

Vanessa Heggie, *A History of British Sports Medicine* (Manchester: Manchester University Press, 2011), pp. x + 222, £60.00, hardback, ISBN: 978-0-7190-8261-0.

Vanessa Heggie begins her fascinating history of British sports medicine since the late nineteenth century with the posthumous revelation in 1980 that the Polish-born Olympian Stella Walsh (Stanisława Walasiewiczówna), who had won gold and silver medals in the 100 metres in the 1930s, 'was not a normal athlete from a femininity standpoint'. This sensational news tapped into contemporary anxieties about doping, steroid use and sexually ambiguous female competitors. In the ensuing controversy about Walsh's 'gender fraud' the International Olympics Committee rejected calls to rescind her medals because at the time she genuinely believed herself to be a woman. For Heggie this episode evokes the 'fundamental question' of sports medicine in the twentieth century, namely 'defining normality for the athlete' (pp. 1–2).

There are recent studies of topics such as drugs in sport, but the general history of British sports medicine has been neglected. This deeply researched, nuanced account is much more than a narrow history of the rise of sports medicine from the founding of the British Association of Sport and Exercise Medicine in 1952 until its recognition as a formal speciality in the early twenty-first century. Heggie takes the story back to a loose network of practitioners and sites such as the little known 'Footballers' Hospital' in Manchester, which opened in the late Victorian period, and she demonstrates that medical research informed training manuals from the early twentieth century. Heggie highlights the contribution of British scientists and doctors in this area and she questions the myth of British backwardness in contrast with Germany or the USA, where the history of sports medicine has received much greater attention.

Taking established accounts of the social construction of health and disease as her starting point, Heggie highlights the complexity of categories such as normality or fitness. In the early twentieth century the athletic body, which was predominantly young, white and male, was perceived to be little different from that of a 'normal' healthy citizen, but a hundred years later elite athletes stood apart. Heggie traces how these two categories were gradually separated, a process which took off between the 1930s and the 1950s against the background of growing international tension and world war. She argues that it was only when the athlete became supernormal or abnormal that sports medicine became a distinctive area of expertise. Athletes functioned as inspirational icons or exemplars of fitness, but there is little agreement on the definition of fitness and how it could be measured. Heggie rightly points out that the more important question is 'fit for what?' (p. 19). Answers ranging from normal life, war or elite competition provide insight into shifting conceptions of the athletic body. Contemporary athletes are frequently unhealthy and may even be threatened by premature mortality. Heggie argues that the celebration of athletic fitness as a model for the general public provides an ethical challenge for sports medicine with important implications for social and public health policy.

This timely book, published a year before the London Olympics, provides important new insights into the construction of the athletic body and the role of medical practitioners with regard to treatment, policing and enhancement in sporting competitions. By highlighting the 'abnormality' of the contemporary athlete, whose requirements for facilities and medical treatment are considerably removed from those of ordinary citizens,

Heggie's study adds weight to critical voices who question the 'legacy' claims of longer-term health benefits of the Olympics for the local community in East London.

Ina Zweiniger-Bargielowska
University of Illinois

Vladimir Jankovic, *Confronting the Climate: British Airs and the Making of Environmental Medicine*, Palgrave Studies in the History of Science and Technology (New York: Palgrave Macmillan, 2010), pp. x + 227, \$80.00, hardback, ISBN: 978-0-2301-0475-4.

In this creatively structured and dense but concise book, Vladimir Jankovic locates today's focus on environmental risk in the fear of exposure that gradually but powerfully gripped British society during the eighteenth century. Jankovic shows how the affluence of the middle and upper classes made possible both unprecedented levels of material comfort *and* unprecedented possibilities for cleanliness, ventilation and disease prevention. The arena in which all of this took place was a mundane one: the household. Domestic space, Jankovic observes, 'has so far received only a marginal treatment in environmental history, and still less in the history of science and medicine' (p. 41). Jankovic shows us that eighteenth-century Britain is an important setting in which to begin addressing this historiographical lacuna.

The fundamental lesson of *Confronting the Climate* is that during the eighteenth century, affluent Britons came to see their bodies as inherently vulnerable and in need of vigilant care. The *possibility* of disease, rather than disease itself, dominated the privileged social classes. The result was an increasing fear of exposure, not to harsh English weather, but to everyday dangers found within the home itself.

The opening chapter ('Exposed and Vulnerable') introduces models of the body popular in eighteenth-century scientific and medical circles. These included the hydraulic body acutely affected by air and pressure changes and the nervous body defined by its 'sensibilities' to environmental stimuli. The end result was an environmentalist approach to the body in which anything in the environment had the potential to affect health and disease. This body would come to require increasingly vigilant protection from any and all environmental hazards: 'whether as a finely tuned hydraulic machine or a strung-up network of nerves, eighteenth-century physicians represented the body as an entity under constant pressure to yield its health to outside powers' (p. 39).

Each of four subsequent chapters explores an intervention intended to protect middle-class Britons from the dangers of exposure: domestic architecture, domestic appliances, clothing and health travel.

In chapter 2 ('Cursed by Comfort'), Jankovic observes that 'the urban home was increasingly papered, carpeted and curtained, features that lessened the airflow and increased the absorption of odors by books, pictures, collectibles, statuettes and sundry trinkets' (p. 61). But comfort had its consequences: such well-appointed homes required attentive 'surveillance and management', increasingly by servants. Failure to keep up meant that the home could quickly harbour 'instant pathological potential' (p. 61). By the late eighteenth century, physicians such as Jonas Hanway implicated poor air quality in a range of ailments, positioning health as a commodity that was constantly under threat from the very surroundings that were supposed to offer protection.