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# Hypochondria, Hysteria, and Hypocrisy

Rachel Thorley

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In the late 19<sup>th</sup> century and early 20<sup>th</sup> century, men and women were incredibly separated throughout various realms of society. There were different codes of conduct, different forms of interaction, and different standards. Very few people challenged or even questioned these differences. Most of the differences between men and women were attributed to biology. Because women had the ability to carry children in their womb, it was generally believed that their entire nature was different. Men were considered more stable. Scholars asserted that the presence of the womb did not only explain physiological differences between men and women, but also psychological differences. This led to some interesting questions regarding general health, but especially mental health. Could men and women be diagnosed with the same disease because their bodies, thus their natures, were so different? Mental illness is difficult for anyone to fully understand; in modern society, psychologists still do not have a complete understanding of hypochondria. Back in the 19<sup>th</sup> and 20<sup>th</sup> centuries, medical practices, especially related to mental disease, were regulated much less than they are today, giving the physicians less information to work with. The field of psychology was just beginning. Because of that, between 1870 and 1920, there were many contradictory and confusing ideas about what hypochondria and hysteria were, whom they affected, and what the best cures were for them. Hypochondria was a more common diagnosis among men—despite some doctors diagnosing women with the disease as well—while women were more often diagnosed with hysteria. While there were similarities between hypochondria and hysteria, the differences between them were more important and were rooted in gender.

In order to understand the differences between the diagnosis of hypochondria and hysteria, we must first understand what doctors understood them to be. The general perception of hypochondria is actually fairly similar to what mental health professionals understand today. Hypochondria, in its most basic form, is when a person thinks he or she is ill when in reality, he or she is not. In a 1908 article from *The American Journal of Nursing* titled “Distinction Between Hysteria, Neurasthenia,

Hypochondria and Simulation,” the author explains how hypochondria is viewed: “In hypochondria the patient believed he was ill when he was not; he attributed to himself symptoms that he had seen, heard or read about, but had no signs of hysteria or neurasthenia.<sup>i</sup>” When looking beyond this basic diagnosis, one begins to notice some odd descriptions of how hypochondriacs were said to behave, including “a feeling of fear and anxiety,<sup>ii</sup>” “general nervous derangement characterized by slight mental alienation,<sup>iii</sup>” and even “certain conditions of very serious disequilibrium bordering on insanity<sup>iv</sup>.” These descriptions begin to move away from a mental diagnosis to explaining some of the physical symptoms felt by these patients. For example, in an 1889 article from *The British Medical Journal* titled “Hypochondria and Hysteria in Men and Women,” symptoms of hypochondriacs are described as, “the face is deep lined, as though racked with pain and eaten up by care.<sup>v</sup>” When a disease begins to show physical symptoms but is classified as a mental disease, the difference between the two becomes blurred. Interestingly, this physical explanation of a mental problem goes further than some worry lines on the face. In another article from *The British Medical Journal* titled “Lecture on Hypochondriasis” from 1873, doctors claimed their hypochondriac patients would lose weight<sup>vi</sup>, have intestinal problems<sup>vii</sup>, suffer from “a temporary loss of power in the voluntary muscles of a part, or more often of the whole body<sup>viii</sup>,” even going as far as to claim “the male genital functions are frequently much deranged in hypochondriasis<sup>ix</sup> . . . .” In a sermon published in *The Expository Times* from 1891, author James Stalker echoes—or more accurately, predates—a modern impression that hypochondriacs are simply self-centered individuals who need to “get over themselves,” by saying “A person continually occupied with himself is doomed to misery, just as anyone who continues to listen to the beating of his heart or to count his own breathings, will soon be the prey of hypochondria.<sup>x</sup>” Naturally nervous people also fell prey to these attacks, as an article titled “Hypochondria” in *Bow Bells Magazine* points out: “It is the easiest thing in the world for a nervous person to become the prey of hypochondria, and then farewell to usefulness and honour [sic]<sup>xi</sup>.” The most important thing to note

about the bodily ailments that hypochondriacs would complain about is what Dr. Thomas King Chambers mentioned in his article “Lecture on Hypochondriasis” that was published in 1873 in *The British Medical Journal*, that “...you will find that the impressions of hypochondriacs regarding their bodily health are not repugnant to the common sense of mankind<sup>xii</sup>.” Hypochondriacs would not—and still do not—complain of having diseases that would be completely outlandish for them to have. That line is a very fine one for doctors and other medical professionals—including mental health professionals—to walk.

In contrast to hypochondria, hysteria is described very differently. In the “Hypochondria and Hysteria in Men and Women,” article mentioned earlier from an 1889 version of *The British Medical Journal*, the writer contrasts hypochondria and hysteria very plainly: “A feeling of fear and anxiety is constant in hypochondria...the loss of hope is marked. These symptoms are unusual in hysteria.<sup>xiii</sup>” However, the most important difference to note comes from an article written by doctor Charles L. Dana titled “The Limitation of the Term Hysteria, With a Consideration of the Nature of Hysteria and Certain Allied Psychoses,” that appeared in the *Journal of Abnormal Psychology* in 1907. Dr. Dana focuses on the morbidity of hysteria and repeatedly cites it as the distinguishing factor above any other mental disease. He said “There is now a general tendency to accept the view that hysteria is a morbid mental condition in which ideas control the body and produce morbid changes in its functions.<sup>xiv</sup>” Dr. Dana continues to focus on hysteria as a morbid penetration of normal mental function, saying, “Hysteria is a condition in which sub-conscious states, then, morbidly control the body, and produce changes in its functions, and states of morbid association usurp the place of the old and healthy ones<sup>xv</sup>.” Finally, after refuting the possibility that all mental diseases are morbid, Dr. Charles Dana finished this part of the discussion by saying “It is only when some serious and dominant disorder of the bodily functions can be explained by the morbid mental state that we can say we have a case of hysterical disease<sup>xvi</sup>.” A final difference in the basic diagnosis of hysteria comes from this same article.

Here, Dr. Dana asserts that hysteria begins in the mind. It may lead to physical changes in the body, but it begins in the mind. Where hypochondriacs complain of physical ailments and their mind reacts to the body, those suffering from hysteria would only feel physical symptoms because their body is reacting to the mind: "...we also observe that certain psychic activities are at work on the body and are doing it harm, and the patient can't help herself. In other words, there are mental states, either ideal or emotional, which are acting on the body without the person's really knowing it, or being able to control it<sup>xvii</sup>." Hypochondria is a mental state where a person feels ill, and may complain of physical problems, but is medically in good condition. Hysteria, however, is a morbid condition that is almost entirely mental, although it could lead to a deterioration of the body.

Another difference between hypochondria and hysteria is how it affects intelligence and mental capacity. Hypochondriacs were very intelligent, and very willing to confide in their doctors. Dr. Thomas King Chambers discusses the intellect of hypochondriacs extensively in his "Lecture on Hypochondriasis." The most obvious reason to conclude that hypochondriacs have a high intellectual function is that they needed to convince their doctors and friends that their ailments were real. Dr. Chambers says, "...as they are for the most part intelligent and ingenious persons, the theory runs a chance of being a very plausible one, and of convincing themselves and their friends, and often their medical advisers.<sup>xviii</sup>" He also says that while hypochondriacs will argue with their doctor about whether they are medically fine or seriously ill, they "will not swindle you<sup>xix</sup>." Dr. Chambers again asserts that hypochondriacs have a "disorder of the sensitive parts of the nervous system, but no disorder of the intellect. For the patient feels all wrong, but understands all right. There is no perversion of the understanding, such as frees the insane from the responsibility of moral agency<sup>xx</sup>." Ironically enough, Dr. Chambers goes even further than stating hypochondriacs are of sound mind, which might imply decent or average intelligence. He in fact says, "The intellect of hypochondriacs is usually of a superior order<sup>xxi</sup>."

In comparison, those diagnosed with hysteria are actually said to lose some mental function.

Here we look back to Dr. Charles L. Dana's "The Limitation of the Term Hysteria, With a Consideration of the Nature of Hysteria and Certain Allied Psychoses," where he states "What physicians see is that in hysteria some mental function is lost, so that the patient cannot lift the legs, control his spasms, or feel an injury." Dr. Dana even goes on to say that the lower mental function makes the diagnosis of hysteria certain: "This functional loss of certain parts of the psychological mechanism seems to me to be the thing which we find obviously the clinical condition in hysteria<sup>xxii</sup>." This loss of intelligence is compared to other body systems stop working as they should, as Dr. Dana says "A certain activity is cut out, just as when the stomach, under fright, fails to secrete, or the liver to pour out its bile." Some theories as to why there were these differences will be flushed out in later points in this essay, but it is still important to recognize that these are significant differences between these two diseases. Those diagnosed with hypochondria had a high-functioning intellect, but those diagnosed with hysteria are considered to actually lose intellect.

As for the cures suggested by physicians and psychologists for hypochondria, most revolved around literature in some way; however, the actual recommendations were varied. In an article titled "Food For the Mind," found in *The British Medical Journal* from 1904, the author discusses literature as a cure for hypochondria. Interestingly enough, he concludes this discussion by saying "Finally, it is pointed out that hypochondria is by no means a new disease...the literary element in its prevention and cure sounds, however, quite the modern note<sup>xxiii</sup>." The types of literature that a patient should read cannot be agreed upon even within this one article. The first suggestion this author makes is in reference to a specific case, where a boy was cured "by taking him away from school and prescribing a course of Jane Austen's novels<sup>xxiv</sup>." A different recommendation on literature later in the article included "books of travel, sober histories, and biographies, particularly those of men of action" as well as "humorous books<sup>xxv</sup>." Even though the author cited a case in which he referred to the patient as "a

boy,” he also “condemns the consumption of exciting literature before the age of puberty,” and says it should be “delayed to the age of 16 in girls and of 18 in boys<sup>xxvi</sup>.” The author states his reasons for these delays, saying “artistic education tends particularly to upset the psychological balance<sup>xxvii</sup>.” These contradictions make a very confusing case for what type of literature should be used as a cure, and when. “Sober histories” are very different from biographies of “men of action.” One might argue that those biographies would be too exciting and would “upset the psychological balance” as the author suggests, but it would be a stretch to condemn history books and Jane Austen novels as being too exciting.

An 1884 article from *Saturday Review of Politics, Literature, Science and Art* titled “Hypochondria as a Fine Art” was much more blunt when suggesting a cure for hypochondria. This author stated simply, “The less you think about yourself and your symptoms the better<sup>xxviii</sup>.” Modern ideals may tend to agree more with this cure. In his “Lecture on Hypochondriasis,” Dr. Thomas King Chambers mentions and discusses one “cure” that many hypochondriacs did use and—arguably—contradicts the idea that hypochondriacs had a higher intellect. He says, “More commonly death is looked forward to as a relief from misery, and would be considered not unwelcome. In such cases patients will sometimes commit suicide, not like madmen, in a sudden whim, or un-controllable impulse, but in a deliberate manner<sup>xxix</sup>.” As discussed at length earlier, hypochondriacs had full cognitive control, if not a higher intellect because of the need to convince others of their maladies. As Dr. Chambers articulates, often this belief that one is suffering from certain ailments—especially when physicians reply that there is nothing physically wrong—can become overwhelming, and that these actions are taken “with a full knowledge of the nature and bearings of the action<sup>xxx</sup>.” Because of this high intellect and thus knowledge and understanding of these actions, Dr. Chambers also expresses a belief that these hypochondriacs “should be held entirely responsible<sup>xxxi</sup>” for committing suicide. The sad reality is that as much as we like to think that high suicide rates are a modern phenomenon,

because Dr. Chambers states that “suicide is a cure for hypochondriasis, as a cure the hypochondriac seeks it<sup>xxxii</sup>” the suicide rates in this time period may be higher than one would initially presume.

Cures for hysteria are broader and less concrete, though they are less contradictory of themselves. An article titled “The Nurse in Nervous Diseases” from a 1905 issue of *The American Journal of Nursing* listed various broad cures for what it calls, “these most wretched of human beings<sup>xxxiii</sup>.” These cures include “a change of surroundings, rest, plenty of out-door air and exercise, hygienic living, nourishing food, especially milk; massage and electricity...nerve tonics and sedatives...<sup>xxxiv</sup>” In a 1911 edition of a *Journal of Abnormal Psychology* article, “Hysteria and Modern Psychoanalysis,” the cures again focus on mental changes such as “new aims in the diseased thought, to train the patient in self control, to suppress the emotions and to train the patient in diverting work<sup>xxxv</sup>.” One might note that these cures are beginning to suggest gender as the cause. “Diverting work” would not mean work outside the home for a woman, but spending time in her domestic job, with her children. These more generalized treatments do not appear as confident in their presentation though, calling them “effective instruments in the treatment of hysteria<sup>xxxvi</sup>” as opposed to the “excellent results<sup>xxxvii</sup>” that “The Nurse in Nervous Diseases” article produced.

There is one important similarity between hypochondria and hysteria in reference to cures. Treatments for these two diseases—and in reality, all nervous diseases—were considered to follow the lead of psychotherapy. “Food For the Mind” from the 1904 *British Medical Journal* mentioned this, explaining that “many of the medical procedures employed in the treatment of nervous disease are merely intended as vehicles for the real method of cure, which is psychotherapeutical<sup>xxxviii</sup>.” The reason both treatments are considered part of this category, despite the appearance of being different, is explained in a *New York Times* letter to the editor from 1908 that was given the title “Church Healing Legal?” This letter says that these diseases would be treated the same way because they both fall into the category of “...psychoneuroses which are—according to Du Bose’s *Psychic Treatment of Nervous*

*Disorders* ...neurasthenia, hysteria, hysterical neurasthenia, the lighter forms of hypochondria and melancholia...<sup>xxxix</sup>” So while grouping the seemingly different cures of hypochondria and hysteria together may be a stretch, they were considered part of the same broad area of the emerging field of psychology.

There remain two major differences between hypochondria and hysteria that should be explored and fleshed out. In the first, there is a contradiction over whether idleness or high activity is worse for hypochondria. Returning to Dr. Thomas King Chamber’s “Lecture on Hypochondriasis,” we find that he has found “fidgets more often interfere with the cure of hypochondriacs than laziness<sup>xi</sup>.” In his view, while laziness does interfere with curing hypochondria, a patient being unable to stop working and calm down is even worse. On the other hand, an article from the *New York Times* in 1915 titled “Finds John Bunyan a Hypochondriac” asserts that “hard work and worry seem to aggravate the condition of hypochondriasis, but idleness is much worse<sup>xli</sup>.” The fact that these two articles come to very different conclusions could be explained by the time difference; “Lecture on Hypochondriasis” was written in 1873 while “Finds John Bunyan a Hypochondriac” was written in 1915, giving them a span of 42 years and allowing for psychological developments to take place. However, the field of psychology was still very new in 1915, and as there were many other contradictions and disagreements within the field, one could also argue that there simply wasn’t enough information, even by 1915.

The other major difference is that when women were diagnosed with hysteria, they were considered sexually immoral. To fully understand this, one has to realize that men could be diagnosed with hysteria or hypochondria, and women could be diagnosed with hysteria or hypochondria. However, the most common diagnoses were men with hypochondria and women with hysteria. A variety of articles support this claim, the first of which was Dr. Thomas King Chambers’ “Lecture on Hypochondriasis,” which said plainly, “One usually employs the masculine article in speaking of hypochondriacs, but women are not wholly exempt<sup>xlii</sup>.” In addition, an article from an 1889 *British*

*Medical Journal* titled “Hypochondria and Hysteria in Men and Women” asserts that “authorities have pointed out that hypochondria is much commoner in men than in women<sup>xliii</sup>” and “this form [of hypochondria] common in men, is rare in women<sup>xliv</sup>.” Connecting women with hysteria is a little more interesting. In Chapter 14, “Feminism and Suffrage, 1860-1920” of *Women and the American Experience*, two very informative statements about society’s general perception of women are made. In order to fight against the Women Suffrage movement, one argument in 1910 that came from a minister was: “Lacking rationality and sound judgment, they [women] suffered from ‘logical infirmity of mind<sup>xlv</sup>.’” Two sentences later, readers find a continuation of anti-suffrage arguments: “Unable to withstand the pressure of political life, they would be prone to paroxysms of hysteria<sup>xlvi</sup>.” However, the connections between women and hysteria go far beyond anti-suffrage. In the “Hysteria and Modern Psychoanalysis” article from *The Journal of Abnormal Psychology*, we find that “Woman is a born sexual sinner. Her strong sexuality, abnormally repressed, leads to sickness, to hysteria<sup>xlvii</sup>.” Later in the article, we are told “hysteria has a sexual origin<sup>xlviii</sup>” and “Freud makes the statement that in no case of hysteria is purity of thought to be found<sup>xlix</sup>.” This article lays out that not only were women connected heavily with hysteria, but hysteria was connected heavily with sexual immorality, causing women with mental health issues—especially hysteria—to be considered sexually immoral. No such claims were made about the men diagnosed with hysteria.

In reference to the differences between hypochondria’s literature cure and hysteria’s leisure cure, one could take this information and come to many different conclusions about hysteria and hypochondria. To begin, hypochondriacs were said to have a high intellect, possibly higher than average citizens. Is it possible that this viewpoint was in place because men were diagnosed with hypochondria more often than women? In addition, the cures for hypochondria revolved around literature. Was that a cause or effect of that higher intellect, or was it because men were more often diagnosed with hypochondria? On the reverse side, were those diagnosed with hysteria considered to

have lost some mental capability because of the disease itself, or because women—specifically sexually immoral women—were most frequently diagnosed with it? Was it in fact quite the opposite, that because sexually immoral women were diagnosed with hysteria, physicians reached the conclusion that those patients had lost some mental capacity? Were the cures focused on leisure because most patients were women, or was it that because most patients were women, the best cures were assumed to be those that revolved around leisure? There are many different possibilities here, but they all gyrate around the one theme that gender played a very significant role in mental health.

Since gender played such a large role in psychology and the emerging field of mental health, it is important to look into the different ways women were treated differently in this area simply because they were women. An article titled “‘The Fashionable Diseases’: Women's Complaints and Their Treatment in Nineteenth-Century America” was published in 1973 in the *Journal of Interdisciplinary History* discusses these issues fairly extensively. First, most women were considered to have a mental disease at this point in time. As the title of the article suggests, it was “fashionable” to have some sort of illness: “They would frequently show a peevish irritability and suffer every kind of nervous disorder ranging from hysterical fits of crying and insomnia to constipation, indigestion, headaches, and backaches<sup>1</sup>.” It is interesting to note just how many women would follow this trend of poor mental health in order to be fashionable. According to the article, “Alcott, a noted Boston physician and author of several books on women's health, had estimated that one half of American women suffered from the “real disease” of nervousness<sup>li</sup>.” Whether “real disease” implies that the rest of the women were merely faking nervousness, or whether it was an attempt to convince some reader—be it colleagues or the general public—is unclear to us. But the fact still remains that approximately half of the female population of this time was nervous. Because of such a high rate of nervousness, it is not hard to imagine that a significant number of women suffered from hysteria or possibly hypochondria. Looking even more broadly than nervousness, we find that this article gives us a suggestion as to how

many women did suffer from other mental health problems, saying that “Books written in the period between 1840 and 1900 consistently, if questionably, assert that a large number, even the majority of middle-class American women, were in some sense ill<sup>lii</sup>.” Either a large number of women were truly ill, or a small number of women were truly ill while a large number of them wanted to and pretended to be ill as well. These ideas that so many women had some sort of illness, disorder, or disease would have a major impact on the psychology and treatment of mental health problems. Physicians and psychologists noticed the higher number of women who were ill, and came to a conclusion that they deemed the most logical: if mostly women had mental health issues, it must be because of something that is unique to women. Thus, women were prone to mental health problems because of the presence of the uterus.

Women were not the only ones to be diagnosed with mental health disorders and diseases. As the evidence earlier shows, men tended to have bouts with hypochondria and hysteria (though less frequently), and a few other mental health diseases. As the author of this article points out, while men were diagnosed with these issues, women were simply treated differently in reference to them because they were women. Doctors would not say that only women had mental health issues, but, “to some extent the diagnosis, and to a greater extent the treatment by doctors of these symptoms in women, was different from their interpretation of the same signs in men<sup>liii</sup>.” The reason men and women were treated so differently was simple: “medical analysis of a woman began and ended with consideration of an organ unique to her, namely her uterus<sup>liv</sup>.” This article also mentions another scholar, this one a woman, who bought in to this idea of the uterus being the cause of women’s health issues. It says that “[Catharine Esther] Beecher not only emphasized that many American women in the middle and upper ranks of society were sick, but she also implied that they were ill precisely because they were women<sup>lv</sup>.” This belief that women were sick because they were women played perfectly into this society’s ideology that women were these frail creatures who needed men to take care of them. Its’

possible that if a woman was always complaining of health problems, her husband would feel more inclined to take care of her, or perhaps would automatically feel like he was providing for her by simply being there. Another possibility is that women would complain of sickness all the time in order to avoid some of their duties as wives, particularly if they did not want to have another child or be coerced via guilt into performing their bedroom duties as wives.

There is one final way that women were treated differently in psychology than men. Women were generally considered immoral simply because they were women. A lot of this has to do with the issues discussed earlier about how hysteria was viewed and how women were most commonly diagnosed with hysteria. However, there is a broader issue at work here. This article explains that doctors generally saw their patients as immoral. Why? They were women. The reasoning is incredibly circular here: they were immoral because they had a womb, they had a womb because they were women, because they were women they were immoral. The article states that “physicians tended to stress a certain moral depravity inherent in feminine nervous disorders and to waver significantly between labeling it a result and analyzing it as the cause of the physical symptoms involved<sup>lvi</sup>.” These physicians were stuck in their own circular reasoning and were not sure which way the circle went. The article also suggested that when a physician offered to examine a lady’s genitalia, she was expected to refuse, even if she was honestly sick. Women were supposed to value modesty over health<sup>lvii</sup>, which is incredible ironic considering the doctors saw their patients as immoral anyway.

In conclusion, hypochondria and hysteria had more than clinical differences between them. Despite the fact that men could be diagnosed with hypochondria or hysteria, and women could be diagnosed with hypochondria or hysteria, the connotations of each mental disease were very different. The “Fashionable Diseases” article pointed out that historians tend to agree that while the ways physicians treated “mental illness, ‘nervous’ conditions, and sexual difficulties,” were not great scientific achievements, they were “particularly sensitive indicators of cultural attitudes<sup>lviii</sup>.” Despite

being a relatively new field, psychology and mental health writings from 1870 to 1920 do provide us with a lot of valuable information. The ways in which doctors reacted to the differences in hypochondria and hysteria were very revealing, even though the differences were not that pronounced. The circular reasoning that women were sick or immoral because they had a womb, they had a womb because they were women, and they were sick or immoral because they had a womb still leaves its traces today, as women are often more highly scrutinized for sexual immorality than men, and women are still often viewed as the weaker sex. Between 1870 and 1920, the emerging field of psychology created many unfair stereotypes about women, particularly in regards to their mental capacity. These stereotypes, many of which continue today, stem from hypochondria, hysteria, and a little bit of hypocrisy.

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<sup>i</sup> Lippincott Williams & Wilkins, "Practical Suggestions," *The American Journal of Nursing* 9, no. 2 (Nov. 1908): 154, <http://www.jstor.org/stable/3403228>.

<sup>ii</sup> BMJ Publishing Group, "Hypochondria And Hysteria In Men And Women," *The British Medical Journal* 2, no. 1506 (Nov. 9, 1889): 1054, <http://www.jstor.org/stable/20221359>.

<sup>iii</sup> "Finds John Bunyan a Hypochondriac," *New York Times (1857-1922)*, (Aug 29, 1915), <http://search.proquest.com/docview/97766628?accountid=10628>.

<sup>iv</sup> John L. Moffat, "CHURCH HEALING LEGAL?: Cites Cases Prohibited by the New York Law," *New York Times (1857-1922)*, (Dec 4, 1908): 10. ProQuest Historical Newspapers: The New York Times (1851-2009), <http://search.proquest.com/docview/96864381/141042C83937BA29065/24?accountid=10628>

<sup>v</sup> BMJ Publishing Group, "Hypochondria And Hysteria In Men And Women," 1054.

<sup>vi</sup> Thomas King Chambers, BMJ Publishing Group, "Lecture On Hypochondriasis," *The British Medical Journal* 2, no. 653 (Jul. 5, 1873): 7, <http://www.jstor.org/stable/25234972>.

<sup>vii</sup> *Ibid.*, 6.

<sup>viii</sup> *Ibid.*, 7.

<sup>ix</sup> *Ibid.*, 7.

<sup>x</sup> James Stalker, "Summum Bonum: A Sermon," *The Expository Times* 3, no. 1 (October 1891): 13, doi:10.1177/001452469100300104, <http://ext.sagepub.com/content/3/1/11.citation>.

<sup>xi</sup> "Hypochondria," *Bow Bells : A Magazine of General Literature and Art for Family Reading* 29, no. 730 (Jul 24, 1878): 82, <http://search.proquest.com/docview/3152548?accountid=10628>.

<sup>xii</sup> Chambers, "Lecture On Hypochondriasis," 7.

<sup>xiii</sup> BMJ Publishing Group, "Hypochondria And Hysteria In Men And Women," 1054.

<sup>xiv</sup> Charles L. Dana, "The Limitation of the Term Hysteria, With a Consideration of the Nature of Hysteria and Certain Allied Psychoses," *The Journal of Abnormal Psychology* 1, no. 6 (February 1907): 269, accessed November 13, 2013, doi: 10.1037/h0075366.

<sup>xv</sup> *Ibid.*, 269

- xvi *Ibid.*, 270
- xvii *Ibid.*, 270
- xviii Chambers, "Lecture On Hypochondriasis," 7.
- xix *Ibid.*, 8.
- xx *Ibid.*, 6.
- xxi *Ibid.*, 6.
- xxii Dana, "The Limitation of the Term Hysteria, With a Consideration of the Nature of Hysteria and Certain Allied Psychoses," 270.
- xxiii BMJ Publishing Group, "Food For The Mind," *The British Medical Journal* 1, no. 2258 (Apr. 9, 1904): 851, <http://www.jstor.org/stable/20280264>.
- xxiv *Ibid.*, 850.
- xxv *Ibid.*, 851.
- xxvi *Ibid.*, 851.
- xxvii *Ibid.*, 851.
- xxviii "Hypochondria As a Fine Art," *Saturday Review of Politics, Literature, Science and Art* 57, no. 1472 (Jan 12, 1884): 36, <http://search.proquest.com/docview/9470618?accountid=10628>.
- xxix Chambers, "Lecture On Hypochondriasis," 6.
- xxx *Ibid.*, 6.
- xxxi *Ibid.*, 6.
- xxxii *Ibid.*, 6.
- xxxiii Alice Lucas, "The Nurse in Nervous Diseases," *The American Journal of Nursing* 5, no. 5 (Feb. 1905): 304, <http://www.jstor.org/stable/3402550>.
- xxxiv *Ibid.*, 304
- xxxv A. Friedlander, "Hysteria and Modern Psychoanalysis," *The Journal of Abnormal Psychology* 5, no. 6 (February 1911): 305, accessed November 13, 2013, doi: 10.1037/h0071316.
- xxxvi *Ibid.*, 305
- xxxvii Lucas, "The Nurse in Nervous Diseases," 304.
- xxxviii BMJ Publishing Group, "Food For The Mind," 850.
- xxxix Moffat, "CHURCH HEALING LEGAL?" *New York Times (1857-1922)*, (Dec 4, 1908): 10.
- xl Chambers, "Lecture On Hypochondriasis," 8.
- xli "Finds John Bunyan a Hypochondriac," *New York Times (1857-1922)*.
- xlii Chambers, "Lecture On Hypochondriasis," 8.
- xliii BMJ Publishing Group, "Hypochondria And Hysteria In Men And Women," 1054.
- xliv *Ibid.*, 1054.
- xlv Woloch, "Chapter 14: Feminism and Suffrage, 1860-1920." *Women and the American Experience, Fifth Edition* (2011): 332.
- xlvi Woloch, "Chapter 14: Feminism and Suffrage, 1860-1920," 332.
- xlvii Friedlander, "Hysteria and Modern Psychoanalysis," 300.
- xlviii *Ibid.*, 302
- xlix *Ibid.*, 318
- <sup>1</sup> Ann Douglas Wood, "'The Fashionable Diseases': Women's Complaints and Their Treatment in Nineteenth-Century America," *The Journal of Interdisciplinary History* 4, no. 1 (1973): 29 <http://www.jstor.org/stable/202356>
- li *Ibid.*, 27.
- lii *Ibid.*, 26.
- liii *Ibid.*, 28.
- liv *Ibid.*, 28.

- <sup>lv</sup> Ibid., 28.  
<sup>lvi</sup> Ibid., 34.  
<sup>lvii</sup> Ibid., 32-33.  
<sup>lviii</sup> Ibid., Pg 25

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