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Health problems associated with women's fashionable shoes, 1870 – 1930

by

Vicki Lynn Dirksen

A thesis submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of
MASTER OF SCIENCE

Major: Textiles and Clothing
Major Professor: Jane Farrell-Beck

Iowa State University
Ames, Iowa
1998

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This is to certify that the Master's thesis of

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has met the thesis requirements of Iowa State University

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CHAPTER 1. INTRODUCTION

Justification

Throughout history, people have worn items of clothing based upon the latest fashion. Little thought was given to the health risks imposed upon the body by wearing body-distorting garments. Such risks were accepted as necessary so that the wearer could be fashionable. Often, as in the case of the “health” corset, the most body-distorting of garments were actually thought to be improvements on previous styles and therefore more comfortable (Gau, 1996). Many a Victorian woman may have stifled her ability to breathe easily so she could obtain the ‘ideal’ waist of fifteen to eighteen inches (Gau, 1996). Just as the Victorian corset gave the illusion of a tiny waist, so a shoe with high heels gave the illusion of tiny feet (Busey, 1883; Trasko, 1989).

Along with the illusion of tiny feet came the risks. Numerous medical articles written between 1870 and 1930, cautioned men and women about the problems associated with wearing the fashionable shoes of the time (Ashley, 1918; Barling, 1887; Bettman, 1922; Boyer, 1918; Bradford, 1891; Busey, 1883; Clarke, 1898; Lee, 1884; Morton, 1886-1887; Taylor, 1919; Tomes, 1871; Treves, 1884). Such health problems ranged from minor afflictions, including corns, calluses, and bunions, to more serious health problems, such as acquired flatfoot and internal organ displacement (Busey, 1883; Clarke, 1898; Fairweather, 1921; Lane, 1895; Rugh, 1918; Tomes, 1871). Some medical experts suggested that patients bring in their old shoes so they could determine from the wear patterns on the shoes the potential physiological problems in the person’s posture and gait (Ashley, 1918; Grossman, 1916; Osgood, 1925).
The medical experts did not always agree about what made up a so-called "physiological" or healthful shoe. Physicians differed in their opinions about whether they should prescribe a stiff or a flexible shank, how high a heel was too high, and whether or not the shoe should enclose the ankle (Ashley, 1918; Busey, 1883; Collier, 1886; Ellis, 1886; Scheimberg, 1920; Treves, 1884). However, there was at least one thing that the medical experts agreed upon: there was no shoe that was physiologically right for everyone (Ashley, 1918; Benson, 1890; Brush, 1889; Clarke, 1898; Osgood, 1925; "The Care of the Feet", 1916). In other words, shoes were person-specific. What was comfortable and supportive for one person was not necessarily comfortable and supportive for another.

By the second half of the nineteenth century the Industrial Age was in full swing. Shoes had been manufactured since the latter part of the eighteenth century. Although there was greater variety in the styling of footwear, the manufacturing process required the mass sizing of shoes. This led to more foot problems, since shoes were no longer custom-fit to the person. For this reason, medical experts recommended that people get custom-made shoes rather than manufactured shoes (Benson, 1890; Clarke, 1898; Osgood, 1925). Fit was not the only problem with manufactured shoes. Many of the designs of shoes were still based upon what was fashionable. In the 1890s, when active women called for shoe designs suitable for their sporting activities the manufacturers were able to fill their demands. Unfortunately, such sport shoes were neither supportive nor comfortable; they were instead men’s shoes scaled down to fit women (Trasko, 1989).

By the second decade of the twentieth century, concern about improperly fitted shoes had made its way into the popular literature. Articles advising people about purchasing shoes
and caring for the feet appeared in abundance in *Scientific American, Hygeia, The Nation's Health* and *Ladies' Home Journal* (Coolidge, 1918; Lewin, 1925; Marshall, 1922; Osgood, 1925; Parker, 1924; Sears, 1919; Wright, 1924). One of the articles even prophesied that since the corset and hoopskirts had gone out of style, the unhealthy shoe was next ("The Care of the Feet", 1916).

The purpose of my study is to describe the major opinions of medical experts regarding the health risks associated with footwear between 1870 and 1930. I chose to study this period of time because during the decades following 1870, women became more physically active and needed to adopt shoes to match their new leisure activities. I was curious about the extent physicians played in the selection of footwear for women. I chose to continue my study into the twentieth century to see if, over a period of time, health awareness influenced the selection of footwear. By ending the period of study at 1930, I was able to determine what, if any, influence World War I played on selection of clothing. I will attempt to explain what drove women to adopt the fashionable shoe of the time period regardless of the health risks associated with wearing such footwear. I will also try to explain how awareness of health influenced the purchase of fashionable shoes. The majority of secondary sources pertaining to shoes describe the fashionable styles (McDowell, 1989; O'Keefe, 1996; Swann, 1982). Although these sources may refer to some of the health risks associated with shoes, I was unable to find any secondary source that discussed the medical opinions surrounding the health problems caused by wearing fashionable footwear. I will also attempt to determine what aspects or standards the medical community agreed upon as constituting a physiological or healthful shoe.
Research Questions

The following questions will be investigated through the research. For the period 1870 to 1930:

1. Which health problems did physicians attribute to the wearing of fashionable footwear?
2. Which aspects or standards of footwear did medical experts deem to be physiologically appropriate for maintaining health?
3. How did awareness about bodily health change?
4. If the health awareness of the general public increased in the early twentieth century, did this change influence shoe fashions?
5. Did the average person have access to information regarding the purchase of appropriate footwear?
6. In what ways did gender, health, and fashion interact together to influence the purchase of footwear?
7. Why did women wear shoes that hurt their feet and caused physiological harm to their bodies?

Objectives

1. To analyze the prevailing medical opinions surrounding the health problems associated with the wearing of fashionable footwear, 1870 - 1930.
2. To analyze the recommendations for physiologically appropriate shoes set forth by medical professionals, 1870 - 1930.
3. To determine how health awareness influenced the purchase of physiologically appropriate footwear.
4. To examine the access the general public had to information regarding the purchase of physiologically appropriate footwear.

5. To determine the motivations for wearing fashionable footwear, regardless of its associated consequences on the health of the individual.

Limitations

1. The primary sources available will reflect the literature consumed by the literate, mostly white, middle- to upper- classes in the United States and Canada. In some cases this literature will be directed only to physicians.

2. The research will be limited to the time period of 1870 - 1930.

3. The research will focus primarily on women's shoes and related health problems due to the lack of information available on health problems of men's shoes in both medical and popular literature.
CHAPTER 2. LITERATURE REVIEW

A tremendous amount of literature has been written about footwear. Scholars have studied the changes in shoe fashions and the effect such changes had on foot health for men, women and children. Although many of the sources went into great detail regarding historic shoe fashions, they did not address the health concerns associated with wearing fashionable footwear. A few acknowledged that problems associated with shoes had been around for a long time (Cameron, 1978; Henig, 1996; Montgomery, 1969; Trasko, 1989), but I found no published historic research which included information on health awareness and the influence it had on the type of footwear worn by women. Because there is no such published research, current literature on foot health and shoe fashions may give some insight into associated health problems with historic footwear.

Footwear designs for women have received quite a bit of attention in both popular literature and medical sources. One reason for this is that recent studies on footwear selection by Liu and Rottman (1986) indicated that about forty-five percent of American women sometimes wear shoes that hurt their feet in order to appear fashionable. Most of the studies on foot problems and selection of footwear discuss the difficulties of women (Diaz, 1994; Hagans, 1995; Smith-Rosenberg & Rosenberg, 1973; Trasko, 1989). The reason for this can be found in a recent report from the American Academy of Orthopedic Surgeons (Rocio, 1994, p. 4). Statistics presented at a seminar for that group indicated that more than 80 percent of all foot operations and 90 percent of all procedures to correct chronic foot conditions were performed on women.

Much of the current literature on women’s adoption of fashionable footwear focuses on its connection to larger issues related to gender. In describing the gender issues connected
to women's continued wearing of fashionable shoes, researchers have used a number of different approaches. Several studies (Diaz, 1994; Henig, 1996; Trasko, 1989) discussed the fact that now that women were “liberated” they chose to wear such shoes as a sign of self-assurance. Most studies, including those mentioned above, focused on the adoption of such shoes as a symbol of men's power over women. To back up their conclusion, researchers used a variety of different arguments. A few (Henig, 1996; Trasko, 1989; Vertinsky, 1990) compared the incapacitation of modern woman with that of the “lily feet” of Chinese women from a century ago. Many authors (Balkin, 1993; Diaz, 1994; Magnus, 1982; Switzer, 1982; Trasko, 1989) saw the adoption of fashionable footwear as a way for women to be sexually appealing to men. Rossi (1976) even wrote a book about the perception of the foot as a sexual object and the shoe as its erotic covering.

Ongoing improvements in shoes designed for physical activities have led to an abundance of information on the design of athletic footwear. Several studies (Cheskin, 1987; “Choosing the Right Shoe”, 1996; Trasko, 1989; Walker, 1978) examined appropriate ways of clothing the foot to promote good health for participation in athletic competitions. Some authors appealed to manufacturers to implement similar changes in the design of fashionable footwear for women (Balkin, 1993; Rocio, 1994; Trasko, 1989).

Most of the current articles about proper foot health were written by physicians and have a tendency to focus on one of three different areas of specialization within the profession of medicine. Dermatologists (Forsey, 1967; Jackson, 1990; Montgomery, 1969) writing on the subject of foot health were concerned primarily with the development of corns and callouses caused by wearing shoes that were too small and narrow for the foot. Podiatrists (Bogy & Fladger, 1990; Fuller, 1994; Maier & Pietrocarlo, 1991; Roberts, 1975;
Rocio, 1994) were concerned with all aspects of shoes which interfered with the normal functions of the foot. Orthopedic surgeons (American Academy of Orthopedic Surgeons & National Shoe Retailers Association, 1995; McMahan, 1983) tended to focus on the selection of shoes for athletic competitions and the importance of choosing footwear of the proper size for your foot.

Studies of historic footwear have focused on the influence of fashion on its selection. Patterson (1996) and Schreier (1994) examined the way that historic fashions, including those of the feet, played an important part in the “Americanization” of immigrants during the 19th and 20th centuries. The majority of literature related to historic footwear, however, has focused primarily on the changing styles of fashionable shoes. (Baynes & Baynes, 1979; Brooke, 1971; Butterworth, 1991; Probert, 1981; Richter, 1991; Wilcox, 1948) While this information is valuable for maintaining a lineage of footwear styles, it does not shed much light on questions regarding the impact fashionable styles of shoes had on the health of women’s feet. This study will attempt to fill in the gap by answering questions regarding the way changing awareness of health issues influenced women’s selection of footwear between 1870 and 1930.
CHAPTER 3. PROCEDURES

I surveyed a wide range of sources for information about the health of the foot as it is related to the changing styles of footwear. Books, popular literature and journal articles gave background information on fashion, shoe styles, medical practices, shoe construction, foot anatomy, and women's history. Articles in medical journals, published medical letters, and physicians’ case studies provided information on standard medical practices for dealing with foot problems.

To locate historic articles dealing specifically with foot problems connected to shoes, I consulted the bibliographic series, Index Medicus. Articles dealing with broken bones, bunions, corns, calluses, cancer, posture and flat foot were among the most common I found. Many of these medical articles were distributed unevenly in the years 1870–1930. More articles dealing with foot health and shoe problems appeared in the 1910s and 1920s than in the earlier decades. Likewise popular literature contained little information regarding foot health prior to the 20th century.

Much of the information I collected regarding foot health and shoe selection in popular literature sources for the 19th century came from fashion magazines like Harper's Bazar and The Ladies Repository. I was also able to find a series on footwear in The Art Amateur and The New York Times. Supplementary information about etiquette regarding grooming and selection of clothing came from a variety of health and hygiene manuals. Information about shoe selection and foot health was found in great abundance for the 20th century, with the only difficulty being finding information for the decade following the turn of the century. I consulted a variety of different publications to collect information for the 20th century, including periodicals on health, fashion and home and family life as well as
books and monographs on health and hygiene. Advertisements in *Ladies Home Journal* and the depiction of fashions in *Harper's Bazar* helped my understanding of many of the concepts surrounding propre shoe design and selection.

After collection a large sampling of information on selection of footwear and care of the feet, I began to sift through the data for to determine the most common problems women had with their shoes. To get a better idea of what physicians were saying versus what was being written in popular literature articles, I divided the information into three different categories; information written by doctors for doctors, by doctors for the lay public, and by authors of popular literature. I further divided the collection of articles and books into those written in the 19th century versus that belonging to the 20th century. In this way I was able to mark the increasing influence that health had on the selection of footwear.

In an effort to better understand who the authors were that were writing about shoe selection and foot health I attempted to locate the diaries, private letters and/or correspondence of doctors or other medical professionals. Such efforts proved unsuccessful, however, I was able to locate some information from the biographies found on many of the articles published in medical periodicals as well as those found in some of the books. Most of these writers were living and working on the East coast. Harriet Wilde, Dr. John Joseph Nutt, Dr. Max Strunsky, and Dr. Jacob Grossman were all from New York, While Dr. C. Coleman Benson hailed from Baltimore and Drs. Benjamin Lee and E. H. Bradford were from Philadelphia. A few of the doctors writing about foot health and shoe selection were from the midwest; Dr. Bayard Homes (Chicago), and Dr. Phil Hoffman (St. Louis). Included within this list are medical school professors (Drs. Holmes and Nutt) and orthopedic surgeons (Drs. Grossman, Hoffman, Nutt and Strunsky).
CHAPTER 4. MEDICAL PERSPECTIVES 1870 – 1900

Foot health was often ignored during the 19th century due to the social taboo against viewing women’s feet. It is almost as though it was assumed that there would be no problems with the feet. The war between fashion and health had left fashion with the advantage. A look at the fashions for Victorian era women gives evidence of the hold that fashion has over women. Corsets, bustles, and high-heeled, narrow shoes were primary concerns of physicians. The impact that corsets and bustles had on a woman’s body was self-evident; anybody could see a woman was wearing a tight-fitting corset or bustle.

Footwear was another story. It was very difficult to see the high-heeled, narrow, and tight-fitting shoes underneath the long and heavy skirts that were fashionable towards the end of the 19th century (Figure 1).

It is difficult to determine what sparked physicians to begin writing articles about foot health and the impact of fashionable footwear. This is not to say that articles about footwear and foot health were not available prior to 1870. Numerous articles and books written by physicians were published in the years leading up to 1870; however, concern about the high-heeled narrow fashionable shoes became much greater in the years after 1870. Evidence from popular magazines shows that many of the styles of shoes were similar to those worn throughout the century, therefore an argument that shoes became worse during this time would be misleading. The reason for increased attention given to foot problems is more likely attributed to the specialization within the medical discipline. The late 1800s were a time of specialization in many different branches of medicine, including those specific to the care of the feet. By the 1890s, the field of chiropody (the precursor to podiatry) was
Figure 1. The fashion plates found in many popular women's magazines usually hid the styles of shoes beneath the long, heavy skirts that were fashionable in the last few decades of the 19th century. "Les Modes Parisiennes: The Estruscan Vase," 1879, December, Petersen's Magazine. Mary Barton Collection RS 21/07/009 Box 8 Folder 31, University Archives, Iowa State University, Ames, Iowa.
somewhat established. In an article written in 1892, Coplin and Bevan discussed the necessity for women to be a patient of a chiropodist or doctor.

During the development of these deformities the gait of the patient – for by this time the sufferer is a patient either of the doctor or the chiropodist – will have materially changed. Instead of the free, swinging gait of childhood and youth, easily and comfortably maintained, we have now the mincing, narrow gait with evident unsteadiness in the ankles, a tendency to prevent pushing forward of the foot and a manifest effort required in ascending or descending stairs or steps. (Coplin & Bevan, 1892, p. 498)

The Purposes of Footwear

Before a discussion can begin about the negative aspects of footwear it is important to first examine the purposes that footwear serves. Clothing was adopted by our ancestors as a means of protecting the body from the ravages of the climate. “I presume that the two great and primary objects of dress, are, first, to cover the body, and secondly, to maintain it everywhere at a certain equable temperature” (Treves, 1882, p. 6). Footwear was no different. The primary reason for wearing footwear was, and in a manner of speaking still is, to protect the feet from temperature changes and the landscape. Not all groups of people needed to wear foot coverings. In places where the temperature was relatively high and the ground was level there was no need to protect the foot.

Protection from the elements was not the only reason that physicians gave as the purpose of footwear. In 1890, Benson said “the most fitting covering for the foot, first as to its protection from extreme changes of temperature and injury, and secondly, as to the preservation of its natural form and flexibility” (p. 172). The selection of footwear was important as well. It made no sense that people wore footwear to protect them from ravages on the outside, yet they chose to wear shoes that deformed and crippled their feet from the inside. Arguments about the purpose of footwear as a way to protect the feet and maintain
their appropriate shape and healthful appearance were also used to persuade people to choose footwear that would be conducive to the overall health of the body. “Health depends as much upon its [the foot’s] perfect condition and freedom as upon any other physical circumstances” (Benson, 1890, p. 171). Following Benson’s lead, Ellis argued that feet were the agency that effected the movement and supported the structure (1891, p. 84). Another purpose behind footwear was often hinted at, but seldom mentioned. The comfort of the entire body depends upon the overall health of the foot. The comfort of the foot therefore was an underlying concern for many physicians. In a treatise published in The Sanitarian, Hall quoted the author of “Rab and his Friends” on the need for comfortable footwear.

“Nobody is ever, as they should be, comfortable at once in them; they hope in the long run, and after much agony, and when they are nearly done, to make them fit, especially if they can get them once well wet; so that the mighty knob of the big toe may adjust itself and be at ease” (Hall, 1889, p. 496) (Figure 2).

Health Problems Attributed To Footwear

Physicians were in a constant battle against the lure of fashion. During the period from 1870 to 1900, several articles about the negative aspects of fashionable footwear were published not just in medical journals, but in books and popular literature directed to the lay public. Almost all physicians agreed that footwear caused problems with the normal functioning of the foot and in some cases made the foot almost useless as a means of supporting the body. In 1890, Dr. Benson gave his opinion regarding the impact of boots upon the feet and the overall health and well being of the body.

A boot too small for the foot, or not to its natural shape, makes motion painful and awkward, its blood supply becomes checked, the heart overtaxed, the legs and ankles puffed, varicose veins induced, with either muscular deformity or partial atrophy of
Figure 2. Cartoons such as this one depict the struggle women faced when trying to squeeze their feet into shoes a size or two smaller than their foot. “Six into Four – You Can’t,” 1878, Harper’s Bazar, 11(36), p. 584.
the lower limbs and distortion of the pelvis and spinal column with their attendant
diseases. The foot becomes unsightly and almost useless, and life is tortured with
corns, bunions, ingrown toe nails, diseased to joints, etc. (p. 173)

The focus was not footwear as an entity, but rather the different design aspects that
made up the fashionable shoe. Physicians did not fault all aspects of fashionable footwear;
instead they focused on the parts of the shoe that they felt were most problematic. It is
interesting that although physicians agreed that fashionable footwear was detrimental to the
health of the foot, they could not agree upon which specific aspects of shoes were problems.
The most common features of shoes that were cited by physicians as causing problems were
the shape of fashionable footwear, narrow or tight shoes, pointed toes, and high heels. Each
of these will be discussed in greater detail.

The Shape of Fashionable Footwear

The most common and obvious argument against fashionable footwear had to do with
a comparison between the shape of the foot and the shape of the footwear. To convince their
patients that there was something wrong with their footwear, physicians would compare an
outline of the patients unclothed foot with an outline of the shoe (Figure 3). Instead of
drawing the outline while the patient was sitting, they would require that the patient stand.
The reason behind this was that the foot is at its largest when the entire weight of the body is
put upon it. What they often found was that the shape of the shoe did not compare with the
shape of the foot. In describing the outline of the fashionable shoe versus that of the foot,
Treves made the following observation,

the outline of the fashionable shoe has little or no relation to the outline of the human
foot. If one studies the shape of a well-formed foot it will be observed that it
gradually increases in width from the heel to the toes. On the other hand, the
fashionable shoe tapers off gradually from the heel to the toes, and terminates in front
in a point that is nearly as possible the very opposite to the normal foot outline. One
Figure 3. To educate their patients, physicians often compared the shape of the foot with that of the fashionable shoe. (Flower, 1882, p. 174)

frequently finds that the part of the shoe occupied by the heel is actually the widest, instead of almost the narrowest portion of it, a fact to be explained by the circumstance that the bones of the heel are too substantial to permit compression of any kind. (1882, p. 24-25)

Dr. Benjamin Lee made this comment in 1884 with regard to the shape of the fashionable shoe, “the axis of the sole of the foot is a curve, and not a straight line, and the outline of the inner side of the foot and great toe is a straight line and not a curve” (p. 494). It is obvious that when you put something of one shape into something of another shape, one of the two must give (Figure 4).

Most people were under the impression that it was the shoe that altered to fit the foot, when in reality it was the foot that adapted to fit the shoe. Although leather is a fairly pliable substance, the tissue, muscles and bones that make up the human foot are a great deal more adaptable. If women could compress their waistlines with the help of a corset, then why could they not alter the size of their feet in much the same way? “The tracing of the shoe shows exactly how the foot must have been compressed in order to adapt itself to the shoe;
Figure 4. The foot had to alter its shape to fit into many of the fashionable styles of shoes. These two drawings by Dr. Benjamin Lee show a fashionable shoe on the left and one built more in keeping with the shape of the foot on the right. (1884, p. 497, 502)
and it is to be remembered that these drawings were made of the outside of the shoe, and the foot must go on the inside of the covering of which this is an outside tracing (Coplin & Bevan, 1892, p. 498). The compression of the feet that led Lee (1884, p. 497) to call the fashionable footwear of his time “an orthopedic instrument, the object of which is to straighten out its natural curve”.

The shoemaker was often blamed for the production of these “orthopedic” instruments. His goal was to create footwear that fed into the illusion of symmetry (Figure 5). Instead of treating the feet as two different parts of a symmetrical whole, the shoemaker endeavored to make each foot symmetrical. As Lee (1884, p. 494) explained, “The aim of the shoemaker has been to make each foot symmetrical in itself, while the foot, being a double organ, follows the law of all double organs, and is symmetrical only with its fellow.”

Figure 5. Rather than working with the symmetry created by both feet, shoemakers attempted to create symmetry with each foot by making the shape of the shoe straight and adding elements like pointed toes. (Kelly, 1909, p. 71)
Many of the foot problems that adults faced could be traced to the type of shoes they wore as children. If they wore fashionable shoes designed and created by shoemakers, then passed down from sibling to sibling, it was quite likely that they would succeed in straitening out the curve of the foot at the expense of foot comfort and general overall health (Lee, 1884, p. 499).

To complicate matters even more was the fact that many of the fashionable shoes were designed to be worn on either foot. There were no left or right shoes. Instead, shoes were supposed to be interchangeable. "Some are marked as being especially made to fit only one foot, namely, as rights and lefts, but with the majority they are supposed to be used for either foot indiscriminately" (Lane, 1895, p. 229). Shoes not specifically designed for the right or the left foot were known as "straights" (Figure 6). If these shoes became worn on one side they could then be changed from one foot to the other. The idea behind this concept was that a person could get twice as much use out of footwear if the shoes were interchangeable between feet. Physicians were quite adamant about the fact that such shoes were detrimental to the overall health of the feet. Lee gave a useful description of the cost-effectiveness of such shoes.

In the course of a few weeks the shoes, being worn the one habitually on the right and the other on the left foot, begin to take the shape of the respective feet. This is no sooner observed by the careful mother than she exclaims: 'Why, Johnny! you're wearing your new shoes all out of shape; you much change and wear them on the other feet.' And if Johnny forgets, finding the change by no means conducive to comfort, he is whipped, to aid his memory. It will readily be understood how well adapted these shoes, now conformed to the natural curves of the feet, are to straighten out the curves of the opposite feet. (1884, p. 499)
Figure 6. An example of the outline of a shoe built to fit either the left or the right foot. (Lee, 1884, p. 495)
A discussion on the shape of footwear would not be complete without explaining that shoes did exist that at least a few physicians approved. It was always up to the person buying shoes to decide between purchasing shoes that were ready-made and mass-produced versus shoes that were designed and custom fit for a specific person. Regardless of the manner with which the shoe was made, a last was required as model over which the shoe would be created. Little can be mentioned in regard to the design and shape of custom shoes, since each design was unique for each person. The obvious advantage to this method was that the person purchasing footwear could specify exactly the style and design of footwear that they were interested in having made for them.

Ready-made shoes that conformed to the dictates of health must have been much more difficult to buy. Fashionable footwear sold much more quickly than the more healthfully designed footwear, therefore it probably required a large store to bear the expense of relatively slow-selling healthful shoes. Manufacturing firms devoted to the more healthful style must have existed at least in a limited fashion, since Dr. Benjamin Lee, a physician from Philadelphia, made reference to one such ready-made shoe.

The ready-made shoe, to which I have referred as conforming to the principle I have announced is 'Waukenphast,' first introduced under that name in England, but now manufactured quite extensively in New England. It may be obtained of Wanamaker in Philadelphia, and is made of so many different proportions as well as numbers, that almost any foot can be fitted by simply sending the measurements. There are also a number of shoemakers in Philadelphia who have provided themselves with full sets of lasts of this pattern, and make the shoe to order. (1884, p. 503)

It can be inferred from his statement that if one did not want to purchase the ready-made style of footwear he speaks of, they could commission a shoemaker to design a custom version of the same shoe made on an appropriate last.
Narrow and Tight Shoes

It is easy to see the devastating effects that the wearing of a corset had on a woman’s body. While the waist was cinched in, the organs, muscles and bones were displaced due to the compression (Gau, 1996). It is much more difficult to see that the same thing happened to the foot with the wearing of tight and/or narrow footwear. It was fashionable at the time to wear extremely narrow footwear, since it would make the foot appear much smaller than it actually was. "A small foot is the American’s only patent of nobility. It proves his extraction from a race of nobles and kings, which his democratic instincts teach him is a most desirable thing" (Lee, 1884, p. 493). Shoes existed which were designed specifically for different activities. An article published in the July 1896 issue of The Queen of Fashion described three different styles of footwear and the activities each style would be appropriate for (Clark, p. 8) (Figure 7). Another physician commented upon how needless it was for women to squeeze their feet into shoes much too small for their foot.

Has it never struck American women who have been addicted to wearing the most damaging of French shoes, in which a Parisian never thinks of walking, but reserves for the house or carriage, that the native-born type to which they belong is so singularly endowed with small hands and feet, in some parts of the country verging on the danger-line of beauty, which we have indeed seen overpassed, that they have no need of affecting this elegance as if they had it not? If this be true, as can be proved by statistics, what an absurdity it is for them to pinch and screw their feet into shoes too small, when all they have to do is to be handsomely and comfortably shod, and still as to their feet be far below the standard size with which their foreign sisters step complacently on our shores." (Shoemaker, 1898, p. 260-261)

The comparison between "Americans" and immigrants is an interesting observation. Few of the physicians treating foot problems specified the nationality of their patients; however, this particular physician felt that most American women need not wear tight or small shoes
Figure 7. Fashion periodicals described the different styles of shoes appropriate for different activities. From “Fashionable Shoes,” 1896, July, The Queen of Fashion, 23(11), p. 8. Mary Barton Collection RS 21/07/009 Box 10 Folder 13, University Archives, Iowa State University, Ames, IA.

because their feet were already smaller than those of the arriving immigrants who probably wore study, utilitarian shoes (Schreier, 1994).

Before physicians could convince women to wear shoes that were more healthful, they first had to convince them that such shoes would have a pleasing appearance. Dr. Dio Lewis in 1871 said, “broad soles are much handsomer than narrow one. They make the foot look smaller. If one puts his foot into a shoe too short, and too narrow, and the toes and side of the foot press out all around over the sole, it makes the foot look big; but if the sole be large enough to let the foot rest in its natural relations, it looks much smaller” (p. 21). Treves used another argument in favor of a more healthful style of shoe, “Boots are made that are shaped as the foot is shaped, and the unbiased must, I think, acknowledge that there is
nothing in their appearance obnoxious to any other than a morbid and unnatural taste” (1882, p. 27).

The problems associated with wearing footwear that was not comparable to the size of the foot were that the excess portion of the foot had to be displaced in order for the foot to fit in the shoe. It was the displacement of certain portions of the foot that led to the problems so eloquently described by Lee, "The result is a disinclination to walk, great fatigue in walking, a shuffling, inelegant, inelastic gait, and corns, bunions and deformities" (1884, p. 493). Sometimes the displacement of certain parts of the foot could lead to very serious complications. One of the more serious problems caused by wearing tight shoes was that the toes were squeezed together and left the extremities of the foot molded into a point. The toes being crushed together were therefore displaced and the joint that connected the great toe with the rest of the foot could develop a bunion. In some cases, like one described by Treves in 1882, "the toes may become so huddled together as to produce lameness" (p. 26). Treves treated a woman so affected by this condition that the only recourse he had was to amputate a toe from her foot. She was pleased at the prospect of the operation because it would allow her to wear a still smaller shoe (1882). Rather than condemning her reaction, Treves made this satirical comment in a lecture,

Ladies who must wear certain fashionable boots, should as a preliminary measure, have the three middle toes amputated. This operation would add to their comfort, would render their gait not one whit more awkward than it is at present, and would be but a very little less sensible than the Chinese practice of deforming the feet in infancy. (1882, p. 26)

The reference to the Chinese practice of binding feet was common. It was used to shock women into the realization that they were doing much the same thing by cramming their feet into the tight and narrow fashionable shoes of the time period.
Not only did wearing tight and narrow footwear affect the condition of the feet, but also the health of the entire body. In an article published in the medical journal, *The North American Practitioner*, Holmes describes what one patient went through to accommodate wearing the fashionably tight shoes so popular in the 1890s. His description did not stop with just the feet.

It is not difficult to imagine the pain which attended these changes in healthy bones if one has ever suffered from a so-called bunion. But the effect on the general health, the spirits, the digestion and assimilation are perceived with more difficulty. It must have been years that this patient could not walk, or only with crutches. Morphine might have been used to relieve pain, and there can be little doubt that others suffered and were taxed either in purse, or sympathy, or strength, on account of the condition which tight shoes initiated in these feet. (Holmes, 1891, p. 170)

The dramatic impact that footwear had on the general health of the body was justification enough for physicians to break the social taboos regarding women’s feet. Health had won one battle with fashion in that respect. It had also led physicians to question the way that women obediently followed fashion. Perhaps it was the fact that wearing fashionable footwear affected more than just the feet that led physicians to search for the cause of the multitude of problems.

**Pointed Toes and High Heels**

While most physicians focused on the general faults of shoes, a few remarked upon specific parts of the design of fashionable shoes that had detrimental effects on the health not just of the foot, but of the entire body. The specific parts of fashionable footwear that caused the most problems were pointed toes and high heels. Lane remarks upon the fashionable nature of pointed toes in an article published in *The Clinical Journal* in 1895, “It seems very probable that if the conservatism of women as regards the pointed toe can be removed and our shoemakers are taught something about the structure and functions of the part they treat
so cavalierly and painfully, men, and possibly even women and children, may be shod to their advantage, and not to their very serious detriment” (1895, p. 234). Busey explained the allure high heels had for women and the role it played in the scheme of fashionable attire. “The French high heel worn by women is not only very high, but also narrow, and inclines from behind forward, so that its inferior extremity, instead of being under the calcanean tuberosity, is directly under the plantar arch; so that the increased height, with diminution of the size of the foot is secured” (1883, p. 621). What Busey was saying was that high heels alter the relationship between the ground and the feet in such a way that the increased height towards the back of the foot not only increases the stature of the person, but makes the feet appear smaller.

It is easy to see why physicians had such strong opinions regarding these two particular aspects of shoes, since they easily go hand in hand (Figure 8). By wearing footwear that raised the rear portion of the foot, women were effectively forcing the entire weight of the body to be born by the toes of the foot (Busey, 1883, p. 626). The heel caused the shoe to function like a slide with the toes paying the price. Never mind that the toes of the human foot are designed as a means of balancing the body and not for its support. It seems almost impossible that women were even able to walk in fashionable shoes, because not only did they squeeze the foot out of its normal shape but they also changed the body’s center of balance. The foot cannot equally distribute the weight of the body in walking when it does not allow the foot to “bend along the line of joints that connect the toes with the rest of the member” (Treves, 1882, p. 26). To complicate matters further, the toes were forced to occupy a space much too small. In 1891, Bradford claimed that ill-fitting shoes were connected to a condition he referred to as “Morton’s Affection of the Foot”. This affliction,
Figure 8. Examples of fashionable footwear depicted for Fall 1881. All of the styles have high heels and pointed toes. From “Mitts, Gloves, Shoes, and Stockings,” 1881, August, The Domestic Monthly, 15(5), p. 213. Mary Barton Collection RS 21/07/009 Box 8 Folder 41, University Archives, Iowa State University, Ames, Iowa.

according to Bradford, was brought on “by the pinching or bruising of a nerve at the head of the fifth toe” (p. 52). In other words, the shoes were so small that they were pinching the nerves of the little toes.

The real evidence that something was wrong with fashionable footwear was not something that had to be diagnosed, since the signs of it were often seen in the gait of the woman. High and narrow heeled shoes displace the supporting base of the foot, thereby making walking stiff and hobbling so the body advances by jerks (Busey, 1883, p. 624). Treves also discussed the impact that fashionable footwear had the overall appearance of women.

It must be confessed that the gait and carriage of many fashionably dressed women at the present day is by no means either picturesque or natural, and that one does not very frequently meet with ladies who walk really well, and who carry themselves with that easy grace that the female figure would naturally encourage. The gait is too often stiff, constrained, and uncertain, and within certain limits it would appear that
the more fashionable the dress the less elegant the movement. The most exquisite
dress is spoiled by an unnatural or artificial gait, and those movements of a woman
that are purely natural are by no means among the least of her attractions. (1882, p.
28)

Treves makes a very ironic observation. Women would violate the laws of health and
physical well-being to be more fashionable, but they gave little thought to their appearance
when movement was involved. How comical it must have been to see women all tied up and
tottering about on heels yet believing that they were projecting a highly sophisticated and
fashionable appearance. Hall also comments upon the lure of being fashionable and the price
paid for appearance.

All because makers and users of shoes have not common sense and common
reverence for God and his works, enough to study the shape and motions of that
wonderful pivot on which we turn and progress. Because fashion says the shoe must
be elegant, must be so and so, and the beautiful, living foot must be crushed into it,
and human nature must limp along Prince’s Street and through life natty and
wretched. (1889, p. 497)

Social class was also used to distinguish upper class women as having the most
problems with their feet. During the latter part of the 19th century, physicians treated the
issue of foot problems and their connection to shoes primarily as a problems for women of
the upper classes. In 1886, Dr. Collier in an article published in the British medical journal,
The Lancet, made such a claim, “Why not the less fortunate and often badly nourished
females of the lower classes? Because the high heel is less prevalent in the lower than in the
upper classes and less common with men than women. For the prevention of flat-foot I would
say, Don’t wear a heel: let the sole of your boot be perfectly flat” (p. 441).
CHAPTER 5. POPULAR LITERATURE, 1870-1900

There were a variety of periodicals devoted to women's fashions during the latter part of the 19th century. The fashion plates contained in these magazines paid little attention to what women should wear on their feet. Footwear usually made its appearance in fashion plates as toes peeking out from under the skirts or as part of a sporting costume. Given the long skirts in vogue during 1870 to 1900, there was very little reason for the fashion plates to portray women's footwear at all. What these periodicals did in regards to footwear for women was to portray the feet and hands proportionately smaller than the rest of the body (Figure 9). In doing so, they perpetuated the belief that American women should have small hands and feet.

During the 1870s and 1880s, footwear fashions for women were usually designed as boots. Boots are items of footwear that extend above the ankle and sometimes to just below the knee. The most popular boots for women had either a button or a lace closure (Figure 10). In some cases they had no closure; instead, there were elastic gores put into the upper of the boots which helped it to stay on the foot. Boots with button closures usually had the buttons arranged to one side of the center front, but boots could also be found which buttoned on both sides of the center of the boot. The most fashionable styles of footwear had pointed-toes with high wooden heels. Like other Victorian fashions, these boots could be elaborately decorated with a fancy stitching design or with rosettes, ribbons or jewels adorning the shoe right behind the toes.

Low-cut shoes could also be found during the latter part of the 19th century, primarily in the 1880s and 1890s. Styles of footwear that fit into this category extended no higher than the ankle. They either were secured to the foot by a single strap or series of straps or with a
Figure 9. Fashion plates in popular magazines for women often portrayed hands and feet as being out of proportion with the rest of the body. “Les Modes Parisiennes: The May Party,” 1880, May, Petersen’s Magazine. Mary Barton Collection RS 21/07/009 Box 8 Folder 37, University Archives, Iowa State University, Ames, Iowa.
Figure 10. Fashionable boots for Fall 1896. From “Fashionable Shoes,” by J. Shepard, 1896, September 19, Harper's Bazar, 29(38), p. 793.

Figure 11. Fashionable shoes appropriate for wear during the day. From “Fashionable Shoes,” by J. Shepard, 1896, September 19, Harper's Bazar, 29(38), p. 793.

Figure 12. Fashionable shoes appropriate for wear during the evening. From “Fashionable Shoes,” by J. Shepard, 1896, September 19, Harper's Bazar, 29(38), p. 793.
lace closure. They shared the pointed-toes, high wooden heels and decorations found on boots. In most cases, this type of footwear was divided into shoes appropriate for day (Figure 11) and those designated for the evening (Figure 12).

The Purpose of Fashion

Periodicals, especially those directed towards women, had a lot to say regarding the purpose behind wearing fashionable attire, including footwear. Of course the primary reason given for adopting dress was one of protection and as a covering of nakedness. "Dress should be a covering to all the parts of the body which need warmth or coolness, as the case may be" (Martineau, 1859, p. 388).

What is interesting is how often the purpose of fashion was given as a means of impressing others or as an interpretation of self. The New York Times published an article in 1879 entitled "The Ethics of Dress". The article addressed the necessity of dressing in such a way as to maintain one’s health, purity, and reputation. It is very clear throughout the article that reputation and fashion went hand in hand in Victorian society. "We wish to appear well in the eyes of our friends, and we show how much we care for them, not only by covering our nakedness with clean garments, but by wearing such clothes as are pleasing in shape, color, and fitness" (p. 6). Fashionable dress was not only for the benefit of others, but also a means of portraying respect for self. "In spite of too frequent extravagance, we must in honesty allow that carefulness in dress is, on the whole, the sign of due self-respect" (p. 6). Self-respect and the projection of self were also addressed by Richardson in his article published in The Popular Science Monthly. "In a word, the dress is the outward and visible skin of the creature that carries it" (1880, p. 182). Richardson argued against sacrificing
health and "natural beauty" for fashionable attire. "It is the bounden duty of every woman to make herself look as handsome as ever she can. If she have natural beauty, she ought to study how to maintain it in and through every period of her life - yes - to the last; for there is nothing more beautiful than beauty in old age" (1880, p. 183-184).

Richardson was not the only person who believed that fashion should not have free rein over the health and well-being of the body. In 1859, Martineau wrote an article entitled, "Dress and Its Victims". The first sentence of the article gives an eye-opening commentary on the extent to which fashion could harm the health of individuals, "There are a good many people who cannot possibly believe that dress can have any share in the deaths of the 100,000 persons who go needlessly to the grave every year" (p. 387). It seems rather obvious that Martineau was setting the stage for a discussion about the most serious effects of fashion. Wearing fashionable dress did not mean that one was automatically injuring their health, since most people agreed that fashion could go hand in hand with health. As Richardson explained,

I would have good fashion go with every hygienic improvement in clothes and clothing, and I know it would be easy to prove that hygiene of dress could always be combined with the most artistic and perfect of fashionable designings, by which combination health, comfort, and elegance would all be insured. (1880, p. 184)

Most of the articles about fashion published in popular literature agreed that fashionable attire was at its best when it did not interfere with the normal functioning of the body. "Dress ought to be agreeable to wear, and this includes something more than warmth and a good fit. It should be light and subject to as few dangers and inconveniences as possible" (Martineau, 1859, p. 388). Even artists and people in the fashion business got involved in the discussion of fashion and health. In the November 1882 volume of The Art Amateur, an article entitled
"Artist’s Views on Woman’s Dress" observed that dress should reflect the inherent beauty of women (p. 130). William Morris, noted painter and textile artisan, gave his opinion regarding women's dress in an article published in May of 1883 in *The Art Amateur*.

Garments should veil the human form, and neither caricature it, nor obliterate its lines; the body should be draped, and neither sewn up in a sack, nor stuck up in the middle of a box; drapery, properly managed is not a dead thing, but a living one expressive of the endless beauty of motion; and if this be lost, half the pleasure of the eyes in common life is lost. ("William Morris on woman’s dress", p. 388)

**Beautiful Feet versus Fashionable Footwear**

The unconscious decision to wear fashionable footwear and sacrifice beautiful feet was made at an early age. It was fueled by fashions depicted in popular magazines. Generally the fashion plates depicted footwear, if it was shown at all, as being very small. This perpetuated the myth that women's feet were supposed to be small. The problem was complicated even more because both the feet and hands of women portrayed in the fashion plates were not in proportion to the size of their bodies (Figure 9). They were shown much smaller than they should have been. The quest for small feet was not just in the fashion periodicals. There is evidence that women were trying to emulate what they saw.

Painters and poets, it may be added, are much to blame for encouragement of the false idea that feet to be beautiful must necessarily be small. Small feet and hands, it is true are characteristic in some nations; in this country and in the southern lands of Europe, for instance. But a small hand or foot is not necessarily shapely; nor is a large one always the reverse. ("Feet and Shoes", 1882, p.40)

**The Chinese Influence**

The American women’s desire for small feet and the associated consequences were often compared to that of the Chinese woman. “The process of our dames hardly differs from that of the Chinese women, whose feet, from the early age of five years, are so firmly bandaged that, as they say themselves, they become dead” (Tomes, 1871, p. 67). It was even
suggested that rather than learn from the experience of their Oriental counterparts, fashionable American women attempted to emulate the lily foot of the Chinese woman, depicted in Figure 13.

There is no part of the human body which has suffered and suffers more from the caprices of fashion than the foot – the female foot especially. Except, however, with the Chinese ladies – whose pedal deformity American and European women so ardently strive to emulate – we rarely find among the Orientals any willful disregard of the artistic principles of beauty and utility. (“Feet and Shoes”, 1882, p.40)

Figure 13. Drawing of foot subjected to the custom of binding common in China. (Flower, 1882, p. 173)

After looking at the fashion plates it is no wonder the author came to that conclusion. Several of the fashion plates portrayed the fashionable style of footwear as looking much like the Chinese lily foot (Figure 14). They had a high heel from which the foot curved immediately downward to the toes. This left the foot without much of an arch. How women were supposed to stand and support themselves is beyond me. Walking, or rather hobbling, must have been extremely painful. One author argues, however, that the idea behind this type of fashionable footwear was to illustrate the fact that they were well enough off they didn’t have to walk, or work for that matter. “Ladies of fashion too often wish to have like the Chinese women, an almost imperceptible foot, to convey the idea without doubt that it is
Figure 14. American women adopted fashions like those depicted here. In this case the foot of the lady at the second from the right has the appearance of a Chinese lily foot. “Les Modes Parisiennes: At Home for Calls,” 1881, November, Petersen’s Magazine. Mary Barton Collection RS 21/07/009 Box 8 Folder 43, University Archives, Iowa State University, Ames, Iowa.
impossible for them to walk and that they were born to ride in carriages” (“Shoes and Pattens”, 1882, p. 84).

Making Feet Look Smaller

It is amazing the extent to which the shape of the foot could be altered. In much the same way that women compressed their waists, they squeezed their feet into shoes much too small for them, all for the sake of acquiring the fashionable small foot.

The modern boot or shoe, with the prevalent notion that everything must be sacrificed to smallness, has squeezed the foot into a lump as knotty and irregular as a bit of pudding-stone, where the distorted toes are so imbedded in the mass and mutilated by the pressure that it is impossible to pick them out in the individuality and completeness of their original form. (Tomes, 1871, p.67)

There were a variety of different methods for making one’s foot appear smaller than it really was. The most popular methods required the woman wearing the shoe to sacrifice her health and comfort for the sake of having a fashionably attired foot. One article, however, mentioned an alternative to the disfigurement of the foot. “Another mode of diminishing the natural importance of the foot and lending to it a cunning look, is to place upon it a voluminous ornament, for example, a large rosette of lace or stain; these gave their coquettishness to the Louis XIII, and Louis XV shoes” (Shoes and Pattens, 1882, p. 84).

Wearing shoes that were tight was one of the most common ways of compressing the foot. This worked in much the same way that corsets did in squeezing the waist. In fact the tightness of clothing was one of the problems to which was attributed the poor health of American women. As Richardson explained, “The first and most serious mechanical error committed on the body by dress is that of tightness, by which pressure is brought to bear upon some particular part” (1880, p. 185). The effects of wearing shoes that were too tight were fairly obvious; after time passed, the foot would be squeezed to the point of
disfigurement. It seemed that no matter what was being written about the ill effects of wearing tight shoes, women ignored it and instead opted for a more fashionable foot outline. Richardson (1880) commented on the fact that medical practitioners had been writing for years on the negative effects of wearing shoes prescribed by fashion, yet women continued to adopt the styles of footwear dictated by fashion.

Fashion periodicals had an influence on the styles and types of attire that women would adopt. When it came to styles of footwear, however shoes were often portrayed as much smaller in proportion than they would in actuality have been. To counteract such depictions, writers would attempt to point out this discrepancy to women. Sometimes, as was the case in this 1882 article, advice would be given on how to determine if one’s foot was in proportion to their body.

In spite of any such vanity, however, nature does not intend the human body to rest upon a base incapable of carrying it. According to the measurements of Albert Durer, the proportion of a woman’s foot to her stature is as 14 to 100 – that its, the proper length of the female foot is about the seventh part of the height of the body. Below this proportion the foot would lack grace. ("Shoes and Pattens", 1882, p. 84)

One of the consequences women had to contend with when wearing shoes not in proportion to the body was the difficulty they would have when required to stand or walk. Years of wearing ill-fitting shoes had caused so much damage to their feet that they could not properly sustain the weight of the body – thus causing them to hobble wherever they went (Richardson, 1880). Not only was the distorted foot as a whole connected to the unnatural gait of women, but specific foot problems due to the attributes of fashionable footwear were also used to explain the fashionable woman’s lack of grace.

Indeed, distorted and overlapping toes have become so common since the advent of the narrow-toed boots, that many ladies are obliged to wear pads of felt between them, in order to keep them apart. The wearing away of the contour of the ankle, and
the impossibility of a graceful carriage, are among the other difficulties resulting from this fashion, while corns and bunions flourish to an extent which must fill the heart of the chiropodist with gratitude to the shoe merchant, who works so ably and so incessantly for his benefit. ("Fashionable Covering for the Feet", 1871, p. 48)

Problems with toes were particularly troublesome if one wanted to wear the fashionable footwear of the time. Whether the problem be an ingrown toenail or a bunion, authors of articles were quick to attribute the problem to fashionable footwear (Tomes, 1871). The displacement of the toes was a common occurrence among women. It is unbelievable the extent to which women would distort their feet to wear a fashionable style of footwear. "The second toes, which should be separated from the rest of the toes, is inclined toward them, and is seldom longer than the great one, as it should be. All are crushed out of shape to fit the cruel little leathern case which fashion ordains shall contain them" ("Feet and Shoes", 1882, p. 40).

Tight shoes were only one way of making the foot appear smaller and narrower. Women's styles of footwear often used pointed toes as a means of elongating the tip of the foot and making the foot appear much narrower, and therefore smaller, than it really was.

Once again, we can turn to the fashion plates for evidence that a narrow foot was desirable. In many of the fashion plates, if the shoe is shown at all, it is usually the toe of the shoe that peeks out from underneath the skirts (Figure 15). Regardless of how harmless its appearance, the pointed toe was often touted as the most undesirable aspect of fashionable footwear.

The pointed shoe or boot is the most single instance of a mischievous instrument designed for the torture of feet. In this shoe the great toe is forced out of its natural line toward the other toes, giving a reverse curve from what is natural to the terminal part of the inner side of the foot, while all the other toes are compressed together toward the great toe, the whole producing a wedge-like form of foot which is altogether apart from the natural. (Richardson, 1880, p. 188)
Figure 15. Toes peeking out from under long skirts were often all that was portrayed in regards to footwear on fashion plates. “Les Modes Parisiennes: The Return from the Mountains,” 1882, August, Petersen’s Magazine. Mary Barton Collection RS 21/07/009 Box 9 Folder 1, University Archives, Iowa State University, Ames, Iowa.
The real evils of fashionable shoes, at least according to women's periodicals, were the high heels. By raising the heel higher than the ball of the foot a woman's foot would appear to be shorter than it actually was ("Shoes and Pattens", 1882). High heels were also desired because they had the effect of making the woman appear taller. Of course, by raising the heel, the foot was put on an incline. It was only by counterbalancing the distribution of weight that women were able to keep their feet from being cramped into the pointed toes of the shoes.

For some it was not the wearing of high heels that caused problems, but the fact that the heels were not placed directly under the ankle. If the heel were placed too far forward or backward, continued wearing of the shoes or boots would cause the heel to wear unevenly, as shown in Figure 16. It is possible that by wearing away the heel in this manner, women would make it more difficult to walk or even stand in these shoes.

The position of the heel toward the center of the foot...takes away the strength of its natural prop, and makes it a weakness. It is thus that our dames, in walking, have a hobbling gait, as if their feet were poised upon stilts. (Tomes, 1871, p. 69)

Figure 16. Heels that were not placed in proper position right below the ankle would usually wear unevenly thus creating difficulties with walking and standing. (Lane, 1895, p. 230)
Richardson (1880) also commented about the lack of grace women had when walking in high heels. By raising the back of the foot, the arch would not be in its correct position and the motion of the foot in walking would be altered. Authors even commented upon the obvious problem of falls associated with the adoption of the high heel on fashionable footwear. "The danger of falls is also considerable; and those who have a dread of a long tumble down the stairs, had better put on their boots on the ground floor" (Martineau, 1859, p. 389-390).

The introduction of athletic activities during the last two decades of the 19th century created a demand for footwear which allowed women to participate. It was the movement of women into physically demanding leisure activities that had the most profound effect upon the styles of shoes that were being worn. Fashion plates in popular magazines for women began to depict what athletic clothing for women was like, one such example can be seen in Figure 17. In many cases the skirts for these costumes were much shorter than the prevailing fashion, and therefore many of the styles of shoes recommended for exercise and participation in athletics are portrayed in the fashion plates. The current fashionable style of shoe did not allow for comfort or support of the foot while competing in athletic activities, therefore women needed to wear a different style of shoe which allowed them full range of movement and comfort so they could run and stand as the sport required. Such shoes were modeled more in keeping with men's styles of footwear and were more like that which physicians had been advocating for quite some time.
Figure 17. The popularity of athletic activities for women, created a demand for shoes more supportive and comfortable, yet still fashionable. From My Lady's Wardrobe, 1899, Fall – 1900, Winter. Mary Barton Collection RS 21/07/009 Box 11 Folder 12, University Archives, Iowa State University, Ames, Iowa.
CHAPTER 6. MEDICAL PERSPECTIVES, 1900-1930

The problems with foot health and shoe design did not change with the beginning of the 20th century; however, the amount of attention these problems received both in popular literature magazines and medical journals increased substantially. This increased attention led to the greater availability of information, directed towards both medical professionals and the lay public, about foot problems due to ill-fitting shoes.

Information about shoe selection and foot health was focused on the preventive and interventive methods of caring for the feet of women. Like their 19th century counterparts, physicians attributed many of the foot problems they saw to the footwear people were wearing. Most of the problems medical professionals saw, they attributed to either the shape of the shoe or the high heels that were popular on many footwear styles. Special consideration was given to the shoes worn by fashionably attired women, an example of this type of footwear can be seen in Figure 18.

Figure 18. Popular style of walking shoe worn by fashionably attired women in the early part of the twentieth century. (Kelly, 1909, p. 71)

A properly fitting shoe is necessary for the support of the body, for correct carriage, and for the maintenance of the integrity of the arch of the foot. The shoe of the average young woman is too small, while its shape is grotesque and absurd. Its size, its shape and its heel interfere to such an extent with the mechanics of support and with the circulation as to make it both a direct and indirect cause of local injury and of remote disturbances of the general health. No reform in woman's dress is more
urgently needed than an adaptation of the shoe to the function of the foot (Kelly, 1909, p. 71-72).

Problems with ill-fitting footwear were usually called deformities because for most women and men the wearing of fashionable footwear since childhood had caused serious changes in the shape and function of the foot.

The great disadvantage of the shoes in walking or marching is not so much from the fact that it is a shoe but that from childhood to old age the average person does not wear properly fitting shoes. His feet have become so deformed and so far removed from nature that great walking or marching capacity is a physical impossibility. (Reno, 1914, p. 173)

The shape of footwear that was being worn was considered important in maintaining the health of the foot. As Wheat said, "The shoe should fit the foot and not the foot fit the shoe" [Italics in original] (Wheat, 1909, p. 216). The shape of the fashionable shoe was often compared to that of the normal foot and a good shoe determined by this comparison (Figure 19). "It would seem, then, that a good shoe would be one which conformed to the normal foot and in no way prevented the foot from remaining normal" (Carothers, 1920, p. 74).

Deformed feet from wearing wrongly-shaped shoes since childhood was a consequence that medical professionals were familiar with. Years of wearing such shoes caused the feet to assume the shape of the shoes (Grossman, 1917).

If the shoe was not modeled after the foot, then what determined the shape of footwear? "A boot is not made in the shape of the foot but on a last. The last-maker caricatures the normal shape of the foot as the fashion plate artist caricatures the figure" (Bradford, 1902, p. 331). A last is a form, usually made of wood, over which the footwear was formed. Often the last was made in the shape of the fashionable style of footwear.
Figure 19. The shape of the foot did not conform to the shape of fashionable footwear as shown in the drawing on the left. The drawing on the right is an example of the shape of shoes that many doctors were claiming to be built along the lines of health. (Cobb, 1926, p. 2)
desired and not in the appearance of the normal unclothed foot. It was obvious to the medical professionals of the early 20th century that shoes made on these lasts would eventually lead to deformity of the feet. “This freedom of action and pliability in the foot are interfered with by the stiffness of heavy shoes and the pressure of footwear not made to fit the varying size and shape of the foot, but to the conventional shape of the last” (Bradford, 1902, p. 322). Here once again, the argument against fashion and for health was of great interest to medical professionals.

The lasts over which the footwear of civilization is shaped are rarely modeled in the spirit of truth that would make them conform to the contour of a normal foot. The whim of society and the manufacturers’ enterprise alone regulate their shape. Society, apparently agrees that the human foot as formed by nature is coarse, vulgar and unsightly, and that its width, especially at the toes, is entirely too great. (Hoffman, 1905, p. 106)

In an attempt to acquire the desirable small and narrow foot, women of all ages squeezed their feet into the smallest possible size of fashionable footwear. Much like the corset, the fashionable style of footwear created a situation in which a part of the body was squeezed out of its natural shape. In 1905, Dr. Hoffman published a treatise in which he described experiments he had conducted on the amount of pressure a person’s feet could withstand. After describing feet, especially those of children, as being plastic he concluded that a small amount of pressure continued over time would alter the shape of feet. The question he attempted to answer was one of pain. How much pain could the person tolerate as their feet were steadily squeezed out of their natural shape? His conclusion, that pain was an indicator of the size of shoes women could tolerate to wear was obvious, as was the connection between pressure and foot deformity. Too much pressure would be unbearable;
however, a small amount of pressure lasting over a long period of time would result in irreparable damage (Hoffman, 1905, p. 115).

The other great evil of fashionable footwear was the high heels common on styles of footwear worn by women since childhood. The fashion of wearing high heels to produce the illusion of small feet remained a concern of medical professionals in the early twentieth century (Figure 20). That this particular attribute of footwear was fueled by fashion is obvious in the comment of a manufacturer of footwear.

We do not think many ladies will ever get away from the high heel, which gives the foot the short dainty appearance. Our honest opinion of shoes without heels is that they are very ugly looking. All right for some sports and the new dances or tramping in the woods, but when it comes to dressy shoes or those intended for street wear, they would not be becoming without heels. (Millikin and Hamilton, 1914, p. 677)

The concern medical professionals showed for women wearing high heels was justified by the fact that high heels altered the way the body distributed its weight, as shown in Figure 21. "This unnatural position requires an unnecessary effort of the leg muscles to maintain us in the perpendicular" (Millikin and Hamilton, 1914, p. 675). Damage was also done to the feet, "Not only does the shape of the conventional shoe cause mischief, but the heel are also offenders. They are too high as a rule. A high heel strains the foot, eventually leading to unnatural positions and subsequently producing weak feet" (Grossman, 1917, p. 253).

It is interesting that physicians would equate wearing high heeled shoes with the necessity of corsets. In an article published in the New York Medical Journal in November of 1919, Dr. J. Madison Taylor of Philadelphia made this observation "A prominent orthopedist has shown that women require corsets as a result of deformed feet, on account
Figure 20. Examples of how high heels made the foot appear to be smaller than it actually would have been. (Drawing by Augusta Reimer). From “Famous Actresses as Fashion Editors: The Young Girl’s Dancing Dress,” by L. Taylor, 1914, February, Ladies Home Journal, 31(2), p. 33.
Figure 21. High heels not only increased the stature of the person and made their feet appear smaller, they also altered the way the body distributed its weight. (Meloche, 1926, p. 5)

of the body being thrown out of plumb” (p. 701). Even as late as 1921, medical professionals were still touting this belief. In this case the corset was used more as a back brace to help realign the body.

It is obvious that the higher the heel the greater is the muscular effort necessary for the maintenance of the erect position. The head of a woman of 5 ft. 6 in. with an arch 6 in. wide is thrown 2 ft. off the perpendicular when she wears a 2 in. heels, thus entailing a great strain on the muscles of the back and necessitating the use of corsets. (Fairweather, 1921, p. 1020)

For many women, the wearing of high heels since childhood had left them in a position of dependence upon the heels. Their bodies had become so used to the adjustments required when wearing high heels that to go without them left the woman feeling as though she were going to fall. Rather than adopting a style of footwear with a lower heel, many women would complain about feeling as if they were going to fall backwards (Millikin and
Hamilton, 1914, p. 675). For some women there was no argument that could convince them that high-heeled shoes were detrimental to their health and not a necessity. In fact, some doctors argued against suddenly changing from a high to low heel. Instead, they argued that the feet of some people had such perfect arches that they required wearing high heels to maintain them. But other doctors challenged such statements, including Taylor.

Let me appeal to any woman who fondly assumes that her feet are so exquisitely arched that she can only be comfortable in a French boot. Her physician has assured her that she must wear high heels or her back will ache. Of course there is not a word of truth in this except that the feet of women are higher arched than men. To be sure, she has worn this type of shoe so long that any others shoe will feel queer till she becomes accustomed to it. Meanwhile she is serenely laying the foundation for lameness, limping, and a waddling, slouching, shuffling gait. (1919, p. 701)

Taylor’s comments illustrate the way in which footwear design would be argued about by physicians in the early 20th century. While education regarding health factors was increasing, the agreement between physicians about what was good for health was not forthcoming.

The Role of Fashion

While doctors were arguing about what constituted a good shoe, manufacturers and fashion designers were moving closer to health designs in the style of early 20th century footwear. Evidence that this was so can be seen in many of the footwear advertisements that appeared in popular magazines (Figure 22). Although fashion and health were never in complete agreement, the styles of fashionable shoes for the 1910s and 1920s were much closer to physicians’ descriptions of a healthy style of shoe than their late 19th century counterparts. This closeness in design was not enough however, since medical professionals continued to preach the evils of fashion and fashionable styles of footwear.
WHITE buckskin will be "the thing" this season—and a very sensible fashion it is, too. Cool and comfortable, it is in perfect keeping with thin summer attire.

This dainty footwear can be found, in its most attractive styles, in the American Lady Shoe. You will get service and comfort from them, as well as style, for every American Lady Shoe is a quality shoe, guaranteed so by forty years of quality shoe-making.

The Hamilton, Brown dealer, anywhere, can show you the American Lady Shoe. Look over his line—if he doesn’t have the particular style you want, he will get it for you in a few days’ time. If there is no Hamilton, Brown dealer in your locality, we will supply you direct, upon receipt of your order stating style and size desired, and enclosing remittance to cover price of shoes.

Our little book, "America’s Finest Footwear," will be a big help to you. Send for free copy today.

HAMILTON, BROWN SHOE COMPANY, Makers, St. Louis — Boston
"Keep the Quality Up"

Figure 22. Fashionable footwear of the 1910s and 1920s had adopted many of the attributes that doctors had been requesting since the latter half of the 19th century. These attributes can be seen in footwear advertisement, like this one for the American Lady Shoe. Advertisement for American Lady Shoe, 1913, June, Ladies Home Journal, 30(6), p. 57.
The Small Foot As A Symbol of Beauty

The small, narrow foot remained the desire of fashionable 20th century American women, who like their late 19th century counterparts would endure pain to acquire it.

The foot is undoubtedly the part of the body which suffers the most from unhygienic conventional covering. Fashion has decreed that a short, narrow foot is the most beautiful and the shoe manufacturers have turned their attention to making styles of shoes that make the foot appear as small as possible. (Meylan, 1909, p. 88)

Writers adopted a variety of different arguments against the wearing of small and narrow fashionable shoes. The most common argument compared the dainty footwear with its deformed creation – the foot.

Modern society regards the small, and especially the narrow foot, as the beautiful one, and the dictum of fashion has greater influence than reason. Perhaps, the statement that society admires the small foot is not exactly true; for society, as such, never sees the naked foot, but what it so commonly does admire is the dainty little shoe that hides its own handiwork – the distorted, cramped, calloused and repulsive foot. (Hoffman, 1902, p. 402)

The distinction between the appearance of footwear and that of the foot itself was used repeatedly by physicians of the early 20th century. In 1911, Dr. Irvin O. Allen of Richmond, Indiana made the comment that although a healthy foot may not be beautiful, the foot created by years of wearing ill-fitting fashionable shoes would not improve its appearance. In 1914, Dr. William W. Reno, a Major in the Medical Corps of the United States Army, argued that the selection of shoes should no longer be left to the choice of individuals, but should be prescribed by physicians. His reasoning for this conclusion is based upon the comparison of footwear to feet. “Modern society regards the small and narrow foot as beautiful. But if society could see the corns, ingrowing nails, bunions, hammer toes, and generally deformed feet that small shoes conceal, the styles would quickly change” (p. 173).
Class must have played a part in determining what the fashionable style of shoe would be. Like the “lily feet” of Chinese women, women with the smallest possible feet in America would not be able to do manual labor since their small and dainty feet would not be able to support them. Thus the narrow and tight shoe as well as the high-arched foot became signs people who did not have to work for a living and therefore were in a higher class (Little, 1914). The connection between Chinese bound feet and the deformation of American women’s feet by ill-fitting shoes was not lost on Dr. Phil. Hoffman, an orthopedic surgeon from Saint Louis.

How about some women, and men too, outside of China, who incase their “golden lilies” in shoes that are little more than half as wide as nature indicated they should be and often much too short? What matters if they do suffer from deformed, weakened and painful feet if, only, they can place them in shoes much too small with toes that vanish into nothingness and perch them on a fancy, slender, high and insecure heel? Here, too, the binding begins at a very tender age. The difference is not so much in kind as in degree. (1905, p. 112-113)

The degree to which your feet could be bound was obviously connected to the amount of movement your required from your feet. Women of higher classes were not required to work or move if they did not desire to and working class women did their best to emulate the desirable small dainty foot of their wealthy counterparts (Bradford, 1902). The adoption of sports requiring more supportive and active styles of shoes by the wealthy class helped to bridge the gap between the styles of shoes each class would wear (Figure 23). The activity required for sports like golf or tennis demanded a shoe more capable of adapting to the needs of the foot.

A lady of leisure, if as leisurely as an odalisque, can wear such footwear as she wishes; but if she plays golf or tennis, or walks actively in shopping, she should wear shoes which will not bind her feet, or she will suffer by deforming or weakening them. (Bradford, 1902, p. 335)
Figure 23. The popularity of sports created a demand for footwear that would allow women to participate without hurting their feet. From *Ladies Home Journal*, 1913, January, 30(1), p. 33.
Medical professionals even turned to economics in their arguments for more desirable styles of footwear. Dr. Archer O'Reilly made a unique argument for the cause and effect of weak and painful feet.

Weak and painful feet result in serious economic loss, and they seem to be increasing in the community; or at least the general public seems to be realizing the necessity of prevention, to judge from the number of foot appliances advertised in the lay and scientific journals. The increase in foot trouble is probably due to a decrease in walking, occupations which require much standing, and in women, especially, to the modern styles of shoes. (O'Reilly, 1924, p. 417)

He almost sounds as if he is appealing to the pocketbooks of the upper classes when he connects the condition of the feet of the lower classes to economic losses.

Sacrificing Health

Ironically, it was the draft of soldiers for World War I that drew the attention of women to their feet. As the men went off to war, the women worked to support the war effort at home. While these women relied on their feet to support them, their desire to remain fashionable still outweighed the need for comfort. Fashion had an enormous influence over what women wore; health and comfort were often sacrificial lambs. For many women the concern, when buying shoes, was one of appearance and not of comfort (Reno, 1914).

For some it wasn't the desire to remain fashionable that led them to acquire the deformities of fashionable attire, but the lack of information as to a good vs. a bad style of footwear. Deformities of the feet were common during the early part of the twentieth century, so much so, that the deformed foot was sometimes seen as normal. In 1905, Dr. Hoffmann described a situation at which time he noticed how accustomed to deformities of the foot Americans were.
As an illustration of how accustomed civilization has become to certain foot deformities, and how unaware the average individual is of deformity present in his own feet, I will mention a photograph of the naked body of a well-known instructor of physical culture, which was displayed in show windows as an advertisement. In one corner of the card was printed: “One of the finest-formed athletes in the world”; yet, absolutely no attempt was made to hide the right foot, the toes of which presented shoe deformities developed far beyond the average. (Hoffmann, 1905, p. 112)

How he could perform well in athletics with his feet in such poor shape is an example of the extent to which people would withstand deformities for the sake of fashion.

While it is relatively easy to understand how the average lay person could mistake the unnatural deformed foot for normal, it is somewhat surprising that physicians would make the same mistake. In his article published in the March 1918 issue of the *New York Medical Journal*, Dr. Dexter D. Ashley of New York made the observation that some deformities were so common that physicians overlooked their treatment. “Deformities so prevalent as not to be recognized as such are ingrowing nails, clubbed toes, overriding toes, inflamed great toe joint, bunions, hallux valgus” (p. 436). It is no wonder that such deformities were not noticed when one discovers that deformed feet were being used in anatomical works as examples of normal human feet. In 1902, E. H. Bradford, a noted Philadelphia orthopedic physician, commented that deformities of the feet had become so prevalent that they were being portrayed as normal in anatomical works as well as modern art.

There is even evidence that the deformities of feet were connected to the clothing that was worn on them. In 1925, Dr. John Joseph Nutt indicated that it was universally believed that foot deformities were almost always caused by faulty clothing.

It is quite generally admitted that many deformities of the foot are due to faulty clothing. Some French surgeons, to be sure, have recently taken pains to discount this opinion, claiming that some pathological condition of muscles, nerve, or joint is the primary etiological factor and that the shape of the foot-clothing is of but secondary importance. (p. 279)
The Duty of Medical Professionals

The early part of the twentieth century, especially the time of World War I, was unique, since it was one of the few times in history when fashion and health for footwear were somewhat close. Ironically, this was also a time period when physicians could not agreed upon factors relating to shoe selection and foot health. At a time when education was valued and medicine was deemed the height of scientific accomplishments, physicians could not agree about the proper way to educate the masses, perform medical examinations, and diagnose foot problems or even agree upon what constituted a good shoe. Perhaps Drs. Millikin and Hamilton said it best in the article they published in the 1914 volume of the *Ohio State Medical Journal*.

When we realize that in one large orthopedic clinic in this country over forty percent of foot troubles are treated by changing the shoes; and that shoeless people have almost invariably sound, capable feet; and that shoes are inevitable; then the importance of educating the populace in the least harmful types of foot apparel can hardly be overestimated. (p. 677)

Education of health and hygiene was at an all-time high during the 1910s and 1920s and medical professionals were quick to use this to their benefit. Some even saw it as their duty to educate the general public as to the evils of ill-fitting shoes (Reno, 1914). By 1925, it was apparent, at least to Dr. John Joseph Nutt, that the campaign of education had paid off in some manner. “Orthopedic, Common Sense, and various other named shoes have a constantly increasing sale, showing the desire of the laity to treat their feet with becoming respect and not to be too much the slaves of the passing whims of fashion” (p. 282). Indeed, shoes appeared in advertisements in *Ladies Home Journal* with the following names, *Dr.*
Edison, Anatomik, Red Cross Shoe, and The Coward Good-Sense Shoe. An advertisement for the Dr. Edison Cushion Shoe can be seen in Figure 24.

Some medical professionals had a problem with the way in which their peers would educate the public. By the 1910s and 1920s articles about all issues of health and hygiene had found their way into the popular literature periodicals. While some physicians wrote books on the health and hygiene of the body, others wrote articles that appeared in magazines like Scientific American, Current Opinion, The Woman Citizen, and Good Housekeeping. An editorial titled, “Medical Advice in the Lay Journals”, which appeared in the April 1915 issue of the New York Medical Journal, demonstrated that not all physicians approved of the increase in health and hygiene articles in popular literature. The article advised doctors about better ways of educating their patients about the evils of fashionable shoes. For instance, instead of publishing articles about different foot problems, physicians could focus on improving the education of foot health in schools (p. 797). It also discussed the fact that many patients would consult such articles with regards to difficulties with their feet and fail to have their problems properly diagnosed and treated. In this way, doctors would be undermining themselves and, as the author of the editorial argued, demeaning the profession of medicine. Even more dangerous, was the possibility that a patient might read evidence in the medical column of their favorite magazine that was contrary to that of their physician. Because the feet of individuals are unique, what may work for one person could have serious consequences for another. The appearance of conflicting diagnoses in many popular literature articles would only serve to confuse people as to the best method for ending their foot difficulties (“Medical Advice in the Lay Journals”, 1915, p. 797). It must have been obvious to medical professionals that they needed to continue to educate people regarding the
Correct dress on all occasions requires stylish shoes. Yet fashionable footwear is often closely associated with foot misery. Comfort is sacrificed needlessly for the sake of appearance.

**Dr. Edison Cushion Shoe**

Looks good and feels good—both style and comfort. The models include the season's most fashionable lasts—correct everywhere. Others are fashioned on common-sense lines—ideal for the woman who enjoys out-of-door activity and exercise.

Dr. Edison Cushion Shoe assures freedom of action, and an absolute relief from tired, aching and cramping feet.

It is the one shoe that meets the demand for complete comfort and faultless style.

Boots, $4.00 and $4.50
Oxfords, $3.50 and $4.00

Our Style Book, showing the stylish Fall models and explaining the comfort feature of these shoes, will be sent to any woman on request. We will also tell you what dealer in your town sells these shoes.

**UTZ & DUNN CO.**
152 Canal St. Rochester, N.Y.

Figure 24. Dr. Edison Cushion Shoes were only one of the brand names of shoes that adopted a connection to health in their name. Advertisement for Dr. Edison Cushion Shoe, 1912, September, *Ladies Home Journal*, 29(9), p. 67.
care of their health, because by the 1920s medical organizations had begun their own magazines devote specifically to the promotion of health. In 1923, The American Medical Association began *Hygeia*, a periodical that approached the concept of health and hygiene from a physician's perspective. The articles in the magazine were in a format that made it easy for the lay person to understand.

**The Diagnosis of Foot Disorders and Deformities**

Although the average person knew more about care of the feet and selection of proper shoes than ever before, physicians were still known to overlook the examination of the feet. During the 1910s and into the 1920s, there were several articles appealing to physicians to examine the feet of their patients, especially if the patient was a woman, and not rely upon the patient's history and diagnosis of the problem.

I cannot too strongly emphasize the importance of carefully examining every case physically as well as subjectively. "Simply to listen to a patient's history of chronic pain in his feet, steadily increasing and with more or less disability, and then to tell him he has rheumatism and proceed to fill him up with salicylates, sending him on his way without even examining him or his feet, is surely a travesty on the practice of medicine, but an altogether too common one." [Quotes from Porter: Chicago Medical Recorder, Feb. 1911] (Lower, 1915: 189) [Italics in original]

Sometimes the reason for this appeal was due to the fact that there were several different causes for similar problems. Without a careful examination of the patient’s feet, how would a physician be able to diagnose the problem accurately and make an attempt to end the suffering? In some instances, doctors appealed to one another to treat each foot problem as if it was serious, regardless of its perceived insignificance (Lower, 1915). The problem was made worse by physicians receiving mixed messages regarding how to deal with foot problems and their patients. Sometimes they were told to ignore a patient’s history (Strunsky, 1911). Other articles suggested that instead of examining a patient's foot, the
physician could get the information from the patient's well-worn shoe (Ashley, 1918).

Instead of ignoring patients, some doctors felt that patients were most useful in diagnosing the cause of their foot problems (MacKay & Pinnock, 1924).

The necessity of proper diagnosis was easily understood when one takes into account the plethora of shoe supports and appliances for foot ailments that were available to the lay public. An example of an advertisement for one such appliance can be seen in Figure 25.

Figure 25. Advertisements for foot appliances claiming relief for ailments were found in abundance in popular magazines in the 1910s and 1920s. Advertisement for Fischer Protector, 1917, April, Ladies Home Journal, 34(4), 94.

When physicians would not help the problem, people would consult the clerk at the shoe store for help. Obviously such a practice was not condoned by doctors.

The shoe salesman and the brace maker nowadays presume to be diagnosticians of foot ailments as well as dispensers of all sorts of supports and appliances for such ailments. After being "examined" and having the trouble "diagnosed," the foot
sufferer is told that he requires a certain appliance to effect a cure. (Gottlieb, 1924, p. 295)

One obvious result of consultation from people out to make money in the sale of their products was that the public was purchasing unnecessary foot appliances. Dr. Emil S. Geist, an assistant professor of orthopedic surgery at the University of Minnesota, commented on the fact that many of his patients appeared in his office wearing flat-foot braces, but did not suffer from flat foot (1915, p. 1322).

Many of the problems medical professionals had with determining the diagnosis of foot deformities and disorders stemmed from the fact that they had not as yet agreed upon what exactly created the foot problems. Physicians were of differing opinions as to the extent to which footwear contributed to the deformities of the foot. The reason they had so many difficulties was because the feet of each individual are unique and trying to find one style of footwear to suit all would be impossible (Ashley, 1918). Yet there was a need to inform the public as to some guideline of proper footwear (Reno, 1914). Some physicians treated this consensus of opinion as the final ingredient in the recipe to topple fashion.

As soon as it has been definitely decided just what constitutes a perfect shoe, a long step ahead will have been taken. When the surgeons are finally in accord on this subject it is not probable that Dame Fashion will be able to ignore the dicta as to shoe-construction as laid down by Master Science. She has been forced to bow to so many laws of hygiene that we hope she will allow her toes to be stepped on. (Nutt, 1925, p. 281)

Others knew that it would take much more to convince the public that the conventional style of footwear should go in favor of the more hygienic design. "Foot ailments will exist so long as the conventional shoe will be in demand. As soon as the public will create a demand for anatomically correct shoes the death knoll of corns, bunions, callosities and weak feet can be rung" (Grossman, 1917, p. 253-254).
CHAPTER 7. POPULAR LITERATURE, 1900 – 1930

It is interesting to note the ways in which war impacts all aspects of a society. Concepts of fashion and health changed dramatically during and after World War I. Issues related to foot care and shoe selections were brought to the attention of the general public because of the poor condition of the feet of men signing up to fight in the war. It was then many women realized the extent to which fashionable footwear affected their overall health, not to mention the condition of their feet.

Popular literature devoted a great deal of attention to the selection of shoes for soldiers and the way in which civilians, especially women could apply similar methods in selecting their own shoes. Education regarding healthy styles of footwear was abundant leading up to, during, and after the war.

Before women could learn how to properly select shoes, they first needed to know what was wrong with the current style of shoes they were wearing. Like many of the articles written by doctors, authors of popular articles discussed the evils of shoe shape and high heels as the primary problems with fashionable styles of shoes. Perhaps the reason the shape of footwear and the height of heels received so much attention in popular literature, lies not with the fact that these attributes of shoes accounted for most of the foot problems but that they were the factors most easily explained and understood by the general public.

The shape of fashionable footwear was nothing like the shape of the normal foot; however, years of wearing fashionable styles of footwear distorted the foot so it acquired the shape of its container (Cobb, 1926; Mullane, 1920). Evidence that this was so could be seen in the feet of fashionable men and women.
It is a sad fact that multitudes of men and women would be filled with confusion if they were obliged to show the shape of the feet they have secured for themselves. The explanation of the shape lies, of course, in the shoes they have worn. (Jewett, 1909: 48) (See Figure 26)

![Figure 26. The shape of the foot eventually takes the shape of the shoe. From “The Importance of Being Beautiful,” 1924, June 15, Vogue, p. 53.](image)

The problem with educating the general public through popular literature written by those not trained in medicine were that sometimes the facts got portrayed or explained incorrectly and not in agreement with medical opinions. "As a matter of fact, instead of exerting a corrective force or changing the shape of a defective foot, experience shows that the foot eventually corrects or changes the shoe and makes it take the shape of the foot" (Parker, 1924, p. 489).

Along with problems related to the shape of shoes were concerns regarding their size and width. Most of the popular styles of footwear were designed not in the shape of the foot, but rather a more symmetrical design (O'Shea and Kellogg, 1925, p. 195). Obviously this created serious problems with the way the foot fit into the shoe, as shown in Figure 26. To compensate, women would sometimes change the way in which the foot bore the weight of
the body. "When the shoe is too short or too narrow there is always the tendency to walk flat-footed in order to relieve the cramped toes" (Delavan, 1923, p. 90).

Popular literature sources often used flat-foot as a catch-all term for foot problems. Few of the articles that appeared in popular sources actually defined what flat foot was. They were quick, however, to point out instances in which fashionable footwear and its attributes contributed to the deformity known as flat-foot. "Lacing can be adapted to the shape and size of the foot better than buttoning; but always heed the warning, lace loosely! Tight lacing is one of the prominent causes of flat-foot" (Comstock, 1915, p. 666). Women were quick to pick up on these hints and diagnose their own foot problems as being flat-foot. Often such diagnosis would lead to the purchase of foot appliances to correct the disorder (See Figure 27). "...the arch-supporter fitted at random should be condemned. If an arch is worn, it should be fitted by an orthopedist" (Comstock, 1915, p. 668). Caldwell echoed this belief fifteen years later when he said, "If pain develops in the feet the examination and advice of a physician should be had before buying arch supports or corrective shoes" (Caldwell, 1930, p. 632).

Arch supports and other foot appliances were also worn to counteract the effect the high heel had on the posture of the body and the distribution of its weight (Hopkins, 1919). It was relatively easy for the general public to see the effect the wearing of high heels had on the posture of the body.

The tibia is forced backward; there is a tendency to bend the knee; and in order to maintain the center of gravity within the area of support it is necessary to throw the upper part of the trunk backward, exaggerating the curve of the spine and causing the abdomen to protrude unduly. (Boyer, 1918, p. 102)
Figure 27. Ads like this one for Tred-Air Heel Cushions, could be found in almost all popular magazines during the 1910s and 1920s. Advertisement for Foster Tred-Air Heel Cushions, 1914, July, *Ladies Home Journal*, 31(7), p. 44.
In some cases they had first hand knowledge of the pain associated with changes in the body’s distribution of weight (Meloche, 1926).

The Popularity of Health

It would be incorrect to assume that World War I created an atmosphere that was sympathetic to health. Favorable attitudes toward health began early in the century. In 1910, Latimer wrote in her book Girl and Woman, “...within recent years fashion has taken a sudden inclination to side with comfort and health” (Latimer, 1910, p. 288). For such an attitude to survive, authors knew that people had to realize that current fashions were not following the guidelines of health.

Now that corsets, hoopskirts and similar instruments of torture are disappearing more and more, may the knowledge become widespread that the foot cannot be abused with impunity. And may our women give to those shoe manufacturers who put such dangerous objects on the market the answer they deserve. (“The Care of the Feet”, 1916, p. 253)

However, health promoters understood the influence fashion and status had on the selection of clothing. Perhaps it was this line of reasoning which led them to appeal to women to break away from the hold of fashion and follow a smaller but still high-status group of women who had already adopted a more common sense style of dress.

There is an increasingly large class of women who wish to dress in a reasonable, common-sense style not dependent on the vagaries of fashion-makers, who are usually in search of novelty. They are even willing to be a little different if the difference is not too conspicuous, but too often they succeed only in being grotesque. (Farnsworth, 1915: 8)

This adoption required a more individualistic approach towards the determination of dress. At the beginning of the twentieth century, individualism was not yet a valued attribute of women. However, World War I demanded changes within the structure of American
society. For the first time in history, women were being asked to leave the home and work in factories to support the war effort. This had the effect of promoting personal liberty and individualistic ideas among working women. Suddenly it was trendy to appear not to follow fashion (Dix, 1914).

One side effect of the popularity of healthy ideas was the increase in the demand for healthier styles of footwear.

Many individuals suffer from foot ailments which are either caused or aggravated by the improper fitting of shoes. The arousing of public opinion against the evils of the old-time tight corset certainly carried as a result an improvement in the general health of the women of the nation. We wish to arouse public opinion to a realization of the need of better fitting shoes, to make them demand the application of a little science to the art of selling shoes. We hope to prove that better shoes mean better health. ("A War Against Tight Shoes", 1922, p. 23)

This demand was fueled in part by the education of women about concepts of health and selection of properly fitting shoes. By 1925 urban women had created a demand for more hygienic styles of footwear. As Osgood explained, "Today it is possible in almost any city to purchase a reasonably hygienic shoe. Twenty years ago it was well nigh impossible. A demand for such shoes has been created" (1925, p. 22).

The effort to educate people about the proper fit of footwear was aided by the use of x-ray machines in shoe stores. The machines allowed people to see how different styles of footwear affected their feet (See Figure 28). By the 1920s these machines were being described and praised in articles in popular magazines like Scientific American, The Nation's Health, and Hygeia. The machine helped people make decisions regarding the shoes they purchased since they could see the effect narrow, short and high-heeled shoes had on their feet.
Figure 28. X-ray machines were used in shoe stores to show people how their foot appeared in different styles of shoes. (Meloche, 1926, 5)
The shoe customer, wearing a given pair of shoes, stands on the platform of the apparatus and by looking through the long hood at the top, views the X-ray image of the shoes and feet. The positions of the various bones can be instantly seen. What is more, only a low power X-ray tube is used, and ample lead screening is employed to protect the customer and the shoe salesman from injury. ("Using X-Rays to Determine Proper Fit of Shoes", 1921, p. 513)

The Retail Influence

The X-ray machine and its use in shoe stores went a long way towards giving power over the fitting and selection of shoes to the salesmen. Parker commented upon the influence of the salesman in helping wearers determine proper fit of their footwear.

The practical application of the x-ray in the fitting room, where the foot may be examined in the shoe by both the salesman and wearer, has done a great deal to enlighten both parties as to the desirable qualities of a perfect fit. (Parker, 1924, p. 191)

Reliance upon the guidance of a salesman to determine proper fit of shoes was discussed in many popular literature sources. As mentioned previously there were already appeals for people to seek expert advice from their physician or orthopedist when purchasing corrective appliances, like arch supports. In discussing the role of the shoe salesman in selection of footwear, most popular literature articles highlighted the fact that buyers should not put a lot of stock in the opinion of the salesman since he was after all, in the business of selling shoes and shoe appliances. Wilde explained the interest salesmen had in the selection of shoes for their customers.

But don't make the mistake of following the advice of someone who sees your foot - not even "Through a glass darkly" - but through a stocking, not at all. Many women will accept as scientific data what a shoe salesman, a so-called "specialist," tells them, forgetting that the shoe salesman's chief interest is not always in the "future of women," but in the selling of shoes. (Wilde, 1922, p. 524)
My Corn Said “This Shoe”

Touchy Corns and New Shoes

The comfort of old shoes may now be had with new shoes. Blue-jay makes it possible. No need to wince from new shoes nor frown. No need to undergo a period of pain.

Before getting a new pair of shoes be corn-free by using Blue-jay, gentle and certain. Then, should a new corn come later, Blue-jay will bring instant relief.

Most families have a package of Blue-jay Plasters at home, always ready. Relief is always handy, and instant.

Paring never cures. Harsh liquids are harmful. Blue-jay removes the corns permanently, roots and all. The first application removes 91 per cent. More stubborn cases require a second or third treatment.

Wear new shoes—any shoes—with complete comfort. Forget your feet. Blue-jay points the way. Know tonight.

Blue-jay Stops Pain—Ends Corns

BAUER & BLACK
Chicago and New York
Makers of Surgical
Dressings, etc.

15c and 25c at
Druggists
Also Blue-jay Blister Plasters

Figure 29. Ad for Blue-jay Plasters. Advertisement for Blue-jay Plasters, 1917, June, Ladies Home Journal, 34(6), p. 79.
With the influx of new products that claimed to cure foot ailments, as in Figure 29, it is little wonder that most authors of popular articles did not trust the salesmen of these products. Such salesmen claimed to be foot specialists or experts because they were familiar with a particular patented device to cure foot ailments. Science and professionalism was very popular in the early part of the twentieth century, so the fact that these salesmen were giving themselves professional-sounding titles was of considerable worry for those more enlightened in the understanding of health.

Because serious constitutional conditions often produce foot symptoms similar to those of arch strain, it is hardly good judgment to consult a shoe salesman, a chiropodist or a so-called “foot specialist” representing the makers of patented arch supports of various kinds. Such people are in business and must sell their wares. They have but a limited knowledge of a few of the commonest arch troubles and their ignorance of the physiology and worthless but sometimes actually dangerous. (Caldwell, 1930, p. 632)

As this statement suggests, chiropody was considered as the equivalent of shifty salesmen. This change is probably due to the large number of medical professionals who invented or advocated the use of their corrective devices to their patients, even when such devices were not necessary. In 1922, Wilde was disgusted with the large number of corrective devices currently on the market. She made the argument that such “miracle” devices were not doing their job.

If so, why are so many firms selling supporters and braces and arch preserving devices, and why are so many special kind of corrective appliances on the market? If feet are comfortable, why are so many chiropodists getting rich, why so many women shifting from one foot to another when they have to stand, sitting down at the first opportunity and riding short distances when they might swing gaily along getting a bit of exercise and saving their nickel? (p. 521)

In an effort to help the general public determine who could and who could not be trusted to help in the selection of footwear, writers suggested they visit an orthopedist. Such
specialists, they argued, were the most qualified to help correct or improve the condition of feet. "Padding, strapping and arch supports are often necessary. The can be prescribed adequately only by an orthopedic specialist, not a chiropodist or a shoe salesman "foot specialist," but a physician who specializes in bone and joint conditions" (Goetz, 1927, p. 229).

Others made the argument that people should take the time to study the needs of their own feet ("A War Against Tight Shoes", 1922; Talbot, 1916). Under the guidance of a physician or orthopedic specialist the individual would best be able to determine the correct shoe to adopt.

The Science of Dress

Professionalism was prevalent at the beginning of the twentieth century as many careers and disciplines established certification requirements. Up until this time, the only areas that required credentials were law and medicine. The prominence of science during this time was an underlying reason for the professionalism of disciplines. Even as early as 1900, scholars were petitioning for the establishment of a science of dress. "Dress as a science must advance by the same method that has developed other learned professions" (Ecob, 1900, p. 607). Helen Ecob went into great detail about the formulation of a science of dress. It would include, among other things, the laws governing health and the aesthetics ruling fashion. By forming this science, Ecob hoped that dress would be fashioned according to both the dictates of fashion and the requirements of health. "Conventional dress attempts to conform the human figure to the prevailing fashion. Science and art conform the fashion to the human figure" (Ecob, 1900, p. 605).
In the first few decades of the twentieth century health and fashion would be closer to each other in footwear styles than they had been in a long time; however, the science of dress was a long way from reality. The main reason for this was the difficulties associated with the determination of a style of shoe that would be good for everyone. The feet of individuals are unique in their shape and strength, a situation which makes agreement upon one style of footwear impossible (Osgood, 1925). This is complicated by the fact that even from the day they are born some people do not have what physicians consider normal feet (Parker, 1924). Add this to the host of foot problems caused by the wearing of ill-fitting footwear and the problems associated with fitting shoes and treatment of foot problems becomes obvious ("Disappearance of the Normal Foot Among the Civilized", 1915). As Bolton explained in 1913, "It is not possible to find or make one style or shape which will suit all feet, nor to lay down narrow rules concerning the kind of shoe which every one should wear" (p. 58).

Fashion and Health at the Beginning of the Twentieth Century

The fashionable footwear of the 1910s and 1920s was based more on concepts of health than on the whims of designers. Evidence that this was the case can be seen in an article published in Hygeia in July of 1924. The article described a contest held in Chicago to find the most perfect female foot. "Judges based their decisions on such requirements as a straight line from inner heel to big toe, absence of corns and bunions, and strong arches" ("Modern Cinderella Need Not Have Small Feet", 1924, p. 466). Fashionable footwear was not even mentioned in this article describing a beauty pageant to find a perfect female foot.

With the demand for hygienic footwear on the rise, it is no wonder that popular sources were defining a beautiful foot based upon how healthy it was and not on the clothing it was covered in. As Farnsworth described it, "A woman's form when perfect cannot be
improved by art; therefore the dress which allows its natural proportions to appear and which
does not impede the natural freedom and grace of movement is the most artistic and
becoming" (Farnsworth, 1915, p. 13). Truly beautiful women were women who had
foregone the allure of fashion for a healthier style of dress.

If a woman wishes to perfect her appearance she can accomplish that honestly and
effectively by competing with her sisters for a grace which is built upon elasticity,
strength and good bearing. To be beautiful means first of all to be healthy. ("The
Care of the Feet", 1916, p. 252)

No longer could women rely only on dress as a way of portraying their fashionability. One
of the side effects of dressing according to healthy standards was that it was difficult for
women to disguise less healthy aspects of their bodies.

In the old days, perhaps, it was possible to say of a woman, as Suckling did, "Her feet
beneath her petticoat Like little mice stole in and out," but, with the research made
possible by the short skirt, it is evident that light, gladsome, scampering feet are not
with us now in any very great abundance. ("The Importance of Being Beautiful",
1924, p. 52)

One of the hardest hurdles that had to be overcome in the fight against fashionable
footwear was the appearance of healthier styles of footwear. As Bernarr Macfadden put it,
"The right shoe is queer-looking to the person who has always worn the wrong shoe" (1926,
p. 176). Although fashion and health were in greater agreement at this point in the design of
footwear, health was still sacrificed for the appearance of fashion. For people to adopt a
healthier style of footwear they first needed to be satisfied that its appearance was
aesthetically pleasing (McGound, 1926). This was complicated by the fact that a few women
could wear shoes that were the most fashionable, yet the bone-crushing torture devices would
not have detrimental effects on the health of the foot. "Many an individual wears improper
shoes without bad results while hundreds pay with flat feet and suffering" ("Detroit Corrects
Postural and Foot Defects”, 1923, p. 16). The sacrifice of health for the sake of fashion was fueled by the fact that most women did not know what a properly fitting shoe felt like (“A War Against Tight Shoes”, 1922). Instead of taking into consideration the special functions their feet performed, women fit their feet as they fit their hands. “Many women say ‘my shoe fits like a glove,’ but rather than being glovelike a shoe should be fitted for comfort and should allow for normal expansion, for circulation and for the work of the foot” (Rechtman, 1929, p. 481). Ads for fashionable styles of footwear grasped upon this idea. In an ad for the Fashion Publicity Company of New York, is the idea that fashion calls for shoes that “Fit on the Foot like a Glove on the Hand”, see Figure 30 (Advertisement for Fashion Publicity Company of New York, 1917, p. 86). The comparison between the fit of gloves and shoes is interesting, given the many examples of super tight gloves in museum collections.

The introduction of women into the workforce and the growing popularity of athletic leisure activities had a side effect that required them to adopt clothing more suited to their new activities, like that shown in Figure 31 (Ecob, 1900). To participate, women were required to adopt a more healthful style of sports shoe, even if they continued to wear unhealthful styles of fashionable footwear every day. To be a participant in athletics activities, women needed to be able to rely upon their feet to support them.

More women are learning the pleasure of golf and tennis and are finding that this pleasure is marred if the “sport” shoe which they buy does not conform to the foot, but only conforms to the fashion. The outlook for less foot ills in the future is encouraging. Fashion and comfort are beginning to be better friends and are more often seen together. (Osgood, 1925, p. 22)

It is interesting to note that some doctors disagreed with the new athletic woman. They claimed that the adoption of shoes solely for the purpose of participation in sports was
ATHENA UNDERWEAR
for Women and Children

Note the Contrast

Athena Underwear
Ordinary Underwear

Wear underwear that fits you

To have underwear shaped like that at the left, you must get ATHENA. It is the underwear that is fashioned in the making to conform to the lines of your figure without stretching. The bag-like garment at the right represents the ordinary underwear you buy. The contrast reveals the basic reasons why ATHENA is better underwear—more comfortable—more serviceable, and it costs no more than ordinary underwear.

All sizes, weights and qualities at the prices you have been accustomed to pay.

Ask for ATHENA Underwear at your dealer's

Marshall Field & Company
CHICAGO

Figure 31. Women's involvement in athletics spurred the need for shoes fitted to these activities, as this ad for Athena Underwear shows. Advertisement for Athena Underwear, 1917, April, Ladies Home Journal, 34(4), p. 94.
causing problems with their feet. In her article in *The Independent*, Ella Boult made this comment about "athletic girls".

There is just now a great hue and cry about breaking down the arch of the foot. This, say the fashionable doctors, is due to the broad, flat shoe affected by the "athletic girl". The statement is absurd, and sufficient to lay its originators under suspicion of being in the pay of the shoemakers. The condition of "flat foot" when it exists results from corseting the foot out of its natural shape, giving it no exercise, and thus preventing its development. (1907, p. 447)

The suspicion of these doctors conspiring with shoemakers reiterates the negative opinion of shoe manufacturers and salesmen in many popular literature sources.

**The Allure of Small Feet**

Regardless of the impact health had on the design of footwear, the most fashionable styles of footwear continued to be made with the purpose of making the foot appear smaller than it actually was (Caldwell, 1930; "The Care of the Feet", 1916). Ads for fashionable attire still portrayed women as having feet and hands out of proportion with the rest of their bodies (See Figure 32). Perhaps as a means of counteracting these images, many popular articles described how beautiful feet were in proportion to the rest of the body (Wilde, 1922).

The general outline of a perfect foot is long and slender, and the size should be in proportion to that of the rest of the body. A boot too small for the individual height and weight is as great a defect as one that is too large. (Mullane, 1920, p. 79)

Other authors suggested that by encasing feet in shoes much too small they would only exaggerate the size and shape of the shoe-encased foot. "Shoes which are too tight fail to make the feet look smaller, just as a glove which seems ready to burst only emphasizes the size of the hand" (Talbott, 1916, p. 58). They instead suggested that women adopt a shoe
Figure 32. Women’s fashionable attire from the April 1916 issue of The Ladies World. From “Practical New Patterns,” by M. Manton, 1916, April, The Ladies World, p. 24. Mary Barton Collection RS 21/07/009 Box 18, University Archives, Iowa State University, Ames, Iowa.
more in accordance with the shape of the foot. Such shoes, according to Madame de Fleur, “deceive the eye as to the size and shape of the foot” (de Fleur, 1926, p. 75). Unfortunately, as Figure 33 shows, women continued to squeeze their feet into shoes smaller than their required size.

Comparisons between the current condition of American women’s feet and the lily feet of Chinese women of the past were prevalent during the early part of the twentieth century. Most often such comparisons were used to describe the way in which the wearing

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**A QUARTER CENTURY BEFORE THE PUBLIC**

*Over Five Million Free Samples Given Away Each Year.*

*The Constant and Increasing Sales From Samples Proves the Genuine Merit of*

**ALLEN’S FOOT=EASE**

Shake Into Your Shoes

Allen’s Foot—Ease, the antiseptic powder for the foot. Are you a trifle sensitive about the size of your shoes? Many people wear shoes a size smaller by shaking Allen’s Foot—Ease into them. Just the thing for Aching, hot feet and for Breaking in New Shoes. If you have tired, swollen, tender feet, Allen’s Foot—Ease gives instant relief. We have over 30,000 testimonials. **TRY IT TO-DAY.** Sold everywhere, 25 cts. Do not accept any substitute.

“*In a pinch, use Allen’s Foot-Ease.*”

**FREE TRIAL PACKAGE** sent by mail.

**ALLEN S. OLMSTED, LE ROY, N. Y.**

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*Figure 33.* Ads for Allen’s Foot-Ease were abundant in the 1910, proof that the desire to squeeze the foot into small shoes remained prominent. Advertisement for Allen’s Foot=Ease, 1912, May, *Ladies Home Journal*, 29(5), p. 74.
of fashionable shoes by American women were deforming their feet in a way similar to the binding of Chinese women’s feet. Unlike the Chinese however, American women had less noble reasons for allowing such deformations to take place.

We distort our feet quite as much as the Chinese did with foot binding of their women; ours is another but not less a distortion, and we do it with less reason. The Chinese at least were convinced that women, owing to the enforced inactivity resulting from their deformed feet, would remain more pliable and therefore bear their children with greater ease, have less difficulty in childbirth - in other words, have their racial efficiency increased. (Mosher, 1923, p. 61)

Chinese women could, however, rely upon the layers of clothing and the design of their shoes, see Figure 34, to cover up the ill-effects such binding had on the shape of the leg (Jewett, 1909). American women, however, had a great deal of difficulty maintaining images like those seen in Figure 32, due to the short length of fashionable skirts. Unlike the long skirts worn up to the 1910s, short skirts allowed for the appearance of the legs and ankles. For this reason, some authors advocated the re-adoption of longer skirts to cover-up

![Figure 34. Examples of footwear worn by Chinese women with lily feet. The shoes are approximately two and a half inches long. (Jewett, 1909, p. 44)](image-url)
the ill-shaped legs caused by wearing unhealthy yet fashionable styles of footwear since childhood.

The Fathers of the Church defeated their own ends when they forgot that concealment is a challenge to curiosity. The little foot that peeps in and out is more alluring than the foot with thick ankle and stout leg uncompromisingly exhibited to the public gaze, and the short skirts have betrayed the lamentable fact that few women, young or old, have good legs. If woman's respect for fashion were not stronger than vanity, she would not consent to display her ill-shaped legs and, worse, her uncomely knees. (Pennell, 1927: 397)
CHAPTER 8. CONCLUSIONS

In order to investigate the way growing awareness of health issues influenced women's selection of footwear, the attitudes of physicians and popular literature writers from the end of the 19th century must be compared with the writings of their twentieth century counterparts. It seems the general public's awareness of health issues increased substantially in the 1910s and 1920s. What is equally obvious is this change significantly impacted the styles of shoes being purchased by women.

Physicians and doctors were quick to point out the problems with the design of fashionable footwear. However, during the 19th century many of their suggestions and comments regarding the selection of proper shoes failed to find their way into the popular literature. This, coupled with the fact that physicians often neglected to examine the feet of their patients, meant the general public was not able to access information about how they should properly fit their shoes.

Shoe fashions for the 1870s and 1880s were determined primarily by fashion designers and were for the most part not influenced by concepts of health. The popularity of athletic activities and leisurely outings at the turn of the century, prompted the design and adoption of footwear designed more in accordance with the dictates of health. During the 19th century and through the first decade of the 20th century, shoes were designed specifically for women's participation in sports. When they were finished with their athletic endeavors women were expected to adopt footwear built along more fashionable lines. It was not until health received more attention, that fashionable footwear designs for women were built upon concepts directed by health.
The increased attention toward health issues was brought about by the specialization of different branches of medicine and fueled by the United States’ entrance into World War I. With most of the men fighting in the war, women were called upon to do their part by contributing to the workforce at home. In order to do this, women adopted shoes that would enable them to bear their weight while standing and walking.

Perhaps the biggest hindrance to the adoption of footwear built along lines of health was the aesthetic appearance of physician-endorsed footwear. Many of the articles mentioned the unpleasant appearance of “hygienic” footwear. The tendency of women towards small feet was prevalent during both the 19th and 20th centuries, and many women would sacrifice comfort and health to achieve the desired appearance of a small foot. Even when the styles of shoes were being designed for health lines, the desire of women to acquire the appearance of small feet was widespread.

Shoes built along more healthful lines could be found in a much larger quantity during the 1920s. However, the dependency of health on the whims of fashion is evident in the fact that as fashion adopted less healthful styles of footwear, women were quick to disregard their commitment to health. An example of this can be seen in the widespread adoption of stiletto heels in the 1950s and 1960s.
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