

# Design and Disease: Fashioning the Female as Consumptive

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As Charles Rosenberg so persuasively argued, “disease is irrevocably a social actor, that is, a factor in a structured configuration of social interactions.”<sup>1</sup> The body, like disease, is culturally constructed and functions as a visible manifestation of social values and the most demonstrable technique for creating meaning is through dress. Clothes have been, and continue to be, significantly more than simply a way of covering and protecting the body; instead they are heavily invested with social, political, and moral undertones. Kaja Silverman has argued that dress “makes the human body culturally visible,” while Jennifer Craik has suggested, “we can regard the ways in which we clothe the body as an active process of technical means for constructing and presenting a bodily self.”<sup>2</sup> There have been a number of works on material culture that investigate the ways in which clothing functioned in the creation of identity, gender, and culture (for instance Leigh Summer’s *Bound to Please*); however, the connections between fashion and disease have not been thoroughly delineated. I argue that during the first half of the nineteenth century, clothing was not only assigned a reflective function but it also was given an active role in both emulating and creating consumption (now known as tuberculosis).

Dress, like disease, modifies the body and during the early Victorian period, female fashions were structured in such a way as to highlight the symptomology of consumption. There was a tubercular moment in which cultural ideas about beauty increasingly intertwined with the disease process, allowing the ravages of the illness to be presented in an aesthetically pleasing light. As Susan Sontag asserted, consumption and appearance were intertwined during the nineteenth century and the disease “was understood as a manner of appearing, and that

appearance became a staple of nineteenth century manners.”<sup>3</sup> While, Jean and Rene Dubos applied these assertions specifically to women arguing that “the distorted picture of consumption drawn by poets and novelists was in keeping with the peculiar ideal of feminine beauty that was then prevailing.”<sup>4</sup> The representations of consumption were remarkably positive, and ignored the unpleasant realities of a disease characterized by wasting, incessant diarrhea, coughing, and the expectoration of blood and phlegm.

Medical references to the symptoms of the disease repeatedly describe the body as slight, thin, delicate, and slender in make, with a narrow chest, projecting clavicles, and shoulder blades that gave the appearance of wings. This torso was accompanied by a complexion designated as fine and delicate — marked by a clear, smooth, nearly transparent skin that possessed an almost brilliant whiteness, relieved only by the “bloom of the rose,” the result of the hectic fever. Accounts of these symptoms provide a glimpse as to why consumption was considered an illness that beautified as it destroyed. As Rowland East wrote in his 1842 *The Two Dangerous Diseases of England*,

Some of the most interesting specimens of personal female beauty may be seen in . . . consumption. This disease frequently seems to throw an ethereal character over the human form. The transparent skin, without a blemish, with the blush—too often the fatal blush, forming a beautiful though melancholy contrast. . . all form peculiar indications of this disease. Death seems to array his victim for the tomb with all the attributes of physical loveliness.<sup>5</sup>

The early Victorian ideas of beauty were heavily influenced by sentimentalism which advocated the idea that emotional authenticity was revealed through subtle exterior signs and subdued behavior.<sup>6</sup> Central to the ideology of sentimentalism, was the notion of sensibility, which reflected the ability of the nervous system to accept sensation and convey the body’s will.<sup>7</sup> Sensibility defined not only personal feelings and emotions but also the physical manifestations of those sentiments.<sup>8</sup> Sensibility also played a role in the pathological approach to the disease,

particularly in the case of consumption and by the mid-century, illness and sensibility were apportioned according to gender, with women having a greater portion of both. By virtue of this association, Victorian women not only fell prey more easily to illness, but as a quality of feminine sensibility, sickness became an integral part of female identity.

The sentimental ideal of beauty took the appearance of the woman as a whole as an expression of her character, and clothing played a significant role in the fashioning of this character. During the 1840s the place of feelings and sentiment was elevated, taking precedence over corporeal soundness, as the fashionable woman was increasingly constrained by her clothing. The constrictive forms of sentimental dress were not an effort to disguise or distort a woman's body, although they did; instead the dress was designed to reveal the feelings of the woman who wore it. The fashionable woman's form was slender; her face was pale and free of cosmetics, while her dress was relatively inconspicuous. These sentimental fashions forced a conformation upon women that emulated the anatomical alterations characteristic of *habitus phthisicus*.<sup>9</sup>

In the ideals laid down by writers like Mrs. Sarah Stickney Ellis, it was clear what was expected of women: softness, delicacy, and weakness, combined with a small waist and curving shoulders.<sup>10</sup> If one recalls the symptoms of consumption, a remarkable similarity existed between the descriptions of both beauty and of the disease. Dr. Thomas Graham described the visible signs of the consumptive constitution: "The brilliant whiteness of the skin, the bright redness of the cheeks, the narrowness of the chest, the projecting or winged configuration of the shoulders, and the slenderness of the limbs and trunk."<sup>11</sup> Similarly, Alfred Beaumont Maddock stated consumptives possessed "a narrow or pointed chest, high prominent shoulders, long thin neck,

and generally slender frame.”<sup>12</sup> While, Mrs. Merrifield in her *Dress as a Fine Art* acknowledged these features as integral to beauty in the female frame.<sup>13</sup>

The shift toward the sentimental style of clothing began during the 1830s and was firmly on track by the accession of Queen Victoria to the throne in 1837. The female silhouette was changing demonstrably as the bodices became increasingly close fitting, producing sloping lines that focused down and creating a drooping appearance.<sup>14</sup> The Romantic fashions of the 1820s and early 1830s had been distinguished by full sleeves, wide shoulders, and flared skirts. By contrast, the fashions of the 1840s were timorous, diffident, and reserved. The structure of dress reinforced the connections between femininity and illness by forcing the body into a shape similar to that of the consumptive form.

The sentimental image conferred by the new clothing was wilted and almost lifeless, and the overall demeanor was dreamy and tender.<sup>15</sup> The extended bodice was ornamented in a manner that heightened the appearance of length. For instance, the pleated fabric overlays that had been a feature of Romantic decoration in the 1830s were being applied by the 1840s on an exaggerated diagonal, in an effort to highlight and narrow the shoulders and emphasize and extend the pointed waist. The fashion plates (see Figures 1 and 2) from the period illustrate the changes in female costume and in the overall appearance, showing the results of the heavy corseting which made the upper torso appear delicate, thin, and weak. The waist was narrower and the focus increasingly on a slimming of the torso as a whole. The corset was an essential mechanism for achieving these lines and in 1843, a new technique of lacing, known as *a la paresseuse* or lazy style, permitted the corset to be pulled even tighter, further reducing the torso.<sup>16</sup> (See Figure 3.) The bodice was close-fitting by virtue of its construction, with boning that generally ran the length of the bodice from the waist to the armpit on the side, and the front



stiffened by the use of at least three bones applied in a fan-like shape for support. Further rigidity came from the lining, which like the bodice, was bolstered by a wide tape stitched around the waist on the interior, and at times accompanied by a duo of tapes fixed to the lining at the rear and tied around the waist to keep the bodice tight to the torso.<sup>17</sup>

The trend toward delicacy was intensified, with the application of even tighter sleeves, and a consequent narrowing of the shoulder line, lending a quiet and unadorned appearance. As one author asserted, “Delicacy is, indeed, the point of honour in woman . . . A delicate woman, too, will be more loved, as well as more respected, than any other.”<sup>18</sup> Thus, as Douglas A. Russell has argued, “the ideal for woman had changed in a little over a decade from a gay butterfly to a domesticated doll.”<sup>19</sup> Stooping and drooping, the sentimental woman appeared long and willowy, with a sloping narrow shoulder line and a slender waist. The collapse of the sleeve placed a further emphasis upon the torso, as the voluminous leg-o-mutton was replaced by a slim casing tight to the arm. The shoulder seam drifted towards the back of the bodice and the armhole was now very low off the shoulders and was set with tight fitting sleeves, cut on the cross, which prohibited the wearer from lifting her arm above a right angle.<sup>20</sup>

This drop shouldered style also forced a round-shouldered conformation upon the women who wore it. Thus, the new forms of sentimental dress not only emulated the physical silhouette of the consumptive female, emphasizing delicacy and restricting gesture and movement, just as the debilitating effects of the disease, but also imposed the physical shape of the consumptive body upon the healthy woman. The dress forced a stooped posture natural in the case of tuberculosis, and one even believed to produce the illness, (see Figure 4). *Commentaries Principally on Those Diseases of Females Which are Constitutional* made particular mention of the overall demeanor and posture thought to denote the early symptoms of consumption. “There

is a degree of feebleness and stooping observed in the gait, very early in the disease; and this remains little augmented."<sup>21</sup> As the illness progressed, "The mode of walking is peculiar, being attended by stooping, weakness and caution."<sup>22</sup> Stooping was presented as both the architect and indicator of consumption. (See Figure 5.) Henry Deshon claimed, of women, in 1847 that her "stooping gait, would seem to predict her fate—pulmonary disease."<sup>23</sup> Concern over this stooping even led to such inventions as the Binyon's Elastic Chest Expander which purported to inhibit the "Stooping of the shoulders and contraction of the chest" and thereby "prevent the incursion of pulmonary disease."<sup>24</sup> (See Figure 6.)

The shape of sentimental dress not only elevated the symptomology of consumption to a desired aesthetic, but was also believed to produce the illness in those predisposed. In this way, dress functioned not only as a representation of a certain feminine ideal, but also as a mechanism for creating the authentic illness it sought to emulate. The relationship between tuberculosis and attractiveness played out in the rhetoric, practice, and ideals surrounding the fashions of the day. Not only did these ideas reflect attitudes about beauty, health, and the female role, but clothing actually played an active role in defining contemporary notions about the relationships between beauty and disease.

**Figure 1: Romantic and Sentimental Decoration for Evening Dress<sup>25</sup>**



**Figure 2: Romantic and Sentimental Decoration for Day Wear<sup>26</sup>**



Figure 3: Romantic Era Corset (c. 1825-1835)<sup>27</sup> Vs. Sentimental Corset (c. 1840-1850)<sup>28</sup>



**Figure 4: The Stoop-Shouldered Sentimental Style that Emulated the Consumptive Bodily Conformation**<sup>29</sup>



**Figure 5: The Stooped Woman of Fashion**<sup>30</sup>





Figure 6: Binyon's Elastic Chest Expander<sup>31</sup>



<sup>1</sup> Charles E. Rosenberg “Framing Disease: Illness, Society, and History” in *Framing Disease: Studies in Cultural History*, ed. Charles E. Rosenberg & Janet Golden (New Brunswick, NJ: Rutgers University Press, 1997), xx.

<sup>2</sup> Amy de la Haye and Elizabeth Wilson, ed., *Defining Dress: Dress as Object, Meaning and Identity* (Manchester: Manchester University Press, 1999), 2.

<sup>3</sup> Susan Sontag, *Illness as Metaphor and Aids and Its Metaphors* (New York: Doubleday, 1990), 28-29.

<sup>4</sup> Rene Dubos and Jean Dubos, *The White Plague: Tuberculosis, Man, and Society* (New Brunswick: Rutgers University Press, 1987), 54.

<sup>5</sup> Rowland East, *The Two Dangerous Diseases of England, Consumption and Apoplexy. Their Nature, Causes and Cure* (London: John Lee, 1842), 30-31.

<sup>6</sup> Karen Halttunen, *Confidence Men and Painted Women: a Study of Middle-Class Culture in America, 1830-1870* (New Haven: Yale University Press, 1982), xvi.

<sup>7</sup> Peter Elmer, *The Healing Arts: Health, Disease and Society in Europe 1500-1800* (Manchester: Manchester University Press, 2004), 189.

<sup>8</sup> Mark Caldwell, *The Last Crusade: The War on Consumption, 1862-1954* (New York: Atheneum, 1988), 17.

<sup>9</sup> Phthisis is another term for tuberculosis and *habitus phthisicus* refers to the anatomical alterations caused by the illness and often used as a diagnostic marker for the disease.

<sup>10</sup> Janet Dunbar, *The Early Victorian Woman: Some Aspects of Her Life, 1837-57* (London: George G. Harrap & Co. Ltd., 1953), 20. For more information see Mrs. Ellis, *The Daughters of England, Their Position in Society, Character & Responsibilities* (London: Fisher, Son, & Co., 1842); Mrs. Ellis, *The Education of Character: With Hints on Moral Training* (London: John Murray, 1856); Mrs. Ellis, *The Mothers of England: Their Influence and Responsibility* (London: Fisher, Son & Co., 1843); Mrs. Ellis, *The Wives of England, Their Relative Duties, Domestic Influence and Social Obligations* (London: Fisher, Son & Co., 1843); & Mrs. Ellis, *The Women of England, their Social Duties, and Domestic Habits* (London: Fisher, Son & Co., 1839)

<sup>11</sup> Thomas J. Graham, *Modern Domestic Medicine: A Popular Treatise, Illustrating the Symptoms, Causes, Distinction & Correct Treatment of the Diseases Incident to the Human Frame; Embracing the Modern Improvements in Medicine*, 6<sup>th</sup> ed. (London: Simpkin & Marshall, 1835), 321.

<sup>12</sup> Alfred Beaumont Maddock, *Practical Observations on the Efficacy of Medicated Inhalations in the Treatment of Pulmonary Consumption, Asthma, Bronchitis, Chronic Cough and Other Diseases of the Respiratory Organs and in Affections of the Heart*, 2<sup>nd</sup> ed. (London: Simpkin, Marshall, & Co., 1845), 33.

<sup>13</sup> “Narrow shoulders and broad hips are esteemed beauties in the female figure, while in the male figure the broad shoulders and narrow hips are most admired.” In Mrs. Merrifield, *Dress as a Fine Art* (London: Arthur Hall, Virtue, & Co., 1854), 30.

<sup>14</sup> The 1830s, then, were transitional, as fashion moved from the ebullient Romantic style to a drooping sentimentalism that denoted the emerging silhouette. Although C. Willett Cunnington has located the shift as occurring “abruptly in the middle of 1836,” before the accession of Victoria, other fashion historians have seen the emergence of this style as having developed more slowly. For Cunnington the move from the exuberantly Romantic disposition toward the passivity of sentimentalism occurred with the abrupt deflation of the sleeve in 1836, and the accompanying reduction in the top half of women’s costume. C. Willett Cunnington, *English Women’s Clothing in the Nineteenth Century: A Comprehensive Guide with 1,117 Illustrations* (New York: Dover, 1990), 105 & 107.

<sup>15</sup> Douglas A. Russell, *Costume History and Style* (New Jersey: Prentice-Hall, Inc., 1983), 343. & Russell, *Costume History and Style*, 343. & James Laver, *Costume and Fashion: A Concise History* (London: Thames & Hudson World of Art, 2002), 173.

<sup>16</sup> The rear-lacing corset remained the common style, and shoulder straps continued as a central feature until the 1840s. Gussets were another important feature of the corset, introduced in the 1830s to help fit the garment to the bust and hips. In France in the 1840s there was another new development in corset making—the creation of a new style. This new corset design excluded gussets and was assembled from between 7 to 13 different pieces, each of which was cut to shape to the waist. This style was light-weight, and remarkably short and though it was exceedingly popular on the Continent it was less so in England. The busk also continued as a corset feature in the center front until the split busk gradually became fashionable, and provided an easier method of getting into and out of the corset. The first split busk, one fastened by catches, was patented in 1829, however the device would not catch on until the middle part of the nineteenth century. The use of this split style of busk and the development of front-fastening corsets occurred as the garment as a whole became stiffer; all of these innovations aided in the laces being drawn tighter and tighter. David Kunzle, *Fashion and Fetishism: Corsets, Tight-lacing, & Other Forms of Body Sculpture* (United Kingdom: Sutton Publishing, 2004), 25 & 90.

<sup>17</sup> Cunnington, *English Women’s Clothing in the Nineteenth Century*, 132.

<sup>18</sup> Mrs. John Sandford, *Woman, In her Social and Domestic Character* (London: Longman, Rees, Orme, Brown, and Green, 1831), 5.

<sup>19</sup> Russell, *Costume History and Style*, 334.

<sup>20</sup> Norah Waugh, *The Cut of Women’s Clothes, 1600-1930* (London: Faber and Faber Ltd., 1968), 140.

<sup>21</sup> Marshall Hall, *Commentaries Principally on Those Diseases of Females Which are Constitutional*, 2nd ed. (London: Sherwood, Gilbert, and Piper, 1830), 142.

<sup>22</sup> *Ibid.*, 146.

<sup>23</sup> Henry C. Deshon, *Cold and Consumption or Consumption, its Prevention and Cure, by Cold, as a Constitutional, and Inhalation, as a Local Agent; Involving the Causes, Symptoms, Medicinal Treatment, &c.* (London: Henry Renshaw, 1847), 72.

<sup>24</sup> *The Lancet*, Volume II (London: George Churchill, 1847.)

<sup>25</sup> (Romantic dress) *La Belle Assemblée*, Vol. XV (London: Edward Bull, 1832) Courtesy of the New York Public Library. (Sentimental dress), *The New Monthly Belle Assemblée*, Vol. XXI (London: Published at Norfolk Street, 1844) Courtesy of the Bodleian Library.

<sup>26</sup> (Romantic dress), right to left: *La Belle Assemblée*, Vol. X (London: Whittaker, Treacher, and Co., 1829) Courtesy of the New York Public Library & (sentimental dress), right to left: *The New Monthly Belle Assemblée*, Vol. XXIII (London: Published at Norfolk Street, 1845) Courtesy of the Bodleian Library.

<sup>27</sup> Example of a corset of English origin, (c. 1825 – 1835), Museum Number: T.57-1948. Courtesy of The Victoria and Albert Museum.

<sup>28</sup> Example of a corset (c.1840-1850), Accession Number: 1972.7. Courtesy of the Manchester Art Gallery, 2009.

<sup>29</sup> “Fashions for April 1842,” *The Magazine of the Beau Monde; or Monthly Journal of Fashion*, No. 121, Vol. 11 (London: 1842) Courtesy of the Cambridge University Library.

<sup>30</sup> “Fashions for April 1842,” *The Magazine of the Beau Monde; or Monthly Journal of Fashion*. No. 121, Vol. 11. London, April 1, 1842. (London: 1842.) Courtesy of the Cambridge University Library.

<sup>31</sup> *The Lancet*, Volume II (London: George Churchill, 1847.), 169.