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Through the late eighteenth and early nineteenth centuries, elite British women navigated increasingly complex and contradictory messages on health and beauty. Some critics argued that fashionable pursuits – diaphanous dresses, dancing, tight-lacing, overheated ballrooms – put their delicate health at risk, exposing them to dangerous diseases like consumption. But there were a certain appeal to this particular malady, at least in the eyes of some literary and cultural commentators. For them, consumption bestowed upon its sufferers a desirable beauty – an ethereality – that could not be matched. How did an often terminal disease come to signal elite femininity, and what was the complicated process by which illness became beautiful?

Carolyn Day’s fascinating book *Consumptive Chic* addresses these entanglements of disease, fashion and beauty. Day focuses on upper- and middle-class women in the late eighteenth and first half of the nineteenth centuries to study the ‘practical application’ of ‘tubercular rhetoric’ and specifically the ways that consumption became both ‘idealized and feminized’ (p. 2). To do so, Day mobilises strategies from the histories of medicine, the body, fashion and beauty to productive ends, revealing the complex development of a ‘tubercular aesthetic’.

Comprising an introduction, eight chapters and an epilogue, the book proceeds in roughly chronological order to chart the emerging link between consumption and feminine beauty. Beginning with a review of anatomic-pathological understandings of the disease, Day traces early modern debates over the aetiology of consumption and the ways these informed subsequent responses to sufferers as befitting their gender and class status. The author details influential medical commentary by the likes of George Cheyne that drew connections between fashionable lifestyles and nervous debility, eventually imbuing such disorders with an element of glamour. By the late eighteenth century, commentators had identified a broad range of environmental, hereditary, lifestyle and emotional factors that increased susceptibility. All the while, reveals Day, the disease came to connote elevated status, and elite sufferers were seen to possess heightened intellect, spirituality and creativity.

Having traced the establishment of consumption as ‘an illness of thwarted love, diseased creativity, refinement, and nervous sensibility’ (p. 63), Day turns her attention to the feminisation and subsequent aestheticisation of tuberculosis. From Chapter 6, the author explores how the heightened status of consumption included its aligning with dominant definitions of beauty. This was particularly the case for female sufferers, as socio-medico discourses of consumption were feminised and made fashionable into the early nineteenth century. Tracking the shift from Romanticism to sentimentalism, Day posits that, by the nineteenth century, consumption fell under a ‘feminizing influence’ that meant that male sufferers were no longer Romantic geniuses, but effeminate representatives of their sex. Notions of tubercular frailty acquired new significance, and the female consumptive emerged a figure of ‘elevated spirituality and attractiveness’, but also ‘an aesthetic object’ (p. 62). This translated into nineteenth-century fashions that mimicked particular features of the consumptive body; dress sleeves stooped the shoulders, while cosmetics replicated transparent complexions and delicate blue veins marbling the skin. If consumption was fashionable, then the fashions could recreate consumption via artificial interventions.

This was to wane, however, by the mid nineteenth century when consumption transformed from a fashionable malady into a social scourge and ‘biological evil’ (p. 129). New developments in public health and sanitary reform recast consumption as a social malady, and attention to female sufferers soon shifted from elite beauties to fallen women. Changes to fashions ensued, including a movement away from sylph-like silhouettes to more robust figures attained via ‘hygienic’ corsets. Day charts this shift and others in a helpful coda that summarises the book’s narrative arc and key arguments.

One of the book’s many strengths is the broad range of sources used to illuminate multiple intersections of disease and fashion. Day surveys an array of medical and didactic texts to track expert definitions of tuberculosis in this period. When addressing the effects of these medico-moral discourses on elite women, she embarks on an exploration of the tubercular aesthetic itself via fashion plates, women’s periodicals and material objects. But this is not merely a study of dominant discourses, and Day considers lived experience via a number of illuminating case studies. This includes attention to John Keats
as an idealised version of the Romantic male consumptive of the early nineteenth century. Elsewhere, the instructive tale of Sarah Siddons and her family vivifies the ways that tuberculosis could be both fashionable and destructive, resulting in the translucent beauty but eventual death of daughter Maria in 1798.

Ultimately, *Consumptive Chic* is an engaging and rigorously-researched study. Richly illustrated, the book would be valuable in undergraduate and graduate settings, all while speaking to scholars of fashion and eighteenth- and nineteenth-century medicine. The book is a testament to the ongoing possibilities of interdisciplinary scholarship that connects histories of health and disease to other complementary pursuits. In this case, the history of fashion is also that of bodies, and Day demonstrates the dynamic connections linking medical and aesthetic concerns in this moment.