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April 15, 2018

“Entangled in the Net of the Gynecologist”: Evolutionary Psychiatry, Mind-Body Dualism, and
the Psychosomatic Treatment of Women in England, 1860-1890

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Abstract

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From 1860 to 1890, British gynecology was characterized by its intersection with psychiatry, particularly as it was influenced by Darwin's new theory of evolution by natural selection. This thesis aims to examine the science that made this overlap possible, as well as its impact on the social standing of women in Victorian moral culture. In this paper I attempt to answer the question of what enabled the rise of gynecology as a professional discipline and a powerful force in women's lives, and to understand the influence of contemporary scientific theories and discoveries on gynecological practice. I argue that the combined forces of Darwinism and professional psychiatry created “psychosomatic gynecology,” which increasingly expanded its dominion over women's bodies, minds, and social lives in the latter half of the century. The scope of this argument is fairly narrow, being concerned mainly with white, middle- and upper-class Englishwomen. However, I aim to show that British gynecology focused on this demographic with the intention of protecting the British “race” and the global dominance of its empire. This research is primarily based on archival medical texts and secondary literature by historians of British medicine, science, women, and education. My argument emphasizes the role of Darwinism, mind-body dualism, and thermodynamics in the medical construction of the female body and its illnesses. In the three chapters of this paper, I explore ideas of scientific authority, degenerationism, early biopsychology and psychosomatic medicine, the pathologizing of the female mind and body, and surgical treatment of mental illness. Ultimately this thesis endeavors to contribute to the historiography of women in late nineteenth-century science and medicine. I argue that physicians upheld the psychiatric-gynecological paradigm to limit the sphere of women's activities, and in the process not only contributed to a dangerously broad application of gynecology, but produced false “knowledge” under the guise of scientific objectivity and progress.

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Introduction

In 1881 the short-lived but influential feminist periodical *The Englishwoman's Review* published the article "The Inferiority of Women Established by Science." The article argued against the belief that women's social inferiority is determined by biology and natural selection. The unnamed female author explained that because "might made right," men oppressed women in the realm of property, succession, "chastisement," and politics. She wrote of the injustices faced by women: "But now science renders them necessary and logical, because men have more red globules and a better kind of graphic curves. Science comes to re-inforce brute strength and the combination is not to be commended."¹ As the medical profession grew in prestige and therapeutic ability over the course of the nineteenth century, doctors expanded their authority over patients and used medical science to "prove" the supposedly natural inferiority of women. The article's author wrote of French scientist M. Delaunay: "from the conclusions of speculative science he draws a conclusion for the political and social management of mankind."²

This thesis will seek to examine the usage of medico-scientific authority over the bodies, minds, and social lives of English women in the period 1860-1890, focusing on gynecology as an established medical discipline influenced by both Darwin's theory of natural selection and evolutionary psychiatry. I aim to uncover a history of medically-sanctioned discrimination based on faulty science that has shaped women's treatment by and participation in medicine. By limiting my inquiry to England, I have been able to more closely examine the interplay of Darwinism, Victorian moral culture, and British imperialism. I have chosen the 1860-1890

¹ "The Inferiority of Woman Established by Science." *The English Woman's Review* 11, no. 102 (October 15, 1881): 454.

² *Ibid.* 453-454.

period in order to focus on the immediate influence of Darwin, evolution, and biopsychology. The 1890s saw a shift to a psychological view of mental illness, and psychiatrists (including Sigmund Freud, whose renown and influence spread over the course of the decade) gradually eschewed notions of heredity, neurology, and physiology.³ I will first examine the intellectual and scientific culture of the Victorians, post-*On the Origin of Species*, and its relation to theories of sexual difference and psychosomatic energy. In analyzing the association between women's reproductive functions and mental illness, I will demonstrate the overlap of psychiatry and gynecology. I will argue that physicians upheld this interdependence of disciplines to limit the sphere of women's activity and education, and in the process contributed to the pathologizing of the feminine and dangerous medical surveillance of women's bodies. This introduction will give an overview of the relevant historiography and contextualize the state of science and medicine in the late nineteenth-century.

In this thesis, I seek to reunite the history of scientific theory and its practical application in medicine with late-Victorian social history. Feminist historians, led by Elaine Showalter, merged women's history and gender theory with the history of medicine in the 1970s and '80s. This school of thought has greatly influenced my reading of primary medical texts. Historians of medicine and gender, including Showalter, Mark Micale, Ornella Moscucci, and Louise Michelle Newman, have constituted the bulk of my secondary research. I have used their works in conjunction with histories of women's education in England by Laura Schwartz, June Purvis, and Joan Burstyn to further illuminate the influence of medical science on women's social lives.

³ Micale, Mark S. *Hysterical Men : The Hidden History of Male Nervous Illness*. Cambridge, Mass.: Harvard University Press, 2008. 244.

Historians Roy Porter, George Frederick Drinka, and Thomas Dixon have also provided information on general medical history and Victorian culture.

Much like women's medical history, psychiatric history similarly has undergone a resurgence in recent decades. In the 1960s and '70s, the anti-psychiatry movement led to a re-historicizing of psychiatry, which stressed the prison-like environment of the asylum and the moral, normative foundation upon which the practice was based.⁴ This thesis will focus on late-Victorian psychiatric theory and its overlap with somatic medicine, rather than its practice inside the asylum. Medical historians Edward Shorter and Londa Schiebinger have written texts on psychosomatic medicine that I have utilized in writing this thesis. I have additionally used histories of thermodynamics and theories of energy to better understand psychiatry and mind-body dualism in the late nineteenth-century.

My primary sources are mainly medical texts by obstetricians and gynecologists, psychiatrists, physiologists, and general physicians, as well as works by Darwin and his adherents. I additionally used periodicals like *The Dublin Medical Press*, *The Lancet*, *The Spectator*, and *The English Woman's Review*. Though the narrative of this thesis is primarily driven by male physicians, I am interested in the lives of their female patients. This focus on doctors is partially the result of a relative lack of documentation of women's voices, but is also meant to illuminate scientific practices that shape the social world. Due to the limited scope of this thesis and the various obstacles to medical care, I have mainly focused on white, upper- and middle-class English women with access to private physicians. Women of color, immigrant women, and poor women were viewed differently by the medical profession, and their existence

⁴ Showalter, Elaine. "Women, Madness, and the Family: R.D. Laing and the Culture of Antipsychiatry" in *The Female Malady: Women, Madness, and English Culture, 1830-1980*. 1st ed. New York: Pantheon Books, 1985.

often contrasted with theories of the female body that were based on leisured white Englishwomen. Their experiences are even more difficult to find documented, but are nonetheless essential to a complete understanding of Victorian medicine and women.

Since the 1959 centenary of the publication of *On The Origin of Species*, the historical study of Charles Darwin and his impact on science has been a major sub-field in medical and scientific history.⁵ Darwinian historian Alvar Ellegård's *Darwin and the General Reader: The Reception of Darwin's Theory of Evolution in the British Periodical Press, 1859-1872* (1958) provided a definitive and thoroughly researched overview of Darwin's reception by the public and the scientific community. I am less concerned with Darwin's biography than with the social-historical context in which he was writing, as well as his influence on the treatment of women through psychiatry and gynecology. While much has been written about the impact of evolution on psychiatry, scholars have considered its effect on gynecology considerably less. In the last five years, historians have reconsidered Darwin's conservative views of women, emphasizing his concern for female scientists. This introduction will provide a background on medical authority, scientific "objectivity," and prestige, which were crystallized by the publication of Charles Darwin's theory of evolution. I define medical authority as the unchallengeable power of physicians to examine patients, give diagnoses, and administer treatment, and to dictate the private and social lives of their patients.

From anesthesia to germ theory and bacteriology, nineteenth-century medical technology advanced in unprecedented leaps.⁶ As new theories of the body and diseases circulated, physicians could more effectively treat and sometimes even cure patients. Even in the early

⁵ Bohlin, Ingemar. "Robert M. Young and Darwin Historiography." *Social Studies of Science* 21, no. 4 (1991): 597–648.

⁶ Jalland, Patricia. *Death in the Victorian Family*. New York: Oxford University Press, 1999, 78.

nineteenth century, medicine was more medieval than modern. Edward Shorter writes that before 1800, British patients interacted with “midwives, herbalists, and other such paramedical figures,”⁷ rather than licensed physicians. For the Victorians, however, medical care was a part of everyday life. Despite its ubiquity, Victorian medicine was not only exclusive at the level of membership, but the very knowledge it produced was inaccessible to the average layperson. This exclusivity was fostered by the increasingly specialized quality of medicine, as new disciplines that were previously “the province of lay people and itinerant ‘quacks’” became incorporated into formal medicine.⁸ Morphology, embryology, and physiology arose as entirely new specialties; archaeology, anthropology, and ethnology were in their infancy.⁹ The eventual institutional acceptance of these disciplines facilitated doctors’ social mobility, but encouraged a narrow view of medicine focused on diseases local to the physician’s pet organ, rather than a holistic treatment of the entire body and mind.

Late nineteenth-century physicians were well aware of their power, especially as it could be wielded over their female patients. As Dr. Seymour Hayden said in 1867 of women, “They are obliged to believe all that we tell them. They are not in a position to dispute anything we say to them, and we therefore may be said to have them at our mercy.”¹⁰ This statement was made in regards to the expulsion of Dr. Isaac Baker Brown from the London Obstetrical Society, due to

⁷ Shorter, Edward. *From Paralysis to Fatigue : A History of Psychosomatic Illness in the Modern Era*. New York : Toronto : New York: Free Press, Maxwell Macmillan Canada, Maxwell Macmillan International, 1992. 13.

⁸ Moscucci, Ornella. *The Science of Woman : Gynaecology and Gender in England, 1800-1929*. New York: Cambridge University Press, 1990. 6.

⁹ Ellegård, Alvar. *Darwin and the General Reader : The Reception of Darwin's Theory of Evolution in the British Periodical Press, 1859-1872*. Chicago: University of Chicago Press, 1990. 96.

¹⁰ “Obstetrical Society of London, Wednesday, April 3.” *Dublin Medical Press*, April 10, 1867. Accessed June 2017. The British Newspaper Archive.

his use of clitoridectomy on misinformed female patients; while condemning Baker Brown for violating patients' trust, Hayden remains complacent in his profession's unquestioned power over women. The Victorian paradigm of medical infallibility was based on physicians' self-evaluation as more intelligent, objective, and rational than the typical civilian. Many accepted this paternalistic view of medicine; the figure of the trusted, respectable family doctor arose in Victorian popular culture, undoubtedly a welcome change from the bleeding and purging doctors of old, yet still fairly lacking in therapeutic ability.

Scientific authority was employed to reconcile the subordination of women to the accepted Enlightenment concepts of equality and natural rights. By the 1820s, the belief that female bodies were inferior, incomplete versions of the male had been phased out in favor of the belief that they were radically, incomparably different beings altogether. "Different" became the new "inferior." Sexual difference, once considered merely a matter of genitalia, was now thought to be evident in the entire body—as well as the mind.¹¹ As Victorian psychiatrist Henry Maudsley asserted, "sex is fundamental, lies deeper than culture, cannot be ignored or defied with impunity."¹² The theory of evolution asserted the "complementarity" of the sexes, providing a scientific reasoning for the subordination of women to men. As his complement, she was to be his helpmeet, companion, and producer of heirs. This intermixing of social morality and science further enabled the intrusion of medicine into patients' private lives, yet impeded the development of true scientific objectivity.

¹¹ Schiebinger, Londa L. *The Mind Has No Sex? : Women in the Origins of Modern Science*. Cambridge, Mass.: Harvard University Press, 1989. 216.

¹² Maudsley, Henry. "Sex in Mind and Education." *The Fortnightly Review* 5, no. 21 (April 1, 1874): 466-83, 25.

The complementary theory of sex difference relied on a construction of masculine rationality as the opposition to feminine emotionality. Medicine was a strictly masculine field, and physicians presented their work as value-neutral. The increasingly valued idea of scientific detachment made patients clinical material rather than autonomous participants in their own treatment.¹³ Mark Micale describes the culture of masculine science as reliant on “the personal cultivation and public display of strict, dispassionate objectivity” that failed “to take the subjective, psychological aspects of their own gender as an object of study.”¹⁴ This top-down view of medicine continued practically undisputed into the present, yet it was the nineteenth century that cemented the belief in the infallible logic of medical science and justified its surveillance over women’s lives, minds, and bodies.

Though the word feminism did not come into common parlance until the 1890s,¹⁵ I will refer to advocates for women’s rights as feminists throughout this text. The usage of this word is for brevity and convenience, and is not meant to suggest that all advocates believed in the ultimate equality of men and women, or would be recognizable as feminists in a modern context. I will use feminist to describe advocates for (white English)women’s intellectual, economic, and bodily autonomy. Nineteenth-century feminism equated knowledge with emancipation, so even those who believed in the gendered division of labor (as most did) could potentially be considered feminists with respect to contemporary values.

This thesis is sectioned into three chapters: Darwinism and Evolutionary Psychiatry; Mind-Body Dualism, Conservation of Energy, and Vital Force; Hysteria, Psychosomatic

¹³ Micale. *Hysterical Men*. 101.

¹⁴ *Ibid.* 103.

¹⁵ Mort, Frank. “Dangerous Sexualities: Medico-Moral Politics in England Since 1830,” *Bulletin of the History of Medicine* 75, no. 2 (2001): 73.

Gynecology, and “Gynecological Tyranny.” The first chapter will examine the effect of Charles Darwin’s 1859 *On the Origin of Species* and 1871 *The Descent of Man, and Selection in Relation to Sex* on the scientific community, the medical establishment, and the British public. I will discuss in particular its influence on the newly-professionalized discipline of psychiatry mainly through the work of psychiatrists, gynecologists, and other medical professionals. The scientific idea of degeneration, which was concerned with the biological, mental, and moral regression of humankind through reverse evolution, will form an additional section of this chapter. The second chapter will discuss the influence of Darwinian thought on scientific ideas of psychology, energy, and human consciousness, particularly regarding views of the human body as a closed system possessing a fixed quantity of energy. I will examine Herbert Spencer’s concept of individual evolution as it clashed with women’s biology and maternal “destiny.” This chapter is also concerned with theories of the relationship between mental illness and the body, particularly in regard to women.

The third chapter will discuss the professionalization of obstetrics and the early period of gynecology that followed. The medicalization of childbirth (and the resulting decline of traditional female midwifery) took place before the Darwinian period, as did the division between formal and informal medicine. However, later advocates for women’s formal medical training used theories of the evolution of sex and femininity as evidence for women’s natural suitability to the healing arts. I will focus on women’s exclusion from the treatment of their own bodies and the evolutionary influence in the arguments that countered this trend. An increase in psychosomatic illnesses like hysteria emphasized the apparent instability of the female mind and body. Gynecologists, now established medical professionals, associated the physiological processes of the female reproductive organs with women’s minds, asserting a mutual influence in

the case of aberration or dysfunction. In the 1860s through 1880s, gynecologists became surgeons, operating on female sexual organs to cure illnesses of the mind and nervous system. This final chapter argues that over-usage of medical intervention may have led to scientific advancement and a general upward trend in health, but damaged women's mental health, self-image and quality of life.

Chapter One: Darwinism and Evolutionary Psychiatry

In 1874, psychiatrist Henry Maudsley clearly expressed both his disdain for female intellectual pretensions and his belief in the threat women's rights posed to British racial health: "it would be an ill thing, if it should so happen that we got the advantages of a quantity of female intellectual work at the price of a puny, enfeebled, and sickly race. In this relation, it must be allowed that women do not and cannot stand on the same level as men."¹⁶ His synthesis of Darwin's theory of evolution and his own socio-moral views of women is evident in the pairing of "female intellectual work" with the regressive devolution of the human race. Published fifteen years after *On the Origin of Species*, this text demonstrates the infiltration of Social Darwinist thought into the medical establishment. As a leader of a relatively new field, Maudsley shows how Darwinian thought lent a certain legitimacy to burgeoning medical disciplines and the Victorian science of sexuality.

This chapter will discuss how mental illness became the domain of medical doctors, focusing on the period 1830-1890. The background will contextualize the state of the asylum system and the treatment of mental illness before the publication of *Origin*. The story of this chapter will be divided into four sections: the effect of Darwinism on Victorian science and its

¹⁶ Maudsley. "Sex in Mind and Education." 14.

gender ideology and the reception of Darwin's theory; asylum reform and the professionalization of psychiatry; evolutionary psychology; and degeneration theory. These sections will show the effect of Darwin's theory of evolution and the Social Darwinist theory of degeneration on late-Victorian psychiatry.

My sources will include works by Darwin, such as *On the Origin of Species* and *The Descent of Man*, as well as newspaper articles documenting the public reaction to his texts. Alvar Ellegård's *Darwin and the General Reader* has provided much of the information concerning press response. Additional primary sources include Herbert Spencer and Thomas Huxley, as well as various English doctors including Withers Moore, Elizabeth Garrett Anderson, Michael Ryan, and Seymour Hayden. The second half of the chapter will focus on works by prominent psychiatrists John Conolly, Henry Maudsley, and Thomas Laycock.

Maudsley will be the primary focus of my analysis. Henry Maudsley (1835-1918) was a prominent asylum doctor and psychiatrist, mostly active in the 1860s through 1890s, whose work characterized evolutionary psychiatry. He rose to prominence in the post-Darwinian period and played a major role in merging elements of evolution and natural selection with psychology. His emphasis on hereditary and biological causes of mental illness, his formulation of degeneration theory, and his study of the mind-body relationship define the late-Victorian period of psychiatry. Secondary sources include works by historians Elaine Showalter, Mark Micale, Sally Shuttleworth, Edward Shorter, Thomas Dixon, Louise Michelle Newman, and Beth Torgerson.

Background: Moral Madness and Professional Identity, 1830-1855

In *An Inquiry Concerning the Indications of Insanity*, asylum doctor John Conolly wrote, "The old system placed all violent or troublesome patients in the position of dangerous animals.

The new system regards them as afflicted persons, whose brain and nerves are diseased, and who are to be restored to health, and comfort, and reason.”¹⁷ In the late eighteenth century a reconsideration of mental illness and the asylum system led to a period of reform lasting into the 1870s. This reform movement began in France, led by physician Philippe Pinel and psychiatrist Jean-Étienne Esquirol. The French reforms greatly influenced the English, though they are outside the scope of this text. In England, the movement first gained momentum in the 1830s, led by Conolly. His system of non-restraint disavowed corporal punishment and mechanical restraints. Instead of the prisons, workhouses, and private madhouses to which the mentally ill had previously been sent, asylums provided quasi-medical treatment.

Asylum doctors focused on strengthening the moral sentiments and willpower of patients in order to overcome their illnesses. An ethos of self-help and self-control characterized the 1830-1870 period of asylum reform. The model of “moral insanity” postulated that mental illness could be defined as a failure to conform to common morality, rather than a loss of reasoning power. John Barlow wrote in the 1855 *On Man’s Power Over Himself to Prevent or Control Insanity* that moral causes of insanity occur much more frequently than physiological causes.¹⁸ Asylum doctors treated moral insanity with “moral management,” a system which used productive occupation, teaching of moderation and self-restraint, and an emphasis on individual responsibility. For women, life inside the asylum was often safer and more comfortable than outside. However, the moral insanity paradigm implied a greater scrutiny of women’s activities and their alignment with or deviation from Victorian notions of social acceptability. Moral

¹⁷ Conolly, John. *An Inquiry Concerning the Indications of Insanity with Suggestions for the Better Protection and Care of the Insane*. London: J. Taylor, 1830, 53.

¹⁸ Barlow, John. *On Man’s Power over Himself to Prevent or Control Insanity: Communicated to the Members at the Royal Institution of Great Britain, May 26th, 1843*. Small Books on Great Subjects, no. 3. London: William Pickering, 1843, 15.

therapy was not a medical treatment, but took place in a medical institution, thereby establishing a psychiatric tradition of intermingled morality and medicine that would continue into the post-Darwinian period.

In 1845, at the height of the non-restraint method,¹⁹ the British Parliament passed the Lunatics Act, requiring all counties and principal boroughs to establish public asylums and employ a resident physician.²⁰ The Act brought government regulation to the care of the mentally ill and defined them as patients requiring medical treatment. Three years later, the Association of Medical Officers of Asylums and Hospitals for the Insane was established (renamed the Medico-Psychological Association in 1865). Medical historian Roy Porter described this development as a key moment in the professionalization of Victorian psychiatry and the creation of its professional identity.²¹ Psychiatry thereby became a legitimate medical discipline over the course of the 1840s. Medical doctors replaced often uneducated asylum keepers—a profession which had included some women—as the caretakers of the institutionalized. Attempts to locate an organic cause of mental disorder in the early Victorian period (before the theories of evolution and the conservation of energy were published) emphasized the role of the nervous system; in the 1830s Marshall Hall forwarded the reflex-arc theory of the nervous system.²² By 1840 scientists agreed that women's nervous systems

¹⁹ Mellett, D. J. *The Prerogative of Asylums: Social, Cultural, and Administrative Aspects of the Institutional Treatment of the Insane in Nineteenth-century Britain*. Modern British History ; 14. (uri) [Http://id.loc.gov/authorities/names/n42000716](http://id.loc.gov/authorities/names/n42000716) (uri) [Http://viaf.org/viaf/sourceID/LC|n42000716](http://viaf.org/viaf/sourceID/LC|n42000716) (uri) /resolver/wikidata/lc/n42000716. New York: Garland, 1982, 39.

²⁰ Showalter. *The Female Malady*. 17.

²¹ Porter, Roy. *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*. Hammersmith, London: HarperCollins, 1997, 499.

²² Drinka, George Frederick. *The Birth of Neurosis: Myth, Malady, and the Victorians*. New York: Simon and Schuster, 1984. 67.

possessed a greater degree of affectability to distressing stimuli.²³ However, the publication of the theory of evolution in 1859 and the subsequent advent of evolutionary psychiatry rapidly advanced the medicalization of female emotional distress and moral deviance.

Post-Darwinian Medicine and Sexual Difference

Charles Darwin's 1859 *On the Origin of Species by Means of Natural Selection, or the Preservation of Favoured Races in the Struggle for Life* marked a turning point in Victorian scientific culture. Its publication is often seen by scholars as the peak of the revolutionary advancements made in the latter half of the century. For years, scientists had worked to solve the question of how species are formed and differentiated. While scientists had discussed new theories approaching evolution since Charles Lyell's 1830 *Principles of Geology* and the anonymous 1844 *Vestiges of the Natural History of Creation*, no plausible and well-evidenced explanation was offered until *Origin* introduced the concept of evolution by natural selection. Though mostly concerned with the development of non-human species, *Origin* sparked a debate concerning the origin of humanity, which most considered had been created fully formed by God. This question of beginnings created controversy surrounding Darwin's theory. These doubts and questions were settled within the scientific community only with the early-twentieth century synthesis of Gregor Mendel's heredity with Darwin's natural selection. Though for over ten years Darwin himself contributed little to the debates, his later work *The Descent of Man, and Selection in Relation to Sex* (1871) expounds upon the theory of human evolution, sexual selection, and the role of evolution in the development of femininity.

²³ Laycock, Thomas. *A Treatise on the Nervous Diseases of Women; Comprising an Inquiry into the Nature, Causes, and Treatment of Spinal and Hysterical Disorders*. London: Longman, Orme, Brown, Green, and Longmans, 1840. 76.

From 1860 onwards, anthropologists, doctors, and other scientists began publishing attempts to empirically prove the inferiority of women using evolutionary theories of sexual difference. Their works explicitly provided a biological explanation for female mental inferiority. Recalling the complementary theory of sexual difference, women's brains were believed to have evolved stronger emotional and weaker reasoning capabilities. To these scientists, women's role as the mothers of the species was evolution-ordained. Therefore, to rebel against this role would be a rebellion against nature itself—such a woman would be called unsexed, a “surplus woman,” and, according to anthropologist J. McGrigor Allan, “a monster more horrible than that created by Frankenstein.”²⁴ Historian Thomas Dixon explains that Victorian women were thought to be inherently altruistic, self-sacrificing, moral, and intuitive due to their evolved maternal functions, while men were believed to be more selfish, aggressive, and reasoning than women; these different characters suited their respective roles in the private and public spheres. The public sphere is defined as the realm of politics, the professions, exchange of ideas, and paid labor, while the private sphere is traditionally the realm of family, domesticity, morality, and unpaid care-work. This division was established after the Industrial Revolution normalized work outside the home, and was segregated by sex.²⁵

A surprising success for a scientific work, *The Origin* captured the interest of intellectuals as well as the general public due to its implications for scientific progress, religion, and the moral fabric of Victorian society itself.²⁶ Historian Alvar Ellegård's book *Darwin and the General Reader* analyzes the contemporary public reception of Darwin's writing using evidence sourced

²⁴ Allan, J. McGrigor. "On the Real Differences in the Minds of Men and Women." *Journal of the Anthropological Society of London* 7 (1869): Cxcv-cxix. doi:10.2307/3025361, ccxii.

²⁵ Ritzer, George, and J. Michael Ryan. *The Concise Encyclopedia of Sociology*. John Wiley & Sons, 2010.

²⁶ Ellegård. *Darwin and the General Reader*. 101.

from over 100 British periodicals between 1859-1872. His research indicates that the tide of public opinion turned favorable in 1862, and by the end of the 1860s, “pro-Darwinian writers in the press usually claimed that Darwin’s victory was complete among the experts.”²⁷ Darwin’s exclusion of supernaturalism, theory of the struggle for existence, and assertion of a common origin of species shifted the ideological framework upon which British science was based; by 1870, rising scientists would receive a Darwinian education. Biologist and paleontologist Richard Owen led the weakened but persistent scientific opposition to Darwinism, which criticized his work as overly speculative. The popular press and less-educated public were also aware of Darwinian language and took positions in the debate. In 1871 *The Edinburgh Review* emphasized its popular and academic appeal: “In the drawing room it is competing with the last new novel, and in the study it is troubling alike the man of science, the moralist, and the theologian.”²⁸ Popular papers mostly referenced the theory in relation to the theological concerns it posed, revealing a widening gulf between science and religion.

The eventual victory of evolution by natural selection raised the authority of science over that of Christianity. Darwin’s supporter T.H. Huxley envisioned evolution as a kind of secular religion—museums of natural history would be its churches and Social Darwinism its moral code.²⁹ This challenge to Christian metaphysics and morality was not taken lightly. For most devout Christians, led by Owen, popular belief in humanity’s primal origins flew in the face of traditional morality. While Owen and other anti-Darwinians accepted the formation of discrete species through evolution, the creation of humanity proved controversial. Anti-Darwinians

²⁷ Ibid. 46.

²⁸ Ibid. 44.

²⁹ Ruse, Michael. “Darwinism Explodes onto the Victorian Stage: Evolution as Religion.” In *The Evolution Wars: A Guide to the Debates*. Millerton, NY: Grey House Pub., 2009.

argued that human consciousness, spirituality, and moral sense belonged to the realm of religion, and that science overstepped its boundaries in formulating explanations for uniquely human, God-given qualities.³⁰

The battle over humanity's physical descent having been lost, the argument turned to its mental and moral descent—was human conscience divinely bestowed upon every new child, or had it evolved as an aid in the struggle for existence?³¹ This question marked the genesis of evolutionary psychology. While theologians saw human psychology as proof of divine creation, scientists began seriously considering the gradual development of the intellectual faculties. Darwin wrote of this new object of scientific speculation towards the end of *The Origin of Species*, “Psychology will be based on a new foundation, that of the necessary acquirement of each mental power and capacity by gradation.”³² In the 1870s and onward, psychiatrists integrated this perspective on psychology into their theory and practice, giving rise to a new evolutionary psychiatry.

Evolutionary Psychiatry and Degeneration, 1860-1890

In the 1872 *Expression of Emotions in Man and Animals*, Darwin wrote of his belief that the somatic expression of emotion was gradually acquired through evolution: “certain strange gestures or tricks have arisen in association with certain states of the mind, owing to wholly inexplicable causes, and are undoubtedly inherited.”³³ Written thirteen years after the publication

³⁰ Ellegård. *Darwin and the General Reader*. 311.

³¹ Ibid. 323.

³² Darwin, Charles, and Gillian Beer. 1996. *The Origin of Species*. Oxford: Oxford University Press, 1996. *eBook Collection (EBSCOhost)*. 394.

³³ Darwin, Charles. *Expression of Emotions in Man and Animals*. (London: John Murray, 1872). 33.

of *Origin*, this text shows the development of Darwin's consideration of evolution with respect to human psychology. Darwinian theory applied to psychology focused on the evolution of human consciousness and the physiological causes of mental disorders. Evolutionary psychiatry saw mental illnesses as hereditary defects which needed to be separated from society and removed from the gene pool. It sought to understand human psychology and psychopathology as part of a narrative of adaptation, selection, and survival. Conolly's death in 1866 marked the end of the moral management phase of psychiatry and the birth of evolutionary psychiatry; the latter movement was led by his son-in-law, Henry Maudsley. While evolutionary psychiatrists still considered moral madness a legitimate mental illness, they constructed morality in terms of evolutionary advantage. Darwin himself addressed the concept of moral evolution in *The Descent of Man*: "In regard to the moral qualities, some elimination of the worst dispositions is always in progress even in the most civilized nations." He cites imprisonment and execution of criminals, asylum confinement, suicide, and violence as means of impeding immoral individuals from passing their genes to offspring. The implication is that a good moral disposition is an advantage in the struggle for existence; bad morals, if not rooted out, would be passed down from parent to child, like any physical characteristic or evolutionary adaptation. Limiting reproduction to "desirable" characteristics was viewed positively, as it would ostensibly improve the general human population. This hereditary perspective marked a change from Conolly's optimistic view of mental illness as curable through willpower. As the asylum system became overcrowded and inefficient in the 1870s, Maudsley even began advocating for patients to return home, as their illnesses were supposedly congenital and immutable.

Evolutionary theory promoted a view of human history as a upward linear progression towards both phenotypical and civilizational perfection. While Darwin himself held a fairly

tentative stance, conceding only that “progress has been much more general than retrogression,”³⁴ his followers developed the theory of degeneration from this progressive interpretation of evolution. Maudsley and other evolutionary psychiatrists put a pessimistic spin on the idea of progression, arguing that the decadence, moral corruption, and debauchery they saw occurring in British society signified a regression into civilizational collapse. Competition with other European powers and the potential threat of revolting colonial subjects intensified British anxiety over societal degeneration. Based on an early conception of heredity, degenerationism posited that moral aberrance and deviant behavior worsened over generations, eventually leading to crime, insanity, and idiocy.

The concept of degeneration was accepted within the scientific community; scientists saw the “decline from a higher to a lower level” as an active part of the processes of nature, and applied it to human civilization. Darwin himself was not explicitly a degenerationist, eugenicist, or Social Darwinist, but his writing provided support for degeneration theory. In *The Descent of Man* he notoriously compared vaccinations, which allowed individuals with weak constitutions to survive and reproduce, to a farmer “allow[ing] his worst animals to breed.”³⁵ He additionally wrote, “If the various checks...do not prevent the reckless, the vicious, and otherwise inferior members from increasing at a quicker rate than the better class of men, the nation will retrograde.”³⁶ Here he directly references the fate of the nation, highlighting scientific concern for the British race and its imperial power. Degenerationism was deeply intertwined with

³⁴ Darwin, Charles. *The Descent of Man, and Selection in Relation to Sex*. Princeton, N.J.: Princeton University Press, 1981. 177.

³⁵ Darwin. *The Descent of Man, and Selection in Relation to Sex*. 162.

³⁶ Ibid. 170.

imperial and racial anxieties, which often manifested as pronatalist pressures on women to produce healthy, moral, and “pure” British children.

Medical professionals made clear their view of women’s role in British nationalism: the reproduction of the human species, and in particular the English people. White Englishwomen represented the moral and domestic backbone of the Empire, and scientists framed their homemaking duties as sacred, highly esteemed, influential, and “the charm and glory of the sex.”³⁷ Scientists additionally aimed to defend their claim of British racial superiority—“proven” by craniometry, phrenology, and other faulty science—in the colonial struggles of the late-nineteenth century. In 1875 Dr. Edward John Tilt questioned the ability of the British to conquer India, due to high British mortality rates and the fact that “the reproductive power of our countrywomen suffers diminution, and that their children must return to England, or degenerate.”³⁸ This conflation of nationalism, colonization, and patriotic duty with childbearing testifies to British concern over population decline and racial impurity. The traditional middle-class family played a key role in maintaining the image of the British Empire and counterbalancing Britain’s relative isolation from other European powers.³⁹ As such, any deviation from women’s “foreordained work as mothers and nurses of children”—particularly prioritizing intellectual pursuits—was considered a sign of weak morals, latent insanity, and societal decline.⁴⁰

Mirroring the replacement of “female inferiority” with “female difference and complementarity,” physicians phrased women’s reproductive and homemaking duties as the

³⁷ Allan. "On the Real Differences in the Minds of Men and Women." Ccxii.

³⁸ Tilt, Edward John. *Health in India for British Women, and on the Prevention of Disease in Tropical Climates*. 4th ed. London: J. & A. Churchill, 1875, 99.

³⁹ Micale. *Hysterical Men*. 58.

⁴⁰ Maudsley. "Sex in Mind and Education." 13-14.

most essential and revered functions of all. However, Henry Maudsley admitted his revulsion towards childbirth and childcare.⁴¹ In 1874 he wrote of women's reproductive obligation: "if the nursing of babies were given over to men for a generation or two, they would abandon the task in despair or in disgust, and conclude it to be not worthwhile that mankind should continue on earth."⁴² The propagation of humanity thereby came to be dependent on women's mental inactivity and confinement to the domestic sphere. Furthermore, many other physicians wrote that women's creative and intellectual ambitions were misguided. The best usage of their mental energies lay in motherhood, as any sons they might produce could contribute more meaningfully to society. These men envisioned a degenerate future in which intelligent women pursued professions, leaving the propagation of the race to the ignorant—unless they structured and restricted female education only to enhance womanly and domestic qualities. In 1886, president of the British Medical Association Dr. Withers Moore wrote in medical journal *The Lancet*: "Unsexed it might be wrong to call her [the educated woman], but she will be more or less sexless. And the human race will have lost those who should have been her sons. Bacon, for want of a mother, will not be born."⁴³ Science thereby constructed women as responsible for circumventing the danger of degeneration and its accompanying social ills.

Conclusion

The professionalization of psychiatry and asylum reform in the mid-century brought the field a degree of prestige. This authority was compounded by general scientific progress and the

⁴¹ Showalter. *The Female Malady*. 106.

⁴² Maudsley. "Sex in Mind and Education." 15.

⁴³ Burstyn, J. N. "Education and Sex: The Medical Case against Higher Education for Women in England, 1870-1900." *Proceedings of the American Philosophical Society* 117 (April 1973): 87.

theory of evolution. With the establishment of the evolutionary scientific paradigm, physicians doubled down on warnings of un-marriageability, infertility, and insanity caused by transgressing the place of women in society as ordained by evolution. In the *Journal of the Anthropological Society of London*, J. McGrigor Allan praised wives and mothers, who in his estimate did more “for the physical, mental, and moral progress of the human species, than the superficial, flat-chested, thin-voiced Amazons, who are pouring forth sickening prate about the tyranny of man and the slavery of woman!”⁴⁴ These men viewed gender roles as biological necessities, mandated not by God, but by unbiased Nature herself. For women to challenge these roles would bring about individual moral madness, and endanger the stability and dominance of British civilization.

The following chapter will further examine the impact of evolutionary science on theories of human psychology and sexual difference. The law of the conservation of energy and the search to uncover a “life force” that powered human consciousness shaped the scientific conception of women and femininity. A scientific method that sought to fit its findings to a pre-existing social and moral agenda shaped the post-Darwinian science of energy, the mind, and the psychosomatic relationship. I will examine different theories of selfhood and interiority, nervous disease, and female insanity, to shed light on scientists ideas of women’s capacity for intellectual development and education.

⁴⁴ Allan. "On the Real Differences in the Minds of Men and Women." ccxii.

Chapter Two: The Conservation of Energy, Vital Force, and Women's Individual Evolution

The ancient question of the mind-body relationship took on a new importance in the late Victorian period. Mind-body dualism, or the belief in the separateness of the immaterial mind and the material body, had been articulated by René Descartes two hundred years earlier and had dominated Western philosophy of the mind since. However, the question of causal interaction—if and how the two distinct entities affected one another—confounded philosophers and scientists alike. In “the age in which science is king,”⁴⁵ the mind was envisioned as more material, sometimes conflated with the brain, and blurring the line between the soma and the psyche. The abstract and somewhat mystical processes behind thought came to be filtered through the lens of physiology, neurology, and biology.

In his famous 1874 lecture “On the Hypothesis that Animals Are Automata, and Its History,” T.H. Huxley wrote of the brain as the seat of consciousness and emotions, with the nervous system acting as an intermediary between the two. Huxley, Darwin's most loyal disciple, accepted the possibility of a fully physical world: “Either consciousness is the function of a something distinct from the brain, which we call the soul...or there is no soul, and a sensation is something generated by the mode of motion of a part of the brain.”⁴⁶ Neurology and reflex theory supported this view of the mental action as part of a bodily process, in its stance that changes in consciousness activated sensory neurons. In *Expression of Emotions*, Darwin described reflex action as “due to the excitement of a peripheral nerve, which transmits its

⁴⁵ “The Inferiority of Woman Established by Science.” 454.

⁴⁶ Huxley, Thomas Henry. “ON THE HYPOTHESIS THAT ANIMALS ARE AUTOMATA, AND ITS HISTORY [1874]. Chapter. In *Collected Essays*, 1: 199-250. Cambridge Library Collection – Philosophy. Cambridge: Cambridge University Library, 2011. Doi: 10.1017/CBO9781139149204.007.

influence to certain nerve-cells, and these in their turn excite certain muscles or glands into action.”⁴⁷ Scientists conceptualized mental illness as a product of motor reflexes that traveled a reflex arc emanating in the spine, abdominal viscera, or the uterus and ovaries in women, to the brain.

This apparently intimate association between the female reproductive system and mind allowed physicians to invoke mind-body dualism and causal interaction to warn female patients against strenuous intellectual labor. Dr. Withers Moore stated in his 1886 Presidential address to the British Medical Association that “competitive brainwork among gifted girls can hardly but be excessive, especially if the competition be against the superior brain-weight and brain-strength of man...drawing so largely upon the woman’s whole capital stock of vital force and energy as to leave a remainder quite inadequate for maternity.”⁴⁸ His argument places women’s mental labor in opposition to reproduction and the proliferation of the species.

This chapter will examine the biopsychological theories of mental energy, particularly in relation to its female subjects, and argue that post-Darwinian theories of vital force and individual evolution contributed to the medical oppression of women. The first section will discuss the Victorian concept of interiority and the theoretical foundations for early psychosomatic medicine, including the law of conservation of energy and the theory of vitalism. The second will seek to situate women in this context, emphasizing the competition between full intellectual development and maternity. The third section will examine the effect of medical teachings of evolution and energy on women’s education and intellectual opportunities. Sources

⁴⁷ Darwin, Charles. *Expression of Emotions in Man and Animals*. (London: John Murray, 1872). 35.

⁴⁸ Purvis, June. *A History of Women's Education in England*. Gender and Education Series. Milton Keynes ; Philadelphia: Open University Press, 1991, 3.

include psychological and biological texts by Thomas Laycock, Herbert Spencer, T.H. Huxley, Maudsley, and others, as well as secondary sources from a variety of historians of medicine and women's education.

Interiority and Psychosomatic Medicine

Late-Victorian psychology was shaped not only by professionalization and Darwinism, but also by a new understanding of human interiority and the mind-body relationship. Literary scholar Sally Shuttleworth explored the Victorian concept of consciousness in *Charlotte Brontë and Victorian Psychology*: “Selfhood no longer resided in the open texture of social act and exchange, but with a new interior space, hidden from view, inaccessible even to the subject’s own consciousness.”⁴⁹ This trend was most apparent in the new Victorian literature that narrated the inner workings of the human mind, but was evident in medicine as well. Shuttleworth cited the public fascination with the quasi-scientific innovations of hypnotism and chloroform, which revealed “flagrant displays of the fragility of self-control.”⁵⁰ Phrenology and medical psychology arose as a means of understanding the hidden interior of the mind. Debate over the evolution of the human mind intensified the question of embodiment; evolutionists believed consciousness developed from bodily processes rather than the traditional belief that it had been bestowed supernaturally.⁵¹ Thus with the elevated importance of the material body in the post-Darwinian world came the humbling of the immaterial mind.

⁴⁹ Shuttleworth, Sally, and NetLibrary, Inc. *Charlotte Brontë and Victorian Psychology*. Cambridge Studies in Nineteenth-century Literature and Culture ; 7. New York: Cambridge University Press, 1996, 9.

⁵⁰ Ibid. 29.

⁵¹ Cohen, William A. *Embodied: Victorian Literature and the Senses*. Minneapolis, UNITED STATES: University of Minnesota Press, 2008.

<http://ebookcentral.proquest.com/lib/emory/detail.action?docID=433174>. 3.

The belief that the body and mind could mutually influence each other marked the beginning of psychosomatic medicine, which treats illness based on the understanding that the mind can cause, worsen, and otherwise influence bodily illness. Psychosomatic illnesses are defined by physical symptoms with no evident organic causation. Its interdisciplinary approach allowed for serious research into psychic illness and helped legitimize psychiatric disorders. In the 1866 *A Plea for the Conjoined Study of Mental Science and Practice*, physician Thomas Laycock wrote, “the soul of a man, whatever meaning be attached to the term, cannot act apart from and independently of the body.”⁵² He lamented the poor state of instruction in medical psychology, which was not required for a medical degree, and often not taught according to a scientific method. To Laycock, the inseparability of the mind and body demanded that psychology be taken seriously as a medical discipline. Otherwise doctors would narrow the scope of their scientific inquiry and unknowingly overlook underlying psychological illness in their search for a diagnosis. However, psychosomatic medicine ran the risk of doctors simply lacking the knowledge to make a physical diagnosis and suggesting a psychological cause. Further, somatic treatment of psychological disorders opened new doors for medical abuse of patients, particularly women. Doctors deemed the physical processes of the female body unstable and pathological by default. Under a psychosomatic paradigm, their minds were by necessity similarly afflicted with instability.

⁵² Laycock, Thomas. *A Plea for the Conjoined Study of Mental Science and Practice: Being the Introductory Lecture to a Course of Medical Psychology*. London: Printed by J.E. Adlard, 1866. 10.

Individual Evolution and Maternity, 1860-1890

The principle of conservation of energy, also known as the first law of thermodynamics, was first introduced to and popularized in England in the early 1840s by physicist James Prescott Joule. German scientist Hermann von Helmholtz's 1847 "On the Conservation of Force" gave a more thorough articulation of the theory; the lecture was rapidly translated into English and incorporated into British science as an established truth.⁵³ Conservation of energy (or persistence of force, the term preferred by Huxley and political philosopher Herbert Spencer)⁵⁴ taught that energy is neither created nor destroyed, but may be transformed into another type of energy. This discovery revolutionized physical science in the 1840s and '50s, and was applied to motion, heat, light, electricity, magnetism, and chemical processes. Sir William G. Armstrong's 1863 Presidential Address to the British Association for the Advancement of Science remarked that the law of conservation of energy "probably constituted the most important discovery of the century."⁵⁵ In the 1862 *First Principles*, Herbert Spencer remarked that mental action was dependent on chemical changes in the body. He propounded a "correlation and equivalence between external physical forces and the mental forces generated by them,"⁵⁶ and described at length the interaction between physical and mental sensation.

While Spencer had been toying with his own ideas of evolution before *Origin*, he accepted Darwin's theory of natural selection, fitted it to his own philosophy, and based new

⁵³ Patton, Lydia. "Hermann von Helmholtz." In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, Winter 2016. Metaphysics Research Lab, Stanford University, 2016. <https://plato.stanford.edu/archives/win2016/entries/hermann-helmholtz/>.

⁵⁴ Hiebert, Erwin N. "The Uses and Abuses of Thermodynamics in Religion." *Daedalus* 95, no. 4 (1966): 1055.

⁵⁵ Ibid. 1052.

⁵⁶ Spencer, Herbert. *First Principles*. 1862. Watts And Co London. <http://archive.org/details/firstprinciples035476mbp>. 188.

theories off of Darwin's. He developed the philosophy of Social Darwinism, which extended the rules of "survival of the fittest" to human society. He additionally coined the concept of "individual evolution," applying the theory evolution to a single generation. This theory posited that every individual has the potential to reach optimal development over a lifetime. He used the increasing complexity of intellectual functions as an example of individual evolution in *First Principles*, describing the progression from simple language to reasoning, deduction and induction, memory, and imagination, and eventually complex mental activity.⁵⁷ Spencer and his contemporaries viewed the body as a closed system, possessing a finite fund of energy—neither created nor destroyed—that could be devoted either to individual evolution or to the processes of reproduction.

The mysterious theoretical force that drove these processes and animated life itself was called vital force, a key concept in early biological theory. Scientists claimed that vital force cycled throughout the body and could be directed to either mental or physical processes, but not both. Somewhat analogous to the soul, it represented the animal essence of humanity, and separated the living and non-living. Evolutionary scientists believed that vital force, essentially the "spark of life," would one day be explained in biological, mechanical terms, though they lacked the knowledge. The term was first used in 1815, but French philosopher Henri Bergson fully articulated the vital force theory only in the early twentieth century. However, prominent philosophers and scientists like Spencer and Maudsley commonly invoked vitalism in their late-nineteenth century works. In 1873 Maudsley wrote that vital force "should for the present be received as a distinct force on the same terms as chemical force or electric force,"⁵⁸

⁵⁷ Ibid. 354.

⁵⁸ Maudsley. *Body and Mind*. 296.

demonstrating the seriousness with which scientists took this rather speculative and unproven theory.

If woman's natural evolutionary role was reproduction and motherhood, her individual evolution would necessarily be arrested early in order to preserve the reproductive functions. This view of the flow of energy throughout the body reveals an economic mindset common to late-Victorian thinkers. British capitalism constructed women as a commodity, and their vital (and reproductive) force as a precious resource. Spencer outlined women's options in the 1864 *Principles of Biology*: "a higher evolution of the individual joined with a diminished fertility, or...a lower evolution of the individual joined with an increased fertility"⁵⁹ and thus, "absolute or relative infertility is generally produced in women by mental labour carried to excess."⁶⁰ Many scientists believed that intellectual fecundity, even in men, was necessarily coupled with low fertility and weak offspring. As anthropologist J. McGrigor Allan wrote, "Great physical and mental exertion cannot go on at the same time in the same organism. Profound thinkers and philosophers are notoriously unprolific; and with very rare exceptions, their offspring are of inferior power."⁶¹ Spencer additionally believed that increased sexual difference was a product of highly evolved civilizations, and the women's rights movement represented an obstacle to the evolution of the human species.⁶² Scientists used the smaller weight of female skulls and brains as proof that women evolved for motherhood rather than intellectual pursuits. Philosopher, economist, and feminist John Stuart Mill debunked this theory in 1869, when he pointed out that

⁵⁹ Spencer. *The Principles of Biology*. 473.

⁶⁰ Ibid. 485.

⁶¹ Allan. "On the Real Differences in the Minds of Men and Women." Cc.

⁶² Erskine, Fiona. "The Origin of Species and the Science of Female Inferiority." In *Charles Darwin's the Origin of Species: New Interdisciplinary Essays*. Manchester: Manchester University Press, 1995. 102.

women's brains are smaller because they are proportional to body size. However, it continued to be employed throughout the end of the nineteenth century.⁶³ In the eyes of doctors, smaller brains and arrested individual evolution made women "a kind of adult child."⁶⁴

Doctors encouraged both sexes to protect their limited vital force, yet viewed women's reproductive processes as delicate, exhausting, and requiring strict medical surveillance. By creating a false opposition between women's intellectual development and the proliferation of the species, doctors effectively prohibited women of childbearing age from developing their minds. Evolutionists asserted that the minimum demands of the natural functioning of the female reproductive system sufficiently precluded women's individual evolution, whether they had children or not.⁶⁵ Even the intellectual woman who escaped outright sterility was threatened with the prospect of shrunken breasts and vanished secondary sex characteristics, doomed to birth weak and sickly children and degenerate the English race. Henry Maudsley wrote in his 1874 essay "Sex in Mind and Education" of university-educated women who had been "permanently disabled to a greater or less degree by improper methods of study, and by a disregard of the reproductive apparatus and its functions."⁶⁶ Doctors supported this widely-believed theory with minimal evidence, demonstrating a concern over birth and population rates.

Elizabeth Garrett Anderson, England's first female doctor, rejected Maudsley's flawed explanation of women's illnesses in her reply to his article "Sex in Mind and Education." She wrote, "When we are told that...women cannot disregard their special physiological functions without danger to health, it is difficult to understand what is meant...among poor women, where

⁶³ Ibid. 105.

⁶⁴ Allan. "On the Real Differences in the Minds of Men and Women." ccx.

⁶⁵ Newman, Louise Michele. *Men's Ideas/Women's Realities : Popular Science, 1870-1915*. Athene Series. New York: Pergamon Press, 1985, 6.

⁶⁶ Maudsley. "Sex in Mind and Education." 19.

all the available strength is spent upon manual labour, the daily work goes on without intermission, and, as a rule, without ill effects.”⁶⁷ Poor women transgressed the supposedly immutable, biological demands of womanhood. Indeed, physicians benefited more by disregarding the existence of working-class women, as their lived experiences disproved the assertion that women required inactivity to preserve their reproductive energy. Middle-class women who aimed outside of the private sphere signified a larger threat to the Victorian feminine ideal, so the medical establishment policed middle- and upper-class women’s bodies far more closely than their working-class counterparts.

Boredom Versus Mental Excitement: Causation and The Debate Over Female Education

With the looming threat of degeneration and the “thorough deterioration of a race which, with all its faults, has hitherto played a predominant part in the history and civilization of the world,”⁶⁸ the advance of women’s rights became an issue of public health. The Victorians referred to the problem as “The Woman Question”—what is woman’s nature, and what is her place in society? What is she capable of doing and what should she be allowed to do? In the 1883 *The Pathology and Treatment of Diseases of the Ovaries*, gynecologist Robert Lawson Tait wrote that the Woman Question would be settled “not on the platform of the political economist, but in the consulting-room of the gynecologist.” He continued, “I may own myself an advanced advocate of women’s rights; at the same time I cannot help seeing the mischief women will do to

⁶⁷ Anderson, Elizabeth Garrett. “Sex in Mind and Education: A Reply” in *The Broadview Anthology of Victorian Prose 1832-1901* ed. Mary Elizabeth Leighton and Lisa Surridge (Broadview Press, 2012), 202.

⁶⁸ Thoburn, John. *Female Education From a Physiological Point of View*. Manchester: Cornish, 1884. 4.

themselves, and to the race generally, if they avail themselves too fully of these rights when conceded.”⁶⁹

Such statements are common in medical texts from the 1870s onward. As the century progressed, it became less acceptable to completely disavow female education, so doctors took to tempering their disapproval with claims of support for the women’s cause. Education became an important object of reform in the latter half of the century; for instance, the Education Act of 1870 mandated compulsory education for British children aged five to thirteen. By 1870, the topic of female education had entered public discourse. Middle- and upper-class women began to increasingly seek out education beyond “accomplishments” such as French, drawing, and piano, much to the concern of their gynecologists. Psychiatrists and gynecologists alike took the stance that women could both avoid and cure mental disturbances by “the careful avoidance of all sources of mental excitement.”⁷⁰ The rest cure, originally developed by American Silas Weir Mitchell, is the classic example of this mindset. The rest cure consisted of total bedrest and seclusion, a diet of plain fattening foods, massage, “the sexual tendencies...kept in subjugation”⁷¹ and abstention from all intellectual activity.

A pathological view of menstruation and puberty led doctors to discourage adolescent girls to “work at the same pace [as male students] and without regard to the physiological conditions of the female sex.”⁷² This recommendation came under the guise of biological realism, rather than a desire to restrict female education. Stopping short of prohibiting education,

⁶⁹ Lawson Tait, Robert. *The Pathology and Treatment of Diseases of the Ovaries*. W. Wood, 1883. <http://archive.org/details/pathologyandtre01taitgoog>. 91.

⁷⁰ Hewitt, Graily. *The Diagnosis, Pathology and Treatment of Diseases of Women: Including the Diagnosis of Pregnancy*. Lindsay & Blakiston, 1868. 403.

⁷¹ Ibid. 403.

⁷² Thoburn. *Female Education from a Physiological Point of View*.

doctors advocated for low-intensity work with frequent breaks, especially during menstruation. They extended the same concern to female university students, arguing that universities that enrolled women should make special accommodations for individual students' menstrual periods, "when the great necessity of the system is perfect rest."⁷³ As the law of conservation of energy was applied, mental labor diverted energy from the reproductive system; as such, universities were inadvertently draining women's limited reserves of vital force and endangering the future of England.

British feminists countered this advice, and implicitly challenged the medical usage of energy and vital force, with testimonies of the havoc wrought by mental stagnation and lack of meaningful activity. Historian Laura Schwartz recorded feminist social reformer Josephine Butler's 1868 lament, "[w]orse than bodily privations or pains...are these aches and pangs of ignorance,"⁷⁴ while June Purvis includes physician Sophia Jex-Blake's exulting assertion that university life was "an Elysium on earth...I am as happy as a queen. Work and independence. What can be more charming? Really perfection."⁷⁵ Reformer, statistician, and nurse Florence Nightingale bemoaned women's idle existence in the short book *Cassandra* (1852), and protested restrictions on female education throughout her career. While they did not deny women's greater tendency to mental illness, feminists rejected the premise that women were innately unstable, and instead emphasized social conditions that led to anxiety, depression, and insanity.⁷⁶

⁷³ Lawson Tait. *The Pathology and Treatment of Diseases of the Ovaries*. 90.

⁷⁴ Schwartz, Laura. "Feminist Thinking on Education in Victorian England." *Oxford Review of Education* 37, no. 5 (2011): 669-82. doi:10.1080/03054985.2011.621684. 670.

⁷⁵ Purvis. *A History of Women's Education in England*. 108.

⁷⁶ Showalter. *The Female Malady*. 61.

Many doctors acknowledged that women's abilities were stifled, but stopped short of espousing equal education and meaningful employment. Some recognized the stifling boredom underlying much of female mental disorder, and advised marriage and children as a cure. Others pointed to the indulgent, sedentary lifestyle of many upper-class women, blaming hysteria and other mental illnesses on novel-reading, dancing at balls, and idle daydreaming. However, in *On Man's Power Over Himself to Prevent or Control Insanity*, John Barlow offered a rare insight into the social factors of women's apparent mental fragility:

woman, so largely endowed by nature, is degraded by social prejudice, and the frivolous education consequent upon it... The registers of Lunatic Asylums show the number of female patients to exceed that of males by nearly one third... We need not ask what woman's destination is—nature has written it in characters too clear to be mistaken; the large development of the intellectual organs, and the feeble muscular power, mark her for the high-minded purifier of society—her strength must be that of knowledge:—yet, we refuse the kind of culture which such an organization requires, hide the victim of mismanagement in a madhouse—and then talk proudly about an enlightened age!⁷⁷

Like many of his contemporaries, Barlow described women as inherently pure and morally upright, yet he recognized the intellectualism that would naturally accompany such qualities. He invoked nature without mentioning reproduction, and pointed to poor education and limited mental development as the cause of the gender disparity in mental illness. Such sentiments, while uncommon, show that medical men often represented a wide range of opinions that sometimes contradicted the major teachings of the profession. Yet as the century progressed and the movement for women's education continued to grow, the medical establishment stressed the

⁷⁷ Barlow. *On Man's Power over Himself to Prevent or Control Insanity*. 69-71.

unstable equilibrium of the female mind and body, and doubled down on its warnings against mental stimulation.

Conclusion

Modern scientific inquiry began its investigation into the inner workings of the mind in the 1840s, with the development of theories of mental energy, conservation of force, and the causal interaction between the mind and body. Early evolutionary biology and professional psychiatry thus joined forces to explore the physiological forces behind both consciousness and mental illness. The bio-evolutionary view of mental illness remained dominant until the mid-1890s, when new theories of psychology began to circulate. The medical view of women in this period relied on a construction of the female body as unstable and pathological, which was fitted to the mind under the mind-body paradigm of causal interaction. The supposed mutual influence between the mind and reproductive system allowed for a paternalistic treatment of women that extended into the realm of the social. Medical advice against equal and higher education for women is a testament to the enormous authority of post-Darwinian medicine, defined by objectivity and prestige.

Chapter Three will discuss the application of mind-body dualism to gynecological practice after 1860. It will examine in depth the pathologizing of women's bodies and femininity generally, as well as the psychological influence of the female reproductive organs. I will provide a brief history of professional gynecology and its struggle for acceptance by the greater medical community. The following chapter will be particularly interested in psychosomatic gynecology, which I define as the merging of psychiatry and gynecology in the medical writings on, diagnosis, and treatment of women in the late Victorian period.

Chapter Three: Hysteria, Female Complaints, and “Gynecological Tyranny”

In 1867, Isaac Baker Brown was removed from the Obstetrical Society of London for performing clitoridectomy on hysterics, women seeking divorce, female masturbators, “patients as young as ten, on idiots, epileptics, paralytics, even on women with eye problems.”⁷⁸ In the eyes of his peers, his crime was not the operation itself, but that he often coerced and threatened patients into consenting—or simply did not inform them of the true nature of the operation. Baker Brown believed in the efficacy of his practices; his goal was to curb sexual stimuli and thereby cure masturbation, nymphomania, and insanity through the excision of the clitoris. Though the brutality of his practice makes Baker Brown somewhat of an outlier among late-Victorian British gynecologists, he exemplifies the enthusiasm for sexual surgery that dominated the profession in the 1860s through the end of the century. Before his downfall, Baker Brown was a foremost surgical gynecologist with an excellent reputation and a low patient mortality. Though he had privately practiced clitoridectomy for years, he attracted outrage with the March 1866 publication of *On The Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females* in which he alleged that all of the eponymous illnesses could be cured through clitoridectomy. The publicity surrounding the text led to the discovery that he often performed the operations without the full knowledge of the patient.⁷⁹

At Baker Brown’s questioning, his colleague Seymour Hayden excoriated the “quackery” present in the Obstetrical Society, which he described as “the diagnosis of a disease which has no existence (*applause*)—in the laying of women upon their back for weeks and months together,

⁷⁸ Showalter. *The Female Malady*. 76.

⁷⁹ Sheehan, Elizabeth. “Victorian Clitoridectomy: Isaac Baker Brown and His Harmless Operative Procedure.” *Medical Anthropology Newsletter* 12, no. 4 (1981): 9–15.

and in daily ministrations, cauterisations, and leechings to people who have literally nothing the matter with them.”⁸⁰ The question of the legitimacy and scope of gynecology was a key element of contemporary debates over sexual surgery and over-localized treatment. Hayden was of the camp that took a skeptical, conservative approach to frequent operating in gynecology. That evening Baker Brown was voted out of the Obstetrical Society, with 194 voting in favor of removal and 38 voting against removal. His trial shows modern British gynecology reconfiguring its professional boundaries as notions of acceptable practices changed. Many gynecologists continued to regard clitoridectomy as a legitimate treatment after 1867, but avoided scandal by learning from Baker Brown’s transgression. Nonetheless, the story of Baker Brown’s downfall shows that by the late 1860s, gynecology had developed a new approach to the mind-body relationship, and a new way of thinking of female sexuality and mental disorders through the practice of surgery.

This chapter will examine the practices of gynecologists much like Baker Brown, who adhered to a kind of psychosomatic gynecology in their belief that the reproductive functions ruled the female system, mind and body. This chapter argues that while increase in gynecological research and surgery ultimately modernized the practice and improved Englishwomen’s physical health on average, it damaged their mental health and quality of life. I will use a variety of sources to evidence this argument. Primary sources include scientific texts on women by leading gynecologists, surgeons, psychiatrists, and general physicians, as well as the medical periodical *The Lancet* and newspapers from the British Library archives. Secondary sources include Elaine Showalter, Mark Micale, Ornella Moscucci, Edward Shorter, and Sally Shuttleworth. The first

⁸⁰ "Obstetrical Society of London, Wednesday, April 3." *Dublin Medical Press*, April 10, 1867. Accessed June 2017. The British Newspaper Archive.

section will interrogate the Victorian view of the female body and its natural processes as unstable and intermittently ill. The second will detail how gynecologists utilized theories of the nervous system, ovarian psychology, and conservation of energy to create psychosomatic gynecology; the third will discuss the surgical practices of gynecologists focusing on the period from 1860 to 1890. The aim of this chapter is to argue that through a merging of psychiatry and gynecology, doctors created a unique science of women's health that justified dangerous surgical interventions and wielded "gynecological tyranny"⁸¹ over patients. Historians have written extensively on hysteria and the Victorian category of "nervous diseases," which had a mixed mind-body pathology. This chapter will emphasize the treatment of these illnesses under the intersection of gynecology and psychiatry.

The Peculiar Pathology of the Female Body

In 1869, Allan argued that while a man may pass through life without experiencing a day of sickness, no woman could say the same. He elaborates, "She suffers from 'the custom of women,' or she does not. In either case she is normally or abnormally ill. Thus every woman is...always more or less an invalid."⁸² His belief that the root of female pathology lay in menstruation was virtually unanimous among scientists; physicians agreed that menstruation was temporarily disabling, often accompanied by hysterical symptoms, and required total mental and physical rest. Physician John Thoburn wrote in *Female Education From a Physiological Point of View* that menstrual symptoms would be considered symptoms of disease, "if they were not

⁸¹Allbutt, Clifford T. "Gulstonian Lectures ON NEUROSES OF THE VISCERA." *The Lancet*, Originally published as Volume 1, Issue 3162, 123, no. 3162 (April 5, 1884): 601–6. [https://doi.org/10.1016/S0140-6736\(02\)02563-1](https://doi.org/10.1016/S0140-6736(02)02563-1).

⁸² Allan. "On the Real Differences in the Minds of Men and Women." cc.

periodical and physiological.”⁸³ Henry Maudsley described the female system as a “body and mind which for one quarter of each month during the best years of life is more or less sick and unfit for hard work,”⁸⁴ while Laycock categorized menstruation as “a type of hysterical hemorrhage.”⁸⁵ Maudsley’s and Allan’s shared usage of “more or less” exemplifies the vague language commonly used by male scientists asserting the innate pathology of women. In an era that glorified scientific exactness, such inaccuracy was still permitted in medical writing on women.

Victorian doctors believed that the time surrounding a girl’s first menstrual period was thought to be crucial in establishing lifelong health. By mismanaging her health, a pubescent girl could cause suppressed or painful menstruation to become chronic. Mismanaging in this context referred to excessive strain (both mental and physical) without frequent breaks, and “incorrect habits” like reading novels, staying up late, masturbation, luxury and idleness, and strong emotions. She was threatened with the fate of a “wretched, broken-down invalid,”⁸⁶ plagued by anemia, amenorrhea (abnormal absence of menstruation), headaches, and emaciation.

This belief that puberty was a time of massive expenditure extended to the psychological as well as the physical. Maudsley explained in 1874: “In the great mental revolution caused by the development of the sexual system at puberty we have the most striking example of the intimate and essential sympathy between the brain as a mental organ and other organs of the body.”⁸⁷ Just as a girl’s physical health was endangered by the changes accompanying puberty and

⁸³ Thoburn. *Female Education from a Physiological Point of View*. 5.

⁸⁴ Maudsley. "Sex in Mind and Education." 29.

⁸⁵ Micale. *Hysterical Men*. 87.

⁸⁶ Allbutt, T. Clifford, W. S. Playfair, and Thomas Watts Eden. *A System of Gynaecology*. London : Macmillan, 1906. 119.

⁸⁷ Maudsley. "Sex in Mind and Education." .

menstruation, so too was her mental health. Robert Barnes claimed in the 1878 *A Clinical History of the Medical and Surgical Diseases of Women* that “sudden strong emotions” influenced the menstrual flow, either producing “profuse flooding” or arresting it entirely.⁸⁸ Doctors believed such obstructions to be dangerous, potentially resulting in insanity and even death. This cyclical relationship between female mental and physical instability, as W.S. Playfair wrote, “distinguishes woman from man,”⁸⁹ and illustrated the all-encompassing influence of female reproductive functions on the entire system.

Ovarian Psychology, Hysteria, and Psychosomatic Gynecology, 1855-1890

In his 1895 address to the Obstetrics and Gynecology Section of the British Medical Association, Sir William Priestly marks the year 1855 as beginning of modern British gynecological practice.⁹⁰ The Obstetrical Society of London was founded in 1858. The early years of professional gynecology were marked a striving for legitimacy and acceptance by the medical community. Ten years earlier, W.S. Playfair wrote, “Ever since modern gynecology became a serious study, a time within the memory of the older amongst us, there has been a tendency amongst those of our brethren who are known as general physicians...to attribute to us the grave fault of overestimating the influence of uterine disease on the health of our patients, and, worse still, of doing many of them serious injury by unnecessary and injurious local treatment.”⁹¹ Despite this tension between gynecologists and general physicians, both groups

⁸⁸ Barnes, Robert. *A Clinical History of the Medical and Surgical Diseases of Women*. 2nd ed. London: J. & A. Churchill, 1878. 245.

⁸⁹ Clifford, Playfair, and Eden. *A System of Gynaecology*. 118.

⁹⁰ *Ibid.* 1-2.

⁹¹ Playfair, W. S. *On the Proper Sphere of Constitutional and Topical Treatment in Certain Forms of Uterine Disease: Introduction to a Discussion in the Section of Obstetric Medicine at*

adhered to the belief that the reproductive system controlled women's general health. In the second half of the nineteenth century, the most important organ of this system was the ovaries; this principle laid the theoretical foundation for the medical treatment of women. According to Ornella Moscucci, by the 1850s scientists understood that the ovaries released unfertilized eggs and thereby induced menstruation.⁹² Menstruation represented to physicians the chief biological basis of femininity, as well as women's evolutionary closeness to lower animals.⁹³ As such, the ovaries were seen as the center of female instincts, sexuality, and overall physical health. The ovarian influence on the body became a central tenet of late-Victorian gynecology.

If the reproductive system dominated female psychology, and the ovaries governed the reproductive system, it followed logically that the ovaries would also dominate the mind—and ovarian dysfunction would lead to mental illness. Before the advent of ovarian psychology, the uterus was considered the most important and influential organ of the reproductive system. Obstetrician, professor of midwifery and diseases of women, and Vice President of the Obstetrical Society of London Graily Hewitt wrote in 1868 of “certain women of ‘ovarian temperament’ who exhibit the phenomena ordinarily spoken of as hysterical.”⁹⁴ This theory held sway into the following decades; in 1883, Robert Lawson Tait, considered the founding father of British gynecology, tied hysteria to ovarian tumors and claimed that the “whole group of hysterical diseases” is “intimately associated with the ovaries.”⁹⁵

the Annual Meeting of the British Medical Association in Cardiff. London: John Bale & Sons, 1885. 587.

⁹² Moscucci. *The Science of Woman.* 34.

⁹³ Allan. "On the Real Differences in the Minds of Men and Women." Cxcvii.

⁹⁴ Hewitt, Graily. *The Diagnosis, Pathology and Treatment of Diseases of Women: Including the Diagnosis of Pregnancy.* Lindsay & Blakiston, 1868. 134.

⁹⁵ *Ibid.* 204-205.

The most famous product of ovarian psychology was hysteria, a psychosomatic nervous illness that mostly affected women. Hysteria was characterized by physical symptoms such as seizures, paralysis, tics, and aphonia (loss of speech), without any apparent physical cause. It was accompanied by psychological and neurotic symptoms including anxiety, neurosis, mania, anger, and insanity. Female sufferers were often thought to be morally degenerate, sexually perverted, and faking their symptoms. A highly sexualized illness, hysteria was thought to have a range of sexual causes. These included overindulgence in eroticism, masturbation, or protracted abstention from sex. Its wide and ever-expanding range of potential causes can be divided into categories of mental and the physical. The intellectual, moral, and mental sources of hysteria dominated the debate in the first half of the century, with opinion fairly evenly split between too much mental excitement and, in the words of Florence Nightingale, “mental atrophy and moral starvation.”⁹⁶ Yet after the shift to the Darwinism, scientists emphasized biological and neurological causes of hysteria.

Some doctors took a mixed ovarian and neurological perspective on female hysteria and insanity. Gynecologists found that “severe organic disease of the ovary is not often attended by hysteria”⁹⁷ and that female psychiatric patients often revealed no post-mortem ovarian pathology. This realization complicated the theory of ovarian psychology, so neurology came to bridge the gap between gynecology and psychiatry. In his 1888 response to Dr. T. Clifford Allbutt in the *St. Louis Courier of Medicine*, American gynecologist C.H. Hughes wrote, “Woman is neurotic as well as gynecic in her morbid states. Her diseases are more often neural or neural and gynecic

⁹⁶ Showalter. *The Female Malady*. 62.

⁹⁷ Barnes. *A Clinical History of the Medical and Surgical Diseases of Women*. 221.

than gynecic alone.”⁹⁸ The inextricability of female neurotic illness and gynecological problems is evident in this claim, though he describes the neural influence as stronger than the gynecological. The nervous system provided the link that connected mental illness to the female reproductive organs, and united the respective practices of the psychiatrist and the gynecologist. By the late nineteenth century, British psychiatrists (including Maudsley) accepted insanity as a reflex originating in the reproductive organs and traveling along an arc to the brain.⁹⁹ Different doctors offered a range of opinions on the exact nature of the relationship between the ovaries and uterus and mental illness, but agreed that it was a relationship of mutual influence. The practical application of the theories of psychosomatic gynecology was equally as experimental, and made women the objects of its experimentation.

Feminist Arguments Against Male Gynecology

The practice of gynecology and obstetrics often proved controversial due to the necessity of vaginal examinations, a necessity at odds with Victorian notions of propriety. Women seeking to preserve their modesty would avoid seeing a doctor until medical treatment was urgently needed, “because the idea of employing a man was so repugnant to them.”¹⁰⁰ Florence Nightingale emphasized the problematic use of women who were unable to afford private physicians as educational material for medical students: “What woman of us all has not known many, many poor women, who would rather go through any suffering than undergo the

⁹⁸ Hughes, C.H. “What is the Legitimate Scope of Gynecology? – A Rejoinder to Dr. Walter Coles.” *St. Louis Courier of Medicine*. Medical Journal and Library Association of the Mississippi Valley, 1888. 408.

⁹⁹ Shorter. *From Paralysis to Fatigue*. 71.

¹⁰⁰ Jex-Blake, Sophia. *Medical Women: A Thesis and a History*. 2d ed. Edinburgh : London: Oliphant, Anderson & Ferrier ; Hamilton, Adams, & Co, 1886, 42.

necessary examination before men students at the General Hospital?”¹⁰¹ If acceptance of women doctors treating male patients was still a long way off, perhaps the treatment of women by other women would be more readily tolerated. Pioneering female doctor Sophia Jex-Blake believed that patients and physicians should be of the same sex, and it was “only custom and habit which blind society to the extreme strangeness and incongruity of any other notion.”¹⁰² In her estimation, female gynecologists would not only encourage women to have regular screenings, but would also vastly increase scientific knowledge of women’s diseases and the female body more generally. As the first pioneering women broke into the medical field in the 1860s and ‘70s, advocates contended that continued exclusion would actively work against scientific progress.

Victorian feminists largely subscribed to Social Darwinist theory, and did not dispute the evolutionary construction of sex difference,¹⁰³ but believed women’s innate qualities “had...been marginalized by the ascendancy of the destructive egoism, competitiveness, and belligerence of men, [and] now needed to be recognized in a feminist renewal of modern society.”¹⁰⁴ The feminine qualities they praised—compassion, nurturing, gentleness—were argued to render women natural healers. As the majority of caretaking was undertaken by women in the domestic sphere, it was common for women to practice medicine in an informal capacity; the “Angel in the House” was by necessity also a nurse. She could provide comfort to the sick and dying,

¹⁰¹ “Copy of Notes by Florence Nightingale on the New Women’s Hospital 6 Jul 1888 | London Metropolitan Archives.”
<https://search.lma.gov.uk/SCRIPTS/MWIMAIN.DLL/202762035/2/16/210309?RECORD&UNION=Y&URLMARKER=STARTREQUEST>.

¹⁰² Jex-Blake. *Medical Women*. 7.

¹⁰³ Newman. *Men's Ideas/Women's Realities : Popular Science, 1870-1915*. 1-2.

¹⁰⁴ Dixon, Thomas. *The Invention of Altruism : Making Moral Meanings in Victorian Britain*. British Academy Postdoctoral Fellowship Monograph. Oxford ; New York: Published for the British Academy by Oxford University Press, 2008. 300.

wiping brows and changing bandages, but she could never administer more than simple palliative care. Until the late eighteenth century, female midwives presided alone over the birthing chamber. They were generally accepted as the best-suited attendants of birth, due to their knowledge of the supposed mysteries of the female body; until the end of the seventeenth century, having given birth was considered a prerequisite to becoming a midwife.¹⁰⁵ The classical division between medicine, surgery, and midwifery made midwives experts in women's health in the ages before specialization.¹⁰⁶ Before the advent of the obstetrician—originally known as the man-midwife—childbirth was not considered a medical event. Its eventual medicalization created the masculine profession of obstetrics and gynecology, making men the new specialists in women's health.

Gynecological Surgery

The obstetrical Chamberlen family introduced forceps to England in the early eighteenth century, allowing for the non-fatal extraction of an infant during a difficult birth and securing their position as *accoucheurs* to the royal family. However, the use of surgical instruments was reserved for surgeons, automatically excluding women.¹⁰⁷ As forceps became increasingly essential to the practice of midwifery, informal female midwifery began to flounder in the wake of male professionalism. In the 1720s the man-midwife increased in numbers and began to assist in normal births, and by the 1820s he was known as an obstetrician and a respected medical professional.¹⁰⁸ Sophia Jex-Blake wrote, “What really seems to have been the cause of

¹⁰⁵ Moscucci. *The Science of Woman*. 43.

¹⁰⁶ Schiebinger, Londa L. *Has Feminism Changed Science?* Cambridge, Mass.: Harvard University Press, 1999.109.

¹⁰⁷ Schiebinger. *The Mind Has No Sex?* 110.

¹⁰⁸ *Ibid.* 109.

transferring the practice of midwifery from women to men, was the invention of the midwifery forceps by Peter Chamberlen, and the idea fostered by male practitioners that ‘a surgical instrument must be controlled by the hand of a surgeon.’”¹⁰⁹ Barred from the usage of surgical tools, midwives were gradually pushed to the periphery of their own practice. Formal instruction in obstetrics accelerated their exclusion in the second half of the eighteenth century. In 1817 the College of Physicians announced their view that childbirth was the domain of the surgeon and the treatment of women's diseases was that of the physician, leaving no room for the midwife in the realm of female disease.¹¹⁰

The forceps marked the beginning a long alliance between gynecology and surgical instruments. By the 1860s, gynecological surgeries had become common, and the figure of the gynecologist blurred the traditional division between physicians and surgeons.¹¹¹ Invasive gynecological surgeries—which included ovariectomy, hysterectomy, and clitoridectomy—peaked in the decade 1875-1885.¹¹² British ovariectomists adopted Joseph Lister’s antiseptic method only in 1878.¹¹³ Lister was still developing his theory throughout the 1860s and into the ‘70s, and it would be years before antiseptics was fully integrated into standard surgical practice. Yet despite the risk of infection, gynecological surgery became an accepted treatment for a wide range of female illnesses and nervous disorders.

Ovariectomy, the surgical removal of one or both ovaries, was perhaps the most broadly applied of the gynecological surgeries. Scottish surgeon John Lizars (a professor of Charles

¹⁰⁹ Jex-Blake. *Medical Women*. 19.

¹¹⁰ Forbes, T R. “The Regulation of English Midwives in the Eighteenth and Nineteenth Centuries.” *Medical History* 15, no. 4 (October 1971): 358.

¹¹¹ Shorter. *From Paralysis to Fatigue*. 73.

¹¹² Micale. *Hysterical Men*. 128.

¹¹³ Spencer, H. R. “The History of Ovariectomy: (Section of the History of Medicine).” *Proceedings of the Royal Society of Medicine* 27, no. 11 (September 1934): 1437–44. 52.

Darwin) performed the first ovariectomy in Great Britain in 1825, but it remained a rare procedure until Charles Clay successfully performed and popularized it in the 1840s. Eminent ovariectomists Clay, Isaac Baker Brown, and Spencer Wells experienced respective mortality rates of 44%, 70% (1860), and 31% (1867).¹¹⁴ Ovariectomy (also called ovariectomy and oophorectomy) was originally used mainly to treat ovarian tumors, and when the patient survived the operation, was a stunning success. The procedure helped legitimate gynecology in its early days, and soon began to be seen almost as a panacea for women's illnesses.

In adherence to the ovarian theory of female psychology, gynecological surgeons would remove healthy ovaries to treat menstrual problems, hysteria, epilepsy, and incipient insanity. Doctors often referred to ovariectomy as unsexing or castration, as it would induce artificial menopause and render a woman sterile. Towards the end of the century, the procedure fell out of fashion as doctors realized its negative psychological effects. While a boon for women suffering from tumors, the removal of healthy ovaries for the treatment of neurosis, "was frequently followed by more serious nervous penalties than those for which it had been used as a remedy...it often entailed a loss of mental equilibrium, and sometimes ended in insanity."¹¹⁵ Like much of psychosomatic gynecological practice, ovariectomy improved the average physical health of Englishwomen at the expense of self-image and mental health.

While less common than ovariectomy, clitoridectomy also had a "brief and not very creditable period" in which it "was strongly advanced as a remedy for numerous ills." Priestley, writing in 1895, claims that this operation "had a very limited currency and was speedily abandoned."¹¹⁶ Whether the period of its popularity was actually that brief is uncertain. Michael

¹¹⁴ Ibid. 52.

¹¹⁵ Clifford, Playfair, and Eden. *A System of Gynaecology*. 1-2.

¹¹⁶ Ibid. 1.

Ryan wrote in 1841 that “the artificial irritation of this organ” caused “emaciation, hysteria, leucorrhoea [abnormal discharge], and nymphomania” and that “its excision was the only remedy.”¹¹⁷ Through Baker Brown’s removal from the Obstetrical Society in 1867, the professional community expressed its disapproval for the coercion, threats, and lack of consent common to his practice. Other doctors certainly used clitoridectomy as a cure for insanity and other ills, but his methods made him an effective scapegoat for the obstetrical and gynecological establishment. At the meeting which resulted in his expulsion, Baker Brown asserted the necessity of serious scientific inquiry into clitoridectomy and stood by his claim that clitoridectomy was the only cure for insanity produced by masturbation.¹¹⁸

Doctors discussed the role of the clitoris in female sexuality only in the context of masturbation, and in the case of its removal, ruined marriage prospects. As Baker Brown usually did not inform the husbands or fathers of his patients of the procedure beforehand, he infringed upon the masculine right to control; as such, his practice of clitoridectomy was considered a kind of property damage. In an era in which non-reproductive female sexuality was seen as a sign of moral deviance and mental instability, surgeons considered the removal of the clitoris as no great loss. A Dr. Routh defended Baker Brown’s “habit of cutting off the clitoris of persons without informing them of it” with the question: “is it customary to enter into the minutiae and to describe every particular phase of the operation to the patient?”¹¹⁹ The President of the Obstetrical Society himself informed Baker Brown that the problem lay in “the manner in which

¹¹⁷ Ryan, Michael. *A Manual of Midwifery, and Diseases of Women and Children. Being a Companion to All Obstetric Works*. 4th ed. London: The author, 1841. 42.

¹¹⁸ “Obstetrical Society of London, Wednesday, April 3.” *Dublin Medical Press*, April 10, 1867. Accessed June 2017. The British Newspaper Archive.

¹¹⁹ *Ibid.*

you perform the operation, not the operation itself.”¹²⁰ To these doctors, sexuality was an impediment to women’s health rather than a fundamental component, and a number of British gynecologists continued the practice of clitoridectomy until as late as October 1890.¹²¹ Baker Brown touted his methods as successful in curing insanity, despite the self-evident impossibility of such success. With a catchall definition of insanity that included masturbation and domestic discontent, it is hardly surprising that gynecologists used an operation of no medical value for some forty years, or that they considered traumatized patients who returned meekly to their homes to be “cured.”

Not all gynecologists subscribed blindly to their profession’s enthusiasm for surgery. Surgical interventions represented the pinnacle of the usage of female patients as clinical material, and some doctors objected to their profession’s experimental use of women. During the ovariectomy craze, many doctors voiced their disapproval for over-operating in gynecology as “unscientific, unnecessary, and often hurtful...[a] rash and irretrievable experiment.”¹²² Furthermore, in searching for the source of all of women’s ailments in their reproductive organs, both gynecologists and general physicians neglected the rest of the body. Ornella Moscucci records a case in which an impoverished woman died of untreated brain inflammation a week after a room of medical students searched for her illness in a fruitless and public pelvic exam.¹²³

While even dissenting doctors believed that the good accomplished by modern gynecology outweighed its harmful aspects, they argued that excessive surgery and localized treatment put gynecology’s hard-earned reputation at stake. The first decades of professional

¹²⁰ Sheehan. “Victorian Clitoridectomy: Isaac Baker Brown and His Harmless Operative Procedure.” 14.

¹²¹ Shorter. *From Paralysis to Fatigue*. 85.

¹²² Clifford, Playfair, and Eden. *A System of Gynaecology*. 127-128.

¹²³ Moscucci. *The Science of Woman*. 113-114.

gynecology were marked by a succession of medical fads. Priestley tracks the history of gynecological practice in his 1895 address, emphasizing the experimental and ever-shifting nature of the profession; he describes a “a craze for inflammation and ulceration of the os and cervix uteri” that morphed into clitoridectomy, and then an emphasis on uterine displacement, followed by ovariectomy, “an ardour for stitching up rents in the cervix uteri following childbirth,” and finally “an epidemic of operations for the excision of the uterine appendages.”¹²⁴ He frames women as subject to the whims and impulses of their doctors, who made patients’ bodies sites on which to test hypotheses and to boost their reputations. By basing their diagnoses and treatments on professional fads, gynecologists held an enormous amount of power over their patients’ symptom presentation. The protean category of “women’s diseases” in the late-nineteenth century exhibited a great deal of pathoplasticity, defined by Edward Shorter as “the tendency of illness attribution and presentation to change with fashion.”¹²⁵ The various experimental treatments on women’s reproductive organs certainly improved knowledge of their anatomy and common diseases; writing in 1885, Playfair remarks that in the last twenty-five years, in no other field have “more real and solid advances have been made, with greater gain to suffering humanity.”¹²⁶ However, doctors’ hasty misattribution of unknown illnesses to fashionable diagnoses of the ovaries and uterus created false and warped knowledge and subjected women to unnecessary incursions into their bodies.

Worse still was the increased hypochondriac nervousness of women “entangled in the net of the gynecologist.”¹²⁷ Allbutt implies that the constant search for illness in the genitals and

¹²⁴ Clifford, Playfair, and Eden. *A System of Gynaecology*. 1-2.

¹²⁵ Shorter. *From Paralysis to Fatigue*. 266.

¹²⁶ Playfair, W. S. *On the Proper Sphere of Constitutional and Topical Treatment in Certain Forms of Uterine Disease*. 588.

¹²⁷ Allbutt. "The Gulstonian Lectures, On Neuroses Of The Viscera." 495-99.

reproductive organs leaves a patient anxious for her health, “newly apprehensive and physically introspective,” and trapped in a morbid state of mind. The supposedly vital treatments would be suspended during the gynecologist’s vacations, giving his patient temporary respite from superfluous tinkering in her vagina, cervix, and uterus. Playfair wrote of the deterioration of women’s mental stability through overbearing gynecology:

“Nothing can be more deplorably bad for a nervous, emotional woman, whose general health is at a low ebb, than to have her attention constantly directed to her reproductive organs by vaginal examinations repeated two or three times a week, pessaries constantly introduced for ‘a slight displacement,’ the cervix frequently cauterized, or the endometrium curetted, and the like; and yet these are things one incessantly sees in cases in which, on examination, no definite reason for such interference is found to exist.”¹²⁸

Through this over-enthusiastic exercise of medical power over women, the 1860-1890 period marked a shift to the gynecological domination of women’s healthcare. Due to the advent of germ theory, anesthesia, and the Listerian system of antiseptics, a woman was much more likely to survive and successfully recover from the removal of a diseased ovary than at the beginning of the century. Yet she was also more likely to be put at risk by unnecessary operations, be subjected to shame from the frequent handling of her body, and become mentally and emotionally broken-down by repeated prodding and questioning of her health, sexuality, and sanity.

CONCLUSION

Physician T. Clifford Allbutt is best-remembered as the inventor of the clinical thermometer and the commissioner for lunacy from 1889 to 1892. However, his work on the

¹²⁸ Clifford, Playfair, and Eden. *A System of Gynaecology*. 124.

association between the nervous system and diseases of the abdominal organs brought him into frequent contact with gynecology, which assumed that the root of all female illness lay in the uterus and ovaries. He took issue with the overly capacious scope of its practice, and is often cited in histories of British gynecology as an outspoken critic. In his 1884 “The Gulstonian Lectures, On Neuroses Of The Viscera,” he eloquently denounced the infringement of gynecology on the treatment of female abdominal pain; the gynecologist, he wrote,

“finds her uterus, like her nose, is a little on one side; or, again, like that organ, is running a little, or it is as flabby as her biceps: so that the unhappy viscus is impaled upon a stem, or perched upon a prop, or is painted with carbolic acid every week in the year except during the long vacation when the gynecologist is grouse-shooting, or salmon-catching, or leading the fashion in the Upper Engadine...Arraign the uterus, and you transfix in the woman the arrow of hypochondria, it may be for life.”¹²⁹

Allbutt implied that imaginary uterine illnesses not only enabled the gynecologist’s social status and leisurely lifestyle, but actively damaged his patients’ health. By unnecessary fiddling in patients’ vaginas and slicing into their uteri, gynecologists made violation and pain a central element of their practice. Though many imagine the Victorians as prudish and repressed, the ceaseless male interest in women’s sexual organs clearly extended past its apparent goal of advancing medical knowledge and curing disease. It is impossible to know how many non-reproductive illnesses went undetected as doctors searched, poked, and cut up their patients’ ovaries and uteri; it is equally impossible to quantify the emotional toll caused by the medicalization of women’s natural physiological processes.

¹²⁹ Allbutt, T. Clifford. "The Gulstonian Lectures, On Neuroses Of The Viscera." *The British Medical Journal* 1, no. 1211 (1884): 495-99.
<http://www.jstor.org.proxy.library.emory.edu/stable/25265889>. 497.

The expansion of gynecology outside of its legitimate scope was made possible by modern evolutionary science, which cloaked its experimentation on women's bodies with the appearance of professional competency and objectivity. As the scientific community came to accept Darwinism and its theoretical offshoots in the 1860s and '70s, it encouraged a new conception of human psychology, moral character, and civilizational progress based on the theory of evolution by natural selection. Psychiatry, professionalized in the 1840s, became invested in the health of the British "race" and its women, seen most clearly in the popularity of degeneration theory. The new Victorian science was the one authority sufficiently able to combat the rise of the New Woman. The nascent disciplines of neurology, physical science, and evolutionary biology contributed to new gendered understandings of the mind-body relationship, circulation of energy, and interiority. Neurotic disorders and specialist nerve doctors grew increasingly relevant to the treatment of mental illness, now seen as based in the brain and nervous system. The causes of mental disease in women came under strong scrutiny, particularly in regards to mind-body influence. The mind-body problem helped legitimate the growth of sexual surgery in the last forty years of the nineteenth century, and created a paradigm under which gynecology could dictate multiple aspects of women's lives.

My original research mainly consists of articles from scientific and medical journals; obstetric and gynecological texts; psychiatric texts; newspapers; evolutionary texts by Darwin, Spencer, and Huxley; and speeches before medical associations. Despite my best efforts, there have been several limitations to my research. Though I was fortunate enough to conduct archival research in London, my lack of experience navigating archives made the first couple of weeks of the trip more of a learning curve than anything else. I similarly struggled with formulating a research question without broadening my scope, and found myself continually narrowing my

topic. My choice of topic—Victorian medicine, women, and mental illness—also created difficulties due to its popularity among historians. As it has already been researched by medical, feminist, and literary scholars, I struggled to situate my voice within the literature and to formulate a novel argument.

With this thesis I have sought to illuminate the intersection of psychiatry and gynecology in the period 1860-1890, created by the combined forces of Darwinism, evolutionary psychology, and mind-body dualism. Each of these forces offered scientific justifications for female inferiority and promoted restricting women to the private sphere. My argument focuses on the thirty years after the publication of *Origin* and its short-term impact on the medical treatment of women. My examination of the effects of the law of conservation of energy and vital force theory as an effective tool in reinforcing notions of female otherness offers an original perspective on women in post-Darwinian medicine. While many scholars have written about the role of the theory of evolution on general medicine and psychiatry, few have focused on its use in gynecology. I have purposefully limited the period of my inquiry to before Freud's psychoanalytic theories were published in England, in order to emphasize the role of evolution and biopsychology in the development of late-Victorian professional gynecology. I have additionally included the campaign for women's equal education to show the reach of psychosomatic gynecology, and its role in counteracting women's struggle for independence. Many feminist scholars have researched the social history of medicine; in this thesis I have tried to merge this school of thought with a more scientific history of the theories and practices behind the misogyny.

The neurotic sufferings of the Victorian era seem to be strangely confined to their time period. Hysteria faded or morphed into new diseases in the early twentieth century, as new

methods of treatment arose and psychology moved away from its focus on biology. I am interested in further researching the effects of changes in morality and diagnostic culture on pathoplasticity in women throughout the twentieth century and into the twenty-first. As the medical establishment advances its knowledge and reconsiders past practices, its conception of what constitutes legitimate symptoms changes. While historians have offered many possible explanations for the “disappearance” of hysteria, I find this theory to be the most likely.

In this thesis, I have aimed to demonstrate the immense power held by medical practitioners (gynecologists in particular) and how this power shapes the field, their patients’ lives, and symptom presentations. Undoubtedly, British women at the end of the century enjoyed a longer average lifespan; female life expectancy at birth for in the mid-nineteenth century was around forty-two years, while in 1901 it was fifty—a full eight years longer.¹³⁰ This development is due in part to reduced maternal mortality and the advancement of women’s healthcare. Looking at such statistics, it is difficult to uniformly condemn the medical treatment of women. The question thereby becomes one of the general versus the individual: does the collective good accomplished by gynecology outweigh the cruelty it perpetrated against some individual women? While the average increase in women’s health may be partially attributable to gynecology, the shame and confusion that attended (and still attends) the treatment of women’s mental and physical ailments unquestionably is.

Certainly, gendered catchall diagnoses similar to hysteria are still used by professionals today, whether it be anxiety and depression, fibromyalgia, PMS, conversion disorder, or a range of others. Science is not separate from society; it is shaped by values, biases, and hidden motivations. The concepts of scientific progress, objectivity, and knowledge are in themselves

¹³⁰ Gallop, Adrian. “Mortality Improvements and Evolution of Life Expectancies,” n.d., 44.

misleading and often factually inaccurate—more a product of Western masculine intellectual culture than a reliable standard of knowledge. There is no degeneration, vital force, or ovarian psychology, yet these theories were central tenets of late-nineteenth century medicine. The process through which scientific knowledge is produced comes at the expense of marginalized groups, and should not be justified in the name of “progress.”

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