

doi:10.1017/mdh.2014.81

Hilary Marland, *Health and Girlhood in Britain, 1874–1920* (Basingstoke: Palgrave Macmillan, 2013), pp. 288, £58.00, hardback, ISBN: 978-1-137-32813-7.

In late Victorian and Edwardian Britain there were strong medical and societal views that defined the norms for the conduct, physical activity and health of young women. Hilary Marland's recent publication, *Health and Girlhood in Britain, 1874–1920*, examines the establishment of these theories and addresses the means by which they were disseminated to both young women and their mothers. Highly conscious of the influence of socio-economics on the ideals of health and activity, Marland investigates the prevailing attitudes in relation to education, modernity and employment. The result is an engaging monograph that shows the gendered – and often conflicting – advice presented to young women, and highlights the importance of modernity in the establishment of these medical theories.

This work illustrates the commonalities and differences in medical opinion by addressing the development of ideas throughout the period of study (1874–1920). Such an approach allows Marland to trace prevailing theories through 'Unstable adolescence', 'Health advice for girls in the late nineteenth and early twentieth centuries', 'Health, exercise and the emergence of the modern girl', 'Girls, education and the school as a site of health', and 'The health of the factory girl'. The organisation highlights both the evolving beliefs surrounding femininity and the influence of modernisation on these medical opinions. Early in this period, health literature was focused on the ideal management of puberty to ensure that girls would develop into healthy wives and mothers – a development that was deemed at risk due to the 'unstable' nature of the female form.

While the notion of female physical weakness was prevalent throughout these decades, Marland is quick to address some of the changes that occurred in the tone and intended audience of health literature. By the end of the nineteenth century there was a new emphasis on hygiene and a sense of responsibility associated with good health. There were also strong correlations made between home hygiene and healthy bodies. In addition to the expected emphasis on personal hygiene 'many guides provided considerable detail on public health and hygiene within the home, which would ultimately be the responsibility of girls working for the public as well as private good' (p. 68). As a further incentive, housework was endorsed as one of the forms of exercise that provided girls with the benefits of activity without posing risks to their health.

It is in these discussions on exercise that Marland makes it clear that, even as hygiene and exercise were being promoted, an underlying belief in the physical limitations of females guided medical discourse. In the last decades of the nineteenth century cycling increased rapidly in popularity for both female and male riders. Although women were expected to exercise for their health, there were concerns about them cycling as it was felt that over-exertion was harmful and posed health risks, including the supposed deformities of 'cycling face'.

This discussion of the popularity and perceived risks of cycling hints towards the concerns surrounding modernity and working girls that Marland discusses in the final two chapters. A sharp increase in the numbers of females in schools and the workforce brought to the forefront new concerns about the health of females. Debates arose surrounding the question of whether or not girls had the necessary energy resources for the demands of education. Such debates stemmed from both the concern that pubescent girls might not be capable of lessons that required too much 'brain energy' as well as broader concerns about the physical health of female students. As schools began to recruit students from a wider range of socio-economic backgrounds, educators became aware of the poor health

experienced by many of their students. Consequently schools were promoted 'as an ideal site to improve the health of their charges' (p. 131).

Class was also a relevant factor in some of the concerns expressed about the health of factory girls. These workers, however, also faced additional critique due to assumptions made about the moral behaviour of young women who were often living away from home. Marland cites reports from organisations such as the Industrial Fatigue Board and the Medical Women's Association that expressed concerns that wartime factory work could negatively affect their physical, moral, and reproductive health. As the reports from these organisations show, the health of young women was considered a national issue.

Relying extensively on periodicals and newspapers, throughout *Health and Girlhood in Britain* Marland carefully traces the developments in attitudes surrounding the influences on the health of girls and young women. While there are many obvious changes throughout this forty-six year period, there are also many common themes. War and modernity brought new concerns for health reformers; nevertheless, throughout all periods one sees concerns relating to class, the perceived physical limitations of females, and female reproductive health. Whether the discussion was related to puberty, exercise, education, or factory work, there was an underlying concern that associated activities could damage the health of young women. Marland does an excellent job of illustrating the notable changes during this period while underscoring the many consistent themes. *Health and Girlhood in Britain* offers an excellent analysis of the correlations between personal health and public objectives.

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doi:10.1017/mdh.2014.82

Erica Wald, *Vice in the Barracks: Medicine, the Military and the Making of Colonial India, 1780–1868*, Cambridge Imperial & Post-Colonial Studies (Basingstoke: Palgrave Macmillan, 2014), pp. xii, 273, £60.00, hardback, ISBN: 978-1-137-27098-6.

Erica Wald's new study of the European soldiery in colonial India demonstrates the utility of medical history for understanding the army, an institution that has been somewhat neglected in recent years. She argues that the two greatest and most consistently perceived threats to the strength of soldiers were intemperance and venereal disease. Imperial conceptions of 'natural' male urges, as well as a fear of mutiny, led the higher echelons of the East India Company and the British Crown to locate the source of these threats to military health in the Indians who lived in and around the cantonments, rather than in the actions of the soldiers themselves. Particularly singled out for vilification, surveillance, medical intervention and punishment were so-called 'prostitutes'. *Vice in the Barracks* demonstrates the centrality of medical ideas, notions of racial difference and concerns about sexuality to the history of the Indian army.

Chapter one provides background context and an overarching narrative for the book. It begins by outlining the eighteenth- and early nineteenth-century history of the European contingent of the Company's army. Crucially, Wald argues that imperial decision-making was underpinned by a military-fiscal rationale that dictated that state stability be maintained at the lowest possible cost, a theme that runs through her analysis. In these calculations, Europeans were considered to be the spine of the army. Wald demonstrates that to maintain their supposedly innate martial masculinity, Company directors initially encouraged the men to have relationships with Indian women. It was believed that this