

enslavement. It argues that some medical practitioners were more focused on professional development rather than supporting the plantation society and advancing a pro-slavery platform. However, in societies intrinsically based on the system of enslavement and pervasive racism, any negative connotations surrounding the black body were both as a result of and aimed at supporting enslavement, which would ultimately continue to advance the medical authority and practice of white medical professionals. It may be impossible to separate the two objectives when assessing a society created by and dependent upon the maintenance of such a status quo.

Chapter Five's examination of the establishment of medical facilities for the enslaved could have been used more effectively to advance Hogarth's argument about the selfish motivations of white medical professionals. It focuses squarely on the ways in which treating and confining black persons to hospitals and asylums supported enslavement. However, an examination of experimentation on enslaved persons incarcerated at these hospitals, as was done in Chapter Six for the antebellum South, would have furthered her general argument.

Nevertheless, this is not a work to be ignored as it adds greatly to the reservoir of historical studies of medicine and enslavement. It effectively elucidates that whether beliefs were anti-slavery or pro-slavery, personal or professional, whether they were exhibited in writing or in practice, blackness meant difference and black bodies in life and in death were objectified and misused for the advancement of the white agenda in the Caribbean and North America in the period of enslavement.

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Carolyn A. Day, *Consumptive Chic: A History of Beauty, Fashion, and Disease* (London: Bloomsbury Academic, 2017), pp. xii + 192, \$31.95, paperback, ISBN: 9781350009370.

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.

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Edward C. Atwater, *Women Medical Doctors in the United States before the Civil War: A Biographical Dictionary* (Rochester, NY: University of Rochester Press, 2016), pp. xii + 401, \$39.95, hardback, ISBN: 9781580465717.

Dr Edward Atwater, long a bulwark of the medical history community in the United States, has completed an almost lifelong labour of love AND produced one of the most readable, multifaceted and useful biographical reference tools to appear since Islamic scholars started the genre. The only thing shocking is that for the first time we have actual data on women physicians of the first generation. Most of the conclusions (found in the introduction) simply confirm the qualitative understandings provided by Regina Morantz-Sanchez (*Sympathy and Science: Women Physicians in American Medicine*, Oxford University Press, 1985) and other excellent scholars of the subject; but still data are nice to have.

Begun before the internet put the census and newspapers from many hamlets and towns on our desks, the debts to librarians and archivists are enormous and graciously acknowledged. Dr Atwater combed the catalogues of American medical schools, journals, regular and sectarian, and a host of directories and biographical sources. In the end he identified fourteen schools which graduated a total of 280 women between Elizabeth Blackwell's well known graduation in 1848 and the Civil War. The beginning is obvious, the end based on the dramatic social dislocation and changes wrought by the war.

The author is the first to hope other data will appear as scholars build on his work, but I am sure any new finds will not change the broad outlines of his work. The area of greatest improvement will be additional detail; he has biographical information on only 222 of the 280. Some of the 222 biographies are sparse; others – like the opening bio of Dr Blackwell – robust, because of the previous work by two generations of scholarship on American women physicians. Dr Atwater used the criteria of graduation from a state chartered institution, although he provides a list of names for a handful of individuals who received training in institutions that had no charters. The standard means his physicians represent all sects of antebellum American medicine; of the fourteen schools, six were allopathic, six eclectic and one each homeopathic and hydropathic. That being acknowledged, the author's greatest regret is the dearth of information on the actual clinical work these women did.

Using the census, an admittedly frustrating and variable source, and other data, Dr Atwater provides critical demographic data: birthplace (predominantly northeaster), age at graduation (an older 33ae) and marital status (almost a quarter never married and a third had physician husbands), as well as other variables. Perhaps the most important variable is motivation: why did they do this unusual thing of becoming a physician? Not surprisingly, the primary motivation was economic, a need to provide for self and dependents. But almost as common was prevention: many had lost a family member to illness and wished to know how to protect others. This preventive orientation, Dr Atwater believes, set these physicians apart, but the male data are still impressionistic.