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EPILOGUE: THE END OF CONSUMPTIVE CHIC

Although contemporary authors viewed woman's prescribed place in society and the prominence of fashion in that role as important factors affecting female health, the paradox created by the demand for "simplicity" in sentimental clothing could not be ignored for long. As a result, by the 1850s the debate over the artificiality of fashion and its biological consequences made inroads in the attitudes toward consumption and aided in changing female fashion. Sanitary reform, plus social concerns, combined to transform tuberculosis in the latter half of the nineteenth century from a condition presented as conferring beauty and intelligence into a biological evil that was the product of social conditions that could and should be changed and controlled.

The full-blown consumptive look that typified the sentimental clothing of the 1840s shifted in the 1850s, and as Valerie Steele asserted, "the rather insipid simplicity of 1840s styles gave way in the 1850s to a revived worldliness as the somewhat drooping silhouette became more ample and brilliant again."¹ In the succeeding decade there was a new acceptance of feminine vivacity.² The ailing and delicate sentimental woman was replaced entirely, by the 1860s and 1870s, with the return to a fashion for "healthy" women.³ Alongside this move toward healthy beauty there was a parallel shift in the interpretation of consumption and its meaning for women. As the grip of the consumptive ideology on the British population began to wane, that accompanied a shift in the perception of the disease and a loss of respectability, fashion no longer followed the dictates of disease. This repudiation of consumptive chic was not only rooted in the social/sanitary reforms, but also was the product of the changing rhetoric of the disease in literature, that began in the latter part of the 1840s.⁴

While a romanticized consumptive mythology remained, the object of the discourse shifted away from respectable females toward a model of fallen womanhood. The publication of the popular *La Dame aux Camélias* by Alexandre Dumas fils in 1848 illustrated the change. The work was published in 1856 in English with the title *The Lady with the Camelias*.⁵ But even before its translation, the English would have been familiar with the tale as it was reviewed⁶ and remarked upon repeatedly in the periodical literature often in discussions of the gossip from Paris, as in the case of *Blackwood's Edinburgh Magazine* writing on the work, "The great success of the year, the only marked and decided one, has been *La Dame aux Camélias*, "The Lady with the Camélias," which, after running a hundred nights or more in the spring, has been revived this autumn with scarcely less success."⁷ The story was inspired by the life of (Alphonsine) Marie Duplessis (1824–1847), a courtesan who had what she described as "one of those diseases that never relent. I shall not live as long as others, I have promised myself to live more quickly."⁸ (See Plate 31.) She died of consumption at the age of twenty-three after a brief and celebrated career as the toast of the Parisian demi-monde.⁹ Duplessis was so famous that when, after her death, her possessions were auctioned off at a public sale, it even attracted the attention of Charles Dickens, who attended.¹⁰

Dumas fils transformed the relationship between consumption and femininity. Although he portrayed the wasting associated with the disease as an enhancement to female beauty and character, he also highlighted the redemptive nature of the affliction. He continued the association between the disease and strong passion, particularly that of love, but privileged a connection between the suffering caused by the disease and the

concept of absolution for moral transgressions. Such redemptive suffering became the major focus of the literary works that utilized tuberculosis as a literary device in the mid-nineteenth century. Dumas's work, first performed at the Théâtre de Vaudeville in 1852, was reviewed by Théophile Gautier. Gautier wrote of Marguerite, "As she begins to be troubled and then filled with real love, she becomes humble, shy, tender- and ill. She is consumed not only by love for Armand but also by the disease that consumed her body. Now the courtesan is stripped away and she becomes an innocent young girl!"¹¹ In her illness, the fallen woman, Marguerite, achieved a form of purity. The torment created by consumption and the tragedy of the youthful death "represented the impossibility of innocent love in a wretched world," making the "consumptive courtesan a motif for Woman herself—seductively simple, desirable yet doomed."¹²

Dumas began a trend of works in which a fallen woman could obtain spiritual salvation through the hardship of consumption, and as such they mark the transfer of the concept of redemptive suffering from the arena of respectable womanhood. Although the notion of moral achievement through suffering, which had been part of the duty of Victorian women, remained the same, the subject of the discourse changed. As a result, reputable women increasingly distanced themselves from the consumptive ideology. Novels, like Henri Murger's *Scenes de la Vie de Boheme* (1851), removed consumption from the sphere of genteel womanhood and placed it firmly with the fallen woman. Murger's Francine was also a young vivacious consumptive whose face manifested "a saintly glow as if she had died of beauty."¹³

Other factors may have aided the shift away from respectable to fallen womanhood in the rhetoric surrounding consumption. These included the increasing visibility of the disease among the poverty-stricken and the beginning of the acceptance of a contagion theory for tuberculosis toward the end of the 1840s.¹⁴ However, the idea that the disease was passed from one person to another remained inadequate to account for why not everyone caught a disease, something that the hereditary constitution explanation had been able to do. As a result, the contagion theory had difficulty supplanting the popular miasma scheme, which advocated the view that disease was spread not through personal contact, but rather emanated from appalling environmental conditions that produced bad air, the disease trigger.¹⁵ The proliferation of the disease in the overcrowded slums of industrial England, the growing awareness of this circumstance, and the flourishing of works that identified the disease with moral transgressions, all helped alter the ideology surrounding consumption. Once these associations were established, consumption could no longer be rationalized as an acceptable identifier for respectable women, and by the end of the 1840s the disease had become tainted by poverty and promiscuity, connections that continued through to the end of the century and beyond.

The demotion of consumption from the ranks of the respectable, and the increased visibility of the disease amongst the poor, corresponded with a movement for dress reform. Clothing was just one more aspect of society that drew the attention of reforming individuals and organizations during the second half of the nineteenth century.¹⁶ Espousing the same complaints about women's dress that had been made over and over again, since the eighteenth century, these reformers were finally able to make headway. They focused their concern on what they saw as the adverse mental and physical consequences of fashionable dress—among which consumption figured prominently—problems for which the undergarments in particular were blamed.¹⁷

Despite the routinely professed belief in the connection between health and beauty, tuberculosis had up to this point been exempted from this association, a special exception that disappeared in the 1850s.¹⁸ This shift was evident in Thomas Chandler Haliburton's *Nature and Human Nature*, in which he described one young woman in the following terms: "Her eyes had no more expression than a China-aster, and her face was so deadly pale, it made the rouge she had put on look like the hectic of a dying consumption. Her ugly was out in full bloom, I tell *you*."¹⁹ The abandonment of consumption as fashionable and the espousal of health in its place were reflected in the styles of the period, as bodices shortened and the torso widened. The sleeves also

widened, achieving a cone shape with the introduction of the pagoda sleeve.²⁰ (See Plate 32.) Although the bodice remained tightly fitted over corsets, the degree of tight lacing lessened with the advent of the crinoline and the enormous width it imparted on the skirt, which made all waists seem smaller in comparison.²¹ One periodical even went so far as to declare in 1851, “Tight-lacing has completely gone out of fashion amongst ladies in the higher and middle classes, who have discovered that undue compression is destructive of both grace and symmetry. It is amongst young females of the humbler classes that the practice is now most prevalent.”²²

There were alterations in the appearance of the corset that corresponded with the changing emphasis on the female body in the 1850s. In a move away from the narrow almost “consumptive” torso, rational reform in the construction and design of the corset combined with technological innovation to alter the form of that garment. In the latter part of the 1840s, corsets began to be shaped by the joining of separate pieces rather than created from a single piece of fabric augmented with gussets. This style became increasingly popular until it was supplanted in the latter part of the 1860s by the steam-molded corset.²³ During the 1850s and 1860s, the corsets and bodices shortened, moving away from the willowy sylph-like silhouette of the 1840s.

Roxy A. Caplin was at the forefront of dress reform in England. She was among those who sought to rationalize, rather than eradicate, all the undergarments that provided shape to women’s fashion. Dress reformers, like Caplin, argued that clothing should instead be re-imagined through an alteration in the shape of underwear and in retaining the outer complexity of fashionable dress, these reformers achieved a balance that was at last acceptable to many women. In helping to alter the industry that provided these garments, they effected real change in the shape of women’s fashion.²⁴ Caplin orchestrated the first successful large-scale push for healthy corsets, exhibiting some of her new corset designs at the Great Exhibition of 1851, and was the only British corsetiere to win a medal. Interestingly, Caplin entered her designs for “Hygeianic corsets” in the Philosophical, Musical, Horological, and Surgical Instruments division.²⁵ Caplin’s new style of corset reflected her desire to “make corsets for the body to be fitted to,” rather than fitting “the corset to the body.”²⁶ The garment maintained a small waist, around nineteen inches, but allowed a freer movement of the torso, thereby relieving the pressure thought productive of consumption. The effect was to move visibly away from that narrow consumptive look. (See Plates 33 and 34.) Caplin followed her success at the Great Exhibition with a book in 1856 entitled *Health and Beauty; or Corsets and Clothing, Constructed in Accordance with the Physiological Laws of the Human Body*. In it she admonished everyone to:

Adhere to their own profession; for it is evident to us that the Doctor knows no more about stay-making than we do of Sanscrit . . . It never seems to have occurred to the Doctor that ladies must and will wear stays, in spite of all the medical men of Europe. The strong and perfect feel the benefit of using them, and to the weak and delicate or imperfect, they are absolutely indispensable; but when we say this, we mean corsets properly constructed; for if the construction be imperfect, the mistake will be equally as bad.²⁷

These sorts of technological innovations in both the cut and construction of female clothing, combined with a measured re-evaluation of what constituted respectable femininity, further loosened the ties between respectable women and tuberculosis.

Gradually, consumption lost its positive associations among the more prosperous classes and was increasingly relegated to the world of the working class and the poor. This shift would lead to a stigmatization of the illness and a change in the coping strategies employed by society at large. Thus, the mythology and stable of imagery that developed around consumption, which provided structure for an individual’s experience, was shifting by the mid-century. These notions also supplied rationalizations for the perceived relationships between one’s susceptibility to pulmonary consumption and the distinct social roles and character of the

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afflicted individual. These representations were informed by social differences and supported by accepted notions of behavior and beliefs surrounding deviance.²⁸ By the 1860s, the disease was presented almost exclusively as the product of harmful or inappropriate behaviors, which had direct and serious consequences for both the individual and society at large. Consumption was no longer simply an individual illness, but one that had an unavoidable effect on the productivity and competitiveness of the community as a whole.