

infrastructures from scratch. Epidemics, both as fears and realities, were real threats to the economic success of these private enterprises. Furthermore, she provides a broad picture of what was displayed at each exposition and traces in some detail how many significant exhibits came about. There is no shortage of examples: companies producing medical instruments; teaching material or hospital equipment; governmental agencies overseeing or providing healthcare; and scores of private organisations involved in civic or municipal improvement, brought together in sections on 'social economy', were all competing for the visitors' attention.

The descriptions are based on meticulous archival research, primarily on the work of committees and exhibition organisers, and Brown also provides a rich selection of visual material: a large number of photographs, cartoons and construction drawings are reproduced, and thirty additional images are available on the publisher's website. However, her commitment to the administrative records also structures the narrative of the events. By choosing an insider's perspective, a lot of information on how politics, organisational struggles, and economic considerations which shaped each exhibition is brought to light. The detailed study of local concerns and circumstances also provides good insights on, for example, the reactions to the high rates of accidents during the construction phase, the difficulties for various organisations to co-operate on group exhibits, or the budget concerns when constructing working exhibits or commissioning models. Nevertheless, as a consequence of this chosen point of view, each part of the exhibitions is primarily described as the result of various constraints and compromises.

Brown's book is intended as a survey of what was available to see and learn at these four events, and it is described as a resource for scholars to pursue more specific analyses. There are indeed many aspects that she did not have the opportunity to develop in this study, for example, how exhibits were part of ideological, professional and scientific

debates, or how visitors and reviewers interpreted them. While displays rarely lived up to initial plans or educational ideals, they were heavily invested with meaning, not least because the expositions had a particular status and reached huge crowds. Furthermore, her descriptions and interpretations are very much centred on American exhibits and discussions. The fact that these expositions were highly international and that many didactic ideals, as well as exemplary displays, were from abroad, are important contexts to take into account.

This monograph is an important contribution to the literature and an excellent resource for all interested in how health and medicine were put on display for the general public in the late nineteenth and early twentieth centuries. It should inspire more historians of medicine to explore the rich archives and the expository culture generated by the great exhibitions.

Frans Lundgren,
Uppsala University

Ina Zweiniger-Bargielowska, *Managing the Body: Beauty, Health, and Fitness in Britain, 1880–1939* (Oxford: Oxford University Press, 2010), pp. xii + 394, £65.00/\$115.00, hardback, ISBN: 978-0-19-928052-0.

In 1938, King George VI made a statement that will resonate with many Britons in the twenty-first century. 'Our bodies', he declared, are 'instruments with which we have to work.'

His broadcast was part of an endorsement of the National Fitness Campaign, which had been inaugurated only a few months earlier. The campaign set out to dramatically improve the health and well-being of all British citizens. The King followed his statement with a declaration that would be less familiar to us today. Bodies needed 'education', primarily in order that citizens would be able to play an honourable part in 'the life of our family and our country'. The duty to educate the body

was a duty, not only to the individual, but also to 'our generation'.

The speech – including its emphasis on voluntarism and individual willpower – was well received. Criticisms that the new fitness movement was being 'Nazified' were dismissed. There was to be no compulsion. A 'progressive government' had a duty to improve national health – and this required everyone's participation. Crucially, it meant that the government and voluntary organisations had to tackle problems of malnutrition, unemployment, and sub-standard housing. Masculinity also had to be strengthened. In the words of *Keep Fit*, the campaign's popular film of 1937, 'the nation's got an A1 plan and I might turn into a man, if I had biceps, muscle, and brawn.'

Of course, this emphasis on manliness and the need to strive for an 'A1 nation' has a long history. As Ina Zweiniger-Bargielowska rigorously documents, since the 1880s, national healthiness was frequently judged according to military criteria. Infamously, during the Boer War, two out of every three urban men who attempted to sign-up for military service were 'virtual invalids'. Within less than forty years, the situation had dramatically improved. Nearly seventy per cent of men examined under the National Service Act between June 1939 and July 1945 were classed as being exceptionally fit. Major differences remained in terms of age, volunteer or conscript status, occupation, and place of residence, but major improvements were obvious nonetheless.

Zweiniger-Bargielowska brilliantly sets out to explain how this happened. Rising living standards, declining morbidity and infant mortality, and increased life expectancy were inevitable consequences of welfare reforms. However, she also draws attention to the contributions of a wide range of voluntary and philanthropic organisations. Imperial and eugenic motives were clearly important (and not the exclusive ideological preserve of the political right), but the whole physical culture movement cannot simply be reduced to women as 'race mothers' and men as 'empire-

builders'. The dysgenic disaster of the First World War encouraged a new focus on the value of preventative medicine and environmental restructuring. In the words of Sir George Newman, the first Chief Medical Officer, 'Never before in the history of this country has so much been attempted by the State on behalf of the health of the people as now.' Crucially, he insisted, healthiness could 'only be achieved by the people themselves.' The number and range of voluntary organisations which embraced this 'call to arms' was remarkable, and their influence could be seen throughout society.

This is a meticulous and formidably researched book about British society in the decades just prior to the Second World War. Although Zweiniger-Bargielowska focuses on health and the body, her book makes significant contributions to social history more generally. She clearly sets out her arguments, and is careful never to exaggerate the pace and extent of change. Not only is her story compelling in its own terms, but it also provides a model for future researchers dealing with the period immediately after the Second World War.

Joanna Bourke,

Birkbeck College, University of London

Katharina Rowold, *The Educated Woman: Minds, Bodies, and Women's Higher Education in Britain, Germany, and Spain, 1865–1914*, Routledge Research in Gender and History, No. 7 (London: Routledge, 2010), pp. x + 311, £70.00, hardback, ISBN: 978-0-415-20587-0.

While one still finds the antifeminist pronouncements of Henry Maudsley and other late nineteenth-century medical men and scientists quoted as exemplary of attitudes towards the possibility of women being capable of, and benefiting from, higher education, one seldom finds these adequately contextualised as part of a much larger, and