
Natasha Feiner

Hilary Marland’s *Health and Girlhood* provides one of the first extended studies of the intersection between age, gender, and health in modern Britain. The book’s central premise, that attitudes towards female health began changing in the 1880s, challenges the commonly held assumption that a major shift in what constituted the healthy female body occurred only after the First World War due to the increased visibility of girls in wartime industries. Through the use of medical publications, health information, popular magazines, and advice literature, *Health and Girlhood* offers a radical reinterpretation of previous historiography by demonstrating that new models of healthy girlhood were already emerging in the last quarter of the nineteenth century. Engaging with issues such as exercise, education, and factory work, the book explores how shifting understandings of health and femininity fed into the creation of a new cultural category of ‘girlhood’ as a distinct and important phase between childhood and adulthood in late-Victorian Britain.

*Health and Girlhood* persuasively maps the transition of the wilting mid-Victorian invalid into the ‘modern girl’ who was increasingly visualised between 1874 and 1920 as ‘fit, radiant, filled with energy, cheery, and outgoing’ (p. 3). This vision was not, however, shared by all and Marland should be commended for conveying this complexity. Young women, she argues, continued to be perceived as victims of biological vulnerability within certain medical circles; indeed the ‘fixed energy fund’ continued to dominate medical thinking throughout the period examined. In other circles, improved health and fitness was equated with a rejection of femininity, and girls were criticised for partaking in exercise, ‘speeding on bicycles and wearing unbecoming masculine attire’ (p. 3). Such criticisms ‘in many ways prefaced attacks on the New Woman’ (p. 11) who was described in comparable terms in the early twentieth century.

Marland’s focus on ‘ordinary’ young women is perhaps her greatest triumph. Although in recent decades historians have published widely on women’s reproductive health and medical conceptions of the female body, little historical work has focused specifically on young women. Explorations of anorexia nervosa and hysteria are, of course, exceptions to this general rule but provide only part of the story of girls’ health in this period. Marland’s focus on the everyday health concerns of young women marks a distinct step away from extreme medical events, such as
anorexia nervosa, towards different shades of adolescent ‘normality’, mirroring wider trends within the history of medicine.

Marland’s willingness to engage with the everyday lives of ‘ordinary’ young women is commendable but her analysis could have been strengthened by personal testimonies. The book’s reliance on sources penned by doctors, headmistresses, and other health advisors provides a largely top-down perspective of adolescent health, obscuring the personal experiences of young women. This is undoubtedly an area worthy of further historical inquiry.

Overall *Health and Girlhood* presents a complex picture of how visions and practices of female health changed between the late nineteenth and early twentieth centuries. The book challenges the notion of the Victorian period as a time of deep medical conservatism, by arguing that an alternative interpretation of healthy girlhood began to be advocated within certain social and medical circles. Marland’s meticulous analysis encourages a rethinking of well-worn historical clichés in favour of a recognition – and celebration – of historical complexity.