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ARTICLE

How Did Nineteenth-Century Singers Care for Their Voice?

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Abstract
During the nineteenth century, singers had a range of literature available to them for instruction on how to take care of their voice. This literature included the autobiographies and biographies of singers, works by quacks and doctors, recipes, and advertisements. This article demonstrates the degree to which all of this literature potentially played in the promulgation of health regimes for singers to keep their voice in the best possible working order. The article argues that these health regimes were likely based on superstition or medical advice (or both) and operated within a larger context of narratives pertaining to public health throughout the nineteenth century ranging from the need for breathing in quality air to taking certain kinds of baths. The article charts the oral and print sources through which singers took advice on vocal health and hygiene.

Keywords: Opera; health; medicine; hygiene; quackery; recipes; superstition; advertising; case study

Introduction

In her autobiography, *The Inner Life: The Making of a Singer*, Renée Fleming explains how she learned to keep her voice in good working order: 'I devoured the autobiographies of my predecessors … What I desperately needed was practical advice. When did these singers learn what they know, and who taught them? … How did they maintain their voices over the course of a demanding career?'[1] Amongst a host of personal accounts that answered some of these pressing questions, Fleming encountered a variety of behaviours informed by superstition, quackery and all manner of scientific and pseudo-scientific approaches to vocal health. Singers whose careers flourished during the nineteenth century (a time of significant advancement in medicine) also sought out similar avenues of information to help cultivate and maintain a healthy voice.

The aim of this article is to explore the ways in which singers took care of their voices in the long nineteenth century arising from advances in medicine and hygiene. There are few studies in the area, but the field is not entirely neglected. An early but general study of singers and disease is found in Wayne Koestenbaum's book, *The Queen's Throat: Opera, Homosexuality and the Mystery of Desire*.[2] Koestenbaum begins this section of his book by noting that, 'Divas, like gay people, fall under the sign of the sick, the maimed, the deranged. The diva is associated with disease and with injuries that prevent adequate voice production'.[3] He then details some of the surgical procedures that singers, including Amelita Galli-Curci (1882–1963), underwent to fix or preserve their voices. Koestenbaum's definition of illness is limited to the cure of the damaged voice through over-use or ill-training. He later discusses the use of the laryngoscope, again, as a tool for attempting to cure a medical problem rather than to prevent it.[4] But his

[1]Renée Fleming, *The Inner Life: The Making of a Singer* (London: Penguin, 2004), p. xvii.
[2]Wayne Koestenbaum, *The Queen's Throat: Opera, Homosexuality and the Mystery of Desire* (London: Penguin, 1993).
[3]Koestenbaum, *The Queen's Throat*, p. 102
[4]Koestenbaum, *The Queen's Throat*, pp. 158, 160.

narrative consists of just one part of the human anatomy: the throat. Brief attention is given to some literature available to bel canto singers on maintaining healthy voices including Charles Emerson's *Psycho-vox* and Clara Kathleen Rogers's *My Voice and I*.[5] These books are just a few in a sea of publications from the long nineteenth century dealing with vocal health and hygiene.

More recent research examines issues of singers' health and hygiene in more detail and asks more probing questions of its historiography. Sarah Potter's 2014 doctoral thesis, 'Changing Vocal Style and Technique in Britain during the Long Nineteenth Century', studies a range of 'didactic writing, correspondence, critical review, biography, voice science research, and early acoustic recordings in order to analyse changing approaches to voice production and musical expression.'[6] Potter studies the development of vocal science, particularly in relation to the positioning of the larynx, to explain various aspects of bel canto style. Benjamin Steege has explored the use of the short-lived apparatus the ammoniaphone, and its use in context of the invention of the laryngoscope pointing out the supposed benefits of both products, though the former was dangerous given the singer inhaled ammonia and other chemicals to use it.[7] Steege also notes the rise of physiology and anatomy in the late nineteenth century and the ways in which one particular doctor, Dr Emma Seiler, aided her writings and practice, including laryngoscopy. Francisco José Comino-Crespo has studied a range of nineteenth-century vocal treatises, arguing that historical studies of medicine and singing 'find a nexus of union in the scientific discipline of vocal hygiene' and mapping this union through the distribution of the treatises; indeed, Steege also recognizes the 'overlap' between hygiene and musicality in the period that led to or was a symptom of a 'a wide variety of self-administered techniques of bodily care'.[8] In a complementary study concerned with the historiography of sound, Josephine Hoegaerts problematizes the ways by which historians write about the voice when its sound no longer exists.[9] At the risk of oversimplifying Hoegaerts' complex arguments, she argues that in the eighteenth century, 'how the body took shape, how it moved, and how it mattered in the historical period at hand' requires historical understanding. For the nineteenth century, argues Hoegaerts, the historical approach 'means attending to the scientific discoveries and inventions'.[10] Indeed, for Hoegaerts, 'Rising attention to the vocal organs, and the larynx in particular, produced increasingly integrated and performative understandings of the role of the biological body in vocal production throughout the century.'[11] A more specific study by Kimberley Francis and Sofie Lachapelle that situates vocal health is one place at one time – Paris, during the Belle Époque – examines health regimes established by professional medics at the Paris Opera.[12] In particular, this work examines closely the work of Dr Arthur Chervin (1850–1921), physician and director at the Institut des Bègues de Paris.[13]

Unlike most authors discussed above, this article focuses on a holistic approach to the singer's conceptions of a healthy body mainly through diet and hygiene, including what they ate, drank, breathed and wore. However, like Potter and Comino-Crespo (and Steege) I refer to nineteenth-century writings

[5]Charles Emerson, *Psycho-vox* (Boston, MA: Emerson College of Oratory Publishing Department, 1900); Clara Kathleen Rogers, *My Voice and I* (Chicago, IL: A.C McClurg & Co., 1910).

[6]Sarah Potter, 'Changing Vocal Style and Technique in Britain during the Long Nineteenth Century' (unpublished doctoral thesis, University of Leeds, 2014). For a broader context of nineteenth-century vocal culture, including the invention and use of the laryngoscope by Manual Garcia II, see 'The nineteenth-century revolution', in John Potter and Neil Sorrell, *A History of Singing* (New York: Cambridge University Press, 2012), pp. 109–48.

[7]Benjamin Steege, 'Vocal Culture in the Age of Laryngoscopy', in *Nineteenth-Century Opera and the Scientific Imagination*, ed. by David Trippett and Benjamin Walton (New York: Cambridge University Press, 2019), pp. 44–62.

[8]Francisco José Comino-Crespo, 'Tratados de higiene vocal: Canales difusión científica en el siglo XIX', *Visual Review*, (2022), 2–8 (p. 2); Steege, 'Vocal Culture', p. 47.

[9]Josephine Hoegaerts, 'Voices that matter? Methods for historians attending to the voices of the past', *Historical Reflections*, **47**/1 (2021), 113–37.

[10]*Ibid.*, p. 128.

[11]*Ibid.*, p. 127.

[12]Kimberly Francis and Sofie Lachapelle, 'Medicine goes to the opera: Vocal health and remedies for professional singers of the Belle Époque', *19th-Century Music*, **44**/1 (2020), 19–35.

[13]*Ibid.*, p. 19.

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on vocal production, health and hygiene. Some, though not all, of this literature deals with the laryngoscope and other devices and inhalers (not completely unlike the ammoniaphone). I am also concerned with the overlap of hygiene and musicality as articulated by Steege and Comino-Crespo: indeed, vocal hygiene informed by various regimes of diet and exercise are paramount to a singer's peak musicality. This article probably finds most resonance with Steege, for the health regimes of singers in the chapter, so far as we can tell, were self-administered, and done so to improve the voice, to reach the best musical performance from the voice as possible.

There are some limitations in my study. I do not have access to any singers' medical records and none of the singers examined in this chapter declared any specific detail about the apothecaries, doctors, surgeons, dieticians, or other professional medical personnel – or, indeed quacks – they consulted for advice. It is also difficult to know how much of the literature discussed was circulated, borrowed or even known to singers, assuming they had the advantage of education and could read, for example, female literacy rates in Europe until the early twentieth century were as low as 49%.[14]

This article is therefore very much an exercise of historical reconstruction (rather than a sociological inquiry) and draws on some secondary sources (such as interviews by other authors) because this is the only evidence available. The singers I discuss are mainly from Britain, Europe and North America. I have not assumed that by dint of their country of birth they interacted with the medical expertise of health regimes promoted by any national school of medical thought. What is clear, however, is that in the nineteenth century medical advances were being made across the world that have been the subject of a swathe of literature in the twentieth and twenty-first centuries. The history of medicine in general is often characterized by national studies, such as medicine in a particular country – or often a comparison of countries, for example, between Roman times and Africa, and Germany and Japan.[15] Yet other studies focus on the interaction of dominant cultures on colonial-era medicine including in India, and developments in tropical medicine in France and its colonies.[16]

Significant variances in national medical cultures are neatly captured in a book by a medical journalist, Lynn Payer, from 1998:

> While living in Europe and working there as a medical journalist, I was struck by the difference between US and European medicine. Why, for example, did the French talk about their livers all the time? Why did Germans blame their hearts for their fatigue when there didn't seem to be anything seriously wrong with them? Why did the British operate so much less than the Americans? And why did my French friends become upset when I had a virus?[17]

[14]E. E. Kellett, 'The Power of the Press', in *Early Victorian England*, ed. by G.M. Young, **2** vols (London: Oxford University Press, 1934), I, 3–97 (p. 3).

[15]Louise Cilliers, *Roman North Africa: Environment, Society and Medical Contribution* (Amsterdam: Amsterdam University Press, 2019); Hoi-eun Kim, *Doctors of Empire: Medical and Cultural Encounters between Imperial Germany and Meiji Japan* (Toronto: University of Toronto Press, 2018). For the international climate of medical research in the nineteenth century, especially for differences in emphasis in France, Germany, Britain and the United States see Roy Porter, 'Scientific Medicine in the Nineteenth Century', in *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W.W. Norton, 1998), pp. 304–47. For a similarly comparative approach to the history of female medicine see Elinor Cleghorn, *Unwell Women: Misdiagnosis and Myth in a Man-made World* (New York: Dutton, 2021), pp. 97–106.

[16]See, for example, *Health and Medicine through History: From Ancient Practices to the 21st Century*, ed by Ruth Clifford Engs (Santa Barbara, CA: Greenwood Press, 2019); David Arnold, *Science, Technology and Medicine in Colonial India* (Cambridge: Cambridge University Press, 2000); Michael A. Osborne, *The Emergence of Tropical Medicine in France* (Chicago, IL: University of Chicago Press, 2014).

[17]Lynn Payer, *Medicine and Culture: Varieties of Treatment in the United States, England, West Germany, and France* (New York: H. Holt, 1988), p. 15. For discussion of other differences in national medicines, especially in Germany and Europe at large, see also Susan Giaimo, *Markets and Medicine: The Politics of Health-Care Reform in Britain, Germany, and the United States* (Ann Arbor: University of Michigan Press, 2002), and Manfred Berg and Geoffrey Cocks, *Medicine and Modernity: Public Health and Medical Care in Nineteenth- and Twentieth-Century Germany* (Washington, DC: German Historical Institute, 1997).

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My purpose here is not to attempt a transnational study of my sources though most are in English or French though the singers under examination were born in various countries. The present, largely Anglophone study might be seen to construe only one angle of the nineteenth-century history of vocal health. It cannot claim, given such diverse health regimes across nations and language groups, to speak to other cultures of health prevention around the world.

However, a benefit of this study is the testimony of women, usually unmediated by men, and mostly lacking the strong whiff of condescension and misogyny typical of narratives pertaining to women's health across the nineteenth century, when women's health was often fixated, or sexualized, on narratives pertaining to menstruation and hysteria, resulting in often 'ambivalent' and 'misogynist' accounts of female health.[18] One writer blamed Herbert Spencer for the delay in the emancipation of women on account of his book that had wide influence in keeping women in their places, at least in Britain.[19] This article shows that women were in control of their own health to some extent.

This article consists of three parts. Part 1, 'Medical History and Historiography', provides a very general overview of medical advancement in the nineteenth century that considers a diverse range of general literature on vocal hygiene providing a contextual backdrop to the medical milieux of singers. Part 2, 'Vocal Health Essentials: Fresh Air, Beverages, Food, Smoking, Clothing, and Pills and Products' canvasses more specific instructions from especially notable books of the period that many singers were likely to have consulted in establishing their own health regimens. It also examines some of the products advertised to singers to complement their health, such as respirators and corsets. Part 3, 'Case Studies, Clinical Practice and Interviews' begins with an overview of the establishment of the clinical case study as a form of individualised medical intervention and consultation before exploring the practices of individual singers such as Maria Malibran (1808–36), Marcella Sembrich (1858–1935), Nellie Melba (1861–1931) and Emma Eames (1865–1952), amongst others. The sections move from the general to the particular in exploring the health zeitgeist in which nineteenth-century singers worked. The conclusion attempts to draw together the significance of the historiography of vocal health by suggesting lines of enquiry into wider issues of the historical narratives concerning the consumption and maintenance of personal and public health.

Part 1. Medical history and historiography

The singers studied in this article lived through an age of significant strides in many branches of medicine that probably informed the advice of doctors they consulted or the books they may have read from which to gain advice on how to care for their voices. This was especially true in physiology and anatomy, an example of which has been the subject of recent work on vocal health care at the Paris opera in the late nineteenth century.[20]

In Britain, medical research was greatly advanced through the establishment of the *Lancet* in 1823 and of the *British Medical Journal* – published initially as the *Provincial Medical and Surgical Journal* – in 1840. Studies in anatomy, physiology and nutrition also flourished, although some of the more influential studies would come later in the century. The principal places of study of anatomy and physiology were in France, Germany and Britain. In France, the leading scholar of the period was Louis

[18]Janet Lee, 'Menarche and The (Hetero)sexualization of the Female Body', in *The Politics of Women's Bodies: Sexuality, Appearance and Behavior*, ed. by Rose Weitz (New York: Oxford University Press, 1998), pp. 82–99 (p. 83). See also Cleghorn, *Unwell Women*, pp. 99–101.

[19]Patricia Vertinsky, *The Eternally Wounded Woman: Women, Doctors, and Exercise in the late Nineteenth Century* (Manchester: Manchester University Press, 1990). Herbert Spencer, *Education: Intellectual, Moral and Physical* (London: Williams and Norgate, [c. 1861]). There is a huge literature on female hysteria of the nineteenth century, and in opera, but see, generally: Susan McClary, 'Foreword', in Catherine Clément, *Opera, or the Undoing of Women* (London: Virago, 1989), pp. ix–xviii; Andrew Scull, *Hysteria: The Disturbing History* (New York: Oxford University Press, 2009).

[20]Kimberly Francis and Sofie Lachapelle, 'Medicine goes to the opera: Vocal health and remedies for professional singers of the Belle Époque', *19th-Century Music* **44**/1 (2020): 19–35.

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Mandl (1812–81), who wrote a number of influential books including *Manuel de l'anatomie générale* and *Hygiène de la voix*, the latter of which was cited often by writers in English.[21] German scholars included Samuel Thomas von Sömmering, the author of eight volumes on health first published between 1791 and 1796 that ran to many editions and were translated into other languages, including French in 1846 and English in 1847.[22] On the whole, writers in English appeared to cite French literature more than German literature or literature in Latin and Italian. However, British literature took account of developments in medicine and science across Europe and North America. For example, John Sinclair includes in his *The Code of Health and Longevity* examples from several countries including Guinea, Senegal, Greece, Italy, Russia, the Netherlands, Egypt and France. As Roy Porter would later argue, the history of medicine is in fact 'histories of medicines' given the concomitant nature of medical research around the globe.[23]

As is usual in the formation of scholarly disciplines, writers first established extensive taxonomies around which theoretical work would be later moulded. Such a scheme is best illustrated in Sinclair's *The Code of Health and Longevity*. He proposed that a study of health comprise six divisions: anatomy, physiology, pathology, practical medicine, surgery and hygiene.[24] In addition to these generalist categories Sinclair developed a sub-section he termed 'Rules for Preserving Health and Promoting Longevity'. The first of three categories comprised a list of requirements 'essential for man in every situation':

1. Air	4. Digestion
2. Liquid food	5. Labour or exercise
3. Solid food	6. Sleep

The second list of requirements were deemed 'highly desirable' for man:

1. Clothing	3. Amusements
2. Habitation	4. Medicine

Thirdly, and finally, Sinclair proposed six miscellaneous 'essentials':

1. Temper	4. Bathing
2. Habits	5. Relief from accidents
3. Cleanliness	6. Travelling; or change of residence[25]

Of course, many of the 'essentials' were not available to the materially poor. Indeed, it would be difficult for large portions of the destitute to afford amusements or to travel. Rural populations would also find some of these essentials hard to come by. Rather than take the routes of self-determination and

[21]Louis Mandl, *Manuel de l'anatomie générale appliquée à la physiologie et pathologie* (Paris: J.-B. Ballière, 1843) and *Hygiène de la voix parlée ou chantée*, 10th edn (Paris: J.-B. Ballière, 1879).

[22]Samuel Thomas von Sömmering, *Vom Baue des menschlichen Körpers* (Frankfurt am Main: Barrentrapp und Wenner, 1791–96).

[23]Roy Porter, *The Popularization of Medicine, 1650–1800* (Oxford: Routledge, 1992), p. 1. For more on the historiography of global health see Mark Harrison, 'A global perspective: Reframing the history of health, medicine, and disease', *Bulletin of the History of Medicine* **89**/4 (2015): 639–89.

[24]Sir John Sinclair, *The Code of Health and Longevity; or A Concise View of the Principles Calculated for the Preservation of Health, and the Attainments of Long Life*, **4** vols (Edinburgh: Arch. Constable & Co., 1807), I, p. 8.

[25]*Ibid.*, I, p. 22.

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encourage the individual to their own health and hygiene, Sinclair proposed to establish a 'Police of Public Health' divided into nine categories:

1. Police of Climate
2. Police of Physical Education
3. Police of Diet
4. Police of Public Amusements
5. Police of Habits and Customs
6. Police of Public Institutions
7. Police for the Health and Safety of Sailors and Soldiers
8. Police to Prevent Contagious Disorders; and
9. Police of Medicine, and the means of promoting its improvement.[26]

This list was all good in theory as a substantial map for public-health infrastructure, but Sinclair had no plans for its implementation. He noted simply that his scheme needed further discussion.[27] Despite this initiative, Sinclair's scheme was met with some, though limited, enthusiasm over the ensuing decades. Andrew Combe, writing in his *Principles of Physiology* acknowledged Sinclair's work but argued it did not go far enough in attempting to define the field of physiology. In response, Combe advocated the splitting of physiology into three areas: vegetable, comparative and human.[28] Another author by the name of Combe writing in 1857 was still not yet satisfied that physiology had come of age insisting that 'Physiology may be said to be a science only in its infancy, and in another, to be already so far advanced as to be capable of valuable practical applications' and complained about 'the profound ignorance' by 'the most learned physiologists'.[29]

Another major leap forward in studies of anatomy and physiology was the landmark *Anatomy* by Henry Gray published in 1858.[30] Despite such progress in the discipline of physiology, authors over subsequent years would still note its shortcomings and its failure to benefit the whole population. Charles Kingsley, for example, noted in his textbook *Health and Education* that students still needed to be taught 'sound practical science; the science of physiology, as applied to health'.[31] For many writers, education about fresh air and diet were the two most important aspects of public health and we shall come to them below.

Two aspects of studies in anatomy and physiology by writers in English loomed large in most of the literature: first, a growing awareness that environment, rather than hereditary or acquired characteristics, was a co-determiner of good health. For example, Combe's *Principles of Physiology* emphasised that poor health was not simply inherited, and that longevity could be largely determined by where one lived. Combe and other writers, such John Harrison Curtis in his *Observations on the Preservation of Health*, wrote similarly that people living in unpolluted suburbs had better health and longer lives than people living in exposed rural areas.[32] Issues of status and class are also evident in many of the leading works of medicine of the period. Writing in *Health and Education*, Charles Kingsley stressed the role of the scholar in alleviating the public's ignorance regarding the dangers of leading 'sedentary and unwholesome lives'

[26]*Ibid.*, I, p. 24. Item 8 is likely to be a typographical error and should read 'diseases' rather than 'disorders'.

[27]*Ibid.*

[28]Andrew Combe, *The Principles of Physiology Applied to the Preservation of Health and to the Improvement of Physical and Mental Education* (Edinburgh: A. & C. Black, 1834), pp. 13, 21.

[29]George Combe, *On Teaching Physiology and its Applications in Common Schools* (Edinburgh: MacLachlan and Stewart, 1857), p. 1.

[30]Henry Gray, *Anatomy, Descriptive and Surgical* (London: John W. Parker & Son, 1858). On a history of this book see Ruth Richardson, *The Making of Mr. Gray's Anatomy: Bodies, Books, Fortune, Fame* (Oxford: Oxford University Press, 2008).

[31]Charles Kingsley, *Health and Education* (New York: D. Appleton and Company, 1874), pp. 9–10.

[32]John Harrison Curtis, *Observations on the Preservation of Health in Infancy, Youth, Manhood and Age*, 4th ed. (London: John Churchill, 1842), p. 364.

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in the pursuit of happiness as a means of avoiding of barbarism. For these reasons, he argued that all citizens required a basic knowledge of physiology.[33]

English literature on voice physiology attracted a wide range of writers with various levels of expertise. George Henry Lewes, for example, was ostensibly a conventional man of letters who had a passing interest in the subject. Yet, as we know from various studies of nineteenth-century women and men of letters there was often no clear divide between experts and well-informed amateurs.[34] This distinction is in fact blurred in the nineteenth-century context. It was the age of the polymath and an era in which there was little delineation between disciplines. Indeed, musicology itself (especially in Britain) benefited from this loose arrangement of writers in so far as critics and historians were part of the musicological mix without ever taking on the appellation of the discipline.[35] The same is true for writers on anatomy. Some described themselves as physicians, some as philosophers and others as historians. Many of these writers were particularly interested in the effects of fresh air, beverages and food, which were essential not just to good physiology and anatomy but to one's general health, especially for a singer.

Of course, singers may have not interacted with formal, academic medicine but rather with quackery, or with a combination of both in what is described by twentieth-century scholars as a synthetic approach to health.[36] In the words of the legal historian Leonard Le Marchant Minty, a quack was a person with 'no medical skill, [but] pretends that he has, and obtains practice by self-praise and abuse of his competitors'.[37] For Minty, the quack was 'evil' because they took money away from professional women and men who by dint of professional training deserved their remuneration and, secondly, that such defrauding usually exploited the materially poor.[38] Minty identified quacks, especially in rural areas, to be a 'schoolmaster, retired farmer, clergyman or local busybody who attended poor persons and relieved them of their ailments by rule-of-thumb methods in applying old wives' remedies'.[39] Usually, such people tending the sick were herbalists and often claimed their knowledge was true for it had been passed down the generations. Such claims were intended to rationalize the irrational, a key ingredient of superstitious thought.[40] Indeed, as Felix E. Planer points out, two of the overriding elements by which people are drawn to superstition are fear and magic, or magical intervention to thwart fear.[41] If a singer lost their voice it is only natural they would be scared witless for it would spell the end of their career.

Part 2. Vocal health essentials: fresh air, food, smoking, clothing, and pills and products

We shall never probably know what literature specific singers consulted to care for their voices, or any of the literature they may have been referred to by those that superintended their medical care. However, there was a significant literature on health for singers that they may have encountered in various

[33]Kingsley, *Health and Education*, p. 45.

[34]See, for example, John Gross, *The Rise and Fall of the Man of Letters: Aspects of English Literary Life since 1*800 (Basingstoke: Palgrave Macmillan, 2012).

[35]See, for example, Jamie Croy Kassler, *The Science of Music in Britain, 1740–1830: A Catalogue of Writings, Lectures, and Inventions* (New York: Gordon and Breach, 1979); Bennett Zon, *Music and Metaphor in Nineteenth-Century British Musicology* (Farnham: Ashgate: 2000) and Paul Watt, *The Regulation and Reform of Music Criticism in Nineteenth-Century England* (Oxford: Routledge, 2018).

[36]See, for example, Bradley P. Stoner, 'Understanding medical systems: Traditional, modern, and syncretic health care alternatives in medically pluralistic societies', *Medical Anthropology Quarterly*, **17**/2 (1986), 44–48.

[37]Leonard Le Marchant Minty, *The Legal and Ethical Aspects of Medical Quackery* (London: William Heinemann Ltd, 1932), p. xiii. For a history of quackery before 1800 see Derek Wilson, *Superstition and Science: Mystics, Sceptics, Truth-seekers and Charlatans* (London: Robinson, 2017). On quackery in context of nineteenth-century equipment see Takahiro Ueyama, 'Victorian Quacks, the Body Electric, and the Commercialization of Medicine', in *Health in the Marketplace: Professionalism, Therapeutic Desires, and Medical Commodification in Late-Victorian London* (Palo Alto, CA: Society for the Promotion of Science and Scholarship. 2010), pp. 112–69.

[38]Minty, *The Legal and Ethical Aspects of Medical Quackery*, pp. xvi–xvii.

[39]*Ibid.*, p. 73.

[40]Felix E. Planer, *Superstition* (London: Cassell, 1980), pp. 4, 12–21.

[41]*Ibid,* pp. 9–12.

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professional journals and trade books, the chief topics of concern being fresh air, beverages, food, smoking, clothing and products such as breathing apparatuses. Medical advice clearly entered the public sphere, moving from the professional to 'lay contexts'.[42] The following section provides examples from a range of literature that probably helped inform their received ideas about the benefits of fresh air and the perils of smoking, for example. More specific refences to each of the items discussed in this section are references to case studies of specific singers in Part 3 of the article.

Fresh air

For centuries, the intake of fresh air has been recognized as a fundamental ingredient for health and dominated most books on health in the nineteenth century. A tract published by the Ladies' Sanitary Association around 1850 entitled 'The mischief of bad air' is an indication of the degree to which toxic air was of concern.[43] However, an earlier example of the preoccupation of fresh air for health comes from John Arbuthnot's *An Essay Concerning the Effects of Air on Human Bodies.*[44] Arbuthnot was a fellow of the Royal College of Physicians of London and also that of Edinburgh, as well as of the Royal Society; his work reflected miasma theory predicated on the belief that germs circulated in bad air.[45] In this book he outlined the origins of the physiological effects of air as recognised by 'Philosophers, Mathematicians, Chemists, and Professors of Agriculture and Gardening' and noted the financial impact that poor air quality had on disease control.[46] He was a particularly early writer to articulate that different types of air produce different types of diseases. Indeed, he kept a diary of the weather to observe effects on disease and was especially cautious about extremes of cold and heat in the air.[47] But it was moist air, or vapours – especially carried by wind and arising from soils – that especially concerned him as not being 'generally healthy'.[48] He also argued that prolonged droughts were 'most dangerous to all Human Bodies', although he did not articulate why this was the case.[49]

A topic of especial significance for singers and orators was respiration and the health of various organs including the lungs, thorax and diaphragm. Arbuthnot was among the earliest to observe that bad air, or a person's inability to breathe properly, had a detrimental effect on these organs. He observed also that a deficiency in respiration affected the lives of animals and fish. Of course, Arbuthnot encouraged the intake of as much fresh air as possible but acknowledged this was not feasible for all.[50] Towards the end of the book he noted that more research was needed on the impact of weather on the supply of fresh air.[51]

The availability of fresh air was of great concern to the Royal Society at large, of which Arbuthnot was a member. In 1733 – the year in which Arbuthnot's book was published – the Royal Society met on 9 June to discuss the ways in which fresh air could be supplied in various workplaces.[52] The lack of ventilation in work sites such as mines, jails, workhouses, ships – and, remarkably, hospitals – was discussed. For the Society, fresh air was 'that genuine cordial of life' and various mechanisms involving the use of bellows and valves were discussed as possible instruments to supply much needed fresh air for workers, prisoners

[42]Stephen Jacyna, '"Mr Scott's Case: A View of London Medicine in 1825', in *The Popularization of Medicine*, ed. by Roy Porter, pp. 252–86 (p. 252).

[43]Ladies' Sanitary Association, 'The mischief of bad air' (London: Jarrold & Sons, [c. 1850]).

[44]John Arbuthnot, *An Essay Concerning the Effects of Air on Human Bodies* (London: J. Tonson, 1733).

[45]See Lois N. Magner, *A History of Infectious Diseases and the Microbial World* (Westport, CT: Praeger, 2009), pp. 19–47.

[46]Arbuthnot, *An Essay Concerning the Effects of Air*, pp. vi, vii.

[47]*Ibid,*, pp. ix, 60, 71, 72. In the preliminary pages to his book Arbuthnot commended the work of Dr Clifton Winteringham (1689–1748), who had kept a diary of the weather in Norfolk from 1715 to 1725.

[48]Arbuthnot, *An Essay Concerning the Effects of Air*, p. 72.

[49]*Ibid.*, p. 64.

[50]*Ibid.*, p. 205.

[51]*Ibid.*, p. 223.

[52]Stephen Hales, *A Description of Ventilators: Whereby Great Quantities of Fresh Air may with ease be Conveyed into Mines, Gaols, Hospitals, Work-houses and Ships* (London: W. Innys, 1743).

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and patients.[53] One of the author's suggestions for keeping ships clean and healthy was to regularly 'sprinkle' vinegar between decks and argued hospitals should have higher ceilings to aid ventilation.[54]

In 1874, Charles Kingsley advocated strongly for legislation to ensure that adequate ventilation was provided in all buildings.[55] He opined that, approaching the third quarter of the century, most buildings were poorly designed but offered a solution for the future:

> But now [in 1874], our doors and windows shut only too tight. We have plate-glass instead of lattices; and we have replaced the draughty and the smoky, but really wholesome open chimney, with its wide corners and settles, by narrow registers, and even by stoves. We have all we can, in fact to seal ourselves up hermetically from the outer air, and to breathe our own breaths over and over again; and we pay the penalty of it in a thousand ways unknown to our ancestors, through whose rooms all the winds of heaven whistled, and who were glad enough to shelter themselves from draughts in the sitting-room by the high screen round the fire, and in the sleeping room by the thick curtains of the four-posted bedstead, which is now rapidly disappearing before a higher civilisation. We therefore absolutely require to make for ourselves the very ventilation from which our ancestors tried to escape.[56]

Among the concerns about a lack of fresh air was, of course, disease. Moral panics about poisonous air raised tension about pathogens emanating from foul air and contaminated water. Early eighteenth-century writers, such as John Arbuthnot, were certain that many diseases were caused by airborne particles and played a significant part on the contagion of disease.[57] Later writers were also worried about germ theory, which Thomas Maclagan described in 1876 led to the proliferation of a 'system of minute organisms' accumulating in the atmosphere due to poor ventilation.[58] As we will see in the case studies below, singers were especially concerned to protect their voices from bad air.

Beverages

The preoccupation of singers with the intake of healthy air was matched by their preoccupation for the intake of quality food and beverages that would, later in the nineteenth century, form a key part of books written for singers. Help for singers (and public speakers and orators) was found in medical writings. Sinclair, writing in 1807, wrote much on what liquids were most suitable to drink. Milk was one of the best drinks of all, according to Sinclair, because it 'seems to partake of that just medium between animal and vegetable substances'.[59] He was also enthusiastic about the consumption of by-products of milk – cream, curd and whey – and was equally encouraging of the consumption of both goat's and sheep's milk, noting that other civilizations consumed the milk from the ass and camel.[60] He strongly advocated drinking milk immediately after milking had occurred and supported the 'ancient' practice of adding honey and sugar to milk for medicinal purposes.[61]

Sinclair did not promote the practice of mixing of milk with rum first thing in the morning. He attributed this drink, known as 'Old Men's Milk', to Scotland but described it as largely 'unwholesome'.[62] Sinclair gave its recipe in a footnote:

> The yolk of an egg is beat up in a bowl or basin, and then mixed with cream or milk, and a little sugar according to the quantity wanted, and thoroughly incorporated. A glass of spirits, or more, is then

[53] *Ibid.*, p. iv.
[54] *Ibid.*, pp. ix, 23.
[55] Kingsley, *Health and Education*, p. 37.
[56] *Ibid.*, p. 40.
[57] Arbuthnot, *An Essay Concerning the Effects of Air*, p. vii.
[58] Thomas Maclagan, *The Germ Theory Applied to the Explanation of the Phenomenon of Diseases* (London: Macmillan and Co, 1876), p. 1.
[59] Sinclair, *The Code of Health and Longevity,* p. 270.
[60] *Ibid.*, p. 270.
[61] *Ibid.*, p. 271.
[62] *Ibid.*, p. 274.

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> gradually poured into the mixture, so as to prevent the milk from curdling. It is found useful to travellers, who are obliged to commence their journey early, particularly if the weather be cold and damp.[63]

Part of Sinclair's criticism of 'Old Men's Milk' was its unpalatability. For those men—and presumably women—who were still inclined to mix spirits with milk, Sinclair provided an alternative recipe:

> Take 8 English quarts of whisky or rum, 4 lb. of sugar, 2 bruised nutmegs, 8 quarts of cold water, the juice of 12 lemons (the rinds to be taken off and put in the spirits, four hours before); mix the whole, and add 2 quarts of new milk, almost at boiling heat; let it stand two hours, and strain it through a bag till clear.[64]

Water was next on Sinclair's list of appropriately healthy drinks though he cautioned some sources were not potable, for example, when drawn from the Seine in Paris and Loch Ness in Scotland. Water, argued Sinclair –citing evidence from various writers – was mostly good for digestion but should not be consumed too quickly, or by people suffering illnesses such as gout. Sinclair also argued that wine diluted with water was 'true medicine' for some illnesses, though he did not specify which ones, apart from the previously mentioned gout.[65] Water used in the production of various spirits was entirely recommended: Sinclair justified their moderate consumption, arguing such mixing added to 'the comforts and the pleasures of life'.[66] Sinclair then elaborated at length on the kinds of products that could be most tastefully infused with water: grains, gruel, bread, tea, sage, coffee, chocolate, broths and soups.[67] At the end of this section of the book on water, Sinclair brought news of a fashionable new recipe from Paris:

> Sugar and water, we are told, is, at present, a very common drink at Paris, and reckoned extremely wholesome, as it almost instantly alleviates any slight indigestion, or uneasiness of the stomach, obviates the effects of an extraordinary glass of wine; and, if taken at the beginning, cures a common cold. A glass of sugar and water is often taken at Paris before going to bed.[68]

Gargles were also recommended for a singer's ailing throat. In *A Treatise upon the Diseases and Hygiene of the Organ of the Voice*, published in English translation in 1857, Marc Colombat de L'Isère wrote frequently on their efficacy and occasionally provided recipes. To help recovery after a tonsillectomy, gargling with barley-water sweetened with honey was recommended, while to relieve symptoms of aphony he suggested a gargle comprising one part sulphate of alum to sixty part of distilled rose water.[69] To help repair of the mucous membrane and further symptoms of dysphonic and aphony he suggested a gargle of 1 pound decoction of oak bark, 4 ounces of distilled rose-water and 2 drachams of sulphate of alum.[70] Furthermore, to cure fatigue of the voice, E. B. Shuldham recommended a gargle of 'Arnicated water (a teaspoonful of Arnica to a tumblerful of cold water)'.[71]

Food

Opinion varied widely on suitable foods fit for healthy consumption and singers – as we will see in the next part of the article – were also preoccupied by healthy choices relating to food. Some writers, such as Andrew Combe in the 1830s, merely suggested the need for a balanced diet, which at its core would

[63] *Ibid.*, note to p. 274.
[64] *Ibid.*, p. 275.
[65] *Ibid.*, p. 307.
[66] *Ibid.*, p. 280.
[67] *Ibid.*, pp. 280–304.
[68] *Ibid.*, p. 304.
[69] Marc Colombat de L'Isère, *A Treatise Upon the Diseases and Hygiene of the Organs of the Voice*, trans. by J. F. W. Lane, 2nd edn (Boston: Redding & Co., 1857), pp. 100, 135.
[70] *Ibid.*, pp. 100, 154.
[71] E. B. Shuldham, *The Clergyman's Sore Throat, or Follicular Disease of the Pharynx* (London: Homoeopathic Club Publishing Co., 1878), p. 68.

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comprise consuming 'animal food twice or thrice a day'; when coupled with spending as much as time as possible in the open air, this would significantly reduce the risk of 'pulmonary consumption'.[72] Other advice from writers was equally as straightforward: 'the plainer the food the better', was how Curtis succinctly defined a good diet, going on to heavily criticize people who 'for want of something better to employ their time and attention, devote themselves to gastronomic pursuits, making eating the chief business of their lives, and stimulating their appetite—languid for want of active exertion—by every variety of culinary devices'.[73]

Almost twenty years from the publication of Curtis's book, George Henry Lewes's *The Physiology of Common Life* took a more scientific approach to the subject of diet. Lewes warned about constructing absolute categories of wholesome and unwholesome food because individual physiologies would respond differently to different foodstuffs.[74] The point he made was that while a 'wholesome' pudding may be good for one person, it may be no good for another person's constitution and provided examples from the animal kingdom, including the diet of the rhinoceros, to make his case. He also argued for a more critical evaluation of what constituted a suitable diet in hot and cold climates, claiming that oils and fats were more likely to be consumed in a cold climate because of elevated or increased respiration, whereas such consumption in a warm climate would not be as necessary.

Lewes's scientific approach to the study of diet and physiology included a significant amount of research in chemistry. For example, in a discussion on fats and oils, including 'suet, lard, marrow, butter' he provided the following break-down of the quantity of fat per 100 parts in these foods:

Filberts	60
Olive seeds	54
Coconut	47
Almonds	46
White mustard	36
Linseed	22
Maize	9
Yolk of eggs	28.75
Ordinary meat	14.3
Ox liver	3.89
Milk, cows'	3.13
—— women's	3.55
—— asses'	0.11
—— goats'	3.32
——ewes'	4.20
Bones of sheep's feet	5.55
—— ox head	11.54[75]

[72]Combe, *The Principles of Physiology*, p. 174. In the first half of this book the author is often preoccupied with this disease.

[73]Curtis, *Observations on the Preservation of Health*, p. 78.

[74]George Henry Lewes, *The Physiology of Common Life*, **3** vols (Edinburgh: W. Blackwood, 1859), **I,** pp. 62–63. For a biography of his intellectual life see Rosemary Ashton, G.H. *Lewes: An Unconventional Victorian* (London: Pimlico, 1991).

[75]Lewes, *The Physiology of Common Life* **I**, pp. 134–135, citing Jonathan Pereira, *A Treatise on Food and Diet* (New York: J. & H. G. Langley, 1843), p. 167.

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Unlike writers of his previous generation, including Sinclair, Lewes was vehemently opposed to the consumption of alcohol recommending – to an extent – teetotalism and the work of temperance movement:

> [I]t is needless to dwell on the dangers which unhappily surround the use of alcohol. Terrible is the power of this 'tricksy spirit'; and when acting in conjunction with ignorance and sensuality, its effects are appalling. So serious an influence does it exercise on human welfare, that we may readily extenuate the too frequent exaggerations of those zealous men who have engaged in a league for its total suppression. So glaring are the evils of intemperance, that we must always respect the motives of the Temperance Societies, even when we most regret their exaggerations. They are fighting against a hideous vice, and we must the more regret when zeal for the cause leads them, as it generally leads partisans, to make sweeping charges, which common sense is forced to reject.[76]

Even with such trenchant criticism of alcohol, Lewes argued against a wholesale dismissal of its consumption. He suggested that the field of physiology had yet to come to a complete understanding of the effects of alcohol on the body and the digestive system, and what percentages of alcohol, if any, are excreted as carbolic acid or water.[77] Lewes took an equally pragmatic approach to casting a judgement on the benefits and effects of vegetarianism. After providing details of a French study undertaken on dogs he concluded that only people suffering from a disease he called 'the stone' should be prescribed a strict vegetarian diet.[78] On tea, coffee, chocolate, wines and beers, Lewes considered them 'undeniably nourishing' but once more argued that research was wanting on their 'physiological value'.[79] Towards the end of the section of his book, Lewes declared that the best rule of thumb was to ensure one's diet was varied.[80]

Smoking

Tobacco was a much-discussed subject for writers on diet and Lewes was no exception. Singers (especially women) were particularly exercised on the matter, most of them recognizing the ill-effects of smoking. In what we have seen of Lewes's pragmatic approach to health issues, he wrote about the positive as well as the negative effects of smoking. He supposed that smoking a cigar after a meal aided digestion by activating saliva, whereas stimulating the salivary glands by smoking before a meal was of no use. He further claimed that the results of smoking tobacco were still 'little understood' though writing fifteen years later, Holmes observing that tobacco consumption led to hand tremors and breathing difficulties: indeed, he went so far as to describe the herb as a 'virulent poison'.[81] Further advice Lewes provided for digestion was to refrain from eating between meals, allowing at least four or five hours to pass after each meal before eating again. He admitted, however, that those involved in strenuous exercise may need to eat at more frequent intervals and that, in the evenings, dancers, theatre-goers and parliamentarians may require a supper after exerting themselves in their various activities.[82]

Regarding smoking, Shuldham admitted the question was vexed because the practice was so entrenched in everyday life, though he argued it was not a necessity. In seeking a middle ground he offered the following detailed advice:

[76]Lewes, *The Physiology of Common Life* **I**, p. 146.

[77]*Ibid.*, p. 147.

[78]*Ibid.*, p. 174–175.

[79]*Ibid.*, pp. 176–77. Sir Gordon Morgan Holmes, writing in 1874, some fifteen years after Lewes, noted that too much coffee could facilitate heart palpitations and breathing difficulties; Gordon Holmes, *A Treatise on Vocal Physiology and Hygiene, with Especial Reference to the Cultivation and Preservation of the Voice* (London: J. & A. Churchill, 1874), pp. 230–31.

[80]Lewes, *The Physiology of Common Life* **I**, p. 179.

[81]Lewes, *The Physiology of Common Life* **I**, 236. Holmes, *A Treatise on Vocal Physiology and Hygiene*, 229.

[82]Lewes, *The Physiology of Common Life* **I**, 238. *Ibid.* Morell Mackenzie was in complete agreement: 'The effect of smoking on the voice', *New Review*, April 1890, pp. 315–23.

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> If the public speaker or singer cannot live without his tobacco, and there are some who fancy they shall die without it, the remedy is simple. Avoid strong tobacco in stale pipes, and full flavoured cigars, for these are nerve depressants; and avoid dry, chippy tobacco in short pipe, or cigarette, for this is an irritant of the mucous membrane of mouth and throat. Smoke rather a mild, delicate kind, Turkish or Latakia, in bowls to which are attached long snake-like stems, or still better, use the hookah; by means of this apparatus the drying and burning effect of light tobacco is taken away, and the nervous system does not suffer.[83]

One theme that emerges in much of the literature is that individual physiology – or exceptions to norms – should not justify a wholesale acceptance or rejection of a scientific point. Shuldham noted that while singers such as Giovanni Matteo Mario (1810–83) and Malibran were smokers, these 'brilliant exceptions do not break the rule'; in Shuldham's opinion, tobacco was 'a powerful irritant … and, if speakers and singers are wise, they will take it only on rare occasions, in a mild form, and through the medium of a long, cooling stem, and wisely filtered by the *judicious hookah*'.[84]

Clothing

Clothing was also a common topic in literature concerning vocal hygiene and advice affected singers, as we shall see below. An extended discussion on the subject is located in L'Isère's aforementioned *Treatise*. De L'Isère was particularly well known for his work on elocution and for his treatments of stuttering, yet it also appears he had had extensive experience and expertise in treating the singing voice. Like many writers studied in this article he recognized the value of fresh air and regular exercise and the perils of a singer being exposed to polluted air. However, unlike most authors he wrote on clothing appropriate to a singer. His primary concern was to protect the larynx and ribs. As he explains with careful detail:

> Singers should also be careful to use only supple cravats, of a soft tissue; they should not tie them too tight, for by compressing the larynx they impede the voice, especially in the base notes. In tenors and soprani they may cause a sudden attack of apoplexy during the maintenance of a high and prolonged note.
>
> Females should abstain from lacing their corsets too tight, which, by opposing the dilation of the chest, often compels them to respire out of season, and prevents them from profiting by all their powers and the extent of their voices. The abdominal supporters moderately tight may be useful to base singers, who are more disposed than others to obesity and abdominal hernia.[85]

L'Isère advised singers to keep a handkerchief about their person should they find themselves in the cold night air and use it to protect their mouth and nose. He also gave the following advice to women regarding menstruation:

> Females, at the period of their menses, will do well to wear drawers of flannel, as they are then more impressible; they will thus avoid painful menstruation and suppressions, which always effect the voice and often the health. It will be even prudent for them not to sing at these periods, especially in the great airs of our modern operas; their vocal timbre being then always less pure, and the emission of the voice les easy, they may become more readily fatigued than at any other period, and at the same time expose themselves to a poor appreciation of their talents and powers. Females who are encientes [sic] should for the same reasons sing less frequently and for a shorter time; during the duration of their pregnancy they are more liable to hoarseness, dysphony and aphony.[86]

[83]Shuldham, *The Clergyman's Sore Throat*, pp. 85–86.
[84]Shuldham, *The Clergyman's Sore Throat*, pp. 87–88 (emphasis original).
[85]L'Isère, *A Treatise*, pp. 214–15.
[86]*Ibid.*, pp. 216–17.

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Writing in 1870, Ghislani Durant also proffered similar advice to L'Isère, especially to women. Durant described it 'foolish and frivolous' to wear a tight corset because it was 'dangerous and inconvenient and interferes with the pulmonary and abdominal circulation'.[87] The effect of this on the singer's art, wrote Durant, was the inability to bring enough air into their lungs to sing correctly.[88] To emphasise the point, Durant quoted from a text on lacing corsets that provided the following six instructions for their design and fit:

> 1st. Corsets should be made of smooth, soft, elastic material; 2d, they should be accurately fitted and modified to suit the peculiarities of figure of each wearer; 3d, no other stiffening should be used but that of quilting or padding; the bones, steel, etc., should be left to the deformed or diseased, for whom they were originally intended; 4th, corsets should never be drawn so tight as to impede regular, natural breathing, as, under all circumstances, the improvement of figure is insufficient to compensate for the air of awkward restraint caused by such lacing; 5th, they should never be worn either loosely or tightly during the hours appropriated to sleep, as, by impeding respiration and accumulating the heat of the system improperly, they invariably injure; 6th, the corsets for young persons should be of the simplest character, and worn in the lightest and easiest manner, allowing the lungs full play, and giving the form its full opportunity for expansion.[89]

Corsets aside, Lennox Browne and Emil Behnke were at pains to prescribe the kind of clothing a female singer should wear for everyday use (fig. 1). They argued that there was a need to reform the fashion of female singers and offered the following as general rules:

> The utility of a reformed dress must stand the test of actual wear over long periods of time, and the dress must present the following features: An even distribution of warmth and weight over the body, lightness and absence of constriction or pressure on the one hand and of undue fullness on the other, In addition the dress must not depart too conspicuously from the fashion of the period.[90]

Browne and Behnke provided further particulars concerning the fabrics from which female undergarments should be made. In sum, a typical outfit for the female singer would take the following form:

> The underclothing consist of (1) of a special woven and shaped combination reaching from neck to ankles and wrists. This is supplied in three materials, silk-gauze, merino, and lamb's wool; (2) stockings drawn on *over* the combination. Garters are not usually required, as the stockings cling closely to the combination, but where any difficulty is experienced the stocking-suspender can be used. Next to the combination is worn (3) a pair of knickerbockers, which reach to just below the knee, carefully cut to the figure, with no superfluous fullness. This garment can be made of almost any material according to individual taste. The knickerbockers button at the sides, thus securing complete immunity from draughts and chills from changes of temperature; the entire weight should be buttoned to a bodice; (4) an ordinary petticoat bodice completes the underclothing. If corsets are required the hygienic stays … are recommended.[91]

Fewer instructions were provided for men, presumably because they were not required to wear so many close-fitting undergarments. Durant, for example, advised men to have loose fitting cravats and collars as not to restrict the neck and cause distraction for the speaker or singer in performance.[92]

[87]Ghislani Durant, *Hygiene of the Voice, its Physiology and Anatomy* (New York: G. Schirmer, 1870), pp. 95–96.
[88]*Ibid.*, p. 96.
[89]*Ibid.*, pp. 96–97, quoting 'Essay on Tight-Lacing' by a Dr Goddard.
[90]Lennox Browne and Emil Behnke, Voice, *Song and Speech: A Practical Guide for Singer and Speakers: From the Combined View of a Vocal Surgeon and Voice Trainer*, 2nd edn. (London: Sampson Low, Marston, Searle, and Rivington, 1884), p. 250.
[91]*Ibid.*, p. 251.
[92]Durant, *Hygiene of the Voice*, p. 97.

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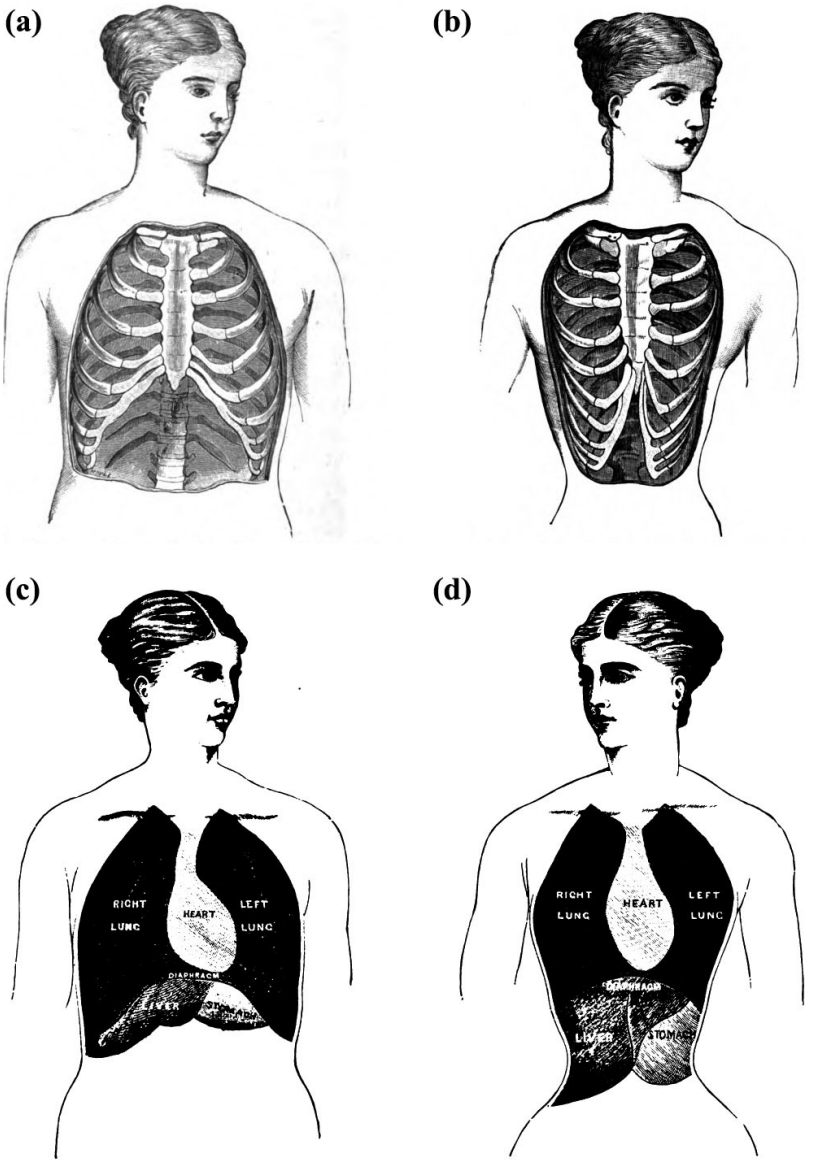

Figure 1. Diagrams showing the results of compression from wearing a corset. Lennox Browne and Emil Behnke, *Voice, Song and Speech: A Practical Guide for Singer and Speakers: From the Combined View of a Vocal Surgeon and Voice Trainer*, 2nd edn (London: Sampson Low, Marston, Searle, and Rivington, 1884), pp. 110, 111, 112, 113.

Pills and products

Using illustrations for advertising medical products was also common and included products for singers. 'The wonderland of advertisement columns' is how Shuldham described some of the marketing literature for pills and other products for vocal health and certainly the fourteen pages printed at the rear of Browne and Behnke's *Voice, Song and Speech* is a striking example. The advertising of medical journals and public lectures and other publications by the same author was commonplace in books on health of the period, but not advertisements for equipment and health products. The inclusion of such an extensive advertisements section was introduced by a Preface in which is explained the idea had come from Ernest

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Turner's *Hints to Househunters and Householders*.[93] The preface contains a disclaimer that the authors do not necessarily endorse the products described. The preface is further justified on the grounds that 'some of the most dubious [products] are supported by testimonials from persons whose names are frequently of great weight to the unthinking, but valueless to the thoughtful'.[94] This advertising supplement therefore suggests a reliable assortment of products. The inclusion of this supplement warrants scrutiny. It may be that it was included to offset the production of the costs of the book or because one of the authors had a vested interested in some or all of the products that were advertised. The inclusion of such a supplement is too irregular to taken at face value.

Amongst the dozens of advertisements pitched to singers and public speakers were a variety of tablets. The Wyeth Compressed Tablets, containing five grains (roughly 0.3 grams) of chlorate of potash, is described as 'largely prescribed' for hoarseness, bronchial irritation and sore throat. Further qualification of the products was given, labelling it particularly useful for ulcerations and the clergyman's sore throat and 'especially convenient for singers and public speakers'. A line drawing of the tablet in its exact size is provided and instructions for taking it are provided: 'A Single Tablet placed in the mouth a few minutes before using the Voice will usually secure entire freedom from huskiness, rawness of the tongue, and dryness of the tongue and throat'. This descriptive information is then followed by endorsements for the product from the *Lancet*, the *Analytical Report of Medical Press and Circular* and the *London Medical Record*, the last-named journal describing the tablet as having 'remarkable merit' for being 'infinitely superior to the ordinary lozenge [and] at once more compact, purer, and more soluble'. The product is described, finally, as available by post 'by any chemist'.[95] Not done with advertising just one product, advertised immediately under it is a second Wyeth Compressed Tablet, this one being made of two-and-half grains each of chlorate of potash and borax and able to be 'conveniently retained in the mouth while speaking or singing'. The product is endorsed by the *British Medical Journal* and the tablet is further advocated to rid a person of bad breath. Like its counterpart tablet advertised above, it is available through mail order prepared by Burroughs, Wellcome & Co, manufacturing chemist, London.[96]

Other tablets that were advertised for the singer and speaker in the supplement included Cooper's Effervescing Lozenges that came in two sorts, the Astringent Voice Lozenge and the Effervescing Liver Lozenge. The former was 'pronounced by the highest Medical, Clerical, and Vocal authorities to be the best Lozenge ever introduced for the Voice'. William T. Cooper in Oxford Street manufactured these goods.[97]

Equipment was also advertised. The Burroughs Inhaler (fig. 2), also a product of Burroughs, Wellcome and Company is described – and illustrated – as 'an ingenious and convenient device for inhaling chloride of ammonium fumes', making it more effective than other inhalers in making faster and deeper contact with 'mucous surfaces of the nose and throat'. The inhaler was sold in a case for 12 shillings. Another, the Kerr's Chloride of Ammonium Inhaler (fig. 3), was advertised as 'the most simple yet invented for the purpose of inhaling the Vapour of Chloride of Ammonium now so largely prescribed for the cure of all Chronic Throat Affections'. If readers were unsure about the safety of the product, the advertisement included a note to reassure potential purchases: 'There is no risk of taking cold after inhalation; on the contrary, liability to the effect of cold are [*sic*] diminished by its use'.[98] The only respirator to feature in the advertising section is Marshall and Snellgrove's respirator veil (fig. 4). The company prided itself on supplying 'an efficient and long-sought for requirement of Ladies and others needing protection from the Fogs and Cold of this capricious climate'. The veil is endorsed by Lennox Browne 'and is generally recommended by most Members of the Faculty [and in] *Medical Times and Gazette*, *British Medical Journal*, *The Queen*, *Land and Water*, &c, &c.'

[93]Ernest Turner, *Hints to Househunters and Householders* (London: B.T. Batsford, 1883).

[94]Browne and Behnke, *Voice, Song and Speech*, p. 323.

[95]*Ibid.*, advertising supplement, p. xviii. Either pages i–xviii are missing from this edition or the advertising supplement is erroneously paginated.

[96]*Ibid.*, advertising supplement, p. xix.

[97]*Ibid.*, advertising supplement, p. x.

[98]*Ibid.*, advertising supplement, p. xxxiii.

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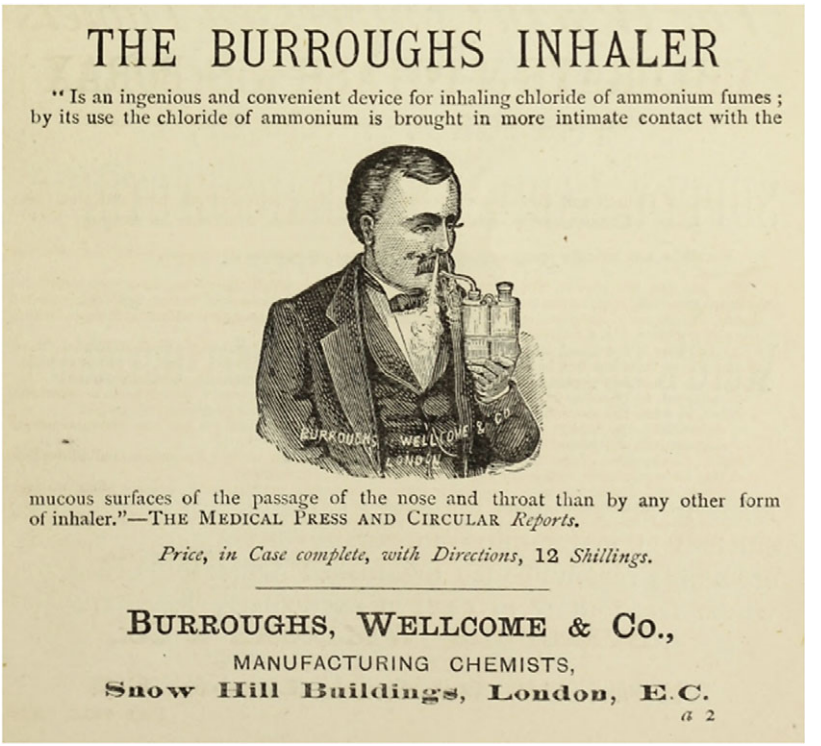

Figure 2. Burroughs inhaler. Lennox Browne and Emil Behnke, *Voice, Song and Speech: A Practical Guide for Singer and Speakers: From the Combined View of a Vocal Surgeon and Voice Trainer*, 2nd edn (London: Sampson Low, Marston, Searle, and Rivington, 1884), advertising supplement, p. xix.

Also advertised, but by a different company, were portable Turkish baths to help relieve 'rheumatism, gout, eczema, lumbago, sciatica, and skin, liver and kidney affections' (fig. 5, top). It seems the bath came in two models: one for use in bed and one for use while sitting. The advertisement declares that the bath won the 'Highest Award' at an International Medical and Sanitary Exhibition in 1881 in the category for 'Portable Turkish Hot-Air and Vapour Bath, Bronchitis and Group Kettles' and was awarded the Silver Medal by the National Health Society in 1883.[99]

In addition to tables and technology, underpants also featured in the advertising supplement. E. Ward and Company from Ilkey manufactured 'Ladies Hygiene Clothing of every description' (fig. 5, bottom), which were 'Made in all Textures for every Climate … and are highly recommended to Musical Artists and others to whom freedom from chill is particularly essential'. Readers could be appraised of all products and a price list on application.[100] J. F. Pratt, a 'surgical mechanician' at 43 Oxford Street, London, advertised his 'hygienic supports, ladies' belts, spinal stays, galvanic apparatus, etc'.[101] Given this supplement was published in a book for both singers as well as public speakers it is likely to have come to the notice of opera singers though their testimonies in the case studies below do not reference specific literature that they may have consulted.

[99] *Ibid.*, advertising supplement, p. xx.
[100] *Ibid.*, advertising supplement, p. xx.
[101] *Ibid.*, advertising supplement, p. xxxii.

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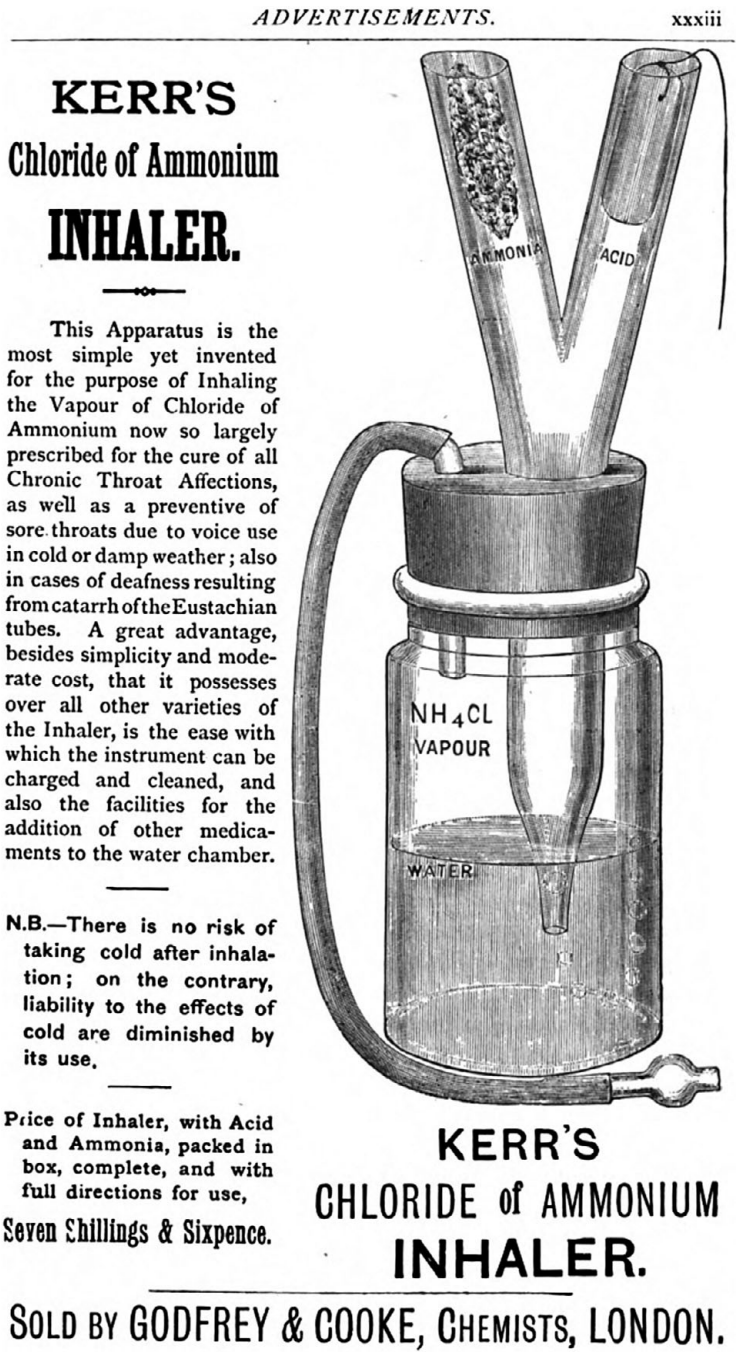

Figure 3. Kerr's inhaler. Lennox Browne and Emil Behnke, *Voice, Song and Speech: A Practical Guide for Singer and Speakers: From the Combined View of a Vocal Surgeon and Voice Trainer*, 2nd edn (London: Sampson Low, Marston, Searle, and Rivington, 1884), advertising supplement, p. xxxiii.

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THE RESPIRATOR VEIL

(*See page* 107 *of this Work*)

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Figure 4. Example of a respirator's veil. Lennox Browne and Emil Behnke, *Voice, Song and Speech: A Practical Guide for Singer and Speakers: From the Combined View of a Vocal Surgeon and Voice Trainer*, 2nd edn (London: Sampson Low, Marston, Searle, and Rivington, 1884), advertising supplement, p. xxvii.

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Figure 5. Turkish baths and ladies' underwear. Lennox Browne and Emil Behnke, *Voice, Song and Speech: A Practical Guide for Singer and Speakers: From the Combined View of a Vocal Surgeon and Voice Trainer*, 2nd edn (London: Sampson Low, Marston, Searle, and Rivington, 1884), advertising supplement, p. xx.

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Part 3: Case studies, anecdotes and interviews

The case study was a common form of drawing on clinical experience to gather evidence for a writer's point of view or product.[102] For example, Ghislani Durant listed thirteen cases or patients he had successfully treated during his career in the Appendix to his book, *Hygiene of the Voice*. One of the thirteen cases (for which dates are not provided) was a nineteen-year-old man who was apparently suffering bronchitis and had tonsils so enlarged they were at the point of causing suffocation. Durant treated the tonsils by applying Vienna paste once a day, five and six days apart. The patient fully recovered after two months' treatment involving a further 'tonic regimen'. The application of Vienna paste also cured the regular colds and nightly coughing fits of an eight-year-old girl suffering irritation of the uvula.[103] Anecdote also played a part in the cultivation of received ideas in the implementation of vocal health regimes to promote both physical as well as mental health. These ideas were put to the test in performance, but they were also employed for everyday health regimes and habits well beyond the concert hall and opera house.

The Case Study

By the end of the century, particularised case studies of clinical practice were appearing in medical periodicals such as the *Journal of Ophthalmology, Otology and Laryngology*. In the first issue an article by Horace F. Ivins provided an analysis of a nineteenth-year old vocalist, an aspiring professional singer. Indeed, the article was simply entitled 'A vocal case'.[104] The subject of the case was named 'Miss B'. The article outlined her medical history including previous disease and symptoms and treatment by other medical doctors, amongst others. The patient's history included not only observations by Ivins but quotations from the patient, presumably made in her consultations with him. He outlined the vocal exercise she undertook with her in his consulting rooms, as well as outlining the complications of Miss B's condition and limitation of knowledge standing in the way of being able to make a diagnosis which eventually led to the removal of her tonsils. The details of the treatment and surgery were discussed, as was the follow-up treatment such as cold sponge baths of the neck and chest.

Anecdote

Other writers provided little evidence of scientific endeavour, replying chiefly on anecdote. For example, writing in *Musical Education and Vocal Culture* Albert B. Bach reported on various individuals, their illnesses or problems and remedies for cure. One of the studies he reported was made in 1878 by Professor Monassain observing 222 patients in St Petersburg aged between 9 and 53 years of age, which he claimed showed that alcoholism reduced the size of a person's chest. No citations were provided, nor much detail; simply the conclusions of the experiment that advised regular vocal gymnastics would help the development of a voice.[105] Even less of a scientific description was provided for particular singers. Anecdotes were provided for the usefulness of consuming a bottle of champagne before a performance, for example (in the case of Maria Malibran), inhaling lilac (Guilia Grisi, 1811–69) and eating anchovies (Farinelli 1705–82). He also reported that 'Many Italian singers … take a few drops of vinegar or lemon-juice on a morsel of biscuit, believing it to be of special service in clearing the throat'.[106]

[102]On the history of the case study see Birgit Lang, Joy Damousi and Alison Lewis, *A History of the Case Study: Sexuality, Psychology, Literature* (Manchester: Manchester University Press, 2017).

[103]Durant, *Hygiene of the Voice*, pp. 118–22. The cases are paraphrased with the occasional direct quotation from pages 118, 119 and 120.

[104]Horace F. Ivins, 'A vocal case', *Journal of Ophthalmology, Otology and Laryngology*, **1** (1889), 66–71.

[105]Albert B. Bach, *Musical Education and Vocal Culture for Vocalists and Teachers of Singing*, 5th edn (London: Kegan, Paul, Trench, Trübner & Co. Ltd., 1898), pp. 176–77

[106]*Ibid.*, p. 184.

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Anecdote and science in case studies were not the only sources of descriptors of a healthy voice: ethnography and biography also played a vital role in educating readers about the health of the singing voice. One such book was Mabel Wagnall's *Stars of the Opera*.[107] The book comprised a set of interviews with Marcella Sembrich (1858–1935), Emma Eames (1865–1952), Emma Calvé (1858–1942), Lillian Nordica (1857–1914), Lilli Lehmann (1848–1929), Geraldine Farrar (1882–1967) and Nellie Melba (1861–1931). Each chapter was followed by the synopsis of an opera each of the stars had made famous. The singers were asked all manner of questions about their lives and careers, including their vocal health. While the book contains anecdotes from the various prima donnas the anecdotes are nonetheless verified from the sources themselves.

Singers' implementation of health regimes and habits

Some of the health regimens, such as that of Madame Sembrich, recommended including a two-hour walk every day of the week.[108] In the summer, she took longer walks in the Swiss Alps.[109] When interviewed by Henry Finck some years later, Sembrich gave further insight into her regimen:

> By refusing to sing more than two or three times a week, and by always selecting the music that is in line and that does not strain my vocal cords, I have been able to keep my voice in good condition for a number of years. … When I have to appear in the evening I eat at two o'clock, and then not again till after the performance. Unfortunately, I get so excited that often I find it difficult to go to sleep; but I keep myself in good health by plenty of exercise in the open air.[110]

For Eames, complete rest was necessary if she forgot even one note during a performance.[111] She made the same point to Finck but added that to keep her voice in top condition she avoided the 'fumes of tobacco smoke [that] simply paralyzed her throat' and she attributed her all-round good health to youthful vigour, as Finck recounted:

> For years she spent her free months near Florence, Italy, where she lived in a picturesque castle resembling a tower. Concerning this life she said that 'the health gained when, clad in my short skirt and short waist, a good stout stick in my hand and hobnailed boots on my feet, I climbed the mountains near our Italian home, helps me all through the season of work, makes the struggle easier, because I needn't take time to look after my physical well-being'.[112]

Calvé practised in short bursts starting with intervals then moving onto sustained notes but never rehearsing at full voice for more than a day. She also practised breathing and remarked 'I have never had any trouble with my throat and my tongue—no, I never thought much of these' going on to further describe her practising technique including humming, which she had been taught by Marchesi (1821–1913) and which Calvé remarked 'brings the tone forward'.[113] Some of Wagnall's questioning canvassed professional issues. Of Lotte Lehmann (1888–1976), Wagnall wrote, 'How do you keep up your splendid health and the strength to work so much?' For this she had a ready reply: I have been a vegetarian for the past five years'.[114]

[107]Mabel Wagnall's *Stars of the Opera: A Description of Operas and a Series of Personal Interviews with Marcella Sembrich, Emma Eames, Emma Calvé, Lillian Nordica, Lilli Lehmann, Geraldine Farrar and Nellie Melba*, 2nd edn (New York: Funk & Wagnalls, 1907).

[108]Wagnall, *Stars of the Opera*, p. 23. For Morell Mackenzie writing in 1886, this walk was too short: he recommended women to walk three miles per day, men six. See Mackenzie, *The Hygiene of Vocal Organs*, p. 146.

[109]Noted in Henry T. Finck, *Success in Music and How it is Won* (New York: Scribner's, Sons, 1909), p. 134.

[110]*Ibid.*, p. 137.

[111]Wagnall, *Stars of the Opera*, p. 53.

[112]Finck, *Success in Music*, p. 173.

[113]Wagnall, *Stars of the Opera*, pp. 111, 112.

[114]*Ibid.*, p. 308.

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On the subject of damaging a voice Melba was of the view that 'a child's voice should be carefully guarded. I consider the ensemble singing in school as ruinous to good voices. Each one tried to outdo the other, and the tender vocal cords are strained and tired.'[115] In other conversation with Wagnall, Melba indicated she was 'forever humming everything' as a child and did not take up singing seriously until the age of seventeen.

Some of the singers interviewed by Wagnall wrote or spoke about vocal hygiene in other sources. Melba, for example, is quoted from her article 'On the science of singing' in a biography of her from 1909:

> Physiological principles are the necessary groundwork of correct vocalisation. Physiology is absolutely essential to preserve the health of the organs and protect the voice from injurious influences; but in saying this, it must be understood that I am dealing with the science, not the soul, of song.[116]

Melba was quick, however, to remark that for a song to have soul, musical knowledge and physical health need to work in equal measure.[117] Indeed, Melba urged students to take the study of voice physiology extremely seriously:

> One of the first fields of the employment of the beginner's energy is physiology. No student should be content to proceed without gaining a reasonable knowledge of the anatomy of the throat and the sensitive and complicated physical mechanism that produce the singing voice. … Those who know the structure of the larynx and the muscular mechanism of the parts called into action by the production of the voice, will find themselves in possession of knowledge essential to correct outlook.[118]

On diet, Melba had much to say, writing that she was partial to fruit and vegetables in particular. She described a typical day thus:

> For breakfast I take only toast and tea; at luncheon a cutlet, or a little chicken, with a light salad and fruit, but no rich dishes. My chief meal is dinner, which I have rather late—7.45 or 8 o'clock—and there is nothing to distinguish it from the same meal in the average household. When I am singing in the evening, I do not dine, but have a very light repast consisting of either fish, chicken, or sweetbread, with a baked apple and a glass of water at 5 o'clock, and I always find myself very hungry for supper when I get home from the opera or concert. On the evenings when I am not singing or entertaining, I am always in bed by half-past 10 o'clock, sometimes earlier.[119]

The healthy habits of other singers were briefly mentioned by those whom Henry Finck wrote about or interviewed, and published in 1913. Louisa Tetrazzini (1871–1940), for example, avoided spicy food and 'finds all greasy foods bad for the vocal cords'.[120]

Despite the enthusiasm of Calvé, Lehmann and Melba for keeping up their health, other singers such as Sims Reeves found it a burden and a bore. Writing about the subject in his *Life and Recollections*, the tenor wrote (in a precious vein) about his frustration with maintaining a healthy life set against the expectations of society and his audiences:

> Then think about how every tenor, who wishes at all times to do his best, must regulate his life, must protect his valuable throat against all possible and impossible draughts. He eats in the most sparing manner, when all London sets him down as a glutton; drinks nothing but claret and water, when by universal consent he is a flaming, fiery drunkard. … There is no profession, indeed, which demands

[115] *Ibid.*, pp. 307, 308.
[116] Agnes G. Murphy, *Melba: A Biography* (New York: Doubleday, 1909), p. 327.
[117] *Ibid.*, p. 328.
[118] *Ibid.*, pp. 328–29.
[119] *Ibid.*, p. 337.
[120] Fink, *Success in Music*, p. 82.

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> such absolute regularity of life, such punctuality in the performance of duties, as that of an actor, and above all, of a singer; who, besides his general health, has his voice—often a very delicate one—to think of. Indeed, the care the tenor takes of himself, amounts in many cases to fastidiousness.[121]

Mental and Physical Health

A singer's mental health was rarely discussed directly, but the one exception in the nineteenth century was Maria Malibran (1808–36) (fig. 6). In a collection of biographical accounts of her life assembled in the 1840s by the Countess of Merlin, the state of her mental health was discussed.[122] In the first volume of the collection, Malibran's health is described as 'feeble', which brought her significant grief:

> During her early years Maria Garcia showed symptoms of that delicacy of health which characterised her after [sic] life. When she reached womanhood her spirit would struggle against her physical strength, rather than she would give up a difficulty, or allow it to be beyond her power to conquer. She would frequently swoon when overcome by the violent conflict which ever raged in her—the struggle between the mental energy and the delicate constitution with which nature had endowed her. Whist suffering to her utmost powers of endurance, and struggling against pain and debility, this inimitable songstress has often won her brightest laurels.[123]

The countess went on to note the singer's sometime habit of 'violent paroxysms of temper' but later realizing her bad behaviour and apologizing for it. Less sympathetic interpretations about Malibran's health were given including accusations that she was 'avaricious', 'penurious' and, according to her father, 'proud and stubborn', although she appears to have suffered by his over-bearing teaching techniques.[124]

In terms of her physical health, the countess argued that Malibran lived too dangerously at times, criticising Malibran for irresponsible exercise:

> She would rise at six in the morning, and go out, sometimes taking a fowling-piece, to enjoy the sport of shooting. At other times she would go out on horseback, always selecting the most spirited horse she could find. After galloping over hill and dale, at the risk of breaking her neck, fording rivers, and exposing herself to every danger, she would return and quell the apprehensions of her friends, who were often painfully alarmed for her safety. During the remainder of the day she would amuse herself with all sorts of childish games and exercises.[125]

Some of these games included dressing up as other people. The countess was concerned about these 'violent' and 'manly' exercises that drove Malibran to drink:

> To the charge of being masculine she herself used to plead guilty, inasmuch as she was passionately fond of riding, and indeed of all violent exercises. She would think nothing of travelling day and night during the most inclement weather; and sometimes taking the reins herself, she would mount

[121]Sims Reeves, *Sims Reeves: His Life and Recollections Written by Himself* (London: Simpkin Marshall & Co. and The London Music Publishing Co. Ltd, 1888), p. 259.

[122]*Memoirs of Madame Malibran by the Countess de Merlin, and Other Intimate Friends, with a Selection from her Correspondence and Notices of the Progress of the Musical Drama in England*, 2nd edn, **2** vols (London: Henry Colburn, 1844). Throughout most of the book the contributions by the Countess, the intimate friends, correspondence and notices are not identified.

[123]*Memoirs of Madame Malibran*, pp. 6–7.

[124]*Ibid.*, pp. 7, 9, 11.

[125]*Ibid.*, pp. 66–67.

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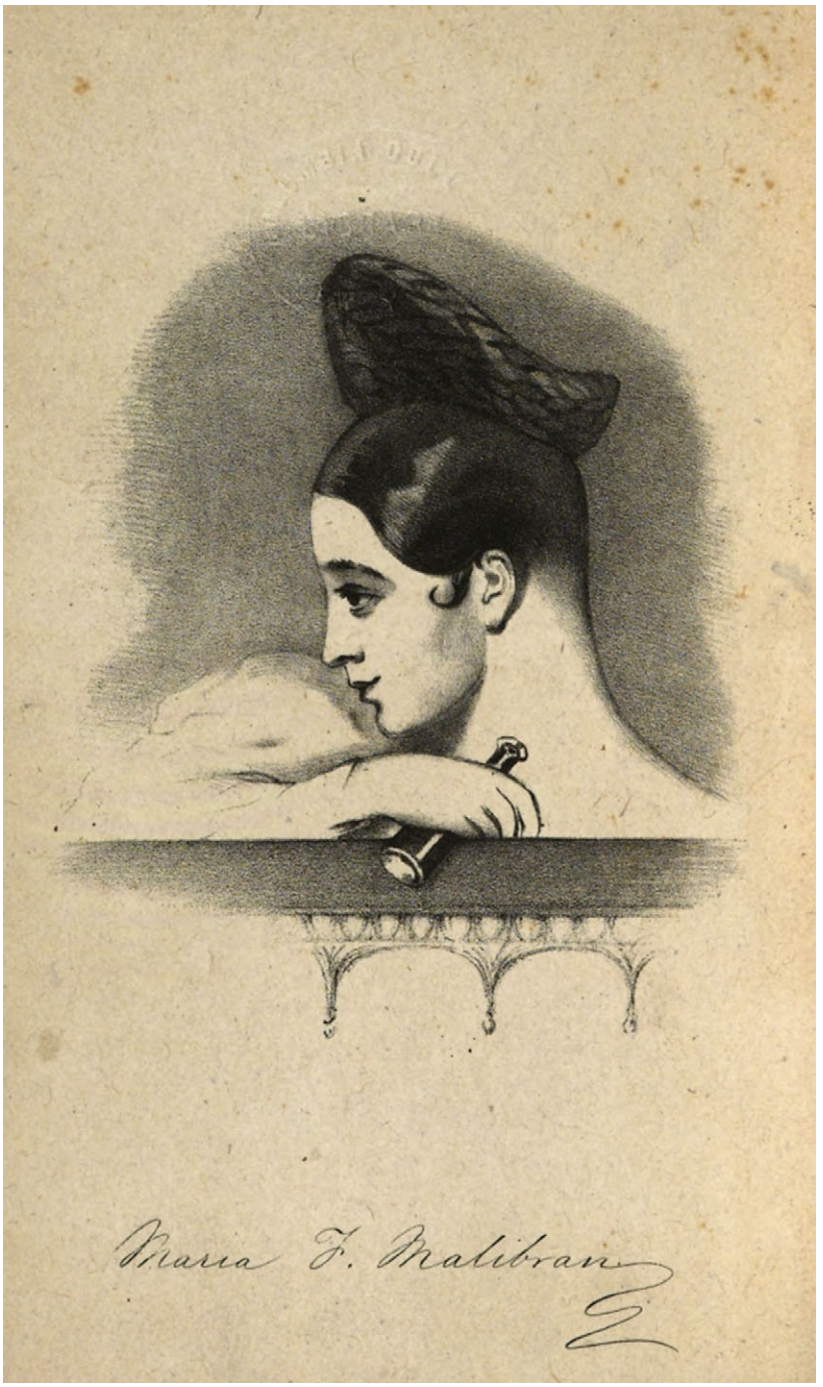

Figure 6. An illustration of Malibran (date unknown) emphasising her femininity, thus obscuring her reputation for manly pursuits. *Memoirs of Madame Malibran by the Countess de Merlin, and Other Intimate Friends, with a Selection from her Correspondence and Notices of the Progress of the Musical Drama in England*, 2nd edn, **2** vols (London: Henry Colburn, 1844), frontispiece.

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> the coach-box, and drive amidst hail and snow. She was fond of skating, swimming, and fencing; in short, she excelled in every manly exercise. … She has been accused of an over-indulgence in the use of strong drinks; but no allowance has been made for the fatigues she was forced to endure, and the consequent necessity of stimulus.[126]

Other concerns came from opera directors, according to the countess, for Malibran paid too little attention to preserving her voice, and they were worried she would damage it. According to the countess, 'Unlike other singers, she never spared herself. … She amused herself with riding, dancing, and all sorts of violent exercises, and her fondness for late hours was highly prejudicial to her vocal powers.'[127] Over time, she developed a reputation of cancelling concerts only to give them the next evening which as the countess explains was a symptom of her 'precarious' health; however, 'The consequence was, she was looked upon as uncertain and capricious, and she forfeited some share of the popularity she formerly possessed'.[128] Indeed, the countess was especially concerned about Malibran's more adventurous pastimes: rowing and singing in the Bay of Naples in the moonlight and sunbathing by day:

> This was one of her favourite amusements; for hours she would thus float on the waves, singing some of her favourite strains, delighted to hear the effect of her voice on the water. This, though imprudent, was not half so perilous to her health as her frequent habit of bathing at an hour when the sun's power is so great that few of the inhabitants of Naples will venture from their houses—and this, too, while she was in a delicate state of health. But she seldom looked forward to consequences, when the whim of the moment was to be gratified.[129]

Eating and Drinking Habits in and During Performance

In 1869 the *Pall Mall Gazette* paraphrased a report from 'a Viennese' paper that provided an 'amusing account of the refreshments which the singers at the opera there are in the habit of taking between the acts to keep their voices in good order' though dates of this data collection are not provided.[130] Paraphrasing the London article:

- Leonard Labatt (1838–97) consumed two salted cucumbers for a dose, and declares that this vegetable is the best thing in the world for strengthening the voice and giving it 'the true metallic ring'
- Heinrich Sontheim (1820–1912) takes a pinch of snuff and drinks cold lemonade
- Theodor Watchel (1823–93) eats the yolk of an egg beaten up with sugar
- Franz Steger [aka Franjo Stazić] (1824–1911) 'the most corpulent of tenors' drinks 'the brown juice of the gambrinus'
- Gustav Walter (1834–1910) drinks cold black coffee
- Albert Niemann (1831–1917) drinks champagne
- Josef Tichatchek (1807–86) drinks mulled claret
- Franz Ferenczy (1835–81) smokes one or two cigars, 'which is colleagues regard as so much as poison.'
- Mddle. Braun-Brini (n.d.) takes after the first act a glass of beer, after the fourth a cup of café au lait, and before the great duet in the fourth act of the "Huguenots' always a bottle of Moët Crêmant Rosé.

[126] *Ibid.*, pp. 264–65.
[127] *Ibid.*, p. 135.
[128] *Ibid.*, p. 147.
[129] *Ibid.*, p. 170.
[130] 'Occasional notes', *Pall Mall Gazette*, 19 August 1869, p. 676. Cited in Holmes, *A Treatise on Vocal Physiology and Hygiene*, pp. 212–13.

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- Franz Nachbauer (1835–1902) munches bonbons during the performance
- Rübsma (n.d.), the baritone, drinks mead
- Anton Mitterwurzer (1818–76) and August Kindermann (1817–91) sucks dried plums
- Robinson (n.d.), another baritone, drinks soda-water
- Karl Formes (1815–89) takes port
- Arabenek Gumpoldskirchner (n.d.), takes wine
- Beck (n.d.), takes nothing at all, and refuses to speak
- Dr Schmid (n.d.) regulates his diet according to the state of his voice at the time. Sometimes he drinks coffee, sometimes tea, taking snuff between whiles, and eating apples, plums, and dry bread; a very liberal arrangement.

More details are provided in the *Pall Mall Gazette* a couple of days later by a correspondent who states that, 'from his long acquaintance with artists, native and foreign, he can testify as to their moderation, both in eating and drinking, whilst preparing for, or in the performance of their duties':

> They dine early on the day they sing, they take as little as possible, and they receive very few visitors before they have to sing. But then the suppers are something to see—their appetites are awful after the evening's excitement. As a general rule they take little or nothing between the acts, but some of them require stringent stimulants if not strong ones. Malibran never sang better than when she had drunk at least a pot of porter out of the pewter pot. The more difficult the music the larger the quantity; and the odd anecdote related of her by Bunn, the Drury Lane Theatre lessee, that she could never delineate the thirst of the desert scene in Balfe's 'Maid of Artois', except she had a quart of porter concealed behind the sand mound, is quite authentic. Grisi drank always bottles of Dublin stout between the acts, and if she had to sing a stormy character the dose was strengthened. French singers prefer 'eau sucrée'; the Spaniards take strong cups of chocolate, followed by glasses of water, sugared and lemoned. The Germans are described in the Vienna papers pretty correctly. The Italians like eggs beat up simply or with wine. The continental singers are certainly more careful and abstemious than the English in their dietary arrangements. Many native artists with noble voices have been ruined in health and vitiated in style by singing at our public dinners.[131]

In recounting these reports from the Viennese press, Holmes adds to the list the full description from Mandl's *Hygiène de la voix*: 'Mdme. [Henriette] Sontag [1806–54] takes, in the *entr'actes,* sardines; Mdme. Desparre, warm water; Mdme.[Jeanne] Cruvelli [1826–1907], Bordeaux mixed with champagne; Mdme. Ad. Patti, selzer-water; Mdme. [Zelia] Trebelli [1836–92], strawberries; Troy, milk; Mario smokes; Mdme. [Adelaide] Borghi-Mamo [1826–1901] takes snuff; and Mdme. [Julie] Dorus-Gras [1805–96] used to eat cold meat behind the scenes'.[132]

Everyday Health

Recalling Wayne Koestenbaum's work from earlier in this article in which he discussed the need for singers to keep their throats healthy, these case studies show that singers were concerned about the health of their whole body, for they lived in a period where concerns about health and hygiene, and discourses of anatomy, physiology and nutrition loomed large for the singing profession. These extended case studies show the degree to which some singers were well engaged with scientific literature (for example, Melba), where other singers do not reveal the motivation of their own health regimes. Were they advised by a doctor? A chemist? A dietician? We simply do not know, given the lack of personal testimony and other evidence. But it is clear that the role of anecdote – verbal sharing of information – played a part in decisions concerning a singer's health not only for the moment of performance but in their daily lives.

[131]'Occasional notes', *Pall Mall Gazette,* 21 August, 1869, p. 714.
[132]Holmes, *A Treatise on Vocal Physiology and Hygiene*, p. 213 citing Mandl, *Hygiène de la voix*, pp. 65–67.

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The health regimes or case studies align with the burgeoning literature of the period that advocated the need for singers (and public speakers) to maintain a balanced diet, exercise, rest, monitor the timing of their meals and digestion and to avoid alcohol and not to smoke. The list of regimes or habits from singers of the Viennese opera present a wide miscellany of individual practices which, lacking detail, might be regarded by us today as kinds of lucky charms or superstition. Perhaps some of these practices were the result of having consulted other singers, medical doctors or quacks. The historical record is unfortunately lacking. However, the analysis of the Vienna singers in the *Pall Mall Gazette* is fascinating because it draws attention to possible differences in national values of health regimes: the Spaniards take 'strong chocolate'; Italians drink beaten eggs (perhaps with wine) while the continental singers are 'more careful and abstemious than the English'. These local or national customs or habits may simply be the casual observation of a few singers or teachers from various countries. Perhaps national voice schools promoted specific foods and drink or perhaps by word-of-mouth singers in the same countries shared their tips and so habits spread along national lines. There are no definitive answers to these questions and suppositions.

The case studies also break some stereotypes of the diva, mentioned by Renée Fleming at the start of this article. This is best represented in the account of Malibran's health regime. She is presented as a wild, masculine, unpredictable character, flouting feminine decorum and behaving in an unseemly way for someone with a delicate voice to be fiercely protected from harsh outdoor, masculine activity and the toxins of alcohol. Hinted at in the account of Malibran's health regime is a concern for her mental health. Indeed, mental health is barely mentioned in any of the case studies, except only to say that for most singers, rest was important. This, of course, could suggest all sorts of rest: physical, emotional, psychological. There is also a hint of madness about Malibran. Given the date of the publication of the memoir – the mid 1840s – a story of a woman's perceived wanton ways would have no doubt interested a readership well used to biographical narratives of the mad female. If anyone was 'painfully alarmed' for her safety, it was others, including her biographer who may have simply been projecting her fears onto her subject. If a male singer behaved as Malibran did it may well be that his health regimen would have been told very differently.

Conclusion

Nineteenth-century singers had a host of literature, advice, and products to help take care of their voices. All this information, data and equipment, however, did more – or spoke more – to wider health issues apart from directions to live in an environment free of pollution supported by plenty of exercise and a balanced diet. The good health zeitgeist of the long nineteenth century comprised a range of medical literature and anecdotes on health and wellbeing for singers, although in the absence of medical records and personal disclosures from singers of their entire health regimes, the entire picture is incomplete.

It is worth noting that because of their privileged status – which European literacy rates suggest – opera singers were educated and could afford to investigate and pay for healthcare and buy products.[133] They could afford to eat well and none seemed to evidence malnutrition. There are no testimonies from less affluent singers; but comparative biographical studies of singers raised in a variety of socio-economic locations might yield very different narratives.

In terms of health narratives, especially for opera singers, we see the nineteenth century at times dominated by recourse to stereotypes and misogyny, even in the book by Malibran compiled and edited by a female writer. Malibran is largely portrayed as exhibiting some male characteristics in her leisure time and comprising the gendered, perhaps even gentile, status and perception of the diva. However, the interview sources especially demonstrate that women to some degree had taken charge of their vocal health (even if under direction from a male expert). Reading their experiences helps to displace some of the more unhelpful stereotyping of women's health through patriarchal narratives.

[133]Kellett, 'The Power of the Press', p. 3.

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This article has shown that the milieux in which opera singers lived were probably very often dominated by health and hygiene consultations, self-education and the purchasing of equipment including clothing. Indeed, these are part and parcel of a singer's everyday needs and interests, just as Renée Fleming articulated in her book that was cited at the introduction to this article. Fleming, like many opera singers before her, strives not just for technical perfection, acting excellence, and good vocal health but a complete health regime for the whole body – not just the throat.

This article goes a little way towards answering Renée Fleming's questions posed at the start of this article: 'When did these singers learn what they know, and who taught them? … How did they maintain their voices over the course of a demanding career?' This article has attempted to answer these questions through the lives and experiences of nineteenth-century opera singers, armed with biographical data, a window into the health regimes of singers, and a consideration of the context of advancements in health (especially anatomy and physiology) and hygiene (including fresh air and diet) in the long nineteenth century. It thus shows the holistic nature of vocal health of the nineteenth century and the myriad ways singers took care not just of their voices, but other parts of their body as well.

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