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his topic, preferring only “a faithful narrative of all that I have witnessed on service . . . in the Upper Province of Canada.” Dr Roland’s introduction, like the book itself, is short, and one regrets that he did not have the space to bring more of his extensive knowledge of the place and the period to bear on Douglas’s work.

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JOHN KNOTT, *Popular opposition to the 1834 Poor Law*, London and Sydney, Croom Helm, 1986, 8vo, pp. 284, £19.95.

Many distinct advances in scholarship have recently converged to re-emphasize the centrality of the Poor Law to the social history of English medicine. It has lately become clear, for the first time, just how extensive were disbursements for sick paupers under the parochial system of outdoor poor relief first set up by Elizabethan statute and continuing right down to the abolition of the Old Poor Law in 1834. By the eighteenth century, an informal “health service” for the poor operated in most parishes, and it had become normal for vestries to contract with a local surgeon to provide comprehensive (if necessarily somewhat rudimentary) health cover for the aged, the sick, and the incapable. The Old Poor Law came under increasing fire early in the nineteenth century for its alleged “extravagance”, and it is clear that medical bills formed no small proportion of its costs. When the New Poor Law was introduced in 1834 under the ideological direction of Benthamite political economy, much tighter control was kept on medical payments. Not surprisingly, resistance to the New Poor Law was fierce and prolonged. For, as John Knott’s lively book rightly insists, popular hostility to it was based not upon vague and ignorant anxieties, but upon a well-informed grasp of how it would further penalize misery.

Dr Knott devotes most of his space to an account of the shaping of opposition to the passing, and then to the implementation, of the New Poor Law. Petitions, riots, and the storming of the new workhouse “bastilles” began in the South, but spread to Wales, East Anglia, and the industrial North. In numerous towns, elections to the new boards of guardians were boycotted, or were used as embarrassing shows of strength by the opposition; and Knott shows, in the core of his book, how the election of members hostile to the new system created administrative chaos in such centres as Oldham, Todmorden, and Huddersfield, where working-class hostility was strengthened by middle-class backing and the influential support of dissident Tories such as Richard Oastler.

Importantly, he establishes that more was at stake in popular resistance than questions of payments to the poor, or even the principle of “less eligibility” and compulsory institutionalization in the workhouse. Hatred of the New Poor Law echoed and amplified a multitude of other fears articulated by the common people that they were about to be dragged off by a new police state. The cholera epidemic of 1832 had triggered panic over powers of compulsory quarantining and hospitalization; and, above all in the popular mind, the New Poor Law seemed to combine in a pincer movement with the 1832 Anatomy Act. Surgeons were to have automatic access to unreclaimed bodies from the workhouse for dissection purposes. Thus it seemed as if paupers were being made over as medical guinea-pigs.

Medical History readers may well have a feeling of *déjà vu* when examining Dr Knott’s passages dealing with this issue (pp. 260–263); that sense will be increased by additionally scrutinizing his ‘Popular attitudes to death and dissection in early nineteenth century Britain: the Anatomy Act and the poor’ (*Labour History* (Australia), 1985, 49: 1–18). The reason for this is that they will already have read much of it, literally verbatim, elsewhere, in Dr. R. Richardson’s ‘A dissection of the Anatomy Act’, *Studies in Labour History*, 1976, 1: 1–15. Line after line, and occasionally sentence after sentence, is reproduced by Dr Knott, with at most the token “fig leaf” of a word or two altered. Thus Richardson wrote in 1976 that Henry Hunt “spoke of fear of dissection as one of ‘the natural feelings of mankind’ and cited the case of Dr Hunter, who although ‘he had dissected so many himself, up to the very last moment of his life declared that he

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objected to the operation being performed on him'. Hunt suggested that every surgeon committing dissection should give an undertaking to allow his body to be dissected after death." Without any reference to Richardson, Knott writes in 1985 that Hunt "spoke of the fear of dissection as one of the 'natural feelings of mankind', and cited the case of Dr William Hunter, the eminent eighteenth century anatomist, who although 'he had dissected so many himself, up to the very last moment of his life declared that he objected to the operation being performed on him'. Hunt suggested that all surgeons and anatomists should be made to donate their own bodies for dissection after death." There are dozens of similar "parallels". No matter how this may have come about, a handsome apology is due to Dr Richardson.

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PIETER SPIERENBURG (editor), *The emergence of carceral institutions: prisons, galleys and lunatic asylums 1550–1900*, (*Centrum voor Maatschappij Geschiedenis*, 12), Rotterdam, Erasmus Universiteit, 1984, 8vo, pp. 187, [no price stated] (paperback).

This twelfth volume in the irregular series published by the Department of the History of Society of Erasmus University, Rotterdam, presents five substantial essays on the theme of "carceral institutions"—the means by which society excludes, by depriving them of liberty, those elements it identifies as unassimilable, or unacceptable. Some general conclusions are drawn out and given a theoretical framework in the editor's introduction, where he takes issue with the "modernization" concept familiar from the works of Foucault, Ignatieff, and others, claiming that this does not stand the test of empirical analysis, in Europe at least, any more than does its historiographical precursor and mirror-image with its naively optimistic stress on reform and progress. Instead, he advocates a "process-oriented approach to the history of repression and control".

Clearly, this endeavour involves more than a simple account of the development of prisons, and historians of various specialities can find much of interest here. The tone is less relentlessly sociological than might be feared at first sight, and different types of sources are used, placing the information in a human as well as a socio-political context. A short-title contents list is probably the best way to indicate the scope of this slim but useful volume: from 'The sociogenesis of confinement' via 'Galley and hard labour convicts in France' to 'The birth and reforms of prisons in France', and finally 'The asylum in Germany before 1860' and 'Lunacy reform in the Netherlands'. Readers would do well to stray from familiar territory; there are unexpected bonuses in little-explored areas such as the fate of convicts sentenced to the galleys, and the part played by organized religion in the movement to reform mental health care. Continuity of the perceived problem—deviants, it would seem, are always with us—and complexity of human motivations interacting with political considerations—are recurring motifs, as is the ultimate failure of quite genuinely well-intentioned reformers. Each author supplies detailed notes and/or bibliography which add to the value of the work.

More research is needed, the editor tells us (as editors are wont to do) before we can reach more definite conclusions. But even without those elusive objects, this publication is a good beginning.

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S. E. D. SHORTT, *Victorian lunacy. Richard M. Bucke and the practice of late nineteenth-century psychiatry*, Cambridge University Press, 1986, 8vo, pp. xvi, 207, £25.00.

The Cambridge History of Medicine series is an admirable undertaking, and the title "Victorian lunacy" has a broad and exciting ring. Whether the life and work of Richard M.