BREATHLESS WITH ANTICIPATION: ROMANCE, MORBIDITY AND THE CORSET

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Although tightly laced corsetry potentially and actually made numerous middle-class women seriously ill, the practice continued well into the twentieth century. The long reign of the corset indicates that for many women the garment had considerable benefits that outweighed its widely publicised attendant risks. The most prosaic and apparent advantage of corsetry was its ability to literally sculpt the flesh and bones: to create the much admired "hand-span" waist. In doing so, judicious use of corsetry enabled women to construct a femininity that reflected middle-class ideals and expectations of female gender. When tightly or even moderately laced, corsetry generated physical symptoms in the healthy middle-class female body that emulated that of the fashionable, ailing, fragile heroines idealised by Victorian popular culture. Paradoxically however, the garment's resilient appeal lay more in its ability to contravene or transgress those ideals, rather than its ability to encourage the female body to emulate or obey them. Indeed middle-class women appear to have employed corsetry because of its ability to implement a range of conflicting ideological purposes. Corsetry was instrumental, indeed critical, in both reinforcing and disrupting prevailing definitions of femininity. While the physical responses of the corseted body could be perceived as acceptably and stereotypically submissive, the breathlessness, the flushed or pale face, and the rapid rise and fall of the breasts, could in specific circumstances be read, or experienced, by its occupant and by others as overtly sexual. In other words, the corset's longevity may have been ensured by its dual ability to create an acceptable fashionable ideal, ostensibly based on virginal reticence and refined debilitation, but with the added capability, when occasion permitted, to flagrantly sexualise the body. Seen this way it would appear that skilful manipulation of their own bodies via the corset enabled single middle-class women to successfully negotiate a path between prevailing and antithetical constructions of femininity which positioned them as either virginal or dangerously sexual. However, the perception of the corseted middle-class woman as a powerful agent in the construction and manipulation of her own rather malleable sexual subjectivity is jeopardised, when an examination of the socio-cultural climate in which that sexuality was constructed and articulated is undertaken.

Costume historian Helene Roberts commenced an examination of this kind in her landmark paper "The Exquisite Slave: The Role of Clothes in the Making of the Victorian Woman," maintaining that woman's role in nineteenth-century heterosexual relations was characterised by a "submissive-masochistic pattern of behaviour"(557). Roberts demonstrated that corsetry, high-heeled shoes, crinolines, bustles, and even the silhouette and colour of feminine attire projected a message of a female "willingness to

conform" to this masochistic pattern.[1] Roberts's work is incisive, but its brevity did not extend to consider the notion of clothing as a reflection of wider cultural values. That is, while Roberts correctly established the affiliation between feminine attire and cultural expectations of female behaviour and demeanour, she did not analyse wider cultural imperatives which assisted the construction of middle-class femininity as submissive and willing to conform. While I agree entirely with Roberts's conclusions, it must be added that both Roberts and myself are discussing the construction of only *one* aspect of femininity in an era in which many fluid and complex femininities co-existed and sometimes competed. Not all women were attracted, or succumbed, to processes of morbid self-identification. Nor can it be claimed that women who identified with, or constructed a femininity from prevailing morbid influences, continued to do so for their entire lives. Despite these qualifications and reservations, a concerted analysis of primary source first-wave feminist and dress-reform texts makes clear that the construction and idealisation of a macabre feminine ideal was a significant characteristic, or at least facet of Victorian womanhood.

My research draws from and builds on Roberts's work. This article examines the way in which corsetry in particular reproduced existing power relations by making women fragile and ill (or by giving them the appearance of fragility and illness), and focuses on the way corsetry was integral in the processes of sexualising feminine illness, which in turn shaped inequitable power relationships. While I agree with Roberts that submissive-masochistic femininity was an over-riding characteristic of Victorian heterosexual relationships, I also contend that the construction of a submissive, feminine masochism was a reflection of a Victorian engagement with death and, moreover, that Victorian society simultaneously reified and coped with death by "othering" it to the feminine. I will argue that the feminine "curatorial" and "symbolic" role of death was internalised by middle-class Victorian women, and that this macabre psychic internalisation contributed to the construction of female sexual subjectivity. I further argue that the popularity of corsetry rested precisely on its propensity to sexualise the

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[1] Roberts's article has been the subject of considerable criticism since its publication in 1977. Art historian David Kunzle, author of *Fashion and Fetishism: A Social History of Corsets, Tight Lacing and Other Forms of Body Sculpture in the West* (New Jersey: Rowman, 1982), quickly refuted Roberts's claims that corsetry was oppressive in the feminist interdisciplinary journal, *Signs*. Kunzle, along with fashion historian Valerie Steele (*Fashion and Eroticism* [Oxford UP, 1985]; *Fetishism, Fashion, Sexuality and Power* [Oxford UP, 1996]) argues that tightly laced corsetry was worn by a small group of fetishists, rather than by the majority of "fashionable" women from the early to late nineteenth century. Steele and Kunzle maintain that in sexualising the female body, corsetry offered an erotic liberation for women. I would dispute, though not entirely disagree with this position. Sexual sadomasochism relies after all on the presence of pain. However, I would maintain that few women were able to enjoy or convert the enormous discomfort of tightly laced corsetry into feelings of pleasure. Dr Latou Dickinson, followed by several other medical practitioners in the late century, used manometers to show that corsetry afforded between 21 and 80 pounds of pressure per square inch on the female torso. Not surprisingly, tightly laced corsetry was, according to numerous British and American mid- to late-century texts on feminine health, not only to blame for enormous physical trauma culminating in uterine displacement, but was also responsible for foetal mortality. I have discussed the use of corsetry as an abortificient more fully in "Maternity, Corsetry and Miscarriage: A Nineteenth Century Conception," *Raiding Clio's Closet: Postgraduate Presentations in History* (University of Melbourne, 1997: 19-32).

female body in a manner which reflected a particular historical moment, a moment in which the intersection of sexuality and morbidity coalesced.

Of course neither corsetry, nor the prevailing morbid *milieu* which encouraged its use were universally accepted by middle-class women. There existed a small, sporadic, but nevertheless radical rebellion by feminist dress reformers who both recognised and problematised the prevailing construction of morbid romantic heterosexual relations. Despite these pockets of resistance to corsetry (which will be discussed), feminist arguments were largely over-ridden by a *zeitgeist* which superficially condemned corsetry, but simultaneously approved of and rewarded its more immediate and apparent consequences.

The construction of a more-or-less morbid female sexual subjectivity, and the relationship between this sexual specificity and the corset, had its origins, analogue, indeed its *raison d' être* in the generalised and very public Victorian relationship with death. According to several nineteenth-century historians a morbid aesthetic characterised, if not entirely permeated, Victorian popular culture. This was hardly surprising in an era which predated antibiotics, and where as a result death was a far more frequent and premature companion than it is today. The Victorian attention to the customs, rituals and accoutrements of death point to its intense emotional and psychic valency. However, despite the appearance of a generalised Victorian involvement with death, the psychological management of Victorian grief was clearly gendered. That is, Victorian society coped with the frequency of mortality and its emotional and psychic toll by routinely "othering" death and its management to the feminine.

Understanding the Victorian obsession with illness and death and women's positioning within it is integral in identifying both the morbidification of female sexuality and the significant role corsetry played in that construction. While the Victorian investment in the public memorialisation of death has been documented, much less attention has been paid to its private and feminine appropriation and enculturation. Middle-class Victorian women were intimately connected to death via a multiplicity of cultural and physical ties that no longer exist today. Both an emphasis on the funereal aspects of life and a female identification with death were officially transmitted in childhood. Between 1780 and 1830, for example, art classes for female students dwelt on the production of *memento mori* (Pike and Armstrong 68); generations of middle-class women were inculcated with notions of female morbidity in their formative years in this way. *Memento mori* produced by female members of a bereaved family often decorated the Victorian home (Pike 296-315). In addition, it was overwhelmingly women who wore and treasured the jewellery of death: hair brooches, rings, bracelets and lockets which featured fragments of hair or likenesses of the dead. It was women, too, who carried the sartorial burdens of mourning. By the 1830s men had only to declare their bereaved state with a narrow arm band or hat band of black fabric, while mothers, wives, sisters, daughters and female cousins were plunged into dark mourning clothes for months, even years at a time.[2]

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[2] Mourning corsetry was part of that attire. Several major corsetry firms advertised these garments which, while as strong as ordinary corsetry, were in suitably sombre shades of black, grey or drab.

While the emotional burdens of shouldering society's wishes and anxieties relating to illness, dying and death must have been taxing, that task was not completely onerous. Care of the ill and dying and the management of bereavement variously and inevitably afforded middle-class women an honour, respect, prestige and attention that was in many other ways denied them in Victorian society. The popularity of deep mourning and the drama and gravity of Victorian funerals can be read as evidence of the importance and romance associated with death. In many ways women had a kind of premium on its expression. Death and dying were the domain of the feminine, for the middle classes died at home rather than in hospital and it fell to women to tend the dying (Wellcome 9) and to female friends and relatives, rather than funeral directors, to prepare bodies for burial until the early twentieth century.[3]

Illness, death and mourning also lent a particular importance—even glamour—to women in the public sphere, where the processes of its othering were made absolutely explicit. Women and death became almost synonymous in cultural representations of illness and mortality which flooded Victorian society. Over and over again female death and dying were played out in literature, art, music and theatre. Operatic heroines throughout the century inevitably died youthful deaths in dramatic or heart-wrenching finales, while romantic paintings of the era repeatedly featured tremulous, child-like dying female invalids, gazing into the great beyond. The feminine enculturation of illness and death in the public sphere (along with the sexualisation of that process and its expression) has been explored by several significant historians and literary critics. Art historian Bram Dijkstra has discussed the prevalence of painterly images of wan, dying or dead women in the mid to late nineteenth century. Innumerable mid- to late-nineteenth-century canvasses bore such titles as "A Shadow," "The Sick Woman," "The Dead Woman," "The Dying Woman," "Convalescence," "The Dying Mother," "The Death of Albine" and so forth. As these titles suggest, the contents frequently depicted women in varying stages of death or dying, but while these depictions rendered illness softly romantic, their subjects were also clearly positioned as objects of sexual desire. The representation of the beautiful dead woman was a favourite device of nineteenth-century artists, one which allowed them to portray an animalistic female sexuality that was at once tantalising and tamed, safely transmogrified to the realms of the transcendental and the spiritual. These lachrymose representations flooded the popular market in cheap print form, and were remarkable as much for their themes of "passive feminine sacrifice" as for their "passive erotic appeal" (Dijkstra 45, 64).

Themes of female death and dying were also the sustaining *leitmotivs* of innumerable Victorian novels. Sex and death provided such a significant medium of artistic possibilities in Victorian culture that, according to one literary critic, the "dialectic must be recognised as one of the most influential patterns in Victorian poetry and prose" (Barecca 1-7). Romantic literature, directed at a middle-class female readership, frequently dwelled on the pathos of the lingering and picturesque deaths of

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[3] See Jalland 221. Middle-class women were discouraged from attending the actual burial. Presumably this shielded men from any perceived threats to their (public) masculine identity should they lose control and cry at the event.

its heroines. According to Nina Auerbach an "embarrassing eroticism" marked many (textual) Victorian female deathbeds. Auerbach points to Dickens's Little Nell, Emily Brontë's Catherine and Robert Browning's Pompilia as examples of women whose "lingering lushly orchestrated deaths, aroused centres of [masculine] desire" and, I would add, female identification. Auerbach notes that such literary representations, existing in tandem with artistic renditions of women as eroticised corpses, indicated an expression of a "common, if uncommonly powerful cultural desire" propelled by misogyny and a kind of unconscious, peculiarly Victorian necrophilia (90-94). So acceptable was the notion of romantic female death that Edgar Allen Poe was able to pronounce it "unquestionably the most poetical topic in the world" (qtd Praz 27).

In a society that considered female ill health as normative to femininity, where death and dying lent women a particular (if morbid) prestige and where feminine ill health, death and sexuality were collapsed, it was an easy if not inevitable step for middle-class women to construct or derive a femininity, indeed a particular sexual subjectivity, from those influential and celebrated cultural givens. Indeed it was in the middle-class woman's best interest to do so. As dress reformer Abba Gould Woolson explained in 1874: "To be ladylike was to be lifeless, inane and dawdling, and since people who [were] ill must necessarily possess these qualities of manners from a lack of vital energy and spirit, it followed that they [were] the ones studiously copied as models of female attractiveness" (192).

Corsetry was essential to this modelling process. As dress reformer Eliza Haweis noted four years later, it gave women the fashionable appearance of "uncertainty and unsafeness" (120). It was a crucial item of feminine attire in this respect, for corsetry enabled middle-class women with reasonable diets, who were secure from the contagious diseases and slum conditions of their working-class sisters (who should therefore have been pictures of health), to effect a particular demeanour—one that reflected a physical vulnerability or debilitation that was admired and eroticised by Victorian popular culture. Moreover (as mentioned earlier), physical responses provoked by the corset had the advantage of being construed as indicative of either a delicacy that revealed a retiring virginal nature or, in appropriate circumstances (such as the ballroom), it enabled the female body to be read as seductive, if not completely concupiscent. In doing so, corsetry empowered women to manoeuvre within existing social constructions of femininity and, importantly, enabled them to manipulate those constructions to their own social advantage.

Corsetry was arguably the most significant weapon among an arsenal of devices employed to achieve the desired deathly demeanour, however powder, rouge and lipstick, which by 1860 had lost their promiscuous cache (Banner 44), were also utilised to obtain complexions described by contemporaries as deathly pale. The popularity of cosmetics endured despite the common knowledge that they could be fatal—a persistence which could point to this underlying feminine identification with death, as well as an acknowledged (or unacknowledged) acceptance of standards of beauty which deemed illness feminine and romantic. By mid century many commercially produced cosmetic preparations contained a frightening array of poisonous substances. Cosmetics,

beauty washes and unguents "infallibly contain[ed] mercury or some other destructive or injurious mineral" warned the *Ladies and Gentlemen's Pocket Companion of Etiquette and Manners* (An American 75). Carbonate of lead, sugar of lead, corrosive sublimate, hyposulphite of soda, lead and mercury were "known to exist" in the everyday "toilet articles with which ladies [were] daubing their faces" (Rogers 261-63). Arsenic, also known to be lethal, was eaten in small and presumably furtive amounts by fashion's most enthusiastic votaries to achieve pellucid, ethereal skin tones (Banner 41). Blue vein colouring preparations, painted over existent or nonexistent veins on the temple, throat and breasts increased the effect of a soon-to-leave-this-world complexion (Corson 354). "Nothing so effectually wrote *memento mori*! on the cheek of beauty" wrote Lola Montez in 1880 regarding the practice of coating the face with toxic powders; "many a time have I seen a gentleman shrink from a brilliant lady as though it as a death's head he was compelled to kiss" (qtd Corson 326).

The popular mid-century British magazine *Bow Bells* was consistently critical of fashions that made young women appear death-like. It took a very strong stand against the practice of eating arsenic by reminding readers of its "Notices to Correspondents" column that it "would be both foolish and wicked to take to arsenic eating to improve the complexion" (11). Numerous women, possibly reluctant to blanche their skin with lethal cosmetics, drank a daily glass of vinegar which was thought to both whiten the skin and reduce corpulence (Banner 41). *Bow Bells* implored young ladies to avoid vinegar, claiming a daily glass could lead to death. The magazine urged its heavier readers to "be boldly fat" and never to "pine for graceful slimness and romantic pallor." If "nature intended you to be ruddy and rotund" wrote the editor in 1865, "accept it with a laughing grace which will captivate more hearts than all the paleness of a circulating library" ("Vinegar" 286). Well meaning advice of this kind was probably to little avail when robust, cheerful rotundity and ruddy skin were antithetical to mainstream cultural constructions of feminine beauty. Despite protestations from magazines and beauty manuals the idealisation of the indisposed female, so relentlessly perpetuated by popular culture, meant that to look ill, vulnerable and/or near death, remained for significant numbers of women throughout the nineteenth century a goal to be achieved at almost any cost.

Corsetry was doubly useful in realising this goal. While it is well known that the garment clasped and moulded the torso into an hourglass shape, its effect on skin tone has been left un-researched by historians. Corsetry affected the appearance of the skin in a similar manner to vinegar, arsenic eating and the application of risky cosmetics, and might as a result have been considered a safer alternative than those substances in the middle-class quest for romantic pallor. It is quite likely that the corset was used in tandem with arsenic eating, vinegar drinking and cosmetics to achieve the coveted wan appearance. Dr Andrew Combe, author of *The Principles of Physiology* (first published in the 1840s and republished several times throughout the nineteenth century), commended corsetry's ability to produce a "fragile and airy form, a sylph like figure" and, significantly, an "interesting paleness . . . occasionally relieved by a touch of carnation." He admired the "expressive look, softly shaded by melancholy" which he

attributed to corsetry and added almost as an afterthought that "*most of these indications [were] precisely those of feeble health*" (qtd Roberts 561, emphasis in original). Other male critics of corsetry who were genuinely aghast at the physical changes it wrought on the female body also unwittingly perpetuated the garment's use by valorising and romanticising its ability to deaden the appearance. Luke Limner, author of the widely cited *Madre Natura Versus the Moloch of Fashion* (1874) initially made an impassioned plea to "abolish that type of body bondage and cursed contrivance, the corset." Despite good intentions, however, Limner undermined that message by describing his corseted subjects in a manner that at once glamorised and sexualised their subjection. "The fair prisoners incarcerated in the walking white sepulchres" were, wrote Limner (reflecting the Victorian propensity to collapse sex and female death) "externally wreathed in beauty but internally wreathed in death and bones" (117).

Contemporary feminist critics of the garment agreed that the epidermal changes effected by corsetry signalled ill health, but unlike Combe and Limner they did not romanticise these changes, drawing instead from prevailing medical knowledge to fortify their position. Medical practitioners opposed to corsetry routinely claimed that "red noses [were] among the injurious effects of tight lacing" (*Englishwoman's Domestic Magazine* 192). A red nose was an humiliating disfigurement in Victorian England that signified alcoholism and ill temper, and as a consequence the red nose theory of tight lacing was quickly appropriated by opponents of the garment and reiterated in women's magazines, household advice manuals and beauty texts until the end of the century. It was "a mistake to lace [one's] stays . . . like grim death" warned *Bow Bells*' beauty adviser. "Nature never intended the body to be cut into two by staylaces and she revenges it by . . . cheeks of chalk, [and] noses like plums" ("Miss Surly" 163). The Beetons (of household management fame) agreed, calling tight lacing "the most absurd habit ever suggested by vanity and adopted by ignorance, and the cause of [both] ill-health and a red nose" (Beeton 73).

However disfiguring the red nose might be, critics of the garment had to acknowledge that corsetry also whitened the skin and, on occasion, caused a rush of colour to the cheeks. Unlike Combe they refused to valorise this symptom of asphyxiation by referring to the pale (or rosily suffused) visage in unflattering terms such as sallow, pallid, chalky, and flushed. To remark on these complexional changes in terms that were not unflattering might of course encourage the practice. In her lecture to London's National Health Society dress reformer Edith Barnett, author of *Common Sense Clothing*, berated social values of the 1880s in which the "glow of good health" was "viewed as coarse and unladylike." She observed with considerable anger that the woman "regarded with most envy" was she who wore the "livery of disease . . . and whose waist [could] nearly be spanned by her own hands" (72). Similarly, Combe's perception of the corseted body as an "airy" fragile form was perceived quite differently by the garment's adversaries. Far from being charmingly "sylph" like, tightly corseted women were described as "wheezy, panting, die away creature[s], painful to look at . . . who faint[ed] their way through life" ("Miss Surly" 163).

As the description of the corseted woman as a "panting die away creature" demonstrates, the sturdy composition of standard corsetry worked to create as well as to impose a particular deportment of the body, one which both contributed to the constitution of identity and communicated normative expectations about how women should behave. In twentieth-century terms the "die-away demeanour" of the corseted woman might be best described as an actualisation or enactment of a morbid subjectivity, while the corset might be identified as a "body code" which constructed (or assisted in the processes of constructing) that debilitated demeanour which contributed to a more or less morbid sexual specificity. Interestingly feminist dress reformers such as Elizabeth Farrar, Angeline Merritt, Abba Gould Woolson and Elizabeth Stuart Phelps can be seen to have pre-empted or at least foreshadowed twentieth-century feminist theory in their attempts to theorise the female body in both its corporeal and political sense.[4]

Nineteenth-century feminist dress reformers argued for an holistic analysis of the female body and the fashions and cultural conventions which contained and constrained it, recognising that the female body was (as Elizabeth Grosz has more recently noted) a "political object *par excellence*." They believed that the body should not be perceived as a "mere shell or black box which has no interiority." Both male and female reformers, sometimes with a nascent, and sometimes with a well-developed feminist consciousness, utilised what we might recognise as an early form of Grosz's corporeal analysis (see note 4) by maintaining that the corset simultaneously impaired the physical body and had unavoidable deleterious and morbid repercussions on its occupant's interiority. Indeed these themes were fundamental to many feminist dress reform texts, and were intermittently woven through women's journals which recognised that women's fashions contributed to female morbidity.

In 1856 the *Lady's Guide to Perfect Gentility* noted that "cold extremities, pale visages and troubled sleep" along with "excessive nervousness of the system" were "among the frightful consequences of [the] universal practice" of tight lacing (Thornwell 137). *Bow Bells* reported that corsetry "interfere[d] not only with internal structures of the body" but also with the "temper and feelings with which . . . beauty is associated." Beauty was an index of "sound health, intelligence, good feelings and peace of mind" according to the author, and tight lacing encouraged "uneasy feelings, bitter thoughts, (and) bad temper" ("Tight Lacing" 307). Similarly, B.O. Flower, editor of the *Arena*, observed that the corseted woman of the 1890s could "neither think nor feel normally. . . . Pleasurable sensations and ennobling thoughts" were replaced by an "indescribable array of aches, pains, weaknesses, irritations and nameless distresses of body, with dreamy vagaries, fitful impulses and morbid sentimentalities of mind" (413).

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[4] The work of twentieth-century feminist Liz Grosz has startling resonances and parallels with theories posited by her nineteenth-century foremothers. Grosz has called for the implementation of a corporeal feminist analysis, a theory that privileges the body's interiority while also recognising that the inscription of the body's surface is integral to the acquisition of both individual sexual subjectivities, as well as those cultural attitudes deemed appropriate by the society in which the subject is located. That is, corporeal feminism takes into account the specificities of female biology as well as accommodating the body's capacity to be "moulded, constructed, socially informed or culturally specified" (1-7).

Feminist discussions which aimed to indicate or tease out the relationship between cultural morbidity and femininity were remarkable for both their breadth of analysis, and occasionally their fearless and complex theories regarding the (constructed) sexuality of Victorian women. The corset was a central site of their discontent. While feminist dress reformers argued vehemently that death was the ultimate destiny of the tightly corseted woman, they also explored and publicised the almost enumerable array of lesser deaths corsetry inflicted. As a result the feminist dress reform anti-corset discourse was steeped in themes of physical morbidity, but punctuated and theoretically strengthened by sophisticated explanations of the sensual, sexual, spiritual, intellectual and political deaths that corsetry wreaked, on a minute by minute basis, on the female body.

Although sympathetic towards those who had been made invalids by fashion, Elizabeth Stuart Phelps wrote with an obvious and bitter resignation in 1874 that the fashionably dressed woman presented a "sad problem to the political economy" and therefore imperilled any hope of an "ideal" society. Phelps recognised that corsetry was pivotal in physically disempowering women and as such inevitably undermined their desire to act and think assertively. She also understood that the corset's role in sexualising the body diminished any chances of the sexes ever interacting as equals, specifically because in sexualising the body, corsetry unnaturally heightened physical differences between the sexes; differences cited by biological essentialists antagonistic to female suffrage as evidence that women's proper sphere was domestic and reproductive rather than political. As Phelps explained:

> [dress reformers] do not quarrel with the desire to be agreeable . . . nor do we quarrel with the differences in character of desire, so far as it is Nature's own. It is the unnatural differences which the distorted creed and practice of society have created which work the mischief. The subjection of one sex to the other results in making the attraction of one, the business of the other. To this, as in any system of subjection, rebellion is the only alternative. (66)

Phelps' sartorial political rebellion manifested in explicit advice to readers not to simply abandon their corsets, but to torch them. "Burn the corsets!" she declared. "Make a bonfire of the cruel steels that have lorded it over your thorax and abdomen for so many years and heave a sigh of relief, for your emancipation I assure you, from this moment has begun" (66).

Other dress reformers dwelt on the death of sensual and even sexual pleasures effected by the garment. Abba Gould Woolson noted that corsets were worn in the general belief that they disbursed the weight and tightness of numerous undergarments. (It was not common for up to 14 bindings to be about the waist.) As Woolson explained, it was "Nature" rather than the corset that "prevented one feeling at every motion the pull and drag of each separate binding." Nature rather than corsetry relieved women "from the sensation of pain when it bec[ame] excruciating" she wrote, while corsets

only further deadened sensation "by a compression which induce[ed] partial numbness . . . (until) no one portion [was] conscious of more discomfort than the rest" (202).

Writing as early as 1852, American dress reformer Angeline Merritt also claimed that the "general constriction of corsage, stays and buckram . . . cramp[ed] and deaden[ed] the vital apparatus to a morbid incapacity" (154-55). Merritt believed that while the garment deadened the sensations of the torso it was, somewhat paradoxically, pivotal in the construction of a degenerate female sexuality. According to Merritt this came about when tightly laced corsetry "crowded the abdominal viscera into immediate contact and collision with sex organs of the pelvic cavity" (61). Merritt's concerns were fuelled by fears that the sexual excitement potentially provoked by corsetry was at the expense of an authentic sexual response. Merritt feared that "lovely maidens just budding into womanhood [could] stoop from purity, [that was] inherent in their nature" if their bodies were prematurely and inappropriately aroused by corsetry (147-49). Merritt's anxieties about adolescent sexual behaviour were not driven by any desire to deny or eradicate female sexual response, but to protect it from exploitation, perversion or extinction. This is made clear by her insightful remarks which disclosed her belief in the existence and rightful expression of a natural, fully developed and powerful female sexuality. Merritt feared that the "morbid excitement" (as she termed it) of the female sex organs would lead not only to disease, but might result in "an effeminacy of the physical system" (61). Merritt's use of the word effeminacy in the context of discussing female sexuality is telling. It indicates that she believed women had naturally occurring and potent sexual desires that paralleled male sexuality, ideas which ran counter to many medical and sexological texts of that time which asserted that decent middle-class women were rarely troubled by such matters.

Anxieties surrounding the role of the corset as an agent of sexualisation, morbid, perverse or otherwise, were often discursively hidden in, or formed part of, larger discussions on the morals of the ballroom. Young middle-class women came out (in the nineteenth-century meaning of that phrase) between seventeen and eighteen, and the ball was critical in both marking this rite of passage into adulthood and in securing a successful marriage. Balls, dances or assemblies allowed the refined and delicate middle-class woman to be shown at her best advantage. They also provided the perfect arena for the cultural conflation of *eros* and *thanatos* to manifest. Despite rigid formalities and the scrutiny of chaperones, the ball was often the scene of hectic romance and intense though somewhat morbid sexual encounters. That critics deemed ballroom dancing a flagrant "violation of the sixth commandment" indicated the sexual nature of the event and the potential it had for serious sexual transgression (*Immorality* 31-32). The "low corsage, the naked arm, the whirling dance . . . the unchaste public disrobing" each met a barrage of condemnation (Willard 8). Dance was thought to hold "insidious charms" (Vernon 99). As late as 1904 the "immodest pose taken in the waltz" was credited with blinding its participants "with lust" (*Immorality* 31-32). However, it was female costume that was most often blamed for feverish sexual excitement.

"Flimsy dresses"(Williams 57) made for "unspeakable degradation . . . exposure and immoral exhibitions of what should [have been] reserved for the sacred and inmost privacy of the home" (Willard 8). Low-cut ball gowns, designed to reveal a becoming *décolletage* and emphasise a tiny waist, relied on corsetry to achieve these desirable but scandalous assets. The combination of heat and extended periods of dancing in tightly fitted gowns underpinned by even tighter corsetry made weakness, breathlessness and the automatic physiological response to thoracic asphyxiation—the involuntary and rapid rise and fall of the breasts—a commonplace sight, as well as a highly contentious issue. Comparisons between the physical response of the corseted body and the (perceived) female sexual responses of panting, flushed complexion and the rise and fall of the breasts, were unavoidable. Reverend D.D. Vernon was appalled by the overt sexual ambience of the ballroom, and by what he perceived as an unbridled female sexual response that the ballroom appeared to condone. "Music fired the heart" wrote the outraged Vernon in 1882, "while heaving breasts and beating hearts were brought into close contact, the warm breath against the hot cheek, the electric currents flowing from hand to hand, [and] eye to eye, [did] the work nature intended for them under lawful conditions" (98-100).

Nineteenth-century sources demonstrate that the heaving bosom that so alarmed Vernon and his ilk was far more than a romantic fiction or fantasy of religious zealots opposed to dance. Critics who objected to the garment's proclivity to promote the sexual objectification of the breasts were (not surprisingly) reluctant to engage with the sexual aspects of its occurrence at the ball. The *Lady's Guide to Perfect Gentility* alluded to this effect as morbidly distasteful. The author likened the "extreme heaving of the bosom" to "the panting of a dying bird" (Thornwell 133). Physician Frederick Treves noted with disapproval in 1884 that anyone who had "watched a wasp waisted lady after a dance" must notice "the unsightly . . . exaggerated heaving of the upper part of the chest" which he explained dryly was "merely an expense of Nature's efforts to obtain a proper supply of air" (512).

The failure of corseted lungs to inhale enough oxygen during or after dancing was also responsible for episodical fainting at the ball. "Scents, aromatic vinegar, smelling salts, (and) water bottles" were kept readily at hand for fainting, which was "frequently the case in heated rooms, especially [for women] addicted to tight lacing" ("The Ball" 354). Fainting in the ballroom provided a perfect domain for the misogynist ideology of aesthetic feminine submission and its binary opposition, male dominance, to be enacted. Marion Harland (the widely published mid- to late-century health and beauty adviser) recalled that when "women fainted in assemblies . . . for want of breath" they might have "expired completely" had not "the instant expedient in all cases been (for men) to cut the corset strings" (351).

Whether apocryphal or authentic, scenarios such as that described by Harland illustrate the Victorian propensity to "other" death, or at least its representation, to the feminine, and to eroticise that process and event. Fainting clearly confirmed prevailing mid- to late-nineteenth century sexological assumptions that "the voluntary subordination of woman under the other sex, [was] a physiological phenomenon"

(Porter 212). Fainting of "delicate" scantily clad women under heady candlelit conditions inevitably and simultaneously eroticised and reified morbid heterosexual gender relations that were sanctioned by tradition, celebrated by popular culture, and validated by science. In other words, fainting can also be read as a psychological as much as a physical imperative that arose from a lifetime of conditioning and that programmed women to identify with values that determined female passivity—to the point of unconsciousness—as the epitome of morbid femininity. Indeed the collapse of the tightly corseted woman at the ball cannot be overestimated as a barometer of the morbidity of Victorian gender relations, for in corseted female collapse can and should be read the somatic as well as the public intersection of Victorian misogyny, morbidity and high romance.

The gendered and inherently macabre scenarios of ballroom syncope had an even more sinister analogue, if not a direct parallel, with the romanticised and sexualised fetishisation of female victims of tuberculosis.[5] The corset was as much implicated in the sexualisation of the tubercular invalid as it was for her healthy sister. Well into the twentieth century corsetry was thought to be a significant factor in its aetiology. Several theories regarding the relationship between corsetry and tuberculosis were posited in popular medical texts and magazines. Dio Lewis, who favoured a gymnastic cure for consumption, directly cited the "monstrous perversion of taste" exemplified by the "wasp waist" created by mid-century corsetry as a major causative factor (146). Treves claimed that delicate women with a "family tendency to lung affections could hardly adopt a more effectual plan of bringing those tendencies to fulfilment than by tightly compressing the chest" (19). Other critics insisted that the corset alone could create the conditions for disease. Stays were a "predisposing cause of convulsive coughs (and) consumption" wrote the editor of the *Lady's Guide* (136). The constant irritation of the ribs against lungs caused by corsetry was also believed to "produce a deposit of tubercular matter" (Kellog 9). Corset-related lung injuries that resulted in any kind of "blood spitting" were also thought to provoke TB in women who would not ordinarily be prone to consumptive tendencies (Ballin 265).

Warnings such as these which directly or indirectly linked tightly laced corsetry to tuberculosis did little or nothing to reduce corsetry's popularity and might actually have served to increase the practice of tight lacing (Roberts 562). Though market forces were quick to respond to a perceived need for a safe corset alternative, the Sylphide or Anticonsumptive Corset, proclaimed by its manufacturer to be more "conducive to longevity than any article yet submitted to the public," failed to capture a great share of corset sales. Perhaps this was because tuberculosis, like fainting, was a decidedly gendered affliction and one which, like fainting, perpetuated and reified cultural expectations of the feminine. The tubercular body was, in the popular imagination, a

[5] TB, consumption or phthisis as it was variously known, affected both men and women, but women were more often killed by the disease. One in ten female adolescents contracted TB in Victorian England, and it was the leading cause of death for adult women, accounting for a massive 40% of deaths in women over twenty five (Shorter 231).

female body. The idealisation of the disease remains a perfect expression of the Victorian *zeitgeist* of female death and sexuality.

In the popular imagination tuberculosis was thought to be an aphrodisiac which could confer extraordinary powers of seduction on its victims. The disease was (as Dijkstra has shown) romanticised and feminised in popular and high art that relentlessly fetishised the emaciated tubercular woman. Edgar Allan Poe, whose own mother had died of TB, was moved to begin his *Ode to Consumption* with the chilling line: "There is a beauty in woman's decay" (qtd Praz 27). This misogynist motif also ran through numerous best-selling Victorian novels, notably those by George du Maurier, whose tubercular heroine *Trilby* was admired as much for her waxen whiteness as for her sexual transgressions (Dijkstra 34-36). The profusion of romanticised cultural renditions and representations of the disease undoubtedly provided women with role models which encouraged them to emulate or even provoke its symptoms. The excitement of courting or mimicking such a romantic yet transgressive illness can be seen as almost inevitable in a culture that simultaneously encouraged women to psychologically identify with death, and which outwardly rewarded female ill health and then glamorised its cultural representation and enactment. The consumptive woman actually provided an almost perfect template on which women in better health might model their femininity. The tubercular woman exemplified all the passive, ailing, feminine traits so admired by Victorian culture—traits which were enlivened by a forbidden but only potentially dangerous sexuality. The consumptive's supposed sexual desire was countered by her weakened body's inability to act on that desire; thus she did not transgress those cultural boundaries which constructed her as essentially passive and virginal. The consumptive woman "flirted" with death, a flirtation which, given the Victorian erotics of *thanatos*, increased her sexual valency. In the latter stages of the disease the female patient appeared to be in a state of acute sexual arousal. Her symptoms bore a keen resemblance to the tightly corseted but otherwise healthy middle-class woman, who fainted with such abandon at the ballroom. The tubercular woman's face was often pallid, but notable for its pronounced flush. Her body was restless and her breasts rose and fell rapidly as her lungs struggled to inhale sufficient oxygen. Periods of hyperactivity in the course of the disease alternated with periods of languidness, which parallelled both a model of heterosexual sexual intercourse and the sexualised effect of the corset on the female body. Moreover while the tightly laced woman exhibited all the romanticised symptoms of her consumptive sister, she avoided TB's abject symptomology. Dying consumptive patients had repulsive breath caused by the physical decay and putrefaction of the lungs.

Occasionally the use of corsetry to mimic phthisis was too effective. According to physician/phrenologist Orson Fowler, many women of the 1840s and 50s died of tight lacing believing it to be consumption. These women undertook a "kind of suicide by strangling themselves" while the "real cause of death [was] overlooked (and) kept studiously out of view" (33). Writing forty years later, Harland was extremely disturbed by what she perceived as a "popular desire" to change "excellent health" for the "fascination of lingering consumption." She urged mothers to "show no charity to the faded frippery of sentiment that prate[d] over romantic sickness." She was appalled by

scenarios in which young girls revelled in the sensation of "early decease . . . induced by the rupture of a blood vessel over a laced handkerchief" witnessed by "agonised parents or a distracted lover" (172). Harland's "pseudo" consumptives were as much victors as victims in their romantic "declines," for they successfully manipulated a fashionable construction of femininity and sexuality to their own (limited) advantage. TB, or even "theatrics" which provoked or mimicked that disease, provided a labile corporeal discourse of femininity from which any number of competing and even conflicting sexual messages might be transmitted and read. Panting and heaving breasts could be assumed to denote either sexual desire or physical debility. Similarly the flushed cheeks (whether caused by corsetry or TB) emblazoned on a startlingly white complexion, could be construed as either a delicate, modest "celestial suffusion" or a heightened, possibly brazen, sexual awareness (Yeazell 65-66).[6] Moreover consumption brought sustained attention of a far more dramatic kind than the sympathy given to the fainting ballroom belle. Like fainting, consumption confirmed prevailing ideas around femininity and gender appropriate behaviour. Both women who fainted at the ball, and those women who coughed or spat blood from corset related lung injuries, can be seen to have negotiated a set of fluid, complex, but inherently morbid constructions of femininity.

Any garment so integral to scenarios that romanticise, encourage, reify and collapse fantasies of death and sexuality must be considered fundamentally oppressive. However, women who tightly laced must also be understood to have implemented the device to achieve their own ends. Discerning application of the corset, painful and dangerous as it undoubtedly was, assisted women in making successful matches. The hand-span waist allowed the less than beautiful woman a particular sexual prestige which her wealthier but heavier peers envied. The corset was, for many otherwise healthy middle-class women, an invaluable method of constructing a particular subjectivity in an era when illness was a normative, almost essential category of femininity. It was the most significant item within a range of devices used to achieve a fashionably ailing demeanour. Feminist dress reformers such as Phelps recognised that the construction of feminine identity on illness undermined rather than strengthened female agency, in both its somatic and political sense. Other reformers such as Merritt pointed to the "effeminacy of the sexual system" which corsetry was thought to effect. Paradoxically, the garment's longevity and popularity were ensured specifically by its ability to sexualise the female body in a manner which reflected a particular historical moment in which the intersection of sexuality and morbidity consolidated. Women clearly understood the importance of the garment in the creation of a morbid sexual attraction. Corsetry animated the appeal of the ailing and otherwise insipid virgin by provoking physical symptoms which replicated those of her sexualised tubercular sister. In doing so the corset created a space in which middle-class Victorian women could be

[6] Yeazell has demonstrated that blushing was seen as a physical bodily discourse that could replace language. As a consequence the blush, or flush was widely discussed in female conduct literature. Blushing was thought to be both the "woman's heart—and her other organs—made visible" (66).

sexual, a difficult task in an era that denied female pre-marital sexual experience, and collapsed death and romance. The tightly corseted woman, like her eroticised but dying sister, appeared innocent yet dangerous, tantalising yet chaste, and breathless with anticipation—an anticipation that mimicked or foreshadowed sexual congress.

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