Why are modern-day Americans, especially members of the "baby boom" generation, so obsessed with health and physical fitness, despite the tremendous medical advances of the past hundred years? In *Able-bodied womanhood,* Martha H. Verbrugge suggests we must look beyond strictly medical explanations for an answer to this apparent paradox. Expanding upon the work of Lester S. King, Susan Sontag, and others on the social construction of disease, Verbrugge argues that concerns about personal well-being and popular views about what constitutes health and disease are shaped as much by the private anxieties and social values of a particular time and culture as they are by biological criteria. In particular, she maintains, people tend to focus on health when other personal and social problems seem intractable.

Verbrugge looks to nineteenth-century Boston as a case study of how social values and concepts of disease intersect. Using vital statistics, medical and popular literature on personal health, and the work of prominent individuals involved in Boston's health reform movement, Verbrugge demonstrates how drastic changes in American society caused by immigration, urbanization, industrialization, and other major developments, as well as poor standards of medical care and high mortality rates, contributed to feelings of vulnerability and "dis-ease" among white, middle-class Bostonians. In response to thise sense of crisis, "Boston's middle-class looked inward for stability", turning to models of personal health as the most reliable means for restoring order to their lives. Verbrugge adds, however, that "[o]nce committed to health, Bostonians discovered that the concept had no uniform meaning, and their quest had no single conclusion." Instead, they found that their understanding of what health meant needed to be constantly adapted to suit continuing shifts in the American social and intellectual landscape.

Middle-class women are the focus of Verbrugge's study, due to their central role in nineteenth-century popular health movements, and because for women, the search for a coherent model of personal health was especially problematic. Nineteenth-century doctors claimed that women were inherently sickly because of their physiology, yet attempts to alleviate female invalidism through exercise and health education frequently conflicted with cultural standards of propriety and "true womanhood". During the latter half of the nineteenth century, the question of what was "healthy" yet womanly became even more difficult as a result of the intensifying national debate about "the Woman Question". Many historians have claimed that women health reformers provided a uniformly feminist challenge to "misogynistic" assumptions about women's nature and abilities. Verbrugge, however, contributes to recent trends in the history of women and medicine by providing a more complex understanding of women's participation in the health reform movement. Drawing upon the records of three institutions that popularized exercise and health reform among middle-class women—The Ladies' Physiological Institute, Wellesley College, and the Boston Normal School of Gymnastics—as well as biographies and personal reflections of individual women associated with these institutions, Verbrugge observes that "there was no fixed or universal standard of able-bodied womanhood" even among these women, nor did they all agree whether a model of healthy womanhood should be used for conservative or progressive ends.

Able-bodied womanhood is a well-written, sensitively argued book, and represents a significant contribution to both the social history of medicine and women's history. Verbrugge raises important and provocative questions about the relationship between health and the nineteenth-century American *mentalité*, which I hope will be followed up in a more comprehensive study.

Heather Munro Prescott
Cornell University

VALERIE FILDES, *Wet nursing: a history from antiquity to the present,* Oxford and New York, Basil Blackwell, 1988, 8vo, pp. xx, 300, £19.50/$34.95.

Wet nursing, the breast-feeding by one woman of the child of another, was common practice for centuries in many parts of the world. For the wet nurses, usually paid for the service, it was a significant economic factor in their daily lives; for the natural mothers, usually of higher social status for whom breast-feeding was unacceptable, it was a matter of grave necessity. Prior to the

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introduction of satisfactory artificial feeding, such sustenance was also a vital factor in the lives of orphans and foundlings, for whom the alternative was direct feeding from such animals as goats.

That the subject can sustain an entire book may seem surprising; however, recognizing its potential during research for her earlier work, *Breasts, bottles and babies,* Valerie Fildes has produced an intriguing study of the mechanism whereby many thousands of babies were nourished by total strangers. This meant being raised among the families of married country women or, as was more common from the nineteenth century, by wet nurses resident in the babies' own homes.

From a survey of a wide range of publications including early printed works, together with manuscript sources pertaining mainly to the London Foundling Hospital, Dr Fildes covers such aspects as wet nursing in antiquity, in the American colonies, at its height in England in the seventeenth century and, finally, its demise in the nineteenth and early twentieth centuries following medical campaigns and the encouragement of maternal breast-feeding. In view of the fact that wet nursing was a widespread, well-paid occupation, the chapter on the occupational disease of wet nurses, which is restricted to a narrow period and almost solely to quotations, deserved expansion.

Wet nursing and many related aspects of child care have been treated in depth and the book also examines medical and social issues wider than its title conveys.

Jenny West
Wellcome Institute

ROGER JEFFERY, *The politics of health in India,* Comparative Studies of Health Systems and Medical Care, vol. 21, Berkeley, University of California Press, 1988, 8vo, pp. xii, 348, $39.95.

Health in India is, as Roger Jeffery remarks, a subject that has been "much discussed, but not much studied" (p. 12). The country's health services are often cited in discussions of India's economy and society but without any systematic investigation into their evolution and character. The literature has been piecemeal in its approach and, where critical, generally damning about the level and nature of the facilities provided. Dr Jeffery accordingly sets out to form a more comprehensive and balanced assessment.

In discussing the colonial period, the subject of the first third of the book, he is clearly disadvantaged by the lack of studies of British health policies. There is, in fact, little discussion here of the "politics of health" under British rule, if by that term is meant the conflicting aims and shifting priorities to which colonial medicine was subject; but this section of the book gives effective consideration to the narrowly colonial orientation of the Indian Medical Service, the general neglect of public health, and the decline of India's indigenous medical systems. Jeffery is sceptical about claims that colonial medicine effected far-reaching changes in mortality and public health before 1947, though, without a discussion of individual disease trends, his evidence seems flimsy. He sees, however, certain redeeming features in the colonial record: a medical infrastructure had been created that could be built upon later, and, even before Independence, the Bhore Committee report in 1946 proposed a major reorientation of policy to meet public health requirements, though several decades were to elapse before implementation.

In his discussion of health policies after Independence, Jeffery contests the view that India's health services have badly failed to meet its needs. He concludes, on the contrary, that there are some grounds for optimism. Despite political and administrative difficulties, he sees some "very real achievements" in Indian health policy since 1947, as evinced by falling mortality rates and the success in tackling targeted diseases. India is seen to have been the beneficiary of the relative "openness" of its political structure. Thus, the Western medical establishment, as embodied in the Indian Medical Association, has been unable to squeeze out indigenous medical practitioners, nor has it gained a monopoly of state recognition and education. Substantial numbers of doctors have left India to work abroad without seriously weakening health provision within India; and Western drug companies have failed to win the same degree of control they have gained elsewhere. India, then, does not fit a crude "dependency" model. Since the early

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