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CHAPTER 7

DYING TO BE BEAUTIFUL: THE CONSUMPTIVE CHIC

During the late eighteenth and early nineteenth centuries, there was a recognition of consumption's connection to aesthetics, and a belief that the disease actually had the ability to create or enhance beauty. Tuberculosis became the site of a battle between professional and popular ideologies of disease—a conflict that played out both in beauty practices and dress. Nineteenth-century notions of respectability and prescribed gender ideologies were of particular importance in shaping these developments. In the upper- and middle-class incarnation, representations of consumption presented the illness as the author of a feminine beauty that was identified with its condemned victims as their lives trickled away. Instead of the afflicted becoming unrecognizable as she deteriorated, the wasting associated with the disease was twinned with ideas of beauty. In other depictions, particularly in the lower classes, consumption was set forth as an illness that disfigured and provided a striking symbol of hard labor. For instance, Thomas Beddoes remarked, “The disorder, however, shews itself in a different form, especially in poor families, where children are fed on water-gruel and potatoes. The countenance is then pale, bloated, and what medical writers term *cachectic*. The upper lip is particularly tumid. The eyes are dull instead of bright. Privation and pain necessarily produce ill temper, and sometimes stupidity.”¹

In the first half of the nineteenth century, the belief that a sensitive nature was a cause of the illness remained; however, both the consumptive look and the notion of sensitivity as a cause moved away from the Romantic male and came to be identified almost exclusively with respectable women. Women possessed an excess of physical sensibility, which translated into a code of propriety and social sensibility, one attributed to nervousness and physical delicacy. These features balanced the nineteenth-century female precariously on the edge of pathology.² During this period, there was a tubercular moment during which consumption became the dominant “fashionable disease,” and the one most closely connected to beauty and fashion for women. Clark Lawlor asserts that “By the end of the eighteenth century, consumption” was “the glamorous sign of female beauty.”³ Likewise, Roy Porter has acknowledged, that “bright young things, seeking public attention, positively sought to look tubercular, as if delicacy and a tenuous grasp on life made them all the more appealing . . . Through association with fine sensibility and the cult of youth, the tubercular look—indeed tuberculosis—was becoming positively *de rigueur*.”⁴

This curious convergence of illness and aesthetics was not just the product of literary minds but was also reinforced in the works of medical men, and those concerned with social instruction. 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. *The London Medical and Surgical Journal* certainly participated in perpetuating this ideology in 1833 writing,

Some diseases are borne in silence and concealment, because their phenomena are calculated to excite disgust; to others, the result of vicious courses, the stigma of disgrace is attached; unsightly ravages of the human frame, or the wreck of the mental faculties, inspire us with horror rather than with sympathy; but consumption, neither effacing the lines of personal beauty, nor damaging the intellectual functions, tends to exalt the moral habits, and develop the amiable qualities of the patient.⁵

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Increasingly, those women who suffered from consumption were lauded for their delicate (almost otherworldly) beauty that was characterized by pallor, slenderness, and transparency.⁶

From Corpulent to Consumptive Chic

Consumption was not the only disease to influence popular ideas and fashions. Like tuberculosis, dropsy became the focus of the clinical, anatomico-pathological approach to disease, and also had its own set of cultural themes.⁷ Dropsy and consumption provide differing illustrations of the ways in which the diseased body was viewed. A renal illness (later termed Bright's disease), dropsy was, like consumption, widespread, fatal in its final phases and produced visible alterations in the patient's body. The characteristic signifier of consumption was a wasting and emaciation that weakened and shriveled the body; dropsy, however, manifested in the severe bloating of its victim.⁸ The extreme and opposite nature of the symptoms led these diseases to be utilized as foils for one another in caricatures. Although an obvious exaggeration, caricature, as Peter McNeil asserts, moves beyond social commentary and can also represent "contemporary understandings of idealized aesthetics." Drawing on Hannah Greig, he further states that caricature connects not only to fashion but "also rested upon a metropolitan notion of the beau monde, in which the elites could recognize references to each other."⁹ While Dror Wahrman has argued that caricature draws "on recognizable social behavior" and represents "the excess rather than the antithesis of acceptable . . . modes of behavior."¹⁰ As a consequence, caricature, like literature, medical treatises, and fashion periodicals provides another media form through which popular notions of consumption and fashion could be negotiated and represented. Dropsy also provided an early example of an illness being blamed for creating a fashion. In 1793, *The Times* asserted that the "pigeon-breasted" fashion of the day was an emulation of the disease.

The Fashion of dressing at present is to appear *prominent*; and the *stays* are made accordingly. This is holding out a wish to be thought in a thriving way, even without the authority of the *Arches Court* of Canterbury—something in the French way—a philosophical desire to be *conspicuously great* with MISCHIEF, without regard to law of reason. The idea was first sent forward by a few *dropsical Ladies*.¹¹

Dropsy's role in defining fashion was short-lived however, and increasingly tuberculosis would be the illness most connected with fashion and beauty, its rise to prominence aided by the growing backlash against dropsical corpulence and excess flesh in descriptions of beauty.¹² (See Plates 18 & 19.)

In the second half of the eighteenth century there was a growing fashion for thinness and there arose, according to Roy Porter, "a new cult of the lithe, limber, slim body indicative of delicacy and fineness of sensibility."¹³ Liteness would, by the latter part of the eighteenth century, become visible in sartorial choices,¹⁴ and the growing stress on the desirability of a thin body for women in particular, was allied to the emerging culture of sensibility in helping to define refinement. As a result, by the nineteenth century, consumption, beauty, and intelligence were intimately related in the popular imagination. Bodily conformation was connected to intellectual capacity, and corpulence was increasingly deemed unattractive, particularly as it was believed to enfeeble mental energy. "Fat and stupidity" were conceived as "inseparable companions" and used synonymously.¹⁵ These judgments were not limited to medical texts but were also delineated in popular works. For instance, an 1824 article in *The New Monthly Magazine and Literary Journal* presented the new view of the nerves, intelligence, and the sensibility of the individual suffering from corpulence, arguing, "The insensibility and stupidity of corpulent persons go hand in hand with this disease [corpulence]; for the fat covers and buries the nerves."¹⁶ Other works proposed that on an anatomical level, fat itself was "totally insensible";

Figure 7.1 "Dropsy Courting Consumption." An obese man wooing a tall lean woman outside a mausoleum; representing dropsy and consumption. Colored etching by T. Rowlandson (London: Thos. Tegg, 1810). Wellcome Library, London. Copyrighted work available under Creative Commons Attribution only licence CC BY 4.0 <http://creativecommons.org/licenses/by/4.0/>

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corpulence then “ought to be as anxiously remedied . . . for it is no less an enemy to health, than to beauty of the figure.”¹⁷ The physiologist Alexander Walker took this notion even further stating, “Fat women . . . have not only less sensibility and irritability of the skin, but of the organs of sense generally . . . thinner animals on the contrary have more acute sensibility and among women, more brilliant eyes.”¹⁸ In connecting thinness to the feminizing quality of sensibility, these works tightened the connections between femininity and the desirability of a thin body. All of these notions combined with the long tradition of consumption as an easy death, to create a vision of tuberculosis as imparting a slender and delicate appearance that enhanced rather than destroyed the beauty of the female form.¹⁹

Fashionable Illness

During the eighteenth century there was an extensive examination by physicians like George Cheyne, Thomas Beddoes, and James Makittrick Adair of the relationship between certain illnesses and the quality of sensibility associated with the fashionable elite.²⁰ Diseases like melancholia, gout, and consumption became associated with the refined members of society and, as Adair suggested, the “great and opulent” were subject to the whims of fashion “in their choice of diseases.”²¹ Sir William Temple lamented the practice in 1809, likening the popularity for illness and their treatments as being “very much seen or heard of at one season, disappearing in another.”²² As diseases could be fashionable, they also became targets for emulation. Adair certainly carped that “people of no rank and slender means” attempted to transgress social boundaries by “fashionably ruining themselves.”²³

As a fashionable illness, consumption was distinguished by a translucent white complexion. Despite admitting that the disease was “the king of terrors and paleness,” *The Lady’s Magazine* emphasized beauty as the dominant representation of this illness for its readers in a 1790 essay. According to the author, “in the last stage of a consumption a lady may exhibit the roses and lilies of youth and health, and be admired for her complexion—the day she is to be buried.”²⁴ Consumption’s allure lay in the fact that its symptomology operated within the established parameters of attractiveness. Rosy cheeks and lips coupled with pale skin were qualities with an established pedigree in the definitions of beauty. They were also the product of phthisis. The delicate red of the hectic flush, illuminating the consumptive pallor, were symptoms by which the disease could be identified.

The tubercular appeal was also intensified by the growing rhetoric equating women with fragility, a notion then explicitly connected to beauty.²⁵ In the first half of the eighteenth century, physicians like George Cheyne helped lay the groundwork for the assertion that “refinement meant delicacy”²⁶ and that beauty relied on the appearance of delicacy.²⁷ These connections were strengthened in 1757 when Edmund Burke argued that beauty was a socially affirmative quality, one he defined as any attribute that inspired affection. The beautiful was characterized by delicacy; it was tranquil, composed, bright, gentle, and joyful. Burke’s assertions complemented those made by physicians and social commentators. In 1774, *The Lady’s Magazine* weighed in on this debate, arguing “Many disorders incident to the higher ranks of life, among the ladies especially, of our own nation, are, doubtless, owing to that false delicacy which . . . bestows in return that pallid hue, those irritable nerves, and those general principles of weakness and a diseased constitution, so very prevalent in the sex.” The author went on to state “that delicacy is an essential in the composition of female beauty, and that strength and robustness are contrary to the idea of it, nay even fragility is consistent with it. The beauty of women is greatly owing to their delicacy or weakness.”²⁸ While George Keate’s *Sketches from Nature* (1790) acknowledged the dominance of Burke’s approach, “Robustness and strength do not raise in us the sense of beauty . . . Delicate and almost fragile things are beautiful,” he then explicitly linked “delicate-transparent

beauty” to consumption by immediately quoting the following poem: “Behold that fragile form of delicate-transparent beauty/ Whose light blue eyes and hectic cheeks are lit by the bale fires of decline.”²⁹

For Burke, feminine beauty “almost always carries with it an idea of weakness and imperfection.”³⁰ He argued that there was a conscious participation by women in constructing this connection as they learned “to lisp, to totter in their walk to counterfeit weakness, and even sickness . . . [because] Beauty in distress is much the most affecting beauty.”³¹ Burke was participating in a wider discourse on refinement and delicacy, one that medical practitioners also helped perpetuate. For instance, John Leake described consumption as a “flattering malady,” one that “seizes the young and most beautiful of the Female Sex; for such from their natural delicacy of frame, are more particularly subject to its malignant power.”³²

Despite this, contemporary sources certainly blamed Burke for the flowering of disease chic. In 1811, *La Belle Assemblée* published a tirade against the notion that illness was attractive and asked, “when then is all this distressing sensibility . . . become so universal in the female world?”

May we charge this dereliction from nature on Mr. Burke’s celebrated Essay on the Sublime and Beautiful? Did the rising of that brilliant star of genius paralyse [sic] the female mind? Could the fair reader not withstand the temptation of his assertions, when he tells them that they follow nature in the improvement of beauty, when they learn to lisp, to totter in their walk, to be amiably weak, and lovely in distress?

The author likened the affectation of illness to a disease itself, touting “its contagious influence” and stating it “continues to extend itself far and wide among those who cannot be accused of having had communication with the devastating source . . . the misapprehension of his notions may have contributed very largely to transform the genuine glow of healthful beauty into sickly languishment and affective debility, by encouraging habits ruinous to the constitution.”³³ Burke’s strongly gendered classifications were extended during the nineteenth century to include a standard of femininity that was defined by beauty and delicate debility, particularly in the middle and upper classes.³⁴

In 1813, the author of the satire *The Age We Live In* articulated the growing tension over the relative importance of health versus beauty, writing “I scarcely know which is the worst, whether to have one’s health or one’s beauty injured, for I am sure the former is of very little consequence in this world without the latter. Indeed, I cannot fancy a more distressing situation than that of knowing yourself to be the ugliest person in the room.”³⁵ This privileging of aesthetics over corporeal soundness was an important aspect of the debates over fashionable life and by the nineteenth century the ideal qualities espoused for women came to embody a great number of the predisposing causes for consumption. As a result, the delicate constitution of the female provided an excellent basis for creating a metaphor of tubercular beauty. This was not simply a literary creation; medical writers also helped to articulate and construct this relationship.³⁶

By the early nineteenth century, health and activity were deemed vulgar, while languid and listless ladies sporting pale complexions were all the rage.³⁷ Evidence of the continued acceptance of this type of beauty can be gleaned from the satire “Scenes of the Ton, No. 1. *Bringing out Daughters*” (1829), where one mother remarks on the shortcomings of the other’s daughter. “But I think Miss Bella’s countenance is somewhat too sanguine and healthy, I mean fresh and ruddy, for the ton. A genteel paleness and lassitude in a *debutante* is a necessary qualification. There is an agreeable placid languor, which is a strong line of demarcation from vulgarity.”³⁸ Fortunately, Bella’s affliction of good health could be readily cured by “a month’s round of visiting.”

There is nothing like a winter in London for imparting that air of ton which, as you observe, is so essential to people of birth! Nothing can be more horrid than to see a milkmaid’s flush amid a town rout.

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The redness of the rose is out of place, where the languid delicacy of the lily is the prevailing object of admiration, as Lady Betty Cockletop³⁹ used to observe in her elegant way. What a creature of alabaster she was! . . . I never saw so beautiful a specimen of the complexion adapted for people of respectability.⁴⁰

Life in London and the follies of fashionable life provided an enormous number of contributory hazards for developing consumption. Society robbed a woman of rest and placed demands upon her system, the consequence of which could be illness and even death. In 1825, Mrs. William Parkes lamented, “You have known young women, once healthy and vigorous, become feeble, drooping, and spiritless, when their early habits have been broken through, and when, by joining the circles of fashion, they have turned the hours of rest into the seasons for gaiety and amusement. Late and irregular hours of going to bed are much against the preservation of health.”⁴¹

Since health was out of style, if an illness did not occur naturally, a number of ladies affected the trappings of sickness. *The World of Fashion* touched on this phenomenon in 1832, detailing the antics of one Parisian lady.

There are some people who cannot live unless they are ill; this may appear paradoxical, but it is strictly true. A celebrated French physician was called to attend upon a Lady of distinction whose disease had baffled all the skill of all the medical world in Paris. She admitted to her new attendant that she ate well, drank well, and slept well; that she had indeed every appearance of being in perfect health. “Very well then” said Monsieur, “you have only to follow my directions, and I will soon remove every appearance of health, I assure you!”⁴²

So widespread and accepted was the rage for illness that it was even used as part of the debate over the passage of the First Reform Act. *Tait's Edinburgh Magazine* mentioned it as evidence that the bill was a necessity to break the hold of “people of fashion.” “Who ever heard of a ‘woman of fashion’ wearing the hue of health upon her cheeks? Why it would be the death of her pretensions.”⁴³ As the appearance of poor health became increasingly popular, one of the illnesses chosen as a model for emulation was consumption. How did the fashion for illness translate into a link between beauty and tuberculosis and why choose consumption as the model? The answer may lie in the established connections between the hallmarks of beauty and the physical characteristics imparted by the disease and used as diagnostic markers. Beauty was believed to be one of the significant signs of a hereditary predisposition to tuberculosis; moreover, once established, the symptoms were also thought to increase the attractiveness of the sufferer.⁴⁴

The Art of Beauty (1825) addressed the tricky and convoluted relationship between health and beauty in general, and the role of tuberculosis in particular. This was the first thorough account on the subject of beauty in England and enjoyed widespread popularity with women of the middle and upper classes.⁴⁵ Although the work made an explicit point that beauty arose from a state of health (taking issue with Burke’s assertion that beauty was “delicate, and easily injured”), it exploded this connection in the case of tuberculosis, through one of its most characteristic symptoms, the hectic fever.

Health is said to be an invariable association with beauty; it would follow, that we could not tell whether a lady was healthy or not, unless her face was beautiful. Nay, there are some diseases, hectic fever, for instance, which greatly improves [sic] the beauty of particular complexions . . . in such cases, even the physician, who knows it as the indication of fatal disease, cannot force himself to think that the face is not beautiful,—is not improved in beauty.⁴⁶

Medical explanations of the disease only increased the popularity of the idea of consumptive beauty. A delicate physical appearance was not only seen as a product of consumption, due to the acceptance of hereditary

explanations, it was often employed as a marker identifying those most vulnerable to the disease. In 1799, the *Medical and Physical Journal* certainly purported that genuine consumption arose from “peculiar circumstances of constitution” that swept “away whole families, particularly females” marked “by beauty.”⁴⁷

Observation and experience led medical investigators to conclude that individuals bearing certain characteristics were more likely to suffer from consumption than others who lacked those qualities. These “suspect” physical traits meshed with the idea of a predisposition to create a litmus test for tuberculosis. Due to the difficulties of diagnosis, as well as a lack of obviously visible symptoms, individuals were often not even aware they were afflicted until the disease’s final stages. However, over time the patient manifested the anatomical alterations characteristic of *habitus phthisicus*.⁴⁸ As a result, many saw certain physical attributes, beauty among them, as an indication of those individuals most vulnerable to the disease, rather than simply as the product of the illness. Thus, beauty was often employed as a diagnostic marker and was a significant sign of hereditary predisposition. For instance, in 1801 *The Monthly Magazine*’s “Accounts of Diseases in London” stressed a connection between a consumptive countenance and “a physiognomy that is in general, especially in females, more than commonly interesting and attractive.” It went on to assert that “Beauty is allied to phthisis” and “The qualities which it is delightful to contemplate, it is not always desirable to possess! Those exquisite charms . . . touch . . . on the confine of disease.”⁴⁹ The difference between predisposition and active disease seemed to be a matter of degree and gradually the litany of what denoted a predisposition came to be the same as the numerous purported causes of phthisis.

Consumption seemed to enhance its victim by amplifying those qualities already established as attractive. For instance, the idea that white skin, red cheeks and lips denoted beauty was a notion of longstanding dominance in advice and instruction manuals.⁵⁰ These same qualities were also characteristic hallmarks of the consumptive disease process, which caused a pallor and hectic flush upon the cheeks. Medical references to the symptoms of the disease consistently 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.⁵¹ This torso was accompanied by slight limbs and a flattened abdomen that contracted as the disease progressed. The complexion, designated as fine and delicate—marked by a clear, smooth, soft, nearly transparent skin that was pale in color—possessing an almost brilliant whiteness that was only relieved by the “bloom of the rose,” the result of the low-grade hectic fever. The pale translucent complexion was criss-crossed by the blue of the veins running just below the surface and the face was complemented by white teeth. The eyes sported dilated pupils, fringed with dark luxurious eyelashes, while the whole of the figure was crowned by glossy flowing hair.⁵² The descriptions of the ideal feminine form in the nineteenth century tended to bear a striking similarity to those provided in the case of consumption. The recurring accounts of these symptoms provide a glimpse as to why the disease beautified as it destroyed.

The eyes and complexion provided two of the main ways in which tuberculosis and beauty were linked. Eyes had long been a pivotal component of beauty; large expressive eyes were particularly prized as they provided access to emotion.⁵³ The “Criticism on Female Beauty” argued that “The finest eyes are those that unite sense and sweetness. The colour of the eye is a very secondary matter. Black eyes are thought the brightest, blue the most feminine, grey the keenest. It depends entirely on the spirit within.”⁵⁴ Thickly lashed eyes with large, dilated pupils were both attractive and well-established symptoms of consumption. *The Family Oracle of Health* attested in 1824: “A large pupil, though it is certainly one of the highest marks of beauty, is also a sure token of a weak, and perhaps a consumptive constitution; so much so, that whatever renders the body delicate, will seldom fail to dilate and enlarge the pupil, and make the eyes beautifully languid.”⁵⁵ The author of this medical treatise went on to provide a method of achieving this look if one did not possess the consumptive constitution.⁵⁶

We cannot with safety recommend any practical method of enlarging the pupils of the eyes founded on this principle. There is, however, a certain drug called extract of belladonna which has a most powerful

Figure 7.2 Capturing the Window to the Soul. Eye Miniature, England, early nineteenth century (painted), Museum number: P.57-1977. ©Victoria and Albert Museum, London.

effect in enlarging the pupil. A very little of it rubbed on the eye-lids will in a short time enlarge the pupil to a wonderful degree, and the effect will continue for some hours.⁵⁷

The assertions about the beauty of the eye and consumption were supported in other sources, including *The Art of Beauty*.

A large pupil has, in most ages and countries, been considered as a mark of beauty . . . A large pupil, however, although it is esteemed a mark of beauty, is, at the same time, one of the strongest indications of a weak habit of body and a delicate constitution. It is very common in those liable to consumption.⁵⁸

The framing of the eye was significant and eyelashes played a role in enhancing the beauty and once again, there was a link to tuberculosis. One work detailing the markers for the hereditary consumptive constitution stated that the most consistent indicator was “that the pupils of the eyes are uncommonly large and full, to

which some physicians add, that the eye-lashes are long and glossy.”⁵⁹ There were a variety of ways an individual could achieve this look that occurred normally in a person suffering from consumption. Popular works of advice promoted an endless list of methods to darken lashes, including rubbing them with elderberries or a concoction made from resin and mastic, with solutions that used black frankincense, or lampblack.⁶⁰

The complexion, however, remained the most significant aspect of beauty, as well as an important indicator of health in women. In 1807, “On the Beauty of Skin” discussed the connection:

The beauty of the skin contributes in so astonishing a manner to beauty in general, that many woman [sic] who are deemed very handsome, possess no other advantages than that of a beautiful skin . . . A white skin, slightly tinged with carnation, soft and smooth to the touch, is what we commonly call a fine skin . . . in our climate, carnation may be regarded as the true thermometer of the state of health . . . Thus a fresh and blooming tint, rosy lips, a lively and sparking eye, are indications of good health.⁶¹

Figure 7.3 Deadly Nightshade (*Atropa belladonna*). Colored reproduction of a wood engraving by J. Johnstone (Glasgow: Blackie & Son). Wellcome Library, London. Copyrighted work available under Creative Commons Attribution only licence CC BY 4.0 <http://creativecommons.org/licenses/by/4.0/>

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Yet once again, the protestations that beauty could only be found in health fell apart when it came to consumption.⁶² For the smooth white complexion, sparkling eyes, rosy lips and cheeks, were also the signs of a hereditary predisposition to the disease. *The Modern Practice of Physic* (1805) listed the indicators for consumption as: “a fine, clear, and smooth skin, large veins, delicate complexion, high-coloured lips . . . white, and transparent teeth.”⁶³ The quality and beauty of the complexion rested on its level of whiteness. “The Ladies Toilette” insisted “Whiteness is one of the qualities which it is requisite for the skin to possess, before it can be called beautiful.”⁶⁴ This whiteness was a distinguishing feature of consumption, as John Armstrong stated in 1818:

The first changes which indicate the approach to phthisis are to be found in the skin. The colour of the cheeks always becomes paler and more delicate than before . . . A beautiful bloom will be spread for a moment over some part of the cheeks, and then receding it will leave a remarkable palidity, almost approaching whiteness . . . and the superficial veins may be observed running in different parts of the skin, somewhat like blue lines through white marble . . . and an expression of interest, and even of beauty is not unfrequently thrown over the whole countenance, most remarkable in persons whose faces had been previously plain.⁶⁵

In 1831, *The Atheneum* argued: “In some hereditary cases, particularly in females of a fair and delicate complexion, the skin assumes a semi-transparent appearance . . . Poets ought not to describe the hands of their imaginary mistresses as transparent, except when they are conducting them . . . to their graves. ‘Tis a bad sign of a young lady’s health when you can see through her hand as easily as her heart; and, instead of a parson, you should call in a physician.”⁶⁶

The prominence and distinction of the veins provided yet another link between attractiveness and consumption, one detailed in various literary works, like “The Harvest-Home” (1824):

Gently supported by pillows, there lay the dying maiden . . . Wasted almost to a shadow, and sinking under the pressure of a mortal sickness, she was still lovely; but her beauty was of now a strange, unearthly character. Too delicately fair for this life, she seemed like an inhabitant of the aerial world. The motion of the blood was almost visible in the small blue veins wandering across her pale marble forehead; and a light emanated from her mild eyes, full of a pure, lofty, and spiritual meaning.⁶⁷

The importance of contrast and role of the veins, can be found in an 1806 piece on painting, which addressed the aesthetics of the circulatory system in the portraiture of women. The author wrote the veins “in women . . . appear merely as faint blue lines in the transparent skin,” and although he expressed indecision about including them, stated “In natural colouring, their effect is a faint tinge of blue, which gives a delicacy to the white, and mingles with the prevailing carnation.”⁶⁸ The artist may have had doubts about highlighting the veins, but it appears that fashionable women did not possess the same qualms, as cosmetic enhancement was at various times employed to achieve this look. *The Mirror of the Graces* (1811) condemned the practice and railed against women drawing “the meandering vein through the fictitious alabaster with as fictitious a dye.”⁶⁹

The smile was yet another critical link between tuberculosis and beauty, as phthisis was also believed to whiten the teeth. Colin Jones has addressed the growing importance of the smile in the aesthetics of sensibility during the eighteenth century and has argued “a pleasing smile was . . . becoming a significant commodity.”⁷⁰ Jones also asserts that “from the middle decades of the century, the cult of sensibility evident in fiction, drama, and painting revalorized the smile as a marker of inner and outward beauty and as an emblem of identity.”⁷¹ By the turn of the century a beautiful smile was a desirable and highly sought-after facet of beauty. In 1780,

Medical Commentaries articulated “the marks of a predisposition to phthisis” stating that “sound teeth” were a significant sign and “that of those who are carried off by this disease, the greater number will be found never to have had a carious tooth.”⁷² *The Physician’s Advice for the Prevention and Cure of Consumption* articulated “white transparent and sound teeth” as a characteristic commonly associated with those predisposed to the illness.⁷³ A wide variety of tooth powders were available commercially, and an even greater number of recipes that could be compounded at home were in circulation. These were published in a number of recipe books and in the periodical literature of the nineteenth century. These substances were advertised as essential to achieving healthy, gleaming, white teeth.⁷⁴ Colin Jones has even argued that the use of rouge was as much for the lips as cheeks, as “ruby red lips set off and showcased lovely white teeth.”⁷⁵

White teeth, white skin, rosy cheeks, and lips—all highly desirable qualities—were also all evidence of tuberculosis. *The Art of Beauty* demonstrated a conscious acceptance that consumptive illness was one sure path to beauty, but also recognized less deadly ways to achieve this goal seeking to find a balance between beauty and health.

Leaving diseases altogether out of the question we can recommend training to our fair readers as the only certain and infallible means ever discovered for improving the brightness of the eyes, and the clearness and transparency of the complexion . . . the superfluous rosy colour of the face; which we may remark, is not so much a sign of high health, as it is too commonly supposed, but is closely allied to inflammatory diseases, and sudden death in consequence. Save us, say we, from rosy cheeks and fatal inflammations.⁷⁶

Beyond the “natural” beauty conferred by consumption, there was a growing element of emulation associated with the disease during the nineteenth century, as beauty practices were co-opted into the rage for illness. The turn of the century brought with it an alteration in the accepted color for the complexion. The brilliantly red faces that had been popular during the eighteenth century had been supplanted by the pale and pallid white by 1807.⁷⁷ That same year, one writer stated “that it is so much the fashion to look pale, that . . . first rates use a sort of lotion to promote that interesting and sickly shade of the lily.”⁷⁸ There was also a more “fallible means” for attaining the consumptive look—cosmetics—however, their improper use was thought to bring about the disease. Again, balance seemed to be the key. The periodical literature and publications dealing with the toilet and beauty continually reiterated that “the complexion which is considered the most beautiful is a pale carnation, in which neither the white nor the red can be said to predominate.”⁷⁹ This delicate balance of color was accomplished naturally in consumption. Cosmetics had diverged from the artificial, heavily contrived look popular in the previous century and moved instead towards a restrained subtlety intended to mimic nature. *The Art of Beauty* called paint “the sheet anchor of the fair sex.”⁸⁰ Six years later, *The Servant’s Guide and Family Manual* stated, “A good selection of Cosmetics is important for the completeness of a lady’s toilette. Whether the use of paints, washes, &c. be judicious, is not for us to determine; but in giving the following receipts, we have endeavoured to distinguish those which are the most objectionable.”⁸¹

There was also a recognition of the limitations of cosmetics—that they could not create what was not already present but could “only assist nature.”⁸² The use of white paints seems to have raised the most ire, as the application of metallic oxides, advertised as “pearl white” and wielded to give a very white complexion, were roundly condemned. *A New System of Domestic Economy* (1827) called for the use of soap and water or buttermilk to improve the skin. Despite these pleas, metallic oxides remained a popular staple of the lady’s dressing table. When used to achieve a pale complexion, they were also thought to bring about the consumptive illness that naturally provided the fair pallor. *The Art of Beauty* argued that white paints, made from extracts of bismuth, lead, or tin, were capable of penetrating “through the pores of the skin, acting, by degrees, on the

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... lungs, and inducing diseases.”⁸³ While John Murray’s *A Treatise on Pulmonary Consumption* vehemently asserted that “the *chemicals* of the toilet . . . very materially assist the messenger of death.”⁸⁴ Beyond a death from consumption, additional possible consequences included the risk of severe public embarrassment. For instance, one author provided a few hints to the unwary suitor to allow him to determine whether or not “his fair one’s lillies and roses are really her own or not!” The work suggested that the gentleman take the object of his affection to “Harrowgate” [sic] where the waters acted “powerfully upon all the metallic oxides . . . If the fair one’s face retains its pristine beauty after half a dozen ablutions, he may consider the article as genuine and unadulterated, and free from all the terrors of ‘Death in the Pot’—but if the dame or damsel begin to look blue, or turn black, he will at once perceive that beauty, like London porter, may be doctored for the market.”⁸⁵ By the beginning of Queen Victoria’s reign, the connection between the use of cosmetics and the incidence of consumption was firmly established and although artificial aids remained available, by the latter 1830s, their employment became increasingly secretive.⁸⁶ Despite the rejection of cosmetics as an acceptable avenue for achieving aesthetic perfection, the emulation of consumptive beauty not only continued but even grew.

Sentimental Beauty

The early Victorian ideas of beauty were heavily influenced by sentimentalism which advocated the idea that emotional authenticity was not revealed through overt demonstration but rather was confirmed through subtle exterior signs and subdued behavior.⁸⁷ The notion of sensibility was central to the ideology of sentimentalism and reflected the ability of the nervous system to accept sensation and convey the body’s will. Sensibility defined not only personal feelings and emotions but also the physical manifestations of those sentiments. Even a woman’s complexion offered insight. Pallor and blushes, for instance, were taken as evidence of the intensity of sensibility and transparency of emotion. This involuntary openness was seen as one of the finest attributes a woman could possess.⁸⁸

Sentimental ideology further elevated the power of disease with the notion that a woman’s true character could not be revealed unless she was fighting illness. Already evidence of this attitude existed early in the nineteenth century, as many conjectured that illness revealed a woman’s personality, earnestness, genuineness, and the most fundamental truths about her.⁸⁹ Thomas Gisborne, a member of the Clapham sect, argued in his 1806 *An Enquiry into the Duties of the Female Sex*, “With respect to supporting the languor and the acuteness of disease, the weight of testimony is wholly on the side of the weaker sex.” Women, he went on, exhibited “the highest patterns of firmness, composure, and resignation under tedious and painful trials.”⁹⁰ Further evidence of the importance of suffering to the character of women can be seen in the descriptions of Miss Gwatkin, while she “gradually sunk under a pulmonary consumption” in 1814. The author wrote, “Amidst the ravages which disease made upon her bodily frame, ‘the ornament of a meek and quiet spirit’ suffered no decay; but became more conspicuous.”⁹¹

By the early Victorian era, suffering and illness were considered important functions of female life. Mrs. Sarah Stickney Ellis addressed the role of sickness in her work *The Women of England* (1839), even making specific mention of “the hectic flush of beauty” when addressing the need for awareness of the abbreviated time an individual had on earth.⁹²

Neither is it necessary that the idea should be invested with melancholy, and associated with depression. It is but looking at the truth. And let us deceive ourselves as we may, the green church-yard with its freshly covered graves—the passing-bell—the slowly-moving hearse—the shutters closed upon the

apartment where the sound of merriment was lately heard—the visitations of disease within our homes—even the hectic flush of beauty—all remind us that the portion of time allotted for the exercise of kindly feeling towards our fellow-creatures, is fleeting fast away.⁹³

In *The Daughters of England* (1843), Mrs. Ellis admonished her reader to “make the best use of the advantages of illness,” which were both physical and spiritual.⁹⁴ She also directly addressed the position of disease in female life: “there is a strength and a beauty in her character, when labouring under bodily affliction, of which the heroism of fiction affords but a feeble imitation. Wherever woman is the most flattered, courted, and indulged, she is the least admirable; but in seasons of trial her highest excellences shine forth.”⁹⁵ Charlotte Brontë wrote in similar terms of the character of her sisters, Emily and Anne, while they suffered from consumption. In a letter on January 18, 1849, she stated, “Anne is very patient in her illness, as patient as Emily was unflinching. I recall one sister and look at the other with a sort of reverence as well as affection—under the test of suffering neither has faltered.”⁹⁶

For the sentimentalist, the exterior revealed the character beneath, and beauty was now “both moral and personal.”⁹⁷ This belief in an association between the exterior form and interior disposition was evident in an 1834 article in the *London Journal*, which asserted that “The more we consider beauty, the more we recognize its dependence on sentiment . . . O Sentiment! Beauty is but the outward and visible sign of thee.”⁹⁸ These notions were reinforced by medical investigators who stated that “Goodness and beauty in woman will accordingly be found to bear a strict relation to each other; and the latter will be seen always to be the external sign of the former.”⁹⁹ The phrenologist George Combe provided a biological basis for the significance of the external, arguing that “If the countenance beams with intelligence and goodness, this is an indication that the moral and intellectual regions of the brain predominate; and the individual . . . is one of nature’s nobility.”¹⁰⁰

The physical symptoms of consumption could now be rationalized as reflecting the victim’s moral virtue, and consumptive women were increasingly presented as too good and beautiful to live. For instance, *Clinical Lectures on Pulmonary Consumption* argued:

We may often observe in families, that the members in whom the hereditary tendency is most apt to betray itself, are those characterized by refinement of feeling, and delicacy of sentiment. Selfishness and hardness of character . . . less frequently present themselves in persons susceptible of this form of disease. The common expression, “Too good to live,” may so far have a foundation, and the poet may be justified in his exclamation—“The good die first.”¹⁰¹

Because true beauty came from within, the body of a beautiful woman was charming because it revealed the soul.¹⁰² *The Englishwoman’s Magazine and Christian Mother’s Miscellany* (1846) argued the case: “The influence of beauty must be acknowledged to be very extensive and powerful; but surely it is so, because that beauty is considered as the index of the heart.”¹⁰³

This relationship between the internal character and external beauty led to a proliferation of directions for perfecting the hearts and minds of women. For instance, *The Ladies Hand-book of the Toilet* of 1843, stated “That internal state of purity, or impurity, is depicted in legible characters upon the external countenance, and . . . the fair one, who would become really beautiful, must make the cultivation of her mind . . . her first and principal care.”¹⁰⁴ While *The Ladies Science of Etiquette* (1844) argued that since “the face is the index of the mind . . . That a proper and somewhat careful attention to the preservation of personal beauty is not only advisable, but a positive duty.”¹⁰⁵ With all these moral and social overtones, it is unsurprising that the aesthetics of the countenance assumed a growing importance. The face, considered the most transparent part of the

Figure 7.4 George Combe. Mezzotint by R. M. Hodgetts after Sir D. Macnee. Wellcome Library, London. Copyrighted work available under Creative Commons Attribution only licence CC BY 4.0 <http://creativecommons.org/licenses/by/4.0/>

body, and “the index of the mind,” permitted access to the woman’s feelings, as revealed in her smile, her complexion, and, even in her eyes.¹⁰⁶ Consumption then, which provided exterior beauty as a result of an inherent internal constitution, tightened the bonds between the internal workings of the body and the exterior manifestations of those circumstances.

This sentimental fixation on the external as a moral quality reinforced the association of consumption and beauty in both the popular imagination and in the medical profession. Henry Gilbert’s medical treatise *Pulmonary Consumption* (1842) even resorted to the poet’s hand to describe its symptoms and allude to their significance in creating beauty in a woman.

With step as noiseless as the summer air,
Who comes in beautiful decay? Her eyes
Dissolving with a feverish glow of light;
and on
Her cheeks a rosy tint, as if the tip
Of beauty’s finger faintly press’d it there:
Alas! Consumption is her name¹⁰⁷

In 1849, Charlotte Brontë acknowledged the dominance of the belief in a connection between consumption and beauty stating, “Consumption, I am aware, is a flattering malady.”¹⁰⁸ This beauty, attached to tuberculosis by both popular mythology and by medicine, provided one more avenue of correspondence between the illness and sentimentalism.

The transparency of the skin and whiteness of the complexion, both significant aspects of the consumptive symptomology, became ever more important as an explicit aspect of beauty. Transparency took on a spiritual or character-defining quality that grew in significance, particularly in the latter part of the 1830s and the 1840s. However, the connection was already in evidence in the 1820s and 1830s, as *The Art of Beauty* referred to it in defining the characteristics of a beautiful complexion: “A smooth, soft, and transparent skin, is no less indispensable to the perfection of beauty, than elegance of figure.”¹⁰⁹ The author went on to associate “A pure, delicate and transparent complexion” with descriptions “of lillies [sic] gemmed with dew, and roses breathing their balm in the freshness of a summer morning.”¹¹⁰ These roses, the work acknowledged, combined with the sought-after transparent complexion in consumption. The hectic flush of the disease, confined “to a small bright spot on the top of the cheek emulated the rose’s bloom,” which the author dubbed “the hue that haunts it to the tomb . . . This may occur in every variety of complexions; but it is . . . more common in those who have a very fine transparent skin, very light colored hair, blue eyes, and a weak constitution. It is usually the token of a fatal disease, particularly consumption.”¹¹¹ This hectic flush was termed one of the “marks of confirmed consumption” according to *The Family Oracle of Health*, which went on to describe the physical alterations that accompanied it, using the same terminology as *The Art of Beauty*: “the cheek assumes the rose’s bloom, the hue that haunts it to the tomb. The sad dejected look of the countenance of the first stage now brightens into a sepulchral smile.”¹¹²

The whiteness of the complexion was the most commonly mentioned aspect of tuberculosis connected to prettiness and was also an important component in achieving sentimental transparency. Alexander Walker maintained that pale and transparent skin allowed the influence of emotion to shine through and asserted “So greatly, indeed does whiteness contribute to beauty, that many women deemed beautiful by us, have little other right to that epithet except what they derive from a beautiful skin.”¹¹³ These notions were also found in toilet manuals, like *Female Beauty* (1837) which asserted, “Whiteness is the most essential quality of the skin.”¹¹⁴ As such, a white complexion became a central concern of the lady’s toilet, as well as a defining marker of both attractiveness and consumption. James Clark applied this view to the ravages of the disease.

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The character of the constitution is still more clearly indicated by the countenance. The eyes, particularly the pupils, are generally large, the eye-lashes long; and there is usually a placid expression, often great beauty of countenance, especially in persons of a fair, florid complexion.¹¹⁵

The face and particularly in the eyes, as Clark mentions, illustrated the woman's feelings. Since, in the sentimental tradition, the eyes were styled "windows of the soul" and were thought to "speak" because they revealed the emotions and character as "the seat at once of intellect and love" they also enhanced the beauty of the consumptive.¹¹⁶ Large pupils, in particular (see Plate 20), persisted as a defining characteristic of comeliness,

Figure 7.5 Don't make it any Redder M'em, Else they will think you paint. Lithograph. (London: Published for the proprietor by S. Knights, 1845?) Image number: lwlpr14169. Courtesy of The Lewis Walpole Library, Yale University.

and it was readily acknowledged that this “mark of beauty” was “rarely connected with robust or general health, and is in some instances a decided indication of bodily weakness.”¹¹⁷

There was an inherent tension, however, between sentimentalists views that what was observed upon the exterior was a pure representation of what lay in the heart of the woman, and the desires of women to use make-up and other devices to enhance their beauty and imitate the consumptive look. For to create something that did not already exist, could be interpreted as an attempt to compensate for a deficiency in the underlying character and the element of deception inherent in the use of cosmetics was a growing point of concern. There were numerous diatribes against artifice in both dress and the toilette as *The Young Woman's Own Book* in 1840 called it “both unsuccessful and sinful.”¹¹⁸ Instead, sentimentalists argued that the key to beauty lay in the cultivation of desirable qualities rather than in cheap imitation. Before the onslaught of such criticism, the use of make-up became ever more furtive and by the 1840s the obvious use of cosmetic enhancements was no longer acceptable.¹¹⁹ As a result, cosmetics were either applied with a light hand or not at all and their use was certainly not admitted to. Many women heeded the call of *The Art of Dress* (1839), which decried the use of cosmetics and instead called for ladies to “keep your complexion clear and beautiful, pure and clean, by simple soap and water!”¹²⁰ Make-up went underground—still present but never proclaimed and manuals concerned with the subject started to provide beauty recipes based on socially desirable characteristics.

Mrs. King's *The Toilet* (1838), for example, listed innocence as the best white paint and modesty as the best rouge. *The Ladies Gazette of Fashion* (1848) put out “A Recipe for a Lady's Dress” that stated: “Let chastity be your white, modesty your vermillion . . . virtue your robes, and conscious integrity the finish of your dress.”¹²¹ Despite these admonitions, the centrality of the complexion in beauty meant that cosmetics remained an important but controversial element of the ladies' toilette. There was therefore a focus on an increased

Figure 7.6 Innocence is the Best White Paint. *The Lady's Toilet* c.1845. Waddleton.e.9.628, Cambridge University Library.

discretion in their use.¹²² Magazines remained filled with advertisements for items to beautify the face, the form, and the figure. Purveyors of cosmetics continued to do a brisk trade in toilet waters and other preparations, as well as rice and pearl powder, which were used to subtly achieve the consumptive complexion, while books of the toilet continued to offer recipes for home preparation.¹²³ Yet at the same time, the outcry against the overt use of cosmetic enhancements was coupled with the notion that beauty was something natural to a woman of virtue. As a result, tuberculosis, with its ability to enhance female beauty without deception or artifice, would by implication be the exterior manifestation of the virtuous character as well as one way of naturally achieving beauty.

Ironically the disease also furnished one symptom that demanded the use of pretense and trickery. It was believed that during the course of tubercular illness, "The hair loses its strength, so that it cannot be kept in order as before. You observe this particularly in females. There appears to be a softness of the hair, which will not allow it to remain in the way in which it has been placed."¹²⁴ These sorts of deficiencies were mitigated through a combination of less intricate hairdressing and augmentation by hairpieces. The elaborate large coiffures, like the Apollo knot typical of the Romantic style of the 1830s, were supplanted by a softer sentimental style in which the hair typically parted down the middle, framed the face with a cluster of ringlets, or was held back in a soft knot or bun at the rear. Nevertheless, false means were resorted to in an effort to make up for the deficiencies created by disease, as the ringlets that framed the countenance were often not genuine, but rather composed from artificial clusters of hair attached to hidden bands. Thus, hairpieces were used to provide the look of simplicity and artless charm.

The cultural expectations that surrounded consumption were articulated in literature, medical treatises, and those works concerned with defining fashion and the female role, all of which overflowed with examples that connected the disease to beauty. These works reveal a shared consciousness that tuberculosis was indeed attractive and, as a result, contemporary patterns of representation were modeled upon this precept. Despite these positive representations, the hallmarks of tubercular beauty all told "The direful tale of an enemy at work within; not the less dangerous because decking his intended prey with delusive and dangerous attractions." Consumption, then, was a "death adorned in the brilliant masquerade garb of beauty."¹²⁵

Figure 7.7 Romantic 1830s hair and Sentimental 1840s styles with instructions for attaching false hair. Left: Women wearing the newest fashionable head-dresses of 1831. Overleaf: Women wearing fashionable dresses, hairpieces, and accessories, and a diagram explaining how hairpieces are attached to natural hair. c.1840. Wellcome Library, London. Copyrighted work available under Creative Commons Attribution only licence CC BY 4.0 <http://creativecommons.org/licenses/by/4.0/>

Figure 7.7 Continued