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Introduction
Fashioning Illness in the Long Eighteenth Century

CLARK LAWLOR and ANITA O'CONNELL

Fashion and Illness may seem a counter-intuitive coupling at first sight. Yet in the long eighteenth century, as today, fashion plays a strangely significant role in the way disease manifests itself in human experience. Fashion's cultural productions, from clothing to art and literature, to social and built environments, are affected significantly by human nature's complicated relationship with illness – our thirst for health and our fascination with disease. Likewise, illness can be shaped and defined according to fashions. Certain diseases experience waves of media attention and become cultural trends of their time - particularly prevalent diseases that are popular in the media and which later drop out of the public eye and consequently become associated with that period in history. Equally, definitions and diagnoses of diseases that are continually being modified leave older terms rooted in their time as new ways of understanding the disease emerge. Indeed, some diseases may even seem fashionable in themselves if the illness lends the sufferer an air of the 'now' – a fashionability of the moment – sometimes to the extent of prompting copycat and feigned diseases, even where the reality of the suffering is intense and would seem unenviable. Fashions drive and respond to illness. Our literature, art and theatre, too, both represent and help to shape our understanding and actual experience of illness.

Our questions in this volume have been prompted by the major Leverhulme Trust project *Fashionable Diseases: Medicine, Literature and Culture, 1660-1832* (2013 to 2016), a collaboration between the Universities of Northumbria and Newcastle. Its remit was to investigate how certain diseases became fashionable in the period, in particular the roles of literature and sociable culture in producing and maintaining their fashionability, as well as the patient experience and wider discourses surrounding fashionable disease. We have identified a surprising variety of fashionable disorders, not merely the headline conditions of melancholia and the collection of nervous disorders flagged under George Cheyne's famous 'English Malady', but also consumption/tuberculosis,

asthma, indigestion, biliousness, gout, rheumatism, headache, ennui and different forms of venereal disease, amongst others. We have examined popular treatments and places in which fashionable diseases flourished, particularly spa and seaside health resorts. The project has given rise to publications exploring several aspects of this theme including framing fashionable diseases, pathologies of reading and unfashionable diseases, amongst others.¹ This particular volume centres on the intersection

between illness and the world of fashion – illness in fashionable society, its impact on fashionable clothing and cosmetics, fashionable trends in medicine and treatments, and the ways in which illness is represented in literature, art and theatre. It examines fashions that cover and hide illness as well as those that, conversely, enhance and display it. Crucial to its discussions are diseases which, however painful to sufferers, rise into fashion through popularity in medical texts, advertising, literature and social circles. This collection also explores perceptions of women and men as the ‘wearers’ of fashionable diseases as well as patients encumbered with such stereotypes. The volume further seeks to highlight the multiplicity of ways in which the worlds of fashion and illness intersect in eighteenth-century and Romantic literature, and the role of literature in both representing and creating fashionable diseases.

Our introduction here seeks to map out some of the broad theoretical and historical terrain for understanding fashionable disease in the eighteenth century and beyond, not least the thorny issue of defining our key terms. At times we use the terms ‘disease’ and ‘illness’ interchangeably, despite the oft-quoted theoretical distinction between disease as the biological entity and illness as its social manifestation. However, in general we attempt to employ the term ‘illness’ as a wider concept for any malaise, an umbrella term for all illness from defined diseases to simply feeling unwell, while ‘disease’ refers to a physical or mental condition identified by a social group or individual that is in some way significant in its historical context, even if it might not meet our present definitions or rationales for claims to being a disease (there were no bacteria in the eighteenth-century understanding of disease, for example).² In period terms we also discuss fashionable ‘disorders’, ‘ailments’ or ‘distempers’. Objective and subjective definitions of disease / illness are often slippery, and literary studies can be very

useful in illuminating that ambiguity, being capable of highly subtle linguistic versions of physical and mental states, and of conveying wider social tensions and perspectives on disease, as well as other phenomena.

While this volume focuses on various aspects of the relationship between fashion and illness in its widest sense, at times we will refer to a 'fashionable disease.' This latter term demarcates one of two phenomena: a disease that lends an air of fashionability to the sufferer and provides a cultural cachet or social gain, though not necessarily from the sufferer's own perspective (one example is gout, which Roy Porter and G. S. Rousseau famously pointed out could suggest wealth and luxury even where the person may be suffering considerably and may not seek or appreciate the stereotype and labelling³); or, a disease that may not make the sufferer seem fashionable, but is itself somewhat fashionable for being very common, popular, or having its moment in the cultural media of the day. To unpack this, we need first to consider the question of self.

In what ways can people self-fashion disease? How can they find in disease something of value? ⁴ Clearly the 'gain' that people can acquire from self-fashioning in the context of disease is a major aspect of fashionable illness.⁵ The sufferer (or alleged sufferer depending on the situation) finds some kind of benefit from illness, whether it be primary or secondary gain.⁶ However, as soon as we start to think of what this gain might involve, we are inevitably driven to consider wider social discourses, and to shuttle between self and society, self-fashioning and those discourses that prove to be constitutive of identity.

In the long eighteenth-century context there are several factors that made it possible to valorise disease as beneficial, including classical influences, the culture of sensibility, and changing medical theories. Classical precedent, be it medical, philosophical or literary, mattered because it echoed down the ages into the eighteenth century and had effects both in popular and technical discourses: pseudo-Aristotelian pronouncements on melancholy as the disease of genius being one obvious case in point.⁷ Likewise, the much-discussed culture of sensibility was a driver for the desirability of the 'nervous' body in all senses of the term.⁸ To be delicate or even diseased was to prove one's authenticity as a person of sensibility – a form of cultural capital, to redeploy Bourdieu's concept.⁹

Changing medical theories of course relate to both classical precedent and sensibility: the picture is complicated, but, broadly stated, the eighteenth century witnessed the shift from a theory of the humours (which nevertheless persisted in terms of the popular imagination and its treatments) through a mechanistic/chemical/hydraulic idea of the body, to a vitalist and/or nervous and 'sensible' vision of the human (not merely the body) at the end of the period. Different medical theories lent themselves to different versions of fashionable disease: the melancholy of Hamlet, for example, is a complex amalgam of classical notions about the melancholic humour, as well as specific social factors particular to Shakespearean England (and Europe).¹⁰ The age of sensibility constructed melancholy, via the idea of the nervous body, in a very different manner, yet still managed to glorify the condition in various ways.¹¹ Romantic medical theory developed the nerves yet further, even to the extent of 'Brunonian' concepts of excitation and under-stimulation of the system that proved to be surprisingly influential in wider literature and culture.¹² As we will see in this volume, aspects of these medical theories combined, usually unevenly, with other discourses to generate understandings of illness that could be fashionable, and even self-fashioned. Even if medical theories might seem remote from the possibly folkloric understandings of the lay population, nevertheless they tended to percolate through various cultural media into the popular imagination, ultimately and profoundly affecting the way people understood themselves as human beings.

Changes in medical thinking, such as the disconnection of mania from the 'English Malady' in the early eighteenth century, could have large effects on the uptake of diseases as fashionable. Roy Porter has argued, in the context of the history of the self and developments in medical theory, that there was more room for exploration of the self in terms of hypochondria in its period definition:

Freed from contamination by the demoniacal and the vulgar, the elite could luxuriate in the self and toy with mental and emotional singularities, in so far as these squared with other cultural desiderata such as aspirations to artistic genius, refined sensibility, sublimity, or being an 'original'. Nervous disorders were gentrified and received into good society.¹³

There were greater opportunities, and for a larger number of people (even below the middling orders on occasion), for self-fashioning than in previous ages, not least because of the growth of fashion itself across a wide range of social domains, a topic to which we will return very shortly.

To represent the self advantageously did not merely involve consuming certain types of clothing in a conspicuous Veblenesque manner, but also to utilize one's physical and psychological maladies to enhance one's place in particular social groups.¹⁴ This notion of choice about one's illness might seem odd, but the role of self-representation in disease was fundamental to much of the discourse on and around it, not least the issues of authenticity and fakery. As we will see later in this volume, even literary authors, thanks to their increasing reliance on the literary market rather than patronage, could self-fashion their images according to fashionable illness.

Self-representation is one thing but, as Lawlor has argued elsewhere, the static implications of 'representation' mean that fashionable illnesses are better formulated in terms of narrative, a more mobile concept that embraces their shifting and constructed nature.¹⁵ Narratives are crucial in the analysis and formation of fashion and illness, whether 'written' consciously by a person about their own fashionable illness, or whether constructed more generally about a person or group perceived to 'possess' a fashionable disease or set of diseases. Fashionable disease is dependent on narrative perspective: who is telling the 'story' of the disease and about whom? Satire is a common genre for the representation of fashionable disease in this period (and many others) because it often uses disease to stigmatise a different social group:

He was too well acquainted with the sex, to be a stranger to the Spleen, Vapours, and those other fashionable distempers, which are often of great service to make a woman be taken notice of, when nothing in her beside is found worthy of observation.

'He' is Dorimus, who catches a beautiful widow, Dalinda, fainting from the heat in an Assembly in Eliza Haywood's *The Masqueraders* (1724).¹⁶ In this case, fashionable women are the target of satire – a specific, if large, social group. The

'actors' in the construction of a fashionable disease narrative are in some senses competing for control of that narrative: a satire of what seems to be over-sensitive or even fake sensibility in Austen's work, for example, might be countered by an example of authentically-suffering sensibility. Anne Elliot's wasted frame in *Persuasion* is clearly in one sense fashionable to the reader of Austen: her love-melancholy is genuine, while Mary Musgrove's illnesses are not (despite the fact that it is not clear whether Mary's selfishness is entirely conscious).¹⁷

It is important to note at this early point that 'constructed' fashionable disease does not mean biological disease entities do not exist; merely that they make their entry into human consciousness via language and other semiotic media of various types, including the visual. Narratives of many sorts provide templates for the human experience of illness, however spread along a spectrum of symptomatological immediacy: or, simply put, some conditions are more immediately painful or grievous than others. Symptoms of disease are important in whether they are classed as fashionable disease or not, but even symptoms that are very unpleasant can be 'fashioned' into disease with benefit to the self, and that is only achieved by pre-existing narratives or templates about that disease and what its implications might be.¹⁸ Narratives embrace larger social discourses, as well as discourses fashioned by the self, and so provide a way of understanding that crucial relationship between self and the highly various others that constitute fashionable diseases.

That said, the diseases themselves are clearly of fundamental importance, and their symptoms and underlying rationales were part of the equation for their insertion into the social and therefore fashionable realm. Diseases often have biological narratives of their own, their own stories of more or less predictable progression and outcome. George Cheyne's exclusion of madness from his 'English Malady' was crucial in enabling the acceptability of nervous disorders for a wide percentage of the polite population, but even before that one could focus on milder manifestations of a variety of disorders to aid their fashionable status.¹⁹ Addison depicted this frothier aspect of fashionable disease by directing his satire at the fashionable fop:

What is a greater Pedant than a meer Man of the Town? Bar him the Play-houses, a Catalogue of the reigning Beauties, and an Account of a few fashionable Distempers that have befallen him, and you strike him dumb. How many a pretty Gentleman's Knowledge lies all within the Verge of the Court? (*The Spectator* No. 105 Saturday, June 30, 1711. [Addison])

Consumption, a more serious example of fashionable disease, was distinguished by a number of mild symptoms in its early stages, and even some apparently desirable ones such as alternating pallor and flushed cheeks, and thinness, even to the point that to die of consumption was thought to be godly or, in a more secular manner, a consequence of one's great sensibility and genius.²⁰

Symptoms and the logic behind them were, therefore, important in the location of fashionable diseases within the social ecosystem of diseases with a symbolic function of some sort. Consumption functioned as the disease of the 'good death', while melancholy could be a sign of heightened sensibility, depending on the severity of the symptoms. Much of our focus in this volume is on those diseases that glamourize elite lifestyles, but not all fashionable disease was confined to that role: religion, gender and race also had a part to play in its formation.

Economic discourses, particularly those of eighteenth-century capitalism and associated ideas about progress and civilisation, also helped shape the discourse of fashionable diseases, and brought it to the point where James Makittrick Adair could write an essay on the (partly economic) formation of fashionable diseases in 1786.²¹ As this and other publications will show, fashionable disease reached a higher intensity of narrative representation towards the end of the century, partly driven by the acceleration of medical and general consumerism, an acceleration which included a rise in literacy and greater possibilities for dissemination in the literary and art markets.²²

Medical theory meshed with consumerism through the repeated argument that the modern, civilized consumer lifestyle would inevitably lead to fashionable maladies of progress. Addison reflected this view in the *Spectator* of 1711:

What would that Philosopher [Diogenes] have said, had he been present at the Gluttony of a modern Meal? Would not he have thought the Master of a Family mad, and have begged his Servants to tie down his Hands, had he seen him devour Fowl, Fish, and Flesh; swallow Oyl and Vinegar, Wines and Spices; throw down Sallads of twenty different Herbs, Sauces of an hundred Ingredients, Confections and Fruits of numberless Sweets and Flavours? What unnatural Motions and Counterferments must such a Medley of Intemperance produce in the Body? For my Part, when I behold a fashionable Table set out in all its Magnificence, I fancy that I see Gouts and Dropsies, Feavers and Lethargies, with other innumerable Distempers lying in Ambuscade among the Dishes.²³

What was true of the table was true of the wardrobe too: complaints about the ill effects of fashionable clothing, particularly female, were legion, and not just in medical literature, as we will see in this volume.

Fashion itself is an epiphenomenon of consumer capitalism: fashion seemed to be conquering all before it, as Adair had stated in his metacritique of fashionable disease in 1786.²⁴ To create demand for goods and services, the old ones must be displaced and desire created for the new ones; the same principle applies in the medical market, one which was at least as subject to the laws of the wider consumer market as any other, and indeed fertile with entrepreneurial activity.²⁵ The medical market consisted of different 'actors' or elements, the main ones being: the diseases themselves; patients (rich or not) and their demands; doctors and the large array of healthcare workers (apothecaries to 'Lady Bountifuls') who could supply medical treatment; treatments, including the fashionable places and spaces of treatment such as spa and seaside resorts, and medicines themselves, whether prescribed by a physician or merely home remedies or quackish mail orders. By the late nineteenth century, *Punch* could readily write:

A fashion in physic is like fashion in frill:
The doctors at one time were mad upon pills,
...

The drugs of old times might be good, but it's true,
We discard them in favor of those that are new.²⁶

Certainly access to money aided the ability to fashion oneself via clothing, but it was also possible to fashion oneself according to the kinds of disease one 'acquired', and from the various factors associated with treatment, including the people, places and types of cure.

The Georgian medical market prospered, and in tandem so did the production of fashionable diseases, as Adair had also noted. Fashion products need fashionable publicity too, so the literary market became a key part of the cycle of fashionable illness. The expansion in general literacy and in quality and quantity of print publications gave a boost to the visibility of fashionable diseases and the market associated with their treatments. Such a process was mutually reinforcing: the more a fashionable disease appeared in various literary 'templates' which narrated how it might be experienced, and where and in what social circles, the more people were likely to identify it as, to deploy the philosopher Ian Hacking's useful phrase, 'a way to be a person'.²⁷ There were various routes via 'literature' in the broadest sense of the term to fashionable disease: the illnesses of fashion and fashionable illnesses appeared not only in works of creative literature, but also in periodicals, newspapers, advertisements, and medical writings as well.²⁸ The market for medical literature had an expanding number of self-help or at least popularizing publications in the mode of Cheyne, Adair, Thomas Beddoes and Thomas Trotter: those writing in the vernacular rather than Latin and in an often entertaining style eschewing over-technical terminology in order to access a large audience.²⁹ This general rise in medical consumerism was not merely a way of gulling people, whether genuinely suffering or not, into buying medical goods and services, but also a manifestation of patient demand, of patient self-fashioning, and a self-fashioning often utilizing fashionable disease as part of its rationale.

Through the long eighteenth century as the consumer market for doctors and medicines increased, so too did the strength of its critical and satirical literature. While satire of the fashionably ill certainly existed in the centuries before and after, the sheer volume and intensity of it at this time reveals

something of a cultural moment. As the number of available doctors rose, enabling individuals to assert the ability to choose their physician and treatment, movements in medicine were more affected by trends in society.³⁰ Diseases often in the press or on the lips of the many may have been the first to present themselves to the minds of self-diagnosing sufferers. Thus gossips and self-diagnosers were often seen as to blame for spreading the fashions in illness, while the breakdown in the medical class system that diffused the old-order importance of the physician and popularised medical knowledge was equally held to account. The poor had always self-treated and home remedies were always to some extent part of household medicine, but now the wealthy were criticised for ignoring their local physician, choosing other physicians based on the illness they believed they had, and taking themselves off to Bath to effect a pleasurable cure. By the end of the eighteenth century satires of the fashion for illness abound within novels, poems, plays, periodicals, spa annals and circulars, and even within medical treatises themselves. It had become positively cliché to wear one's fashionable disease on one's frilled sleeve.

This special issue of *The Journal of Eighteenth-Century Studies* examines some of the primary ways in which fashion and illness intersect and a variety of genres in which their relationship is represented. From satirical poetry, novels and art to sentimental literature and Romantic theatre, from cosmetics to fashions in clothing, and from historical and medical records of patients to comic and critical depictions of the same, this volume seeks to provide an array of perspectives on the fashion for illness in the long eighteenth century. While it is wide-ranging, it is by no means all-encompassing and hopes rather to open up further discussion on related issues such as the role of religion or the fashion for illness within the domestic sphere. However, we hope that these pages will provide some insight into the complexities of the relationship between fashion and illness in this period.

Beginning early in the eighteenth century, the first essay, by Katherine Aske, immediately highlights the issue of gender in a volume on fashion. Women were the focus of social pressure to disguise infirmities and deformities, to aspire to the physical ideals of beauty, and cosmetics were both the desired and feared solution to this problem. Aske sees this issue as generated by early capitalism and

its new cosmetics industry. As recipes for cosmetics began to surface in health manuals, they marketed cosmetics as restorative and fashionable treatments for a health-conscious consumer society, despite the association of cosmetics with depravity and disguise – with immoral sexual allurements and the masking of dangerous diseases. Aske explores these tensions in Jonathan Swift's poetry, claiming that cosmetics blur the boundaries between fashion, health, moral depravity and disease.

Men were not immune to the influence of fashion in this century, as our second essay, by Clark Lawlor, on Laurence Sterne's consumptive self-fashioning demonstrates. Sterne manipulated his consumptive and melancholic image in his life, literature and portraiture to promote his authenticity, and thus celebrity, as an author. His own fashionably-cut black clothing and descriptions of his self-modelled protagonists display the deep-thinking melancholic while his thin, gaunt stature, reinforced by delicate coughs in depictions of Tristram and Yorick, emphasize the sensibility of the consumptive. Lawlor argues that the burgeoning literary-critical interest in celebrity studies should be considering the role illness plays in such representations.

Through the Georgian period, one of the most fashionable eighteenth-century treatments for chronic ailments was undoubtedly a visit to Bath to take the waters. As Britain's unrivalled centre for both fashion and illness, Bath helped to glamourize the celebrity and the elite sick in possibly the most over-determined space of fashionable illness in the century to the extent that it quickly became subject to intense satire in literature. In our third essay, Annick Cossic-Pericarpin analyses satirical representations of fashionable diseases in Christopher Anstey's *The New Bath Guide*, Tobias Smollett's *The Expedition of Humphrey Clinker* and Jane Austen's *Persuasion*. She sees the feigning of illness, not as a sign of feminine weakness, but conversely, as a method of empowerment through manipulation of disease for personal gain. For Cossic-Pericarpin, the sociability enabled by Bath is both the force behind, and the most effective treatment of, fashionable diseases.

Rose Alexandra McCormack picks up the previous threads of gender and the spas through her examination of female invalidism and the patient experience of women at Bath and Tunbridge Wells. McCormack examines women's life writings, primarily journals and letters, to demonstrate that women's illnesses

were not always as fashionable as satirical caricatures may suggest. She argues that women visited the spas for an array of debilitating illnesses and that poor health was not a pretence for female spa visits, but often a genuine cause that coloured their experience of the fashionable resorts. Focusing on gynaecological issues, McCormack argues that while many women visited the spas for treatment of these, illnesses that could potentially damage one's reputation could not be fashionable.

Suggestions of inauthenticity and fabricated illnesses are not, however, lost on satirical authors, Anita O'Connell goes on to claim. O'Connell examines satirical portrayals of the fashionably ill at the spas and seaside resorts of Romantic-period fiction, arguing that such caricatures are not inaccurate depictions of spa visitors for they do not attempt to be accurate, but rather are a force for authorial satire of a society that was growing increasingly medicalized. Indeed, for O'Connell it is the very fact that being diseased seemed to be fashionable that made it subject for satire. At the watering places, which were centres for health as well as centres for social gathering, fashionable conversation inevitably led to discussions of illness. O'Connell charts the increase of over-medicalization and over-socialization at the watering places and argues that satires like Ann Gomersall's *The Citizen* and Jane Austen's *Sanditon* take issue with the sociability and the fashionability of illness.

Towards the turn of the century as travellers for health turned increasingly towards the seaside and sea-bathing rather than the inland spas, the expansion of seaside resorts created an environment that furthered the mixing of male and female bathers. Fashion and sex became a heady mix in these resorts. In her essay on the seaside resort of Margate, Rachael Johnson argues that literature often focuses on the licentiousness of the seaside resorts, thus altering the older stereotype of the fashionable sufferer. Through satire, Johnson claims, the water cure comes to be seen as inauthentic nonsense and the resort as a place for sexual liaisons. By examining letters, journals and infirmary medical records, Johnson demonstrates that the experience of travellers to Margate was more authentic than its posthumous reputation in fiction would suggest.

The relationship between fashion and illness could hardly be closer than in the next article by Carolyn Day on consumptive fashion. Fashions in clothing in 1780-1820, she argues, drew on the fashion for illness and emphasized the

consumptive beauty of the 'fragile fashionistas' through the cut and style of fashionable dress. However, many commentators argued that the thin material and revealing cuts of the modern dresses were, ironically, causing real consumption in those who sought only to look the part. Carolyn Day's essay examines the dynamic interaction between the fashions of disease and diseases of fashion.

In our final essay, Roberta Barker continues this interest in the fashion for the consumptive as she takes us onto the stage. Barker shows how consumption, which had been an object of satire in eighteenth-century British theatre, emerges somewhat belatedly in the 1830s as a triumphantly fashionable stage disease in France. Barker sees the delay occasioned by resistance to displaying unaesthetically pleasing symptoms of sickness on stage, which could threaten to descend into melodrama. While French Romantic theatre eventually overcomes this by downplaying the unaesthetic aspects, and thus rebels against its neo-classical past by enthroning the consumptive as the quintessentially glamorous Romantic hero/ine, the British stage continues to resist the decadent French *mode*, maintaining its satirical outlook until finally giving way in 1875 to French actress Sarah Bernhardt's ethereal depiction of the consumptive *Camille*. Theatre, it seems, would take the fashion for illness well into the future.

We hope that this volume will provide some pathways into the future of research in fashion and illness in general. It has begun to sketch the way fashion is related to disease in the period, most notably considering the ways in which the various factors in the process of disease construction combine: these factors might be groups of people, major discourses like fashion itself, capitalism, gender, religion and rank, or matters specific to medicine, such as its theories, places and modes of treatment, and participants, from doctors, apothecaries and quacks, to the far-from passive patients themselves. We have focused on the different meanings of fashion, including the meanings that fashion had for the individual sufferers, who often and understandably did not regard themselves or their conditions as fashionable at all. We have found that the role of narrative in the production of fashionable disease is crucial, and that this narrative is necessarily perspectival, and partly generated through literary media, whether it be poetry, prose or on the stage.

There remains much research to be done, both within the long eighteenth century and beyond. The relationship between eighteenth-century fashionable disease and that of the present day should be the question for another project, with all the difficult questions of retrospective diagnosis and presentism that such an endeavour would entail. The dynamic of fashionable disease spreads across both physical and psychological domains: the specificity of each disease entity will bear further analysis – each has its own ‘story’. Within our period, more work needs to be done on (and is partly in progress) on the question of emulation of fashionable disease in the lower ranks of society, on the different sources of such information (from diaries and manuscript sources as well as the major and minor literary works that can provide a window into ‘structures of feeling’, to redeploy Raymond Williams’s concept).³¹

The places of treatment and the modes thereof are in need of more work, whether they be spas or seaside resorts, water cures or more exotic or aggressive solutions. In terms of geo-spatial narrative, we have hinted towards the international context of fashionable disease here, but there remains much to be said about not merely European fashions, but also the North American and global eighteenth century – no doubt other projects await here too. Where might race and ethnicity fit in this picture?³²

We can conclude this excursus into the future of research into fashion and illness by pointing towards the need for more work on fashion itself, partly in terms of the clothing industry as well as the way it both generated and enabled fashionable disease, and via the wider discourse of fashion, which itself came to seem an index of capitalism and modernity, swallowing up medical discourse as it grew. This point brings us back to our initial call for comparative study of present-day fashionable disease and that of the eighteenth century: it seems that fashion might be the common element between both discourses of disease.

NOTES

¹ See for example James Kennaway and Anita O'Connell, ed. *Pathologies of Reading*, a special issue of *Literature and Medicine* 34.2 (2016); Allan Ingram and Leigh Wetherall Dickson (eds), *Disease and Death in Eighteenth-Century Literature and Culture: Fashioning the Unfashionable* (London: Palgrave, 2016); Jonathan Andrews and Clark Lawlor, ed. 'An exclusive privilege...to complain': *Framing Fashionable Diseases from the Long Eighteenth Century to the Modern Era* a special issue of *Literature and Medicine* (Winter 2017).

² For a recent discussion of the problems associated with disease in history from the perspective of a distinguished historian of medicine who had 'avoided engagement with the cultural wars that have surrounded retrospective epidemiology and diagnosis within the history of medicine', see Randall M. Packard. "The Fielding H. Garrison Lecture: "Break-Bone" Fever in Philadelphia, 1780: Reflections on the History of Disease." *Bulletin of the History of Medicine* 90, no. 2 (2016): 193-221, p.197, <https://muse.jhu.edu/> (accessed December 1, 2016).

³ Roy Porter and G. S. Rousseau, *Gout: The Patrician Malady* (New Haven: Yale University Press, 1998).

⁴ For an initial foray into this topic, see Clark Lawlor and Akihito Suzuki, 'The Disease of the Self: Representing Consumption, 1700-1830', *Bulletin of the History of Medicine* 74 (2000): p.458-94.

⁵ Kenneth M Boyd, 'Disease, illness, sickness, health, healing and wholeness: exploring some elusive concepts', *Medical Humanities* 26:1 2000, p.9-17.

⁶ See James Strachey (ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (London: Hogarth Press, 1953-74), p.382-85.

⁷ See Jennifer Radden (ed.), *The Nature of Melancholy from Aristotle to Kristeva* (Oxford: Oxford University Press, 2000), p. 57; *Book XXX of Aristotle: Problems* (1957) vol. 16, trans. W.S. Hett (Cambridge, Mass.: Harvard University Press), Loeb Classical Library.

⁸ See G. S. Rousseau, 'Nerves, Spirits, and Fibres: Towards Defining the Origins of Sensibility,' in R. F. Brissenden and J. C. Eade (eds.), *Studies in the Eighteenth Century* (Toronto: University of Toronto Press, 1976), p.137-157; G. J. Barker-

Benfield, *The Culture of Sensibility: Sex and Society in Eighteenth-Century Britain* (London: Routledge, 1992).

⁹ Pierre Bourdieu, 'The Forms of Cultural Capital', in the *Handbook for Theory and Research for the Sociology of Education*, ed. J.G. Richardson, trans. R. Nice (New York: Greenwood Press, 1986), p.241-58, p.242.

¹⁰ See Angus Gowland, 'The Problem of Early Modern Melancholy', *Past & Present* 191.1 (2006), p.77-120, Carol Thomas Neely, *Distracted Subjects: Madness and Gender in Shakespeare and Early Modern Culture* (Ithaca: Cornell University Press, 2004); Jeremy Schmidt, *Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern England* (Aldershot and Burlington, VT: Ashgate, 2007).

¹¹ See Eleanor M. Sickels' classic study, *The Gloomy Egoist: Moods and Themes of Melancholy from Gray to Keats* (New York: Columbia University Press, (1932); Clark Lawlor, "Fashionable Melancholy," in Allan Ingram, Stuart Sim, Clark Lawlor, Richard Terry, John Baker, and Leigh Wetherall-Dickson, *Melancholy Experience in the Literature of the Long Eighteenth Century: Before Depression, 1660-1800* (Basingstoke: Palgrave-Macmillan, 2011), 25-53.

¹² Budge, Gavin. "Transatlantic Irritability: Brunonian sociology, America and mass culture in the nineteenth century," *Scottish Medicine and Literary Culture, 1726-1832*. Eds. Megan J. Coyer and David E. Shuttleton. (Amsterdam: Rodopi, 2014). Pp. 267-92; Bynum, W. F. and Porter, Roy. *Brunonianism in Britain and Europe*. (London: Wellcome Institute for the History of Medicine, 1988); Clark Lawlor, *Consumption and Literature: The Making of the Romantic Disease* (Houndmills: Palgrave Macmillan, 2006), p.114ff.

¹³ Roy Porter, *Mind Forg'd Manacles: A History of madness in England from Restoration to the Regency* (London: Penguin, 1990), p.83, 108.

¹⁴ Thorstein Veblen, *The Theory of the Leisure Class* (New York: Macmillan, 1899).

¹⁵ Lawlor, *Consumption and Literature*, p.6-7.

¹⁶ Eliza Haywood, *The Masqueraders, or Fatal Curiosity, and The Surprize, or Constancy Rewarded, in Secret histories, novels, and poems*. In four volumes. (London: printed for R. Ware, in Amen-Corner; S. Birt, in Ave-Mary-Lane; D. Browne, without Temple-Bar; C. Hitch, in Paternoster-Row; and S. Austen, in St. Paul's Church-Yard, 1742), Vol. 4, p.280.

¹⁷ Gloria Sybil Gross, 'Flights into Illness: Some Characters in Jane Austen,' in Marie Mulvey Roberts and Roy Porter (eds), *Literature and Medicine during the Eighteenth Century* (London: Routledge, 1993), p.188-99.

¹⁸ See Allan Ingram and Leigh Wetherall Dickson (eds), *Disease and Death in Eighteenth-Century Literature and Culture: Fashioning the Unfashionable* (London: Palgrave, 2016).

¹⁹ Porter, *Mind Forg'd Manacles*, p.93.

²⁰ Lawlor, *Consumption and Literature*.

²¹ James M. Adair, *Medical Cautions, for the Consideration of Invalids; those Especially who Resort to Bath: Containing Essays on Fashionable Diseases; Dangerous Effects of Hot and Crowded Rooms; Regimen of Diet, etc.* (Bath: R. Cruttwell; London, 1786)

²² See Roy Porter, 'Consumption: Disease of the Consumer Society?' *Consumption and the World of Goods*, ed. John Brewer and Roy Porter (London: Routledge, 1994), p.58-81; Maxine Berg and Elizabeth Eger (eds.), *Luxury in the Eighteenth Century: Debates, Desires and Delectable Goods* (Basingstoke: Palgrave, 2002)

²³ *The Spectator* No. 194 Saturday 13 October, 1711 [Addison].

²⁴ Adair, *Medical Cautions*.

²⁵ See Roy Porter, *Health for Sale: Quackery in England 1660-1850* (Manchester UP 1989).

²⁶ Punch, 'Fashions in Physic' *Boston Journal of Health* 4.1 (1890): 54 in *Nineteenth Century Collections Online*, accessed 6 Nov. 2014. Also printed (but with a misprint in the first line) in *Punch*, Sat 4 October 1890, p. 161. *19th Century UK Periodicals*, accessed 30 November 2016.

²⁷ Ian Hacking, 'Kinds of People: Moving Targets', *Proceedings of the British Academy* 151:285-318 (2007), p.303

²⁸ For 'literature' in the period sense, see Judith Hawley, *Literature and Science I, 1660-1834, Vol. 1: Science as Polite Culture: General Introduction*, in *Literature and Science I, 1660-1834, Vol. 1: Science as Polite Culture*, ed. by Cheryce Kramer, et al. (London, England: Pickering & Chatto, 2003), p.xii.

²⁹ For an overview of these popularizing medical writers so well described by Roy Porter see Clark Lawlor, introduction to *Sciences of Body and Mind* (ed.), Vol. 2 of

Literature and Science 1660-1834 [anthology], Gen. Ed. Judith Hawley, 8 vols (London: Pickering and Chatto, 2003).

³⁰ See Roy Porter, 'The Patient in England, c. 1600 – c. 1800,' in Andrew Wear, ed. *Medicine in Society: Historical Essays* (Cambridge: Cambridge UP, 1992).

³¹ Raymond Williams, *Marxism and Literature* (Oxford: Oxford University Press, 1977).

³² For an initial foray into this area, see Clark Lawlor, 'Liberation and Consumption: Disease, imperialism, and the conversion of the heathen in Hemans and Sigourney', in *Liberating Medicine, 1720-1835*, ed. T. Connolly and S. Clark (London: Pickering and Chatto, 2009), 11-26.