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administer effectively the "promise of punishment", that is, discipline, isolation, and rehabilitation, given budgetary constraints and the prevalent view in free society (and even in the Penitentiary Administration itself) that criminals, once tainted by the experience of prison, were inevitably doomed to become social pariahs.

The most stimulating chapter in the book, although the most scantily researched, deals with the "New prison subcultures" (Chapter 3). Here the author raises the fascinating issue of the prisoners' challenge to authority and their assertion of individuality in a totally dehumanizing environment. Whether it was through the evolution of an incomprehensible *argot*, flamboyant tattooing (a practice that criminal anthropologists maintained demonstrated criminals' atavistic and "savage" propensities), pornographic drawings, homosexual relationships, or even occasionally riots, prisoners found ways of undermining disciplinary measures and of ridiculing the official morality of the prison system. O'Brien gives a striking demonstration of how the penitentiary had the effect of refining deviance, rather than correcting it.

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S. T. ANNING and W. K. J. WALLS, *A history of the Leeds School of Medicine. One and a half centuries 1831–1981*, Leeds University Press, 1982, 8vo, pp. xiv, 170, illus., £6.50. (Obtainable from Medical School Office, University of Leeds, Leeds 2; or Austicks Medical Bookshop, Great George Street, Leeds 1.)

The celebration of its 150th anniversary was the stimulus to publish this history of the Leeds School of Medicine. Of the two authors, Stephen Anning, whose career included general practice before he became a dermatologist, is already well known for his contributions to the history of medicine in Leeds; Kenneth Walls, the other author, was a surgeon before he became the Senior Lecturer in Anatomy at Leeds. It is clear that both have written with enjoyment about an institution that they have known intimately and with affection.

It is hard at first to realize how small and private were the beginnings of the provincial medical schools, and how much they had to contend with the snobbish prejudice of London where, in the teaching hospitals and the Royal Colleges, it was widely believed that all provincial medical matters were necessarily inferior to those of the metropolis. In 1831, Leeds had an infirmary (already sixty-seven years old), a dispensary, a fever hospital, and an eye and ear infirmary. This was the typical mixture to be found at that period in the larger provincial cities, and at Leeds the facilities for teaching medicine were excellent. Already, the London teaching hospitals were beginning to suffer from student overcrowding, which prevented close observation and contact with teachers and patients.

In Leeds, the energetic Thackrah (famous for his early contribution to occupational health) had started private classes in anatomy in 1826; and in June 1831, two physicians and four surgeons, who held appointments at the infirmary and the dispensary, established the school and planned a broad curriculum. "The school was established quietly, not by a meeting of the nobility and the gentry, not by public subscription, but by six relatively young and active men who possessed a certain spirit of independence and self-reliance." Spare rooms at the dispensary in North Street were rented, and when the school opened in October it was proposed that there should be an extended course of clinical instruction based on the medical institutions of the city over a period of *seven* years compared to the usual two years in London. It is disappointing that we know so little about what bedside teaching (if any) took place in the provincial specialist hospitals. A small amount of teaching took place in the dispensaries, but only for a brief period. This was a pity, as the much wider range of common medical conditions seen at the dispensaries made them an ideal place for the teaching of students and future general practitioners. But the senior physicians and surgeons gravitated to the hospitals, taking with them their reputation, their influence, and their students.

By 1834, the medical school had outgrown the dispensary and it moved to private premises. These, too proved inadequate and in 1865 it moved to one of the first purpose-built medical schools. Four years later, the new infirmary was opened, designed by the architect of St Pancras

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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.