

Lorenzo Servitje, “Of Drugs and Droogs: Cultural Dynamics, Psychopharmacology, and Neuroscience in Anthony Burgess’s *A Clockwork Orange*.” *Literature and Medicine* 36.1 (2018): 101-123.

The infamous “Ludovico treatment”, from Anthony Burgess’s 1962 novel *A Clockwork Orange*, remains an enduringly relevant (and seemingly irresistible) vignette for scholars of biopolitics. Sensationalizing the mid-century relationship between psychiatry and pharmacology, the experimental intervention suffered by Burgess’s antihero, Alex, continues to speak to contemporary fears about biotechnology, social control, and individual autonomy. Lorenzo Servitje’s essay offers a new reading of *A Clockwork Orange* in terms of its medico-historical context, and, in particular, the neuroscientific and psychopharmacological developments of the 1950s and 1960s. Only by appreciating important shifts in ideology and infrastructure during the postwar period, Servitje argues, can the significance of the novel’s critique of “a specific and crucial biopolitical moment” be recognized (118).

Servitje’s essay begins by situating *A Clockwork Orange* in the context of the mid-twentieth century sciences of the mind, focusing on the emergence of neuroscience and psychopharmacology as modern disciplines. Presenting a broad and accessible overview, Servitje details the technological developments that enabled the popular rise of scientific materialism during these decades. As his primary example, Servitje describes how the introduction of the first antipsychotic, chlorpromazine, into clinical practice during the 1950s transformed the mental health landscape in Britain. The growing adoption of psychopharmacological interventions helped to popularize the idea that mental states were brain states, which could be altered – and potentially controlled – by the administration of chemical substances. This led, in turn, to the increasing influence of psychiatry and neurology over the diagnosis and treatment of “psychological conditions that were once under the purview of psychoanalysis” (104).

As Servitje notes, however, the early success of psychopharmacology was not without its discontents. Applying his historical framework to an analysis of *A Clockwork Orange* in the essay’s second section, Servitje suggests that the Droog’s antisocial drug use constitutes a parodic re-inscription of psychopharmacology as a means of behavioural control. Here Servitje devotes considerable energy to discussing the potential analogues for the list of fictional drugs that the Droogs use. Although exemplary of Burgess’s familiarity with the concomitant drug culture, these insights are not necessarily a support for Servitje’s larger argument, and feel a little digressive. One notable exception, is the parallel Servitje’s draws between Alex’s fictional aversion therapy and Disulfiram (105-106). Marketed as a therapeutic intervention for chronic alcohol dependency during the 1950s, Disulfiram worked by inducing nausea and vomiting, and was famously the drug used in William S. Burroughs’s contemporaneous treatment by the English psychiatrist John Yerbury Dent. Tracing these historical connections in great detail, Servitje makes a credible case for Disulfiram as the inspiration for the psychopharmacological component of the Ludovico method.

Having established the great extent to which *A Clockwork Orange* reflects its mid-century psychopharmacological context, Servitje uses the final section of his essay to explore the medical ethics surrounding the social engineering of human behaviour. In an extensive Foucauldian reading of the novel’s Ludovico treatment, Servitje

proposes that it is through the technique that Alex's deviant, antisocial subjectivity is remade into the "docile and disciplined" ideal of "productive neoliberal ends" (116-118). Operating within the prison and the hospital, the arrival of psychopharmacology seemed to open new avenues for medicalized forms of social control. Servitje argues that the Ludovico treatment demonstrates how the physical effects of psychopharmacology directly affect the material operations of the brain, bypassing conscious agency in order to produce socially desirable behaviours (112). While Servitje treats this discussion as an opportunity to engage in some novel, if specious, neuroanatomical speculations on the discredited triune model of the brain (114), this does not detract from the convincing nature of Servitje's other arguments.

Servitje's detailed account of the advent of modern psychopharmacology and neuroscience will be of particular interest for the study of British medical history during the postwar period. His well-researched narrative offers a wealth of information about critical debates and technological developments during the era, even if some of these insights – for example, his research on the Anti-psychiatry and deinstitutionalization movements (107) – are never integrated into his later analysis. Servitje's essay succeeds in the compelling case it makes for the importance of reading *A Clockwork Orange* as more than a simple novel of dystopian state apparatus and youthful rebellion. In viewing the novel in light of its medico-historical context, Servitje shows how the dynamics of mid-century psychopharmacology, neuroscience, and psychiatry, produced a vital shift in thinking about the brain. As the contemporary "neoliberal rhetoric of self-improvement, and optimization through psychopharmacology" (119) shows, this is a transformation that continues to have profound repercussions to the present day.

Natalie Riley
Durham University