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station – Gilbert Scott. Although the incorporation of the medical school into the university (the Yorkshire College) did not follow until 1884, by 1869, the medical school and new infirmary had grown into the large, solid and firmly established institution that it remained thereafter. From that stage forwards, one could be certain that it would expand and produce ever larger numbers of well-trained doctors. It was part of the medical establishment. There is something about the early history of institutions that is much more exciting than the later established stages; perhaps it is the possibility of failure on the one hand or exciting innovation on the other. There is an element of touch and go. The early chapters of this book convey the feeling that it must have been exciting to teach or to have been taught at Leeds between 1831 and 1865. Numbers were small but growing; staff and pupils must have known each other well, and friendships and feuds intensified by close contacts. One is reminded of the students from Bristol, a little earlier in the century, who wrote to the surgeon Richard Smith junior, their former teacher and friend, saying in effect: “They think they know it all in London, but we can tell you the teaching and standard of surgery are better in Bristol”. London attitudes may have been a challenge that provided the energy and enterprise by which Leeds could progress from a handful of teachers and students in a few rooms at the dispensary to a large and thriving establishment in little more than thirty years. Once again, one is left gasping at the energy and speed with which institutions were transformed from plans to reality in the middle third of the nineteenth century. Great strides continued to be made from the 1860s onwards, but they were largely predictable.

In the eighteenth century, Edinburgh had the reputation of being the centre of medical education in Britain. When, in the nineteenth century, the centre shifted to London, the vital part played by the provincial medical schools was overshadowed. We need to know more about medicine in the provinces to redress the balance, and Anning and Walls have produced an excellent, compact, and valuable addition to an aspect of medical history that has received too little attention in recent years: provincial medical education.

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KENNETH F. KIPLE and VIRGINIA H. KING, *Another dimension to the black Diaspora. Diet, disease, and racism*, Cambridge University Press, 1981, 8vo, pp. xix, 295, £20.00.

Over the past several years, Kenneth F. Kiple and Virginia H. King have provided students of American Negro slavery and of the history of American medicine with some new information and new perspectives on black health in the antebellum South. [‘Black tongue and black men: pellagra and slavery in the antebellum South’, *J. Southern Hist.*, 1977, 43: 411–428; ‘Black yellow fever immunities, innate and acquired, as revealed in the American South’, *Soc. Sci. Hist.*, 1977, 1: 419–436; ‘Slave child mortality: some nutritional answers to a perennial puzzle’, *J. soc. Hist.*, 1977, 10: 284–309; ‘The African connection: slavery, disease and racism’, *Phylon*, 1980, 41: 211–222.] Their proposals that, e.g., blacks possess some as yet unidentified genetic resistance to the ravages of yellow fever; sudden infant death syndrome (crib death – a common occurrence among slaves which people attributed to “overlying”) is actually related to magnesium deficiency; and pellagra was rife among Southern blacks in the 1840s and 1850s, have caused historians to reassess some of their assumptions about pre-Civil War Southern health conditions. But because many of Kiple and King’s assertions twist accepted ideas into new shapes, scholars, have rightly challenged some of their conclusions. This new book will surely continue that trend.

Another dimension to the black Diaspora reiterates many of Kiple and King’s previous ideas and then adds new ones. Their theme has not changed: in order to understand black health in the New World one must understand the slave’s African health heritage and then his dietary and environmental condition in the Old South. The reader, consequently, journeys to pre-colonial and colonial West Africa to learn about the long-term genetic adaptations blacks had made to the disease and climatological environment of their homeland (e.g., dark skin pigmentation, immunity to certain forms of malaria). He then moves to North America to discover the adjustments blacks made to survive in that continent’s unique physical conditions, under slavery.

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What he finds is that certain immunities and physical features protected bondsmen (tolerance to humid heat, malaria, yellow fever) while others hurt them (pigmentation filtered out much sunlight and thus vitamin D, inexperience with tuberculosis and pneumonia and other European diseases significantly increased mortality rates). Add to that a diet probably high enough in calories but frequently deficient or marginally adequate in vitamins, minerals, and protein, and the reader understands why morbidity and mortality among blacks was much higher than for white and why Kiple and King argue that blacks had special medical problems.

It was the uniqueness of the slave's health situation that antebellum observers (especially physicians and slave-owners) noted and embellished upon. The result, inevitably, according to the authors, was the incorporation, from the 1820s on, of black medical differences from whites (interpreted as signs of inferiority) into the pro-slavery argument.

Another dimension is not narrative history – it tells no story, relates no events, focuses on no individuals. Nor does the book set a mood in time or place. Kiple and King, instead, concentrate on disease and dietary descriptions and spot inter-relationships between them and modern medical knowledge. They weave this information together with specific political conditions and social needs in antebellum America to derive their conclusions. Such close attention to medical detail nets much new and interesting information but also runs the risk of overstating the case for poor nutrition as the basis of almost all slave ill health and of ignoring the social and psychological dimensions of disease causation, treatment, and recovery. The effects of health problems on individual lives are ignored in large “big picture” studies such as this one. Furthermore, when dealing with such rapidly changing fields as human biology and medicine, where current ideas and “facts” may be quickly discarded or superseded, it is necessary to be cautious. Kiple and King take pains to identify their own speculations and others' tentative hypotheses. Readers must be wary. But the authors are also to be congratulated on their extensive searches of the medical literature and on their readable explanations of complex medical concepts and conditions.

This book truly provides *Another dimension to the black Diaspora*. It builds from, complements, and then further explores ideas and information presented in the growing body of writings on black health in the New World.

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NANCY STEPAN, *The idea of race in science: Great Britain, 1800–1960*, London, Macmillan, 1982, 8vo, pp. xxi, 230, £20.00.

In mountain climbing, one attempts a project “because it is there”. In history, one often attempts a project “because it is not there” – simply because there is a monographic gap to fill, or a synthetic treatment that remains unwritten, rather than because there is a significant problem of historical interpretation that compels the investigator's attention. Thus the present volume's definition of subject is justified because “no comprehensive account of the science of race in Britain from its origin in the late eighteenth century and early nineteenth century, until its demise after the Second World War, yet exists” (p. xix). Climbing a mountain is an all-or-nothing proposition. Filling a gap in historiography is sometimes hard to evaluate, since where synthesis fails, shovels-full of information may still help to fill the breach. And because the size of the gap depends on the prior knowledge/ignorance of the reader, a knowledgeable reader may in fact prove an inauspicious critic – the more so when, not a synthesizer by inclination, he finds himself one of the synthesized.

Many other readers, however, may find much of value in this book. Despite a lack of conceptual clarity on certain critical orienting issues (the relation between “scientific racism” and “the scientific discourse on race”, or between factors “‘outside’ science” and “the internal logic of scientific arguments”), Stepan's book does indeed provide, within the short compass favoured by the current economy of publishing, a generally competent treatment of the major episodes in “the history of the idea of race in the natural sciences in Britain” (p. ix) – although it frankly limits itself to “the study of the main figures in science rather than the minor ones” (p.