

## Book Reviews

phrases on the back cover, it seems to hark back to a stereotype of Catholicism which is, to all appearances, far less complex and contradictory than what Camporesi himself demonstrates here.

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WILLIAM R. PAULSON, *Enlightenment, Romanticism and the blind in France*, Princeton University Press, 1987, 8vo, pp. ix, 259, £21.00.

William Paulson has produced an odd sandwich of a book. It opens with an off-putting 'Introduction' which takes many words to inform us, yet again, how the approach to discourse analysis developed by Michel Foucault transcended the blindness of the traditional 'history of ideas', but which also, finally, distances this work from the Foucault of *Madness and civilization* on the grounds that blindness is, after all, something objectively real. This may seem to many readers to make heavy weather of a fairly straightforward matter, particularly as Paulson writes in a prose style laced with the worst Foucaultian affectations. And then the book closes with some rather free-associating chapters, loosely draped around blind characters in French Romantic novels, which inter alia explore, using Freudian literacy criticism, Balzac's and Hugo's theories of infantile sexuality, and so forth. None of this is very auspicious.

The "meat" of Paulson's monograph is, however, first rate. It consists of a succession of lucid, powerful, and original analyses (in a mode surprisingly close to the much maligned old-style "history of ideas") of blindness as it figured in Enlightenment natural philosophy, ethics, accounts of human nature, and practical philanthropy. As Paulson rightly stresses, the *philosophes* were less interested in the blind *per se* than in blindness as the occasion for thought experiments concerning epistemology and ontology. Starting from Locke's discussion of the "Molyneux problem" (can we truly conceptualize that for which we have words but no direct sense of experience?), Paulson shows how Locke's conundrum was developed in different directions by Condillac and Diderot. For Condillac, the reality was rescued by positing "touch" as the primary agency of sense, of which sight was a kind of sophisticated modification. For Diderot, the thought experiment of sensory deprivation (a blind man, a deaf man, and so forth) led to the radically relativistic perception that there was no terra firma world out there, but that our visions of reality were all prejudices grounded upon particular configurations of subjective sensations. Thus for Diderot the blind man would still be a "seer", though not quite in the literally "socialized" sense current from Homer and the Bible to Milton.

Paulson is also highly perceptive upon the moral uses made of blindness in Enlightenment fables and novels. Blindness is a metaphor for superstition and folly; yet he who relieves blindness—the expert oculist—is no less often portrayed as a huckster (especially one exploiting erotic opportunities) or a charlatan than as a true leader of the *Aufklärung*. Sight and insight do not always coincide. In a similar way, Paulson plausibly suggests that the new Enlightenment optimism about educating the blind was at best a mixed blessing. For it led to the blind being set apart in segregated institutions, and the stigmatizing label of the "blind personality" being struck upon them. Here the parallel with Foucault's account of madness seems well grounded, and a useful parallel is suggested for Harlan Lane's recent account of the history of deaf-mutes.

The history of blindness has been curiously neglected. This volume makes an excellent beginning, while showing how much remains to be done. The medical historian will note how sketchy and sometimes inaccurate is Paulson's account of ophthalmology and eye-surgery; there is much scope for integrating philosophical analysis and medical history here.

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MARTHA H. VERBRUGGE, *Able-bodied womanhood: personal health and social change in nineteenth-century Boston*, New York and Oxford, Oxford University Press, 1988, 8vo, pp. viii, 297, illus., £25.00/\$29.95.

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 this 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.

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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