

topic is absent in previous chapters: references to the role that the Compulsory Sickness Insurance (SOE), and later Social Security, played in the circulation of penicillin. The SOE was launched in 1944 by the Falange, the fascist party that supported the military uprising. Although until the late 1960s it did not cover a significant percentage of the Spanish population, the generous dispensing of prescriptions was an important part of its practice and a key element of the regime's propaganda. Antibiotics contributed to the uncontrollable pharmaceutical expenditure that the healthcare public system had to cope with, and it would have been interesting to read some reference to the prescription practices of the SOE.

The eighth chapter summarises the arguments developed throughout the book, highlighting the strength of circulation as an analytical key. The author convincingly argues that following a scientific object, in this case penicillin, it is possible to study a broad range of agents involved in the circulation of knowledge and practices. The journey of penicillin narrated by María Jesús Santesmases through geographic, political, social, economic cultural and gender events and across borders is not only of interest for the history of medicine and science, but also a privileged observatory for all scholars interested in Franco's Spain.

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**Lucas Richert**, *Strange Trips: Science, Culture and the Regulation of Drugs* (Montreal and Kingston: McGill-Queen's University Press, 2019), pp. xii + 247, \$34.95 CAD, paperback, ISBN: 978773556379.

What do painkillers, the bitter substance found in apricot pits, cannabis, LSD, diet pills and prescription medications have in common? This is not a trick question, but the central issue grappled with by Lucas Richert in *Strange Trips*. As Richert points out, many histories of drugs focus on a single substance. This can have the effect of reinforcing arbitrary distinctions between legal and illegal substances, between use and abuse, and between condoned and condemned. Such a picture is further complicated by change over time, with drugs oscillating within and outside seemingly fixed categories. LSD, for instance, began life as an experimental drug used in the treatment of mental illness during the 1950s, became a recreational drug of 'abuse' in the 1960s and 1970s, and is now returning to potential therapeutic use in patients with depression and anxiety, as well being taken in micro-doses by entrepreneurs in Silicon Valley to boost productivity. How can we account for this odd journey?

The 'career' of LSD is just one of a number of drug stories explored by Richert in this wide-ranging book. *Strange Trips* takes the reader on a voyage across time and space. Focusing primarily on the USA and Canada, Richert divides his narrative into three sections. The first concentrates on drugs in palliative care settings, especially end of life care. Here Richert attempts to explain why the use of heroin was eventually permitted in palliative care in Canada but prohibited in the US. He also looks at the dispute that surrounded Laetrile, or amygdalin, the substance found in apricot pits, which some patients (including the actor Steve McQueen) believed was an effective treatment for cancer. In part two, Richert turns his attention to what he calls 'hippy drugs', predominantly LSD and cannabis. Like LSD, cannabis has been on its own strange trip, especially in North

America, where recreational use is now legal in Canada and several US states, with many more having liberal medical marijuana policies in place. Richert describes this process as the ‘civilising’ of cannabis, the roots of which can be traced back to the Le Dain Commission in 1973, which recommended the decriminalisation of cannabis. In part three, Richert examines the ‘demonization’ of certain pharmaceutical drugs. These include specific substances, like diet pills, but also all pharmaceutical drugs when they appear in the ‘wrong’ places. Many prescription drugs were (and continue to be) cheaper in Canada compared to the US, and so patients and enterprising third parties devised systems to move drugs across the border. In the early 2000s, pharmaceutical companies concerned with their profit margins, and regulators apparently concerned with patient welfare, attempted to find ways to frustrate this practice.

While the stories Richert tells are distinct, several cross-cutting and intersecting themes can be detected. Evidence, for instance, has both shaped and informed drug policies but is also a site of contestation, with rival groups arguing for different interpretations, or even different kinds of evidence, to support their position. The role of the consumer was also crucial. In many of the stories Richert tells, consumers were demanding access to certain substances or to use these in novel ways. Their success or failure can be explained by a variety of complex elements related to larger social, economic, cultural and historical factors. For instance, Richert attributes Canada’s lifting of a ban on the use of heroin in end of life care to its close ties with Great Britain, where the drug was never prohibited. The US persisted with a ban despite growing pressure for the patient’s right to choose their own medication because of the ongoing war on drugs and fear that pharmaceutical heroin would leak onto the illicit market.

Getting to grips with such contrasts is one of the aims of this book, and although there is much to be admired in the ambition and reach of *Strange Trips*, the examples and themes could have been dealt with in a more coherent manner. The reader has to do quite a lot of work to connect the individual case-studies to the larger issues, and more could have been done to explore the areas of overlap and disjuncture between substances and over time. The book would have benefited from a clearer conclusion that drew all the various threads of the different stories together. Drugs can take their users on strange trips, and if we are to follow them, we have to be able to do so without getting lost.

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**Katerina Gardikas**, *Landscapes of Disease: Malaria in Modern Greece* (Budapest: Central European University Press, 2018), pp. 348, £48, hardback, ISBN: 9786155211980.

‘No crowds, no rejoicing even in harvest time, no laughter, no songs, and the imprint of malaria laid visible on all the faces’ (Henri Belle, *Trois années en Grèce*, 1881). *Landscapes of Disease* offers a full harvest of such impressionistic, riveting notes left by early travellers in Greece: diplomats, topographers and army physicians. They write of children’s lives at risk until the age of thirteen, lakeside inhabitants nicknamed *bakaniarides* (‘big bellies’), mining settlements dubbed ‘yellow villages’. Lively and dramatic, Katerina Gardikas’s gripping overview of the most malarial country in Europe (with between one and two million cases annually prior to the Second World War, in