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enterprise, and many gaps in our knowledge remain; however, Maggs confirms the lack of opportunity for trained nurses in voluntary hospitals, retrieves information about nursing agencies, and, by examining some job changes, begins to reevaluate thinking about the relationship between the voluntary and poor law sectors. All of this adds up to new ideas and interpretations and justifies the claim to complement Abel Smith.

Some of the problems might have receded in a longer account – for example, the questions a reader has in the presentation of the hospital records data and in the precise inferences drawn. The oral history material is also used disappointingly little in a book which claims to deal with the ordinary nurses rather than the leaders. Overall, however, it is easier to list the specific contributions made by this book than to pinpoint the general ones. In part this has to do with the concept of “occupational imperialism” said to be central but never fully explained. In part too, it has to do with women’s work – a theme which surfaces frequently but somehow seems not to be pulled together at the end. But perhaps there is another reason. The transition from PhD thesis to book is never an easy one, and I am left with an impression of author and publisher locked in combat – why else a substantive chapter masquerading as summary and conclusions? Why else an appendix which is included in the text and barely shorter than the chapter to which it is appended?

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JAMES C. WHORTON, *Crusaders for fitness. The history of American health reformers*, Princeton, N.J., and Guildford, Surrey, Princeton University Press, 1982, (reprint of 1942 ed.), 8vo, pp. xi, 359, illus., £14.60.

There are many fruitful approaches to writing the history of health campaigners, those prophets galvanizing every generation by denouncing orthodox medicine and preaching the salvation of the whole self through the redemption of bodily well-being. James Whorton has chosen a simple and attractive expedient, which makes for a highly readable book. In successive chapters, he offers ten snapshots, chronologically arranged, containing personal cameos of the leading pioneers of the generation, with shrewd and entertaining explorations of their hobby-horses and therapies. Starting with the Jacksonian era, Whorton first focuses on the followers of Samuel Thomson, exploring their faith in natural cures in the light of American primitivistic dreams of purity in the new continent, viewing orthodox physicians as corrupt residues of the Old World. He then steps sideways to examine that great patriarch of medical self-help, the Rev. Sylvester Graham, whose religiously inspired crusades preferred the Tablets of the Law to the tablets of the doctors. Combining Evangelical arguments for temperance with the phobia of gastroenteric over-excitation (derived in part from Broussais), Graham promoted high-fibre bran bread as the health food-in-chief. Chapter 3 broadens out more generally to examine the vegetarian lobby in the mid-nineteenth century, introducing William Alcott, whose career (together with that of the hydropathist, Mary Gove Nichols) forms the core of the next vignette, examining mid-century fears of decline, enervation, and degeneracy. Alcott was the prophet of physical self-discipline, aiming to regulate sexual intercourse down to an ideal of once a month (was Walter Shandy an Alcottian *avant la lettre*?). Chapter 5 moves into the era of Evolutionism and political Progressivism, when “hygienic” issues came to the fore, and preserving “purity” (sexual and racial) emerged as the nation’s prime anxiety. Yet the optimistic face of “hygienism” is also explored, using Horace Fletcher as a prism. Fletcher was the great advocate of individual self-realization through maximizing metabolic efficiency. The hallmark of an efficient gut was that it produced almost no waste products. The secret: low protein diets (red meat was putrescent flesh), and endless mastication (Fletcher was “the man who taught the world to chew”). Fletcher’s health and efficiency programme was taken a stage further by John Harvey Kellogg and his creed of muscular vegetarianism, playing on widespread fears of constipation, looking to Metchnikoffian aspirations for the prolongation of life, and producing spectacular “experimental” trials of strength on the track and in the field between carnivores and herbivores (tug-of-wars, marathons) to test the energy and stamina of vegetarians (the trials were doubtless good publicity for Kellogg’s food products). Dietary reform also fills Chapter 8,

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focusing on the “uric acid” scares of Alexander Haig. And the last two chapters shepherd the story into the present century, examining two of America’s most enduring health fads. On the one hand, cycling (though as many Cassandras lamented its likely brood of pelvic deformities and fallen women as there were zealots for its tonic qualities); on the other, body building, pre-eminently in the “physical culture” movement of Bernarr Macfadden, the first Charles Atlas.

Whorton is alert to many of the wider cultural resonances of these episodes, and he effectively contextualizes his crusaders. For example, Fletcher is seen to reflect the pressures in the age of Social Darwinism for individual survival in the business rat-race, and Kellogg is shown to have been *au fait* at least with popularizations of metabolic organic chemistry in the research tradition of Gowland Hopkins. Bernarr Macfadden’s body building is located as part of an international hygienist and eugenic drive for “strength through joy”, which in other cultures formed part of a Fascist movement. Macfadden’s conviction that the big-breasted woman was the healthy woman echoed Aryan idealization in the mother-type. But Whorton also has an eye for slower sea-changes in orientation. He traces the gradual secularization of rationales for alternative therapies and regimens, as also the shift from tight sexual self-restraint early in the nineteenth century through to more modern emphasis on body culture and sexual self-expression. He also traces the “absorption” of fitness movements within hegemonic values. Thus, whereas the Thomsonians and Grahamites wanted to escape from an urban Mammon they saw as physically as well as spiritually corrupting, modern health reformers offer their nostrums precisely as ways of “getting on”. This assimilation has been possible, he explains, because American fitness movements had always been fundamentally individualistic rather than social or environmentalist. Within this atmosphere of medical Lutheranism, health lay in your own hands. Self-control, self-dosing, self-realization – you had a duty to save your own skin and body, much as you should look to your own soul’s salvation.

Ultimately, however, this is not the penetrating revisionist work of scholarship needed to raise our understanding of quacks, faddists, and health reformers from the level of diverting personal history on to a higher plane. More searching questions need to be posed, and basic social analysis carried out. Alongside biographical vignettes, we need to be able to gauge the depth, breadth, and duration of the crusaders’ appeal. Just how influential were leaders such as Graham and Alcott? And with which sectors of society? How far should they be distinguished from “toadstool millionaires”? If their appeal was wide, was this because they offered radical alternatives to orthodox medical systems and therapies? Or because they were cheaper and better marketed? Or because they were actually *congruent* with trends in regular medicine and health consciousness, tapping already existing phobias and foibles? We need a profile of the consumers, just as we need investigation of health reform movements seen as business ventures in the context of the burgeoning regular drugs and health industries. Instead, we too readily get a familiar polarized picture of evangelical health reformers (viewed as heroes or cranks), embattled against allopathic orthodoxy, whereas it would probably be nearer the truth to stress links, interplay, and a continuous spectrum of medical services. Unfortunately, in isolating his crusaders for fitness as a perennial fringe, Whorton perpetuates the traditional stereotypes.

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REINHARD SPREE, *Soziale Ungleichheit vor Krankheit und Tod. Zur Sozialgeschichte des Gesundheitsbereichs im Deutschen Kaiserreich*, Göttingen, Vandenhoeck & Ruprecht, 1981, 8vo, pp. 208, DM. 17.80 (paperback).

Reinhard Spree, Professor of Economic and Social History at the Institute for Economics in West Berlin, has moved from a series of studies of economic history during Wilhelminian Germany into the area of public health. His study draws heavily on his earlier interest in the economic models of history. Indeed, hidden within his present study are more than one indication that his interests in economic cycles and their relationship to social history has in no way abated.

Spree’s volume, as with most German studies in public health published during the past decade, disguises a narrow statistical basis with an encyclopaedic title. The book is not an