to the natural world into the language of popular science and presents this for the edification of others. These values were popular in the first half of the nineteenth century but less widely held in the second half, after challenges such as the *Origin of species* threatened the aesthetic sublime of nature.

Helen Power, Shadingfield, Suffolk

Mary Lynn Stewart, For health and beauty: physical culture for Frenchwomen, 1880s-1930s, Baltimore and London, Johns Hopkins University Press, 2001, pp. xxi, 274, illus., £29.50 (hardback 0-801806483-6).

Mary Lynn Stewart's wide-ranging history of physical culture at the turn of the century contains a wealth of interesting facts about how women's bodies were categorized. That does not make it either an easy or ultimately very satisfying read. Though Stewart acknowledges her debts to Michel Foucault and feminist theory, she does not take on current debates on the body and gender identity directly in her text. Her book lays out a myriad of examples of how scientists, health practitioners, hygienists and educators understood women's biological and physical form. Though the book's preface lays out the historiography and her main themes, the chapters are not clearly connected and even the conclusion feels unfinished.

Stewart's first chapter outlines the creation of a two-sex model based on scientific principles, while her second shows how the science of endocrinology both supported and questioned this model (though it also covers a variety of other issues such as the level of medical education available to women). These

scientific judgements about femininity are only peripheral to her main focus on the education of women about their bodies through schooling, medical advice, beauty manuals and advertising. In chapter three, Stewart argues that medical science had to alter its message to convince Frenchwomen to adopt new rituals of health and hygiene seen as necessary to the prosperity of the nation. Hygienists, after the discovery of germs, influenced women's behaviour by appealing to their interests. To do so they used beauty manuals, linking cosmetic comeliness with health in a successful manipulation of women's vanity.

If hygienists succeeded in imparting healthier practices to women of the middleclasses (while accepting cosmetics), other professionals concerned with the reproductive capabilities of the female body were less successful. Part two presents the dominant pronatalist vision divided into chapters on puberty, sexuality and menopause. Stewart argues that the education available to women about their sexuality was disturbing and vague, discouraging women from wanting to procreate. Over time, especially after the war, improvements were made in perceptions of female sexuality. Some sex education books stressed the need for female arousal, though most were aimed at husbands rather than wives. Publications encouraged regular intercourse to benefit the entire organism. Yet these arguments had more to do with female reproductive functions and the health of the nation's children than female pleasure. Tellingly, menopause was still seen as a loss of identity and self, a vision emphasized by discoveries in endocrinology.

The final section of the book focuses on physical activity: sports and work. Concerns with girls' fitness (for their later role as mothers) led to the implementation of exercise regimes in schools by the 1890s, though Stewart points out that France was well behind Great Britain in

these initiatives. Girls were taught gymnastics and dance to improve their body tone and attractiveness, but were not encouraged to participate in competitive or team sports, which might make them less fertile and more masculine. Similarly, scientists who studied work conditions in factories focused on women's role as mothers. Arguments for shorter hours and better work conditions for women were made on the grounds of their responsibilities to their children. The war and the depression meant that these arguments for reform were mostly ignored.

Ultimately, Stewart posits the dominance of pronatalist discourse in a country where fear of depopulation and degeneration equated femininity with reproduction. Yet, she also shows that this pronatalist discourse failed. Because doctors and hygienists were unwilling to provide candid sex advice and continued to emphasize the pains of labour, women did not have more babies. Disciplining women through education and fear did not work, but appealing to their vanity did improve hygiene. Stewart's conclusions are thoughtprovoking and the range of her research impressive. It is disappointing that to get to her main points you have to wade through pages of disconnected (and often contradictory) evidence with very little analysis or synthesis.

> Morag Martin, State University of New York, Brockport

Alan H Sykes, Sharpey's fibres: the life of William Sharpey, the father of modern physiology in England, York, William Sessions, 2001, pp. xii, 164, illus., £18.50 (paperback 1-85072-270-6).

William Sharpey received the sobriquet of "father of modern physiology" in Britain

from his former pupil, Edward Schafer. Sharpey's own research output was, however, remarkably slight. He exerted his influence upon medical science chiefly as a teacher and mentor of men who did go on to make fundamental institutional and intellectual contributions to the field. Apart from Schafer, who became Professor of Physiology in Edinburgh, the most prominent of these was Michael Foster, founder of the Cambridge school of physiology.

This is the first book-length study of Sharpey's life, career and influence, although D W Taylor did publish two lengthy articles on the subject in 1971. Much of the material in the volume is familiar. But Sykes has done a commendable job of gathering together the available information on Sharpey and his associates; in the process he has uncovered a few additional sources. These include Foster's fascinating account of a trip to Germany that he and Sharpey undertook in 1870.

Although Sykes' factual grasp of Sharpey's career is strong, his interpretation of the medical politics of the period tends to be superficial. His account of the controversy surrounding Sharpey's move to London in 1836 would have benefited from reference to the work of Adrian Desmond and Pauline Mazumdar. Tantalizing questions are raised but not answered: why, for instance, was Henry Warburton so implacably opposed to Sharpey's appointment to the London University?

Sykes writes with an obvious affection and respect for his subject. The result of this enthusiasm is a very readable and well-illustrated book. One quibble is that the lack of footnotes makes it difficult for other scholars to follow up some of the references that he provides.

L S Jacyna,
The Wellcome Trust Centre for
the History of Medicine
at UCL