse produced within it – poetry, medical journals, novels, etc. – provides evidence of the same underlying structure. But culture

is better understood as a verb rather than a noun, with discourse serving not as evidence of what is generally believed, but as competing and dynamic efforts to create general beliefs. In light of the recent ‘transnational turn’, this is especially important to recognise in nationalist discourses, which should be understood not as pre-existing characteristics but contested cultural projects. This suggests a slightly different question: why did drugs play such a prominent role in the project of establishing national identities in Britain and France? This is obviously not the question Padwa set out to answer, and while cultural historians might wish he had, its absence in no way detracts from the many valuable contributions of this excellent book.

**David Herzberg**

University at Buffalo (SUNY), USA

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**Mark Jackson**, *The Age of Stress: Science and the Search for Stability* (Oxford: Oxford University Press, 2013), pp. 311, £35, hardback, ISBN: 978-0-19-958862-6.

Stress is a paradoxical business. As the popularity of self-help books promising to help us ‘manage’ and ‘master’ stress attest, stress is widely regarded as the cause of a host of social and medical ills. Yet at the same time as we worry about stress, we also thrive on it – hence the popularity of competitive games and the compensating demand for books with titles like ‘The Joy of Stress’.

How we came to be living in ‘the age of stress’, and what we actually mean when we talk about being ‘stressed-out’, are the central themes of Mark Jackson’s new book. Although Jackson begins by acknowledging the central role of stress in his own life (alongside the usual difficulties of writing a book, Jackson also had to contend with his study being flooded in the middle of his sabbatical), this is definitely not a self-help manual. On the contrary, Jackson’s aim is trace the history of scientific concepts of stress and what he refers to in his subtitle as ‘the search for stability’.

Both a medical condition and a cultural metaphor, stress – like depression and anxiety – appears to be ubiquitous in modern society, yet, Jackson writes, we ‘know little about its historical trajectory’ (p. 2). As a term, stress is also somewhat elusive, encompassing both environmental and socio-economic conditions and psychological and emotional concepts.

Jackson argues that the modern obsession with stress can be traced to around 1983 when *Time* magazine ran an article entitled, ‘Stress: can we cope’. Then, as now, stress was regarded as an endemic disease of post-industrial capitalist societies, a condition that owed its prevalence to the ‘chronic strains of life’. But as medical historians well know, there is nothing new about this supposed link between stress and the pressures of industrial lifestyles: in the 1880s Victorian medical commentators also sought to blame epidemics of fatigue and nervous conditions like neurasthenia on ‘overwork’ and ‘overstrain’.

The difference, Jackson suggests, is that in the 1880s stress was a vague, mechanistic concept – ‘an algebraic product’ (p. 53) of heredity and external forces acting on the nervous system. It was not until the 1930s that stress became an object of medical research in its own right and began to be seen as a pathophysiological process that could be elucidated with the tools of modern science.