

Hysterical Women: The Fight for an Expanded British Franchise at the Turn of the 20th Century

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Abstract

This project argues that in the United Kingdom at the turn of the 20th century, social and medical claims of female hysteria worked as a way of confining women to the domestic sphere. To explore the social implications of feminine hysteria in this region, the medical legitimacy of these claims is analyzed through looking at the texts of various surgeon generals of the late 19th and early 20th centuries while placing them in conjunction with the rapidly changing world. This world was filled with suppressors who worked toward maintaining established social norms. The group analyzed in this project, women, were most prominently suppressed through the negative rhetorical use of medical terms such as female hysteria in pursuit of maintaining the status quo of the early 1800s. This umbrella term was historically used to describe any and all afflictions of women but morphed into ammunition for medical professionals and the general public alike to contain unruly women. This project contextualizes women's health issues encapsulated by this umbrella term (hysteria) and others with the prevailing thoughts on women's suffrage of the time to argue the above claim.

Introduction

In the early 19th century, many previously unrepresented groups were being granted the franchise for the first time, yet the women of the United Kingdom were still expected to be models of natural "complacency" in the domestic sphere.¹ This expectation created a belief that women were influential only through example and "gentle persuasion,"² leaving those who did not meet that expectation to be deemed hysterical and cast from society because of lacking self-denial and command. Women were rendered "utterly unlike men...[disqualifying] them from

¹ Susan Kingsley Kent, *A New History of Britain Since 1688*, (New York: Oxford University, 2017), 101.

² Kent, *A New History of Britain*, 102.

political life by highlighting the emotional, physical, and intellectual differences from men already suggested by separate sphere ideology,” with these perceived differences severing women almost totally from political life.³ This gendered display was supplemented by medically perceived differences between the genders, which served to separate women from their male counterparts. Respected doctors of the time went so far as to say that hysteria, while a diagnosable physical disease, had mental origins tied to the “frail woman”.⁴ Overall, it can be said that the presence of women in 19th and 20th century United Kingdom was a tumultuous one. Plagued by the lack of adequate medical research, women were often claimed hysterical by doctors and society, which worked to keep them in their domestic spheres and away from politics. These rhetorical claims of hysteria worked to slow the expansion of the franchise to include women.

Hysteria, a disease overwhelmingly associated with women, has been noted in some form in many cultures. Although this project focuses on the European example of the affliction by the name “hysteria,” its presence is undeniable, often serving to diagnose the afflictions of women. Throughout the mid-late 1800s and the early 1900s, the scope of this project, hysteria was being mass diagnosed in the United Kingdom toward women for any affliction. The belief that hysteria was a physical and mental culmination of a nervous issue in the body reigned throughout not only the United Kingdom but also the broader Western hemisphere. Many medical professionals of the time agreed that “the increasing frequency of [hysteria] is an undoubted fact, but explainable only in a measure by the advances in civilization.”⁵ As such, hysteria was able to transcend its status as solely a medical diagnosis, becoming socially diagnosable as well.

³ Kent, *A New History of Britain*, 115.

⁴ Thomas Laycock, *An Essay on Hysteria* (New Orleans: John J. Haswell & Co., 1840).

⁵ “Dr. J. Herber Smith on Insanity,” *The Woman’s Journal*, (London: 1872).

For the purposes of this project, socially diagnosable is a term that works both as a medical diagnosis (such as family or friends believing a patient to have hysteria) and a colloquial diagnosis (where someone is called hysterical because of the way that they act). The colloquialism of the term “hysteria” demonstrates a societal shift away from the validity of it in medical terminology, instead allowing it to be used as ammunition to keep women in the status quo.

During the U.K.’s suffrage movement, hysteria served as just one of many arguments for why women should not be allowed to vote. While many of the arguments against women’s suffrage were tied with their temperament and perceived emotionality (they were not inherently “hysterical”) and were instead associated with the differences between men and women. This has been discussed through a variety of lenses such as by examining the results of excluding of women from political and public spheres in Susan Kingsley Kent’s book, *A New History of Britain since 1688: Four Nations and an Empire*. In this book, Kent objectively lays out a timeline of British history from the turn of the 19th century and expressing post-marking events in British women’s history such as the creation of the feminist movement in the 19th century. She argues that due to medical and psychiatric advances, women were further bound to their sex, prompting British writers to claim that women of the time were in a position akin to that of slavery.

Although being extremely objective in her text, Kent still maintains the argument that there is a severe lack of women’s history due to the forced passiveness of their roles in history. This is shown throughout her text as the mentions of women outside of “emotional” and “hysterical” are pale in comparison to their male counterparts whose history is well accounted for.⁶ Another impactful historian, Elaine Showalter, takes a more subjective view in her book,

⁶ Kent, *A New History of Britain*.

The Female Malady: Women, Madness, and English Culture 1830-1980. In this text, Showalter argues that explicit afflictions were attributed to women as a method of control, examining women's hysteria from a feminist perspective to demonstrate the various rhetorical sides of the term. Showalter goes on to argue that women who went against social norms were often also thought to be "mad," and were sent away in attempts to fix them by excessive rest or, in extreme cases, ill-researched surgeries.

From "rest cures" to lobotomy, Showalter demonstrates that the treatment of women's ails were excruciatingly painful and lacked a specified, helpful, response, rendered even more impactful when compared to the strong response toward "shell shock" of English soldiers in the Great War.⁷ The historian ties the differing responses to the increased social currency of men in English society, where the participation of men was valued more, making their issues more impactful.

Overall, Showalter argues that during the 19th and 20th centuries (specifically in Britain), women's health afflictions were not given the credence and recognition they deserved. Even through the more modern changing of institutions, women's health afflictions are still not treated and studied to the same extent as men's. The biases that have limited both past research and treatment options for women's mental health issues are still prevalent in the modern era, just exhibited in different forms. Showalter argues that these overarching trends can be seen as an attempt to limit the ability of women to participate to the same extent socially and politically as men.

Finally, Amy Koerber, author of *From Hysteria to Hormones: A Rhetorical History*, examines the use of the term hysteria throughout history, focusing on the social impact of calling

⁷ Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980*, (New York: Pantheon, 1985).

women hysterical. Koerber gives both a historical and global view of distinctly feminine terminology and its impacts, speaking to the use of umbrella terms with negative connotations to keep women in domesticity. She argues that terms such as hysteria work to keep women in the status quo, even in the face of women's rights movements.⁸

The texts of historians, both mentioned and not, work together to contextualize the issues posed in women's health through modern British history. This project aims to work in conjunction with these works to bridge the gap between the texts of historians such as these, painting a picture of the connection between hysteria and suffrage. While hysteria is not the only factor used to slow the progression of an expanded franchise, it is one that cannot be taken for granted, and further expands upon the trend of women being overlooked because of their perceived shortcomings as a way for those in power to maintain it.

The 1800-1900s in Britain was a tumultuous time, with a gradually expanding franchise giving an increasing number of men the right historically reserved for those of higher status. While the landscape of the United Kingdom was changing to better represent its male citizens, the presence of women was still under debate. In this period, the status quo for women came from the 18th century idealism rather than a reflection of British society. The expectation of women was "to command by obeying,"⁹ with working- and middle-class women taking care of the home and upper-class women standing as virtuous beings of society. This belief demonstrated the long-held value that women were secondary to men, acting as "reproductive rather than productive beings."¹⁰

Through the passing of acts such as the Great Reform Act of 1832 which expanded the franchise for "male persons only," redistributing Parliamentary seats to reflect the men of British

⁸ Amy Koerber, *From Hysteria to Hormones*, (University Park: The Pennsylvania State University Press, 2018).

⁹ Kent, *A New History of Britain*, 102.

¹⁰ Susan Kingsley Kent, *Gender and Power in Britain, 1640-1990*, (New York: Routledge, 1999), 140.

society, many women became emboldened to push for their own governmental rights. Soon, a Women's Suffrage Committee was formed, working toward an expanded British franchise for women. The organization worked with John Stuart Mill, a member of Parliament and supporter of women's equality, to obtain over 15,000 signatures in favor of equal voting rights for his Amendment (the John Stuart Mill Amendment). At its presentation to the House of Commons, the Amendment was defeated, but began a trend of presenting bills enfranchising women to Parliament.¹¹

Women's Suffrage Organizations

After the introduction, and subsequent rejection, of the John Stuart Mill Amendment in 1866, the push by women for suffrage was emboldened, leading to the creation of women's suffrage movements with the most impactful and important of these being the National Union of Women's Suffrage (NUWSS) and the Women's Social and Political Union (WSPU). The NUWSS was founded in 1897 by the merger of two more minor suffrage organizations (the National Central Society for Women's Suffrage and the National Society for Women's Suffrage, both formed in the 1860s). Members of this organization were primarily known as the "non-militant suffragists," those who argued for the franchise of women through non-violent and legal paths. The NUWSS worked to fully unify British women, serving as the "leading moderate suffragist organization"¹² for not only Britain, but the entirety of Europe. At its start, the NUWSS was an organization for upper and middle class women, and the organization's belief of equal suffrage rights (which would enfranchise women on the same plane of voting ability as

¹¹ "John Stuart Mill Amendment", *UK Parliament*, accessed September 9, 2023, <https://www.parliament.uk/about/living-heritage/evolutionofparliament/houseofcommons/reformacts/from-the-parliamentary-collections/collections-reform-acts/great-reform-act112/>.

¹² Karen Hagemann, "National Union of Women's Suffrage Society (NUWSS) (1807-1928)." *Towards Emancipation?* (blog), *University of North Carolina*, <https://hist259.web.unc.edu/nationalunionofwomenssuffragesocieties/>.

men), rather than complete gender equality (which would enable all men and women of much more lenient criteria to vote) speaks to this.¹³ With renowned movement leaders such as amateur scientist Lydia Becker and devout feminist -and future politician- Millicent Garrett Fawcett, the NUWSS was able to maintain a status of moderate suffrage. The organization was successful in establishing an early correspondence journal in which women were able to hear directly from movement leaders, the *Woman's Suffrage Journal*.

Despite overarching support by many, both women and men in the NUWSS, there were some who became frustrated with the milder tactics of the organization. In 1903, this group split from the NUWSS and formed the Women's Social and Political Union (WSPU), better known as the Suffragettes.¹⁴ The WSPU recruited working-class women, utilizing the belief that "working-class men were as unjust to women as men of other classes" to encourage support to a less-represented group of women.¹⁵ The WSPU utilized a more confrontational style of campaigning, drawing from tactics of the Independent Labour Party (ILP) and reflecting its motto "Deeds not words". These tactics were often considered radical and militant, with passive resistance and civil disobedience being two initially popular approaches to WSPU protests. Through these tactics, the Suffragettes worked to persuade those around them that women deserved equal suffrage to men. At the beginning of this movement, the Suffragettes often hosted protests at large events as well as promoting the use of tax fraud for those who could not outwardly participate. As time went on, many of the more well-covered tactics were increasingly violent in nature, going so far as arson and destroying personal property.

¹³ Harold L. Smith, "The Militant Societies," in *The British Women's Suffrage Campaign, 1866-1928*, revised 2nd ed. (London: Pearson Education Limited, 2010), 35.

¹⁴ Hagemann, "National Union of Women's Suffrage Society (NUWSS) (1807-1928)," *Towards Emancipation?*.

¹⁵ Smith, "The Militant Societies," in *The British Women's Suffrage Campaign, 1866-1928*, 36.

One such example of the militant displays by the Suffragettes came in February of 1913, when a bomb went off at the home being built for the Chancellor of the Exchequer. Soon after news of the incident broke, a WSPU leader at the time, Emmeline Pankhurst, took responsibility for the bombing. She claimed that if arrested for the event, she would prove that “punishment unjustly imposed upon women who have no voice in making the laws cannot be carried out.”¹⁶ Despite the belief of Suffragettes that extreme acts such as this would work to make votes for women a more respected campaign, it did the opposite. This action, and others of similar intensity drove members away from the WSPU, pushing them toward the increasingly more accepting NUWSS. The Chancellor of the Exchequer himself, future British Prime Minister David Lloyd George, echoed this sentiment by stating soon after the incident that the “main obstacle to women getting the vote is militancy.”¹⁷

From their creation, the Suffragettes sought to use a less well-mannered form of protest, and to the public eye, they were a scourge. Newspapers such as *The Manchester Guardian* covered the protests of both the WSPU and the NUWSS, expressing the general public belief that the participating women were using tactics that were too extreme.¹⁸ Not all of the tactics used were as extreme as thought by the general public, with some simply using ILP tactics like holding open air meetings. As the movements grew and changed, the general backlash to their very existence stayed the same, with the belief that women were asking for rights they could not handle.

¹⁶ Helen Alice Douglas. “Lloyd George and the Suffragette Bomb Outrage,” *Exploring Surrey’s Past* (blog), accessed October 10, 2022, <https://www.exploringsurreypast.org.uk/themes/subjects/womens-suffrage/the-womens-suffrage-movement-in-surrey-new/activism-and-militant-suffragettes-in-surrey/lloyd-george-and-the-suffragette-bomb-outrage/>.

¹⁷ Douglas. “Lloyd George and the Suffragette Bomb Outrage,” *Exploring Surrey’s Past* (blog), accessed October 10, 2022.

¹⁸ “Against Votes for Women: Letters from the Premier and Lord Loreburn,” *The Manchester Guardian*, November 2, 1912, <http://login.proxy.lib.uiowa.edu/login?url=https://www-proquest-com.proxy.lib.uiowa.edu/historical-newspapers/against-votes-women/docview/475538128/se-2?accountid=14663>.

As “many people oppose reforms primarily because they dislike reformers”¹⁹ the militant actions of the WSPU and the perceived pushiness of the NUWSS served to dissuade some from supporting an expanded franchise. Those who actively opposed the expansion, often known as anti-suffragists or Antis, disliked agitators in any form, but particularly distained female agitators such as those in the NUWSS and WSPU. Members of “female agitator groups” quickly became known as the “Shrieking Sisterhood,”²⁰ describing both the rowdiness and the apparent hysteria of members. Through newspaper articles and pamphlets of anti-suffragist organizations describing these female agitators, hysteria came to be more perceived by the public. This increased further as the demands of suffragists became more pronounced, with perhaps some of the greatest displays of outward rejection of social norms coming in response to the actions of the WSPU.

Medical Hysteria and Femininity

The term “hysteria” has a long history, with references from Plato and Hippocrates in fifth century B.C.E. Greece to 2015 when the term was formally removed from the International Classification of Disease (ICD).²¹ Often evading the understanding of medical experts of the time, hysteria continued to serve as a catch-all diagnosis for any issues pertaining to the womb through the 19th century. Throughout the long history of the term, hysteria (and derivations of the term such as “mania” and “female malady”) was debated as medical experts, especially those in times before the European Enlightenment period of the 18th century, searched for a true explanation for these “womanly” issues.

¹⁹ Brian Harrison. *Separate Spheres: The Opposition to Women's Suffrage in Britain* (New York: Routledge, 2013): 11.

²⁰ John William Burgon. *Woman's Place, A Sermon* (Oxford, 1871), 12.

²¹ Amy Koerber, *From Hysteria to Hormones*, 18.

Although hysteria was initially seen as an issue of the uterus alone,²² there was an increased understanding of the brain's role in the body through medical discovery. This pushed forth the belief that the uterus worked in a complex relationship with the brain, which was seen as increasingly accepted in not only the medical community but the public eye. The discussion of this brain-uterus relationship in Dr. Fredrick Hollick's book, *The Origin of Life and Process of Reproduction in Plants and Animals*, serves as a good post-marker for this relationship in both communities. Hollick was a well-known and respected doctor who wrote and lectured on public health for both the medical community and the general public throughout the 19th century.²³ This text, a collection of Hollick's lectures, has two chapters of note, "Influence of the Brain over the Generative Powers (Chapter XLL)" and "Displacement or Wrong Position of the Female Organs (Chapter LIII)."²⁴ Both chapters serve to express not only the scientific but also the popular understandings of the relationship between brain and uterus. During this time, the medical community came to give the brain-uterus relationship blame for distinctly feminine issues rather than a single organ, as evidenced by Hollick's writings. Over the 19th century, this complex relationship expanded to include an anatomical connection to the central nervous system as well.²⁵ This perception, which became increasingly accepted in the medical community, led to a trend of diagnosing hysteria for any issue in a woman, morphing "hysteria" into an umbrella term, with issues such as anxiety, fainting, loss of appetite, flushed skin, and emotional issues all being collected under this diagnosis.

As the hysteria diagnosis began encapsulating many feminine issues, physicians, such as Dr. Thomas Laycock, sought to catalogue the disease's forms through books and essays.

²² Koerber, *From Hysteria to Hormones*, 27.

²³ *Ibid.*, 21.

²⁴ Hollick, Fredrick. *The Origin of Life and Process of Reproduction in Plants and Animals*, (Philadelphia: David McKay, 1902).

²⁵ Thomas Laycock. *An Essay on Hysteria*, 6.

Laycock, a British physician in the 19th century, authored a variety of post-marking texts that not only served as a way to see scientific thought at the time of publication, but also pushed forward medical research.²⁶ One of his most notable texts for this project, “An Essay on Hysteria,” accounts for 27 cases of hysteria from Laycock’s own experiences and the experiences of several hospitals and doctors, with a majority lacking any common thread beyond the patient being female. The author describes the cases as girls and women dealing with “strange issues,” categorizing them further as those “displaying hysterical symptoms clearly” to those with minimal display.²⁷ Laycock often ascribed a variety of ailments under the eventual diagnosis as many doctors of the time did, including issues such as convulsive sobbing and tetanic spasms, while still stating that “the most prominent symptoms...are usually those which indicate direct derangement of the functions of the nervous system.”²⁸ While noting that hysteria affected “almost every female in some one of its varied forms,”²⁹ Laycock had difficulty determining the validity of patients’ claims. Mirroring many doctors of the time, his texts reveal that patients described as “beautiful” or “handsome” had more success and understanding by doctors than those seen as “stout” or “homely,” who were more likely to be considered over-reactionary. These descriptions toward women directly impacted patients’ diagnoses and resulted in the transformation of hysteria into an umbrella term. When more “homely” women made claims of having symptoms also exhibited by “handsome” women, they were seen as imitative expressions. One common affliction noted by Laycock was “imitative laughter” which was described in multiple instances. The presence of symptoms such as this in texts describing hysteria demonstrates female hysteria as an illness of both the physical and the mental.

²⁶ Michael Barfoot, “Laycock, Thomas,” *Oxford Dictionary of National Biography*, September 23, 2004, <https://doi-org.proxy.lib.uiowa.edu/10.1093/ref:odnb/16220>.

²⁷ Laycock, *An Essay on Hysteria*, 20.

²⁸ *Ibid.*, 74-120.

²⁹ *Ibid.*, 59.

Symptoms such as the “imitative laughter” described by Laycock can be more modernly thought of as expressions of mental illness, however, other symptoms such as labored breathing, vomiting, or menstruating are physical in origin. Overall, hysteria was noted to have both physical and mental symptoms, with the mental often considered to be “hysterical nervous [afflictions] tied directly with women’s “issue of menstruation.”³⁰

Despite a host of diagnoses such as these being based upon the perceived beauty of the afflicted woman, the social class of the patient also came into play when making medical judgments. Many women who were granted access to medical help often fell within the middle and upper classes. Women in upper-classes often had symptoms more readily believed by doctors and the general public than those in lower classes, with higher social class pushing doctors to investigate symptoms past an immediate hysteria diagnosis. If determined hysterical, these women often had home care available to them in the form of smelling salts to soothe the nerves and direct doctor care for any outbreaks of hysteria.³¹ First-hand accounts, such as Laycock’s, served to further stratify the social classes through their descriptions of middle and working classes. While the middle classes were able to obtain proper medical care, the working classes were not, leading to the majority of hysteria diagnoses being in the middle class, with those in the working-class later being socially diagnosed with hysteria rather than medically diagnosed. A social diagnosis in this context is a way of claiming a woman was hysterical through social means, such as family, friends, and the general public diagnosing rather than a medical professional. This form of diagnosis lacks medical backing, but is no less impactful toward women, with these diagnoses still yielding commonly prescribed hysteria treatments.

³⁰Laycock, *An Essay on Hysteria*, 47-48.

³¹ Hank Green, “The Strange (But True) History of Hysteria,” Produced by SciShow, *Youtube*, May 10, 2018, https://www.youtube.com/watch?v=JefYnYIXY_8.

Through the descriptions of patient cases in doctors' texts, it is clear that women in higher classes were generally described more positively in comparison to those in the working and lower middle classes who were often negatively described. As previously discussed, the correlation of positive and negative descriptions directly related to the validity that doctors placed on the issues of women. In many of the cases examined in medical texts this was notably true, however, many men and male physicians often still saw all women as susceptible to hysteria due to their lack of "mental and muscular power" which increased the change of their nervous systems to be affected by "all stimuli" more so than "that of the male."³²

Despite differences in description toward patients of varying social classes, the medical understanding still stood that women were the weaker sex, burdening them with maladies that persisted through all social standings. The belief of women being the weaker sex was intertwined with their gender, not their class, and, as a result of early English psychiatry which believed women and men had inherent mental differences due to differences in their bodies, permeated almost every medical text of the 1800s. Treatment of the perceived mental differences in women was inherently tied to hysteria, both physically and morally, becoming synonymous with a lack of ability by women to do the things men could, such as vote, study, or work on a similar level.³³

From a moral standpoint, the hysteria diagnosis morphed from an intentional effort to understand the issues of the female body to a form of control. Supernatural beliefs of the medieval period where the "hysteria came to be affiliated with witchcraft"³⁴ transformed into the societal belief that a woman's behavior was cause for her hysteria. Some doctors went so far as to claim that many afflictions of female malady were fake and simply ways for women to act out. This resulted in many physicians believing that "hysterical girls will feign anything" and that the

³² Laycock, *An Essay on Hysteria*, 76.

³³ Aude Fauvel and Jane Yeoman, "Crazy Brains and the Weaker Sex: The British Case (1860-1900)," *Clio. Women, Gender, History*, no. 7 (2013): 43-46, <https://www.jstor.org/stable/26238680>.

³⁴ Koerber, *From Hysteria to Hormones*, 29.

issues demonstrated by women such as shortness of breath, pain, and paralysis were simply ways for them to get attention from others.³⁵

As it seemed that many hysterical women were simply pining for attention, by the turn of the 20th century this form of malady was overwhelming understood as a disease of childishness. Read in Dr. Isaac G. Briggs' text, *Epilepsy, Hysteria, and Neurasthenia: Their Causes, Symptoms, and Treatments*, the affliction was "an adult childishness, a primitive mode of dodging difficulties," for those who were not strong enough to "live up to the complicated emotional standard of modern life."³⁶ Briggs, a British surgeon, wrote multiple books on how to treat medical afflictions for the public, with his most well-known work being *Epilepsy, Hysteria, and Neurasthenia*. While "hysterical" women were seen as childish, those with similar symptoms (often men) were diagnosed with neurasthenia- an exhaustion of the nervous system associated with overwork, worry, or emotional disturbances often attributed to men.³⁷ This affliction, although stated to be prescribed to both men and women equally, demonstrates a clear disparity between the genders.

Neurasthenia is stated to be "more common in men than women because of the more active part played by them in the struggle for existence," displaying prominently as intellectual weakness caused by numerous mental factors. In comparison, Briggs noted those with hysteria as having "deficient will power" and "want of control over emotions" caused by emotional upset or shock.³⁸ Many texts describing hysteria claim that hysterical women sought attention or "the limelight" as said by Briggs.

³⁵ Laycock, *An Essay on Hysteria*, 84.

³⁶ Isaac G. Briggs. *Epilepsy, Hysteria, and Neurasthenia: Their Causes Symptoms and Treatments*, (London: Methuen & Co.), 39-40.

³⁷ Briggs, *Epilepsy, Hysteria, and Neurasthenia*, 30-38.

³⁸ Briggs, *Epilepsy, Hysteria, and Neurasthenia*, 41.

Overall, the true differences between feminine hysteria and neurasthenia come through the expression of emotions by the patient as well as the patient's social class. If a female patient was said to be overly emotional and attention seeking, particularly if she was part of the working-middle class, she was given a hysteria diagnosis. If the patient was characterized as being mentally unwell, or part of the "idle rich," she was more likely to be diagnosed with neurasthenia. The emotional mechanism that differentiated these diagnoses is striking and, when combined with the reigning belief of anti-suffragists and physicians alike that women were the "crippled sex," made many women appear hysterical simply by existing. Some suffragists described the ability of all women to be deemed hysterical as rendering them "verily incapacitated" for no difference from men beyond gender.³⁹

Upon a hysteria diagnosis, there were a plethora of common treatments, ranging from the mild to the extreme. One of the common, more mild treatments was through engaging in a happy marriage, which was said by multiple medical texts to cure the disease.⁴⁰ This perceived cure was most often accessible for upper-class women, with middle and working-class women unable to obtain the socially accepted happy marriage due to lacking the ability to have the life of the ideal woman. Upper-class women were believed to have a way for hysteria to be relieved that those in the classes below them lacked, by being with a partner that met the ideal social capacities. For all patients, it was thought that a "rest cure," where a woman would spend days, weeks, or longer, confined to bed having no interaction with the outside world, was a reasonable treatment for milder cases of hysteria.⁴¹ This form of treatment was not widely spoken about by

³⁹ Lady Constance Lytton. *"No Votes for Women": A Reply to So Recent Anti-Suffrage Publications* (London: NUWSS/NWSPU/Women's Freedom League, 1909), 9.

⁴⁰ Briggs, *Epilepsy, Hysteria, and Neurasthenia*, 41.

⁴¹A good example of reactions to (and issues with) rest cures can be seen in *The Yellow Wallpaper* by American writer, Charlotte Perkins Gilman.

physicians as at-home recommendations, but rather was seen as treatment given through direct consultation with a doctor.

A common home treatment for a hysterical woman was to “threaten to douche the victim unless she makes vigorous efforts to control herself.” The treatment then recommends that if she refuses to (or cannot) do so, to douse her in water, immediately holding a towel over her nose and mouth until she “perforce cease[s] her gymnastics to breathe.”⁴² This form of at home treatment was recommended most often in public-accessible medical texts such as Briggs’ in response to the attention-seeking hysteric woman.

More extreme examples of medical procedures for treating hysteria included taking out the part of the body that was causing issue. Often, this would entail performing a hysterectomy or ovariectomy to remove the reproductive organs that were causing feminine issues such as menstruation. Another method, more commonly noted in North America was lobotomization, in which the feminine “nervous illness” would be treated through removing the section of brain which caused it. Although by the turn of the 20th century, surgeries such as ovariectomies and hysterectomies had become less common as treatments for hysteria of mental origins, lobotomies were still commonly used as treatment.⁴³ In many of these given treatments, both mild and extreme, the common thread is, in the words of Briggs, for the distributors to “show no sympathy.”⁴⁴ This type of response was very common in physicians seeking to determine what was wrong with a woman, allowing them to determine what they perceived as the real from the exaggerated.

The decision to pursue more extreme treatment options were often fell to the family of the hysterical woman, as the woman herself was considered unfit to make the decision. Families,

⁴² Briggs, *Epilepsy, Hysteria, and Neurasthenia*, 45.

⁴³ Thomas Schlich, “Cutting the Body to Cure the Mind,” *The Lancet: Psychology* 2, (May 2015): 391-392.

⁴⁴ Briggs, *Epilepsy, Hysteria, and Neurasthenia*, 45.

led by the man of the house, were tasked with following the recommendation of physicians, or treating the woman on their own. Many times, upper-class families would decide to have these procedures done, looking for an easy fix for the hysteria with no issue of the surgery cost. In comparison, working and middle-class families often did not choose to have these procedures performed, instead opting for at home treatments like the ones described by Briggs.

As the medical differences between men and women became further expanded upon and fleshed out throughout the 1800s, medical professionals increasingly believed that innate mental differences between men and women predisposed women to hysteria. These mental differences were the same as those that sequestered women to domestic life, effectively keeping the ideal woman out of working life and politics. The lack of educated women amplified this belief, with it becoming a common medical and social thought that a woman's brain was "too weak" to understand complex subjects and process the host emotions they were subject to.⁴⁵ Often, physicians and the general population pointed to the innate physical differences between men and women, as expressed in pieces such as Canadian physiologist, George J. Romanes' 1877 article, "Mental Differences Between Men and Women." Romanes' claim that "the principles of selection... determined greater strength, both of mind and body, on the part of [men]" echoes the belief that men were more fit for the public sphere than women.⁴⁶ Many, such as men and upper-class women believed that because of the innate differences between the brains of men and women, it was "totally illogical" for women to attempt to do the things that men could, and if a they did, they would lose their femininity, becoming masculinized.⁴⁷ These beliefs, combined with the medical understanding that hysteria was an issue of nerves, often led doctors to believe that women were more emotional and prone to nervous issues such as this mania.

⁴⁵ Isabel Thomas, *The World's First Women Doctors* (London: Harper Collins, 2015), 7.

⁴⁶ George J. Romanes, "Mental Differences Between Men and Women," *The Nineteenth Century*, May 1877, <https://www.proquest.com/docview/2634807?pq-origsite=gscholar&fromopenview=true&imgSeq=19>.

⁴⁷ Fauvel and Yeoman, "Crazy Brains and the Weaker Sex," 46.

As more was learned about feminine issues, doctors began to have much clearer discourse on the reasons and treatments for them. One dissenter, Cyril Bennett, was a nineteenth-century author who wrote about issues in the United Kingdom's medical community and claimed that hysteria was an overused term to describe nervous prostration, an emotional disorder leaving the victim exhausted and unable to work. In his book, *The Modern Malady; or, Sufferers from "Nerves,"* Bennett writes about the differences in medical terminology describing the genders. Describing men afflicted with nervous prostration, Bennett uses examples which light them positively through statements such as "an intelligent Italian gentlemen."⁴⁸ He compares other medical texts which describe women much more negatively, like when speaking about "Anna of Saxony, the insane wife of William the Silent."⁴⁹ Bennett uses these examples and others to claim that many doctors "take 'hysteria' as their motto and their shield" to use it as any afflictions of a woman.⁵⁰

Through his text, Bennett poses the question of how to rid the medical world of the term, stating that it is used too often. His suggestion is that the best way to eliminate hysteria as a disease is not to go about pushing women further to the wings of society, but rather to better education for both boys and girls, have a more equal distribution, and honor women. "There is one very serious result of our refusal to honour those to whom honour is due. The task of raising and training healthy and capable people to the work of the world... is surely not the least noble task to which human beings can devote themselves."⁵¹ These claims state that women have an important role in the British society, going beyond simply raising children. Beliefs such as Bennett's coincided with the beginnings of women breaking into traditionally male-dominated careers, demonstrating the beginnings of a societal shift toward women's expanded roles.

⁴⁸ Cyril Bennett, *The Modern Malady; or, Sufferers from "Nerves"* (London: Edward Arnold, 1890), 45.

⁴⁹ Bennett, *The Modern Malady*, 44.

⁵⁰ Bennett, *The Modern Malady*, 58.

⁵¹ Bennett, *The Modern Malady*, 164-165.

At the end of the 1840s, some of the first women began entering historically male professional. Elizabeth Blackwell, an Englishwoman, became the first woman to receive a medical degree in America in 1849, pursuing the chance to start a medical career in Europe shortly after her graduation. After seeking to gain hospital experiences, a feat which required her to move around both the United States and Europe, Blackwell found herself travelling between England and America practicing medicine. She worked to promote better hygiene in hospitals and believed in helping the cause of an illness, rather than only finding the cure. Through this belief, Blackwell positioned herself to look at the hysteria affliction and determine what set of symptoms prompted the label to be used.

Blackwell attempted to dismantle the perceived validity of hysteria and hysterical women by preaching that women deemed hysterical were simply “fallen” women. They were the individuals who were responding to the capitalism of those attempting to keep them as property, causing Blackwell to understand them not as hysterical, but rather as attempting to exist outside of the feminine norm.⁵² Blackwell’s beliefs directly play on the previously described criteria for diagnosing women, with those responding to these attempts being seen as emotional and attention-seeking.

Two of Blackwell’s protégées, Doctors Elizabeth Garrett-Anderson and Sophia Jex-Blake echoed similar sentiments. Both women worked to decrease the number of hysteria diagnoses, with Garrett-Anderson turning her beliefs into action by participating in organizations such as the Women’s Social and Political Union (WSPU). Garrett-Anderson was a strong participant of the WSPU and used her status as both doctor and suffragist to open London’s New Hospital for women in 1871. This hospital was founded to treat the symptoms of women, rather than simply

⁵² Elizabeth Blackwell, *On the Decay of Municipal Representative Government* (London: Moral Reform Union, 1885), 11-12.

label the patients as hysterical.⁵³ Jex-Blake, although less willing to outwardly participate in her beliefs, acted as an outspoken proponent of women in medicine, pushing for women to join medicine and actively supporting their positions. Despite her noted support in these areas, Jex-Blake never outwardly spoke about use of hysteria as a negative, encompassing label.

Social Hysteria and the Connection with Suffrage

As the concept of hysteria entered the public sphere, it shifted from simply a medical diagnosis to fodder for outright public discourse. While the reigning belief of the time was that women were simply unfit to be part of the political sphere to the extent of men, the descriptive term, hysteria, became ammunition to throw at those who did not fit with accepted social norms. From the mid-1800s on, hysteria was utilized to as a way to demonstrate women's place as the weaker sex.

With home treatments, such as dousing a woman in hysterics with water and holding a towel over her nose mentioned above, becoming a more common way for hysteria to be dealt with at home, treatments shifted from behind closed hospital doors to families and the community at large. Hysteria became an increasingly popular focus for both medical and social debate at the end of the 19th century and start of the 20th century, as the "Victorian ideology of a domestic and maternal femininity was disrupted by the effects of the women's movement and the organized suffrage campaign."⁵⁴

The term "hysteria," both medically and socially, was used to keep those women who did not line up with the ideal, suppressed. Bennett corroborates this thought by writing that, "One fertile source of danger to our stability has been the marvellous speed at which human thought

⁵³ M.A. Elston, "Elizabeth Garrett-Anderson," *Oxford Dictionary of National Biography*, September 1, 2017, <https://doi-org.proxy.lib.uiowa.edu/10.1093/ref:odnb/30406>.

⁵⁴ Lisa Tickner., "The History of Hysteria" in *The Spectacle of Women: Imagery of the Suffrage Campaign, 1907-1914* (London: Chatto and Windus Ltd., 1987), 196.

has advanced in this century. Owing to recent scientific discoveries and mechanical inventions, the minds of our younger generations have, in some respects, become more enlightened than the less plastic minds of their elders”⁵⁵ The more plastic minds of younger generations afforded an increase in diagnoses of mental disorders such as neurasthenia and hysteria in the late nineteenth century as those working to shift the social norm were claimed by those in power to have issues which would stunt them in their pursuit of forward movement.⁵⁶

It soon became undeniable that feminism and hysteria stood hand in hand in the public eye, with claims of hysterical women filling suffrage groups serving to discredit the movement. These claims were expressed in a variety of ways, with many letters to newspapers demonstrating this common thought. Those women who worked to exist outside of the social norms were often claimed to “suffer the inherent consequences, from simple fatigue to the most severe forms of madness”.⁵⁷ By the turn of the 20th century, the suffrage movement was seen primarily through the lens of the increasingly violent WSPU whose members were claimed to be acting out of the perceived severe madness.

While support had generally grown for women’s suffrage at this time, opposition to it had also grown, notably in the wake of the WSPU’s militancy. Those opposing an expanded franchise, anti-suffragists, began to form organizations to directly oppose pro-suffrage groups with the most well-known of these being the National League Opposing Women’s Suffrage (NLOWS). Anti-suffragists, or “Antis,” based many of their beliefs on pre-existing prejudices with one of the most prevalent of these being the “masculinization” of women through entering political life. This masculinization of women is the same concern that was faced when discussing the physiological differences between men and women but was expanded further when spoken

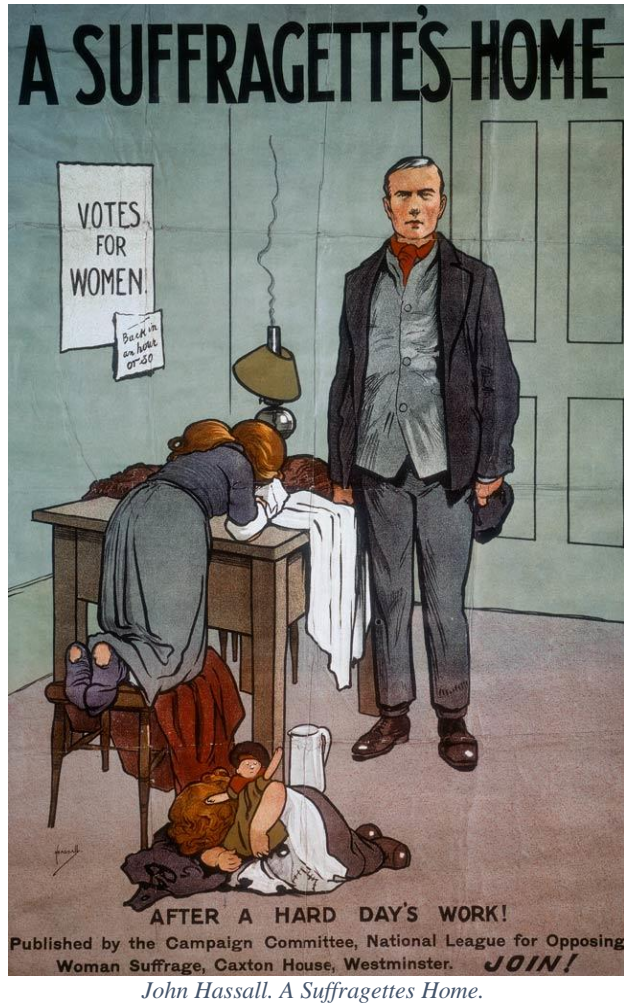
⁵⁵ Bennett, *The Modern Malady*, 126.

⁵⁶ Bennett, *The Modern Malady*, 60-61.

⁵⁷ Fauvel and Yeoman, *Crazy Brains*, 46.

about in context of an equal franchise. The organization used posters such as “A Suffragette’s Home” to depict an exaggerated form of the pro-suffrage women, one who would neglect her home and family to domestic chaos if given the right to vote. The members of NLOWS had a vision that women vying for an equal franchise such as the Suffragettes lost care toward their duties at home. This would leave men to clean and tend to the children after coming home from work as their wives were busy advocating for an expanded franchise. This poster, like many others produced by the organization, demonstrated the fear that women’s suffrage was only the beginning, and if given the ability to vote, the entire status quo may be overturned. Women with the vote were feared to want to take over men’s roles in society, resulting in an overhaul of their traditionally gendered domestic norms such as taking care of the children and home.⁵⁸

⁵⁸ Julia Bush, “The anti-suffrage movement,” *Votes for Women* (blog), *The British Library*, March 5, 2018, <https://www.bl.uk/votes-for-women/articles/the-anti-suffrage-movement>.



The arguments of Antis drew upon the fear of female masculinization in many of their outwardly voiced opinions; however, the methods in which they voiced their opinions broadly resulted in self-contradiction and general confusion. Male NLOWS members expressed the belief that women were the weaker sex, citing medical works by authors such as George Romanes which painted women as much less capable than men. In comparison, many of the women involved in the organization claimed that women were just as capable as men, even writing so in the original Women's National Anti-Suffrage League manifesto.⁵⁹ Female NLOWS members also expressed their belief that women were biologically meant to be complementary to

⁵⁹ Bush, "The anti-suffrage movement," *Votes for Women* (blog), *The British Library*.

men rather than equal.⁶⁰ The differing messages of Antis can be attributed to a variety of reasons, however the most obvious is that the National League for Opposing Women's Suffrage began as two separate organizations. These organizations, the Women's National Anti-Suffrage League, and the Men's National League for Opposing Women's Suffrage, each had their own manifestos and beliefs, but merged in 1910 to better push their message.⁶¹ Anti-suffragism was based in popular prejudices and fears, and while the arguments of Antis were often self-contradictory, they were permeated with the belief that women should recognize their place in the gendered, naturally occurring separate spheres. Many Antis also felt that, in the words of the Women's National Anti-Suffrage League Manifesto, women should understand that their "possession of the Parliamentary vote" would only serve to decrease their influence in social spheres and increase the burden on the state.⁶²

As the enfranchisement of women became a more pertinent debate, the issue of women's suffrage was forced into the eyes of the ruling political parties. It was a fear of party politicians to have the unpredictability that came with a greatly expanded electoral body, and this fear "easily merged with a belief that women's political opinions were unstable."⁶³ The intertwining between these beliefs was exemplified by a common phrase of 1909-1916 the British Prime Minister, H.H. Asquith who often stated that those who would be enfranchised were "uneducated, politically inexperienced, and irrational."⁶⁴

Asquith was not alone in this sentiment as the majority of UK political parties, including Asquith's own- the Liberals, reflected the same sentiment. Suffrage organizations' militant tactics increased Antis fear of women's enfranchisement. The increasingly intense actions

⁶⁰ Lisa Tickner. *The Spectacle of Women: Imagery of the Suffrage Campaign, 1907-1914* (London: Chatto and Windus Ltd., 1987), 194.

⁶¹ Bush, "The anti-suffrage movement," *The British Library*.

⁶² *Women's National Anti-Suffrage League Manifesto*, London, 1908, 1-3.

⁶³ Harrison, *Separate Spheres*, 6.

⁶⁴ Harrison, *Separate Spheres* 6.

utilized by organizations such as the WSPU led Antis, both men and women, to believe that the extreme and violent reactions used were a result of the hysteria of women in the organizations.⁶⁵

Many anti-suffragists made claims that women should attempt to stay in their domestic sphere, with one Anti, Emily Daives, stating that “Women are not healthy, it is a rare thing to meet a lady of any age, who does not suffer from headaches, languor, hysteria, or some ailment showing a want of stamina.”⁶⁶ While doctors often attributed this lack of health in women to the physical symptoms of hysteria, the social impact of a hysteria diagnosis also came into play. Many men and women believed that those who were hysterical also led “immoral lives” through displacing the social norms of the time. The perceived immorality of these women made people think that hysterical women should lack the influence being given voting rights would grant them. While there are many examples of this perception, from medical texts to newspaper excerpts, one shining example comes from the article “An Appeal Against Female Suffrage,” from *The Nineteenth Century*, a monthly review. This article stated that if women were granted the political effect of voting, they would possess too much influence and “a large number of women leading immoral lives [would] be enfranchised.”⁶⁷ The perception of granting immoral women voting rights was thought to lead to a breakdown of the political system, “[placing] the female vote in an overpowering majority.”⁶⁸

Daives’ argument, although generally representative of the Anti point of view was publicly contested by suffragists. The most direct written response comes from the NUWSS’s leader, Millicent Garrett Fawcett, in which some of the issues within Daives’ piece are picked apart. Fawcett writes that while the women such as Daives were predisposed to having more

⁶⁵ Ibid., 10.

⁶⁶ Ibid., 3.

⁶⁷ Emily Daives, “An Appeal Against Female Suffrage”, *The Nineteenth Century* XXV, no. 148, June 1889, 2-5.

⁶⁸ *Women’s National Anti-Suffrage League Manifesto*, 2.

influence in the public sphere due to their high statuses, that level of influence was not granted to all women. Although those with high social statuses may believe that women generally have the ability to garner lots of influence, women like Daives were predisposed to having more due to their class. Fawcett argues that upper-class lifestyles of these women often give them the ability to better affect their surroundings, whether through their husbands (many of whom were well-off) or through their own abilities.⁶⁹ These women do not feel the injustice of having taxation without representation, with their class granting them the need to lacking the necessity live by doing daily hard work. Fawcett writes that “*The Nineteenth Century* list of names shows that it contains a very large preponderance of ladies to whom the lines of life have fallen in pleasant places. There are very few among them of the women who have had to face the battle of life alone, to earn their living by daily hard work. The weight of taxation falls upon them just as if they were men, and they do not see why representation should not go with taxation in their case, simply because their physical strength is less than that of men”⁷⁰ Fawcett’s discussion that women lacked the physical strength of men, but that should not socially limit them, brings forth a social question of the validity of women as the weaker sex. She stands upon her belief that women were considered this not because of a mental disparity between men and women, but rather because of physical differences. This belief creates an understanding that the argument of Daives, and many anti-suffragists, is contingent upon the physicality rather than the immorality of women.

As hysteria became more intertwined with the women’s suffrage in the public eye, the number of reactions to the suffrage movement utilizing hysteria as a descriptor increased. Through the easily accessed writings of opposers such as Sir Almroth Wright, the hysterical

⁶⁹ “Millicent Garrett-Fawcett Responds to The Appeal Against Female Suffrage,” in *Controversies in the History of British Feminism* (London: Routledge/Thoemmes Press, 1995), 4-6.

⁷⁰ “Millicent Garrett-Fawcett Responds to The Appeal Against Female Suffrage,” 6.

women morphed into a symbol for the hatred of men and a disdain toward all things encapsulated by traditional womanhood. Wright was notorious for using his status as a well-known bacteriologist to speak on why women should not be granted rights through both biologically and socially. In his book, *The Unexpurgated Case Against Woman Suffrage* and his newspaper opinion piece, "Letter on Militant Hysteria,"⁷¹ Wright claims that the discussion of women's suffrage has been co-opted by women as taboo to make men like himself appear to lack respect for women while simultaneously stating that women are biologically unequal to men.⁷² Wright's discussion is furthered by statements that women are not intellectually equal to men, despite the claim of mental equality by suffragists. He writes that because the mold of woman formed by militant suffragists has a hatred of men, and that the legislation that would be passed if women were granted suffrage would be "licence for themselves or else restrictions for man."⁷³ Although he does not make the jump to call women hysterical in his text outright, Wright describes all women as having a set of hysterical symptoms, such as his claim that women are emotional and only seek instant gratification. He expands by saying that the need for gratification by women is accompanied by a mind that is used "not as an implement for the pursuit of truth, but as an instrument for providing her with... comforts in the form of agreeable mental images."⁷⁴ Wright intends to paint a picture of women as being unfit for being given the right to vote, demonstrating an overarching sentiment of his disdain toward women seeking the right to vote. Overall, he claims that the debate of women's suffrage does no good beyond working as a sex-war with an unstable biological basis.

⁷¹ Wright's "Letter on Militant Hysteria" is found in the appendix of his book, *The Unexpurgated Case Against Woman Suffrage*, and was originally printed in *The London Times* on March 28, 1912.

⁷² Sir Almroth E. Wright. *The Unexpurgated Case Against Woman Suffrage* (London: Constable and Company Ltd., 1913), 11-19.

⁷³ Wright. *The Unexpurgated Case Against Woman Suffrage*, 164-186.

⁷⁴ Wright. *The Unexpurgated Case Against Woman Suffrage*, 88-89.

The Shift of Hysteria in the Great War

At the dawn of the first world war, men were taken to the warfront and women were met with a sudden necessity to join the front lines of work. This was not an unusual thing to occur by any means, as many working-class women had been placed in this position of working throughout the previous century. However, the tone of women's place in public work environments greatly shifted.

As countrywide patriotism increased during wartime, women were wanted and accepted as workers, shifting to allow a larger portion of women to work jobs previously reserved for men. The acceptance of women reflected a change in terminology, where women in these positions were previously called hysterical for their attempts at transforming social norms, they were now revered for serving their country. Suffrage leaders such as Christabel Pankhurst and Millicent Fawcett reflected this patriotic shift, with Fawcett promoting a pro-war opinion in the NUWSS and staunch suffragettes such as Pankhurst becoming strong patriots.⁷⁵ This shift effectively ended militant suffrage tactics, and although putting the suffrage campaigns of the NUWSS and WSPU to the wayside, gave freedom to female British doctors to pour their support into the suffrage cause.⁷⁶

These doctors were able to claim their right as qualified women to “take an active part in the national emergency as the professional equals of male doctors.”⁷⁷ Professional jobs which were previously not an option for women to be a part of were opened as the country rallied behind their government, allowing for women to volunteer to serve on the front lines of war as medical officers and at home in leadership roles. One of the most impactful suffrage campaigns of the war time came through the Women's Hospital Corps (WHC), an official military hospital

⁷⁵ Martin Pugh, *Women and the Women's Movement in Britain, 1914-1999* (London: Palgrave, 2000), 8-9.

⁷⁶ J.F. Geddes. “The Doctor's Dilemma: medical women and the British suffrage movement,” *Women's History Review* 18, no. 2 (April 2009): 211.

⁷⁷ Geddes, “The Doctor's Dilemma,” 211.

in London's center. The WHC was headed by two doctors, Flora Murray and Louisa Garrett Anderson, daughter to one of the first female doctors, Elizabeth Garrett-Anderson. Both women were avid supporters of the suffrage movement before the war as members of the WSPU. The two promoted the ideas of an expanded suffrage throughout the hospital to staff and patients alike, resulting in many who passed through becoming more receptive to the idea of an expanded franchise.⁷⁸

Through the changing beliefs of the public in response to the outbreak of the Great War and the increased role women were given in the workplace, both on the civilian front and on the war front, suffragists saw a bright future. They “regarded employment as central to the next stage in women’s emancipation,”⁷⁹ yielding a movement understanding that suffrage was a natural next step in the United Kingdom. On top of this, the opportunity of suffragists to support the defense of their country through physical means allowed them the ability to directly undermine one of the main arguments held by anti-suffragists- that women were not supposed to be in a man’s role.⁸⁰ Rebuking this argument allowed suffragists to appear less hysterical and more reasonable, resulting in an increased willingness by those previously worried about the addition of women to the franchise to reconsider their opinions. This group consisted of members of both the Liberal and Centre Parties, both parties which had expressed a mixture of support and opposition to an expanded franchise.

By the end of the Great War, patriotism of the United Kingdom and the transition of women’s suffrage perceptions had yielded an increased amount of support for the expansion of British franchise. Alongside the “influential consideration” that less than 60 percent of British men were able to vote, the British House of Commons was met with a necessity to expand the

⁷⁸ Ibid., 210-214.

⁷⁹ Pugh, *Women and the Women’s Movement in Britain*, 90.

⁸⁰ Harold L. Smith. “War and Suffrage Reform, 1914-18,” in *The British Women’s Suffrage Campaign, 1866-1928*, revised 2nd ed. (London: Pearson Education Limited: 2010), 72.

franchise, not only for women but for men. As such, in February of 1918, the Representation of the People Act was passed, allowing women over 30 meeting property qualifications to vote, and extending the vote to virtually all men over the age of 21. This act, although impactful in women's suffrage, only gave voting rights to two-thirds of the female population in Britain, and women's suffrage would only be truly equal to men's upon the passing of the Equal Franchise Act of 1928.⁸¹

Tied with the shifting landscape for an expanded franchise came the slowing of hysteria diagnoses. The slowing can be most notably attributed to both the changing medical definition of hysteria and veterans coming out of the Great War with symptoms similar to those ascribed to hysteria. Additionally, the psychoanalytical theories of Sigmund Freud had garnered public relevance at the end of the 1800s, particularly his book, *Studies on Hysteria*, which he published with colleague Joseph Breuer. In this publication, the pair asserted that hysteria is a disorder of the mind with physical manifestations not resulting from the nervous system, "physical brain," or body. The book worked as a launching point for a new understanding of hysteria, one that was not physical in origin but mental.⁸²

As men left the war front of the First World War, they often exhibited mental and physical symptoms similar to those previously prescribed under the diagnostic scope of hysteria. The exhibition of these symptoms in men led to a discrepancy in medical terminology- the men were diagnosed with war neurosis (colloquially known as "shell shock"), whereas women with similar symptoms were diagnosed with hysteria. By the end of the war, the British Army claimed upwards of 80,000 shell shock cases, calling for new, less invasive treatments to be tested. The understanding of shell shock as mental trauma informed a shift in what hysteria medically was,

⁸¹ "Women get the vote," *UK Parliament*, accessed September 15, 2022, <https://www.parliament.uk/about/living-heritage/transformingsociety/electionsvoting/womenvote/overview/thevote/>.

⁸² Sigmund Freud and Joseph Breuer, *Studies on Hysteria*, trans. Joseph Strachey (USA, 2000).

leading to decreased diagnoses and eventually to a drift away from traditional beliefs about hysteria and toward Freud's theories about its mental origin.

Conclusions and Hysteria in the Modern Day

Through the 1900s United Kingdom, the label of hysteria was considered almost wholly a female condition. This term was used to diagnose feminine afflictions from the mild, sweating and flushing of the skin, to the extreme, profuse bleeding and seizures. The mass diagnosis of feminine hysteria in the United Kingdom was fueled by the belief of doctors that hysteria was a physical and mental culmination of a nervous issue within the female body. Hysteria even transcended its status as solely a medical diagnosis, becoming a social affliction as well, leading to its colloquial use in many forms against women. When women began campaigning more strongly for their right to an equal franchise, they were often met with pushback, primarily fueled by a concern of the rampancy of hysteria within British society. An article in the Daily Telegraph expresses the place of the disease in the U.K., stating that "Hysteria is a danger to which democracies are always subject. How doubly great is the peril when it is proposed to supplant male with female hysteria?"⁸³

Although the Great War opened up the door for a shift in medical usage of the hysteria diagnosis away from being an umbrella term, it did not distinctly alter the colloquial use of the term. The feminine overtones of the word were still present at the social level, and as such, kept the door open for it to be used in a negative light at the expense of women. This fueled the belief that "The quotation...that the great danger of this country is hysteria, leads to the inevitable conclusion that hysteria is the result of femininity."⁸⁴

⁸³ "Topics of the Day," *The Evening Telegraph and Post*, October 25, 1906. British Library Newspapers, link.gale.com/apps/doc/JE3236660218/BNCN?u=uiacic&sid=bookmark-BNCN&xid=617b314b.

⁸⁴ "Notes on News," *Yorkshire Evening Post*, May 2, 1892. British Library Newspapers, link.gale.com/apps/doc/GW3218332235/BNCN?u=uiacic&sid=bookmark-BNCN&xid=ealcb111.

The term, today, still has inherent feminine overtones, and is often used to express weakness, emotionality, or frenzy. It is easy to find examples of hysteria being used in a negative rhetorical context, such as women being described as “just on [their] period,” or in the words of future United States President Donald Trump in 2015, “You could see blood coming out of her eyes, blood coming out of her wherever.”⁸⁵ Even major news organizations, such as Fox News, have felt emboldened to use social hysteria to feminize (and thus demean) others, saying that “[Democrats] have flown into hysterics and temper tantrums after [the 2016 election].”⁸⁶

Although hysteria was officially taken out of the International Classification of Disease (ICD) in 2015, the term is still prevalent today. This historical label still serves as a grim reminder of a time when women were considered unstable and continues to keep women from being at an equal social level as men.

⁸⁵ Philip Rucker. “Trump says Fox’s Megyn Kelly had ‘blood coming out of her wherever,’” *The Washington Post*, August 8, 2015, <https://www.washingtonpost.com/news/post-politics/wp/2015/08/07/trump-says-foxs-megyn-kelly-had-blood-coming-out-of-her-wherever/>.

⁸⁶ Erick Erickson. “Anti-Trump protests: Left freaks out with hysterics, temper tantrums after a fair election,” *Fox News*, November 10, 2016, <https://www.foxnews.com/opinion/anti-trump-protests-left-freaks-out-with-hysterics-temper-tantrums-after-a-fair-election>.

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