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Course: ENG 305
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In discussing women’s past encounters with the medical profession, feminist historiography has focused mainly on the mid- and late nineteenth century, but attention is now beginning to shift towards more detailed examination of an earlier era, in an attempt to understand how and why these extreme positions came to be adopted.¹ This paper contributes to this discussion through an analysis of some of the medical texts of Georgian and Victorian Britain which indicates some significant developments in their depiction of middle-class women. These changing perceptions about female nature were most conspicuous in gynaecological and psychiatric literature; attention is focused here on these rapidly expanding specialisms and upon the networking of assumptions between them.

The extent to which these two medical areas had converged is suggested by an extract from a standard textbook published towards the end of our period in 1892. The Dictionary of Psychological Medicine stated:

> The correlation of the sexual functions and nervous phenomena in the female are too common and too striking not to have attracted attention at all times; but, it may confidently be affirmed, that it is only within quite recent years that we have had adequate knowledge to enable us to discuss the problems arising out of these relations with scientific precision. Gynaecology, and our knowledge of the anatomy and physiology of the nervous system have advanced... so that now we have the clearer and reciprocal light shed by better knowledge.²

As part of an analysis of a psychiatric ‘illness’ – climacteric (menstrual) insanity – this assertion has a twofold interest as the
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starting-point of this paper. First, it drew attention to a crucial link that had been forged between the developing studies of gynaecology and psychiatry. Second, it illustrated this neatly in the description of a female mental illness that had not been perceived before male gynaecologists investigated women's reproductive system.

The evolution of medical views on their physical and psychological nature created an image of women as frail and unstable. Already by 1700 there existed in medical literature a stereotype of woman as a medically unique but inferior being, whose health was determined by her femininity, and in which the central feature was periodic menstruation. These stereotypes were useful to doctors in that they could 'explain' matters on which they were medically ignorant. But not all medical men accepted these ideas, and alongside them an alternative and less deterministic view of women existed. However, during the eighteenth and nineteenth centuries natural events in women's lives - menarche, pregnancy, childbirth, and the menopause - were subjected to much more intensive scrutiny by doctors. A comparison of medical texts in the two eras suggests the extent of the intellectual change in professional opinion that occurred as a result.

By the mid-nineteenth century a set of interlocking ideas were held which also justified the male doctor's professional position. Poovey has summarized this aptly: "This set of assumptions - that woman's reproductive function defines her character, position and value, that this function influences and is influenced by an array of nervous disorders - mandates the medical profession's superintendence of women."

The first part of this paper analyses gynaecological literature with its increasing stress on the dominance of the female reproductive system; and the second part investigates the way in which psychiatric accounts in turn translated these assumptions into theories relating female insanity to the reproductive cycle. The implications that this man-made biological straitjacket had for women's lives are examined in the third section, where 'natural laws' are seen to have been transformed into social conventions that reinforced restrictive gender roles. Here the illustrative case study is taken of attempts to improve female secondary and higher education (and thus to widen women's opportunities for professional careers, including that of medicine), and of the immediate medical backlash which this produced. The paper concludes with a brief evaluation of the causes and significance of this construction of gender dichotomy.
Within our period some of these discoveries in gynaecology and psychiatry had a beneficial result in alleviating female suffering, while others enlarged understanding and resulted later in further therapeutic advances. But there was also a darker side to this process, and one that is ignored in the standard perspectives of medical histories with their inbuilt Whiggish bias towards recording medical 'progress'. This paper explores part of the darker penumbra surrounding a few of these notable advances, by investigating what was a significant strand of argument within a larger medical literature. It does so through analysing standard works whose popularity and influence within the profession was frequently shown by the books having gone through several editions. Their authors were men of reputation, typically holding teaching posts in leading medical schools, so that their professional opinions were also widely disseminated to each generation of doctors. And, beyond the medical arena, it is relevant to note that these specialist views were accorded increasing weight in public debate. Their prominence by the late nineteenth century in the educational debates about overwork revealed doctors' self-confidence and stature on this public social platform.

Much of this Victorian medical literature exhibits a striking contrast between its sound empirical observation and the extreme inferences that were drawn from it. Even allowing for the fact that some of these subjects are still problematic today, and also that bizarre theories may occur in the early stages of enquiry into complex fields, it appears that an allegedly positivistic age produced a pyramiding of assumptions leading to strange conclusions. Significantly, it was the female who was the prime focus of this medical attention. This paper is not concerned with the related issues of how far social factors led women to collude with medical diagnoses (as in 'hysteria'), or whether physical factors such as restrictive dress or dietary deficiencies accentuated problems during menstruation or pregnancy at that time. Rather, its subject is the gaze which the medical profession turned on the Georgian and Victorian woman. That this medical gaze had political significance in marginalizing women in society has been shown in a recent study of Victorian psychiatry. Women were sensitized to this weight of professional opinion about their alleged frailty and the limitations that this might be expected to impose on lifestyle and aspiration. Not all accepted medical opinion uncritically, and some were sceptical about medical authority and
expertise. But, for a minority at least, fear of overwork with related fatigue and ill-health were recurrent concerns. Two notable examples were Bessie Rayner Parkes and Beatrice Webb, who, despite their achievements in the public sphere, were both preoccupied with these anxieties in their private lives. Women could be encouraged to imagine that they suffered from 'female illnesses'. By the late Victorian period the excesses of some gynaecologists in this respect were attracting censure from their colleagues. T. C. Allbutt, in a sensational Goulstonian Lecture to the Royal College of Physicians in 1884, stated that women could become 'entangled in the net of the gynaecologist'. 'Arraign the uterus', as some of his professional brethren had done, 'and you fix in the woman the arrow of hypochondria, it may be for ever', he suggested. The pressures for doctors to do so were evident, since, in a profession where overcrowding was leading to increasing competition, and static or decreasing income, gynaecology offered lucrative opportunities to expand medical practice among affluent women. In their enthusiasm to increase their practice some doctors attracted censure from their colleagues in carrying out unnecessary operations. The most notorious example was that of the clitoridectomist, Isaac Baker Brown, who was expelled from the Obstetric Society because of the manner in which he carried out surgical operations for psychological purposes. Similarly, oophorectomy became discredited as a cure for 'ovarian epilepsy', and this removal of ovaries was recognized as being 'followed by more serious nervous penalties than those for which it had been used as a remedy'. But within such extremes much profitable practice remained, not least because of the useful alliance that was being forged between gynaecology and psychiatry. An American doctor observed how 'the boundary lines which divide the gynaecologist and the psychologist often touch and cross each other'. As we shall see, this networking of perceptions had both a reinforcing and a self-validating tendency, whose consequences were of more than theoretical interest, since such ideas were rapidly translated into practical medical treatment.

GYNAECOLOGY AND OBSTETRICS

In 1797 one of the most articulate female midwives, Martha Mears, found it necessary to speak out against current representations of the pregnant woman:
A state of pregnancy has too generally been considered as a state of indisposition or disease: this is a fatal error and the source of almost all the evils to which women in childbearing are liable.... We must hasten to convince the timid female, that the very state, at which she has been taught to tremble, brings her nearer to the perfection of her being; and, instead of disease, affords a much stronger presumption of health and security.... Those changes, which most pregnant women soon experience, are happily designed as notices of their situation, not as symptoms of infirmity. What physicians term irritability, at that time, is but an increased sensibility of the womb, after it has received its precious deposit.  

Mears was protesting about some of the assumptions and concepts being developed in the rapidly expanding field of gynaecology and obstetrics. These male specialisms were a product of the increasing intervention of male practitioners in the traditionally female-dominated preserves of pregnancy and childbirth. The growing medical practices of male accoucheurs in Georgian Britain, and the establishment of numerous lying-in wards in charities and hospitals, meant there was an abundant supply of clinical material for male practice and observation.  

Following on from this came a proliferation of gynaecological handbooks of ever-increasing length and detail, and with a growing stress on the morbid character of what had earlier been considered natural functions. For example, Dr Gooch, who was Physician to both the Westminster and London Lying-In Hospitals, wrote in 1829 An Account of Some of the Most Important Diseases Peculiar to Women, in which the concept of the 'irritable uterus' – earlier disliked by Mears – was taken as established fact. He stated revealingly: 'the account of the irritable uterus I consider as a new map of a district which had not been laid down before, and like all new maps [is] an imperfect one.'  

Effectively, a new female atlas had been started in which provisional frontiers of new countries of frailty, disease, and nervous instability were charted. The detailed topography of these new territories was only to be filled in by the gynaecological, obstetric, and psychiatric explorations of later nineteenth-century specialists. By the end of this Victorian period two authorities within the field reflected that advances in gynaecology had been 'perhaps more remarkable than in any other branch of medicine', but that 'adventurousness' and 'unbalanced zeal has had its inevitable result of injudicious practice,
which is to be regretted'. The extremes of this zeallessness we have noted were in the operations of clitoridectomy and oophorectomy, and these will not receive attention in this paper, since they have been discussed elsewhere. The focus here is on the cumulative constructions of powerful images during Victorian times of women’s nervous instability, arising from their reproductive function.

A comparison of Victorian gynaecological literature with that of the mid- and late eighteenth century is instructive, since it shows how earlier suggestions that some women were liable to particular problems during menstruation were generalized and extended. It is interesting to discover that in 1652 Nicholas Fontanus in the *The Woman’s Docteur* had used classical authorities as the basis for a suggestion that female disease proceeded from ‘the retention or stoppage of menstruation’.* However, the significance of this argument was not fully appreciated until a changed social context gave it resonance. In the eighteenth century an authority like Thomas Denman, for example, suggested merely that some women might suffer from ‘various hysteric and nervous affections’, but with characteristic robustness he tended to play down the association of menstruation and disease. The supposed connection of menstruation and hysteria was later developed more fully by writers in Scotland, then the centre for the most advanced medical studies in Europe. Alexander Hamilton, Professor of Midwifery at Edinburgh, suggested that female hysteria ‘occurs most frequently about the time of the periodical evacuation’ between the ages of 15 and 45. And John Burns, later Professor of Midwifery in Glasgow, wrote that ‘all women, at the menstrual period, are more subject than at other times to spasmodic and hysterical complaints.’ He argued that, ‘as the female system is more irritable during menstruation than at other times’, women should avoid ‘indigestible food, dancing in warm rooms, sudden exposure to cold’, and so on, lest their periods stop or ‘troublesome affections’ develop.

This image of the female – periodically predisposed to hysteria and other complaints – found wide currency in Victorian literature, where its self-evident truth precluded much intellectual scrutiny being given to it. It was not until the closing decades of the nineteenth century that a further dimension was added. John Thorburn, Professor of Obstetric Medicine at Victoria University, Manchester, suggested that menstruation implied ‘an increased liability to all forms of explosive nerve disease’. The eminent Scottish psychiatrist, T. S.
Clouston, developed this line of argument in more extreme terms:

> The regular normal performance of the reproductive functions is of the highest importance to the mental soundness of the female. Disturbed menstruation is a constant danger to the mental stability of some women; may, the occurrence of normal menstruation is attended with some risk in many unstable brains. The actual outbreak of mental disease, or its worst paroxysms, is coincident with the menstrual period in a very large number of women indeed.\(^\text{23}\)

It was significant that this explicit linkage of menstruation and female insanity was contemporaneous with highly charged debates over women’s suitability for more advanced education and training, a topic to which I return in the third section of this paper.

An illuminating contrast can be drawn between medical viewpoints during the Georgian and Victorian ages on the menarche and menopause, where the shift in viewpoint that we have noted on the subject of menstruation was even more strikingly displayed. Denman in the 1790s had concluded:

> It is not however proved that more women suffer at the time of puberty than men, though there may be some difference in their diseases; nor is it decided that those diseases, which occur at the time of the final cessation of the menses, are more frequent or dangerous than those to which men are more liable at an equivalent age.\(^\text{24}\)

By the Victorian era, the nervous and mental instability associated with menstruation was viewed by British doctors as being in a particularly acute phase at either the beginning or end of women’s reproductive life. These assumptions were also shared by the medical profession in the United States.\(^\text{25}\) And American alienists, typified by Isaac Ray, were as ready as their British colleagues to link women’s reproductive system to a descending sequence of nervous instability, "With women it is but a step from extreme nervous susceptibility to downright hysteria, and from that to overt insanity.\(^\text{126}\) Similarly, in Britain, John Thorburn stated that puberty and the climacteric were common starting-points for neurasthenia, and a variety of other complaints. During the menopause, he asserted, 'every form of neurasthenia, neuralgia, hysteria, convulsive disease, melancholia, or other mental affliction is ripe.\(^\text{127}\) The menopausal woman — like her...
adolescent counterpart—was given invalid status. "The woman who has arrived at this period should be as carefully guarded against noxious influences as the young adolescent girl."28 Puberty and the menopause held other dangers too; David Davis, Professor of Obstetric Medicine at University College, London, suggested that it was at these times that nymphomania was most often experienced.29 Predictably, the Latin name given to this state was furor uterinlus.

In a popular handbook first published in the opening years of Victoria's reign, and subsequently to go into fourteen editions, Thomas Bull advised mothers that "there is no organ in the body, with the exception of the stomach, that exercises a more extensive control over the female system than the womb." He suggested that on the quickening of the foetus the mother could fall into a hysterical paroxysm, and he listed nine morbid conditions from which she might expect to suffer during pregnancy.30 Bull, as Physician-Accoucheur to the Finsbury Midwifery Institution, stated that his intention was the ‘exposure of popular errors’ in connection with pregnancy and childbirth, but it appears rather that he was substituting the new orthodoxy of the specialist gynaecologist for traditional beliefs. That such specialist orthodoxy was now enshrined in a very popular handbook indicated its potential influence.

To generalized Georgian beliefs on female frailties were added assertions by a series of medical writers that suggested first that pregnancy disordered the brain, and, later on, that these disorders were akin to insanity. The founder of the Westminster Lying-In Hospital, John Leake, stated confidently in 1782 that pregnant women’s imaginations would not cause foetal damage as was popularly supposed, since

A woman’s mind, from the delicacy of her frame and the prevalence of her passions, is liable to so many excesses and inordinate notions that had such causes been productive of marks or monsters, they would certainly have been much more frequent.31

A decade later, Thomas Denman delineated greater mental frailty in the pregnant woman: ‘the functions of the brain are often disturbed in the time of pregnancy, by which headaches, drowsiness, and vertiginous complaints are occasioned.’32 Writing a century later, the observations of W. S. Playfair, Professor of Obstetric Medicine at King’s College, London, indicated a significant extension in professional opinion:
There are many disorders of the nervous system met with during the course of pregnancy. Among the most common are morbid irritability of temper, or a state of mental despondency and dread of the results of labour, sometimes amounting almost to insanity, or even progressing to actual mania. These are but exaggerations of the highly susceptible state of the nervous system generally associated with gestation.

This enlargement of morbid states associated with pregnancy, from everyday headaches or irritability to certifiable cases of insanity, paralleled the changing perspectives of Georgian and Victorian practitioners that we have seen also occurred on menstruation, puberty, and the menopause.

PSYCHIATRY

Traditionally, women’s mental state had been seen as influenced by her uterus, and an interpretation of the wandering womb causing nervous disorder can be found as early as Plato. The development of more advanced pathological studies in seventeenth-century England led some, including Thomas Willis, to exonerate the womb from fault in hysterical women, and to see hysteria as originating in the nervous system. Old ideas died hard, however, and William Battie, the physician of the newly established St Luke’s Hospital, reflected in 1758 that ‘the stomach, intestines and uterus are frequently the real seats of madness, occasioned by the contents of those viscera being stopt in such a manner as to compress the many nervous filaments.’

Both William Falconer and the esteemed William Cullen (Professor of the Practice of Physic at Edinburgh) were confident in the late eighteenth century that there was a relationship between the uterus and female nervous disorder, although they were singularly honest in admitting ignorance about the nature of this connection.

By the turn of the nineteenth century a more analytical approach, which favoured subdivision and categorization, was evident in psychological medicine. One result of this was that women’s psychiatric experience was more likely to be seen as distinct from that of men. At this time it became axiomatic that ‘women, most assuredly, are more liable to insanity than men.’ John Haslam, Apothecary at Bethlem Hospital, concurred with this view on the basis of admission figures from his asylum, and explained why he thought this was the case:
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The natural process which women undergo, of menstruation, parturition, and of preparing the nutriment for the infant, together with the diseases to which they are subject at these periods, and which are frequently remote causes of insanity, may, perhaps, serve to explain their greater disposition to this malady.  

Several distinctive forms of female insanity were being diagnosed by this time, and these were associated with women's reproductive system, since they were linked with pregnancy, with parturition, and with lactation. The least common occurrence was thought to be mental illness during pregnancy, and there was little writing on the subject. However, The Domestic Guide in Cases of Insanity, published in 1805, was in no doubt that such cases arose from 'the force of the imagination' and from 'apprehension'.

Doctors described cases of 'painful, protracted', or 'unfortunate' parturitions which had resulted in madness. John Ferriar, respected Physician of the Manchester Asylum, attributed the 'morbid susceptibility of the brain' after childbirth to 'the frequent changes or disturbances occurring in the balance of the circulation from the varying and quickly succeeding processes' at this time. He emphasized the vulnerability of women during pregnancy and childbirth:

I am inclined to consider the puerperal mania as a case of conversion. During gestation, and after delivery when the milk begins to flow, the balance of the circulation is so greatly disturbed as to be liable to much disorder from the application of any exciting cause. If, therefore, cold affecting the head, violent noises, want of sleep, or uneasy thoughts, distress a puerperal patient before the determination of blood to the breasts is regularly made, the impetus may be readily converted to the head, and produce either hysteria or insanity.

Writing some years later in 1810, the eminent obstetrician Thomas Denman in his Observations ... on Mania Lactea attributed an 'aberration of the mental faculties' during breastfeeding to the breast 'in a state of unusual irritation extending its influence to the brain'.

We can see, therefore, that even before that Victorian period on which feminist studies have concentrated certain characteristically female mental illnesses had been isolated. In addition, there was women's alleged disposition to hysteria – particularly at times of menstruation – discussed in the preceding section of this paper; during the Victorian period this was to be converted from a disposition
to a disease and become hysterical insanity. And Victorian mad-
doctors were later to specify as disease entities pubescent insanity, climaacteric insanity, and ovarian or uterine insanity. Such were the fruits of the alliance between gynaecology and psychiatry, where advances in clinical knowledge in the former often proved useful to those working in the latter. Lacking scientific status in their work, but operating in an increasingly positivistic age, asylum doctors were eager for scientific legitimation. An increasingly fine nosology of mental diseases, and strikingly detailed classifications of the causes of insanity, may be seen as attempts to achieve greater authority by Victorians working in the difficult field of mental illness. Increasing interest in women’s reproductive systems facilitated this process. For example, irregular or suppressed catamenia (i.e. menstrual periods), puerperal disorders, protracted or suddenly subsiding lactation, and hysteria were among predisposing or exciting causes of female insanities listed early in the Victorian period by asylum doctors. Thirty years later, uterine irregularity and climaacteric changes were also to be found, and, before the end of our period, ovarian disorders and puberty were listed in addition.

Girls were deemed to be ‘more liable’ to pubescent (alternatively developmental or adolescent) insanity than boys, according to an authoritative study by the neurologist, Henry Maudsley. In his view the onset of menstruation was momentous: ‘how large a space in her nature the reproductive function fills and how mightily its fulfilment belittles other interests.’ For Maudsley, as for other alienists, female adolescent insanity was either closely associated with or indistinguishable from hysterical insanity, since both had their origin in the female reproductive cycle. The legitimacy of this connection was explicitly affirmed without the need for any kind of scientific proof in a standard Victorian textbook on psychological medicine of 1874, which quoted approvingly from Professor Laycock’s Treatise on the Nervous Diseases of Women:

Women in whom the generative organs are developed or in action are those most liable to hysterical disease. Indeed, the general fact is so universally acknowledged, and so constantly corroborated by daily experience, that anything in the nature of proofs is unnecessary.

Asylum doctors were very clear about the characteristics of female hysteries and obviously enjoyed the opportunity to describe in detail
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the character of their moral perversity. The Physician-Superintendent of the Royal Edinburgh Asylum described them:

The fasting girls, the girls with stigmata, those who see visions of the Saviour and the saints and receive special messages in that way, the girls who give birth to mice and frogs, some of those who fall into trances, and those who live on lime and hair are all cases of this disease.

Revealingly, he saw them having 'a morbid ostentation of sexual and uterine symptoms' and 'a morbid concentration of mind on the performance of female functions'. Aply, Shawalter has suggested that such passages are informed by the Victorian male psychiatrist's apparent fear of female sexuality.

It was surely significant that the emphasis on this link between puberty and hysteria (and, as we have seen earlier, between menstruation and insanity) was greatest in the period from the 1870s to the 1890s, when the debate over the suitability of girls for secondary schooling was at its fiercest. Possibly because of the social implications of these beliefs about female hysteria and pubescent insanity, doctors were loath to question these ideas. The authoritative Dictionary of Psychological Medicine commented tartly in 1892 that 'even among physicians, many have not yet been able to discard the idea that the uterus, or at least the genital apparatus of the female, is more or less the cause of this disease. Instead it suggested that hysteria should now be considered as much a male as a female condition (as, indeed, Cullen and Falconer had argued a century before), and that the reproductive organs were only one cause among many. However, customary views were too seductively convenient to be rejected quickly, as this later example suggests:

That their perverted moral state is somehow connected with the action of the reproductive organs on an unstable nervous system seems probable because it is mostly met with in unmarried women, is prone to exhibit erotic features, and is sometimes cured by marriage.

By this time there was available an equally nebulous diagnosis, in addition to that of hysteria — that of 'nervous exhaustion'. An American commentator gave a cogent explanation of the 'catch 22' situation this provided:
A clear distinction should be made in the study of etiology, between insanity caused by active disease of the sexual organs, and insanity arising from brain exhaustion produced by prolonged or excessive functional activity of these organs while free from any disease. We incline to the belief that as many or even more cases of insanity can be traced to the latter. (my italics)

He was confident that ‘many authorities’ believed that ‘the normal functional activity of the reproductive organs’ could lead to female insanity.54 And in Britain Professor Playfair, in a discussion of the female neurasthenic invalid, emphasized how ‘the highly sensitive nervous organisation of the female sex’ was related to their reproductive system, and that the origin of such functional neuroses commonly lay in ‘some definite morbid condition of the uterus or ovaries’.55 Such cases lay within the shadowy borderlands of insanity—more prone to be given Weir Mitchell’s ‘rest cure’ than asylum treatment.

The patronizing tone of much of the discussion on female cases of hysteria, nervous exhaustion, and neurasthenia was very obvious but was relatively inoffensive when compared with the condescension and sly, sexist humour in descriptions of climacteric insanity. This was sometimes revealingly referred to as ‘old maid’s insanity’. Maudsley saw one characteristic of it as formless fears and delusions: ‘an old maid is perchance in agitated distress because she ought to have accepted an offer of marriage which was made thirty years ago’.56 In this context it was associated with delusions which were seen as having a sexual colouring. Charles Mercier’s Textbook of Insanity of 1902 described confidently how ‘an old maid thinks she has been seduced, she has been unchaste, she is engaged to this man or that, to whom perhaps she has never spoken.’57 That such women existed in a biological straitjacket in the eyes of the Victorian medical profession was expressed most dogmatically—and with unconscious poignancy— in this view that ovarian or old maid’s insanity usually occurred in ‘unprepossessing old maids’ who had been severely virtuous in thought, word and deed, and on whom nature, just before or after the climacteric, takes revenge for too absolute a repression of all the manifestation of sex, by arousing a grotesque and baseless passion for some casual acquaintance of the other sex whom the victim believes to be deeply in love with her.

The alienist commented, with ill-concealed anti-feminism, that this
was 'so like a trick played on that higher being, which they had always cultivated, by a lower and more animal nature that they had always repressed'.58 Others cited the possibility of delusions of pregnancy in climacteric insanity and referred to the historical precedent of Joanna Southcott.59

There was some concern that this kind of exclusive concern with the spinster was unjustified; reservations were expressed that the disease could arise in any woman as a result of 'defective or irregular menstruation in early life'.60 Whatever the marital status, melancholia appeared to have been seen as the characteristic state; one alienist attributed this to the menopause's providing 'a startling intimation of mortality and an occasion of sadness'.61 However, interpretations varied as to whether this illness was more properly described as one form of uterine or ovarian insanity rather than as climacteric insanity. And, among those preferring the latter, some saw it as a disease affecting men as well as women — a developmental insanity related to age rather than gender.  

With such entrenched views on the dominance of the reproductive system over women's mental state, a certain air of bafflement can be detected in Victorian doctors' discussions of the insanity of pregnancy (alternatively called 'insanity of reproduction'). All conceded that this was rarely found, yet, in relation to their beliefs about the vulnerability of the female to the vagaries of the uterus, pregnancy should have produced greater mental instability than in fact occurred.

It is remarkable that although all women are so liable during pregnancy to emotional disturbances, unprovoked 'hysterical' laughing and weeping, 'longings', caprices of all kinds, and other mental disturbances; yet disturbance to the point of actual insanity is rare in pregnancy.62

As a result, much was made of the morbid nature of pregnant women's cravings, and to the danger of dipsomania: 'If the longing be for alcohol there is no knowing to what this may lead.'63

Puerperal insanity, occurring after childbirth was recognized as both more frequent and more serious an illness than the insanity of pregnancy. Puerperal madness had been extensively discussed before the Victorian era by Burrows, Gooch, Haslam, and Ferriar in Britain; Rush in America; and Esquirol and Sauvages in France. In early discussions, particularly, the term was also often used to include the insanities of pregnancy and of lactation, later seen as distinct mental
illnesses. James Cowles Prichard, writing in 1835, was typical in being uncertain whether puerperal insanity was a result of the delivery of the child or of the irritation accompanying the flow of milk. Many women who suffered this type of attack were treated at home; one estimate was that one-quarter of confinements were complicated in this way, while only one in fourteen of female asylum admissions were accounted for by puerperal insanity. W. S. Playfair explained that this was because 'only the worst and most confirmed cases find their way into these institutions'. In more serious cases, doctors suspected that there was a septic element in its causation — 'the vitiation of the blood by the absorption of septic matter from the uterus' — and that 'the uterus must be examined, and, if necessary, cleaned out'.

In both theoretical and practical terms, puerperal insanity tended to merge into the insanity of lactation. Those wishing to have theoretical tidiness suggested seemingly arbitrary dividing lines that occurred four, six, eight, or twelve weeks after childbirth. Insanity of lactation appeared far less problematical in either causation or treatment than puerperal insanity. There was agreement that it was an insanity of exhaustion, often linked to anaemia, and resulting from breastfeeding being prolonged beyond the strength of the mother. There was good evidence adduced to suggest that the condition was more common among poorer mothers, owing to their hard lives, malnutrition, and frequent pregnancies. But this discussion was exceptional in psychiatric literature in focusing on working-class women.

While an increasing proportion of the text in manuals on psychological medicine was being devoted to descriptions of these female diseases, and thus an impression of their importance was being conveyed, information on their actual incidence was minimal. Further, the statistics that were presented did not correlate at all precisely with those in other texts. There was a rudimentary consensus about the relative importance of such diseases, with insanity of pregnancy the rarest, insanity of lactation occupying the middle ground, and insanity of childbirth seen as the most frequent mental illness. Aggregating all three states under 'puerperal insanity' produced estimates which varied from 5 to 25 per cent of cases of female asylum admissions, but with most around the 8–12 per cent range. (A comparable proportion is evident in analysis of the 'puerperal factor' in the causation of insanity.) Only a single
estimate of insanity of the climacteric was found, and this suggested that it comprised about 3–4 per cent of women suffering from nervous disorders. Significantly, no attempt seems to have been made by contemporaries to qualify that highly ambiguous category of female asylum admissions – the hysterically insane.

Modern research by Charlotte Mackenzie on female admissions to Ticehurst gives us some valuable quantitative information on this and related topics. Ticehurst was a small private asylum in Sussex that catered for an exclusive upper-class clientele, and its female patients had been assiduously attended by the male medical profession before their admission. Their certification reflected this, for the period 1845–85 that Mackenzie has analysed, since 45 of the 194 female admissions (23 per cent) had gynaecological symptoms or diagnoses attributed to them. Of this group of 45 patients, 15 of them (8 per cent of female admissions) were seen as hysterical; 10 were diagnosed as cases of hysterical mania; 2 as cases of hysteria; in a further 2 cases hysteria was given as the alleged cause of insanity; and finally one case of mania was alleged to have been the result of 'uterine hysteria'. That Ticehurst, with 23 per cent of its admissions coming under the broad heading of 'puerperal insanity', was at the higher end of the range as far as asylum cases of this nature were concerned need not surprise us. The typical status of Ticehurst patients was that of 'gentlewoman' or 'lady', and as such they were particularly likely to have received the attentions of the specialist gynaecologists, as, indeed, their certification indicated.

The statistics of female cases demonstrated that only a small minority of women patients were there because of any perceived link between their illness and their reproductive system. There was a striking disproportion between these hard, quantitative data and the soft, qualitative descriptions in contemporary manuals, and thus between rhetoric and reality.

A comparable discrepancy is apparent when we look at female recovery rates in Victorian asylums, since although women were seen as psychologically more vulnerable than men they were also more likely to achieve a 'recovery' from their mental illness. Asylum recovery tables invariably showed females several percentage points ahead of males in tables of recoveries. Prognosis for those patients suffering from the female insanities we have been discussing were good: three-quarters of those suffering from insanities of pregnancy, childbirth, and lactation were expected to recover. A domestic
manual explained this fortunate circumstance: 'There is generally a consolation in female cases, from the principal cause being apparent; and when this is properly attended to, a cure is more easy.'

'The reproductive organs are frequently the seat of disease or abnormal function', commented one standard Victorian manual on psychological medicine in 1874. It went on to suggest that 'androgy nous character is often accompanied by mental imbecility' and asked rhetorically: 'is not this a cogent reason why the women who have invaded the sphere of man's work and duty have as a rule proved such miserable failures?' To prevent more women advancing into traditional male territory, including that of medicine, and thus undercut ting this type of argument by force of empirical evidence, some members of the medical profession participated in a sustained campaign to obstruct improvements in female secondary and higher education. Prominent in their battery of arguments were references to the psychological frailty of women, which have been analysed in this section, and to the problems of disturbed menstruation that were alleged to occur if women engaged in sustained intellectual study.

**WOMEN'S EDUCABILITY**

The bitter debate which surrounded the development of improved opportunities for middle-class girls in secondary and higher education from the 1870s is familiar in outline. Two important aspects of this discussion have not been sufficiently emphasized hitherto: the continuity between these extended late Victorian and Edwardian arguments and earlier specialist, medical writing; and the relevance of doctors' preceding views on the psychological, as well as the physiological, nature of women. Prominent in the education debate were four doctors - Clouston, Maudsley, Playfair, and Thorburn - whose extreme opinions on women's biological destiny have been analysed earlier in this paper. The translation of their arguments to the political arena also needs underlining; no longer content with the specialist pages of medical journals, they promoted their views in popular journals that would find their readership in middle-class households. Having mapped new territories in psychiatry and gynaecology, these medical men were keen to exploit their colonized territory, and restrict the opportunities of their 'captive' subjects - women. This case study of female educability also brings out the significance of chronology: hostile pronouncements were precisely
correlated with specific developments in women’s education so as to achieve maximum impact.

Allegations of the pathological effects of more advanced education on women had begun in the United States, but the main arguments were swiftly translated to the British scene in an article, 'Sex in mind and education', which was published by Henry Maudsley in 1874. Maudsley followed the assertions of Dr Clarke of Harvard University in his book, Sex in Education, in stating that attempts to ‘assimilate the female to the male mind’ would not only fail but seriously injure women’s health, since their periodic functions disqualified them from uninterrupted effort either in early education or in later careers.

If it be the effect of excessive and ill-regulated study to produce derangement of the functions of the female organization, of which . . . there is great probability, then there can be no question that the subsequent ills mentioned are likely to follow. The important physiological change which takes place at puberty . . . may easily overstep its health limits, and pass into pathological change . . . nervous disorders of a minor kind, and even such serious disorders as chorea, epilepsy, insanity, are often connected with irregularities or suspension of these important functions.77

These allegations were made in the Fortnightly Review, a magazine whose extensive general readership gave his ideas much greater influence than if they had been made in a specialist medical journal with restricted circulation.

Such assertions, if unchallenged, would have threatened the viability of the new high schools being opened by the newly created Girls Public Day School Company, and weakened existing establishments such as the North London Collegiate School. Miss Buss, redoubtable headmistress of this school, persuaded Elizabeth Garrett Anderson to respond to Maudsley’s assertions.78 As the first woman to qualify as a doctor in Britain, she knew at first hand the medical profession’s hostility to female education and professional advancement. She was able to assert authoritatively, as a doctor, that it was:

A great exaggeration to imply that women of average health are periodically incapacitated from serious work by the facts of their organization. Among poor women, where all the available strength is spent upon manual labour, the daily work goes on without intermission, and, as a rule, without ill effects . . . With regard to mental work it is within the