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**REGULATING HEALTHY BODIES:
HEALTH, MEDICINE, AND DRESS REFORM IN VICTORIAN CANADA**

by

Eileen O'Connor

**A thesis submitted to
the School of Graduate Studies and Research
in partial fulfillment of the requirements for the
Ph.D. degree in History**

University of Ottawa

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ABSTRACT**REGULATING HEALTHY BODIES:
HEALTH, MEDICINE, AND DRESS REFORM IN VICTORIAN CANADA**

Eileen O'Connor
University of Ottawa, 2002

Supervisor:
Dr. Ruby Heap

In the complex process of constructing, regulating and negotiating gender identities, the language of dress communicates messages of power and control. During the Victorian period, acceptable dress for middle-class women included wearing a long dress, corset, crinoline, petticoat, and heeled shoes. This was not a constant or fixed dress code however, and through various campaigns, attempts were made to reform women's dress. A study on change in dress, in particular, dress reform, reveals how boundaries of acceptable dress were constantly negotiated by various groups who employed clothing as a means to regulate gender, race and class. Yet, what were dress reform discourses? Who articulated them? What does dress reform reveal about gender and power relations in the nineteenth century? In this dissertation, I explore the process of problematizing dress in Victorian Canada through an analysis of discourses articulated by members of the medical community; reformers and WCTU women active in moral reform and social purity campaigns; as well as commercial retailers. Overall, this dissertation strives to enhance our understanding of the ways in which the dress reform campaign reveals attitudes towards women's bodies, behaviour and their roles in society.

This dissertation argues that in Victorian Canada, it was the medical community who assumed the principle role in educating the public on healthy dress. The medical discussion on clothing covered many topics, but centered on three main themes: the need to maintain warm body temperatures through dress; the effects of tight clothing on organs; and the 'unnaturalness' of fashionable dress. The professionalization of Gynaecology and Obstetrics resulted in more physicians trained as experts on women's bodies, and by extension, on all matters related to women's lifestyle and behaviour. Thus, discourses on women's dress often constructed and reinforced a paradigm in which "fashion" was construed as a danger to women's bodies. Hence, medical discourses on women's dress went beyond placing clothing within a localized disease etiology, and addressed broader issues related to Victorian women's lifestyle, marriage and motherhood.

ACKNOWLEDGEMENTS

This dream could simply not have been possible without the encouragement, dedication and support of my thesis supervisor, Ruby Heap. She has been a wonderful advisor and mentor, and I sincerely appreciate everything she has done to see this project come to term. I would also like to sincerely thank my dissertation jury, Dr. Jocelyne Mathieu, Dr. Sharon Cook, Dr. Lorna McLean and Dr. Beatrice Craig for their careful reading of my dissertation, and for the insightful comments and encouragement they provided.

Thank you to Rémy for his ongoing love, encouragement and support throughout all our years of graduate studies together. Both of our M.A. and Ph.Ds have indeed been a team effort! As he knows well, I could not have done this without him, and I thank him immensely. During our doctoral studies, we experienced the incredible joy of the birth of our precious daughter Estelle Sophie, as well as the births of my adorable nieces and nephews, Kaeli, Nicole, Denis, Keegan, Stephanie, Connor, Cara, Brennan and Matthew. I am fortunate to belong to a very close-knit family, and can always count on unconditional support and friendship from my dear brother Brian and sisters Maureen, Cathy and Monica, my sister and brother-in-laws Sheli, Gil, David and Steve, as well as my wonderful godparents, aunts, uncles and cousins in my extended O'Connor/Matthews/Tremblay family.

My parents' love knows no boundaries. Throughout this degree, their unwavering support was emotional, material, practical and spiritual. I think it is humanly impossible to appreciate, love or respect one's parents any more than I do--thank you Mom and Dad. It is also with a deep sense of appreciation that I thank my mother and father-in-law, Claude and Henriette Tremblay. They have constantly supported us, buoyed our spirits, and shared in the joy of having Estelle in our lives.

Durant cette dernière année, plusieurs personnes ont pris soin de notre petite Estelle afin que je termine cette thèse. Je remercie mes amies Sylvie, Marta, et Aude, ainsi que l'équipe du Centre de la Petite Enfance. Les soirs et les fins de semaines, c'est papa qui était en charge et je lui en suis très reconnaissante.

I wish to warmly thank my friends and classmates in the History Department, especially the valued friendship and encouragement I sustain from Amber Lloydlangston, Linda Quiney and Pam Roper. The last mile was the longest, and I am forever grateful for their friendship. Thank you also to fellow classmates Steve, John, Zoe, Barbara and Stephane, as well as Professors Gaffield, Kranakis, Rapley and Daigle for rendering this experience so enjoyable and stimulating. I also wish to thank Nicole Charette, Flavia and Jocelyne Fortier at the Thesis Office; Lisa and Eric

TeBogt, Mme. Delcampe, Francine, Carole, Sylvie and Richard for their constant support, and Margaret Blakeney for her editorial assistance.

I gratefully acknowledge financial assistance from the Associated Medical Services-Hannah Scholarship, the Fonds pour les Chercheurs pour l'avancement de la Recherche (FCAR), and the University of Ottawa. I particularly wish to thank the Hannah grant evaluators who provided critical guidance with their comments. I also wish to extend my appreciation to the History Department for numerous employment opportunities; to Sharon Cook, Lorna McLean and Kate O'Rourke for the wonderful experience working on their book, *Framing Our Past*, and to Christina Bates at the CMC for the excellent professional opportunities and contracts she has provided me over the years.

And last, but certainly not least, I thank little Estelle for simply making my life complete. I affectionately dedicate this thesis to my shining little star.

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Introduction:

Health, Medicine and Dress Reform in Victorian Canada

During the Victorian period, acceptable dress for middle-class women¹ included wearing a long dress, corset, crinoline, petticoat, and heeled shoes. This dress code was by no means constant or fixed, and attempts were made to 'reform' women's dress. Yet, what was dress reform and what were dress reform discourses? Who construed Victorian Canadian women's dress as 'unacceptable', 'inappropriate', and why? What does the dress reform campaign tell us about gender and power relations in the nineteenth century? The guiding objective of this dissertation is to investigate these questions by examining the campaign for dress reform in Canada. To date, there have been no monographs or articles on dress reform in Canada,² although the

¹ While physicians universalized the term "woman", it is assumed they were primarily concerned with white, middle class urban women. Over the last four decades, feminist scholars have deconstructed the category of 'woman' and recognized that the politics of difference often outweigh similarities. See for example, the collection of articles in Linda Nicholson (ed), *The Second Wave: A Reader in Feminist Theory* (New York: Routledge 1997), particularly the articles by Patricia Hill Collins, Monique Wittig, Elsa Barkeley Brown and Uma Narayan.

² Canadian scholarship on particular aspects of nineteenth-century women's dress includes: Jacqueline Beaudoin Ross, *Form and Fashion. Nineteenth Century Montreal Dress* (Montreal: McCord Museum 1992); Katharine Brett, *Clothing Worn in Canada: Changing Fashions in the Nineteenth Century* (Ottawa: National Museum of Man 'Canada's Visual History', vol.41 1980); Eileen

literature on dress reform in other countries is significant.³ Hence, this dissertation strives to fill an important gap in the Canadian historical record

Collard, *Clothing in English Canada Circa 1867 to 1907* (Burlington: Eileen Collard Inc. 1975); Cynthia Cooper, *Magnificent Entertainments: Fancy Dress Balls of Canada's Governor Generals, 1876-1898* (Ottawa: Goose Lane Editions and Canadian Museum of Civilization 1997); Karen De Lutis, "Women and Trousers : Being a Work on Dual Garnitures and a Case Study of the Bifurcated Movement in Nineteenth-century Clothing for Women in North America", M.A. thesis, Concordia University, 2000; Valerie Laforge, "Corps et culture: une strategie de l'apparence, l'exercice du pied et de la chaussure," Ph.D. thesis, Université Laval, 2002; Suzanne Marchand, "Le culte du corps ou le culte de l'âme: mode féminine et société québécoise au cours de la période 1920-1929", M.A. thesis, Université Laval, 1990; Anita Rush, "Changing Women's Fashion and its Social Context, 1879-1905," *Material History Review* (1982), 37-46; Nicole Vallières, "La robe montréalaise 1870-1883: Clichés, tendances et contextes de consommation," Ph.D. thesis, Université Laval, 1999.

³ The literature on dress reform in the United States and Britain is voluminous. A select sample of this scholarship includes: Caroline Dinsmore Alyea, "Dress, Childhood, and the Modern Body: The Body Politics of Children's Dress Reform in Eighteenth-Century Europe", Ph.D. dissertation, Harvard University, 1997; Mariotte Credle, "The Effect of Woman's Club Activity on the Dress Reform Movement in the Late Nineteenth Century", Ph.D. dissertation, University of North Carolina at Greensboro, 1984; Elizabeth Ewing, *Everyday Dress, 1650-1900* (London: B.T., Batsford 1984); Gayle Fischer, "Who Wears the Pants? Women, Dress Reform and Power in the Mid Nineteenth-Century United States", Ph.D. dissertation, Indiana University, 1995; Béatrice Fontanel, *Corsets et soutiens-gorge* (Paris: Éditions de la Martinière 1992); Karen Kriebel, "From Bloomers to Flappers: The American Women's Dress Reform Movement, 1840-1920", Ph.D. dissertation, Ohio State University, 1998; Sarah Levitt, "From Mrs. Bloomer to the Bloomers: The Social Significance of the Nineteenth Century English Dress Reform Movement", *Textile History*, 24, (1993), Stella Mary Newton, *Health, Art and Reason: Dress Reformers of the Nineteenth Century* (London: John Murray 1974); Carin Schnitger, "Women's Dress Reform in the Netherlands", *Textile History*, 24, (1993); Kathleen Lynne Norman, "'Biologic Living': The Redemption of Women and America Through Healthy Living, Dress and Eugenics", Ph.D. dissertation, Claremont Graduate University, 2000; N. J. Taylor, "The American Dress Reform Movement, 1851-1897: Nexus of Fashion, Victorian

by examining the process of problematizing women's clothing in Victorian Canada. Since there was not a dress reform association established in Canada, it was necessary to determine whether dress reform was even important to Victorian Canadians. After a thorough review of archival records and secondary literature, it is evident that dress reform was a concern to Canadians, but was not subject to the level of organization and promotion that it was in Britain and the United States.

This dissertation argues that in Victorian Canada, it was first and foremost members of the medical community who assumed the principal role in educating each other and the public on healthy dress. What were their main concerns over women's dress? What disciplinary practices and discourses were associated with their expert knowledge? Why did certain dress reform discourses come to dominate the medical agenda? This dissertation will explore these questions and advance the hypothesis that medical and maternal discourses on dress reform contributed to the gendered construction of women's bodies as diseased and unruly. During the process of state formation in the mid century, ensuring the hegemony of the middle class meant women's modesty and reproductive capacities were closely monitored. When the social context changed as a result of industrialization,

Womanhood, and Social Change", M.A. thesis, University of Texas at Austin, 1988; and Deborah Jean Warner, "Fashion, Emancipation, Reform and the Rational Undergarment", *Dress*, 4, (1987).

feminism, and new medical knowledge, women's conformity to the same style of dress was now construed by physicians as damaging and limiting. In turn, medical discourses on dress and health resonated with women in the Woman's Christian Temperance Union (WCTU), who promoted similar rhetoric in their social purity campaigns. Medical discourses also influenced the prescriptive literature on dress, as well as clothing manufacturers and retailers.⁴ As such, this dissertation will explore how the dress reform campaign in Canada was linked to medicine and the regulation of healthy bodies. This dissertation seeks not only to identify and define 'problematic' clothing, but also to investigate who problematized clothing and how this occurred. Overall, this dissertation strives to enhance our understanding of the ways in which dress reform campaigns reveal attitudes towards women's bodies, behaviour and their roles in society.

Reforming Women's Dress

In this dissertation, the term "dress reform" refers to any of the three distinct tenets within the dress reform movement. Indeed, dress reform in

⁴ For a discussion on American retailers of hygienic corsets during the 1870s, see Deborah Jean Warner, *op.cit.* For a study on the marketing of dress reform clothing in Germany, see Lorna Colberg Goldsmith, "Woollen strategies; hygiene, reform and the clothed body-some themes relating to a short history of Jaeger, 1880-1914", M.A. Thesis, Royal College of Art, UK, 1997.

the United States, Great Britain and Germany is commonly referred to as a "movement" due to the presence of central associations that were created with the specific goal of reforming contemporary clothing styles. In comparison, the absence of any formal organization with specific objectives in Canada encourages me to conceptualize dress reform more as a "campaign" rather than a movement. As such, I will investigate how the dress reform campaign in Canada was developed and promoted by various actors including physicians, WCTU members and retailers.

Reform in women's clothing during the late nineteenth and early twentieth century is often heralded as a significant stage towards women's emancipation. The first campaign was initiated in the United States in 1851, and was closely linked to the movement for women's emancipation. Gayle Fischer recounts when Elizabeth Cady Stanton visited Amelia Bloomer in 1851 and wore a costume of Turkish trousers over which a short skirt, or long tunic top, was worn. Amelia Bloomer was immediately taken with the costume, adopted it herself, and promoted it in her temperance magazine *The Lily*. The *New York Tribune* noted the story, and labeled the costume "Bloomer." However, because of its obvious link with masculine trousers, this outfit was not positively received by the general public. For the most part, individual women who adopted their own version of the short dress wore it exclusively at home. Costume historian Gayle Fischer argues that by

1857, even Amelia Bloomer discarded her bloomers for crinoline, but still remained active in the National Dress Reform Association in the United States.⁵

Another tenet of the dress reform movement was the campaign to wear Artistic dress. This campaign had roots in the Pre-Raphaelite movement in England, where authors and painters presented an idealized image of woman with long hair, and loose, flowing Greek inspired gowns in pastel colours. When Canadian feminist Alice Chown lived in Garden City in London in the late nineteenth century, she recorded her pleasure in wearing Artistic dress: "Everyone believed in simplicity in dress and house. Many of the women have worked out their own designs for their gowns, designs which they think suitable to them as individuals."⁶ This campaign however, was largely confined to a small circle of artists and elites in Britain.

A third campaign began in Germany in the 1870s and was linked to Dr. Gustave Jaeger's clothing theories on heat regulation. By the 1880s, the movement was popular in Britain through the work of the Rational Dress Society. They promoted the need to wear woollen underclothes, and less ornamental outward. As we shall see, it was this German-British inspired movement that exerted the most influence on the campaign in Canada.

⁵ Fischer, *op.cit.*, p. 177.

⁶ Alice A. Chown, *The Stairway* (Toronto: University of Toronto Press 1988) reprinted, 1921, p. 64.

Health, Medicine and Women's Dress

The Victorian period was marked by the growing relationship between medicine and culture as medicine professionalized and expanded its areas of expertise to include women's bodies, health and hygiene. Indeed, Wendy Mitchinson argues that culture and medicine were interconnected, as physicians could not 'divorce themselves from the society in which they live and work'.⁷ The power to script dress codes, traditionally held by the Church and the State, was increasingly challenged by physicians who extolled their expert knowledge on women's bodies.⁸ Yet, the medical interest in clothes and health was not a new phenomenon in the nineteenth century.⁹ Indeed, in

⁷ While employing the term 'physicians' may suggest a certain homogeneity, this was not the case. As Wendy Mitchinson points out, physicians did not necessarily group themselves together as a coherent group. However, we can find important similarities as this group of professionals was predominately composed of white, middle-upper class men, educated in Canada, United States, and Western Europe. See the discussion in Wendy Mitchinson, *The Nature of Their Bodies. Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press 1991), pp. 356-363.

⁸ An important study on medicine and women's bodies in Canada is Wendy Mitchinson, *op.cit.*, 1991. In the United States, see Elizabeth Fee (ed), *Women and Health: The Politics of Sex in Medicine* (Farmingdale: Baywood Publishing 1983); Judith Leavitt, *Brought to Bed: Childbearing in America, 1750-1950* (New York: Oxford University Press 1986 and Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press 1989).

⁹ See E. T. Renbourn, *Materials and Clothing in Health and Disease. History, Physiology and Hygiene* (London: H.K. Lewis & Co. Ltd. 1972), especially Part

the seventeenth and eighteenth centuries, medical discourses on dress focused on heat regulation and the necessity for the skin to breathe.¹⁰ By the mid nineteenth century, they shifted from a general concern on health and dress, to a specific emphasis on women's dress and women's role in 'distorting' her body. Physicians began analyzing the relationship between types of dress and the harm done to the body, and concluded that women needed to reform what they wore and how they dressed. The reforming logic, developed by doctors, was that clothes were the sign of a society's health. If clothes were not loose, clean and natural, then medical reform was needed. The underlying assumption was that men would not permit their health to be put in jeopardy whereas most middle-class women readily followed fashions and often led idle lives. As such, middle-class women were targeted, specifically adolescent girls, young married women and expectant mothers.

During the Victorian period, medical discussions in treatise, advice books and articles covered many topics, but centered on three main themes:

1, 'An Historical Survey of the Functions of Materials and Clothing'; Part 5, 'Clothes for Health and Purpose'; and Part 6, 'Medical Aspects of Materials and Clothing'.

¹⁰ G. S. Schwarz, "Society, Physicians, and the Corset", *Bulletin of the New York Academy of Medicine*, vol. 55, 6 (1979), pp. 551-90. For a study on medicine and dress in the seventeenth and eighteenth centuries, see L. Pérez, *Les vêtements dans les logiques médicales a la fin du XVIII siècle a au début du XIX siècles*, mémoire, Paris 1, 1982.

the need to regulate body temperatures through dress; the effects of tight clothing on the organs; and the 'unnaturalness' of fashionable dress. As we shall see, the dominant message of the medical discourses on dress in Victorian Canada was grounded in maternalism.

Maternal feminism or maternalism has been defined by Koven and Michel as "a variety of ideologies that exalted women's capacity to mother, and extended to society as a whole, the values of care, nurturance and morality".¹¹ Maternal feminism allowed some women the opportunity to

¹¹ Seth Koven and Sonya Michel, "Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain and the United States, 1880-1920", *American Historical Review* 95 (1990), p 1079. Critical works on the concept of maternalism include: Ann Taylor Allen, *Feminism and Motherhood in Germany, 1800-1914* (New Brunswick 1991); Sandra Lee Barney, "Maternalism and the Promotion of Scientific Medicine During the Industrial Transformation of Appalachia, 1880-1930", *NWSA Journal*, vol. 11, 3 (1999), pp. 68-92; Gisela Bock and Pat Thane (eds), *Maternity and Gender Politics: Women and the Rise of European Welfare States, 1880-1950s* (London: Routledge 1991); Linda Gordon, "Putting Children First: Women, Maternalism and Welfare in the Early Twentieth Century", in Linda Kerber, Alice Kessler-Harris and Kathryn Kish Sklar (eds), *U.S. History as Women's History: New Feminist Essays* (Chapel Hill: University of North Carolina Press 1995); Linda Gordon (ed), *Women, the State and Welfare* (Madison: University of Wisconsin Press 1990); Seth Koven and Sonya Michel, *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York: Routledge 1993); Molly Ladd-Taylor and Laurie Umansky (eds.), *'Bad' Mothers: The Politics of Blame in the Twentieth Century* (New York: New York University Press 1998); Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare and the State, 1890-1930* (Urbana: University of Illinois Press 1994); Wendy Mitchinson, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press 2002); Karen Offen, "Defining Feminism: A Comparative Historical Approach", *Signs*, 14 (1988), pp. 119-157.

become socially active, yet by emphasizing their “unique” qualifications as mothers and wives, it reinforced an essentialized view of women.

Physicians also supported the ideology of maternalism by participating in the ongoing campaign to idealize motherhood. Their problematization of dress was based on maternalism, and their understanding of women’s role as wives and mothers. Women were to accept the responsibility of being mothers and wives and think of their health in terms of the well-being of the nation and of the next generation. Thus, ensuring women’s health was of utmost importance, and increased efforts were made to determine the ‘cause’ of women’s diseases. As Michel Foucault argued, the intensified medical interest in turning women’s leisure and clothing habits into medical and social problems was marked by “the medical control of perversions, for the sake of a general protection of society and the race.”¹² Hence, medical exceptions or rare cases were discussed as a potential threat to all women, thus universalizing women’s bodies and their health.

¹² Michel Foucault, *op.cit.*, 1980, p. 122. See also Charles Rosenberg, “Pathologies of Progress: The Idea of Civilization at Risk”, *Bulletin of the History of Medicine*, 72 (1998), pp. 714-723; and Charles Rosenberg, “Body and Mind in Nineteenth-Century Medicine: Some Clinical Origins of the Neurosis Construct” in Charles Rosenberg (ed), *Explaining Epidemics and other Studies in the History of Medicine* (Cambridge: Cambridge University Press 1992).

Contextualizing Dress Reform in Victorian Canada

Although no monographs or articles have specifically focused on dress reform in Canada, a survey of Canadian scholarship on medicine, first wave feminism, health and social reform reveals the importance of the subject in Canadian medical and gender history. Historian Wendy Mitchinson, more than anyone else, has advanced our understanding of the relationship between medicine, dress and gender construction in Canada.¹³ Her research on Canadian women and physicians describes how members of the medical profession urged men and women to adopt healthier forms of dress. According to Mitchinson, three recurring themes were raised in late nineteenth century medical journals and advice books: the link between women's health and fashion, the idealization of a "natural" image of women's silhouette; the medical profession's increasing advice to women on their clothing practices.¹⁴ By contextualizing the nuances and subtle shifts in medical discourses on clothing throughout the Victorian period, my dissertation strives to complement Mitchinson's work on women, health and medicine by focusing on one element, dress.

For her part, Sharon Anne Cook uncovers important evidence linking

¹³ Wendy Mitchinson, op.cit., 1991.

¹⁴ Ibid., p.66.

the Canadian woman's movement to dress reform in her study on the Woman's Christian Temperance Union (WCTU).¹⁵ Through a maternal and evangelical ideology, WCTU members participated in benevolent work that addressed a broad range of issues and concerns related to problems they attributed to urbanization. Their concern for social purity led them to establish committees that addressed such questions as immodest dress and the impact of tight clothing on women's bodies. Since the WCTU constituted the largest women's organization in Canada during the late nineteenth century, its involvement in the dress reform campaign is of significant importance.

Mariana Valverde argues that social purity campaigns in Canada served to reinforce the hegemony of the middle class by regulating class and race through purity rhetoric.¹⁶ She considers dress reform was embraced within the language of social motherhood, regeneration, and the racial purity of the nation. She thus argues: "Wearing tight corsets and eating too much meat or overly spiced food were denounced as contributing to the degeneration of the (Anglo-Saxon) race. The WCTU sought not only to ban

¹⁵ Sharon Anne Cook, *'Through Sunshine and Shadow': The Woman's Christian Temperance Union, Evangelicalism and Reform in Ontario, 1874-1930* (Montreal & Kingston: McGill-Queen's University Press 1995), pp. 93-95.

¹⁶ Mariana Valverde, *The Age of Light, Soap and Water. Moral Reform in English Canada, 1880s-1920s* (Toronto: McClelland & Stewart 1991), p. 60. See also the discussion in David Pivar, *Purity Crusade, Sexual Morality and Social Control, 1868-1900* (Westport: Greenwood 1973).

one particular substance from Canadian life, but totally to reform both the spiritual and physical lives of its people."¹⁷ For Valverde, race was a central feature of the WCTU purity discourses: "The racism of the WCTU, even if derived largely from male sources on eugenics and racial degeneration, was not an external factor contaminating their feminism; racism was integral to their view of feminism, of woman's mission as "mother of the race."¹⁸ Angus McLaren and Carol Lee Bacchi propose a similar interpretation. They link dress reform to eugenics and a discourse that promoted healthier mothers because of fears generated by the declining birth rate and the perceived threat of 'racial suicide'.¹⁹

Sharon Cook challenges positioning race as central to WCTU purity campaigns. She argues for a broader understanding of the religious activism that incited women to establish and participate in purity campaigns: "The evangelical basis of much, but by no means all, female-produced Social Purity literature would indicate that the gender and religiosity of the writers and

¹⁷ Valverde, *op.cit.*, 1991, p. 60.

¹⁸ *Ibid.*, pp. 60-61.

¹⁹ Angus McLaren, "Birth Control and Abortion in Canada, 1879-1920" in Alison Prentice and Susan Mann Trofimenkoff (eds), *The Neglected Majority: Essays in Canadian Women's History* (Toronto: McClelland and Stewart 1985), pp. 99-100. See also Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: Oxford University Press 1990); Carol Lee Bacchi, *Liberation Deferred? The Ideas of the English-Canadian Suffragists, 1877-1918* (Toronto: University of Toronto Press 1983), p. 110.

audience are important to any understanding of the message of Social Purity".²⁰ I concur with Sharon Cook that the knowledge and objectives of the "knowers" must be fully contextualized, and thus, will adopt this approach in my analysis of the WCTU and the dress reform campaign.

Carolyn Strange raises issues relevant to this dissertation in her analysis of the regulation of Canadian working class women in the late nineteenth and early twentieth centuries.²¹ She contends that medical experts, with the support of religious authorities, established a dialogue between medicine and morality.²² For Strange, the urban moral reform campaign was an effective tool in creating and regulating the working class female 'delinquent'. If a single, working woman was raped, she faced a difficult time pressing charges if her behaviour did not fit neatly into

²⁰ Sharon Cook, " 'Do not...do anything that you cannot unblushingly tell your mother': Gender and Social Purity in Canada", *Historie social/Social History*, vol. 60 (November 1997), p. 217.

²¹ Carolyn Strange, *Toronto's Girl Problem. The Perils and Pleasures of the City, 1880-1930* (Toronto: University of Toronto Press 1995).

²² For other studies on the "girl problem", see Diana Pederson, "Keeping our Good Girls Good: The YWCA and the 'Girl Problem' 1870- 1930", *Canadian Woman's Studies*, 7(4), 1986, pp. 20-24; and Wayne Roberts, "Rocking the Cradle for the World: The New Woman and Maternal Feminism, Toronto 1877-1914", in Linda Kealey (ed) *A Not Unreasonable Claim. Women and Reform in Canada, 1880s -1920s* (Toronto: The Women's Press 1979).

prescribed gendered codes.²³ The victim's clothing on the night of the attack, or during her day in court was carefully scrutinized to determine if she was a "good time girl". If her clothing revealed the curves of her body, it was she who stood accused. She should have known better than to arouse the simmering sexual desire that was believed to lie close to the surface of men. Following the work of Carolyn Strange, I will also examine whether class-prescribed dress codes were constructed through dress reform discourses articulated by physicians, WCTU members, and other dress reform discourses printed in prescriptive literature.

This dissertation will focus on dress reform during the Victorian period, particularly 1850-1900, where I locate the roots of the campaign in Canada. The demographic profile of Canada was constantly changing, as illustrated in tables 1 and 2.(See tables in the appendix) While immigration fueled a population increase, the number of births to Canadian-born middle class women continued to decline during the second half of the nineteenth century. While Canadian-born married women were having fewer children, the number of unmarried women increased. As such, 'reforming' women's desire to postpone marriage and children resulted in an increased emphasis

²³ See discussion in Carolyn Strange, *op.cit.*, Chapter 6: Temptations, Crimes and Follies, pp. 144-174.

on the virtues of motherhood and domesticity.²⁴

This period was also marked by increased feminist consciousness raising. Inspired from the women's movement in England and the United States,²⁵ some Canadian women campaigned for the right to vote, pursue higher education, and enter professions traditionally denied to women.²⁶ For

²⁴ See the discussion in Prentice *et al*, *op.cit.*, p. 176. While the birth rate decline, the number of single women rose: in 1851, the number of single women between the ages of 45 and 49 was 8.2, by 1921, it climbed to 11.1. See Ellen Thomas Gee, "Marriage in Nineteenth-Century Canada", *Canadian Review of Sociology and Anthropology*, vol. 19, 3 (August 1982), p. 315. The average number of children a woman would have borne in 1851 was 7.02 which dropped to 3.54 by 1921. See Roderic Beaujot and Kevin McQuillan, "Social Effects of Demographic Change: Canada 1851-1981", *Journal of Canadian Studies*, 21, 1 (Spring 1986), pp. 57-59 and Chad Gaffield, "Wage Labour, Industrialization, and the Origins of the Modern Family" in Maureen Baker (ed), *The Family* (Toronto: McGraw-Hill Ryerson 1984).

²⁵ In England, the works of Mary Wollstonecraft, Harriet Stuart Taylor and John Taylor incited debate that Enlightenment ideals of liberty and pursuit of reason were not available to women. In the United States, ambitious American women who were denied access to the 1840 World Anti-Slavery meeting in London organized a convention in Seneca Falls, New York to address why women were excluded from full political and social representation. See Christine Bolt, *The Women's Movements in the United States and Britain from the 1790s to the 1920s* (Amherst: University of Massachusetts Press 1993) and Linda Kerber, Alice Kessler-Harris and Kathryn Kish Sklar (eds), *U.S. History as Women's History: New Feminist Essays* (Chapel Hill: University of North Carolina Press 1995).

²⁶ For an overview of nineteenth century feminism in Canada, see Alison Prentice, Paula Bourne, Gail Cuthbert Brandt, Beth Light, Wendy Mitchinson, Naomi Black, *Canadian Women. A History* (Toronto: Harcourt Brace & Company 1996) 2nd edition, pp. 118-213; Sharon Cook, *op.cit.*, 1995; le Collective Clio, *L'Histoire des Femmes au Québec* (Montréal: Quinze 1985), pp. 135-235; and the collection of essays in Kathryn McPherson, Cecilia Morgan and Nancy Forestell (eds), *Gendered Pasts. Historical Essays in Femininity and Masculinity in Canada* (Toronto: Oxford University Press 1999); Veronica

women who promoted maternal feminism, they established or joined ongoing campaigns to address broad moral and social reform campaigns they believed resulted from urbanization.²⁷ Indeed, nineteenth-century society was marked by important economic, political and social changes that transformed Canada from a largely agrarian economy to an industrial, urban one by the 1880s. The Industrial Revolution influenced society on every level, from the economic climate to politics and culture. The shift to an industrial-based economy also created a new class of workers: the industrial working class.²⁸ Technological advances in steam power, railways and electricity led to

Strong-Boag and Anita Clair Fellman (eds), *Rethinking Canada. The Promise of Women's History* (Toronto: Oxford University Press 1997).

²⁷ For nineteenth century moral, social or health reform campaigns in Canada, see for example, Ramsay Cook, *The Regenerators: Social Criticism in Late Victorian English Canada* (Toronto: University of Toronto Press 1985); Dianne Dodd and Deborah Gorham (eds), *Caring and Curing: Historical Perspectives on Women and Healing in Canada* (Ottawa: University of Ottawa Press 1994); Linda Kealey (ed), *op.cit.*; Angus McLaren, *op.cit.*, 1990; Charles Roland (ed), *Health, Disease and Medicine: Essays in Canadian History* (Toronto: Hannah Institute for the History of Medicine 1984); S.E.D. Shortt (ed), *Medicine in Canadian Society: Historical Perspectives* (Montréal & Kingston: McGill-Queen's University Press 1981); and Mariana Valverde, *op.cit.*, 1991.

²⁸ See for example, Bettina Bradbury, *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal* (Toronto: Oxford University Press 1993); Greg Kealey, *Toronto Workers Respond to Industrial Capitalism, 1867-1892* (Toronto: University of Toronto Press 1980), Bryan Palmer (ed), *The Character of Class Struggle: Essays in Canadian Working-Class History* (Toronto: Oxford University Press 1986); Michael Piva, *The Condition of the Working Class in Toronto* (Ottawa: University of Ottawa Press 1979); Mercedes Steedman, *Angles of the Workplace: Women and the Construction of Gender Relations in the Canadian Clothing Industry, 1890-1940* (Toronto: Oxford University Press 1997); and Carolyn Strange, *op.cit.*

massive industrialization and mechanized production of goods. The introduction of electricity, the telegraph, the telephone, and changes to methods of printing and production changed forever the way the public became aware of information and goods. For example, advice books, medical essays and mail order catalogues were produced and distributed on a mass scale. Department stores were built in the urban centers and were able to change their merchandise often to introduce new European styles to Canadian customers. As such, retailers increasingly played an important role in shaping dress codes. Hence, it is in this context of social uncertainty and demographic change that I situate the campaign for dress reform in Canada.

Theorizing Dress Reform

Several theoretical frameworks underpin this dissertation; namely, theories on gender construction, on medicalization, on the body, and on fashion. Suggesting gender is socially constructed is, as Kathryn McPherson asserts, “commonplace”.²⁹ The guiding questions should be in locating where and how gender is socially constructed and regulated. Following Judith Butler, gender is constructed through the performance of rituals learnt

²⁹ Kathryn McPherson, *op.cit.*, 1999, p. 2.

from a script.³⁰ This conceptualization of gender as a performance is very relevant to this study, since women (and men) performed the ritual of getting dressed every day. As clothing is laden with meaning, women constructed or affirmed identities through their choice of what to wear. Once dressed, their clothing was subject to surveillance and regulation, particularly when women ventured into public. Hence, this dissertation will employ the concepts of regulation, surveillance and censure. The concept of regulation implies the external and self-regulatory ways in which the State, or other central bodies of power, observed and intervened in an individual's personal behaviour.³¹ In this dissertation however, it was not the State that intervened on the issue of dress reform, but the body of power that constituted medical practitioners. While not a central or even homogenous body of power, it did exert authority on the subject of women's bodies during the late Victorian period. As such, I

³⁰ Judith Butler, "Performance Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory", in Sue Ellen Case (ed). *Performing Feminisms: Feminist Critical Theory and Theatre*, Baltimore, 1990, p. 277. See also Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity*, New York, 1989.

³¹ On the concept of moral regulation, see Alan Hunt, *Governing Morals: A Social History of Moral Regulation* (New York: Cambridge University Press 1999); Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830*, 2nd edition (London: Routledge 2000); and Mariana Valverde (ed), *Studies in Moral Regulation* (Toronto: University of Toronto, Center of Criminology/Canadian Journal of Sociology, 1994).

will draw on recent scholarship that demonstrates the multiple ways in which Canadian “women’s” identities and behaviour were regulated.³²

Since gender identities are relational, discourses on women’s dress were formed against or with their socially-constructed opposite, be it men of all class stations, or working class women. For Kathryn McPherson, ‘hypothetical male behaviour was a potent system of signifying power’.³³ Although the medical and prescriptive literature seldom discussed male dress, ignoring these references in this dress reform analysis would only reinforce the paradigm that men were “rational”, and their clothes were not

³² In Canada, the principle works on gender regulation include: Mary-Louise Adams, “In Sickness and in Health: State Formation, Moral Regulation and Early VD Institutions in Ontario,” *Journal of Canadian Studies*, 28 (1993/1994), pp. 17-30; Lykke de la Cour, Cecilia Morgan and Mariana Valverde, “Gender Regulation and State Formation in Nineteenth Century Canada” in Allan Greer and Ian Radforth (eds), *Colonial Leviathan: State Formation in Nineteenth Century Canada* (Toronto: University of Toronto 1992); Wendy Mitchinson, *op.cit.*, 1991; Tamara Myers, Kate Boyer, Mary Anne Poutanen and Steven Watt (eds), *Power, Place and Identity: Historical Studies of Social and Legal Regulation in Quebec* (Montreal: Montreal History Group 1998); Joan Sangster, *Regulating Girls and Women: Sexuality, Family and the Law in Ontario, 1920-1960* (Toronto: Oxford University Press 2001); Carolyn Strange, *Toronto’s Girl Problem. The Perils and Pleasures of the City, 1880-1930* (Toronto: University of Toronto Press, 1995); Carolyn Strange and Tina Loo, *Making Good: Law and Moral Regulation in Canada, 1867-1939* (Toronto: University of Toronto Press, 1997); Mariana Valverde, *The Age of Light, Soap and Water. Moral Reform in English Canada, 1880s-1920s* (Toronto: McClelland & Stewart 1991). For studies on gender regulation in the United States, Britain and Australia, see Carol Smart (ed), *Regulating Womanhood* (London: Routledge, 1992); Carroll Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (New York: A. A. Knopf 1985).

³³ McPherson, *op.cit.*, p.198.

“restrictive”. Thus, any discourses on male clothing were also included in this investigation.

Similar to our understanding of medical intervention in the treatment of women, the construction and regulation of healthy dress did not follow a Whiggish progression of increasing medical involvement over time. Instead, medical concern for dress was articulated throughout historically specific periods, conveying messages particular to specific contexts. Irving Zola has argued that medicine is an institution of social control, and that medicalizing daily life is accomplished “by making medicine and the labels “healthy” and “ill” relevant to an ever increasing part of human existence.”³⁴ Yet, as Wendy Mitchinson has argued, ‘medicalization was not a one-way street of power-hungry physicians imposing their methods on unwilling or ignorant women’.³⁵ Instead, it was a dynamic process where significant numbers of women became dependent on physicians for reproductive-related services and advice.

³⁴ Irving Kenneth Zola, “Medicine as an Institution of Social Control”, *Sociological Review*, 20 (1972), p. 487.

³⁵ See Wendy Mitchinson, *The Nature of Their Bodies*, (Toronto: University of Toronto 1991). Principle theoretical studies on the concept of medicalization include Conrad 1992, Foucault 1965, 1973, 1979, 1980, Illich 1976, Irvine 1990, Reissman 1983, Tiefer 1995 and Zola 1978. For studies that employ the concept in their work, see Judith Walkowitz, *City of Dreadful Delight. Narratives of Sexual Danger in Late Victorian London* (Chicago: University of Chicago Press 1992); and the forthcoming thematic issue in *Canadian Bulletin of the History of Medicine*, Greg Marquis (Guest editor), anticipated publication 2002/2003.

The social control thesis is also controversial. First, questions arise on the extent individuals exert agency through their actions and reactions. Second, one can argue that physicians did not medicalize society and bodies because of a desire to exert authority and control. While I do situate physician's interest in dress reform within the context of medicalizing more areas of everyday life, one cannot overlook why men and women studied and practiced medicine. Based on their understandings of the body, the impact of clothing on health was real and obvious to them. As Zola himself argued, medicalizing society is "as much a result of medicine's potential as it is of society's wish for medicine to use that potential."³⁶ Hence, the public was not a passive receptor of medical discourses. As we shall see, individuals were active agents in selecting and promoting medical discourses for their own needs.

Several interdisciplinary studies on the history of the body focus on the social constructions of gender and race.³⁷ For Sociologist Bryan Turner,

³⁶ *Ibid.*, p. 500.

³⁷ See for example, Catherine Gallagher and Thomas Laqueur (eds.), *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century* (Berkeley: University of California Press 1987); Mary Jacobus, Evelyn Fox Keller and Sally Shuttleworth (eds.), *Body/Politics: Women and the Discourses of Science* (New York: Routledge 1990); Thomas Laqueur, "Orgasm, Generation and the Politics of Reproductive Biology", in Gallagher and Laqueur, *op.cit.*, pp.1-14; D. Lupton, *The Imperative of Health: Public Health and the Regulated*

the body is socially constructed through medical, moral, artistic and commercial discourses to express social tensions.³⁸ He also argues “disease categories are a product of changing social relations of power and not of scientific advances.”³⁹ For example, in Thomas Laqueur’s work on anatomical sketches of women’s bodies, he demonstrates that women’s bodies were considered the inverted form of the male. This was a theory not necessarily challenged by scientific observation and experimentation, but more by social and political change.

Body (London: Routledge 1995); Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press 1987); Wendy Mitchinson, *op.cit.*, 1991; O. Moscussi, *The Science of Woman: Gynaecology and Gender in England, 1800-1929* (Cambridge: Cambridge University Press 1990); and C. Russett, *Sexual Science: The Victorian Construction of Womanhood* (Cambridge: Harvard University Press 1989).

³⁸ Bryan Turner, *Regulating Bodies* (London: Routledge 1992), p. 8. See also Nicholas J. Fox, *Postmodernism, Sociology and Health* (Toronto: University of Toronto Press 1994); Ludmilla Jordanova, *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Madison: University of Wisconsin Press 1989); Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press 1990); Andrew H. Miller and James Eli Adams, *Sexualities in Victorian Britain* (Bloomington and Indianapolis: Indiana University Press 1996), Londa Schiebinger, *The Mind Has No Sex?: Women in the Origins of Modern Science* (Cambridge: Harvard University Press 1989); and *Nature’s Body: Gender in the Making of Modern Science* (Boston: Beacon Press 1993); Joan Sangster, *Regulating Girls and Women: Sexuality, Family and the Law in Ontario, 1920-1960* (Toronto: Oxford University Press 2001), and Carole Smart, “Disruptive Bodies and Unruly Sex: Historical Essays on Marriage, Motherhood and Sexuality”, in Carol Smart (ed), *Regulating Womanhood: Historical Essays on Marriage, Motherhood and Sexuality* (London: Routledge 1992).

³⁹ Bryan Turner, *The Body and Society* (London: Sage Publications 1996), p. 27.

While not neglecting an individual's agency and ability to resist discourses, Michel Foucault's theories on power are relevant to this study. In particular, Foucault examines the ways in which women's bodies were defined by and subjected to science through a power/knowledge/body paradigm.⁴⁰ For Foucault, women's bodies are also "thoroughly saturated with sexuality," and argues that women were regarded by the "medical brotherhood" as little more than wombs. By examining the mechanisms through which the medicalization of the (female) body occurred, Foucault reveals how "health", "race", and "the strength of the social body" is defined and shaped by those in power. Indeed, I argue that dress reform discourses illustrate a way through which Canadian and American physicians defined and regulated "strong health" and the "future of the race".

Finally, this dissertation will be informed by several reflections on fashion. Seminal works by nineteenth century scholar Thorstein Veblen shaped our understanding of the meaning and purpose of clothes through his theory of conspicuous consumption.⁴¹ Veblen's theory of conspicuous

⁴⁰ Michel Foucault, *Discipline and Punish: The Birth of a Prison* (New York: Pantheon 1977); Michel Foucault, *History of Sexuality*, vol.1 (New York: Vintage 1980). See also Jana Sawicki, *Disciplining Foucault: Feminism, Power and the Body* (London 1991).

⁴¹ Thorstein Veblen, *The Theory of the Leisure Classes: An Economic Study of Institutions*, (New York 1899).

consumption is based on the premise that people choose their clothing primarily to indicate their status to others. In the case of middle class women, draping their bodies in elaborate dress quickly sent the message to any onlooker where they stood in the new class system. Hence, Veblen concluded that capitalism transformed women into symbols of their husband's material success. Historian Daniel Roche and others challenged Veblen's theory of "conspicuous consumption" and argue that, while still relevant, class emulation does not adequately address the multiple reasons people dress as they do.⁴² Creating and 'performing' one's identity through clothing was an important means to construct gender. The influence of semiotics and the work of Roland Barthes encouraged scholars to examine and understand these multiple identities created and communicated by dress.⁴³ Semiotics is based on the idea that all communication involves both

⁴² For the classic text on the semiotics of clothing, see Roland Barthes, *The Fashion System* (Berkeley: University of California Press 1982); Daniel Roche, *Le peuple de Paris*, (Paris: 1989). See also the work of Philippe Perrot, *Fashioning the Bourgeoisie: A History of Clothing in the Nineteenth Century*, (Princeton: Princeton University Press 1994).

⁴³ For example, see Ruth Barnes and Joanne Eicher, *Dress and Gender: Making and Meaning in Cultural Contexts* (Providence, RI: Berg 1992); Fred Davis, *Fashion Culture and Identity* (Chicago: University of Chicago Press 1992); Amy de la Haye and Elizabeth Wilson, *Defining Dress: Dress as Object, Meaning and Identity* (Manchester: Manchester University Press 1999); Louise Gagnon, *L'Apparition des modes enfantines au Québec* (Québec: IQRC 1992); Valerie Laforge, "Corps et culture: une stratégie de l'apparence, l'exercice du pied et de la chaussure," Ph.D. thesis, Université Laval, 2002; Ruth P. Rubinstein, *Dress Codes*, second edition (Boulder: Westview Press 2001); and

an external object or idea - the 'signified' - and an expression, or 'signifier' which, through referents, represents the original object in discourse. Signifiers are also culturally defined, and will vary from one culture and language to another. This dissertation draws on these clothing theories, in that it will not only analyze the signified (clothing), but also the signifiers and referents in gender construction and regulation.

Reconstituting Dress Reform in Canada

To understand the external influences on dress reform discourses in Canada, I have consulted the scholarship on dress reform produced by American and British historians. Studies on dress reform in other countries emphasize the role of suffragists, club women and artists in advocating reform in dress, while they largely neglect the role of medicine in this clothing transformation.⁴⁴ Robert E. Riegel published one of the first articles

Penny Storm, *Functions of Dress: Tool of Culture and the Individual* (Englewood Cliffs, NJ: Prentice-Hall 1987); and Nicole Vallières, "La robe montréalaise 1870-1883: clichés, tendances et contextes de consommation," Ph.D. thesis, Université Laval, 1999.

⁴⁴ With the notable exception of a few French historians who discussed dress reform ideas in an earlier period. See Marie-France Morel, "City and Country in Eighteenth Century Medical Discussions about Early Childhood", in Robert Forster and Orest Rattan (eds), *Medicine and Society in France* (Baltimore: The Johns Hopkins University Press 1980); and Daniel Roche, *The Culture of Clothing: Dress and Fashion in the Ancien Régime*, trans. Jean Birrell, (Cambridge: Cambridge University Press 1994).

that examined the link between dress reform and feminism in the United States.⁴⁵ He relates the struggle for dress reform as an appendage to the suffragist movement, and concludes that once women received the vote, they no longer discussed dress reform since their clothing had already changed considerably without the help of dress reformers. Conversely, Amy Kesselman argues that dress reform was not simply a fad of the leaders of the women's rights movement since it had ties to three movements: the women's suffrage movement, the health-reform movement, and the Oneida community.⁴⁶ Kesselman makes an important distinction between the goals of the dress reformers and those of the suffragists. For dress reformers, good health, morality and refined taste were more important than securing women's rights.⁴⁷

⁴⁵ Robert E. Riegel, "Women's Clothes and Women's Rights", *American Quarterly* 15 (Fall 1963), pp. 390-401. Although the article is somewhat narrow in scope and in understanding how ideas on dress reform were popularized, it does explain how the personal practice of dressing could be a political issue.

⁴⁶ Amy Kesselman, "'The Freedom Suit': Feminism and Dress Reform in the United States, 1848-1875", *Gender and Society*, 5 (December 1991), pp. 495-510.

⁴⁷ Kathleen Torrens also addresses these themes in her dissertation: *Dress Reform Rhetoric in The Sibyl, 1856-1864*, Ph.D dissertation, University of Minnesota, 1997, 238p. Torrens fleshes out the apparent contradiction in reform discourse: a seemingly rational movement that was perceived as dangerously threatening to prevailing notions of gender.' She argues that for the movement to be successful, the discussion in *The Sibyl* focused on women's health and their duties of mothers to the preservation of the family and community.

British historian Sarah Levitt links dress reform to changes in the social and political spheres of society.⁴⁸ She argues that dress reform first emerged in Britain during the 1860s when several artists' wives created an "artistic dress" that was both comfortable and aesthetically appealing, in reaction to the vulgarity and "ugliness" of the American bloomer costume.⁴⁹ Participants in the Artistic Dress campaign were greatly influenced by costume in the Pre-Raphaelite circle of artists Dante, Rossetti and Hunt, and strived to incorporate simplicity, unity, utility and harmony to their clothing.

American historian Patricia Cunningham has discussed the impact of the Pre-Raphaelite and British Artistic Dress campaign on the Physical Culture movement led by the American Jenness sisters.⁵⁰ The sisters believed in the principles of grace and beauty, and encouraged the mind and body to be in harmony. They were particularly concerned with pregnant women's dress, and advocated loose, artistic dress during the last trimester. Arguably, the Deslartean-inspired physical culture movement of the 1880s and 1890s,

⁴⁸ Sarah Levitt, op.cit., pp. 27-38.

⁴⁹ Levitt also argues that bloomers did not follow the traditional fashion cycle whereby fashions emanate from the court, are followed by the aristocracy, and then copied by the people. Ibid, p.27.

⁵⁰ Patricia Cunningham, "Annie Jenness Miller and Mabel Jenness: Promoters of Physical Culture and Correct Dress", *Dress*, 16 (1990), pp. 48-62.

which stressed the equal development of both mind and body, also influenced their approach.

British historian Stella Mary Newton examined the dress reform campaign launched by the British Rational Dress Society that was based on the medical clothing theories of German zoologist Dr. Jaeger, who promoted the idea of wearing wool next to the skin.⁵¹ Elizabeth Wilson also traced the roots of rational dress reform in her study of the organization leadership of Mrs. Ada Ballin, president of the British Rational Dress Society.⁵² Wilson argues that not all dress reformers were against fashionable dress including corsets. She demonstrates how Mrs. Ada Ballin campaigned for women to meet beauty, safety and health concerns when choosing their dress.⁵³ These secondary sources will help me to situate the Canadian experience within the multiple campaigns for dress reform that occurred in other countries throughout the second half of the nineteenth century.

This study necessitates analysis of a combination of material, textual and iconographic sources, hence the adopted methodology reflects this

⁵¹ Stella Mary Newton, op.cit.

⁵² Elizabeth Wilson, *Adorned in Dreams. Fashion and Modernity* (Berkeley: University of California Press 1985).

⁵³ Ada Ballin, *The Science of Dress in Theory and Practice* (London: Sampson Row 1885).

reality. Material culture studies emphasize how objects reflect and embody the values and principles in which they were created. Relevant to this analysis of clothing are the methodologies proposed by E. McClung Fleming and Jules Prown concerning object description and analysis, as well as Rolande Barthes, who discusses semiotics and how to read objects as instruments and signs.⁵⁴

Deconstructive techniques are often used in literary and biblical studies that critically question textual authority and knowledge.⁵⁵ The post-structuralist method of discourse analysis or "text deconstruction", will be applied to textual and iconographic sources to assess the ways in which gender was constructed through dress reform discourses.⁵⁶ Yet, a discourse

⁵⁴ A material analysis of Canadian women's dress will follow E. McClung Fleming's five point model that focuses on the history, material, construction, design and function of an object. E. McClung Fleming, "Artifact Study: A Proposed Model", *Winterthur Portfolio*, 9 (1974), pp. 153-173. See also Jules David Prown, "Mind in Matter: An Introduction to Material Culture Theory and Method", *Winterthur Portfolio*, 17 (1982), pp. 1-19; Barthes, *op.cit.*

⁵⁵ Bryan Turner, *op.cit.*, 1996, p. 27. This approach is influenced by the work of philosophers Jacques Derrida, *Writing and Difference* (Chicago: University of Chicago Press 1978) and Jacques Lacan, *Ecrits: A Selection* (New York: Norton 1977).

⁵⁶ See Joan Scott, "Deconstructing Equality-versus-Difference: Or the Uses of Poststructuralist Theory for Feminism", *Feminist Studies*, vol. 12, 1 (1988), pp. 33-50; Linda Nicholson, *The Second Wave. A Reader in Feminist Theory* (London: Routledge 1997). For a discussion on the use of discourse analysis in historical research, see Mariana Valverde, "Some Remarks on the Rise and Fall of Discourse Analysis", *Histoire sociale/Social History*, vol. 65 (May 2000), pp. 59-77. For studies that differentiate between discourses *on* and *of* clothing, see Peter De Bolla, *The Discourses of the Sublime: Readings in History*,

analysis on medical perspectives on women's dress will not reveal women's actual behaviour and practices concerning dress, but the perceived role of women in society, the perceived differences between the sexes, the differing medical opinions on women's health and dress, and the ways in which discourse created and regulated gender. This methodology will deconstruct the many binary oppositions that were created in medical discourses, in particular: healthy/diseased dress; tight/loose corsets; modest/showy dress natural/artificial and natural/civilized dress.

Since there was not a dress reform association in Canada, there is not a specific body of primary sources that deal exclusively with the subject, making it necessary to reconstitute the experience in Canada through a number of sources. Women were educated on the principles of healthy dress through lectures, medical visits, treatise, advice books, articles, photographs, religious tracts, educational campaigns, commercial and corporate literature.⁵⁷ Nineteenth-century medical textbooks, treatise and articles in

Aesthetics and the Subject (Oxford: Basil Blackwell 1989), pp. 9 and 15; Michèle Cohen, *Fashioning Masculinity: National Identity and Language in the Eighteenth Century* (London: Routledge 1996), p. 11. In her outstanding doctoral dissertation, Caroline Dinsmore Alyea deconstructed Eighteenth-century Enlightenment discourses on children's dress and convincingly argued that dress discourses constructed the modern child's body. See Alyea, op.cit.

⁵⁷ For further readings on how to analyze these sources, see Catherine Cole, op.cit.; Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 Years of the Experts' Advice to Women* (Garden City, N.Y.: Doubleday

medical journals will be examined to assess medical discourse on women's health and dress. I will also investigate how anatomical drawings played an essential role in the medicalization of dress. Samuel Thomas von Soemmering's drawings that "illustrated" the perils of tight lacing were printed in medical books around the globe.⁵⁸ These dichotomies were popularized through visual diagrams of healthy bodies that were contrasted with images of diseased bodies as a result of wearing corsets.

Numerous medical texts that discuss women's dress were located at the Osler Library at McGill University, the Academy of Medicine, Toronto Hospital, the Gerstein Science and Medicine Library at the University of Toronto, the Hannah Collection in the Thomas Fisher Rare Book Library at the University of Toronto, the Wellcome Library in London, the Countway Medical Library at Harvard University, on microfilm at the National Library of Canada, and online at canadiana.org. Medical and non-medical advice books written for the public include B.F. Austin's (ed), *Woman: Her Character, Culture and Calling* (Brantford, 1890), Pye Henry Chavasse, *Advice to a Wife on the Management of Her Own Health* (Toronto, 1882), John Dougall & Sons, *Dress*

1978); Jay Mechling, "Advice to Historians on Advice to Mothers", *Journal of Social History*, vol. 9, 1 (1975), pp. 44-63.

⁵⁸ The widely published diagram of the effects of tight lacing appeared in numerous Canadian advice books including Benjamin G. Jefferis and James L. Nichols, *Search Lights on Health, Light on Dark Corner: A Complete Sexual Science and a Guide to Purity and Physical Manhood, Advice to Maiden, Wife and Mother, Love, Courtship and Marriage* (Toronto: J.L. Nichols 1887).

and Health: or How To Be Strong. A Book for Ladies, (Montreal, 1876), George Napheys, *The Physical Life of Woman: Advice to Maiden, Wife and Mother*, (Toronto, 1890) and Dr. Edward Playter, *The Physical Culture of Women*. Articles on dress reform were published in several Canadian medical journals including *Canada Lancet*, *Canadian Medical Record*, *Canadian Practitioner*, *Dominion Medical Monthly* and *Ontario Medical Journal*, *Public Health Magazine*, and the *Sanitary Journal*. Articles on health and dress will also be examined from Canadian newspapers, journals and magazines such as *The New Dominion Monthly*, *Woman's Century* and *The Globe*. For the most part, the medical and prescriptive literature was primarily American or British in origin, yet was often reprinted in Toronto or Montreal, and distributed throughout Canada. Many American and British articles were reprinted in *Canadian Medical Monthly* and other journals. As Wendy Mitchinson argues, although many of the textbooks cited in Canadian medical journals or in medical schools were written by non-Canadians, the fact they were reprinted meant approval by journal editorial or by university committees. Physicians were also educated and trained in the United States and Europe, and non-Canadian findings were commonly cited in Canadian journals.⁵⁹ Hence, only

⁵⁹ Wendy Mitchinson, *op.cit.*, 1991, p. 366. See also Mitchinson, *op.cit.*, 2002, pp. 15-17.

British or American texts that Canadian physicians would have probably read, or been exposed to, were included in this study.

Medical discourses on women's bodies were not necessarily always or everywhere applied, and were challenged by women and among physicians themselves. Within the medical community, physicians debated and challenged each other on whether dress had any impact on women's health. Since women were the principal receptors of medical and prescriptive discourses, it is necessary to investigate the range of their reactions. Since this dissertation does not rely solely on medical texts and medical prescriptive literature, I examined discourses and actions of women belonging to the WCTU. These records primarily date from 1882-1900, and consist of WCTU annual reports, yearly meeting minutes from Ontario and Quebec provincial unions, dress reform tracts and printed ephemera.⁶⁰ Reports and meeting minutes from the National Council of Women of Canada were also consulted.

⁶⁰ The WCTU archives are scattered throughout the country, in provincial archives in British Columbia, Alberta, Ontario, Nova Scotia and New Brunswick, and in Church or City archives in Saskatchewan, Manitoba, Ontario, and Prince Edward Island. The WCTU headquarters in Toronto contains an interesting collection of 19th century material objects and texts as well as records and photographs dating from the nineteenth century to today. The Provincial Archives of Ontario as well as the United Church Archives in Toronto houses an impressive collection of Ontario and Quebec written records, the Glenbow museum and Archives in Calgary has a rich collection of documents, photos, and small banners, and the National Library and National Archives have most of the annual reports on microfiche, as well as collections of handbills, posters, and film footage of a WCTU prohibition parade. From Eileen O'Connor, *Woman's Christian Temperance Union:*

Reactions to medical discourses can also be assessed by examining Victorian clothing practices, and determining what women wore. As historian Christina Bates has demonstrated, mothers did not always follow prescriptive literature when dressing their children.⁶¹ Hence, this dissertation will examine museum artifacts, photographs and diary entries to assess if clothing practices reflected or differed from prevailing medical and prescriptive discourses. I will also include a textual analysis of corporate literature, including the Eaton's catalogue to assess what reform clothing was available on the market.⁶²

This dissertation is divided thematically into five chapters. Chapter one presents a chronology of Victorian women's clothing based on material and visual sources. Particular emphasis will be placed on locating the years

Inventory of Archival Material, Canadian Museum of Civilization, manuscript on file, June 2000, 16p.

⁶¹ See Christina Bates, "How to Dress the Children? A Comparison of Prescription and Practice in Late-Nineteenth-Century North America", *Dress*, 24 (1997), pp. 43-54. For a more comprehensive discussion of children's dress, see Christina Bates, "Prescription and Practice: A Comparison of Child-care Manuals, Fashion Journals and Mail-order Catalogues on the Subject of Children's Dress, 1875-1900", M. A thesis, College of William and Mary, 1989. See also Jo-Anne McCutcheon, "Clothing Children in English Canada, 1870 to 1930", Ph.D thesis, University of Ottawa, 2001, and Janice Smith, "Content Analysis of Children's Clothing in Eaton's Catalogues and Selected Canadian Museums, 1890-1920" M.Sc. Thesis, University of Alberta, 1991.

⁶² Comparative sales receipts from the Eaton's catalogues do exist, but the earliest receipt dates from the 1920s.

in which women's dress can be considered its most "restrictive". As such, I will be able to contextualize physician's concern over women's dress, which will be explored in subsequent chapters. I will then investigate, in chapter two, medical discourses on Canadian women's dress that were published in textbooks and journals destined for a medical audience. Once I have explored the physicians' knowledge on the link between dress and health, I will examine how these medical discourses were popularized for the public in chapter three. Through an analysis of medical prescriptive literature, I will be able to assess how discourses *on* dress increasingly became discourses *of* dress. Chapter four will examine dress reform discourses promoted by women in the WCTU, and other women who wrote on the topic. In chapter five, I will discuss the impact of medical discourses on the clothing industry. Why, and how, did the medical community enter the market economy? I will examine the development and promotion of commercial medical clothing systems, such as the rational woollen dress system developed by Dr. Gustave Jaeger. This chapter will also assess if rational woollen dress was popular in Canada, and discuss the importance of health in the reform discourses.

Chapter 1:

Redressing Victorian "Women's" Dress in Canada

When scholars discuss Victorian women's clothing, and in particular dress reform, it is assumed that conventional dress 'hindered' women's movement, and thus, placed restrictions on their lives. Yet, was this the case? What did Canadian women wear during the Victorian period? What articles of women's clothing were regulated? Did dress 'hinder' their physical movements and place restrictions on their lives, or were women limited by nineteenth-century gender ideology? This chapter will explore these questions in order to critically assess the relevance and 'need' for physician's intervention in the ritual of dressing.

1.1 Victorian "Women's" Dress

Victorians were aware that clothes did more than cover and beautify the body. Clothing could symbolize one's unique personality and station in life, and thus, could be a 'marker and maker of identity'.¹ As Leonore Davidoff

¹ For an excellent discussion of how clothing communicates identity, see Fred Davis, *Fashion, Culture and Identity*, (Chicago: University of Chicago Press 1992), Introduction. See also Valerie Steele, *Fetish: Fashion, Sexuality and Power* (Oxford: Oxford University Press 1996), pp. 59-60;

suggests, dress was of crucial importance to the construction and articulation of middle-class femininity: “even the correct use of a handkerchief could connote inward grace and social status.”² Clothes could also signal class aspirations. Developing a love of finery and an “inordinate love of dress” was a common theme for reformers in their discursive construction of the identity of working women and the ‘girl problem’ that emerged in the late nineteenth century.³ Identity was also fashioned by women like E. Pauline Johnson whose clothing signified the cultural transfers between native and non-native women.⁴ Even the fabric of clothes could signify identity and patriotism. For example, when women were asked to wear plain homespun during the Rebellion of 1837, *The Patriot Press* thus stated: “Women of Canada! Little as ye think it, it is in your power partly to avert the awful storm now threatening us

Leigh Summers, *Bound to Please. A History of the Victorian Corset* (New York: Berg 2001) p. 9.

² Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (Chicago: University of Chicago Press 1987), p. 397.

³ See Carolyn Strange, *op.cit.*, Mariana Valverde, “The Love of Finery and the Fallen Woman in Late Victorian Social Discourses”, *Victorian Studies*, vol. 32(2), pp.168-188.

⁴ Veronica Strong-Boag, “E. Pauline Johnson: Mohawk-English Writer and Performer” in Sharon Cook, Lorna McLean and Kate O’Rourke (eds) *Framing Our Past* (Montreal & Kingston: McGill-Queen’s University Press 2001), pp. 35-38.

with such terrific fury...The demon that I speak of, that hath taken possession of, and sullied, the purity of your minds is an inordinate love of dress."⁵

Through nineteenth-century clothing artifacts, personal letters, diaries, photographs, and records from associations that created costumes for Fancy Dress Balls or skating parties, we get a sense of the importance of clothing in Canadian women's lives. However, determining what "women" wore is not a question with a "definitive" answer. There are distinct clothing codes based on class, age, ethnicity, and circumstance. For example, clothing that middle-class women wore to attend church, special events or to be photographed was not the same they wore in the house when not receiving visitors. As well, the corpus of photographs, museum artefacts, diary entries and paintings primarily provides clues of the clothing practices of middle and upper class women. This bias is largely due to curatorial practices in the twentieth century that focused on collecting fancy and imported dress, and also due to the wealth of the middle class women who could afford to purchase fancy dress and be photographed in it. Since the medical literature was most concerned with middle and upper class women's dress, this discussion will draw on these material and visual sources. This section begins with an overview of women's undergarments during the Victorian period, and will point out how style

⁵ Quoted in Allan Greer, "The Queen is a Whore!", in Veronica Strong-Boag and Anita Clair Fellman (eds) *Rethinking Canada. The Promise of Women's History* (Toronto: Oxford University Press 1997), 3rd edition, p. 103

changes in corsets and crinolines provided the support for changing dress styles in the nineteenth century. Since middle class women's dress was event and circumstance specific, I will then discuss the range of clothing options for everyday wear, special occasions, and for sports and exercise.

1.1.1 Foundations of Victorian "Women's" Dress

In order to adequately contextualize medical discourses on women's dress, it is imperative to understand the chronology of fashion during the period studied. Thus, I will survey major style changes during the second half of the nineteenth century by drawing on existing studies on corsets and crinoline.⁶ The goal of this overview is to determine when women's clothing

⁶ There is a strong body of literature on the subject of corsets. For example, see Willett Cunnington, *The History of Underclothes*, (New York: Gordon Press 1979); Elizabeth Ewing, *Dress and Undress: A History of Women's Underwear* (New York: Drama Books Specialists) 1978; David Kunzle, *Fashion and Fetishism: A Social History of the Corset, Tight-lacing and Other Forms of Body Sculpture* (Totowa: Rowman and Littlefield 1982), pp. 183-186; Cécile Ouellet, *Souffrir pour être belle* (Montréal: Fides 1988); Philippe Perrot, *Les dessus et le dessous de la bourgeoisie: une histoire du vêtement au XIX siècle* (Paris: Fayard 1981); Leigh Summers, *Bound to Please. A History of the Victorian Corset* (New York: Berg 2001); Nora Waugh, *Corsets and Crinolines* (New York: Theatre Arts Books 1954). There are also many websites devoted to women's dress, and as such, this discussion also draws on the chronological overview from the Victoria & Albert Museum website, *Fathom Course: Corsets*.

was at its most “restrictive”, either by the weight of the fabrics, the style of corsets, or the size of the skirts.

Dress styles of the mid-1830s had balloon-like sleeves, that eventually gave way to dress characterized by rounded, drooping shoulders, and a low waist.(See Figure 1 for fashion chronology) Indeed, these low-waisted dresses required long, heavily-boned corsets to give them their shape.⁷ The corsets of the 1840s were cut from separate pieces stitched together to give roundness to the bust and shaping over the hips.⁸ Strips of whalebone were inserted inside the corset to give it structure, and make it sit flat on women’s bodies. Most corsets in this period had whalebone and needed to be rigid to conceal the layers of underwear worn underneath. For Canadian costume historian Eileen Collard, corsets were at their most restrictive during the 1840s and 1860s:

The tightly laced corset or stays were necessary to support the prim façade Victorian women were expected to reveal to their world. The wearing of it, or at least in part, accounts for the bottle neck, sloping shoulder line which was stylish in the 1830s and remained so until the end of the 1870s.⁹

Eileen Collard argues that in order to endure the discomfort a tightly-laced corset would have caused, women forced their shoulders down and back and

⁷ Cunnington, *op.cit.*, p. 107.

⁸ Eileen Collard, “Women’s Underclothing in 19th Century Canada”, *Costume Society of Ontario*, 8, 2 (1978) pp. 2-9.

⁹ *Ibid.*, p. 3.

held their heads upright. Mid century corsets also distorted women's natural breast shape, as the stays pushed the breasts upwards and outwards. Evidence from front bodice darts from clothing in museum collections demonstrates this to be true.¹⁰

When dressing in formal dress during the mid nineteenth century, women would have worn layers of petticoats to hold up their skirts. Costume historian James Laver describes how women either wore bustle-like structures made of down-filled pads or whalebone, or stiffened their petticoats to give support to heavy skirt styles.¹¹ However, it is imperative not to assume that all women wore heavy or stiffened petticoats, and certainly not all the time. Photographs, paintings and fashion plates depicted women in their 'best' clothing, posed indoors with props.¹²

Costume historians have demonstrated that skirts on dresses worn in the 1850s were wider than previous years, and if made with lighter fabric, required additional support. Hence, layers of petticoats, including the horsehair crinolines, were no longer sufficient. The cage crinoline first appeared in 1857, and contrary to appearances and late century medical

¹⁰ Ibid., pp. 3-5.

¹¹ James Laver, op.cit., p. 188. For his discussion on changes to crinoline styles, see pp. 174-188.

¹² For examples of richly illustrated books that use Notman photographs as visual evidence of formal dress, see Jacqueline Beaudoin Ross, op.cit., and Louise Gagnon, op.cit.

discourses, was actually a “liberating” alternative since it meant women didn’t need to wear as many layers of petticoats. While British *Punch* magazine satirized women for not being able to fit through doors with their wide dress, many of these stories did have some foundation of truth. Accidents did happen, but women quickly learnt how to walk in crinolines and how to sit down so that they did not reveal all their underclothes.¹³ As costume historian James Laver points out, while the cage crinolines looked very rigid, spring steel was in fact very flexible and could be compressed.¹⁴

The cage crinoline craze reached its peak during the late 1850s and early 1860s, and according to James Laver, reached its greatest extent in 1860: “At that time, it projected as much to the front as to the back. Waists were tight, and the bodice was fitted to the figure; but out of doors it was the custom to wear a shawl or mantalette, with the result that a woman’s general appearance was that of a broad-based triangle”.¹⁵ In the early 1860s, there was a shift from the full crinoline to the crinolette, a mix between cage crinoline and a bustle. Fabric remained full behind the hips, while the bodice and sleeves were still form-fitting. The “tournure” or bustle replaced the crinolette by the end of the

¹³ Fathom course: Corsets, Victorian and Albert Museum.

¹⁴ James Laver, *op.cit.*, p. 184. See also corset summary on Victoria & Alberta Museum website, Fathom course.

¹⁵ James Laver, *op.cit.*, p. 188.

1860s, and the overall look continued to be streamlined throughout the rest of the nineteenth century.

The development of the sewing machine in the early 1850s was one of the most important innovations of the nineteenth century as it led to the mass production of clothes including underwear. James Laver argues that although advertisements for small domestic sewing machines appear in the early 1860s, its influence is first noticed in the early 1870s, when skirts and bodices were often made of different colours, fabrics and trim.¹⁶ Although many corsets of the 1850s were still stitched by hand, the speed of sewing on a machine in the second half of the century meant that manufacturers could produce corsets in far greater numbers and increase the variety of designs. As ethnologist Jean Du Berger demonstrates, corsetry and underwear manufacture became a major industry in Canada, and one that employed women.¹⁷

The first suit appeared in the 1890s and consisted of a jacket, blouse and skirt without a bustle. By the turn of the century however, the look of an S-shaped figure re-shaped the business suit look with new corsets and bodices. For Anita Rush, the S-shaped figure was a dynamic posture that embodied “movement, vivacity and progress.”¹⁸ However, it is difficult to determine

¹⁶ Ibid., p. 190.

¹⁷ Jean Du Berger et Jacques Mathieu (eds), *Les ouvrières de Dominion Corset à Québec, 1886-1988* (Québec: PUL 1993).

¹⁸ Anita Rush, op.cit., p. 38.

whether women enjoyed greater movement or “progress” because of the S-shape figure. As we will see in subsequent chapters, physicians expressed concern about the weight imbalance caused by this posture.

In summary, techniques of corset manufacturing changed throughout the century due to the sewing machine, and experiments in steaming and stiffening fabrics to replace whalebone. It is important to note that throughout the century, dress styles from the late 1850s to 1860s were at their most voluminous due to steel-hooped crinoline, and were form fitting around the bodice to accentuate the bell shape.(See Figure 2 of graduation dresses) Corsets of the late nineteenth century were long and heavily stiffened to give dresses their streamlined appearance.

1.1.2 Canadian Women’s Dress, 1850-1900

Most middle class Canadian women owned several dresses to accommodate particular lifestyle needs. Some reserved specific dresses for working at home, changing to more fashionable dress to receive company, attend church or social functions. When at home, women usually wore a ‘wash dress’ that was made of cotton with a detachable belt, and hemmed three or four inches above the floor. Designed for comfort and easy care, the

style was named 'wash dress' because it could be laundered easily.¹⁹ It is commonly considered that rural women wore "practical" and "simple" dresses of gingham, printed cotton as well as homespun, hand woven wools and linens which they made themselves.²⁰(See Figure 3) In Quebec, rural women wore 'souliers de boeuf', often handmade, while city women wore small high heeled shoes. At home, rural women wore large aprons and when they went outdoors, they wore a long hooded 'pelereine'.²¹

For rural Quebec women who could afford it, colourful imported fabrics were used to make their "good" dress.²² This dress was sometimes their only prized material possession, and when it was time, women gave them away to carefully chosen relatives or friends.²³ Their fine clothing held such important meaning that the clergy regularly attempted to intervene and regulate

¹⁹ Katharine Brett, *Women's Costume in Early Ontario* (Toronto: Royal Ontario Museum 1966).

²⁰ *Ibid.*, p. 9.

²¹ For further discussion on women's dress in Quebec during the nineteenth century, see the works of Jacqueline Beaudoin Ross, Valerie Laforge and Nicole Vallières, *op.cit.*

²² For references on traditional costume in the twentieth century, see Archives de folklore de l'Université Laval; Fonds Jocelyne Mathieu- Collection Réjean Poirier, enrg. 28 and Collection Huguette Thiberge, enrg. 145.

²³ Le Collectif Clio, *L'histoire des femmes au Québec depuis quatre siècles*, (Montreal: Quinze) p.106 (my translation). For the early twentieth century, see Andrée Levesque, *Making and Breaking the Rules. Women in Quebec, 1919-1939* (Toronto: McClelland and Stewart 1994); Suzanne Marchand, "Le culte du corps ou le culte de l'âme: mode féminine et société québécoise au cours de la période 1920-1929", M.A. Thesis, Université Laval, 1990.

women's clothing. According to the Clio Collective, the Church urged women to wear plain, modest clothing and put less emphasis on the way they dressed:

Pretty or not, they want to please and, on special occasions, they wear their nicest dress. The taste for fashion outrages the clergy and puritan spirits. Priests beg women to wear more modest clothes, and to put less emphasis on the way they dress. If we judge by the regularity of the Priests warnings, they were not very successful.²⁴

Both working and middle class women enjoyed wearing fashionable dress, and by the turn of the century, shopping for women's clothes was a distinguishing feature of late nineteenth century consumerism.²⁵ Evidence that indicates the popularity of this leisure pursuit is found in museum costume collections, by the large number of Canadian fashion periodicals published during this time, fashion plates, mail order catalogues, dress patterns and the growth of department stores.²⁶ As tables 3, 4 and 5 illustrate, the growth of the Toronto Eaton's department store during the nineteenth century was

²⁴ Ibid., p.170.

²⁵ For a discussion on gender and consumption, see Cynthia Wright, 'Feminine Trifles of Vast Importance': Writing Gender into the History of Consumption', in Chad Gaffield (ed), *Constructing Modern Canada. Readings in Post-Confederation History* (Toronto: Copp Clark Longman 1994) pp. 288-310.

²⁶ Norma Morgan outlines the ways in which fashion plates can be used as a source to establish clothing chronologies. Norma Morgan, 'Fashion Plates: Sources for Canadian Fashion', *Journal of Canadian History*, 5(2), 1981, pp.106-110.

remarkable, and even surpassed some of the large American stores.(See tables in appendix)

Keeping abreast of current fashion was not limited to women in Toronto. In fact, there is evidence that demonstrates that Montreal women were considerably avant-garde.²⁷ Costume curator Jacqueline Beaudoin Ross compared costume artefacts, advertisements in the *Canadian Illustrated News*, Notman photographs and Canadian fashion plates to determine the time lag between clothing advertised in periodicals, and clothing worn by women in Montreal. Unlike the long time-lag usually observed between the introduction of fashions in Europe and the appearance of these fashions in the United States, the time lag between Europe and Montreal was very short. Comparisons between Paris fashion plates and advertisements in the *Canadian Illustrated News* and the Harper's Bazaar of New York between 1869-1876 reveal that in all but three instances, the fashion image appeared in Montreal before New York, and in three instances, even before the British *The Englishwoman's Domestic Magazine*²⁸ Beaudoin contends that Montreal women would have consulted up-to-date British and French fashion journals instead of relying on the American ones due to colonial ties, and the large degree of

²⁷ Jacqueline Beaudoin Ross, *Form and Fashion. Nineteenth Century Montreal Dress* (Montreal: McCord Museum 1992), Museum exhibit and catalogue publication.

²⁸ Beaudoin Ross, *op.cit.*, p. 79.

British textile imported to Montreal during the mid nineteenth century.²⁹ She states: "When dealing with imported British fabric, it would have been logical to turn more often to a British fashion plate for inspiration, rather than an American one."³⁰

The Notman photographs of Montreal women dressed in their finest reflects the best of their good dress that was only worn indoors. These formal photographs offer a revealing vantage of women's indoor finery, and also a visual depiction of a young girl's life course by tracing the gradual lengthening of dress hems and sleeves.³¹ It is important to note that when outdoors and riding in carriages, cars or sitting on the ground for a picnic, women wore good dress in heavy wool fabrics that would have resisted grass stains.(See Figures 4 & 5) But it was the indoor informal and formal dresses were women could really display their "ability" to follow fashion. When Mackenzie King's mother Isabel and their daughters received friends and acquaintances once a week, it meant they had to keep abreast of the latest styles since fashion was an

²⁹ See Jean Hamelin and Yves Roby, *Historie économique du Québec* (Montréal: Fides 1971), p. 18, Paul-André Linteau, René Durocher and Jean-Claude Robert, *Histoire du Québec Contemporain: De la Confédération à la crise (1867-1929)* (Québec: Boréal 1979), p.77.

³⁰ Beaudoin Ross, *op.cit.*, p. 87.

³¹ For an excellent and richly illustrated work on children's dress in the Notman photographs, see Louise Gagnon, *op.cit.* Children were often photographed with their mother to show the similarity of dress styles among young girls and their mothers. See particularly the 1898 diagram reprinted in Louise Gagnon, *op.cit.*, p. 99.

essential part of the visit.³² An article in the *Saturday Night* thus states: "The (at-home) call does at least afford the delight of competition in costume, for all the fin-de-siècles shifting phases of opinion and belief have left society ladies still devotees of the gospel of the higher haberdashery, and worship at the shrine of the chiffon makes even a mauvais quart d'heure in a crowded drawing room endurable."³³ (See Figures 6 and 7)

A personal letter between a husband and his wife recreates the way in which a husband understood his wife's interest in fashion, the fashion he observed, and the words in which he used to describe it. During his posting to Regina in 1884, James McLeod wrote often to his wife Mary. The following letter offers a glimpse of what society women wore to the ball, and also confirms the importance of fashion to his wife.

Letter from Regina (Council Chamber letterhead- July 16, 1884. --
3 pages.

³² The King diaries and other papers are kept at the National Archives of Canada and the Mackenzie archives at the PAO. References are cited from Charlotte Gray, *Mrs. King. The Life and Times of Isabel Mackenzie King* (Toronto: Viking 1997). Unfortunately, the author does not provide any references to the diary descriptions or citations that form the basis of the book. For social life in Toronto during this time, see Lucy Booth Martyn, *Toronto: 100 years of Grandeur* (Toronto 1978), Una Abrahamson, *God Bless Our Home: Domestic Life in Nineteenth Century Canada* (Toronto: Burns and MacEachern 1966), Luella Creighton, *Elegant Canadians* (Toronto: McClelland & Stewart 1967) and G. de T. Glazebrook, *Life in Ontario: A Social History* (Toronto: University of Toronto Press 1968).

³³ Charlotte Gray, *op.cit.*, p. 104.

tonight is grand ball at Govt House - will tell her about it tomorrow, perhaps something about ladies' dresses; deputation here to interview Council; kisses for the chicks and their delicious mother.

1884/18 Letter from Regina (Council Chamber letterhead). -- July 18, 1884. -- 8 pages. -- thrilled by her letter - loves her above all else in the world; ball was pleasant - rained all evening which kept them confined to ball room, a detached room - prettily decorated - room not half lighted - had to go close to a lamp to see their programmes; Mrs. D. wore a short tulle dress with lots of frills - she danced no end with Hamilton - quite scandalous; Mrs. Dean had some sort of dress on; Mrs. Neale and Mrs. Forget were in black; Mrs. White Fraser wore some sort of bodice without sleeves - had on other clothes but can't really tell her - her gloves and boots same colour as bodice; Neales in swallowtails, Police in full dress - he [Jim] wore his decoration; he felt as well as he could without her - danced a set of lancers with Mrs. D., waltzed with Mrs. W. Fraser, polkaed with Mrs. Forget; took Mrs. D. into supper at Mr. D.'s request - she would take nothing but a sandwich - she is an uncomfortable party to deal with.³⁴

While Mrs. Dean had "some sort of dress on", Mrs. Neale and Mrs. Forget "were in black", Mrs. Fraser had some sort of sleeveless bodice and 'other clothes but can't really tell her', it was the dress and behaviour of Mrs. D that caught his attention. Her 'short, tulle dress with lots of frills' creates an image of a woman challenging the acceptable codes of dress and behaviour. The short length of her ball dress would have been very noticeable, as would the sheer material and amount of trim. That she "danced no end with

³⁴ James McCleod letters, July 18, 1884, M776 14a, Glenbow Museum Archives, Calgary.

Hamilton" despite being married, with her husband in attendance, would have appeared, as McCleod states, "quite scandalous". Her dress was thus an integral part of Mrs D's alleged improper behaviour.

Isabel King, and daughters Bella and Jennie, also thought a great deal about clothes and fashion. Since they were upper-middle class women who lived on a limited budget, they often recycled clothing year to year. Isabel had her fur coats remade into capes, and when Bella and Jennie started remaking their dresses for the St. Andrew's Ball, "they trimmed their gowns and sewed new waists or bodices to old silk skirts."³⁵ However, their father never had the money to buy their tickets to the Ball, so the "silks remained in the wardrobe."³⁶ Although the King women were competent seamstresses, fashions in the 1890s made home sewing difficult. When the curved hourglass with its ample bosom, wasp waist and rounded hips gradually gave way to the newer S bend silhouette, Isabel, Bella and Jennie King all had to relearn how to cut the fabric of their gowns. With a renewed emphasis on the bust, Isabel was worried that her daughters would not fill out their dresses properly. She was also concerned that potential suitors would find them more prone to physical complaints and difficulty in childbearing. Hence, she relied on corsets and padding to give her daughters the necessary curves. As Jennie King stated:

³⁵ Charlotte Gray, *op.cit.*, p. 106.

³⁶ *Ibid.*, p. 106.

“Mother insists on adding to my chest, not being satisfied with nature’s endowment. Henceforth I shall be girded about the lungs with batting sufficient to stuff a dozen balls.”³⁷

For families in the inner circle of Canadian political and economic power, an invitation to attend a Ball, particularly the renowned Governor General Fancy Dress Balls, offered the opportunity to showcase class aspirations while performing gender rituals.³⁸ Dress was not only the subject of discussion at the Balls, it was the object of the event as well and was used to construct the identity of Canada as a new and modern nation. Art Associations in Montreal and Toronto started preparations weeks before each Ball in order to educate invited guests on the historical person they chose to represent.

Clothes were not only intertwined with spectacle and dance, but also with sports. Yet, was it women’s dress or ideology that ‘limited’ women’s participation in sports and outdoor endeavours? Advice and medical literature would certainly have us believe that women were fragile, docile, and limited by their dress. Illustrations abound of middle class women sewing in the drawing room. While an accurate reflection of how a large number of middle class women spent their time indoors, women of varying classes took part in

³⁷ Ibid., p.106.

³⁸ For an excellent discussion and interpretation of the Fancy Balls in Canada, see Cynthia Cooper, *Magnificent Entertainments* (Ottawa: Canadian Museum of Civilization & Gooselane 1997).

outdoor leisure activities. Club records and photographs attest to women's participation in a number of leisure sports including skating, swimming, skiing, tennis, and croquet. Women made the alterations necessary to ensure that hemlines were shortened and corsets loosely tied, as evidenced in the photographs of women skiing and playing croquet. (See Figures 8 and 9) A content analysis of illustrations in the *Canadian Illustrated News* between 1873-1883 reveals a marked interest in the skating parties at the Victoria Rink in Montreal.³⁹ Dressing up to skate in large indoor rinks was a form of leisure enjoyed by both the working and middle class, and skating costumes could range from being quite elaborate to a simple dress with a shorter hem. As such, the rinks served as a site for the circulation of ideas about dress, since skating expanded the traditional class boundaries that were established for other leisure events.

Canadian women also liked to swim, and in the 1890s, the bloomer style bathing suits set the trend for bathers. When Isabel, Jennie and Bella King were invited to a cottage on Lake Simcoe, Isabel found it hard to wear a bathing suit for the first time, but once she swam in the lake, she "enjoyed bathing very much".⁴⁰ Some young women used this new freedom of

³⁹ These issues of the *Canadian Illustrated News* are available online through canadiana.org or through the gateway of the National Library of Canada.

⁴⁰ Gray, *op.cit.*, p. 121.

swimming with men in public to draw attention to their bodies. Isabel King wrote in her diary that was she appalled by the young women at the lakefront resort hotel, who shortened the skirts of their bathing suits, and paraded around in wet costumes to show off their shapely figures. Even worse, their altered bathing suits were not the standard wool suits that everyone wore, but instead, were made of fabric that would cling to their bodies when wet. For their part, Isabel and her daughters wore the dark serge twill suit that was advised in newspaper fashion columns, and available through Eatons.(See Figure 10)

For calisthenics and exercise in girl's schools, corsets were to be replaced by "health waists". In the handbook for the Church School for Girls in Windsor, Nova Scotia, warm, loose underwaists were recommended, as were black stockings and bloomers for the gymnasium.⁴¹ At the Hellmuth College for Women in London, Ontario, pupils were asked to dress simply, to bring heavy walking shoes, a calisthenic dress for gymnasium, and to wear "dress reform waists and common sense shoes".⁴² The first page of the handbook included a map to illustrate its proximity to large American cities, which might explain why American terminology was used to describe the waists and shoes.

⁴¹ Handbook of the Church School for Girls, Windsor, Nova Scotia, 1891-1892, p. 10.

⁴² Handbook of the Hellmuth College for Women, London, Ontario, 1889.

The label "Common Sense" was one of the most popular brands of corsets and shoes in the North-Eastern United States, and "dress reform waists" was a term that was commonly used in the United States among women's groups and in women's schools.⁴³

Wearing bloomers indoors in a girl's school was acceptable, but it was not until the early twentieth century that bloomers were considered acceptable to wear in public. Since their initial appearance in 1851, the Canadian reaction to bloomers was somewhat subdued when compared to the American and British press. *The Globe* carried two articles in 1851 relating to Amelia Bloomer's visit to England, and the subsequent reaction. The Canadian journalist agreed with the British public that bloomers were not an appropriate alternative to current dress, and indeed, constituted an American vulgarity.⁴⁴ Even as late as 1895, a woman wearing bloomers in public in Victoria, B.C. was still censured by journalists and the police:(Figure 11)

The police (in Victoria, British Columbia) have declared that bloomers are not suitable for ladies' street wear, even when worn as a bicycle costume, and have taken steps to enforce this decision. Miss Ethel Delmont is an enthusiastic wheelwoman, pretty and graceful. Last week she made her appearance in the bloomer costume and if Lady Godiva had herself essayed a repetition of her famous ride, the sensation could not have been greater. The town came forth to gaze and for the moment the police were

⁴³ Fischer, *op.cit.*, Sears advertisement.

⁴⁴ 'Bloomerism-Women's Rights-...' *The Globe*, 2 September 1851, p. 3; and 'Bloomerism in England', *The Globe*, 30 October 1851, p. 1.

petrified with amazement. Then they aroused to action and Miss Ethel received an official visitor who informed her that a repetition of her appearance in that objectionable costume would mean a police court summons on the charge of creating a disturbance on a public street. Miss Delmont's bloomers are discarded.⁴⁵

Thus, women wearing bloomers in public were certain to be censured. As we can see, it was not the signified, the bloomers, that limited women from taking part in sports, it was the signifier, and the notions of acceptable behaviour for women.

For costume historian Anne Hollander, comfort in clothing, or lack thereof, is a mental rather than a physical condition: 'Skimpy clothes do not necessarily mean more comfort than voluminous ones'⁴⁶. She argues that legs may move quite easily under long skirts if their skirt is wide enough, and points to wide-striding ladies on Greek vases to show how long drapery over the legs allowed free movement as long as the fabric could cling or slide. This argument has relevance for this dissertation. Women presumably adapted the tightness of their corsets for the occasion--lacing them looser when they expected to be more active such as at dances or out walking. They would also wear models which were less heavily boned during pregnancy or when

⁴⁵ See Backhouse, 'Bloomers Tabooed', *London Daily Advertiser*, 26 March 1895.

⁴⁶ Anne Hollander, *Seeing Through Clothes*, (Berkeley: University of California Press 1993) p. 339.

engaged in sporting activities such as riding. As evidenced in the outdoor photographs of women sitting on the grass eating lunch, to cross country skiing, to a number of other sports and activities, women in the second half of the nineteenth century selected appropriate attire or altered their dress in order to participate. As we shall see, it was not the signified (actual clothing) that placed restrictions on women's lives, but the underlying ideologies that socially constructed gender identities through clothing.

1.2 The Meaning and Regulation of Clothing

Regulating women's clothing was not limited to bloomers worn for bicycling. During the nineteenth century, the emergence of the industrial working class led to increased anxieties over class, and a woman's clothed body served as a symbol of her class station. As a visible identity marker, working women were often censured for dressing with the finery or articles of dress of the middle class. The corset received the most attention from nineteenth century reformers. The cross-class appeal meant that corsets were associated with the contradictory messages of respectability and morals, as well as scandal and cheapness. As Jennifer Craik argues, "corsetry highlighted virtuous and erotic impulses simultaneously."⁴⁷

⁴⁷ Jennifer Craik, *op.cit.*, p. 123.

Canadian medical historian Edward Shorter claims that corsets were worn by less than 5% of the population, and confined to aristocrats and the urban upper middle class. Much like his essentialist views on women's bodies, his theories on the corset are problematic.⁴⁸ Both material and written evidence demonstrate that corsets were worn by most women during the nineteenth century. Even female prison inmates, arguably not members of the elite, wore corsets as part of their prison uniform. In a federal government report on physical abuse in the Kingston Penitentiary, investigators noted that women who were beaten by the Prison Matron were not stripped and remained clothed, "corsets and all."⁴⁹ In contrast to Shorter, David Kunzle believed that tight lacing was generally confined to lower middle class women and employed women. Thus it was not, "the uncorseted woman who was in danger of being accused of loose morals, so much as the tight-laced one, whose practice was, on occasion, darkly linked with prostitution."⁵⁰ In the

⁴⁸ Edward Shorter, *A History of Women's Bodies* (New York: Basic Books 1982), p. 28. For a critique on his methodology and theories of women's bodies, see for example, Ludmilla Jordanova, *op.cit.*, p.10.

⁴⁹ *Rapports des Commissaires Chargés de s'enquérir de la conduite, discipline et régie du Penitenciaire* (Kingston), 1849, p. 234.

⁵⁰ See Kunzle, *op.cit.*, p. 572. For a direct refutation of Shorter's corset argument, see Jennifer Craik, *The Face of Fashion. Cultural Studies in Fashion* (London: Routledge 1994), p. 125; Colleen Gau, *op.cit.*, p.15. In her thesis, Edward Shorter is incorrectly identified as a costume historian.

prescriptive literature, tightly laced corsets were considered immoral because they could create sexual excitement or sexual tension.

Other costume historians like Casey Finch point to the wealth of material and written evidence that illustrate the majority middle class women wore corsets during the nineteenth century. For Finch, "corsets became an imperative signifier of fashionableness in middle and upper-middle class women."⁵¹ For historians John S. Haller Jr. and Robin M. Haller, middle-class women were "stubbornly addicted to its serpentine charms, its sophisticated Old World pretensions, and its defiantly anti-proletariat look."⁵² The authors suggest middle-class women tight-laced to create "a chasm between themselves and the working classes, and forced upon themselves an image of boredom and a deathly pale complexion."⁵³

Hence, dress can also communicate the role the wearer is expected to play by reminding the woman of the constraints and limitations of that role.⁵⁴ For Helen Roberts, women who tight laced were anti-feminist and submissive.

⁵¹ Casey Finch, "Hooked and Buttoned Together": Victorian Underwear and Representations of the Female Body" *Victorian Studies*, 34, 4 (1991), pp. 343-344.

⁵² John S. Haller Jr. and Robin M. Haller, *The Physician and Sexuality in Victorian America*, (Urbana: University of Illinois Press 1974), p. 148.

⁵³ *Ibid.*, p. 151.

⁵⁴ Helene E. Roberts, "The Exquisite Slave: The Role of Clothes in the Making of the Victorian Woman", *Signs*, Vol. 2(3), 1977, pp. 554-569.

Historian David Kunzle challenges Roberts' interpretation, and argues that women who tight laced exerted power since their body was provocatively displayed. Through an analysis of the correspondence in the English women's Domestic Magazine (EDM), Kunzle concludes that women who were 'addicted' to tight lacing enjoyed their sexual relationship with men and wanted to strengthen that sexual bond.⁵⁵ Contrary to Veblen's theory of conspicuous consumption, Kunzle contends that women did not tight lace in order to wear elaborate, ornamental dress. He argues that excessive consumption was vulgar and on the contrary, not practiced by the leisure classes.

Corset wear could also be understood as a way to self-regulate appearance or behaviour. As we saw in the case of Bella King, corsets could shape the body to conform to contemporary dress styles, and thus "enhance" one's appearance. In an extreme case, tight lacing was also used as a means to self-inflict pain. In a history of the Catholic Church in North America, author Etienne Faillon states that Quebec Soeur Marie Barbier wore "un corset garni

⁵⁵ Kunzle is not alone in this interpretation. The Hallers assessed the symbolic function of clothing, and how ensuing changes were received. For example, the bustle emphasized the procreative capacities of a woman and the corset drew attention to women's breasts, "(the corset) brought into prominence the capacity of women for easy reproduction and subsequent lactation.", in Haller, *op.cit.*, p. 160.

de pointes" to inflict pain in order to suffer for the sins of others.⁵⁶ In the history of Soeur Victoire Brielle, called the Sainte de Méral, witnesses including her brother, testified that she wore "un corset garni de larmes de fer"; iron blades which caused her continual pain and suffering.⁵⁷ She herself admitted to a friend that her corset caused great pain, but argued that "il faut souffrir", in the context of penance.

Hence, I concur with Roberts that even if the signified (physical corset) was not limiting if loosely laced, the signifier evoked constraint. For Roberts however, the practice of tight lacing signalled women's submissiveness and masochism.⁵⁸ Yet, being submissive was not the only reason women submitted to tight-lacing; and one must not neglect to consider childhood conditioning, pride and female narcissism as influential factors. I concur that for some women, the desire to attract a good husband led them to concentrate on their appearance, and hence, their small waist size.⁵⁹

Corsets were not the only item of clothing targeted for regulatory

⁵⁶ Etienne Michel Faillon, *Mémoires particuliers pour servir à l'histoire de l'Eglise de l'Amérique du Nord* (Paris 1853), p. 119.

⁵⁷ *Vie de Victoire Brielle, dite la Sainte de Méral* (Montreal: Cadieux & Derome, 1884), p. 35.

⁵⁸ *Ibid.*, p. 562.

⁵⁹ British historian Elizabeth Ewing would concur with this assessment, and states that "women's clothes are only functional in that their function is to attract men." in *Dress and Undress*, New York, Drama Book Specialists, 1978, p. 48.

practices. Curbing desire for excessive consumption and ornamentation was the message that instilled in both working and middle class women. An education handbook for the Hellmuth College for Women advised pupils to refrain from wearing fashionable dress: "pupils of frivolous tastes or improper behaviour are not desired. The College can terminate the attendance of any pupil whose conduct is detrimental".⁶⁰ While a modestly-dressed woman expressed order and discipline, an extravagantly-dressed one expressed deviance. This ideology was also illustrated in the *Canadian Illustrated News* in a series on the 'problems' of domestic servants. The plain dress of the servant was juxtaposed against her employer's fashionable attire. The servant's dress was devoid of the ribbons, décolleté and current style embodied in her employer's dress. Indeed, ribbons and decorative details represented a great deal in Victorian bourgeois culture: one did not clean the house adorned with ribbon and lace. Trying to emulate middle class women's dress, and acquiring this status symbol could explain why these items were among those recovered from working class women arrested for shoplifting.⁶¹

The attire of professional women was also regulated. To be successful in professional occupations, Canadian female doctors, politicians and lawyers were expected to dress according to gender and class expectations. Legal

⁶⁰ Handbook, Hellmuth College, *op.cit.*

⁶¹ Carolyn Strange, *op.cit.*, Chapter two.

historian Constance Backhouse examined the public scrutiny on the appearance of Canada's first female lawyer, Clara Brett Martin.⁶² When she was called to the bar in 1897, journalists focused on her appearance and her attire. *The Montreal Witness* described her as "an attractive and earnest young lady, with a strong sincerity, and indomitable perseverance and a splendid brain."⁶³ Reporters quickly assured readers that Clara Brett Martin was dressed in appropriate feminine attire. *The Toronto Telegram* wrote: "This afternoon Miss Clara Brett Martin was presented to the Judges at Osgoode Hall and was sworn in as a barrister. She wore a black gown over a black dress and the regulation white tie and bore her honours modestly."⁶⁴ Constance Backhouse argues that the members of the press were deeply ambivalent about whether to applaud her success or caution more traditional gender roles in separate spheres, so they "feminized" her legal accomplishments. Photographs that accompanied newspaper articles about her court cases showed her in formal ball gowns laced with beaded trim and full-length

⁶² Constance Backhouse, *Petticoats and Prejudice: Women and Law in Nineteenth-Century Canada* (Toronto: Osgoode Society 1991).

⁶³ *Montreal Witness*, undated, as quoted in Morgan, *Types of Canadian Women*, op.cit. p. 229.

⁶⁴ *Toronto Telegram*, 2 February 1897.

gloves.⁶⁵ As such, Clara Brett Martin did not pose a threat to the male status quo.

In comparison, there is less evidence on regulating men's dress. Nonetheless, men were to follow the script of modesty in their dress, and in one instance, the binary opposition of 'British simplicity' versus 'American vulgarity' was evoked. When discussing men's dress styles in the *Toronto Saturday Night*, the English gentleman was commended for properly abstaining from 'display' in his evening dress, whereas the 'ornamental waistcoat' was considered more suitable to American tastes.⁶⁶ Thus, despite the fact that men's pants, jacket, necktie and standing collar might have been more constricting than women's fashions, most dress reformers shared a commonly-held nineteenth-century belief in the relative utility and comfort of conventional male dress. Consequently reformers looked to male dress to provide the standard for practical dress and centered their activism almost exclusively on the modification of women's attire.

Conclusion

This chapter argued that gender shaped the dress reform movement in significant ways. Dress reform did not simply emerge as an issue because

⁶⁵ Backhouse, p. 321.

⁶⁶ 'Will 'Pinking' and the Frilled Shirt Return?', *Toronto Saturday Night*, 5 January 1900, p. 6.

dress was “burdensome”, since styles changed significantly throughout the century, and women wore more than one type of dress. Women’s crinoline in the late 1850s and 1860s reached its largest circumference. Despite the absence of any organized dress reform campaign during this period, the crinoline disappeared within a decade, which was largely a result of technology, the domestic sewing machine and new techniques to stiffen stays. When women participated in sports in the late nineteenth century, they adapted their dress accordingly by wearing loose clothes and shortening their skirt length.

Thus, dress was discursively constructed as “burdensome, restrictive and limiting” when women’s behaviour, lifestyle or aspirations transgressed what was considered acceptable. As we shall see, it was not dress, but ideological constructs of separate spheres and biological essentialism that placed restrictions on women’s lives.

FIGURE 1: Fashion Chronology, Nineteenth Century**1830****1847****1852****1858**

(crinoline reaches its maximum
circumference, spreads like a dome)

Source: A. Bender, 2002: <http://www.marquise.de/misc>



1869

1874

1877

1880

1883



1890

1894

1897

1899

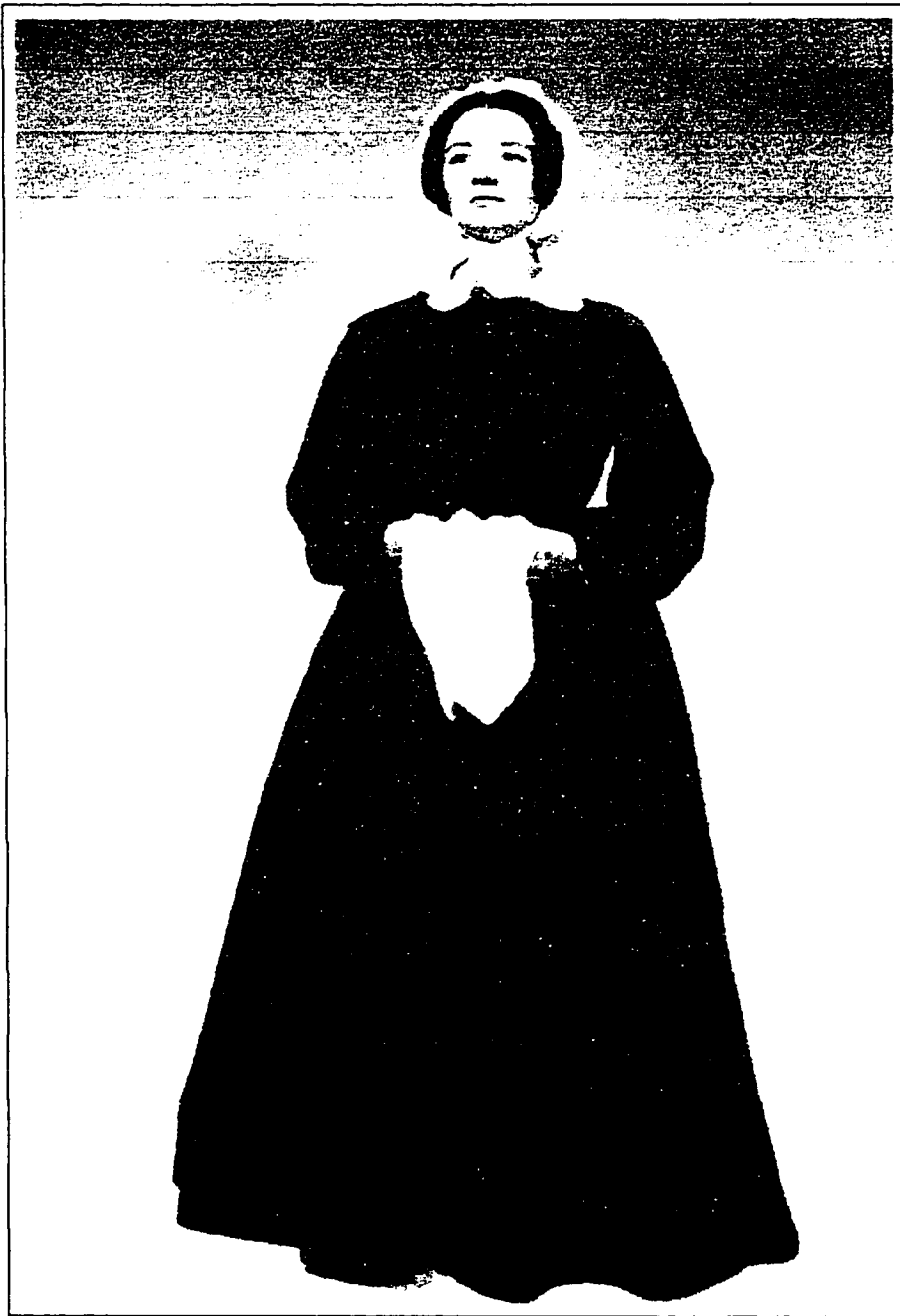
1902

FIGURE 2: Graduation. Unadorned bell-shaped dresses with hoops, ca 1855-1865.



Source: PAO, Acc. 6815 ST 949

FIGURE 3: Brown homespun day dress, ca. 1850s.



Source: Katharine Brett, *Women's Costume in Early Ontario*, Toronto: Royal Ontario Museum Collection, 1966, p.9. Artifact from the Royal Ontario Museum.

FIGURE 4: "An Excursion", circa late 1880s.



Source: PAO, F 1075-9-0-4, S 8799

**FIGURE 5: "Merry-Making, Couchiching Park on Northern Railway Line",
1880.**



Source: PAO, Acc 2728, ST183
Collection: J. McClure & Co., King Street, Toronto

FIGURE 6: Two-piece dress of pale green taffeta with dark blue frills and piping, ca. 1876-1878.



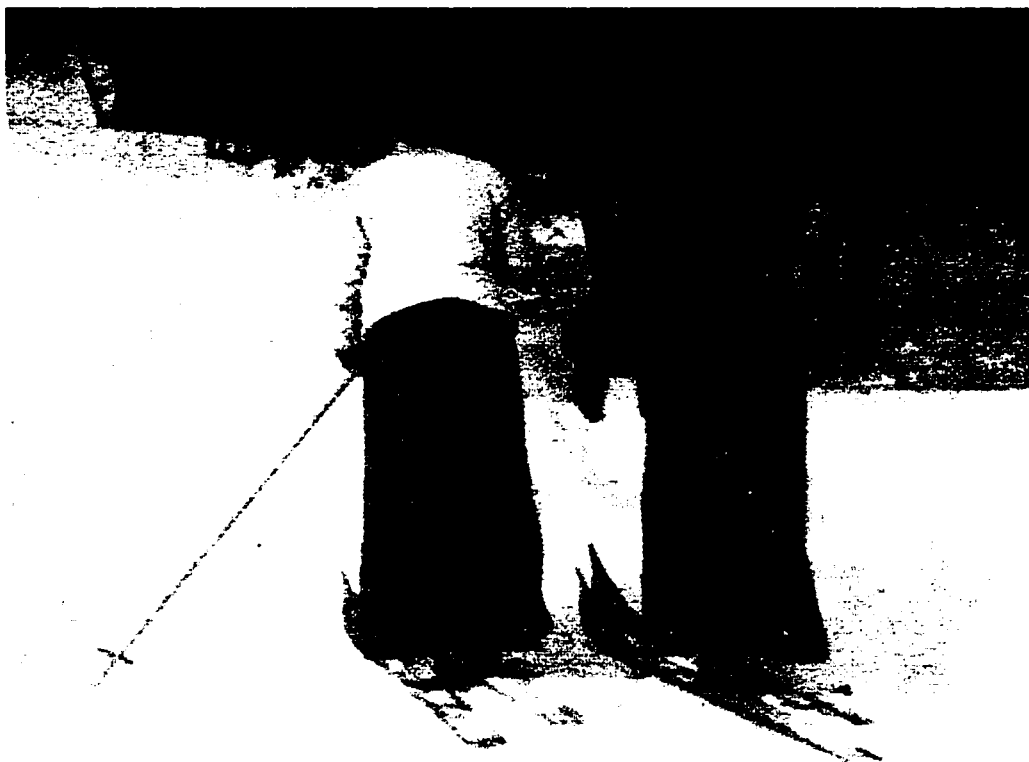
Source: Katharine Brett, *Women's Costume in Ontario, 1877-1907*, Toronto: ROM Publications, 1966, p. 3. From the Royal Ontario Museum Collection.

FIGURE 7: Green silk day dress with white satin stripes, ca. 1869.



Source: Katharine Brett, *Women's Costume in Ontario, 1877-1907*, Toronto: ROM Publications, 1966, p.2. From the Royal Ontario Museum Collection.

FIGURE 8: "Skiing in Rockcliffe, Ottawa", late nineteenth century.



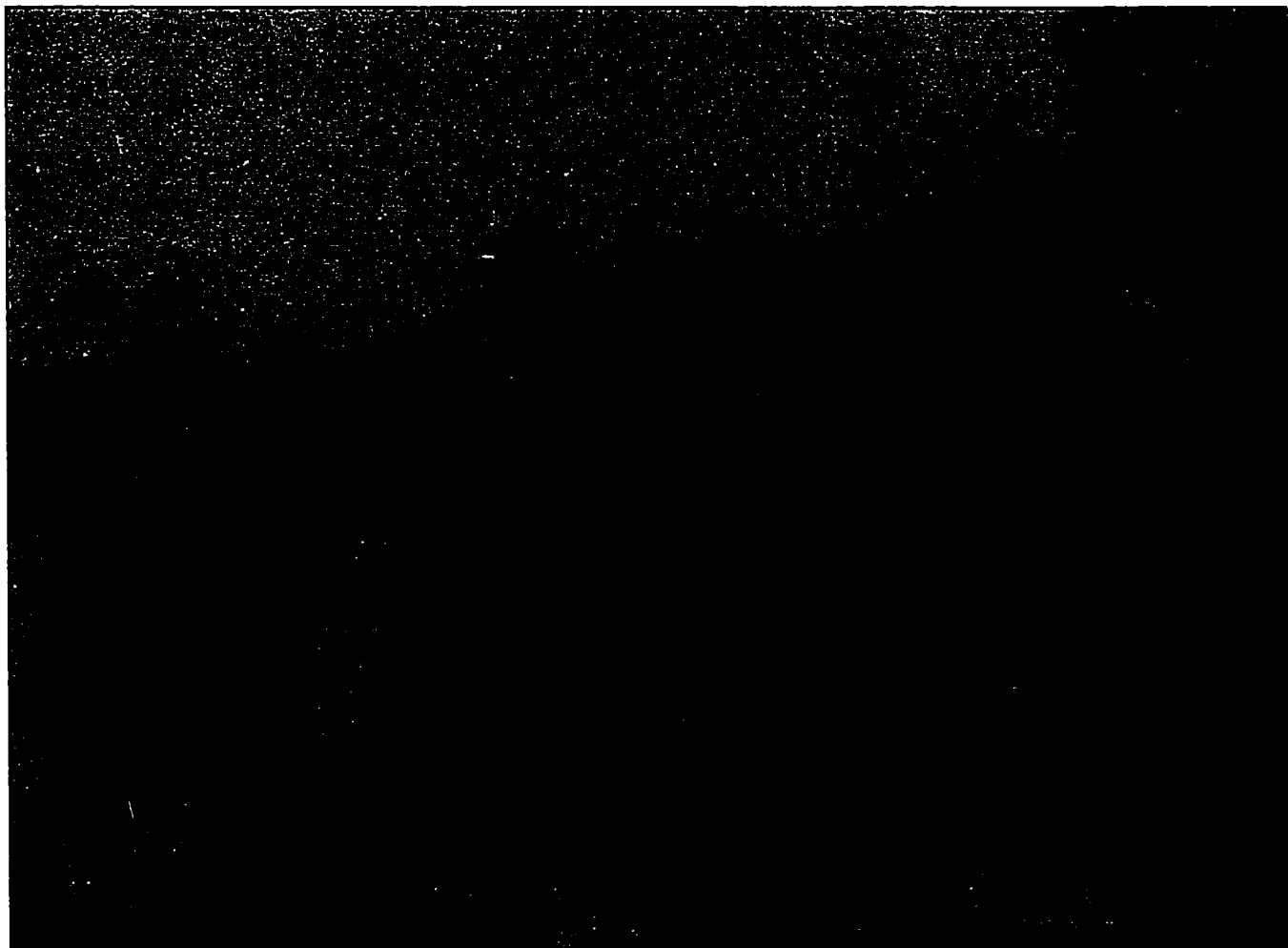
Source: PAO, F-1075-9-0-4, S 8769

FIGURE 9: Playing Croquet, ca. 1875-1885.



**Source: PAO, Acc 4959 ST 979.
Collection J. McClure & Co., King Street, Toronto.**

FIGURE 10: Swimming, ca. 1890s.



Source: PAO F1075-9-0-15, S.9723

FIGURE 11: Women's Clothing for Bicycling, 1894.



Source: *The Ladies' Standard Magazine*, April 1894, p.115.

Chapter 2: Constructing Medical Authority on Dress

Doc, I have an earache.

2000 B.C. *Here, eat this root.*
 1000 B.C. *That root is heathen, say this prayer.*
 1850 A.D. *Prayer is superstition, drink this potion.*
 1930 *That potion is snake oil, swallow this pill.*
 1970 *That pill is ineffective, take this antibiotic.*
 2000 *That antibiotic is artificial, here, eat this root.¹*

This chapter will focus on how the dress “problem” was constructed in medical textbooks and journals published or distributed in Canada during the nineteenth century. It argues that the increasing focus on women’s dress was closely linked to the medicalization of greater aspects of society, all within the context of the professionalization of medicine and the search for new forms of authority.² Paul Starr has argued that North American physicians attained different kinds of authority in the nineteenth century: a “cultural authority” which implied

¹ Anon, ‘History of Medicine’, circulating the internet, 1997-8, as cited in Jacalyn Duffin, *History of Medicine. A Scandalously Short Introduction*, (Toronto: University of Toronto Press 1999).

² For further reading on the concept of medicalization, see B. S. Turner, *Medical Power and Social Knowledge* (Beverly Hills: Sage Publications 1987).

the power to define health, illness and healing, and a “social authority”, which led the public to accept their advice.³ This chapter will focus on the development of physicians’ “cultural authority” in the field of healthy dress.

2.1 The Rise in the Medical Interest in Dress : Heat Regulation

Medical historians E.T. Renbourn and W.H. Rees traced the medical interest in clothing back to the 5th century B.C. when Empedocles, a Greek philosopher, drew an analogy between the circulation of blood in vessels and the circulation of air. Air vapours were believed to be squeezed in and out of invisible pores throughout the body. This circulation, or skin breathing, involved the continuous liberation of invisible *perspiration insensibilis*.⁴ Historian E.T. Renbourn explains: “Great importance was attached to the cutaneous respiration, for not only did it allow the smoky or fuliginous vapours of the heart to get out partly through the skin pores,

³ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books 1982) pp 13-21 and 79-144. See also the discussion in Barbara Clow, *Negotiating Disease. Power and Cancer Care, 1900-1950* (Montreal & Kingston: McGill-Queen’s University Press 2001) p. xiii.

⁴ It is to be noted that the liquid sweat (Latin, *sudor*) was regarded as distinct to the invisible, insensible, *perspiratio* or *perspiratio insensibilis*. This discussion is outlined in E.T. Renbourn and W.H. Rees, *Materials and Clothing in Health and Disease: History, Physiology and Hygiene: Medical and Psychological Aspects with the Biophysics of Clothing*, London: H.K. Lewis, 1972. See also Dr. J. J. Jenny, “Unhygienic Fashions”, *Ciba Symposia*, 6(1), (April 1944), pp. 1967-1977.

but also water vapour and the insensible excretory matters of the body poured out through this channel.”⁵ If the perspiration was obstructed, either by damp or cold air, damp clothes, damp bedding, wet feet or by the chilling of the skin, it was forced inward to the internal organs through a process of metastasis. This was believed to cause a cold or catarrh of the head, inflammation of the brain, lungs or kidneys, an excessive flow of urine or a looseness of the bowels. Thus, keeping skin pores open was necessary for a healthy body.

Historian E. T. Renbourn argues that medical theories from the seventeenth to the early nineteenth century were rooted in the theories and beliefs of the ancient Greeks.⁶ In 1614, the old Greek ideas on skin breathing were resuscitated by Sanctorius, a physician of Padua who, by weighing himself, his food and excreta under almost every conceivable condition, came to the conclusion that the *perspiratio insensibilis* of the skin was far more important than all the other excretions put together. From this time to the very end of the nineteenth century, books and pamphlets warning of the dire consequences of obstructed *perspiration insensibilis* were published in most European countries. Humoral theory was based on the belief that the four elements of earth, air, water and fire were represented through

⁵ Renbourn, op.cit., p. 3.

⁶ Renbourn, op.cit., p. 2-4.

dryness, coldness, moisture and heat. When combined, they formed the humours of the body. Good health was contingent on the humours being balanced, and a humoral imbalance meant disease; thus efforts were directed towards purging the imbalance.⁷ Followers of Sanctorius firmly believed that health depended upon all measures which kept the skin thoroughly warm, its pores open, which in turn, encouraged a continual free flow of the insensible perspiration. As a result, many physicians claimed it was essential to wear an abundance of warm clothing in the form of flannel next to the skin in both summer and winter.

This system of keeping pores open through warm clothing was challenged by emerging theories on *animal heat*. E.T. Renbourn argues that it had been a common supposition since the time of the Greek physicians that all parts of living creatures, including the cold-blooded, contained a somewhat mystical *calor innatus*, the inherent or *innate* heat.⁸ Since air, apparently, could easily pass into the skin through the invisible pores, what, apart from warm clothing, was to prevent cold air from getting into the body interior? One late seventeenth century experiment with cold baths concluded that taking a cold bath or wearing cold, wet linens all day heated the body by closing the pores and retaining warm innate body heat. The

⁷ For further discussion, see Wendy Mitchinson, *op.cit.*, 1991, p. 22.

⁸ For discussion on *calor innatus*, see Renbourn, *op.cit.*, p. 7.

theory of closed pores was contradicted by German physician Zacharias Plattner, who insisted that the pores of both the skin and the clothing must be kept open for the free passage of insensible perspiration.⁹ Moreover, experiments into the electrical nature of clothing challenged the theory of retaining body heat by wearing wet clothes. Beginning in the mid 18th century, it was believed that wearing wool was conducive to producing and retaining 'electric charges'. It was assumed there were positive electric charges in the atmosphere that were somehow transmitted to the human body, usually by breathing or through the skin pores. A strong, positive electric state was considered healthy and was associated with vigorous male health. Women were considered to possess less positive electric charges and were even constructed to possess a 'negative' electric state, due to their 'fragile and delicate condition'.¹⁰ Since the friction caused by the interaction of clothing and skin was believed to produce electricity, damp clothing was believed to neutralize the charge.

These theories on body heat and wearing wool were continually challenged. Through medical-military experiments conducted in the late

⁹ See discussion in L.H. Newburgh (ed), *Physiology of Heat Regulation and the Science of Clothing*, (London, 1949).

¹⁰ E.T. Renbourn outlines how machines used to generate static electricity began to be used in medical treatment for paralysis, nervous complaints and even baldness. Renbourn, *op.cit.*, pp. 33 and 57, and E.T. Renbourn, "The Science of Clothing Hygiene Past and Present", *Journal of Textile Instruction*, 51 (1960).

eighteenth century, physicians began to critically reflect on their understanding of heat regulation and clothing. E.T. Renbourn argues that when oxygen was discovered at the end of the 18th century, it became known that skin respired.¹¹ Heat, therefore, did not need to be retained, and clothes not only needed to be a slow conductor of external heat, but they also needed to absorb perspiration from the body. As a result, physicians started to support the idea that soldiers wear cotton in the tropics. This fabric was considered to be cooler than linen, to slowly conduct heat, and to absorb more perspiration, leaving the body less wet and consequently, less vulnerable to changes in wind, precipitation and temperature. Physicians were also more open to consider cotton after noting the difficulties in washing flannel, and its liability to felt and shrink.¹²

In the nineteenth century, the understanding of clothing in the framing of disease moved full circle. By the mid century, wool was once again considered the ideal fabric to retain warmth, and it was heat that gave the body its vitality. Clinical investigations were conducted on a regular basis, and the problem of regulating body temperatures received full medical attention. Scientists demonstrated through their experiments that clothing primarily preserved health by warming the body surface and its extremities.

¹¹ Renbourn, *op.cit.*, pp. 55.

¹² Renbourn, *op.cit.*, pp. 56-57.

Laboratory studies on radiation, evaporation, conduction as related to dress were published in *Popular Science Monthly*. Dr. M.R. Radau, an English physician and a promoter of dress reform, argued that clothes were the real regulators of heat. Following the lead of scientists like Dr. von Pettenhoffer, Dr. Radau experimented with multiple layers of different materials in relation to warmth.¹³ His experiment consisted of wrapping different clothing materials around a sheet of iron-cylinder filled with hot water. Dr. Radau showed that the doubling of satin, cotton or linen diminished the loss of heat by only 3 to 6%, while doubling buckskin, flannel and woollen cloth diminished heat loss by 10, 20 and even 30% respectively.¹⁴ Further, the doubling had little effect if stretched tight; rather it retarded heat loss 30 - 35% when loose. Hence, loose garments of woollen cloth, buckskin or flannel were considered to be warmer and better insulators than tight clothing made of silk taffeta and brocade. This experiment aided in the establishment of "scientific" guidelines of dressing for warmth.

Although wool had been very popular only a century earlier, "wearing wool next to the skin" became the "new" battle cry in several medical texts.

¹³ M. R. Radau, "Clothing and the Atmosphere", *Popular Science Monthly*, 23, 1896, pp. 791-796.

¹⁴ Max von Pettenkofer, *The relations of the air to the clothes we wear: the houses we live in, and the soil we dwell on* (London: N. Trubner & Co. 1873).

In his textbook, E. Parkes summed up his understanding of the role of fabric in heat conductivity:

Cotton garments are non-absorbent and hence, are the wrong material for undergarments for it soaks up the perspiration and becomes wet, and the moisture is re-evaporated, causing a chill to the surface of the body. Wool on the other hand, is a very bad conductor of heat and is very absorbent of water and moisture, and this is ideal for underclothing. A woollen garment after exercise is therefore warm and dry, and prevents the chilling of the surface and the lowering the temperature by evaporation which is so dangerous. In hot climates especially, wool should be worn next to the skin to ward off those chills which are so often the forerunners of dysentery and diarrhea.¹⁵

However, there were frequent challenges to this clothing theory. Physicians Cutter, Tarbill, Knight and Ayers debated whether flannel or linen was better suited to keep the body warm. Surgeon Edward Jukes warned: "Be careful to regulate your dress according to the season of the year, the changes of the weather, hot or cold, wet or dry, north or south winds; above all, keep the feet dry and warm."¹⁶

In summary, physicians increasingly believed that disease was caused by disturbance in the fluids. Thus, good health was to be maintained by wearing fibres that encouraged a balanced circulation and excretion of

¹⁵ E.A. Parkes, *A Manual of Practical Hygiene for Medical Officers of the Army*, (Philadelphia: Lindsay and Blakiston 1873), p. 373.

¹⁶ Edward Jukes, Surgeon, *On Indigestion and Costume*, (London: John Churchill 1833).

fluids.¹⁷ External factors like dress were believed to affect health because if clothing overheated the body, it could block perspiration. Conflicting theories of skin breathing, open pores and the regulation of hot/cold body temperatures were debated throughout the nineteenth century, in light of new findings from laboratory experiments. Since shifts in clothing theories were most often construed as a hygienic matter, the authority and expertise of physicians in the physiology of the body was not undermined. Indeed, their knowledge in heat regulation laid the groundwork for their eventual expertise in matters of health and dress. The next section will discuss how Canadian physicians continued to expand their knowledge and authority on matters of dress and health due to professional education and training in Gynaecology.

2.2 Professional Knowledge and Authority

In Canada, from the late 1830s to 1869, the quest to achieve professional status influenced how physicians practiced medicine.¹⁸

¹⁷ See Daniel Roche, *op.cit.*, p. 467-468.

¹⁸ In Québec, the Lower Canada College of Physicians and Surgeons was established in 1847. Jacques Bernier attributed this early date to the pervasive social conservatism of francophone Catholicism and politics. See Jacques Bernier, *La médecine au Québec: naissance et évolution d'une profession* (Québec: PUL 1986), pp.161-163. Terrie Romano argues that the Ontario medical profession was created well in advance of the legislation that created the College of Physicians and Surgeons of Ontario in 1869, in response to the lack of legislative control over the profession in the United

Educational standards slowly eliminated the eclectics and homeopaths, who already exercised only limited power.¹⁹ Specialized education and training in Gynaecology and Obstetrics started in the 1870s when Dr. William Gardner was the first gynaecologist appointed to McGill in the early 1870s. Queen's students received their first courses in Gynaecology in 1890-1891, and the curriculum at Trinity Medical College included a gynaecology textbook in the 1890s. The practice of Gynaecology can also be traced to the 1870s when women and children had their own ward with an examining table "for the purpose of better serving the interests of gynaecology".²⁰ As more physicians became specialists in Gynaecology, separate wards began to appear in hospitals in the 1890s. Gynaecologists and Obstetricians became specialized "experts"; they focused on framing diseases linked to "women's" bodies, and in experiences specific to women's bodies, such as menstruation, pregnancy, childbirth and menopause.

States. See Terrie Romano, 'Professional Identity and the Nineteenth Century Ontario Medical Profession', *Histoire sociale/Social History*, 55 (May 1995), pp. 77-98.

¹⁹ See J.T.H. Connor, "'A sort of *Felo-de-se'*: Eclectism, Related Medical Sects, and their Decline in Victorian Ontario', *Bulletin of the History of Medicine*, 65 (1991), pp. 503-527; R.D. Gidney and W.P.J. Millar, "The Origins of Organized Medicine in Ontario, 1850-1869", in Charles Roland (ed) *Health, Disease and Medicine. Essays in Canadian History*, (Toronto: Clarke Irwin 1984) p. 78; S.E.D. Shortt (ed), *Medicine in Canadian Society: Historical Perspectives*, (Montreal & Kingston: McGill-Queen's University Press 1981).

As Lorraine Code has suggested, the specific location of the knower is significant, as it influences what is observed and known.²¹ In the case of Canadian physicians and Gynaecologists, the 'knower' constructed and promoted knowledge that was available to them, but also that served their interests. Their specialised training and education in medicine, together with the popularisation of anatomical drawings of women's bodies, affirmed physicians' belief in the 'inherent' weakness of women's bodies.

Recent studies on the body have challenged the notion of women's essentialist and universalist biology, and have shown how the body is, and has been, medically, socially and locally constructed. Londa Schiebinger argues that women's bodies have been medically constructed through the science of anatomy to reflect contemporary medical knowledge of women.²² Since the male body was considered the norm, the physiological differences in female bodies were considered a source of weakness.²³ Women's reproductive system was also believed to be the defining

²⁰ Mitchinson, *op.cit.*, 1991, p. 234.

²¹ Lorraine Code discussed in Sherwin, *op.cit.*, p.4.

²² Londa Schieberg, 'Skeletons in the Closet: The First Illustrations of the Female Skeleton in Eighteenth-Century Anatomy' in Catherine Gallagher and Thomas Laqueur (eds), *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century* (Berkeley: University of California Press, 1987).

²³ Wendy Mitchinson, *op.cit.* 1991; Mitchinson, "Agency, Diversity, and Constraints" in Susan Sherwin, *op.cit.*, p. 125.

characteristic of their body, since women's main role in society was to reproduce the species.

Thomas Laqueur agrees that bodies were constructed to express political and cultural attitudes about women.²⁴ Beginning in the eighteenth century, anatomists exaggerated the proportion of the female pelvis in their drawings in direct relation to the importance accorded to women's role in childbearing. (See Figures 12-14) The size and position of the pelvis and uterus were constructed. But, as Jacalyn Duffin notes, the pelvic region was not the only part of the body to be constructed; size, height, weight brain size and skin colour were also influenced by theories of gender and racial superiority.²⁵ Hence, if the body could be socially and medically constructed, then it follows that bodily diseases and problems could also be constructed in the same fashion.

²⁴ See the discussion in Jacalyn Duffin, *op.cit.*, p. 37; Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press, 1990). For a discussion on the impact of race in the construction of bodies, see Sander Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race and Madness* (Ithaca: Cornell University Press, 1985).

²⁵ Jacalyn Duffin, *op.cit.*, p. 37.

2.3 Constructing Medical Authority on "Restrictive" Dress

Physicians have long been interested in the impact of swaddling and constriction on the development of bodies. Prior to the French Revolution, the corset was viewed in the context as a continuation of swaddling clothes, as a protective, corrective mould for soft bodies, especially in the case of children.²⁶ Concern took on a renewed focus during the French Revolution, when intellectuals wrote treatises on the corset. Eighteenth-century anatomists increasingly turned their attention to the ways in which clothes affected the female body, and developed the theory that corsets caused deformation. In the late 18th century, Drs. Tissot, Rousseau and Hardy all wrote on the 'dangers' of the corset.²⁷ Stiffened corsets and swaddling clothes were blamed for degeneration, weakness and organ deformities. The corset was no longer considered a preventive mould, and

²⁶ For an excellent analysis of children's dress reform, see Caroline Dinsmore Aylea, *op.cit.*

²⁷ Henri Joseph Hardy, *Dissertation sur l'influence des corsets et l'operation du cancer de la mamelle*, Thesis (Université de Paris 1824) 25 p; Jean Jacques Rousseau, "On Tight Lacing", *The Lancet*, 9, 1785, pp.1202-1203; Samuel Auguste David Tissot, *An essay on the disorders of people of fashion*, (London: Richardson and Urquhart 1771) 163p.

physicians advocated freedom and exercise to permit the body to grow strong.²⁸

In 1793, German physician Samuel Thomas von Soemmering listed almost one hundred physicians who had previously written against the corset. His research led him to conclude that a great number of diseases were attributed to the corset, and included abnormal menstruation, miscarriage and breast tumor; weakened abdominal muscles, and abnormally shaped liver; spinal deformities and injuries from cracked ribs; shortness of breath, palpitation and fainting; chest complaints, consumption, and chlorosis. Through his anatomical drawings of women's bodies, von Soemmering constructed a binary opposition of a healthy and deformed body.(See Figure 15) This and other drawings which graphically illustrated the 'perils' of tight lacing were reprinted in medical textbooks around the world.

In the early nineteenth century, physicians drew inspiration from von Soemmering's work and repeated his conclusions in their own treatises. Dr. Debay's *Hygiene and Physiology of Marriage*, which went through 171 printings, repeated von Soemmering and Rousseau's arguments against

²⁸ See Phillipe Perrot, *Fashioning the Bourgeoise: A History of Clothing in the Nineteenth Century* (translated) (New Jersey: Princeton University Press 1994), p. 150. See also Caroline Dinsmore Aylea, op.cit.

wearing corsets. Based on forty years of clinical observation of 100 young female patients, he found:

May the following table open the eyes of those blind mothers who, in the hope of giving their daughters an elegant waist, imprison them from an early age in an inflexible corset. This table averages forty years of observation.

Of 100 young girls wearing a corset:
 25 succumbed to diseases of the chest
 15 died after their first delivery
 15 remained infirm after delivery
 15 became deformed
 30 alone resisted, but sooner or later were afflicted with serious indispositions.²⁹

Also influenced by Dr. von Soemmering was Dr. Combe, who wrote several texts on the dangers of tight-lacing. He compared the contours of women's bodies with that of the 'natural' body of the statue Venus de Milo: (See Figure 16)

The statue of the Venus exhibits the natural shape, which is recognised by artists and persons of cultivated taste as the most beautiful which the female figure can assume. Misled however, by ignorance and a false and most preposterous taste, women of fashion, and their countless flocks of imitators, down even to the lowest ranks of life, have gradually come to regard a narrow or spider waist as an ornament worthy of attainment at any cost or sacrifice³⁰

²⁹ A Debay, *Hygiene vestimentaire*, 1851, p. 170-171.

³⁰ Andrew Combe, *The Principles of Physiology Applied to the Preservation of Health* (London: Fowler & Wells 1829), p. 182.

Indeed, the statue of the Venus de Milo was frequently referenced in medical and prescriptive texts as an ideal form of a woman's body, itself an artist's construction of 'perfect' measurements.

From 1829 to the mid 1860s, the literature on corsets and disease was relatively sparse, despite the fact that dress styles in the 1860s could be considered to be the most "restrictive" in the nineteenth century. As discussed in chapter two, wardrobes for middle to upper class women in 1860 included tight-fitting bodices, hoops and crinolines.³¹ The paucity of medical literature on women's 'restrictive' dress during the 1860s lends support to our hypothesis that discourses on corsets were less about the actual effect of the garment on the body, than about changing attitudes towards women's bodies and behaviour, the declining birth rate, and the decline in number of married women.³² Hence, physicians' marginal interest in dress during the first half of the nineteenth century was due more to the status of medical professionalization in Ontario and Quebec than the clothing itself.

As physicians in Canada received specialized education and training in Gynaecology in the late nineteenth century, more medical textbooks

³¹ Christopher Breward, *The Culture of Fashion* (Manchester: Manchester University Press 1995), p.157

³² Mel Davies, "Corsets and Conception: Fashion and Demographic Trends in the Nineteenth Century", *Comparative Studies in Society and History: an International Quarterly*. 24, 4 (1982), p. 611-641.

were read and debated in University, providing physicians with more experience in which to ground their theories on dress. Queen's Professor Kenneth Fenwick's *Manual of Obstetrics and Gynaecology* blamed women's displaced uterus on the dress adopted by "the girl of the period". For Dr. Fenwick, the corset compressed the abdominal organs causing muscles to become atrophied, displacing the viscera, leading to congestion of blood in the pelvic organs and the distortion and displacement of the uterus.³³

In the opening chapter of a standard North-American textbook on the general causes of diseases of women, Dr. Charles Penrose, former surgeon and professor of Gynaecology at the University of Pennsylvania, discussed diseases peculiar to all females, including animals as well as "barbarous" and "civilized" women: In the cow and the mare we find tumors of the vagina, prolapse of the vagina and uterus, fibroid tumors, sarcoma and cancer of the uterus, and some forms of ovarian cysts."³⁴ While "barbarous" women were prone to similar diseases, civilized women were considered in greater jeopardy due to their lack of strength and physical endurance, a situation made even worse when they were ill. Civilized women invited

³³ Kenneth Fenwick, M.D., *Manual of Obstetrics, Gynaecology and Pediatrics* (Kingston: J. Henderson 1889), p. 128.

³⁴ Charles B. Penrose, M.D., Ph.D., *A Text-Book of Diseases of Women*, (Philadelphia: W.B. Saunders and Company 1898), p. 17.

disease through assumed neglect during menstruation, leading an 'improper' life and not having children. Paradoxically, being sexually active increased one's risk of venereal disease. Finally, many diseases of women stemmed from injuries received during pregnancy.³⁵ For Penrose, improper clothing and an improper mode of life during the period of development were also most fertile sources of diseases of women. He focused his observations on clothing that contracted the waist. He made an important distinction few other physicians had done before. Penrose differentiated between the impact of clothing on active and inactive bodies. In an inactive state, he found corsets were not "too tight". Once women were involved in activity however, he believed the capacity for abdominal respiration was greatly reduced. Restricted abdominal expansion forced the pelvic organs toward the pelvic floor. Dr. Penrose concluded that the pelvis was not the only organ displaced: "the continuous support to the abdominal wall diminishes their natural muscular strength and places the woman in a condition predisposing to the various displacements of the uterus."³⁶

Organ displacement, poor circulation and prolapsed uterus were also linked to corsets in the work of Dr. Garrigues.³⁷ Like Dr. Penrose, Dr.

³⁵ Ibid., p. 18.

³⁶ Ibid., p. 19.

³⁷ Henry Jacques Garrigues, M.D., *A Textbook of the Diseases of Women*, (Philadelphia, 1894).

Garrigues found corsets weakened the abdominal wall, pushing the liver and intestines forward.³⁸ Dr. R. W. Garrett echoed these conclusions: "Of all the injurious influences to which is attributable the great mass of disease now so prevalent, the greatest is the custom of the alteration of the form of the body and of the position of the internal organs by compression of the lower thorax and abdomen by means of corset."³⁹ Wearing a corset was also believed to prevent women from taking in sufficient oxygen, causing their blood to deteriorate and muscles to become weak.⁴⁰

Dysmenorrhoea was another common disease among women that was also linked to women's dress and lifestyle. When young women 'shed their flannels to dress up for a dance', they ran the risk of a sudden suppression of menstrual secretion, which ultimately led to uterine complaints.⁴¹ Dr. J. Algernon Temple concluded that there were two main reasons why so many young women suffered from "deranged" menstruation. First, the weight of the clothing was concentrated around the waist, pressing the uterus down. Second, many young ladies lived an

³⁸ Ibid., p. 127.

³⁹ R.W. Garrett, 1897, p. 61.

⁴⁰ Dr. A. Laphorn Smith, 'Gynaecology and Obstetrics', *The Canada Medical Record*, Montreal, 17(5), February 1889, pp. 97-98.

⁴¹ J. Algernon Temple, 'Dysmenorrhoea', *The Canadian Practitioner*, Toronto, December 1884, p. 362.

“artificial” life, by dancing and going to bed too late, which Temple felt caused anaemia. Thus, his medical authority addressed not only clothes, but also behaviour, and his observations were not limited to middle-class women:

The same remarks are applicable to young girls in a more humble walk in life. Look at the factory girl. For ten hours a day she sits in an over-heated, over-crowded, ill-ventilated room, driving or guiding the sewing machine. She returns home in the evening to a frugal meal, boards in a locality not well or properly drained, to keep pace with her friends who put most of their earnings in the shape of finery, on their back and head, she does the same. The result is, her underclothing is deficient, her feet are improperly protected, and she wears no flannel petticoat or woollen stockings.⁴²

Since clothing was considered a significant cause of disease in women, and one that was remediable, it gave impetus to the preventive side of medical practice in Canada. As Canadian physician Laphorn Smith put it: “It is my first duty, if I wish to treat them rationally, to remove the causes before attempting to remove the effects.”⁴³ Clothing remedies also fit in well with the non-interventionist strategies of Canadian physicians.⁴⁴ Hence,

⁴² *Ibid.*, p. 363.

⁴³ Laphorn Smith, *op.cit.*, 1891, p. 73.

⁴⁴ Wendy Mitchinson argues that most physicians were conservative in their approach to their patients’ illness, preferring to combine non-

country air, tonics and clothing were often part of the treatment. Similar to the debate on the merits of woollen clothing, physicians did not all agree on the dangers of corsets. As we shall see in the in the next chapter, Quebec physicians Lachapelle and Desrosiers endorsed properly fitted corsets in their medical prescriptive literature. Within the medical community however, Dr. Alexander Skene represents one of the few physicians who distinguished between normal corset use and extreme tight lacing. He studied the corset problem, and remarked in his 1895 surgical textbook, that despite the widespread condemnation of corsets, women still continued to wear them. He concluded: "I have come to the conclusion that this injurious article of the wardrobe is not so very bad in itself. Corsets, if properly made and worn as they ought to be, are as harmless as any portion of clothing usually worn. It is the abuse of the article that we condemn.⁴⁵ Indeed, since women had worn the corset over a long period of time, Skene believed the mammary glands of 'civilized' women needed support, since the natural support of these glands was now imperfectly developed:

The resulting pendulous state of the breasts therefore requires artificial support, and this is best supplied by well-fitting corsets. This has been overlooked by those who would institute immediate reform, entirely

interventionist techniques and common sense. See Mitchinson, *op.cit.*, 1991, p. 249.

⁴⁵ Alexander Skene, *Medical Gynaecology: A Treatise on the Diseases of Women from the Standpoint of the Physician* (New York 1895), p. 12.

abandoning this article of clothing. It would take several generations to cultivate a form and figure that would admit the disuse of corsets in mature womanhood.⁴⁶

For those who tight-laced however, Skene's prognosis was similar to that of his colleagues: displaced uterus and ailments of the liver, stomach, kidneys and intestines.

Dr. Skene's divergent opinion on the merits of properly-laced corsets did not come under attack. However, a female physician who challenged the pervasive medical discourse on corsets met a different fate. In 1889, an unsigned two-page article entitled, "Is the Corset Injurious?" appeared in *The Canada Medical Record*.⁴⁷ It refuted a British professor of medicine, a "lady physician", who "surprised the medical world" by reading a paper that concluded corsets were not injurious, but were, in fact, positively advantageous when used in moderation.⁴⁸ To challenge her claims, a long list of diseases related to corsets was provided, this time referenced from an article published in the *New York Medical Record* by esteemed physician Dr. George F. Scradly.⁴⁹

⁴⁶ *Ibid.*, p. 12.

⁴⁷ "Is the Corset Injurious?", *The Canada Medical Record*, 17(2), November 1889, pp. 69-70.

⁴⁸ *Ibid.*, p. 69. While the name of the "lady physician" was not given, the names of her detractors were provided.

⁴⁹ The ailments included: a local inflammation of the liver, gall-stones and colic, wandering liver, protuberant abdomen, prolapse and flexions of

The article challenged the “lady physician” on her medical observations, findings, and also her competence. It stated that any serious student of physiology who comprehends the human body would have no difficulty understanding the relation of tight lacing to the above diseases: “He will see that pressure on the bile ducts will cause retention of bile and deposit of gall stones. He will understand that the addition of many pounds of squeezing pressure to the weight of the abdominal contents will break down the delicate muscles leading to displacement of the womb.”⁵⁰ The emphasis on “he” is no accident, as it necessarily undermined the female physician’s authority. In fact, “lady physicians” were placed in a somewhat delicate situation. As physicians, they were aware of the literature condemning the corset, but as upper-middle class women, they would have been encouraged to dress in an appropriate manner to her class level.

Although physicians discussed ‘women’ in a universal sense, their main concern was women of the upper and middle classes. This focus was due to the fact that most clients were prosperous, and as learned men, they were concerned with the bodies of people of their own classes. In addition, North American medical concerns for white, middle-class women’s dress revealed

the womb, lateral curvatures of the spine, anaemia, chlorosis, dyspepsia, diminished lung capacity and oxygen starvation, intercostal neuralgia, weak eyes and Bright’s disease. *Ibid.*, p. 69.

⁵⁰ *Ibid.*, p. 70.

deep racial concerns for the purity of the race and the problem of regeneration. In their rhetoric against tight lacing, direct links were made between tight lacing and the impact it would have on women's roles as mothers of the race. Dr. William Goodell argued that: "if you can't convince women to stop tight lacing, at least try to reform their daughters. The family physician can solemnly adjure the tightly-harnessed mothers of the land not to allow their growing and romping daughters to put on the maternal armor"⁵¹ A key feature in this discourse was the duty of the physician to "convince" women to alter their clothing practices, without addressing the problem of a lack of clothing choices. If a woman wished to remain respectable, there were few acceptable middle class dress alternatives. Physicians thus employed a maternalist discourse that spoke of "maternal armor", conjured images of knights in battles. In this case, it was construed as a battle that the informed and knowledgeable male physician waged against the irrational, insecure and fashionable woman who eschewed her responsibilities of wife and mother. Physicians urged middle-class women to think of their health in terms of the well being of the nation and of the next generation. Particular attention was given to pregnant women, as tight lacing was believed to be the main reason for stillbirths or any complications arising during delivery. More male infants and children were

⁵¹ William Goodell, M.D., *Lessons in Gynaecology* (Philadelphia 1887), pp. 548-549.

dying than females, which no doubt heightened the concern for the health of pregnant women and mothers.⁵² As boys contributed to the family economy and carried the family name, additional efforts would have been made to ensure that male boys survived childhood.

Canadian physicians used several strategies to encourage women to stop tight lacing. For some physicians, one way was to attempt to change the attitudes of the husbands. For physicians like Dr. Laphorn Smith, part of the blame lay with "short-sighted men" who continued to admire and marry a thin-waisted woman, while she "only tries to fill the want which man desires". If men could be made to understand that a thin waist meant a sickly, and consequently, a costly wife, then they would construct beauty in terms of breathing capacity and large waist size. If the medical community could convince men of this, then it was believed that women would voluntarily discard "the implement of torture which they have so long and so patiently been accustomed to bear."⁵³ In a series of articles on the relation of corsets to women's diseases, Dr. A. Laphorn Smith, a Gynaecologist and Professor at Bishops' University thus distributed the blame between women, men, 'fashion' and 'civilization':

I do not think that women are alone to blame for wearing tight corsets. They only try to meet a demand. If men admired women of natural shape more than thin waisted

⁵² Mitchinson, *op.cit.*, 1991, p. 159.

⁵³ Laphorn Smith, p. 70.

girls, the supply of the latter would soon cease to come on the market. So we should educate our male acquaintances to understand the probably sickliness and costliness of corset-laced wives.⁵⁴

As the regulation of medical practice in Canada did not permit homeopathic practitioners from ever gaining significant power, the need to construct medical authority in dress was consequently less urgent than it was in the more “democratic” American and French contexts, where other groups competed for influence.⁵⁵

2.4 Medical Attitudes Towards “Natural Dress” in Canada

Discourses on regulating body temperatures often used terms such as “natural”, “sanitary” and “hygienic” to describe the prescribed underclothes. Nineteenth century medical discourses focussed on the “unnaturalness” of wearing corsets and the “unnatural” conditions that prolonged corset wear could cause. Their main concerns were that women would develop weak mammary glands and weaken their abdominal wall. The recommended clothing itself was called “rational” dress, thus

⁵⁴ Dr. A. Laphorn Smith, “Gynaecology and Obstetrics”, *The Canada Medical Record*, 17(5), February 1889, p. 97.

⁵⁵ See Kevin White, ‘Public Health and the Medical Profession in Nineteenth Century Canada: A Historical Sociology’, *Environments*, 20(3), pp. 57-69.

conveying the message that current clothing practices were irrational. Ideally, "natural" clothes were constructed as garments necessary for modesty and the protection of the body from the elements. The colours were inspired from nature, and the fabric and cut of the material were believed not to draw attention to the silhouette, but to loosely adorn the body.

Haultain's analysis of women's articles of clothing led him to conclude that the large amount and weight of material massed about the "organs of generation" went directly against nature.⁵⁶ His comparison to the natural world was based on his observation of a horse, a cow, two dogs, a cat and a squirrel. He remarked that all of these animals displayed a scarcity of hair near their generative organs and the underside of their abdomens, thereby sufficient for the "internal generative apparatus" to preserve the proper degree of temperature. Observations of women's clothing indicated just the opposite; the prolongation of the stays over the abdomen meant the body fat was pushed below the waist, and together with the accumulation of garments at the waist, led to a high level of heat retainment. Even worse, some women padded corsets, to "add fullness to figures wanting the bosom roundness" with a wasp waist.

⁵⁶ T. Arnold Haultain, "Errors in Hygiene-Female Clothing", *The Canada Lancet*, 15, May 1883, pp. 263-265.

To encourage women to return to a nostalgic era of “natural” dress, the modern, civilized community was thus constructed as “artificial”. Canadian physician Laphorn Smith defined “Civilization” as “the ensemble of social customs, habits, and refinement of manners, comforts and luxuries which are not practised or enjoyed by human beings in the savage state.” This was evidently not a positive ensemble: “That these altered circumstances are changing the nature and health as well as giving a different complexion to the diseases of women is tolerably well known”.⁵⁷ Outdoor, strong, natural “savage” women were juxtaposed against the confined, weak, artificial civilized woman. Yet, Canadian physicians did not encourage middle class women to be free to run outdoors, grind corn and carry water. Although the binary opposition served its purpose to relate the lack of ‘savage’ women’s diseases to her dress and lifestyle⁵⁸, medical practitioners still preferred the sensibilities and modesty of the Victorian middle class woman’s dress code.

When discussing exercise, physicians did not always agree on what constituted appropriate behaviour for women. An illustrative example of this was the debate on whether cycling was appropriate for women.⁵⁹ A

⁵⁷ A. Laphorn Smith, *op.cit.*, 1889, p. 25.

⁵⁸ Which speaks more about the lack of access to the same level of health care, and hence, less diagnoses from Gynaecologists.

⁵⁹ For this discussion, see Wendy Mitchinson, *op.cit.*, p. 65.

series of letters published in the *Dominion Medical Monthly and Ontario Medical Journal* in 1896, expressed concern that women seated on bicycle seats could have orgasms.⁶⁰ Fearful of unleashing and creating a nation of 'over-sexed' females, some physicians urged colleagues to encourage women to eschew 'modern dangers' and continue to pursue traditional leisure pursuits. However, not all medical colleagues were convinced of the link between cycling and orgasm, and this debate on women's leisure activities continued well into the twentieth century.

Canadian physicians did raise concern on the naturalness of men's dress, albeit less commonly. In 1889, an article in *The Canada Medical Record* states, "It is commonly supposed that it is only foolish women or helpless children who require advice. There are perhaps at least as many men as women who suffer from the effects of cold through injudicious neglect of the clothing suitable for winter use".⁶¹ Men who wore their coats open, or whose coats were lined with cotton instead of flannel were believed to contract rheumatism or pneumonia more frequently. Their gloves and boots did not escape attention either: cold hands and chilled feet were

⁶⁰ See *Canadian Medical Record*, 24, August 1896, p. 555. *Dominion Medical Monthly and Ontario Medical Journal*, 7(3), September 1896, pp. 255-6 and volume 8(2), November 1896, pp. 134-135.

⁶¹ "The Winter Dress of Men", *The Canada Medical Record*, 17(4), January 1889, p. 85.

attributed to thin socks and tight thin boots. They were encouraged to wear flannel undergarments and high fitting waistcoats under their shirts during a Canadian winter. "The wiser man is he who changes his clothing according to the weather in such a variable climate as ours."⁶²

Physicians held diverging opinions as to the degree of their responsibility as "experts" on woman's bodies. Some felt once they had fulfilled their duty by outlining the problems associated with dress, it was either up to women to take charge of their bodies and make wise decisions, or it was up to men to reconsider notions of beauty, and stop encouraging women to dress in an 'unhealthy' fashion. For example, Royal Academician G.F. Watts demanded that "the comparative silence of the medical profession on this subject" be addressed.⁶³ T. Arnold Haultain of Peterborough, Ontario, responded by defending the medical involvement in this area: "To his censures on the medical profession, we can legitimately and strongly object"⁶⁴ Haultain referred to the many institutions in England that were actively involved in the issue of dress and disease. He argued that teachings advocated by the British National Health Society, the Ladies'

⁶² Ibid, p. 85.

⁶³ G.F. Watts, R.A., "On Taste in Dress", *Nineteenth Century*, January 1883.

⁶⁴ T. Arnold Haultain, "Errors in Hygiene-Female Clothing", *The Canada Lancet*, 15, May 1883, pp. 263-265.

Dress Association, and the Rational Dress Society were reprinted in *The Canada Lancet*. Haultain claimed that medical links were not only created through these associations, but also through a London exhibition of clothing organized by Miss Ray Lankester, daughter of "one of our greatest biologists". Although the medical connection with the exhibition seems tenuous, Haultain proudly affirmed, "This last fact (the exhibition) shows us how we may more than plausibly trace the source of all these efforts to the medical profession"⁶⁵

While Haultain felt the medical community did not need to be further involved, it was also because he felt the problem of women's dress was somewhat trivial. Hence, he urged the medical community to leave discussions of high heels, small gloves and tight-lacing to the "irresponsible literati", and concentrate on issues of greater importance, namely the irregularities in heat regulation due to 'unnatural' methods of dressing. For Haultain, the physician's duty was to show the violations of the rules of health and "to combat any arguments that may be raised in their defence. If we can thoroughly persuade mothers to see the evils with which the prevailing fashions are pregnant, we may trust the remedies to their own

⁶⁵ Ibid, p. 264.

good sense and acute inventive genius".⁶⁶ Thus, it was up to women, ingenious, trustworthy women, to make the right clothing decisions based on the scientific principles presented to them by physicians.⁶⁷

Dr. Laphorn Smith's longest discussion on the 'evils of fashion' was entitled 'What Civilization is Doing for the Human Female'.⁶⁸ Here 'Civilization' was constructed as an active agent, preying on passive female bodies. He urged the medical community to use all its influence to save the next generation of women from the negative effects 'civilization' had brought to the bodies of the current generation, especially those related to luxury and fashion.⁶⁹

⁶⁶ T. Arnold Haultain, "Errors in Hygiene-Female Clothing", *The Canada Lancet*, 15, May 1883, pp. 263-265.

⁶⁷ Leigh Summers cites the example of Dr. Charles Cannaday, an American physician who delivered a paper in Rome that criticized the medical profession for failing to do more, and failing to offer a united protest against corsetry. Based on this sole reference, Summers theorizes that the medical profession was ambivalent about corsets and that "the message that corsetry was anathema to good health did not successfully filter down to the general public". Leigh Summers, *Bound to Please: A History of the Victorian Corset*, (Oxford: Berg 2001), p. 89. See Charles Graham Cannaday, "The Relation of Tight Lacing to Uterine Development and Abdominal and Pelvic Disease", Presented at the International Medical Congress in Rome, 1894, and later published in *American Gynaecological and Obstetrical Journal*, 5, 1895, pp. 632-640.

⁶⁸ Dr. A. Laphorn Smith, *op.cit.*, 1889, pp. 25-30.

⁶⁹ *Ibid.*, p. 30.

A second strategy was to advise women on how tight to lace their corsets. Women were encouraged to seek advice from medical men instead of their husbands, as dressing had increasingly become a medicalized issue. They were urged to submit their dress to a panel of physicians to determine any potential dangers. It was also commonly suggested that women allow their physicians to listen to their breathing to determine if corsets were too restrictive. As the figure below depicts, male journalists found the interests of the “physicians of fashion” did not stop at her breathing capacity. (See Figure 17) For other physicians like A. B. Johnson, there was no barometer of acceptance for tight-lacing: “Has any young lady been known to acknowledge that she is unduly compressed? Pulmonary and spinal diseases, lunacy and the grave reveal the rest. Let us decide what constitutes an undue compression of the chest. I answer, any degree of compression.”⁷⁰

Hence, physicians tried to directly intervene in the private ritual of dressing, and bring it under surveillance in a public arena, the doctor’s office. To wrestle authority from chamber maids or husbands, the medical literature constructed men as vain, incompetent and sexually insecure. If husbands were left with the responsibility of ensuring their wives were not laced too tightly, it was assumed they were less interested in their health than in determining if their wives were promiscuous. Contemporary cartoons were rife of husbands looking for the telltale sign of back laces re-

⁷⁰ A.B. Johnson, *op.cit.*

tied differently from the bow or knot he had made in morning, suggesting anxieties over the faithfulness of their wives.

Although many of the medical textbooks were American in origin, clothing-related diseases were similarly framed in Canadian medical journals. In attempting to understand why women continued to wear corsets, some physicians who wrote in *The Canada Medical Record* found that women were not solely to blame, since they were caught in a gendered beauty trap governed by men. Men had real economic, political and social power and selected brides of their pleasing. If women desired marriage, then the cultivation of beauty was of utmost concern, whether it was overtly admitted or not. On some level, several physicians understood the constraints of beauty, and the unequal power relations that ensued.

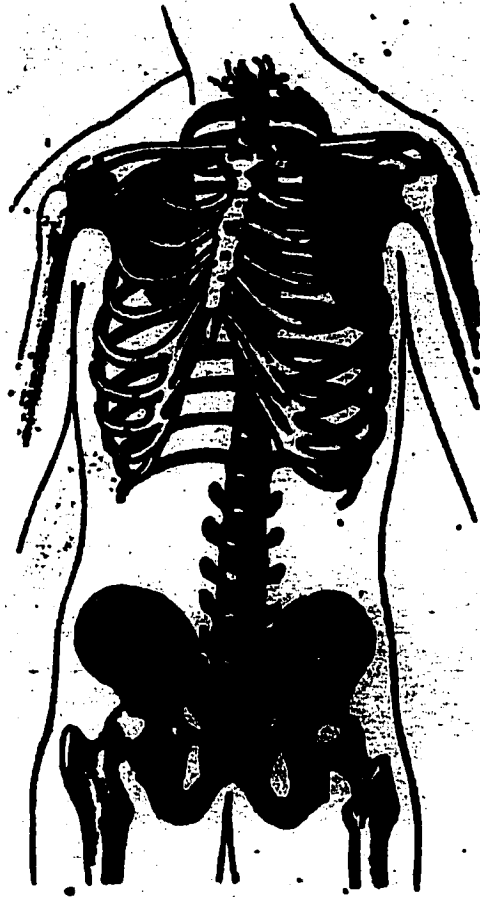
Conclusion

Medical knowledge and expertise was established in the field of clothing from the Classical Period and gained increased legitimacy through the clothing experiments, anatomical drawings of the eighteenth century. By the late nineteenth century, medical involvement shifted from a general concern on health and men and women's dress, to a specific emphasis on women's dress and her role in 'distorting' her body. Messages were constructed through the use of binary oppositions of

healthy/diseased bodies, natural/artificial and tight/loose dress. The reforming logic, developed by doctors, was that clothes were a symbol of society's health, and women's dress was at the heart of this symbolic representation. With birth rates declining and a host of problems related to urbanization on the rise, physicians defined middle class women's experience of dressing as pathological and treatable as a medical condition.

Thus, within the discourse of women's dress reform, the concepts of nature, freedom and health were incorporated into notions of gender and the body. The physicians who led the dress reform campaign in Canada invoked their scientific training to instill beliefs that reformulating clothing codes was necessary for the betterment of society. By doing so, the medical profession gained authority and control for defining appropriate responses to women's behaviour. By diagnosing the "problem" and reinforcing their cultural authority, physicians suggested they were in a better position to determine what was "tight and restrictive". They felt women were too accustomed to the slight pain of wearing tight stays, and thus, were unable to make "rational" decisions. Thus, their cultural authority as physicians and gynaecologists allowed them to define illness, locate disease and regulate healthy bodies. The following chapter will explore physicians' "social authority" in the context of advising the public on healthy dress.

FIGURE 12: Woman's Skeleton: Pelvis, 1876.



Source: John Dougall, *Dress and Health Or How To Be Strong* (Montreal 1876), p.25

FIGURE 13: Female Skeleton
 by Samuel Thomas von Soemmerring
 In *Tabula sceleti feminini* (Frankfurt, 1796)

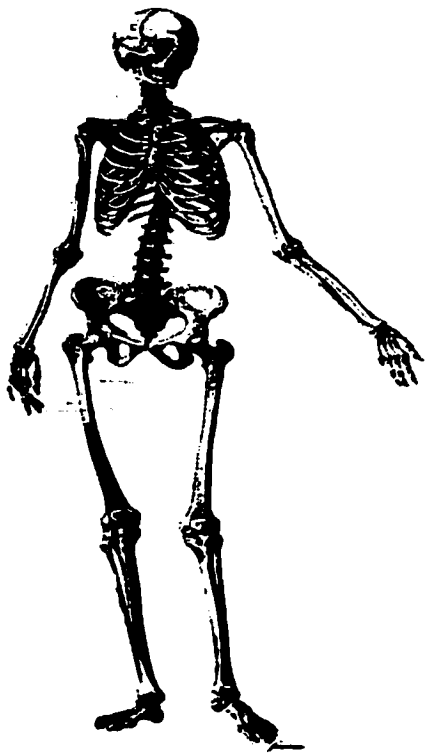


FIGURE 14: Skeleton Family
 by John Barclay, plate 32, 1829.



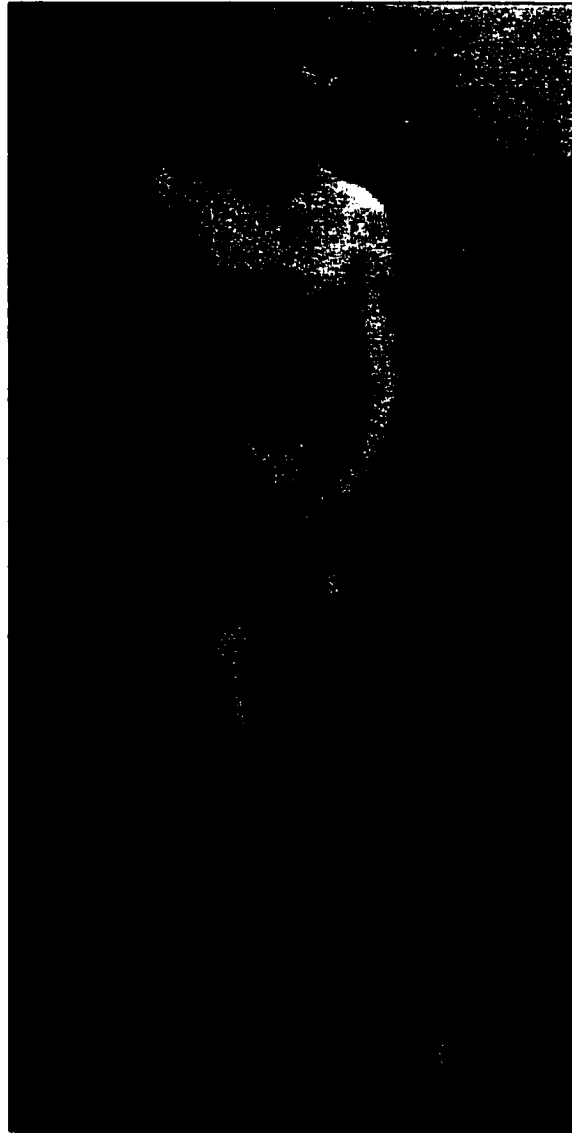
Source (for figures 2 and 3): Londa Schiebinger, 'Skeletons in the Closet: The First Illustrations of the Female Skeleton in Eighteenth-Century Anatomy' in Catherine Gallagher and Thomas Laqueur (eds) *The Making of the Modern Body. Sexuality and Society in the Nineteenth Century*, (Berkeley: University of California Press 1987), p. 55 and p. 63.

**FIGURE 15: Samuel Thomas von Soemmerring, "Effects of the Corset"
in *Über die Wirkungen der Schnurbruste* (1785; Berlin 1793).**



Source: Londa Schiebinger, 'Skeletons in the Closet: The First Illustrations of the Female Skeleton in Eighteenth-Century Anatomy' in Catherine Gallagher and Thomas Laqueur (eds) *The Making of the Modern Body. Sexuality and Society in the Nineteenth Century*, (Berkeley: University of California Press 1987), p.59.

FIGURE 16: Venus, 320-280 B.C. (Roman copy).



Source: Anne Hollander, *Seeing Through Clothes*, Berkeley: University of California Press, 1993, p.7. Photograph of the Venus Statue, Capitoline Museum, Rome.

FIGURE 17: Physician of Fashion, ca. late 19th-early 20th century.



Source: reprinted in G.S. Schwarz, "Society, Physicians and the Corset", *Bulletin of the New York Academy of Medicine*, 55(6), 1979, p. 568.

Chapter 3:

Physicians of Fashion Educate the Public

“It behoves a medical man to speak out plainly and call things by their right name. Fashion is often times but another name for suicide and for baby slaughter – the massacre of the innocents”.¹

Physicians continued to explore the ‘impact’ of dress on women’s health by communicating their specialised medical knowledge to the public. Yet, what ‘knowledge’ did physicians communicate to the public? Was it consistent with the discussion in medical textbooks and journals? If not, how and why did it differ? How did physicians use their “social authority” to convince the public to accept their advice? This chapter will explore these questions by examining medical advice books and articles in popular health magazines that were written by “physicians of fashion” such as Dr. Chavasse. This chapter will also explore some of the theories on dress and health advanced by Dr. John Harvey Kellogg, arguably one of the most popular physicians to disseminate dress reform ideas to the North American public.

¹ Dr. Pye Henry Chavasse, *Advice to a Wife on the Management of Her Own Health* (Toronto 1897) p. 28.

3.1 Problematising Dress in Medical Prescriptive Literature

The first evidence of prescriptive literature on the subject of dress and health dates back to the late seventeenth and eighteenth century. Enlightenment philosophers like John Locke and Jean Jacques Rousseau discussed the need to “liberate” babies from swaddling and children from corsets.² The shift from concern on children’s bodies to women’s bodies in the nineteenth century seems to be related to three factors. First, focusing on women’s bodies was still located in the theoretical framework of maternalism, where women’s reproductive functions were of primary concern. Second, medical professionalization of paediatrics and Enlightenment theories on childhood in the eighteenth century meant the gaze of inquiry would naturally fall on all aspects of children’s lives. By the latter half of the nineteenth century however, the professionalization of Gynaecology and Obstetrics meant that acquiring knowledge of women’s bodies became the focus of attention for physicians. Thirdly, feminists from Europe, the United States and Canada to a lesser extent critically examined the ways in which women were denied information about birth control, and

² Caroline Dinsmore Aylea, *op.cit.* p. 258. See also Jean H. Bloch, *Rousseauism and Education in Eighteenth-Century France* (Oxford: Voltaire Foundation 1995), p. 216.

denied the same opportunities as men in civil rights, politics, education, and employment.

Educating the public on healthy dress took on many forms. The most prevalent were health almanacs and public health magazines that were published and distributed throughout Canada. Indeed, medical almanacs for the family were very popular in the late eighteenth and nineteenth centuries.³ The professionalization of medicine created a new category of medical experts who published on their expertise, while more women and men were literate and thus able to read public health literature. Finally, public health books allowed people to treat themselves. According to Wendy Mitchinson, they even acted as a reference guide for physicians, particularly the general practitioner.⁴

Like the texts designed for the medical community, public medical manuals that circulated in Canada discussed heat regulation and restrictive

³ Scholarship on medical advice literature is quite extensive. A selective sample includes: Rima Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950* (Madison: University of Wisconsin Press 1987); Katherine Arnup, *Education for Motherhood: Child-Rearing Advice for Canadian Mothers* (Toronto: University of Toronto Press 1994); Hugh Cunningham, *Children and Childhood in Western Society since 1500* (London and New York: Longman 1995); Dianne Dodd, "Advice to Parents: The Blue Books, Helen MacMurchy, M.D., and the Federal Department of Health", *Canadian Bulletin of Medical History*, 8 (1991), pp. 203-230; Anita Clair Fellman and Michael Fellman, *Making Sense of Self: Medical Advice Literature in Late Nineteenth-Century America* (Philadelphia: University of Pennsylvania Press 1981).

⁴ Mitchinson, *op.cit.*, 1991, p. 238.

dress, mainly the impact of restrictive and tight clothing. The most widely read almanac in the early to mid nineteenth century was William Buchan's, *Domestic Medicine*.⁵ First published in 1782, the popular, multi-edition of this almanac became 'the family physician' in England and English North America. In French Quebec, physician Severin Lachapelle, a professor of hygiene in Montreal, wrote several advice manuals for the public; and also translated Chicago professor Henry Lyman's popular *Practical Home Physician* into French, under the title *La santé pour tous*. Dr. Lachapelle's advice on clothing was directed to young mothers who were advised to wear flannel to keep healthy during the long winter months. Presumably the rest of the family should do the same, but only young mothers were singled out, in keeping with the prevailing ideology of maternalism⁶ Equally popular in Quebec was Dr. Desrosiers,' *Traité élémentaire d'hygiène privé*, in which the 8th lesson addressed clothing. Men and women were urged not to wear cotton undershirts, but wool, "l'aine du notre pays", except for a month or two

⁵ William Buchan, *Domestic Medicine*, 1792. For a discussion on this work, see Charles Rosenberg, "Medical Text and Social Context: Explaining William Buchan's *Domestic Medicine*", *Bulletin of the History of Medicine*, 57 (1983), pp. 22-42.

⁶ Dr. Séverin Lachapelle, *La santé pour tous*, (Montréal: Compagnie d'imprimerie canadienne 1880). Another widely read manual was Dr. Auguste De Bey, *Hygiène et physiologie du mariage, histoire naturelle et médicale de l'homme et de la femme mariés dans ses plus curieux détails*, ca. 1850, 90 édition, 1876.

during summer. To ensure adequate heat regulation, it was not to be changed more than 2 or 3 times a week.⁷

The Canadian *The Household Guide* suggested women wear loose woollen clothing, a concern that was echoed in most popular medical advice manuals until the end of the nineteenth century.⁸ Wearing wool was necessary to protect the body from indecency and the vicissitudes of atmosphere, particularly heat, cold and moisture. Wool was also considered water-proof, wind-proof, and always warm on the skin.⁹ During the summer, cotton was considered the wrong material for under-garments because it absorbed perspiration and became wet: "In hot climates especially, wool should be worn next the skin to ward off those chills which are so often the forerunners of dysentery, diarrhea, and ague.¹⁰" Conversely, it was winter that arrested the attention of Dr. W. H. Smith in his *Family Physician*

⁷ Dr. J. I. Desrosiers, *Traité élémentaire d'hygiène privé* (Montréal, 1889), pp. 107-118.

⁸ B.G. Jefferis, M.D., Ph.D., and J.L. Nichols, *The Household Guide or Domestic Cyclopedia* (Toronto: J.L. Nichols Company 1894), p. 55.

⁹ J.B. Davies, Surgeon, *A Popular Manual of the Art of Preserving Health* (London: Wittaker & Co. 1836), p. 498.

¹⁰ Louis C. Parkes, M.D., *Hygiene and Public Health* (London: H. K. Lewis 1890), second edition, p. 373.

published in Montreal in 1873. He urged Canadians to consider the climate when choosing their dress, and to wear flannel next to the skin year round.¹¹

Physicians promoted the idea that every individual needed to maintain a mean temperature of 97F, and hence, protect their body from the cold. To ensure warm body temperatures, physicians believed a heat-generating process needed to occur within. They felt that if the body maintained a warm temperature, a free and equal circulation of blood would occur, thus reinforcing the imagery of movement versus blockage. The public was instructed that if the skin surface was subjected to cold, capillaries and vessels would contract and diminish in size, causing the blood to build up and accumulate in the internal organs, resulting in serious congestion. But, in his detailed public medical manual, *Anatomy, Physiology, and Hygiene*, Dr. Calvin Cutter challenged theories on heat regulation, while he endorsed existing theories on 'obstruction' of vital fluids.¹² He believed that clothing in itself did not bestow heat, but that it was important in preventing the escape of heat from the body, and useful to protect it from the temperature of the atmosphere. He suggested the following when choosing clothing:

The material for clothing should be a bad conductor of heat; that is, it should have little tendency to conduct, or remove heat from the body. This depends on the

¹¹ W. H. Smith, *Family Physician* (Montreal: John Lovell 1873), p. 32.

¹² Calvin Cutter, M.D., *Anatomy, Physiology, and Hygiene* (Toronto: Adam Miller 1874), p. 70.

property possessed from the material in retaining atmospheric air in its meshes. Moisture renders clothing a good conductor of heat. Thus all articles of apparel should not only be non-conductors of heat, but should not possess the property of absorbing and retaining moisture.¹³

Men, as well as women, were urged to wear loose woollen clothes, so that clothing did not prevent free circulation of blood through every organ of the body. Tight clothing was considered responsible for stunting the growth of the chest, and thus impaired the development of lungs, stomach, and the heart.¹⁴

Ottawa physician Dr. Edward Playter devoted an entire chapter to clothing in his manual, *Elementary Anatomy, Physiology, and Hygiene*.¹⁵ It addressed both the issue of heat regulation and of tight lacing. He advocated wool, as it was believed 'to form the most valuable materials of clothing in use.'¹⁶ His views on wool created an interesting distinction between appropriate day and night dress, dependent on the internal temperature of the body: "For under-wear, next the skin, during the day, woollen flannel is decidedly the best. [...] During the night... nothing makes a better bed-gown

¹³ Ibid., p. 122.

¹⁴ Ibid., p. 24.

¹⁵ Edward Playter, M.D., *Elementary Anatomy, Physiology, and Hygiene* (Toronto: W. J. Gage and Company 1880).

¹⁶ Ibid., p. 136.

than thick soft cotton..."¹⁷ Women were urged to keep their feet warm and dry with warm wool socks and sturdy shoes. As mothers, they were to pay particular attention to their infants and children's shoes to ensure they were loose fitting.¹⁸ This concern was also expressed in the Canadian *The Household Guide*, accompanied by a sketch of apparent deformities that could result from women wearing tight fitting shoes.¹⁹ (See Figure 18)

Another theme addressed in the prescriptive literature was hygiene. The spread of germs was not only associated with long trailing skirts, but also with the site of garment fabrication. An article in the *Dominion Medical Monthly* argued that diseases from the working class could be transmitted through the garments they produced. Citing a study reported in the *British Medical Journal*, it found clothing could carry germs if made in a house where workers had contagious diseases: "germs may be readily conveyed in the clothing to the wearers of the same".²⁰ Thus, germs and contamination were associated with the working class that touched not only themselves and their homes, but also their work.

¹⁷ *Ibid.*, p. 136.

¹⁸ Robley Dunglison, M.D., *Human Health* (Philadelphia: Lea and Blanchard 1844), p. 353.

¹⁹ *The Household Guide*, *op.cit.*, p. 291.

²⁰ *Dominion Sanitary Journal*, VI, 2 (November 1883), p. 62.

In summary, producing healthy bodies through advice on heat retention was generally aimed at both men and women. The discussion on the regulation of body temperatures through fabrics was similar to discourses articulated in the medical textbooks, but the discussion was less detailed in the public health manuals. As we shall explore in the following section, the discourses *on* dress became discourses *of* dress when medical discussion shifted from the role of fabric in heat regulation, to the 'diseases' caused by specific articles of clothing, and the impact this had on women's role in society.

3.2 Civilization and "Tyrants" of Fashion

As the process of medicalization broadened the boundaries of medical authority, urban social problems like poverty and crime were increasingly linked to defective genes. One factor that was believed to cause defective genes and feeble infants was women's restrictive dress. Physicians characterized women's dress as being restrictive in two ways. In the first sense, clothing was restrictive or confining because it was tight and put pressure on the body, thereby constricting the internal organs and inhibiting the respiration and the flow of the vital fluids. In the second sense, clothing was considered prohibitive because it was believed to be too tight to allow women to exercise freely to be more active. The literature for the medical

community largely focused on restriction and the impact on the internal body. This section will explore whether the prescriptive medical literature examined both the restriction and limitation of women's movements.

Physicians worried about modern society lifestyle. Echoing the concerns of his colleagues, Canadian Dr. Garrett remarked: "Society often demands the exposure of the neck, arms and shoulder to the suddenly varying temperatures of heated ball-rooms, corridors and garden, while closely associated with these are: improper diet, irregular meals and late hours."²¹ Hence, modern civilization was thought to 'cause' illness by leading women to inappropriate dress and lifestyle. In 1850, Dr. John A. Tarbell's manual was one of the first to disseminate medical knowledge on dress through a gendered discourse:

It was one of the most foolish decrees of that foolish goddess, Fashion, that her votaries should be forced to respire in a laborious manner; should suffer from constriction of the thoracic and abdominal portions of the frame, or be exposed to apoplexy by pressure of a tight cravat upon the neck. It would be perhaps superfluous to expatiate here upon the folly of compressing the waist by tight lacing.²²

A cornerstone of the campaign to educate mothers was the publication and dissemination of Pye Henry Chavasse's *Advice to a Wife on*

²¹ Garrett, *op.cit.*, p. 61.

²² John A. Tarbell, M.D. *The Sources of Health and The Prevention of Disease* (Boston: Otis Clapp 1850), pp. 106-107.

the Management of her Health, first published in 1832 and widely distributed in Britain, the United States and Canada. Excerpts from the Canadian 1878 edition were also reprinted in magazines such as the *Public Health Monthly*. Dr. Chavasse clearly condemned women's fashions and corsets, and created analogies between women and animals to illustrate his point:

God help the poor unfortunate little child whose mother is a rotary of fashion, who spends her time in a whirl of fashionable like...such a mother is more unnatural than a wild beast; for a wild beast, as a rule, is gentle, tender and attentive to its offspring. Truly fashionable life deadens the feelings and affections.²³

Canadian edition of Dio Lewis' *Our Girls* also used the language of death and animal analogies in his diatribe against corsets: "A corset is a deadly enemy to fine walking....I know a good many young ladies very active in the matrimonial market who do not weigh more than 90 lbs, and poor little geese are squeezing themselves as tight as possible with corsets"²⁴ He argued that young girls lost vitality when "confined to straight jackets", and urged girls and women to take part in more sports, including gymnasium and baseball.

However, not all physicians writing in medical manuals employed the same tone as Drs. Chavasse and Lewis. A more cautious verdict on the impact of the corset on women's bodies was suggested in other medical texts.

²³ Chavasse, op.cit., p. 7.

²⁴ Dio Lewis, *Our Girls* (Toronto: J. Lovell 1871).

Dr. Edward Playter, from Ottawa, thus wrote: "The effects of tight clothing are sometimes of a serious character. Compression of the chest and abdomen by corsets or stays is a fruitful cause of disease."²⁵ The 'leading Canadian men' who compiled *The Family Physician* warned that the likelihood of having a prolapsed uterus was increased by tight lacing, and the pressure of the clothing. They believed the pressure of heavy clothing was sustained by the abdomen which added pressure on the uterus, sometimes causing the "uterus (to press) down the vagina until it sometimes comes out externally. Even young girls, eighteen or twenty years old have falling of the womb. Very few entirely escape it, for very few women are entirely well"²⁶

Since most women needed help, a long list of potential treatments was recommended to avoid a worsening of their condition. Clothing topped the list as a possible treatment, and the manual urged women to avoid tight corsets and heavy skirts. If these articles of clothing couldn't be avoided, it was suggested to at least suspend undergarments from the shoulders, and not form the waist as was customary. In the popular prescriptive almanac *Searchlights on Dark Corners*, B. G. Jefferis discusses the history, mystery, benefits and injuries of the corset, concluding, like his contemporaries, that

²⁵ Edward Playter, *op.cit.*, p. 138.

²⁶ *The Family Physician*, *op.cit.*, p. 177.

tight lacing destroys natural beauty, and causes infant mortality.²⁷ He estimates that half of the children die before they are five years old, due to organ deformities caused by mothers wearing corsets when pregnant.

As we saw in the analysis of medical textbooks, opinions expressed in medical prescriptive literature were not unanimously against corsets. Canadian B.F. Austin endorsed wearing corsets that snugly fit the body, but argued that lacing too tight was dangerous.²⁸ This sentiment was echoed by Canadian physiologist Professor Roy, who advocated wearing stays, but cautiously introduced his text by stating: "To explain the use of any article is not to justify its abuse". He felt that stiff belts or corsets supported weakened muscles, and the front and sides of the abdomen that was "bounded by walls having no bony framework".²⁹ He supported men wearing tight belts, particularly during weight lifting, long distance runners, manual labourers, soldiers, sailors and those who exercised in the gymnasium.

Women were also encouraged to wear corsets. Professor Roy reasoned that corsets must not hurt if horses could be saddled without harm, and if peasant women in France wore them when they worked.³⁰ It

²⁷ Jefferis, op.cit., p. 309.

²⁸ B.F. Austin, *Woman: Her Character, Her Calling* (Brantford, 1890), p. 228.

²⁹ Professor Roy, M.D., *The Physiological Bearing of Waist-Belts and Stays*, 1888, p. 3.

³⁰ Ibid., p. 6.

was only the cases of excess or abuse that endangered the health of women. He suggested a simple test to determine if corsets were laced too tightly:

If the corset be so tight as to cause the wearer to become short of breath when walking fast, when playing tennis or running upstairs, or if any discomfort is experienced, then it may easily be assumed that the wearer is making an unwise sacrifice to fashion"³¹

However, Professor Roy's depiction of women running, walking fast or playing tennis was not common in medical discourses on women's bodies and its capacities. Equally intriguing was Professor Roy's association of corsets with weight control. For Roy, very tight lacing was used as a means to quell hunger pains, an effective strategy for women who feared growing larger. He discussed how the "hunger belt" or "schmachtriemen" of the North Germans was worn to compress the organs of digestion, which he believed interfered with the blood supply, thus dulling the sensation of hunger.³² He concluded that women who worried about not fitting into their clothes controlled their weight through this method, which was not necessarily wrong if done in moderation.

For Quebec physician Dr. Desrosiers, wearing a well-fitted corset gave women support, and thus, was not a problem: "Le corset bien porté

³¹ *Ibid.*, p. 7.

³² *Ibid.*, p. 8.

est utile à la femme. Son usage ne doit pas être un objet de compression, mais un support pour la taille.”³³ For Dr. Desrosiers, it was the abuse of excessive compression that caused harm to the heart and lungs. Men’s clothing however, could lead to death: “La cravate ne doit comprimer le cou et empêche le circulation du sang...on cite des cas de mort par congestions cérébrales.³⁴” In the Quebec manual, *Traité élémentaire de matière médicale et guide pratique*, corsets were also favourably endorsed as a means of support: “Le meilleur appareil pour soutenir les mamelles est un corset bien fait, et peu serré.”³⁵ To ensure proper posture and bone development in children, back laced corsets were recommended before children could begin to walk.³⁶

Fashion was usually constructed as a world in which the feminine impulse had triumphed over masculine reason. The use of the word “tyranny” signified that fashion was a force with illegitimate power. The expression “the tyranny of fashion” was so often employed in medical texts for the public, that by the end of the century, the two words were

³³ J.I. Desrosiers, *Traité élémentaire d'hygiène privé* (Montréal 1889), p. 114. See also J. A. Beaudry, “Le vêtement et l'hygiène”, *Journal d'Hygiène Populaire* (6), Montreal, 1889, pp. 122-123.

³⁴ *Ibid.*, p. 116.

³⁵ *Traité élémentaire de matière médicale et guide pratique des Soeurs de Charité de l'Asile de Providence* (Montreal 1890), p. 900.

presented as synonymous. Readers were urged to take up the fight and shake off the tyranny of fashion. If "fashion" was the problem, then who was to blame? Women's lack of "reason" was often invoked as the culprit. While women were considered naive or irresponsible, physicians' reason and experience gave them authority.

As the chapter's introductory quotation suggests, Dr. Chavasse maintained it was his duty as a "medical man" to inform the public of his knowledge. In 1876, Dr. Edward Playter also called upon medical men to educate the public on everything related to public health. He placed the blame for sickly children on fashionable mothers who harmed their children two ways: *invitro* by way of tight lacing; and secondly, once the children were born, they were harmed by their mother's "irrationality" in her clothing selection. There was no mention or discussion of the process of consumer supply and demand, and what alternatives were available. Dr. Playter did not question the motives nor the role of dress makers, promoters, manufacturers or retailers, nor did he discuss women's role in the market economy. The underlying assumption was that men would not permit their health or comfort to be compromised, whereas white middle class women readily followed fashion and lead idle lives.

³⁶ Ibid., p.972.

3.3 Prioritizing the needs of the foetus

The prescriptive literature targeted middle-class women of childbearing age, specifically adolescent girls and young married women. Particular attention was paid to pregnant women, since women's maternity dress was considered an important factor in infant mortality or in complications during delivery. In 1876, an article published in the Canadian *Public Health Magazine* discussed acceptable clothing for a pregnant woman:

The clothing should be warm and comfortable. Tight lacing especially should be avoided, as deforming the mother and foetus. The origin of the word "Enceinte" may serve to show that the Roman ladies were wiser in their generation, for on the occurrence of pregnancy the tight girdle or "centure" was discontinued hence the pregnant woman was said to be *incinta*, or unbound.³⁷

Maternal death during delivery was also linked to wearing tight clothing.

An article in the *New Dominion Monthly* states: "In this condition, no wonder so many (women) look upon childbearing with repugnance, and die in the attempt to become mothers."³⁸

Dr. Chavasse was one of the most vocal opponents of women wearing corsets during pregnancy. His main concern centered on the impact of maternal corsets on infant deformity, the complications which arose during delivery, and the severe uterine problems corsets were

³⁷ "Hygienic Management", *Public Health Magazine* (February 1876), p. 242.

³⁸ "The Dress of Girls", *New Dominion Monthly* (February 1876), p. 154.

believed to cause.³⁹ He was also concerned about women who experienced fainting during pregnancy: "If a patient felt faint, she ought immediately lie down flat on her back. Stays and any tight articles of dress—if she be so foolish enough to wear either tight stays or clothes—ought to be loosened."⁴⁰ While Dr. Chavasse urged women to allow the foetus adequate room, he conversely encouraged women to restrict their movements. He spoke of women relinquishing their material corsets for a "psychic" corset, urging them to limit their walks to the morning and only in the garden. Presumably, this was to ensure that pregnant women did not over exert themselves and 'worsen their weak condition', but also to contain the pregnant body from public view by limiting public appearances in loose fitting clothing. However, the paucity of material and visual records of women's maternity dress in the nineteenth century makes it difficult to assess whether women continued to tight lace. One notable exception however, is the photograph of American dress reformer Mrs. Jenness Miller in a maternity dress. The photograph was distributed at dress reform exhibitions in Chicago and Boston, and was also printed in her publications on dress reform.(See Figure 19)⁴¹

³⁹ Chavasse, *op.cit.*, p. 148.

⁴⁰ *Ibid.*, p. 164.

⁴¹ Mrs. Jenness Miller, *Mother and Babe*, Philadelphia, 1892.

In his best-selling text *The Physical Life of Woman: Advice to the Maiden, Wife and Mother*, Dr. Napheys also advocated loose and comfortable dress during pregnancy, when a woman occupies 'an intermediate state between health and sickness'.⁴² Expectant mothers were advised that "garters should not be tightly drawn, but should still firmly support the ankles or else it would lead to swelling and ulcers of the legs, by which many women are crippled during their pregnancies."⁴³

The link drawn between tight lacing and abortion was rare, since women were publically informed of potential ways to terminate an unwanted pregnancy.⁴⁴ In keeping with the norm, physicians like Dr. Napheys faced a dilemma in how much to reveal to women concerning the perceived link between corsetry and miscarriage.⁴⁵ He could not condemn too strongly any attempts to conceal pregnancy by tight lacing as it would place the foetus in jeopardy: "What ever a woman has the right to do to her own body, the mother had no right to blight for all time the prospects of another being

⁴² George Napheys, *The Physical Life of Woman: Advice to the Maiden, Wife and Mother*, (Philadelphia & Toronto 1870), p. 166.

⁴³ *Ibid.*, p. 167.

⁴⁴ The word abortion was not generally used, and instead, was cautiously referred to as an obstruction problem that women needed to clear.

⁴⁵ George Napheys, *op.cit.*, p. 175.

possessed of individual right...although a prisoner in her body."⁴⁶ Dr. J. Hamilton Ayers also cautiously informed the public of the potential harm caused by wearing corsets during pregnancy: "The custom of wearing tightly laced corsets during gestation can not be too severely censured."⁴⁷ Similarly, in his popular manual *Ladies' Guide in Health and Disease: Girlhood, Maidenhood, Wifehood, Motherhood*, Dr. John Henry Kellogg alluded to the injurious effects of corsets on the pregnant body, without mentioning abortion however.⁴⁸

On the contrary, these concerns were clearly expressed in the Canadian manual *The Family Physician*: "The custom of wearing tightly laced corsets during gestation can not be too severely censured. It gives rise to functional disorder of the stomach and liver, as well as to uterine haemorrhage and abortion in the mother; it likewise impedes the regular nourishment of the foetus in the womb"⁴⁹ B. G. Jefferis' manual, *Searchlights on Dark Corners* also states that tight lacing during pregnancy causes displacement of the womb,

⁴⁶ Ibid., p. 174-175.

⁴⁷ J. Hamilton Ayers, M.D., *Every Man is His Own Doctor* (Montreal, Chicago and Toronto: Dominion News Company 1881), p. 303.

⁴⁸ J. H. Kellogg, *Ladies' Guide in Health and Disease: Girlhood, Maidenhood, Wifehood, Motherhood*, 1900, p. 413.

⁴⁹ Edited by 'Leading Canadian Physicians', *The Family Physician or Every Man His Own Doctor* (Toronto: Rose Publishing Company 1889), p. 183.

miscarriage and sterility.⁵⁰ Women who continued to wear a corset during the early period of gestation would “suffer severely during childbirth.” What is interesting about Jefferis’ manual is that he largely cites the work of Alice Stockham, an American physician whose manual *Tockology: A Book for Every Woman*, was itself reprinted in Canada.⁵¹ Dr. Stockham is cited in *Searchlights* and in her own publication *Tockology*, as stating that tight lacing is the chief cause of infantile mortality, and thus concludes: “The corset should not be worn for 200 years prior to pregnancy takes place. Ladies, it will take that time at least to overcome the ill effect of tight garments which you think so essential.”⁵² She noted that many girls gave birth to frail children because of obstructions in the respiratory system, and concluded that the mother was unable to inhale enough oxygen to sustain a foetus if she was tightly laced.

Dr. Stockham reiterated that abortion and miscarriage were attributed to a lack of room in the pelvis created by tight lacing and heavy clothing.⁵³ She affirmed that if men married women who tight laced, they “would bury rather than raise their children,” suggesting that fashionable women were very

⁵⁰ Jefferis, *op.cit.*, p. 311.

⁵¹ Alice Stockham, *Tockology: A Book for Every Woman* (Toronto: McClelland and Goodchild 1893). In the United States, the first edition of this manual dates from 1883.

⁵² Jefferis, *op.cit.*, p. 240.

⁵³ *Ibid.*, p. 240.

negligent. Three suggestions were provided for pregnant women: first, that they allow their clothing “freedom of movement”; secondly, that no undue pressure is placed on any part of the body; and thirdly, that both weight and warmth was evenly distributed. For Stockham, the solution was simple: “These requirements ...can be obtained from the union underclothes...while decoration and elegance are desirable, they should not sacrifice comfort and convenience.”⁵⁴ Since Jefferis was citing an American publication, the prevention included purchasing and wearing an American feminist-designed reform undergarment. As we shall see in Chapter 5 of this dissertation, there is evidence that a woman from Quebec purchased this line of clothing, lending credence to the hypothesis of an exchange on dress reform ideas across borders. There is however, some degree of contradiction in Jefferis’ almanac. While he reprints Dr. Stockham’s urge to completely abandon corsets and cites her statistics of half the children dying as a result, he nevertheless endorses “new” corsets made with coraline. He urges women not to use whalebone since they are too stiff, and advises that coraline provides the necessary flexibility and resistance.⁵⁵

The Stockham citations in Jefferis work are more dramatic in tone that his own discussion. However, when compared with Stockham’s

⁵⁴ Ibid., pp. 311- 312.

⁵⁵ Ibid., p. 101.

publication, *Tockology*, the citations chosen for the Canadian published *Searchlights* were the least controversial. In *Tockology*, Dr. Stockham attributes the death toll of murder and corset-related deaths of the upper and middle classes to be in the millions:

This practice is murderous to both. It often destroys germinal life before or soon after birth by stopping the flow of life. The death total is in the millions....If this murderous practice continues another generation, it will bury all the middle and upper classes of women and children and leave propagation to the coarse grained but healthy lower classes.⁵⁶

Using a eugenic discourse of nation building, Stockham frequently refers to the necessity to reform women's clothing for the "very life of our race". Thus, her construction of race was intertwined with the construction of class, as white Anglo-Saxon lower classes were excluded from the racial discourse.

3.4 A 'False' Taste for Fashion

The medical discourse on dress also revealed concern for 'good' taste and morality. Issues of class and religion were also raised in the public medical discourses on dress. O.S. Fowler framed the tight lacing problem as an 'evil' that not only affected internal organs but also mental health. He

⁵⁶ Stockham, *op.cit.*, p. 109.

created a link between religion and health in stating: "What possible motive, drawn from religion, can a pious woman have for tight-lacing?"⁵⁷ In 1844, Dr. Duglinson echoed this concern for a women's purity and modesty when adorned in a corset, and felt that it only served one purpose: to display the contours of women's bodies. He suggested that corsets be accurately fitted and modified to suit the distinctiveness of each woman's figure, that soft, elastic materials be used, and that only quilting and padding used for stays, as "bones and steels should be left to the deformed and the diseased for whom they were originally intended".⁵⁸ He suggested corsets should never be worn to bed, and children outfitted with the simplest corset to allow their lungs to grow properly.

Physicians also expressed concern on the dangers of both middle and working class women cultivating a false taste in dress. Canadian physician W. W. Hall argued for the need to maintain distinct clothing codes based on class.⁵⁹ Discourses on single, working-class women's dress targetted women's morality, sexuality and proper hygiene. Some physicians like Dr. Chavasse were concerned that a love of fashion could lead working-class women to

⁵⁷ O.S. Fowler, *Physiology* (London: J. Watson 1851), pp. 25-37.

⁵⁸ Duglinson, *op.cit.*, p. 354.

⁵⁹ W. W. Hall, M.D., *Health by Good Living* (Toronto: MacLear and Company 1870), pp. 92-93.

overwork in order to afford new clothes. This overwork would “disqualify them from becoming wives and mothers because of the overexertion on their bodies”.⁶⁰ For their part, middle class women were expected to uphold the example of good taste and modesty in dress. As mothers, they were to teach daughters not to cultivate a love for clothing; otherwise it would lead to evils such as prostitution and theft.

Dr. Napheys built negative racial analogies to convince white middle class women to dress appropriately:

Let women aim at beauty...but let them not mistake deformity, vicious shapes, unnatural injurious attitudes for beauty. That not only degrades their physical nature, but it lowers their taste and places them in aesthetics on a level with the Indian squaw who fattens her head and bores her nose, and with the Chinese woman who gilds her teeth and compresses her foot into a shapeless mass.⁶¹

Acceptable and medically-sanctioned dress were described as “natural” while non-medically acceptable clothes were deemed artificial and linked with status seeking, decoration and consumption, all of which were believed to lead to an “unnatural” passion for finery and fashion. As the word “fashion” was constructed to connote irrational, unhealthy and unnatural behaviour, it would follow that all dress following

⁶⁰ Chavasse, *op.cit.*, p. 85.

⁶¹ Napheys, *op.cit.*, p. 262.

contemporary trends in couture, features or colours would be classified as “fashionable” and, therefore, unacceptable. For Canadian physician Holbrook: “The extremes of fashions are very prone to violate not only to physiology, but also taste”⁶² Citing Dr. Stockham in Jefferis’ almanac, women were compared to books: “too much gilding makes men suspicious that the binding is the most important part.”⁶³ If a woman was too fashionable, she could lose her chance at marriage, as men find “she makes a pretty ornament in her father’s house, but otherwise is of no use.”⁶⁴ Her “use” was thus related to her household and reproductive functions. As such, Dr. Jefferis tried to discourage the cult of beauty and finery which women were constantly exposed to in consumer advertising.

In summary, the medical prescriptive discourse on women’s dress continued to focus on the impact of corsets on women’s reproductive systems, but also the need to dress modestly. There were marked differences in opinion and rhetoric adopted by the physicians in the popular literature. In the manuals of Dr. Chavasse and Dr. Stockham, the tone was exaggerated when they wrote of “slaughtering innocents” of “murder and death”. Women were thus construed as murderers. For other physicians like Dr. Lachapelle and Dr. Roy, the corset did not pose a problem, and in fact, was

⁶² Holbrook, *op.cit.*, p. 326.

⁶³ Jefferis, *op.cit.*, p. 89.

considered beneficial in supporting abdominal muscles when worn properly. It was the abuse of lacing too tightly that endangered women's health. A shift was noticed from a discourse *on* dress to a discourse *of* dress when physicians discussed the "problem of poor tastes" and "frivolous lifestyles", thereby attempting to censure women's behaviour.

3.5 Dr. Kellogg : "Physician of Fashion" to the Public

American Dr. Kellogg, and his theories on dress, had an impact in Canada as evidenced through references and reprints of his work. His research was routinely cited in Canadian medical journals, and advertisements for the Kellogg Battle Creek Sanitarium in Michigan were placed in the *Dominion Medical Monthly* and *Ontario Medical Journal*. Patients with all types of ailments were encouraged to stay at the Sanitarium where 'scientific hydrotherapy' and other rational treatments were used in the extensive bacteriological, chemical laboratories on site.⁶⁵ His ideas were communicated to the public through the literature of the American and Canadian WCTU, where he was often quoted as a 'leading medical authority'. Indeed, Kellogg successfully promoted a holistic view of health reform that encompassed new areas of interest like food and dress.

⁶⁴ *Ibid.*, p. 89.

⁶⁵ *Dominion Medical Monthly and Ontario Medical Journal*, Vol 7, 2 (August 1896), advertisement on p. 213.

Historian Kathleen Norman traced Dr. Kellogg's interest in women's dress back to 1875, when he published several articles on dress reform in his campaign for pure, biological living.⁶⁶ These tracts included *The Evils of Fashionable Dress* (1876) and an 1885-1886 *Good Health* series entitled "What to Wear for Health", "Experimental Researches: Respecting the Relation of Dress to Pelvic Disease in Women" and "The Influence of Dress in Producing the Physical Decadence of American Women", and discussed the results of his investigation into the links between fashionable dress and ill health.⁶⁷ Dr. Kellogg also supported dress reform through the Battle Creek Sanitarium's Dress Department, employing designers, writers and seamstresses to carry out the work of designing, and supplying reform garments and patterns.

Similar to the way in which women's bodies were socially constructed, so too were their breathing capacities. Dr. Kellogg discussed respiratory theories and their link with clothing in his article entitled 'Corset

66 For a complete discussion of Dr. Kellogg and the American campaign for Biological Living', see Kathleen Lynne Norman, "'Biologic Living': The Redemption of Women and America Through Healthy Living, Dress and Eugenics", Ph.D. dissertation, Claremont Graduate University, 2000, and Gayle Fisher, *op.cit.*, p. 202.

67 John Harvey Kellogg, "Woman's Dress," *Good Health* 20 (July 1885), p. 215. Reviews of dress reform garments and reports of various dress reform activities and events can be found in Kellogg, "Hygienic Dress"; "Law Against Long Dresses," *Health Reformer* 13 (November 1878), p. 340; "Dress Reform Convention at Berlin," *Good Health* 16 (July 1881) pp. 214-15; and "Dress Reform Movement in England," *Good Health* 17 (February 1882), p. 61. See discussion in Norman, *Ibid.*, chapter 3.

Choking'.⁶⁸ Following Kathleen Norman, standard physiological theories described two types of sex-specific breathing: abdominal (male) and costal (female).⁶⁹ Dr. Kellogg demonstrated that "costal" breathing appeared only in civilized women who wore specific types of dress.⁷⁰ He stated: "I am thoroughly convinced that this so-called physiological difference between man and woman is really a pathological rather than a physiological difference." He argued that "the only reason why women do not breathe as men do, is simply that they cannot breathe normally."⁷¹

Thus, only men could breathe "normally". Following the physical examination of over 20,000 women and 10,000 men, most in connection with his work at the Battle Creek Sanitarium, Kellogg also concluded that few men experienced organ displacement. Those who did had deviated from the prescribed clothing code for men by wearing tight belts rather than suspenders. For women however, his examinations revealed common occurrences of liver and stomach displacement.

⁶⁸ John Harvey Kellogg, "Corset Choking," *Good Health* (February 1881), p. 58.

⁶⁹ Kathleen Lynne Norman, *op.cit.*, chapter four.

⁷⁰ Dr. Kellogg, *Evils of Fashionable Dress*, *op.cit.*, p. 3, 7-8.

⁷¹ *Ibid.*, pp. 7-8.

Dr. Kellogg advocated a clothing remedy that would ensure unrestrained pressure on every organ of the body; the maintenance of warm body temperatures; and an even distribution of the weight of clothing.⁷² While these views echoed prevailing medical discourses on dress, Dr. Kellogg's theories on women's bodies were more complex. While he endorsed medical studies that condemned the corset, he challenged prevailing medical views on women's bodies as weak and inherently fragile. He also encouraged women to pursue intellectual activities and be proud of their "good health and their strength".⁷³

In summary, Dr. Kellogg made several important contributions to dress reform. At his Battle Creek Sanitarium, he furnished patterns and garments, and participated in the commercialization of dress reform during the last quarter of the nineteenth century. These patterns were advertised in Canadian medical journals, as were the services at the Sanitarium itself. Kathleen Norman argues that his ongoing interest in the subject helped the American dress reform movement bridge a lull between periods of activity in the early 1870s and the 1890s.⁷⁴ For Norman, John Harvey Kellogg's dress reform message was inherently linked with eugenic theories, and provided a

⁷² Ibid., p. 7.

⁷³ Ibid., pp. 5-8.

concrete example of the ways in which cultivation of false taste in dress could lead to physical degeneracy and, in turn, hereditary degeneracy. This link between degeneracy and clothing was popularized by Canadian reformers who supported eugenics to “control” the “problem” of mental and physical “degeneracy”. As we shall see in the following chapter, his research and studies were discussed in Canadian literature written and distributed by a member of the WCTU.

Conclusion

The process of medicalizing dress in the public forum shared many similarities with the experience in the medical forum as discussed in the previous chapter. The texts often began by stating scientific theories of clothing and the body, usually in the context of heat regulation. This was followed by advice on the best clothing to wear, and entailed a thorough discussion of the merits of wool, flannel, cotton, and fur, and their ability to conduct heat.

This chapter suggests that the significance of the development and diversification of medical knowledge on dress reform resides in the way that the profession imposed their leadership as “experts” on matters of

⁷⁴ See Norman, *op.cit.* p. 455.

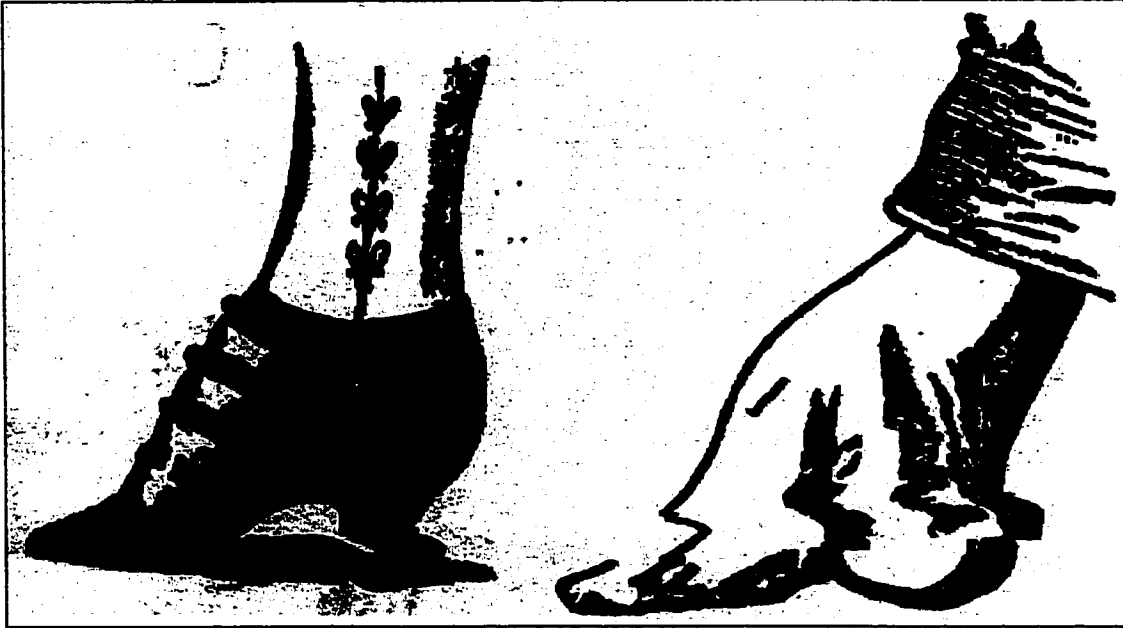
dress. Through their education and training, physicians expanded their expertise on women's bodies by broadening their authority to include discussion on the inherent characteristics women were believed to possess: a desire and capacity to reproduce, modesty, piety and strong moral character. Any deviation from these gendered character traits was deemed unhealthy and potential cause for disease.

By the end of the century, "understanding" women's unhealthy bodies was closely linked to how they dressed. To convince women that dress had a serious impact on the health of their "frail and weak" bodies and those of their children, the tone of the prescriptive medical texts was often more dramatic than the texts written for the medical community. For example, Dr. Chavasse's discussion of women's dress positioned women as members of the lowest order of society, equal to animals, and savage ones at that. Women's wombs were under surveillance for the well being of the nation, and much of the medical public discourses on dress reform were aimed at safeguarding women's reproductive capacities to ensure healthy pregnancies.

Thus, prevailing attitudes about women's bodies and women's role in reproduction were important in shaping the tone of dress reform rhetoric in the public medical literature read in Victorian Canada. The following chapter will discuss how this cultural authority was further

supported by women's organizations like the Canadian Woman's Christian Temperance Union.

FIGURE 18: "The Effects of Wearing Tight-Fitting Shoes", 1894.



Source: B.G. Jefferis, M.D. and J.L. Nichols, *The Household Guide or Domestic Cyclopedia* (Toronto: J.L. Nichols Company Limited 1894), p. 291.

FIGURE 19: Maternity Dress: Mrs. Annie Jenness Miller, 1892.



Source: Mrs. Jenness Miller, *Mother and Babe*, Philadelphia, 1892.

Chapter 4:

Locating Canadian "Women" as Agents of Dress Reform

Canadian physicians were far from being the only voices in the chorus of dress reform, but health was clearly a fundamental issue. As Mariana Valverde observes, dress reform was tied up with health food cults, eugenics, feminism, and social reform campaigns in which women participated. If all women were "receivers" of dress reform knowledge, did some in turn become "agents"? Which women played an active role in the dress reform campaign? What ideologies underlay their involvement? How did medical discourses and attitudes towards women's bodies shape their views? This chapter will examine these questions by first, investigating dress reform discourses articulated by women in the Woman's Christian Temperance Union; and secondly, exploring how other women, who were not WCTU members, discussed and promoted dress reform in Canada.

4.1 The Early Women's Movement in Canada and Dress Reform

A wide range of national women's organizations were established during the last three decades of the nineteenth century. In 1885, the Toronto Women's Literary Club, later renamed the Toronto Women's Suffrage

Association regrouped women who campaigned to achieve suffrage. In 1893, The National Council of Women of Canada (NCWC) was created as an umbrella organization for emerging women's groups that were forming across the country during this time.¹ As evidenced in their 1900 report *Women of Canada: Their Life and Work*, they prided themselves of the scope of activities and reform efforts that were endorsed by the many organizations affiliated with the NCWC. While the NCWC's leadership was largely composed of Protestant women and represented Protestant groups, the founder, Lady Aberdeen, sought to adopt a silent prayer at their meetings, in an effort to attract Catholic, Jewish and other non-Protestant women's groups. However, this decision of silent prayer cost them the support of the Dominion WCTU, the largest nationally organized women's reform organization, who did not support the NCWC until 1921.²

Women in other organizations like The Girl's Friendly Society, the Fédération Nationale St. Jean Baptiste, the Young Women's Christian Association and the Woman's Christian Temperance Union also found inspiration for social activism in their religious faith. The Church offered many women their first opportunity for missionary work and volunteer work in the

¹ Alison Prentice, Paula Prentice, Gail Cuthbert Brandt, Beth Light, Wendy Mitchinson, Naomi Black, *Canadian Women. A History*, (Toronto: Harcourt Brace 1996) 2nd edition, p. 112.

² *Ibid.*, p.202. Local WCTU unions and branches of the YWCA did affiliate earlier. See Mitchinson, *op.cit.*,1979, p 152-153.

community. The argument for equal rights often merged with the idea of women's special maternal and nurturing role. Indeed, by recognizing their special skills as mothers, maternalism allowed women to become active in a broad host of social causes including temperance, founding homes for unwed mothers, local factory inspections, prison reform, building and improving hospitals and schools.³

Perusal of the records of the principal women's organizations in Canada indicates a manifested interest in dress reform, but not usually until the twentieth century. For example, records of the Canadian Suffrage Association include the article written in 1918 by Flora MacDonald Denison entitled 'Reform in Women's Dress'. Records of the Federated Women's Institutes

³ For a sample of studies on moral reform in Canada, see Richard Allen, *The Social Passion: Religion and Social Reform in Canada, 1914-1928*, (Toronto, University of Toronto Press, 1971), Carol Lee Bacchi, 'Race Regeneration and Social Purity: A Study of the Social Attitudes of Canada's English-Speaking Suffragettes', *Social History*, November 1978, pp. 460-474, and Bacchi, *Liberation Deferred? The Ideas of the English-Canadian Suffragists, 1877-1918*, (Toronto, University of Toronto Press, 1983), Catherine Cleverdon, *The Woman Suffrage Movement in Canada: The Start of Liberation, 1900-1920*, (Toronto: University of Toronto Press, 1950), Ramsay Cook and Wendy Mitchinson (eds), *The Proper Sphere: Woman's Place in Canadian Society*, (Toronto: Oxford University Press, 1976), Franca Iacovetta and Mariana Valverde, (eds) *Gender Conflicts: New Essays in Women's History*, (Toronto: University of Toronto Press, 1992), Lynne Marks, *Ladies, Loafers, Knights and 'Lasses': The Social Dimension of Religion and Leisure in Late Nineteenth-Century Small Town Ontario*, PhD. Thesis, York University, 1992, Wendy Mitchinson, *Aspects of Reform: Four Women's Organizations in Nineteenth Century Canada*, Ph.D. Thesis, York University, 1977, Veronica Strong-Boag, 'Setting the Stage: National Organization and the Women's Movement in the Late 19th Century' in Susan Mann Trofimenkoff and Alison Prentice (eds), *The Neglected Majority: Essays in Canadian Women's History*, (Toronto: McClelland & Stewart, 1987), pp. 87-103.

were limited to discussions on the cleaning and hygienic property of wool.⁴ The Young Women's Christian Association was formed in Toronto, Montreal, Quebec and Halifax between 1873 and 1875, and although dress reform is not specifically addressed, the records do discuss women's dress in two contexts. First, the Traveller's Aid printed pamphlets which urged women to exercise caution and modesty in dress, and secondly, the records on exercises and sports discuss the necessity to wear loose clothing.⁵ In the early twentieth century, the Toronto Council of Women discussed the promotion of purity in dress while at the same time, campaigned for the abolition of beauty contests.⁶ Restraint in dress was discussed in the context of the campaign against the destruction of birds for plumage to adorn women's hats.⁷

⁴ Department of Agriculture, Records of the Federated Women's Institutes of Ontario, RG 16, series 16-87, Box 3 includes papers that discuss Canadian textiles, 1930. When women wrote to the MacDonald Institute in Guelph for information on wool clothing, they were encouraged to consult the Farmer's Advocate or The Delineator for up to date information. Department of Agriculture, RG 16, Series 16-87, Box 1, File 3.1, Correspondence 1909.

⁵ PAO, YWCA, F794, Box 8: Traveller's Aid, 1873-1971; MU 3533 Box 17: Exercise; MU 3535 Box 19 Sports.

⁶ PAO, Toronto Council of Women, F805-1-0-2, container 2, Minutes, 1906-1914.

⁷ PAO, Toronto Council of Women, F805-10-0-1, Box 8: manuscript Rosa L. Shaw, *Proud Heritage*, 1957, p. 148-149.

4.2 WCTU and the Dress Reform Campaign

Contrary to these organizations whose concern about women's dress was first articulated in the twentieth century, the WCTU was active in the campaign for dress reform from the outset. Scholarship on the WCTU in Canada is vast, due to the strength and size of the organization in the nineteenth century, excellent record keeping, and microfilmed records which facilitate access to researchers.⁸ Temperance societies had long existed in

⁸ Harold Allen, *The Temperance Movement in B.C. to 1900*, 1981; Bannister, Felicity, *Feminism and Alcoholism in the Context of Social Movements: A Content Analysis of Historical Literature*. Ottawa, Research Essay-M.S.W., Carleton University, 1995, 86p; Fern Barnes, *A Centennial Mosaic, 1874-1974*, Toronto, WCTU, 1974; Fern Barnes, *Beams from a Lighthouse: Woman's Christian Temperance Union of B.C., 1883-1983*, British Columbia, s.n., 1983; James Clemens, 'Taste Not; Handle Not: A Study of the Social Assumptions of the Temperance Literature and Temperance Supporters in Canada West between 1839 and 1859', *Ontario History* 64, September 1972, pp. 142-160; Sharon Anne Cook, *Continued and Persevering Combat: The Ontario Woman's Christian Temperance Union, Evangelicalism and Social Reform, 1874-1916*, Ph.D. thesis, Carleton University, 1990; Sharon Anne Cook, 'Through Sunshine and Shadow': The Woman's Christian Temperance Union, Evangelicalism, and Reform in Ontario, 1874-1930, Montreal/Kingston, McGill-Queen's University Press, 1995; Tanya Gogan, *A Noble Experiment? The Women's Christian Temperance Union and the Repeal of Prohibition in Nova Scotia*, B.A. essay, Dalhousie, 1992; Lyn Gough, *As Wise as Serpents: Five Women and an Organization that Changed British Columbia, 1883-1939*, Victoria, Swan Lake Publishing, c1988; Hollie Levine, *The Woman's Christian Temperance Union: A Study of Women and Social Reform in Late Nineteenth Century Canada*. Ottawa, Research Essay- M.S.W., Carleton University, 1984, 60p; Marcia McGovern, *The Woman's Christian Temperance Union in Saskatchewan, 1886-1930 A Regional Perspective of the International White Ribbon Movement*, M.A. Thesis, University of Regina, 1977, Daniel Malleck, *Women and Children First: The Woman's Christian Temperance Union in Four Ontario Communities, 1878-1899*, MA thesis, University of Western Ontario 1992; Wendy Mitchinson, "The WCTU: For God, Home and Native Land: A Study in Nineteenth Century Feminism" in Linda Kealey (ed), *op.cit.*, 1979, pp 151-168; Nancy Sheehan, *Temperance, the*

Canada, but in 1874, Canadian women formed their own organization, the Woman's Christian Temperance Union, which was modelled after the American initiative. The WCTU was a national organization that had provincial and local organizations in each province. Members of the WCTU believed that since a married woman was dependent on her husband, his consumption of alcohol could be destructive to her life in cases of violence and financial ruin. Women involved in the temperance movement thus campaigned for prohibition to maintain a secure moral family life. WCTU women involved in moral reform held national and religious aspirations that were expressed through maternalism. Essentially, the beliefs and causes they supported grew out of their roles as wives and mothers, and their acknowledged responsibility as women to protect the family from the results of male intemperance. They believed that as women, they possessed special qualities and a unique vision of a pure life and could lead individuals, families and the nation to a strong future. By the late nineteenth century, the WCTU organized 26 different departments linked to issues of concern to them, in the belief that reform in areas of 'social housekeeping' could be achieved through female activism.

WCTU and Education in Alberta, 1905-1930, Ph.D. Thesis, University of Calgary, 1980; Retta Thompson, *A Synoptic View of the WCTU of Saskatchewan, 1913-1973*, Saskatoon, Early Mailing Service, 1975; Randi Warne, *Literature as Pulpit: The Christian Social Activism of Nellie L. McClung*, Waterloo, Wilfrid Laurier University Press, 1993.

For historian Sharon Cook, members of the WCTU blamed moral degeneration for the decline in simplicity and modesty in women's dress, and thus embraced the campaign for modest dress.⁹ She concludes that: "social purists saw the decline in the simplicity of women's dress as emblematic of societal demoralization."¹⁰ The Girls' Friendly Society also discussed dress reform at their meetings, and situated the topic within a question of modesty and control.¹¹ Cook argues that although it was less evangelical than the WCTU, the GFS shared the same view that women needed to exercise self control and discipline when it came to dress and sexual relations.¹²

Carol Lee Bacchi and Mariana Valverde argue that Protestant churches endorsed rational dress reform and exercise for women because they felt it improved the race by fostering healthy mothers who were thus able to produce healthier offspring. Carol Bacchi suggests that Canada's protestant churches endorsed medical views on women's bodies and the effects of tight lacing on the womb, and situated dress reform as part of their Christian duty to strengthen and protect the nation by focusing on the health of the mother. She states: "Consequently the Churches usually endorsed factory laws, equal pay

⁹ Sharon Cook, *op.cit.*, 1995, p. 95.

¹⁰ Sharon Cook, *op.cit.*, 1997, p. 222.

¹¹ Ottawa Girls' Friendly Society, Anglican Diocesan Archives, *Ottawa Girl's Friendly Society Associates' Minute Book and Diocesan Council*, 5 October 1895.

¹² Sharon Cook, *op.cit.*, 1997, p. 223.

for equal work, dress reform for women, all for a single purpose, to improve the race by fostering the health of the mother."¹³ According to Linda Kealey, dress reform would also strengthen the British way of life in Canada.¹⁴

In 1890, the Canadian WCTU began discussion of the 'problems' of dress in two of their departments: the Department of Health and Heredity and the Department for Purity in Art, Literature and Fashion, and through several American tracts that were published on the subject including Frances Willard's *Dress and Vice; Society and Society Women*, Josiah and Deborah Leeds and Anthony Comstock, *Simplicity of Attire in Relation to Social Purity*.¹⁵ The WCTU Department of Purity in Art, Literature and Fashion changed names several times; it eventually became the Department of Social Purity and Motherhood at the turn of the century. It campaigned for the white life for two, and petitioned for such things as the removal of questionable photos from store

¹³ Carol Lee Bacchi, *Liberation Deferred? The Ideas of the English-Canadian Suffragists, 1877-1918*, Toronto: University of Toronto Press), p. 66.

¹⁴ *Ibid.*, p. 80; Linda Kealey (ed), *A Not Unreasonable Claim. Women and Reform in Canada, 1880s-1920s*, (Toronto: The Women's Press 1979), p.1, and the essay by Wayne Roberts, "Rocking the Cradle for the World: The New Woman and Maternal Feminism, 1877-1914" in Kealey, *op.cit.*, 1979, p.1 5; Wendy Mitchinson, *op.cit.*, 1979; David Pivar, *Purity Crusade, Sexual Morality and Social Control, 1868-1900*, (Wesport: Greenwood Press 1973), p.173. He also discusses dress reform as a means to channel social change within limiting constraints of aesthetic values on pp. 40-41; Mariana Valverde, *The Age of Light, Soap and Water. Moral Reform in English Canada, 1885-1925*, (Toronto: McClelland & Stewart 1993), p.66.

windows. Members were concerned that both middle class and working class women were dressing inappropriately. They believed that, often, women's dresses were made from rich fabrics that they considered too "fine" for the context in which they were worn, and that adorning hats and bonnets with birds or wings was distasteful. They worried that women would develop an inordinate love for finery and fashion which could only lead to danger. First, they worried women would become compulsive shoppers and 'slaves' to fashion. Secondly, they worried that if women dressed in any way that accentuated their body, they would tempt men. In the department's 1891 annual report, WCTU member Harriet Todd thus claimed:

Purity in Fashion! White-ribboned women, or most of them cannot be reformed on this line. The criticisms by men on the mis-named "full dress" are enough to make us hang our heads with shame that such things are possible to be said of our sex. Listen to one only, an Englishman, "The expression of a fashionably-dressed woman in now emphatically one of nakedness."¹⁶

In fact, women's immodest dress could not only lead to marriage breakdown, but could also prevent women from marrying in the first place. Adelia Lucas explained:

When a man seeks the highest sanctities of life in the relationships of husband and father, shuns as he would, if thoughtful of his future son, the woman with a wasp waist; that woman renders motherhood a torture and dwarfs the possibilities of childhood, insists on a wife

¹⁵ See discussion in Sharon Cook, *op.cit.*, 1995, p. 93-97.

¹⁶ PAO, Woman's Christian Temperance Union, Annual Report, 1891, p. 36.

who has good health and a strong physique, as the only sure foundation of his home.¹⁷

In 1872, member Florence Smith stated: “if improprieties in fashion are to be overcome, it must be largely through the operation of enlightened Christian sentiment in the house and in society, spheres in which the influence of women is paramount. I can only conclude with hopes that each may feel her responsibility and endeavour in every department of life to promote so true a purpose”.¹⁸ The message was echoed in purity pledges for children and in leaflets designed for young men and women. A leaflet entitled ‘An Elder sister’s advice to girls’ “Girls dress sensibly and modestly. Have a care for your body and for the sake of its sacred functions. The modestly attired young lady is always complimented, while the striking or décolleté attire is ever a subject of criticism”.¹⁹

The WCTU established links between dress, medicine and health when it discussed dress reform within the department of Health and Heredity. Renditions of diseased and unfit bodies drew on the views of medical experts, but were also influenced by their Protestant ideals. The pervasive theme in the literature is one of health and regeneration. Building on the fears of declining

¹⁷ Ibid., p.44. See also this discussion in the Minutes of the Convention of the Dominion WCTU, 1890.

¹⁸ PAO, Woman’s Christian Temperance Union, 1892.

¹⁹ PAO, Ellice Hopkins, *My Little Sister*, The White Cross Series.

fertility rates of white Anglo-Saxon Protestants, the WCTU echoed physicians' concern on women's dress and the impact it had on her reproductive organs.

Most advice literature written for Canadians allowed women some degree of autonomy and responsibility. It was assumed Canadian women had the good sense to choose a proper fitting corset and not lace too tightly. For WCTU member Harriet Todd however, if women were not able to look after themselves, then men needed to step in:

The modern dress- maker is the janitor of the divorce court, for when women abandon modesty, chastity soon follows suit. A mode of dress which intentionally appeals to the coarser passions of men, is unquestionably responsible for much of the conjugal infidelity and unmarried impropriety that takes place. Let fathers and husbands look to it, if women themselves are too weak to forbid, or too luxurious to refrain²⁰

One of the key texts that formed the basis of knowledge on dress for WCTU members was an 1893 tract entitled *Woman's Dress. A Question of the Day* written by Lelia A. Davis, Superintendent of the Department of Hygiene and Heredity of the Provincial Ontario WCTU.²¹ The tract discusses three reasons why women's dress had become an obvious problem by the early 1890s. First, the fact that women were working along side men in the

²⁰ MU 8406.9, PAO, Woman's Christian Temperance Union, WCTU F885 Series 2, 1881 annual report.

²¹ PAO, Lelia Davis, *Woman's Dress. A Question of the Day*, Toronto WCTU, 1893. This tract is partly based on the lengthy text by American WCTU member Helen Gilbert Ecob, *The Well Dressed Woman*, Chicago, Woman's Temperance

workplace, thus illuminating the lack of energy and movement of women due to clothes; second, the fact that women were better educated; and thirdly, the fact there was greater organization among women, which meant they were no longer isolated and could share ideas.

However, none of these arguments figures in any discussion of dress in the departmental minutes. In fact, the tract carried a much stronger feminist tone than that found traditionally in Canadian WCTU literature. Provincial union reports do not indicate concern over the plight of working women due to their dress, either by the weight of their garments, or the lack of productivity due to difficulty in movement. Instead, concern was expressed on purity and modesty. Equally telling was the difference in opinion on the reasons behind the problem of women's dress. In the department reports, women were construed as irresponsible, vain, or naïve if they continued to tight-lace their corsets, in light of the tide of medical and prescriptive literature to convince them otherwise. In the dress reform tract however, Lelia Davis placed the blame on the way in which society constructed women. She suggested that society promoted a false ideal of a woman's figure, one that celebrated slim and delicate women while it expected her to achieve that form in a healthy manner. Citing Dr. J. H. Kellogg as a medical authority in the field, she

discussed his medical experiments on the effect of tight clothing on women's health.

In the WCTU tract, Lelia Davis describes how Dr. Kellogg measured the 'natural' waist measurements of young women. He found that: "The average waist measure of girls from 9 to 12 years is 23.5 inches. The average waist measure of twenty-five women wearing corsets or tight bands is 23.3 inches." How did a woman's organs grow if her waist size *decreased* in size? Extraordinarily, after these same women wore Dr. Kellogg's reform dress for only a few months, their waist measurements expanded to 27.15 inches.

In another comparison between men and women, Dr. Kellogg found the average percentage of waist to height in American women to be 39.6 inches, while American men measured 43.3 inches. Dr. Kellogg historicizes the problem when he compared the measurements of the ancient Greek statue, the Venus de Milo, and finds her measurements to be 47.7, while the average Greek man's measurements were 46.(See Table 6) He attempts to prove that historically women have had bigger waists than men by several inches, leading him to question: "Why is it that the civilized woman of today requires a smaller waist than the civilized man?" Dr. Kellogg thus medically constructed the size of women's waists based on his understanding of anatomy and physiology, and this "truth" was repeated and reprinted in tracts like the one

by the WCTU.²² The tract suggested clothing should fall from the shoulders instead of the waist to lessen the weight and pressure on the abdomen. It also argued that long, heavy skirts not only impeded free movement, but they were also unsanitary because they dragged on the floor and carried germs in their folds.²³

It appears that this dress reform tract circulated and generated discussion. Some unions like the one in Summerside, PEI, invited a local doctor to guest lecture on the night the dress tract was discussed.²⁴ In Quebec, it was circulated a second time in the Montreal, Quebec City, Shefford and Sherbrooke unions. Indeed, in Sherbrooke the paper was left open another year, 'when the subject would be better understood'. The total number of signatures from the 35 Quebec unions was 522, which the superintendent Mrs. Maria G. Craig, was pleased to record, adding that an additional 150 tracts

²² Lelia Davis, *op.cit.*, p. 2. See Dr. J.H. Kellogg, *The Influence of Dress in Producing the Physical Decadence of American Women*, *op.cit.*

²³ Davis, *op.cit.*, p. 5.

²⁴ Minutes of the 9th Annual Convention of the Maritime WCTU, 1891, CIHM 01992.

were sent out.²⁵ A year later, this tract on women's dress was still circulating in Quebec under the guidance of Miss Barber.²⁶

Despite the circulation of Lelia Davis' tract on dress reform, some WCTU members felt there were more important reform efforts to be initiated. In the leaflet on how to recruit women to join the WCTU, there were firm directions that members were not to discuss the dress question, and "get off topic".²⁷ Perhaps there was a sense that since some of the texts and ideas were American in origin, they were not always suitable to the temperament of their Canadian WCTU sisters. For example, the tracts encouraged women to wear reform dress at meetings, in their houses in the morning, and to spread the word on the 'scientific' studies on the dangers of tight lacing. In Canada, women were simply asked to read the tract, discuss it at a meeting and reflect on the importance of wearing proper fitting clothes.

As Foucault has argued, sexual control is most "intense and meticulous when it is directed at the lower classes".²⁸ Mariana Valverde argues that the social purity movement was concerned about urban vices, and to 're-create

²⁵ PAO, Woman's Christian Temperance Union, Twelfth Annual Report, 1894-5, p. 39. The London union also made women's dress an important topic of discussion. See Minute book of the London District WCTU, 9 May 1893.

²⁶ PAO, WCTU F885, Series 4, MU 8446.13, 12th Annual Report, Quebec, 1895.

²⁷ NAC, Addie Chisholm, *Why and how a hand-book for the use of the WCT unions in Canada*, Montreal, s.n., 1884.

²⁸ Foucault, *op.cit.*, p. 121.

and re-moralize not only deviants from its norms, but increasingly, the population of Canada as a whole'.²⁹ She argues that women's bodies were constructed by regulatory discourses that reflected social anxieties about urbanization and immigration. More often than not, these discourses focused on work, lifestyle, reproductive strategies, fashion and self display.³⁰ Following Valverde, organizations like the WCTU played a 'starring role' in the campaign to reconstruct the inner selves, and in particular, the sexual/moral identity of Canadians". She argues that the term 'regulation' instead of repression is more relevant in theorizing WCTU activities, since she finds the social purity reformers intent on shaping and reshaping gender/sex/race/class boundaries.³¹

While I do find the term 'regulation' helpful in understanding the role of the state or professions in constructing sexuality, behaviour, or women's bodies for example, I do find that the WCTU involvement in the area of dress reform more complex. When examining WCTU literature within the larger body of dress reform literature, several issues emerge. First, much of the

²⁹ Valverde, *op.cit.*, p. 32.

³⁰ *Ibid.* See also the discussion in Judith Walkowitz, *City of Dreadful Delight. Narratives of Sexual Danger in Late Victorian London* (Chicago: University of Chicago Press 1992), p.6. Walkowitz retrieves a slightly different conclusion, and interprets middle class women's campaigns as an attempt to make sense of the context and express their opinions in a redefined public sphere.³⁰

³¹ Valverde, *op.cit.*, p. 33.

Canadian WCTU literature on dress was American in origin and as such, was not always representative of Canadian women's voices and opinions. While some local unions expressed interest in the subject, others took up to a year to try to 'better understand' the issue, while other local unions presumably did not read or request dress reform tracts. After a careful analysis of union reports from Ontario, Quebec and the Maritimes, there is no evidence of a clear distinction between middle class and working class women in their dress reform discourses. The purity pledge, which includes a promise to achieve modesty in dress, was presumably written for women and children like themselves. This is not to deny that discourses on smoking and prostitution centered their gaze on the lifestyle of the working class women. However, the WCTU dress reform literature was less vocal on class identities, and as the tract by Lelia Davis demonstrates, was concerned about the plight of working class women's dress. Concerns were raised on the health of the "mother", presumably white middle-class mothers, and the well being of their foetus.

Kathryn Pauly Morgan suggests that 'medical agency' occurs when individual members of a society actively support, and seek out, the use of medicalizing concepts, discourse and practices to claim as their own.

When this happens, not only does medicalization become a significant part of common cultural discourse, it becomes constitutive of the personal language of the individuals who

experience themselves as active medicalizing subjects. As medicalized self-management develops, the rhetoric is often one of responsibility, control, self interest and self-determination, and the lived reality for some people is a genuine increase of personal power and decision making.³²

Hence, can we argue that women of the WCTU demonstrated medical agency in their dress reform discourses? As the location of WCTU members as 'knowers' is different than that of the male physicians, we must be cautious to distinguish the ways in which these unequal power relations play out. Women in the WCTU displayed a certain level of agency in choosing what knowledge to disseminate, but they were not autonomous. They did not construct "knowledge" or become authorities on health and dress. It seems, rather, that their maternal and religious convictions profoundly influenced what knowledge they sought. In a period when infant mortality was very high, concern for the well-being of infants and children would have led them to seek or accept knowledge about the link between dress and the growth of the fetus, or on how to lessen complications during delivery. As maternal feminists, WCTU members assigned great importance to motherhood, thus their interest in dress reform must be placed in this context.

³² Kathryn Pauly Morgan, 'Contested Bodies, Contested Knowledges', in Susan Sherwin, *op.cit.*, p. 96.

4.3 Locating Other Female “Agents” of Modest Dress

Like the WCTU, pure and graceful dress was also promoted by the National Council of Women of Canada. In preparation for the Paris Exhibition in 1900, a book was published to describe women in Canada, and the work of the NCWC. Various references suggest the importance of cultivating beauty in dress, echoing the goals of the British Rational Dress Society.³³ In the subject entry for “Home and Social Life”, Miss Lily Dougall of Montreal described the work of the National Women’s Art Society in Toronto: “our good educational work by promoting good taste in dress and in home decoration is surely adding much to the grace of social life in Canada”³⁴ It is no surprise that the NCWC would take inspiration from the British dress reform campaign as its President, Lady Aberdeen was a member of the Rational Dress Society in Britain. Artistic dress, which was inspired from Greek draped clothing, was featured in women’s magazines, but there is little material or visual evidence that indicates it was worn in Canada. (See Figure 20)

³³ Costume historian Aileen Riberio maintains that the emphasis of rational dress in the United States was on practicality and ‘freedom of movement’, whereas in England, the emphasis was directed towards the aesthetic appeal of dress. Aileen Riberio, *op.cit.*, p. 138.

³⁴ National Council of Women of Canada, *Women of Canada: Their Life and Work*, 1900 (reprinted 1975), p. 20.

In 1890, Mrs. Carmichael Stopes read a paper entitled 'Errors in Women's Dress' before the British Association in Toronto.³⁵ She divided the errors committed in women's dress into two classes: those that "infringed on the laws of art, convenience, or sense" and those which left "their mark in permanent injury". The first category of fashion errors included crinolines, lengthy trains, tight sleeves, while the injurious clothing was the high heel and the tight corset. She conveyed the "facts" to her audience; exercise and "free movement" were impossible, "uncleanliness and infection" clung to the trailing skirts, and walking on high heels became a "mitigated hobble and strained the whole body".

An unexpected surprise was the reaction she provoked, as several "avowed champions" of the corset were in the audience and voiced their opinion. The "champions" of the corset felt the dangers of tight lacing had been exaggerated, despite Mrs. Stope's attempts to demonstrate medical evidence to the contrary. As such, she refocused her discussion, and spoke of the need to cultivate strong morals and be wary of the "falsification of truth".

She argued:

..it is the dislike to simplicity, the hankering after showy ideals which are mainly accountable for the patience of women under the deforming yoke of fashion...Their emancipation will not be brought about by the warnings of experience alone. The process of training must go deeper and act on taste.³⁶

³⁵ 'False Taste in Dress', *The Dominion Illustrated*, 26 April 1890, p. 271.

³⁶ *Ibid*, p. 271.

Here, medical concerns take on a moral dimension, as “showy dress” threatens to disrupt established rules of acceptable dress.

Rational dress was promoted in Canada through lectures from members of the British Dress Society. In 1884, British dress reformer Mrs. E. M. King came to Canada on ‘a mission’ to sell reform clothing. She gave lectures to the Montreal Educational Association which were reported in the Canadian press. Judging from her favourable reception, Mrs. King was convinced that her “mission” to Canada had been a success, and that by the following year, Montreal women would no longer be wearing corsets or petticoats.³⁷ Her prediction was rather optimistic however, since it was not until the early 1900s that undergarment styles radically changed. The media coverage of her visit is revealing in that the headline of the article states: ‘Rational Dress—Remarkable Feminine Interest in Trousers—Inquiring Widows, Spinsters and Matrons—Petticoats not a Requisite of a Perfect Dress,’ thus signifying its appeal for those “other” women who were considered less important since their bodies were no longer fulfilling their maternal duty.³⁸

³⁷ ‘Rational Dress—Remarkable Feminine Interest in Trousers—Inquiring Widoes, Spinsters and Matrons-Petticoats Not a Requisite of a Perfect Dress’, *The Globe*, 13 September 1884, p. 7.

³⁸ Marsha Venuti, *From Here to Maternity: Motherhood, Culture, and Identity*. Ph.D. Dissertation, University of Massachusetts-Amherst, 1998.

American homeopath Mrs. Emma Drake, M.D. published an advice manual entitled *What a Young Wife Ought to Know*, which was republished in Toronto, with the revised edition noting that it was a prize winning book.³⁹ In the first chapter of the book, 'Intelligence of the Young Wife', the wife is reminded of her 'exalted place' and reproductive duty. The second chapter, 'Home and Dress' does not actually discuss 'Home', it focuses instead on dress. The subject headings include: 'the importance of sensible dress; an opportunity for reform; the conditions of attractive dress; a question of healthfulness; what wives need to know concerning dress; the kind to be avoided; injurious dress destroying the race; the ailments caused by wrong dressing; the corset cause and a summary of the evils of dress. The rhetoric creates binary oppositions of sensible/senseless dress; attractive/ugly dress; injurious dress destroying the race/beneficial dress saving the race; wrong/right dressing; evils/virtues of dress.

Women were expected to tailor their life for the ultimate event: conception and maternity. For Mrs. Drake, there was no alternative to maternity; "otherwise she has no right or title to wifhood"⁴⁰ Clothing was to be modified from the very moment a woman discovers she was pregnant. All clothing was to be supported from the shoulders, and a skirt chosen that could

³⁹ Mrs. Emma F. Angell Drake, M.D., *What a Young Wife Ought to Know*, (Philadelphia: Vir Publishing 1890), revised edition (Toronto: Wm. Briggs 1908).

⁴⁰ *Ibid.*, p.101.

accommodate her growing needs: "The dainty and pretty maternity gowns are everything that can be desired, and can be so diversified... patterns for these can be bought at any reliable pattern house, and the gown can be made as elaborate as fancy dictates."⁴¹ Her choice of words reveal anxieties about maternity wear: "dainty and pretty" were used to contest the fears of wearing "shapeless and unattractive" gowns in drab colours.

One term that is repeated throughout the female prescriptive literature is 'corset curse'. During the Victorian period, the physical object and word 'corset' signified danger and harm. 'Curse' was inflicted on those who wore it, and implied that it would be a lifelong affliction if not cured or saved. 'Corset curse' thus became a medical paradigm that embodied knowledge of the impact of this article of clothing on the ribs and internal organs of the body. In the chapter "Home and Dress", the corset is linked to the usual ailments: improper organ development, decreased lung capacity, displacements of the womb, stomach difficulties, broken down nerves, imperfect circulation, headaches, in brief, everything, that renders a woman 'unfit for motherhood or for any other responsibility of life'.⁴² All the "injuries" were endorsed by physician Dr. Ellis, who is quoted as saying: "The practice of tight lacing has done more within the last century towards the physical deterioration of

⁴¹ Ibid., p. 102.

⁴² Ibid., p. 44.

civilized man, than has war, pestilence and famine combined.”⁴³ In comparison to the literature written for the medical community, this sweeping exaggeration is similar to those expressed in the medical prescriptive literature. These are best understood in the context of medicalizing dress, namely, the need to create a problem, construct authority, and sell expertise, in this case, through advice books.

Mrs. Helen Ecob was an American WCTU member whose work influenced the Canadian WCTU tract reprinted by Lelia Davis. Mrs. Ecob also used the term ‘corset curse’ in her advice book entitled *The Well-dressed Woman*. She states: “The corset curse among women is more insidious than the drink curse among men. Total abstinence from both sins is the only safe guard. A woman can no more be trusted with a corset, than a drunkard with a glass of whiskey”.⁴⁴ Interestingly, she compares the corset curse among women, to the drink curse among men. In keeping with the WCTU reform rhetoric, she urged total abstinence from corsets.

⁴³ Ibid, p. 43.

⁴⁴ Mrs. Helen Ecob, op.cit.

4.4 Situating Fashion as a Site of Resistance

Fashion historian Gayle Fischer suggests that the negative reactions to fashion from moral reformers and physicians may indicate that observers found women too successful in embracing fashion and “learning how to manipulate clothing for their own ends.”⁴⁵ It is important to understand the importance of cultivating beauty for the Victorian woman. Narcissism must be contextualised and perhaps paralleled to women's unhappiness at not enjoying meaningful pursuits.⁴⁶ As Simone de Beauvoir argues: “ineffective, isolated, woman can neither find her place nor take her own measure...she gives herself supreme importance because no object of importance is accessible to her.”⁴⁷

Historian David Kunzle raises interesting questions about the inherent power of beauty. Can we argue that fashionable dress empowered women? Did dressing-up give women a creative outlet, some pleasure, and did it even provide them with an arena for competition? For Gayle Fischer, fashion allowed women to focus on themselves, something that the roles of wife and mother denied them: “Fashion gave women the opportunity to think about themselves.”⁴⁸ Indeed, fashion was very important to many middle class

⁴⁵ Gayle Fischer, *op.cit.*, pp. 5 6; and Leach, *op.cit.*, p. 243.

⁴⁶ Valerie Steele, *Fashion and Eroticism: Ideals of Feminine Beauty from the Victorian Era to the Jazz Age*, (New York, 1985).

⁴⁷ Simone de Beauvoir, *The Second Sex* (New York, 1952), p. 630.

⁴⁸ Fischer, *op.cit.*, p. 64.

women in Canada, as demonstrated in Chapter one. A number of studies comparing middle-class Montreal women's actual clothing with fashion illustrations have found that some women tried to follow fashion as closely as they could, adapting it to suit their needs.⁴⁹

Feminist historian Lois Banner reclaimed fashion as one of a number of overlooked and underrated traditional female skills. While Banner notes the importance of appearance in the creation of identity, she suggests:

the pursuit of beauty, and of its attendant features, fashion and dress, has more than any other bound together women of different classes, regions, and ethnic groups, and constituted a key element in women's separate experience of life just as varying standards of beauty have been important factors in the differentiation of classes and groups.⁵⁰

Although fashion could be considered a skill, middle class women paid a high price for following this pursuit. Victorian Canadian culture largely denied the pleasurable, self-indulgent, or sexually-expressive aspects of fashion. Severely criticized for their love of fashion, women had to perform a delicate balancing act between expectations about their physical appearance and not appearing too interested in fashionable clothing. For example, in Mrs. Drake's *What a Young Wife Ought to Know*, she discussed that "Woman's true greatness--man's helpmeet" was linked to appearances. Keeping her husband interested in her

⁴⁹ For example, see Beaudoin Ross, *op.cit.*, 1992.

⁵⁰ Banner, *op.cit.* p. 12.

was of significant importance. Discussions on how to “Attract her husband from the Club to the Home” and “Continuing to be attractive in dress and manners” encouraged women to be well dressed to ensure their husbands were satisfied with their appearance.⁵¹ Thus, as individuals, women had little control over the aesthetics that determined their appearance. For these reasons, Lois Banner cautions that of all the elements of women’s separate culture, the pursuit of beauty has been the most divisive among women of different classes and, ultimately, the most oppressive since men were the ultimate judges.⁵²

Conclusion

The influence of medical discourses is evident in the dress reform literature distributed by the Canadian WCTU. They continued the link between dress and medicine, modesty, and morality in their department on Health and Heredity where issues of dress reform were discussed. Building on the fears of the declining fertility rate of Anglo-Saxon Protestants, WCTU members were educated on the theories of Dr. Kellogg, namely that the hazards of dressing in fashionable attire would cause irreparable damage to their bodies, and hence, their future children. However, it was not the

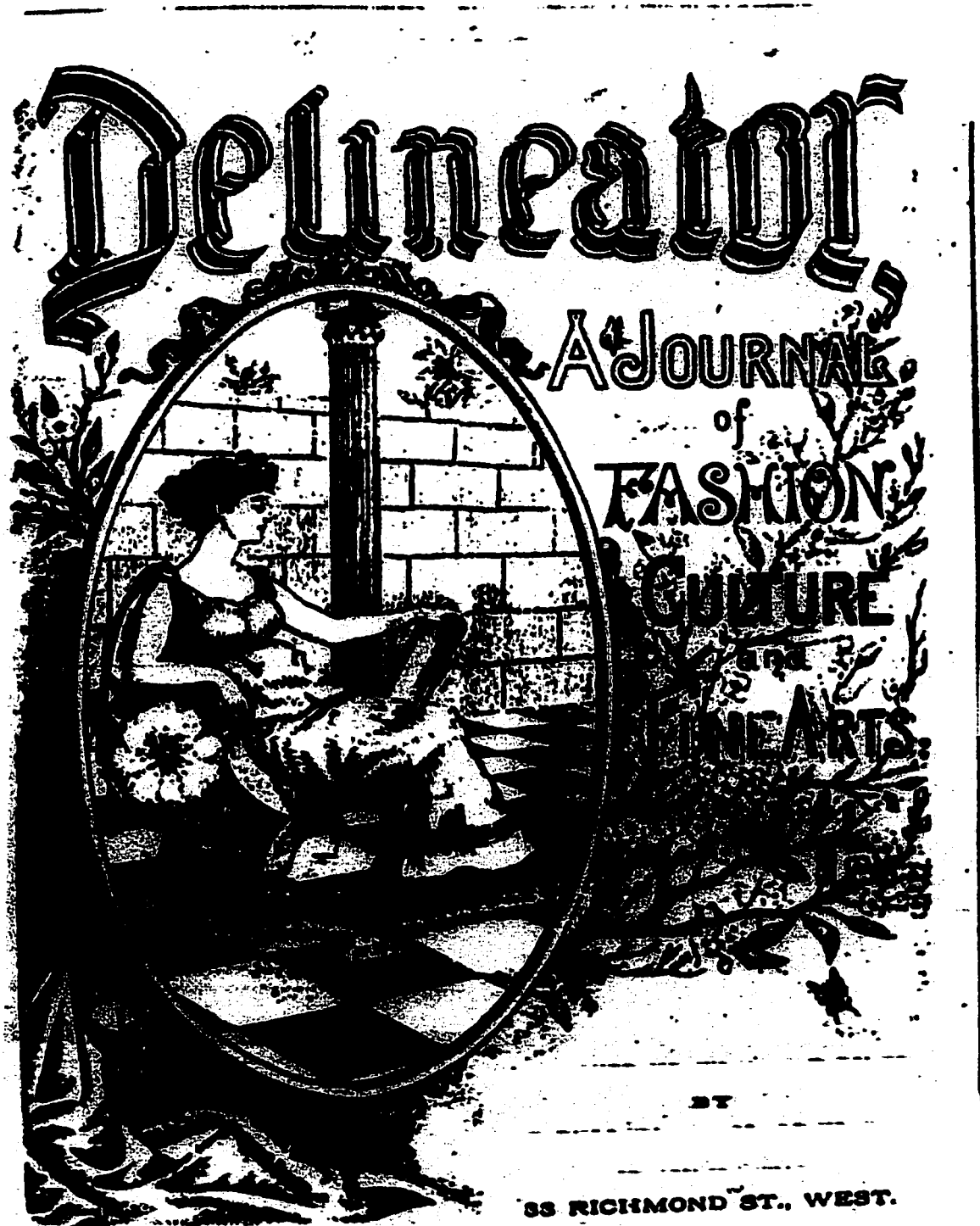
⁵¹ Mrs. Drake, *What a Young Wife Ought to Know*, op.cit., p. 66.

⁵² Lois Banner, op.cit., p. 14. Also see the discussion on p. 3.

physicians themselves who directly articulated this discourse, but rather the WCTU, who drew inspiration from medical authority. The usage of medical discourses in the moral reform campaigns was not a simple matter of co-opting and blending theories. When the WCTU discussed women's dress, concerns of health and modesty were expressed in maternalist and evangelical discourses.

Female physicians like Mrs. Drake, NCWC members, and British dress reformers like Mrs. Stopes also became "agents" of medical and moral discourses on women's dress. Concern was directed to ensuring strong health, modesty and morality. The underlying ideology that prompted women's involvement in the issue was one of maternalism. Women were encouraged to think of their unborn children, and also to cultivate the necessary characteristics to become a modest and simply-dressed spouse.

FIGURE 20 : Artistic Dress with Greek influence on cover page of Canadian magazine, *The Delineator*.



Source: *The Delineator*, circa 1890s.

Chapter 5:
Negotiating the Field:
Medicine and the Market of Reform Clothing

This chapter focuses on the marketing of medically-sanctioned reform clothing. When some physicians began to collaborate with retailers to create their own line of reform clothing, or included their 'medical testimony' in advertisements, the rationale behind their involvement was not always clear. Why did they contradict their medical discourses by selling corsets? Was their authority challenged by manufacturers and female consumers who continued to purchase corsets? The first part of this chapter investigates how physicians participated in the commercialization of reform clothing. I will discuss how advertisers courted physician's endorsement of corsets, the very item physicians attacked in their discourses, and secondly, examine how some physicians directly entered the market economy through the creation of medical clothing systems. Dr. Gustav Jaeger's medical clothing system was quite popular in Canada, Germany, the United States and Great Britain, resulting in numerous entrepreneurs copying his design. I will also chart the popularity of this medical clothing system through a content analysis of the Eaton's Catalogue, the most successful mail order service at the time.

5.1 Contextualising Consumerism in Victorian Canada

In the last three decades, historians and other social scientists have cultivated a new interest in the origins of the "consumer society".¹ As a result, we have a better understanding of the dynamics of retailing systems in the Victorian period. The strength of the market economy in the late nineteenth century caused a shift in power relations in society. Stuart Ewen argues that the business elite sought control over the entire social realm by becoming "captains of consciousness".² While the level of entrepreneurial control may

¹ For a sample of references on the consumer society, see: Fernand Braudel, *Capitalism and Material Life 1400-1800*, trans. Miriam Kochan, (London: Weidenfeld and Nicolson 1973), Stuart Ewen, (1976), *Captains of Consciousness: Advertising and the Social Roots of the Consumer Culture* (New York: McGraw-Hill Book Company 1976), Adrian Forty, *Objects of Desire: Design and Society from Wedgwood to IBM*, (New York: Pantheon Books 1986), Richard Fox, Wightman and T.J. Jackson Lears, (eds) *The Culture of Consumption: Critical Essays in American History, 1880-1980* (New York: Pantheon Books 1983), William Leach, (1984), "Transformations in a Culture of Consumption: Women and Department Stores, 1890-1925", *The Journal of American History*, 71 (September 1984): 319-342; Beverly Lemire, "Consumerism in Preindustrial and Early Industrial England: The Trade in Secondhand Clothes", *Journal of British Studies*, 27 (January 1988): 1-24; Grant McCracken, *Culture and Consumption: New Approaches to the Symbolic Character of Consumer Goods and Activities*, (Bloomington: Indiana University Press 1988), Neil McKendrick, John Brewer and J.H. Plumb, *The Birth of a Consumer Society: The Commercialization of Eighteenth-Century England*, (Bloomington: Indiana University Press 1982) Michael Miller, (1981), *The Bon Marché: Bourgeois Culture and the Department Store, 1869-1920*, (Princeton: Princeton University Press 1981), Simon Schama, *The Embarrassment of Riches: An Interpretation of Dutch Culture in the Golden Age*, (New York: Alfred A. Knopf 1987) Lorna Weatherhill, *Consumer Behavior and Material Culture in Britain 1660-1760*, (London: Routledge 1988), Rosalind Williams, *Dream Worlds: Mass Consumption in Late Nineteenth Century France*, (Berkeley: University of California Press 1982).

² Stuart Ewen, *Captains of Consciousness: Advertising and the Social Roots of*

be debated by scholars, it does not diminish the basic premise that the business elite had an increasingly important role in the construction and regulation of gender during the Victorian period. Yet, how did the business elite become powerful in the late nineteenth century, and how did it affect physicians' authority on dress? Part of this answer lies in the way in which mass consumerism developed in Canada.³ As historian Douglas McCalla asserts, railways were a dominant force in shaping and linking Canadian communities.⁴ The completion of the Grand Trunk Railway from Montreal to Sarnia in the late 1850s determined the significant urban centers of Upper Canada. During the 1880s, Canada became an increasingly consumer-oriented nation, due in part to the completion in 1876 of the Intercolonial Railway which united the Atlantic provinces with central Canada. When British Columbia joined Confederation, economic and political integration was made possible by the Canadian Pacific Railway, completed in 1885. The development of Western Canada was further enhanced by the government's open-door immigration policy. However, as Michael Bliss concedes,

the Consumer Culture, New York/McGraw-Hill, 1976, p.16.

³ This discussion on the development of Eaton's and the catalogue is based on my report: Eileen O'Connor, *History of the Eaton's Catalogue*, Canadian Museum of Civilization, on file, May 1996, 78 p.

⁴ See Douglass McCalla, *The Upper Canada Trade, 1834-1972: A Study of the Buchanans' Business* (Toronto, University of Toronto Press, 1979), pp. 110-112.

“Economically, it (Canada) was little more than a series of regions that railways happened to traverse.”⁵ Nevertheless, by the late nineteenth century, small groups of businessmen realized the enormous potential to move supplies from the heartland to the hinterland. Timothy Eaton was among this pioneering group of businessmen who operated on a national scale, but first prospered in the urban center of Toronto.⁶

To create a strong market relationship with its customers, Eaton’s offered the most up-to-date goods for the same costs its competitors sold older goods. To accomplish this feat, Timothy Eaton incorporated two novel approaches to his retailing system. When he opened his flagship Toronto store in 1869, the first thing T. Eaton established was a cash-only, fixed price system.⁷ This was a relatively novel approach in the nineteenth century, where credit and bartering were the most common methods of exchange.⁸ Operating on a cash-only system provided a significant advantage. It allowed Eatons to do business with suppliers who refused to operate on credit, thereby increasing their options of merchandise selection. Thus, Eaton’s was

⁵ Michael Bliss, *op.cit.*, p. 288.

⁶ Joy Santink, *Timothy Eaton and the Rise of His Department Store* (Toronto: University of Toronto Press 1990), p. 28.

⁷ *Ibid.*, p. 30.

⁸ 1894-1895 *Eaton’s Fall & Winter Toronto Catalogue*.

not dependant on the limited selection suppliers who operated on credit, and as such, could offer a wider variety of styles for lower prices than its competitors. Purchasing merchandise in small quantities from several suppliers also resulted in a high turnover of goods, enabling Eaton's to capitalize on novelties and remove slow selling items from the store.

The second way in which T. Eaton established his retailing authority was through the supply of new goods from Europe and the United States. Each department was controlled by a skilled buyer and manager who were responsible for purchasing and monitoring sales figures.⁹ Timothy Eaton trusted his departmental buyers and gave them a share of responsibility in the success of an item. He believed that "if buyers choose stuff, it is their responsibility and they have to sell it". Consequently, buyers became experts in finding high quality merchandise at good prices, regardless of where they found it: Great Britain, Ireland, Germany, France, China, or the United States. It is estimated that purchases from local suppliers in Ontario did not total more than 20%, whereas European accounts supplied almost 60% of Eaton's merchandise.¹⁰

To solidify his relationship and influence with the large urban female population, T. Eaton introduced new ideas and services for their customers.

⁹ Santink, *op.cit.*, p. 40.

¹⁰ Eaton's patronage to European and American suppliers caused a hostile reaction from Canadian merchants and manufacturers. See Santink, p. 70.

In 1883, a ladies' gallery and waiting room were built for out-of-town visitors to freshen up after their journey to Toronto. In 1887, a coffee room and restaurant were built in the store. Eaton's also provided coat and parcel checks, as well as a section for shoe repairs. A free bus service was provided to shuttle customers to and from the train station, which was probably intended to discourage customers from visiting the competitors' stores while in the city.¹¹ Eaton's started to publish their catalogue in 1884 to formalize a mail order practice already in existence since the 1870s.¹²

To nurture the consumer spending of its largely female clientele, Eaton's guaranteed to send a catalogue to anyone who requested one, but continued mailings were contingent on the customer's patronage. Customers who did not place regular orders, i.e. approximately every six months, were removed from the mailing list and placed on an inactive list. This procedure also applied to the case of new names of potential customers. When a new customer placed an order, it was marked on the mailing stencil to ensure that they received subsequent catalogues.¹³

11 Ibid., p. 146.

12 Out-of-town customers who were familiar with Eaton's merchandise and prices could send in orders to be delivered to the train station.

13 In fact, each day, Eaton's staff verified all new orders and change of address cards with the names on the inactive list. If a customer placed a new order, their name was added to the regular mailing list. PAO, F229, Series 124, box 1, Mail-order procedures.

T Eaton had a definite impact on creating and satisfying consumer demand. By the early 1880s, department store sales doubled their profits over a three year period, with no sign of slowing.¹⁴ (See Tables 3, 4 and 5) It is in this context that some physicians entered the market economy as their authority on clothing was increasingly challenged by retailers like T. Eaton. As women were becoming more knowledgeable consumers, some physicians hoped to conserve their authority in matters of dress. With Eaton's unprecedented range of clothing, women were thus exposed to new styles and ideas on dress and clothing systems from Britain, Germany and the United States.

5.2 Dr. Jaeger and 'Health Culture'

The most prominent physician to enter the dress reform market was Dr. Jaeger, who created his own medical clothing system in the 1870s. Dr. Gustav Jaeger was born in Germany, the son of a priest who studied theology, before studying medicine.¹⁵ After completing his medical training in 1857, he worked in Vienna at a zoo where he studied anatomy and the principles of

¹⁴ For example, in 1880, the total department store sales were \$154,979. In 1883, it was \$237,769. In 1885, sales reached \$334,166. PAO, Eatons Collection, Timothy Eaton Notebook, appendice 1 in Santink.

¹⁵ See the discussion in Stella Mary Newton, op.cit. pp. 89-115.

evolution. In 1866, Jaeger moved back to Stuttgart and was appointed professor of Zoology and Anthropology at the Royal Polytechnic of Stuttgart. Dr. Jaeger was greatly influenced by Charles Darwin's *The Origin of Species* (1859), which was translated into German in 1866. Darwin's evolutionary theory focused on the vital element of a life-force throughout society. If humans were actually animals, their clothing needs had to be fulfilled by animal substance. For Jaeger, this confirmed the research he conducted at the zoo. In 1878, he began to advocate wearing wool next to the skin for the purpose of encouraging perspiration, and considered vegetable fibres and silk as injurious to health. By the 1890s, Dr. Jaeger was marketing a range of woollen underwear including 'Sanitary Woollen Corsets' for women. Following Lorna Golberg, the woollen Jaeger corset was different than the other corsets on the market for several reasons: First, Jaeger reinforced the stays with cording rather than great amounts of whalebone, thus making it more comfortable to wear.¹⁶ Secondly, he used adjustable shoulder straps and front buttoning which gave women a measure of control to make necessary adjustments; and thirdly, Jaeger used new fabrics called coraline and aertex, essentially an elasticized cotton fabric that helped keep the skin cool in summer and warm in winter.¹⁷

¹⁶ Golberg, *op.cit.* chapters 2 and 3.

¹⁷ Josette Rabun and Mary Frances Drake, "Warmth in Clothing: A Victorian Perspective", 26, *Dress*, pp. 24-31. See also Golberg, *op.cit.*

Dr. Jaeger's clothing was one of the main subjects addressed in the costume exhibits displayed at the International Health Exhibition in London in 1884.¹⁸ The purpose of the exhibition was to educate the people of England and of the colonies, to the importance of healthy living in every aspect of their lives, including the home, food, sanitation and dress. The area devoted to dress occupied a large part of the Grand Circle in Albert Hall, and was arranged into seven categories: The History of Dress, National Costume, Waterproof clothing; Furs, skins and feathers-Dress for extreme climates; Dress for sport; Life saving and fireproof dress, Publications and literature related to dress; Comparative value of different dress materials as articles of clothing, and Machines and appliances to create dress. Essentially, the exhibition was constructed to polarize "good" fashion against "bad" fashion. The visual anatomical works of von Soemmering and Camper were displayed alongside medical treatise and reform clothing for sale. The clothing exhibits were among the most popular at the Exhibition, which itself was a large success.¹⁹ Dr. Jaeger received the Exhibition's gold medal for the high quality of his clothing system, which was strongly endorsed by the press, the medical

¹⁸ Golberg, *ibid.*, p. 90.

¹⁹ Such a success in fact, that the exhibit which was due to run until August 1st was prolonged until the Fall. See Newton, *op.cit.*, p.92, and the discussion in Karen de Lutis, *op.cit.*, chapter 2.

community and by women's organizations like the Rational Dress Society. Dr. Jaeger's most popular book was *Health Culture*, first published in English in 1887, which outlined his wool clothing system.²⁰ A brief booklet outlining his main ideas was distributed free of charge to anyone who made a request. He originally sold his clothing exclusively through his own catalogue, or through his London Store, but eventually sold his clothing through selected retailers worldwide, as was the case with Eaton's in Canada.²¹

5.3 Selling Woollen reform garments

Dr. Jaeger's marketing tactics also included selling his medical clothing system through catalogues. Examining mail order catalogues represents an important material record, and provides insight on questions concerning the mail-order business, clothing styles, and gender construction as reflected in everyday life.²² However, there are methodological problems if one assumes

²⁰ . A revised Canadian edition was located: Gustav Jaeger, M.D., *Health-Culture*, (Montreal: John Lovell and Son 1907).

²¹ Goldberg, *op.cit.* p. 78.

²² Miaso Batts, "Eaton's and Its Catalogues: An Expression of Canadian Social History.", *Costume*, 7, 1973, pp.68-69; Stella Blum (ed.), *Everyday Fashions of the Twenties as Pictured in Sears and Other Catalogs*, New York, Dover, 1994; G.T. de Glazebrook, Katharine Brett and Judith McEvel, *A Shopper's View of Canada's Past: Pages from the Eaton's Catalogues 1886-1930*, Toronto, University of Toronto Press, 1969, Janice Smith, *Content Analysis of Childrens's Clothing in Eaton's Catalogues and Selected Canadian Museums 1890-1920*, unpublished M.Sc.

content indicates consumer preference. While a content analysis does not accurately measure the popularity of styles, it does indicate the range of material available to a consumer. As Catherine Cole suggests, it is imperative to examine what is added or omitted from previous issues in order to understand the popularity of the product.²³ Ideally, if consumer receipts were available, historians would compare what is advertised with what was actually purchased. While I discovered detailed catalogue sales receipts that compare the Moncton, Montreal, Toronto, and Winnipeg markets, none were recovered for the time period of this study. Thus, the methodology I have used consists of a systematic search for dress reform content from the Eaton's Catalogue from 1880-1900.²⁴

thesis, University of Alberta, 1991; Deborah Jean Warner discusses various designers of "hygienic" corsets in New England during the 1870s. Warner, op.cit 1978. For advertising in the marketplace of disease, see Guildo Rousseau, "La santé par correspondance: un mode de mise en marché des médicaments brevetés au début du siècle", *Histoire sociale/Social History*, Vol. XXVIII (May 1995), pp. 1-26.

²³ Catherine C. Cole, "Caveats in the Use of Corporate Literature by Costume Historians.", *Material History Review/Revue d'histoire de la culture matérielle*, 34, Fall 1991, pp. 1-12. As mentioned earlier in this chapter, T. Eaton did not keep unpopular goods in his store or his catalogues, so goods advertised for consecutive years would indicate strong sales.

²⁴ PAO, Eaton's Collection. For example, in series 87, the sales records record the period 1921-1958. Manager Mr. D. Allan compared daily sales records between the Toronto, Montreal and Winnipeg stores. He included detailed information on the number of people who entered the store, american currency in daily cash receipts, comparison between day and night shopping, and even detailed statistics of their chief competitor Simpsons, which is entered

Prior to Dr. Jaeger's introduction of the Sanitary Clothing System in Canada via his publication of *Health Culture* in 1887, only one vest was described as 'natural' which tends to suggest that previous issues lacked any extensive description.²⁵ In 1888, one year after Dr. Jaeger's book *Health Culture* was published and made available in Canada, his clothes were introduced to the Eaton's catalogue readers. The ad stated:

"Special attention is directed to Dr. Jaeger's celebrated medicated natural wool underwear, sizes 34 to 44, at \$2, \$2.50 and \$3.50 per suit."²⁶

In the Fall/Winter 1892-1893 issue there was a marked increase in the number of 'natural' wool items available, and most of the imported natural wool undergarments were listed as being from England or Germany. The larger brand names of sanitary woollen undergarments in the 1890s included Ypsilanti, Stuttgarter, and Health Brand from the Montreal Silk Mills. Interestingly, Stuttgart was of course Dr. Jaeger's hometown. German manufacturers were clearly attempting to take advantage of Dr. Jaeger's popularity to promote new products. The Stuttgarter brand began to

in purple beneath Eaton's figures. See also series 109, 110, 112, 113, 114, 158, 165 for the Quebec and Maritime markets.

²⁵ I thank Christina Bates for sharing her research notes with me. Christina Bates, "Environmental Clothing Fads", paper delivered at the Costume Society of Ontario, Toronto, November 1995.

²⁶ Eaton's catalogue, Toronto, Fall/Winter 1888-1889.

advertise health-promoting accessories, including children's underwear, abdominal bands for men, and knee warmers.(See Figure 21) The description stated that their 'pure, undyed sanitary wool' will protect the wearer from colds and affections of the lungs. The 1894 catalogue also included reform clothing for men in the way of natural wool body bands. Previously, body bands advertisements had targeted pregnant women, children or infants to protect them from respiratory ailments. Stuttgarter advertisement also contained testimonials from 'leading medical experts' to testify to the benefits of the whole family clothed in Stuttgarter underwear year round.²⁷

A new Canadian line of woollen clothing was created in the late 1890s, and appropriately called "Health Brand". The link to health and medicine was not only created through its name, but also through the advertising that included an endorsement by medical authorities. It was based on Dr. Jaeger's clothing system, but it clearly outsold the latter in Canada. Health Brand was advertised in newspapers, magazines and in trade journals like the *Dry Goods Review*. (See Figure 22) In an 1896 issue, a full page advertisement for Health Brand stated that it was "endorsed" by Mrs. Jean Morris Ellis of Montreal in a dress reform lecture. She emphasized the importance in wearing wool garments year round and recommended "Health Brand" for its superior quality: "I have been approached innumerable times by manufacturers and

²⁷ Dr. Smith also encouraged using woollen bedding. Dr. Edward Smith, "Health Hints", *New Dominion Monthly*, Part I, 1876, p. 232.

others wishing me to bring to the public notice articles that they were interested in, but this I will never do and have never done".²⁸ While Mrs. Ellis stated she was not asked by Health Brand to publicly endorse their line of wool clothing, 'Health Brand' manufacturers reported that Mrs. Morris Ellis' "endorsement" resulted in an increase in sales.

In another advertisement in the *Dry Goods Review*, the headline for the children's suit appeals to a 'Mother's wishes' that her children be strong. Medical authority is emphasized by stating the unanimous endorsement for the clothing line: 'All doctors agree that the Health Brand Combinations do more than anything else to insure this'. The headline accompanying the image for women's underwear states: 'Doctors differ occasionally, but never on the question of Health Brand', once again evoking a sense of medical consensus. The fashionable woman is depicted wearing a corset and holding a perfume decanter. She is not wearing the traditional health brand woollen combination suit, but the black tights that Dr. Jaeger advertised as equestrian drawers four years earlier. The knowledge and authority are conferred from the 'ladies in Montreal', arguably the most fashionable women in the country in the nineteenth century: "All ladies in Montreal wore them last fall and winter, and during the coming season nothing else will be considered, they

²⁸ The article originally appeared in *The Metropolitan*, Montreal, Saturday 25 January, 1896, and was reprinted in *The Dry Goods Review*, March 1896, p.41-42.

were such a success.”²⁹ Health Brand was also available in the Eaton’s catalogue, beginning in Spring/Summer 1897, and continuing through the end of the century. Thus, as one of the goals of dress reform for Canadian physicians was to ensure the regulation of body temperatures, wearing Dr. Jaeger’s animal based wool clothing, or the Canadian Health Brand line, provided commercial solutions to this medical problem.

A brief comparison of retailing reform clothing in the United States and Canada will illustrate the impact of feminism in reform clothing design. In the United States, American George Frost and Company produced one of the most popular brands of undergarments, and the names of the clothing lines were distinctly American: The Emancipation Suit; the Union Suit and the Emancipation Union. The National Women’s Dress Reform Association and the prominent New England Association endorsed these lines, particularly the two piece suit. The Holmes Company of Boston Mass created its own line of ‘perfect fitting union undergarments’ and emphasized the health, grace and beauty in its clothing. No medical authority endorsed these union undergarments however. It was the women in the dress reform associations and suffrage movement who were the ‘knowers’, as the advertisement states: “Our garments receive the endorsement of all leaders in Dress Reform and Physical Culture”.

²⁹ *Dry Goods Review*, 1897.

Like the case with the Canadian Health Brand woollen undergarments, the authority of female dress reformers was widely courted and advertised by retailers. In the Jaros clothing system, the 'silly' business man was constructed opposite the hard working business woman. The advertisement states: "Business Men will not close the window, rather be sick a week than uncomfortable a day. Discretion and Jaros Hygienic Underwear mean health and long life. It isn't a guarantee to keep a foolish man well, but it helps."³⁰ For the business woman however, any blame for ill health was the result of the office: "Business Women are out in all weather. The office is never just right—either too hot or too cold. The Jaros Hygienic Underwear makes work easier by insuring comfort in any temperature". The women's clothing was endorsed by the Secretary of the Society for the Promotion of Physical Culture and Correct Dress, and in another series of ads, the National Council of Women.

The commercialisation of dress reform clothing in the United States was indeed, closely linked to the political climate of civil rights and the strength of liberal feminism. The strongest supporters of dress reform were suffragists, female physicians, graduates from women's colleges and the 'club women' who were members of college clubs that were organized to address

³⁰ Archives of the Smithsonian, Warshaw Collection, Jaros undergarment advertisement, 1895.

social, political and educational concerns.³¹ The New England Women's Club of Boston was a well-organized and powerful organization that campaigned for women's rights. For example, the Dress Reform Committee of the New England Women's Club was active in creating a female space for the education, design and promotion of dress reform clothing. They sponsored an exhibit exclusively for women that displayed all types of reform garments. The committee chose the garments it felt best achieved the goal of liberating women, and patented the award winning designs and promoted them throughout the country.

Almost all the winning garments were designed by women. Susan Taylor Converse designed the Emancipation Suit in 1875.(See Figure 23) The suit was made of linen, white cashmere and merino wool, included a bodice that allowed the breasts 'to be free of compression' and buttons to which several skirts could be attached at different levels in order to better distribute the weight. What is very interesting about the advertisement for the Emancipation Suit is the testimonial from a Canadian woman from Quebec. Mrs. James MacPherson from St. John's, Quebec wrote on June 15, 1876: "please send as soon as possible another Emancipation Waist, 23 inches, for which find enclosed \$2.00. I have had two of the already, and find they give

entire satisfaction.”³² Mrs. Hutchinson’s Hygienic Emancipation Waist was also patented by the committee, as was Miss Clara Clark’s Combination Shoulder Brace Corset. Most of the patented undergarments were manufactured by George Frost and Company of Boston and were sold through Frost, or at the Dress Reform Clothing Store in Boston.³³ Thus, the power of women to shape alternate clothing choices was evident in the case of the New England Dress Reform Committee. Other designers and manufacturers tried to associate themselves with the women of the dress reform committees, further enhancing these women’s cultural and social authority on dress reform.

In Canada, the democratisation of reform clothing took a different route. To start, receiving information on patterns and patented designs was more selective. Since there were no clubs devoted to dress reform, it was only through clothing advertised in magazine and catalogues that consumers were able to learn of new designs. Another means was through visiting speakers who lectured on the topic and distributed information on the design they endorsed. When Mrs. E.M. King of the British Rational Dress Association lectured in Montreal in 1884, she also promoted the woollen rational dress she

³² Presumably, the marketing of this line of clothing reached Quebec, or Mrs. James MacPherson could have originally been from Boston.

³³ Deborah Jean Warner, “Fashion, Emancipation, Reform and the Rational Undergarment”, *Dress*, 4, 1978, p. 29.

discussed. However, patterns or images were not distributed freely at the lecture. Instead, women were asked to become members of the association, and through their annual membership, they would receive a rational dress pattern and publications. Wary of how this strategy would fare in the open and competitive North American market, Mrs. King attached a note to her flyer that read: "Mrs King is always anxious to give as much information as possible upon a subject which interests her so much, but she does not consider that those who do not contribute in the smallest degree to the expenses of the Association, by becoming subscribers, have any right to put innumerable questions to the honorary secretary, Mrs. King."³⁴

5.4. Advertising Corsets and Healthy Bodies

A second area in which physicians entered the reform retail market was through "new" healthy corsets. While the medical and prescriptive literature encouraged women to abandon corsets, or at least wear them loosely, women were now being encouraged to consume new products. New 'reform' corsets that were made from new techniques such as steam moulding, or used flexible material such as coraline were increasingly advertised in the Eaton's catalogues during the 1890s.(See Figure 24)

³⁴ *The Globe* (Toronto), Saturday 13 September 1884, p. 7.

Explaining their opinion reversal, some physicians supported the notion that corsets could be “health preserving”, as was the case for Dr. Ball’s corsets advertised in the Eaton’s catalogue.(See Figure 25) Historian Stuart Ewen contends that advertisers who wanted to create mass dependence on their product played on the fears and frustrations evoked by mass society.³⁵ This was particularly true in the case of physicians advertising reform clothing to cure a range of ailments.

Laura Mulvey argues that the nineteenth-century male hegemony of popular representation of women meant that it was men who usually constructed and controlled depictions of female sexuality.³⁶ In the same vein, Leigh Summers argues that in the Victorian period, any movement of female flesh was considered undesirable, and thus corsets were illustrated to demonstrate how they prevented the ‘wobbling of stomach, buttocks and breasts’.³⁷ Summers argues that the sexualized representations of women in corsets allowed and encouraged male voyeurism. Corset advertisements published in magazines and even medical journals were often positioned to catch the male eye. For Summers, the placement of corset advertisements in

35 Ewen, *op.cit.*, p. 45.

36 L. Mulvey, *Visual and Other Pleasures*, (Bloomington: Indiana University Press 1989) p. 19.

37 Leigh Summers, *Bound to Please*, (Oxford: Berg 2001), p.210.

between other advertisements directed at men allowed, even incited, male readers to examine without detection.³⁸ I would agree with this argument, and point to evidence from an advertisement in the *Ontario Medical Journal*. In Figure 26, the advertisement depicts a nude pregnant woman modelling an abdominal supporter. (Figures 26, 27) This advertisement allows physicians to examine the female body in a very public and sanctioned way. As Ludmilla Jordanova has convincingly argued, any public 'unveiling' of women can be read as an expression of 'masculine desire allied to fantasies of ownership and display'. Unveiling women publicly was not just a prelude to sexual possession, says Jordanova, but an "encounter with the risks and dangers...excitement and pleasures' associated with women's bodies."³⁹

A. Kuhn argues that representations of women in advertisements 'inevitably bear the traces of capitalist and patriarchal social relations in which they are produced, exchanged and consumed'.⁴⁰ I agree with this statement and suggest that the corseted woman was a perfect example of sexual power relations between men and women. Corset advertisements that

³⁸ Summers, *op.cit.*, p.183. She also discusses how corsets and women's bodies were used to advertise 'masculine' items such as tobacco, shirt studs, and cigars.

³⁹ Ludmilla Jordanova, *op.cit.*, 1989, pp. 96-7.

⁴⁰ A. Kuhn, *The Power of the Image: Essays on Representation and Sexuality*, (London: Routledge & Kegan Paul 1985), p. 10.

appeared in a wide range of publications written for male and female readers usually portrayed the woman in stages of undressing or with her arms raised, to bring her chest in an upright position.⁴¹ If the images were also marketed towards a female reader, I found interesting examples of advertisements that featured two women touching each other, either an arm about the waist, or with one woman's hand placed on her companion's hip or touching her breast. (See Figure 28) While most Victorian women accepted the dominant heterosexual values portrayed in corset and undershirt advertisements, these advertisements speak to men's sexual fantasies of lesbianism, or appeals to female rituals of love and friendship.⁴²

Corset makers and manufacturers prided themselves on the excellent fit that could now offer with ready-to-wear corsets. As well as being made for different bust and hip measurements, corsets were also designed to suit a variety of body types. Manufacturers also tried to boost sales by giving corsets fancy names such 'La Fiancée' which not surprisingly promised physical beauty and success in marital competition. In fact, "selling" marriage was a popular message communicated through corset and woollen undergarment advertisements. If women wore the "right" corsets, they would

⁴¹ Summers, *op.cit.*, p. 180.

⁴² *Ibid.*, p. 185. The ads might have been directed to lesbian women, but this market would have been small, and not one that male manufacturers would have considered important.

find a husband and get married as illustrated in Figure 29. In an advertisement from the Montreal Silk Mills called 'Neville's Quest', it is the man getting married who needs to look 'capital' for his young wife. The last image shows them a year later with his wife bouncing their son on their lap. The infant is also wearing woollen reform clothing and the father agreeing that he looks healthy.⁴³

Conclusion

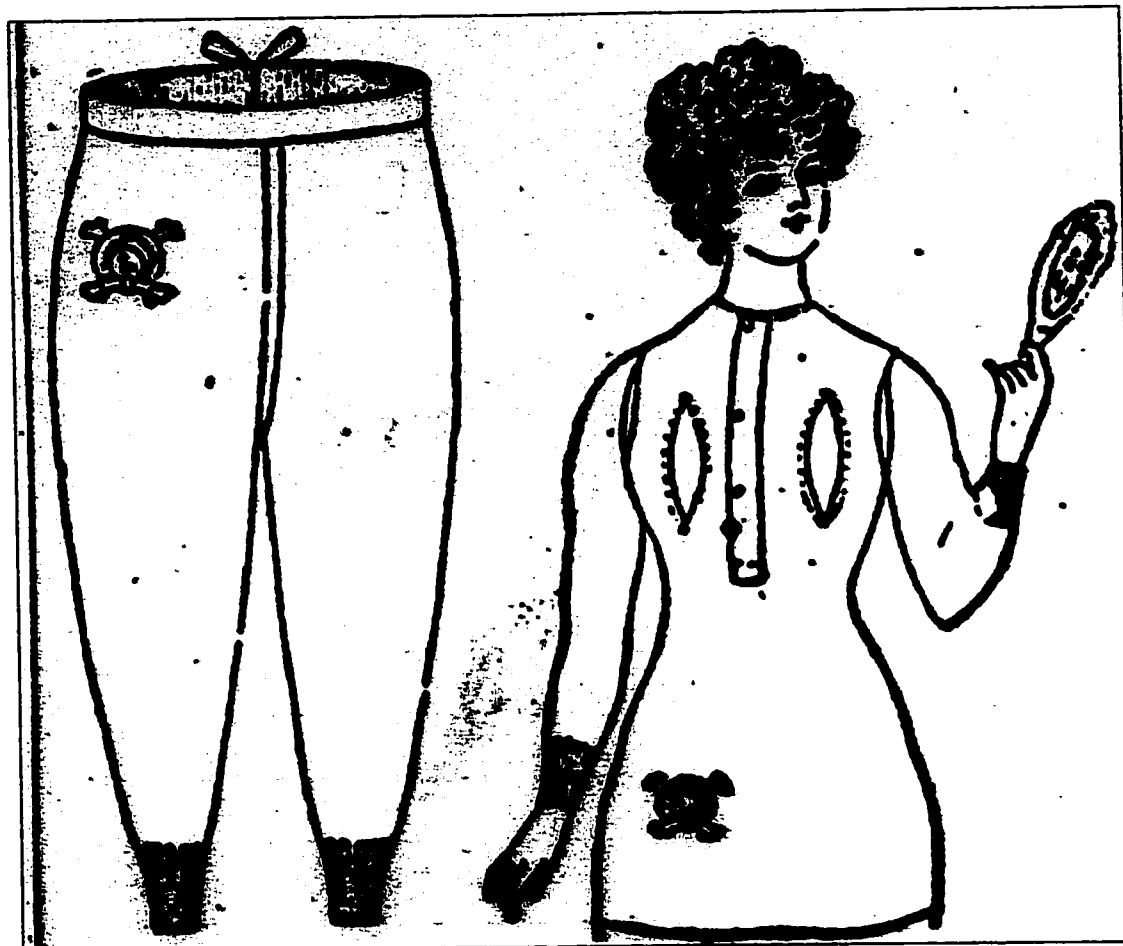
In Canada, retailing had a significant impact in the promotion of dress reform. With the rise of a strong consumer culture, consumers were given ample choice to purchase the clothes that retailers selected for his store. Hence, entrepreneurs like Eaton had increasing power over what women could wear. Physicians had already claimed authority and expertise on women's dress and some wanted to maintain it, particularly since women continued to purchase and wear corsets despite medical and prescriptive advice on the contrary. By the late 1880s, some physicians were negotiating the dress reform field by collaborating or creating their own designs of alternate undergarments. Commercial medical clothing systems were developed by physicians such as Dr. Jaeger and consisted of garments,

⁴³ 'Neville's Quest', Montreal Silk Mills Ltd, 1896, 9p.

publications, catalogues and show rooms that outlined the scientific principles of their reform clothing.

Reform woollen undergarments were the first evidence of Canada's foray into dress reform. Regulating healthy bodies continued to be linked to the regulation of body temperatures through woollen dress. The popularity of Dr. Jaeger's medical clothing system inspired the popular Montreal-based Health Brand line, underscoring how health was the main issue in retailing reform clothing in late nineteenth century Canada. The Canadian campaign differed from the American retailing in several key areas. First, advertisement for reform clothing in Canada was based on health and medicine. In the United States, the reform clothes were labelled "emancipation" and "freedom", creating links to the women's movement. Secondly, reform clothing in the United States was designed and marketed by women. In Canada, dress reform designs spoke of health, nature and beauty, were designed by men, endorsed by physicians and promoted by women of the British Rational Dress Society.

FIGURE 21: Stuttgarter Sanitary Combination Suits, 1894.



Source: Fall/Winter 1894 Eaton's Catalogue.

FIGURE 22: Health Brand Woollen Undergarments, 1896.

Proof Most Convincing

There is no finer under-
wear made in the WORLD
than

THE . . .

"Health Brand"

Bold words—you say. They
are, and true. Have them
worn in your own HOMES
and then deny it if you can.

Read the Back of this Page Carefully.

HEALTH HEALTH

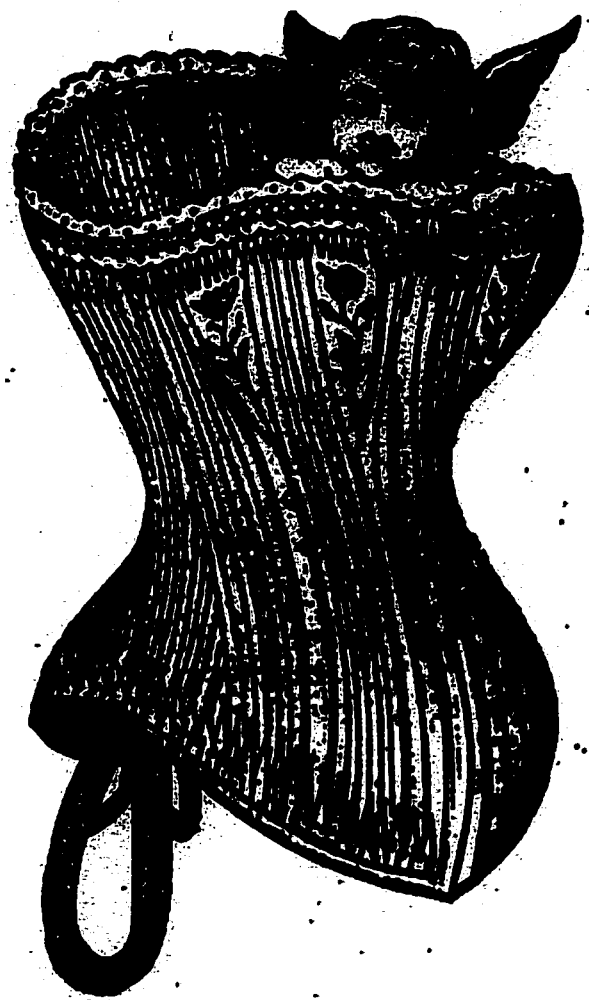
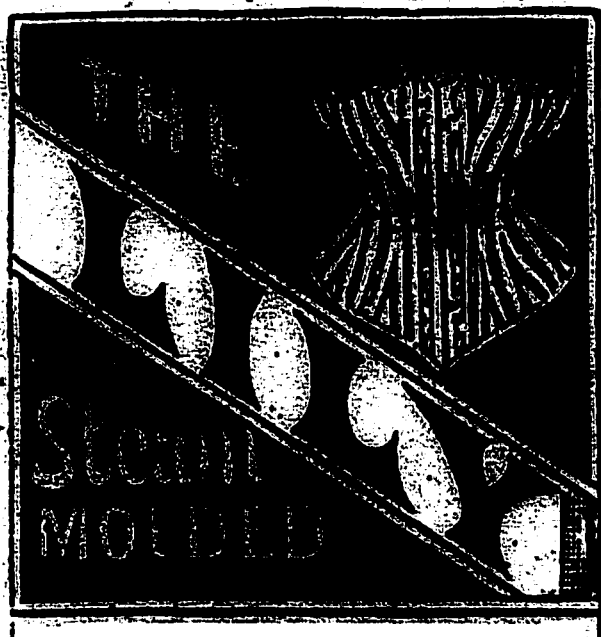
Source: *Dry Goods Review*, 1896.

FIGURE 23: Report of the Committee on Dress of the New England Women's Club, 1876. (Canadian Testimonial)



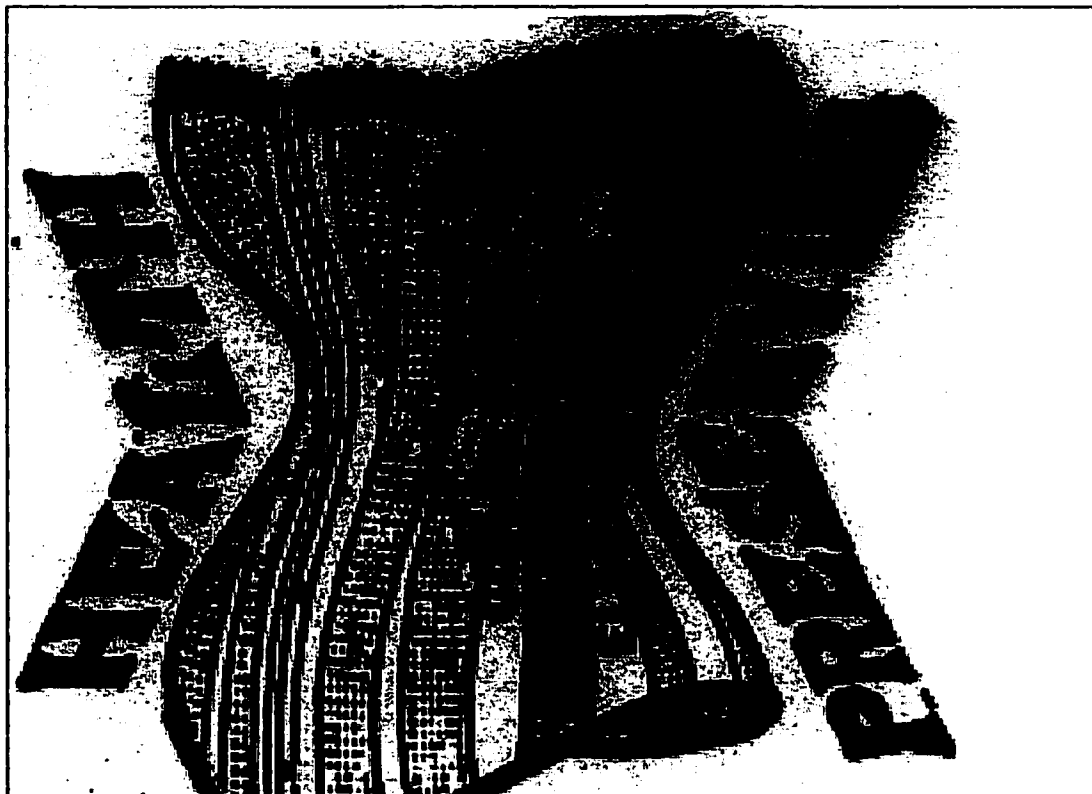
Source: Schlesinger Library, Radcliffe College, Harvard University.

FIGURE 24: The Lily Corset, 18 to 30 inches.



Source: Eaton's Spring and Summer Catalogue, 1893, p.15.

FIGURE 25: Dr. Ball's Health Preserving Corset



Source: Eaton's Catalogue.

FIGURE 26a:
The Empire Abdominal Support



FIGURE 26b:
The Empire Abdominal Support - Detail of Material

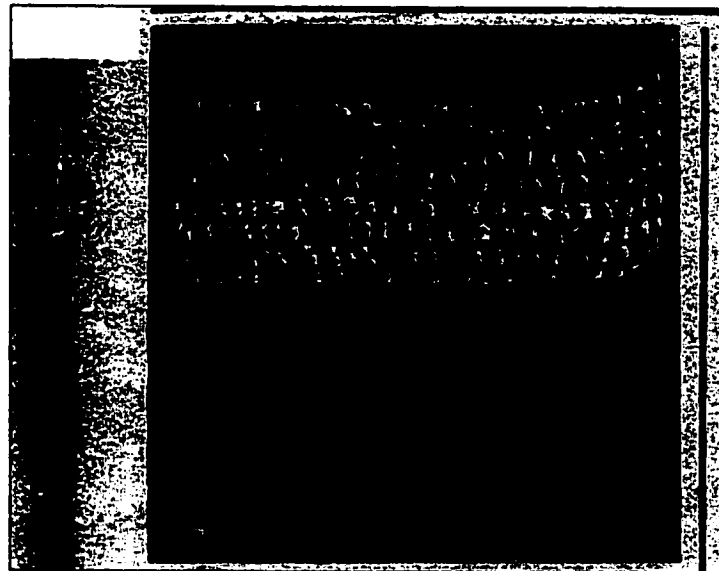
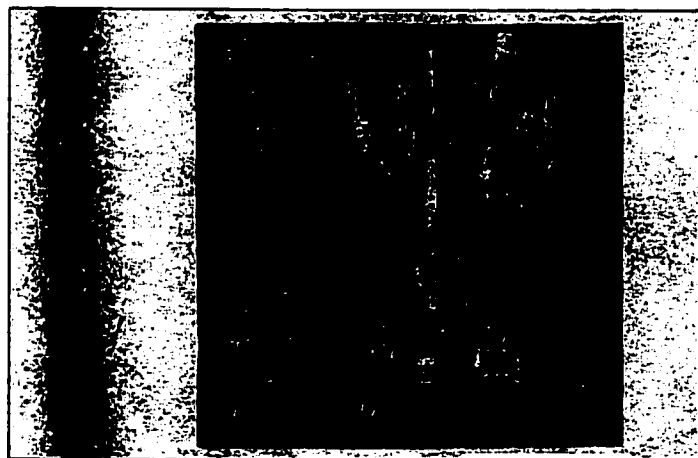
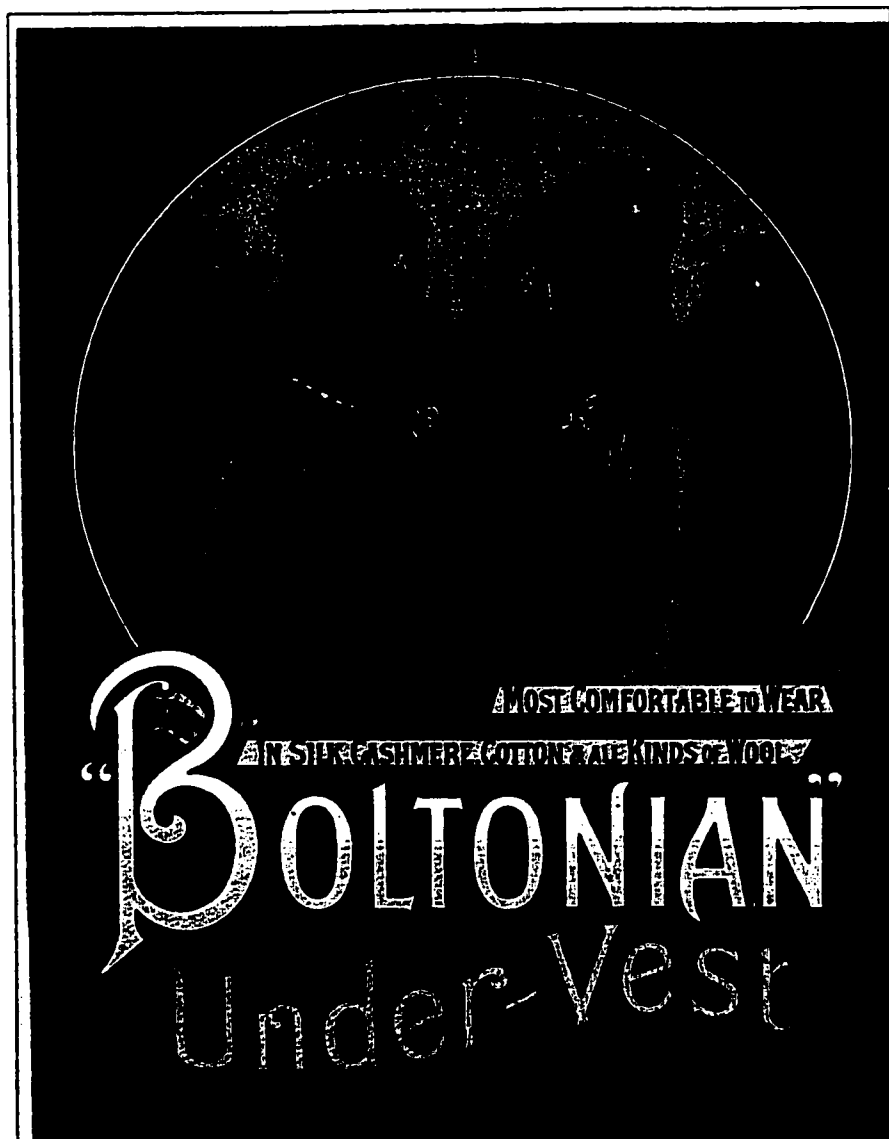


FIGURE 27: Empire Umbilical Truss



Source: *Dominion Medical Monthly and Ontario Medical Journal*, vol. 7, 2 (August 1896), p. 211.

FIGURE 28: Boltonian Under-Vest, ca.1880s.



Source: *Corsets and Cocoa.*

FIGURE 29: Madam Warren Corset Advertisement, ca. 1881.



Text:

Frame 1: "Oh! How horrible I look in this old corset!"

Frame 2: "What an improvement the Madam Warren corset and how comfortable."

Frame 3: "How delightful to be admired by everybody."

Frame 4: The Happy Result!

Source: Warshaw Collection, Smithsonian Institution, Washington.

CONCLUSION

Since this study is the first dissertation on dress reform in Canada, it was imperative to determine who led the campaign in Canada, if indeed there was one. Although influenced by the dress reform movements in Germany and Britain, and to a lesser extent, the United States, it was physicians who were most prominent in the discussion of dress reform in Canada. This dissertation demonstrated that there was not a movement for dress reform in Victorian Canada, but rather a campaign that was located in medicine, maternal feminism and retailing. In fact, medical based knowledge was a distinguishing feature for the promotion of dress reform in Canada, unlike the dress reform campaigns in the United States and England where women played small, but significant roles. Medical knowledge and expertise on women's bodies produced a maternal image of women that was endorsed in social purity discourses and in the prescriptive literature.

In this dissertation, I explored how women's dress was discursively constructed, and how the discourse on women's dress reform related to broader concerns about the body and society. The nineteenth-century discourse *on* women's dress concerned the impact clothing had on the body, while the discourse *of* women's dress related to the role of dress in the construction and regulation of gender, class and race. During the first half of

the nineteenth century, little distinction was made between men's or women's diseases and their causes. Physicians largely focused their studies on clothing to the problem of heat regulation in the context of humoral theory. When disease aetiology became localized by the end of the nineteenth century, newly-professionalized gynaecologists and obstetricians localized women's diseases in the womb.¹ Thus, regulating this area of women's body was of utmost importance, and the "need" to alter women's dress was established within these medical discourses. Articles of women's dress were said to be largely responsible for women's weak constitutions, diseases, deformities, and even premature deaths. Physicians stood on scientific ground making these statements, pointing to the science of anatomy for support.

This dissertation demonstrated that medical opinion and prescriptive advice on women's dress intensified during the last two decades of the nineteenth century, despite the fact that women's clothing during this period was lighter than it was in the 1860s. Women wore less crinoline and hoops in the 1880s onward, and material evidence proves that corsets worn in the 1890s benefited from new technology which replaced stiff whalebone stays. Visual evidence illustrates women enjoying leisure activities and sports during the last two decades of the nineteenth century, and adapting their clothing to allow as much participation deemed acceptable. Census manuscripts indicate a growing number of women participated in the labour force by the end of the

¹ Mitchinson, *op.cit.*, p. 49.

century, primarily in large urban cities where they increasingly shopped and socialized in public spaces. Comparative census statistics of early and mid nineteenth century trends indicates that by 1880s, Canadian-born women married later or not at all, had fewer children at a later age, and despite the growing population, largely a result of immigration, the birth rate of French and English Canadians was declining. Thus, as more men were trained to become specialists on women's bodies and on questions concerning reproduction and fertility, the literature and discussion on women's dress intensified.

In the medical prescriptive literature, physicians were not only concerned about women's health, but also women's modesty, sexuality, and postponement of motherhood. These debates about women's place in society were reflected in the constant construction, affirmation and challenges to the ways in which gender was socially constructed. Hence, critiques of fashionable dress constructed a series of problems including "good taste and good sense", the female "passion" for dress, and a distrust of "fashion and civilization". Dress reform was also linked to discourses on the working girl and her perceived love of finery. As the number of working girls in urban centers steadily increased in the last two decades of the nineteenth century, physicians' fear of women delaying or refusing maternity and motherhood intensified.

Women were not entirely passive, and negotiated with physicians, however limited. One area where this is evidenced is in the dress reform literature distributed by the Canadian WCTU. Religious women involved in the WCTU supported medical discourses on health and dress. Through the work in their departments of Health and Heredity, and Purity in Art, Literature and Fashion, the issue of women's dress reform was discussed among members. Building on the fears of the declining fertility rate of Anglo-Saxon Protestants, WCTU members were educated on the theories of Dr. Kellogg, namely that the "hazards" of dressing in fashionable attire would cause irreparable damage to their bodies, and hence, their future children. However, it was not the physicians themselves who directly articulated this discourse, but WCTU women, who drew inspiration from medical authority and became agents in the dress reform campaign. The underlying ideology that prompted the involvement of WCTU women, and other female reformers, was one of maternalism and evangelicalism. Women were encouraged to think of their unborn children, and also to cultivate the characteristics thought necessary to become a modest and simply-dressed mother and wife. As such, WCTU women chose to disseminate information that corresponded to their needs.

While women were not "totally passive", physicians were never "all powerful", and were also a product of the same cultural context as women. As such, I also explored how retailing had an impact in the promotion of dress

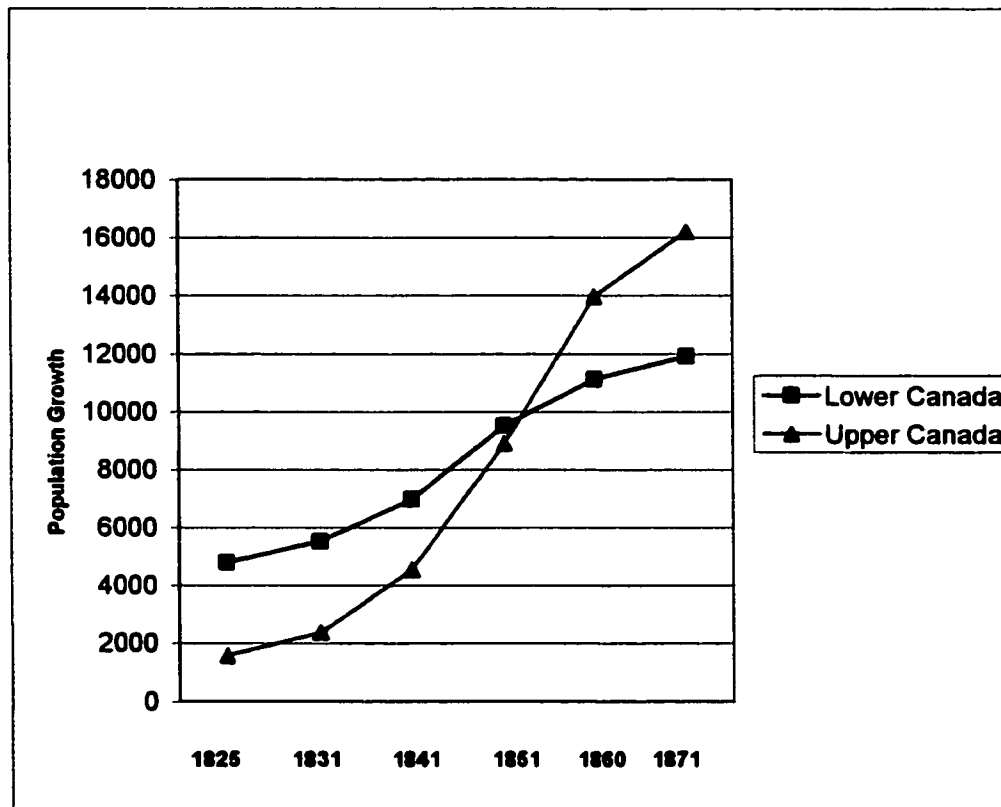
reform. With the rise of a strong consumer culture during the late nineteenth century, consumers were given unprecedented choice in determining what they wore from the selection provided by retailers like T. Eaton. Hence, entrepreneurs had increasing power over what women could wear. Physicians had already established authority and expertise on women's dress and some wanted to maintain it, particularly since women continued to purchase and wear corsets despite medical and prescriptive advice on the contrary. By the late 1880s, physicians were negotiating the dress reform field by collaborating or creating their own designs of alternate undergarments. Commercial medical clothing systems were developed by physicians such as Dr. Jaeger and consisted of garments, publications, catalogues and show rooms that outlined the scientific principles of their reform clothing.

Through this research, I found that the Canadian dress reform campaign was influenced from the German campaign; from the primary role of physicians in constructing the problem and mobilizing interest in the issue, to the dominant discourses on race and health instead of 'mobility and freedom' as was the case in the United States; to the language used to advertize reform clothing; to the promotion and popularity of Dr. Jaeger's German clothing reform system in Canada; and finally, to the lack of strong leadership from equal rights feminists as was the case in the United States and Britain.

Several research avenues for further study on dress reform could include looking at patients' records or female physicians' casebooks to have a better understanding of how women experienced medicine, both as patient and practitioner. Another option would be to turn the gaze to the early twentieth century, where the "new woman" and feminists like Flora MacDonald Denison of the Canadian Suffrage Association embraced the campaign for dress reform. It would be worthwhile to investigate whether dress reform in the twentieth century was less dominated by medical discussions on women's bodies and reproduction, and increasingly problematized as an issue shaped by feminists and retailers. However, it is my sense that religion still played a central role in the issue, since modest dress styles of those worn by women in the Salvation Army and the WCTU continued to be promoted in light of the "problem" of the new girl in the early twentieth century.

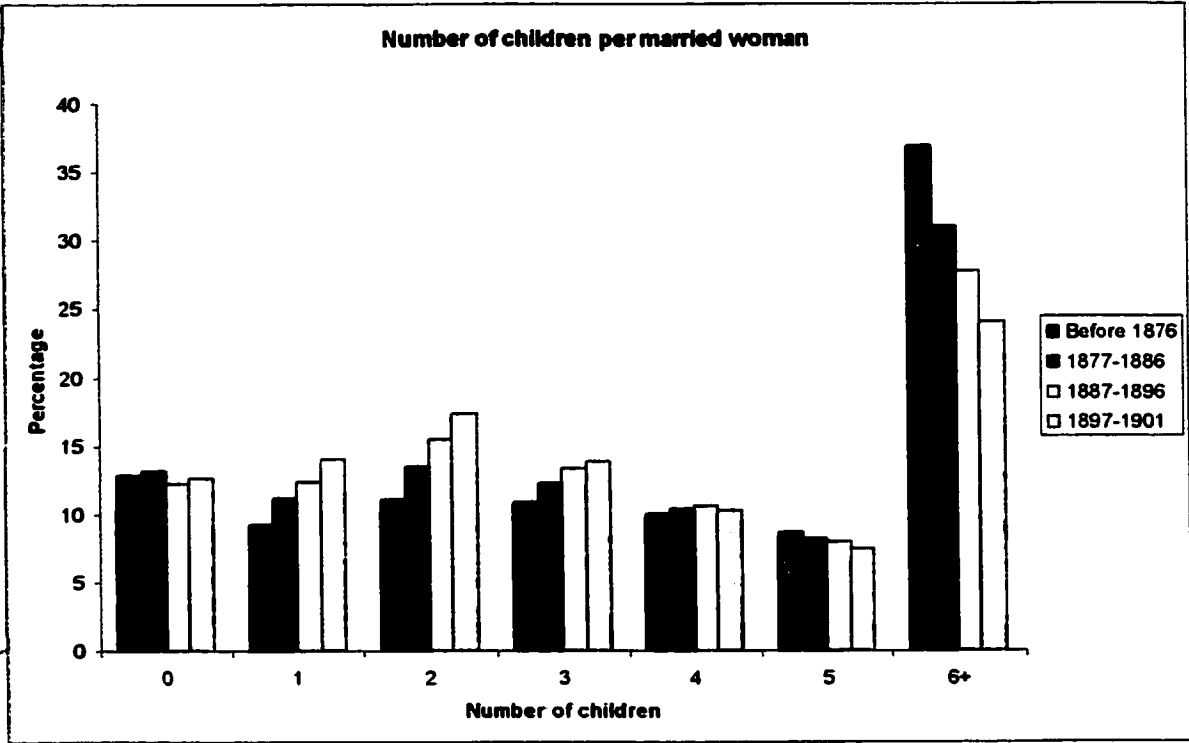
This dissertation demonstrated how the construction and regulation of women's clothing in Canada, as elsewhere, must be historically contextualized. In dress reform campaigns in the latter half of the nineteenth century, many of our current day anxieties coalesced to make women's dress a critical issue. Do tight undergarments impact women's and men's fertility? How so? What is the link between underwire bras and breast cancer? How do high heel shoes affect balance and posture? Although we may have the freedom to wear less restrictive clothing than our nineteenth-century sisters, our dress remains

connected to an important construction of the female body. Women's bodies, and clothes that accentuate their bodies, are still subject to surveillance from authorities like school boards. Thus, it is imperative to be attentive to the ways in which discourses that surround women's dress often reveal less about the actual article of "problematic clothing", than about contemporary attitudes on women's behaviour and roles in society.

Table 1: Population Growth, 1825-1871.

Source: EStat, (www.statscan.ca) Statistics Canada, Census Tracts of Upper and Lower Canada; 1825, 1841, 1851, 1860/61, 1871 (Ontario & Quebec).

Table 2: Number of children per married woman, 1876-1901.



Source: EStat, (www.statcan.ca) Statistics Canada, Census Tracts of Ontario and Quebec, 1876-1901.

Table 3: Timothy Eaton, Toronto Store Sales, 1869-1877.

Month	1869	1870	1871	1872	1873	1874	1875	1876	1877
Jan.		1,802	3,910	4,196	3,489	3,876	4,765	4,099	8,050
Feb.		1,474	2,723	3,681	3,296	4,452	4,780	4,083	7,712
Mar.		1,205	2,376	3,083	2,747	4,166	4,900	3,198	6,988
Apr.		1,139	2,817	4,237	3,976	5,000	4,786	5,335	9,469
May.		1,992	3,771	4,726	5,899	6,070	5,446	8,118	11,510
June		2,130	3,439	4,505	4,915	6,484	6,424	8,706	11,156
July		1,112	3,295	3,935	4,755	6,168	4,924	5,635	8,350
Aug.		1,112	3,063	3,792	3,786	5,181	4,219	5,050	7,076
Sept.		2,094	3,523	4,435	4,154	5,871	4,905	6,346	7,665
Oct.		3,539	4,851	9,129	5,688	7,031	6,146	8,252	11,715
Nov.		3,862	5,154	5,272	6,197	6,582	6,328	9,649	10,935
Dec.	2,248	3,956	5,214	5,556	4,547	7,104	6,581	9,633	12,035
Total	2,248	25,417	44,136	56,547	53,449	67,985	64,204	78,104	112,650

Source: Joy Santink, *Timothy Eaton and the Rise of His Department Store*, (Toronto: University of Toronto Press 1990), Table 8.

Table 4: Timothy Eaton, Toronto Store Sales, 1878-1885.

Month	1878	1879	1880	1881	1882	1883	1884	1885
Jan.	7,337	7,182	8,403	8,344		15,450	13,285	16,541
Feb.	6,928	6,914	6,987	7,805		11,594	11,599	15,225
Mar.	7,165	9,475	9,584			14,436	15,660	18,533
Apr.	9,629	9,849	13,070			18,208	20,497	25,844
May.	12,118	14,276	18,395		19,081	20,731	25,604	30,395
June	11,617	14,033	16,484		19,870	21,081	25,950	34,597
July	8,591	11,173	12,588		13,701	17,056	18,629	26,138
Aug.	7,762	9,550	10,806		11,975	14,170	14,372	21,328
Sept.	9,662	12,795	14,187		18,111	26,165	21,881	30,220
Oct.	11,395	11,931	14,701		17,781	29,211	25,060	36,792
Nov.	10,626	13,096	14,195		18,643	23,798	25,975	35,577
Dec.	11,357	13,809	15,579		18,639	25,869	29,717	42,976
Total	114,187	134,083	154,979	16,149	137,801	237,769	248,229	334,166

Source: Joy Santink, *Timothy Eaton and the Rise of His Department Store*, (Toronto: University of Toronto Press 1990), Table 8.

Table 5: Comparative Sales Figures for Selected Department Stores, 1850-1919.

Year	Eaton's	Simpson's	Hudson's Bay	Macy's	Harrods	Bloomingdale's	Sears	Woolworth's
1850					5,000			
1859				90,000				
1868					246,000			
1870	25,417			1,024,621				
1877	112,658			1,873,205		184,184		
1879	134,083			2,924,132				12,024
1883	237,769			4,831,158		851,156		
1889				5,469,078	2,410,000			246,782
1895	2,921,470			6,907,144			750,000	
1896	3,715,989			7,095,729				
1898		1,250,000		7,058,955				
1899				7,825,141				4,415,110
1900				8,148,254			10,000,000	
1901	6,732,000			8,812,171				
1902				10,765,066	5,000,000			
1904				13,135,446				10,210,000
1907	22,488,000			16,779,425			50,000,000	
1911	45,613,000		4,592,000	16,575,590				
1914	53,367,000	14,081,451	8,000,000	17,289,057				
1918				25,827,948				107,000,000
1919	123,590,000	33,444,765	14,865,000	35,802,818				

SOURCES: Figures compiled from Maxine Brady, *Bloomingdale's*; Tim Dale, *Harrods*; Ralph M. Hower, *A History of Macy's*; John P. Nichols, *Skyline Queen and the Merchant Prince*; James C. Worthy, *Shaping an American Institution*; Canada, *Royal Commission on Price Spreads*, 1934; and material in Eaton Archives

Source: Joy Santink, *Timothy Eaton and the Rise of His Department Store*, (Toronto: University of Toronto Press 1990), Table 8.

Table 6: Dr. Kellogg's Data on the Proportion of Waist to Height.

	Height -inches	Waist -inches	% waist/height
American Women	61.64	24.44	39.6
English Women	60.4	25	41.3
French Women	61.6	28	45.4
Teluga Women	60.49	24.67	40.6
Chinese Women	57.85	26.27	45.4
Yuma Women	66.56	36.84	55.2
American Men	67.96	29.46	42.3
Venus de Milo			47.6
Averages			
18-25 yr. old women (43 subjects)	60.7	27.1	44.64
18-30 yr. corseted women (25 subjects)	62.5	23.3	37.3
Same 25 women after 3 months without corsets	62.5	27.15	43.4

Source: Kellogg, John Harvey. "Influence of Dress in Producing Physical Decadence of American Women." *Transactions of the Michigan State Medical Association* (1891), pp. 41-74. Reprinted in Colleen Ruby Gau, *Historic medical perspectives of corseting and two physiologic studies with reenactors*, Ph.D. Thesis (Iowa State University 1998), 198p.

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