

Verbrugge, Martha. *Able-Bodied Womanhood. Personal Health and Social Change in Nineteenth-Century Boston*. New York: Oxford University Press, 1988. Pp. 297. Notes, photographs, index. \$29.95.

Able-Bodied Womanhood began when a graduate student became skeptical about the nineteenth-century "cult of female invalidism." Having seen evidence of women biking, rowing boats, and playing games, Martha Verbrugge began this work in order to reconcile the weak and fragile vision of women with their apparently active reality. How could women, if they actually accepted invalidism as a persisting state, have done such things, she asked? At some point in the century, did they not begin to view themselves as able-bodied? Could women even conceive of themselves as able-bodied in nineteenth-century America?

Some of Boston's middle-class women clearly did, Verbrugge discovered, and *Able-Bodied Womanhood* relates their intellectual movement from frailty to fitness in the years between 1830 and 1900. Verbrugge, an historian of science

and medicine at Bucknell University, focuses this journey via the changing concept of personal health. Among antebellum Bostonians (men as well as women), personal health drew from physiology (the “science of human life”), Christian moralism, and commonsense philosophy. It was a state in which the bodily systems were appropriately stimulated and harmoniously interactive and which was observed and measured by behavior. The healthy woman was, in other words, a right-acting woman: a conscientious, prudent, temperate, moral wife and mother. By the end of the century, on the other hand, personal health meant fitness. The healthy woman was physically strong, disciplined, educated; she was able-bodied, prepared to fulfill her duties in the world.

For Verbrugge these two sets of perceptions *are means* rather than ends. Health, she maintains, is an encompassing and powerful concept that people construct to help them make sense of their world. It is a “barometer that responds to private and social developments” (p. 6); hence the book’s subtitle, *Personal Health and Social Change*. More than just what personal health meant to women then, she asks what social forces underlay and actually raised the stakes in the debate over women’s health and how did women deal with social expectations and the conditions underlying health and ill-health in Boston?

Verbrugge attempts, then, to locate the concept of health, both of and by women, in the broader arenas of health reform, industrial and urban change, and women’s voluntary and educational societies. This culturally grounded history of ideas begins in Jacksonian society as health reformers attempted to link personal health and responsibility with national re-formation. The themes in chapters one and two will ring familiar, and specialists in the history of health and medicine may not find the distinctions among regular and irregular medical practitioners or the relations between health reformers and the medicine men discrete enough; but Verbrugge’s account has the advantage of readability and detail about the perceptions, prescriptions, and reality of health in Boston. Chapters three and four treat an early, major organization of women: the Ladies Physiological Institute. The final three chapters focus on the critical questions about able-bodiedness, heightened by and answered in women’s involvement in higher education. Verbrugge describes the Wellesley College philosophy and program and concludes the quest for able-bodied women with the “crusaders,” first-generation physical educators, from the Boston Normal School of Gymnastics. By 1900, she maintains, Boston college-educated women had produced not only a conception of able-bodied womanhood but also a corps of able-bodied women committed to spreading the creed.

As is the case with many books, *Able-Bodied Womanhood* is both satisfying and frustrating. Verbrugge is at her best in narrating the ideas that various advocates of health, both women and men, held, as well as the centrality of conceptions of the body and an ideal society to personal health. But just as the Wellesley faculty, and those at BNSG for that matter, never came to grips with the persisting dogma of female physical inferiority, Verbrugge does not overcome some thorny conceptual and methodological dilemmas. First, she maintains that this is not a book about gender, but had she at least considered gender

as an analytic category, she might have been able to take a clear position on the feminist/conservative issues that she raises. Instead, she allows the evidence to go unconcluded or to support contradictory conclusions. Second, having acknowledged the difficulties in defining middle-class, she makes no effort to use health to sharpen her definition-begging “middling condition” (p. 8) to determine whom she included. As a consequence of problems with gender and class, *Able-Bodied Womanhood* ignores all political and economic meanings, motives, and relationships. Such an omission also combines with the absence of appropriate and sufficient empirical evidence, as well as questionable inferences and the misuse of some sources (e.g., death rates as evidence of health), to confound the author’s efforts to describe experiences and explore the connections between perception and reality. Moreover, Verbrugge speaks of women as both audience and agents, but she does not pursue their agency, except insofar as they participated in institution-building. Clearly they clarified ideas and built programs to enhance women’s health and to alter perceptions of women, but whether they were agents to the ideology of inferiority, whether they authored an alternative view, or even whether they did or did not affect the concept of health go unaddressed.

Able-Bodied Womanhood does not, then, accomplish all that its author claimed or intended. It does help us understand the perceptions of and prescriptions for personal health held by and about women. It treats less adequately women’s experience, as well as the relationship, the intersection, between perception and reality. That part of the story remains to be told.

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