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adequately documented. Crissey and Parish see the two dermatological paradigms as English and French: the observational school of Willan and Thomas Bateman, content to describe on the basis of morphological appearance and clinical history, and the more ambitious but more speculative approach of Jean Louis Alibert (1768–1837), who sought to establish a “natural” classification based on aetiology. Later chapters deal with work on fungal diseases of the skin, microscopy and the rise of bacteriology, cutaneous manifestations of systemic diseases, and the development of dermatology in the United States. Syphilis is dealt with separately, with interesting discussions of Philippe Ricord and Alfred Fournier, and the final syphilis chapter takes the story through the serological discoveries of the early twentieth century. Throughout, the authors deal fully with French, German, and Austrian dermatologists.

Biographical and cultural vignettes abound, but the volume actually sticks fairly closely to its biographical approach. Wider, professional issues such as specialization or specialized hospitals receive scant attention. There are also a fair number of (mostly minor) mistakes: Philippe Pinel is confused with his nephew, Matthew Baillie and J. P. Desault are consistently mis-spelled, and physicians and surgeons (in the British sense) are inadequately distinguished. On balance, however, the volume’s virtues win and the history of dermatology has now been opened to a wider audience.

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PATRICIA O'BRIEN, *The promise of punishment. Prisons in nineteenth-century France*, Princeton, N.J., and Guildford, Surrey, Princeton University Press, 1982, 8vo, pp. xiii, 330, illus., £21.20.

Using Michel Foucault’s 1975 work, *Surveiller et punir: la naissance des prisons*, as her initial inspiration, Dr O’Brien’s book has enlarged our knowledge of prisons and systems of punishment in nineteenth-century France. Her work begins with the rise of the penitentiary system and sketches the reformist values in medicine, law, and philanthropy which shaped it. However, in contrast to similar accounts that end their histories in the 1840s when the penitentiary is said to have triumphed as a “total institution”, she extends her investigation as far as 1885. Consequently, she discusses the modifications that the prison underwent in the latter part of the century, and more importantly, examines the later correctional innovations designed to complement the penitentiary’s role. These new penal strategies, she explains, operated around the two poles of re-education and elimination, and were developed to contend with the growing tide of recidivism. Conditional liberation was instituted to limit the amount of time well-behaved offenders spent in prison, and hence to minimize the institution’s contaminating effects, while at the same time a network of patronage and surveillance was devised to help convicts “readjust” to free society on their release. Second, rigorous measures were passed in 1885 to relegate the multiple offender (including vagabonds and mendicants) to New Caledonia and Guyana, thus ridding metropolitan France of incorrigibles while simultaneously providing a conscripted work force for the most arduous tasks of colonization. O’Brien argues compellingly that such programmes do not signify the failure of the prison, as has been previously asserted, or any incipient move towards humanitarian de-institutionalization. Rather, they indicate the massive extension of corrective procedures into areas a long way outside prison walls.

The discussion of the development of the corrective system as a whole is, however, secondary to the major goal of the work, which is to uncover as far as possible the daily lives of individuals inside the prisons. For example, she discusses the varying rationales of treatment and punishment for the three categories of offenders – men, women and children – who by mid-century had been separated into different institutions (Chapters 2 and 4). Her examination of work (Chapter 5) gives insight into the role of the small-scale entrepreneur in the penal system and raises important issues about prison workers as wage labourers and the place of labour as a rehabilitative strategy. By looking at the recruitment of prison guards (Chapter 6), O’Brien demonstrates their often deviant and sadistic practices, implying that perhaps the criminals themselves were less criminal than were their masters. Throughout the volume, she shows how difficult it was to

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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