

**Victorian Medicine and the Beginning of Psychology:  
A Case Study of Anorexia Nervosa**

Thesis by

Johanna Cohen

Advisor

Jose C. Moya

Submitted in partial fulfillment of the  
requirements for the senior thesis  
of the Department of History



Barnard College, Columbia University  
New York, New York  
22 April 2015

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## Acknowledgments

I would like to thank my Thesis Advisor Professor Jose Moya. His support was endless during my thesis process. He was there for me, ready to brainstorm, offer moral support, and overall created a solid and warm foundation.

I would like to thank my History Advisor Professor Deborah Valenze for first sparking my interest in the history of food and health. She has been there throughout my thesis process and since becoming my advisor sophomore year. It was through conversations with her that I decided to focus my thesis on health in Victorian England.

I would like to thank Psychology Professor E'mett McCaskill for formally teaching me about anorexia nervosa in Abnormal Behavior. Thank you for providing me the foundation on which I learned the importance of understanding diagnosis, disorder titles, and the fluctuations that occur between these categories. Although my thesis was for the history department, it would not have been possible without my psychology studies and the way that I have learned to critique the classification of psychological disorders.

I would like to thank Sarah Witte, Shannon O'Neill, and Bob Scott, three wonderful Columbia University librarians, for their help in my research of source material.

Lastly, I would like to thank my family and friends for the support they have given me throughout the entire year. My upbringing as the daughter of a therapist and an artist gave me the tools to think about mental health in a unique way, which I have merged with my love of history. Thank you both for your endless energy and support, and for lending me an ear throughout this year to run through ideas and offer feedback.

## Translations

Librarian Bob Scott translated the ancient Greek texts in Chapter I: Ancient Etymology of ‘Anor.’ Professor Jose Moya translated the definitions from the Brazilian dictionary, *Diccionario de medicina e terapeutica homoeopathica*, and the Italian dictionary, *Dizionario delle science mediche e veterinarie*, in Chapter IV: The Relationship Between Medicine and Psychology.

## Introduction

The Victorian era marked a paradigm shift for the medical field. The constraints on medicine that had been previously strong had vastly faded, as the doctor-patient relationship changed and as the medical field simultaneously both expanded and contracted. The doctor understood that symptoms were not just something that could be visually observed. The examination process became more in-depth both in terms of questioning the patient to record symptoms, and utilizing developing medical technologies that enabled them to collect more information. The doctor's role substantially expanded with these new insights into disease, as well as due to increased medical technology and research. The Victorian period medicalized society as diagnostic capability expanded and new diseases, or at least diseases which previously lacked identities, emerged into the picture. This thesis explores the question of disease identity. It investigates how medicalization and diagnostic evolution interacted with previous interpretations of similar cases by the medical field, religious communities, and the general public. Furthermore, it questions whether the application of a new psychological diagnosis can be applied to a past case; this permits comparisons between cases, but it also can erroneously change the sociological profile of the earlier case. This thesis examines the identity of anorexia nervosa through evolving understandings of the term based on a historical review of literature.

The Victorian scientific expansion involved modifications to the medical profession. New research challenged traditional medical practice and treatment. Direct trigger models no longer accounted for all of the symptomatic criteria under the diagnostic structure that had begun to arise. Further dimensions were added to the traditionally believed biological foundations of diseases. These transformations did not occur solely within the realm of medicine. The social environment interacted with the medical metamorphous, specifically the view of self in

relationship to family and society. Although the way the environment influenced self was not completely understood, the ability to question it came to the forefront during the Victorian era. Society considered the self to be unique, and that the environment potentially had a major influence on how the self formed.

Following a historiographical section that discusses the principal debates in the scholarly literature on anorexia, the thesis is organized into five chapters. Chapter I: Ancient Etymology of ‘Anor,’ examines ancient and early Common Era definitions of the root word ‘anor.’ Chapter II: Fasting Girls, briefly explores the practice of fasting saints and then analyzes the term fasting girls. It discusses how general society, religious figures, and medical practitioners saw the girls’ behavior. Chapter III: Doctor William Gull and Victorian Anorexia Nervosa, clarifies the Victorian identity of anorexia nervosa and the term’s development. Chapter IV: The Relationship Between Medicine and Psychology, outlines how anorexic symptomology acts as a vignette for the interaction between medicine and psychology, and the evolution of psychology as a distinct field. Chapter V: Domesticity and its Relationship to Body Image and Nutrition, examines the Victorian cultural and environmental background and their potential influences on anorexia nervosa. It shows the importance of understanding psychological disease through the perspective of its unique time period. The conclusion fuses the previous analytical strands by discussing the interplay between anorexia’s etymology and the general cultural and intellectual milieu. As these chapters illuminate, the conclusion crystallizes the idea that a true mental health diagnosis cannot even be considered for cases before the Victorian period.

## Historiography

Although Dr. William Gull did not classify anorexia nervosa until 1873, documents recording the voluntary and systematic rejection of food by individuals date back to at least ancient Greece. Not surprisingly, the central debate in the historiography centered on whether this was a cultural-bound syndrome that began during a specific time period or one that had existed across time and could be triggered by variable factors. Further, it examined the debates about the evolution of the definition of anorexia and anorexia nervosa, and explored how much the diagnostic criteria could change while still being considered the same disorder. Controversy in this scholarly research remained over whether symptoms listed in primary source content were enough for a secondary sources to overlay a modern definition on a previous case. This process could create incomplete understanding of the earlier scenario and its interaction with that time period's sociocultural and economic factors. Alternatively, it could allow a past event or idea to be comparable to something more recent.

Discrepancies surfaced in the literature on medical and psychological diagnoses. Anorexia nervosa was originally framed in the 1870s as a medical ailment, but with the growth of the field of psychology later in the century and particularly in the twentieth century, it became categorized as a psychological disease. This transition meant that the understanding of disease and how different parts of health related to each other acquired more than direct and organic triggers. Whereas a physical illness manifested similarly at any point in time, a psychological illness did not fall so neatly within boundaries. A physical illness had a biofeedback model that normally intersected with the body in a certain way and it was based on a set condition. However, the symptoms of anorexia nervosa were highly influenced by the sufferer's



environment. It was only with the ability to conduct psychological analysis that the full spectrum of this condition could be identified.

The work of several authors was scrutinized in order to analyze how the emergence of psychology intermingled with the medical field. The authors in the historiography provided a comprehensive picture of this evolution through the lens of anorexia nervosa and were selected because they presented different points of view. They offered insight into how anorexia's pathway from the ancient Greek philosophers and doctors should be outlined, and where and how the mental state became part of future diagnostic criteria.<sup>1</sup>

In *Victorian Psychology and British Culture 1850-1880*, Professor Rick Rylance investigated the meaning of psychology during the mid-nineteenth century. Although Rylance did not specifically focus on anorexia nervosa, his discussion of the interaction between medicine and psychology helped to clarify the Victorian medical field. He included four discourses about the underpinnings of psychology during the Victorian era and where it would proceed: the soul, philosophy, physiology in general biology, and medicine.<sup>2</sup> His explanation of psychology relayed the Greek origin of the word 'psychology,' or 'soul discourse.' Rylance indicated that psychology became increasingly focused on biology and medicine, which garnered increased legitimacy for psychology. Medicine still held categories that later became considered as psychological diseases that could be treated medically or psychologically if such a distinction was to be drawn, as opposed to pure medical diseases that required traditional medical treatment. Despite the fact that Rylance did not discuss any controversy on the topic of anorexia nervosa, he provided a detailed framework to understand trends in the development of psychology as a field.

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<sup>1</sup> Anorexia in this context refers to the word itself and the etymology attached to it, before it became connected to nervosa.

<sup>2</sup> Rick Rylance, *Victorian Psychology and British Culture 1850-1880* (Oxford: Oxford University Press, 2000), 21-23.

These ideas were further developed by psychology historians, Jeroen Jansz in, *A Social History of Psychology*, and John G. Benjafield in, *Psychology: A Concise Overview*.<sup>3,4</sup> They offered details on how psychology emerged and what it signified in the context of Victorian society and the medical landscape, and helped to reconstruct the environment in which anorexia nervosa became a diagnosable disorder.

In *The Desirable Body: Cultural Fetishism and the Erotics of Consumption*, Cultural Studies Professor Jon Stratton developed an argument that cultural fetishism became tied to capitalism beginning in the mid-nineteenth century.<sup>5</sup> He examined the influence of consumption and consumer culture on psychological theory of body image. Stratton offered a broad perspective on cultural change, and his discussion of anorexia nervosa was meant as an example of his larger argument. Stratton felt that there was a certain extent that cultural boundaries formed the disorder, and he provided a foundation of structural reasoning to support that anorexia nervosa began specifically in the mid-to-late nineteenth century. The use of the word ‘began’ purposely connected to Stratton’s discussion of how the vision of the female body became reconstructed during this time period in response to the regulation of the self and daily life in modern nation-states.<sup>6</sup>

In *Fasting Girls*, historian Joan Jacobs Brumberg described a multi-dimensional definition of and approach to the formation of anorexia nervosa. She argued that the disease began during the Victorian period, and that there was not one causal model, but a combination of

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<sup>3</sup> Jeroen Jansz, “Psychology and society: an overview,” in *A Social History of Psychology*, ed. Jeroen Jansz and Peter van Drunen (Malden: Blackwell Publishing Ltd, 2004), 12-40.

<sup>4</sup> John G. Benjafield, *Psychology: A Concise History* (Don Mills: Oxford University Press, 2012), 32, 38, 43.

<sup>5</sup> Jon Stratton, *The Desirable Body: Cultural Fetishism and the Erotics of Consumption* (New York: Manchester University Press, 1996), 1-4.

<sup>6</sup> *Ibid.*, 25.

three causal models: biological, psychological, and cultural.<sup>7</sup> Further, Brumberg contended that when other historians focused on a limited theoretical model, it created an incomplete understanding of the disorder. *Fasting Girls* explored the culture-bound aspect of anorexia nervosa's formation, and the difficulty of determining the exact origin time period. Her line of argument was that there were many factors that led to the development of the diagnosis. Areas of resistance to food before the Victorian time period had different characteristics, and if they were termed through a reductionist argument to be congruent, that diminished the inherent complexity of anorexia.<sup>8</sup>

In *Holy Anorexia*, historian Rudolph Bell concluded that medieval fasting saints exhibited anorexic behavior much earlier than when Gull developed formal terminology.<sup>9</sup> He discussed the patriarchal society of the female fasting saints were in and that their anorexic behavior was a form of control. Bell did not discount the modern definition of anorexia nervosa; instead he proposed that it needed a broader etiology, and that the holy women did not have the same disorder, but comparisons could be drawn.

In *From Fasting Saints to Anorexic Girls*, Walter Vandereycken and Ron Van Deth scrutinized the history of self-starvation. Instead of applying a modern psychological or psychiatric framework on cases of the past, they looked at themes of self-starvation and fasting across Western culture.<sup>10</sup> They supported the culture-bound theory of the disorder and the impact of socio-economic factors in postindustrial Western society. They investigated the biopsychosocial model of causation and how these theories came together to form the condition

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<sup>7</sup> Joan Jacobs Brumberg, *Fasting Girls: The History of Anorexia Nervosa* (New York: Vintage Books, 2000), xvii, 6, 9.

<sup>8</sup> Brumberg, *Fasting Girls*, 48

<sup>9</sup> Rudolph Bell, *Holy Anorexia* (Chicago: The University of Chicago Press, 1985), XII.

<sup>10</sup> Walter Vandereycken and Ron Van Deth, *From Fasting Saints to Anorexic Girls* (New York: New York University Press, 1990), 4-6.

anorexia nervosa. Alongside the understanding of the complex causal structure of anorexia nervosa, they also created a psychological pathway of anorexia nervosa.

These authors demonstrated that the question of the etiology of anorexia nervosa remained. From the literature available on anorexia nervosa, historians' demonstrated many conflicts and overlaps of the definition and its causal model. The ultimate question was whether a modern psychological framework could be applied to the past.

## Chapter I: Ancient Etymology of ‘Anor’

The etymology of the Greek word, ‘anorexia,’ could be seen as far back as the fifth century B.C. with its root, ‘anor.’ In *A Greek-English Lexicon*, Henry Liddell and Robert Scott tracked early uses of Greek words, listing words with ‘anor’ as their root, their definitions based on the context of who used them, and where they were used.<sup>11</sup> The lexicon organized this section into a timeline beginning from the earliest entry by philosopher Timaeus Locrus in the fifth century B.C., which Liddell and Scott translated ‘anorexia’ as, “want of desire or appetite.”<sup>12</sup> Timaeus Locrus used the modern form of the word ‘anorexia,’ with ‘exia’ as its suffix. This definition showed the ancient connection of ‘anor’ to both desire and to desire. Thus, it grouped the symbolic meaning of a desire with the innate human function of having an appetite.

Liddell and Scott reviewed Aristotle, who used the word, ‘anorektos,’ in the fourth century B.C., and explained the definition as, “without appetite for.”<sup>13</sup> Andronicus Rhodius in the first century B.C. and Soranus Medicus in the second century A.D. defined ‘anorektos’ similarly. Aristotle discussed ‘anorektos’ in *On Virtues and Vices*. The first contextual section for ‘anorektos’ was, “Sobriety of mind is goodness of the appetitive part that makes them not desirous of the base pleasures of sensual enjoyment. Self-control is goodness of the appetitive part that enables men by means of reason to restrain their appetite when it is set on base pleasures.”<sup>14</sup> This advocated a restriction on men to understand what it meant to be full and to eat to the point of contentment, but to recognize satiation. It showed an early framework of the

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<sup>11</sup> Henry George Liddell and Robert Scott, *A Greek-English Lexicon* [original 1909] (Oxford: Clarendon Press, 1996), 147.

<sup>12</sup> *Ibid.*, 147.

<sup>13</sup> *Ibid.*, 147.

<sup>14</sup> Aristotle, *Aristotle*, vol. 20, *The Athenian Constitution; The Eudemian Ethics; On Virtues and Vices*, trans. H. Rackham (Cambridge: Harvard University Press, 1981), 490-491.

relation of mind to the control of the appetite and bodily pleasure. It also illustrated a gendered connection of ‘anor’ related restriction through a masculine framework.

At a second point in *On Virtues and Vices*, Aristotle discussed ‘anorektos,’ but interestingly the English translation did not actually include words linked to appetite in regard to food. This demonstrated the importance of the notion of appetite as being much broader than being food based, and its relation to the sobriety of the mind. Aristotle stated, “To sobriety of mind it belongs not to value highly bodily pleasures and enjoyments, not to be covetous of every enjoyable pleasure, to fear disorder, and to live an orderly life in small things and great alike. Sobriety of mind is accompanied by orderliness, regularity, modesty, caution.”<sup>15</sup> Interestingly, he used a word that roughly equated to the word ‘hedonism.’ directly before ‘anorektos.’<sup>16</sup> This statement discussed the need to restrain self and to be comfortable, but not to overindulge in pleasurable activity, in other words to not be hedonistic. In both examples, Aristotle defined the root ‘anor’ in the context of monitoring and ordering self so as not to get caught up into something that did not demonstrate rationality and modesty.

Liddell and Scott listed Plutarch’s usage of the root ‘anor’ in first/second century A.D. with the word ‘anorektos,’ under the same definition as for Aristotle, “without appetite for.”<sup>17</sup> Plutarch also used the passive adjective ‘anorektōs,’ defined by Liddell and Scott as “not desired, of food.”<sup>18</sup>

It was important to note that the broader definition of ‘anorektos’ was refined to include food and other things within appetite, whilst ‘anorektōs,’ the passive form, only included food in relation to appetite. Plutarch used the words ‘anorektōs’ and ‘anorektos’ in his book, *Moralia*.

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<sup>15</sup> Aristotle, *On Virtues and Vices*, 493.

<sup>16</sup> *Ibid.*, 492.

<sup>17</sup> Liddell and Scott, *A Greek-English Lexicon*, 147.

<sup>18</sup> *Ibid.*, 147.

For the purpose of explaining Plutarch's quotes, the similarity exhibited within these forms of 'anor' and their definitions were related enough that they were grouped together in this thesis to understand Plutarch's three usages in *Moralia*. Plutarch stated, "when we are free from all suspicion of passion, if the offence still appears evil to the clear and settled judgment, we should attend to it then and not dismiss or abandon the punishment, as we leave food when we have lost our appetite."<sup>19</sup> Plutarch used the root 'anor' to discuss the relationship between appetite and feeling full, and the passionate feeling of rejection of food when a person no longer desired food. Plutarch showed this idea as a metaphor to encourage people not to disengage themselves from intimidating situations. This quote showed the use of 'anor' not in the sense of restriction but in simple natural rejection, and an ability to move past this rejection.

Similarly, Plutarch's second usage of 'anor'— "The unappetizing on the other hand, wanders aimlessly in the system, and nature either expels it altogether, or puts up with it reluctantly because of necessity"— discussed a lack of appetite not in the sense of food per se, but in the sense of something not being appealing.<sup>20</sup> This quote showed the intricacies of the desire to reject the unappetizing item and the pull to it to fulfill an innate need of the body. Plutarch's third usage of 'anor' reflected complicated relationships people could hold with food and used the actual word 'food,' "Many of the sick are in need of food and yet lack appetite; whereas some eat their fill, yet have appetites not only unabated but actually intensified and persistent."<sup>21</sup> This quote described an inability to find a balance between being full and needing food.

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<sup>19</sup> Plutarch, *Moralia*, trans. W.C. Helmbold, 16 vols. (Cambridge: Harvard University Press, 1970), 6: 134-135.

<sup>20</sup> Plutarch, *Moralia*, trans. Paul A. Clement and Herbert B. Hoffleit, 16 vols. (Cambridge: Harvard University Press, 1969), 8: 314-315.

<sup>21</sup> *Ibid.*, 460-461.

Within the ‘anor’ dictionary section, Liddell and Scott also defined the word ‘anorekteō.’ This word was used more recently than previous ‘anor’ root words. Antyllus Medicus and Soranus Medicus, in second century A.D., used the word ‘anorekteō,’ which meant, “have no appetite.”<sup>22</sup> All of these definitions that Liddell and Scott discussed showed a general trend that connected ‘anor’ to an absence or rejection of desire.

These ancient Greek and early Common Era texts illustrated the length of the etymology of the root ‘anor,’ and its complex definition. These doctors and philosophers saw appetite as a desire for pleasure or indulgence, not solely related to food. The definition of ‘anor’ incorporated a broad spectrum of healthy control of appetite to the lack of desire of taking in the required amounts necessary for survival.

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<sup>22</sup> Liddell and Scott, *A Greek-English Lexicon*, 147.



## Chapter II: Fasting Girls

The struggle regarding control of appetite within the self later took on a female gendered persona as opposed to either the male or undefined persona in ancient Greek and early Greek Common Era texts. Many modern historians attached the anorectic label to the practice of fasting women saints during the medieval time period. As Brumberg analyzed, women represented the vast majority of those who used the behavior of fasting to represent their holy devotion.<sup>23</sup> Women in the thirteenth through fifteenth centuries, who fasted for long periods of time, fit into a diathesis-stress model of religious fervor. Their drive to fast came from a Christian rhetoric of devotion to God and adhering to the tenets of self-denial in order to transcend their earthly bodies and become more pure in their relationships to God. This link to religion provided a definitive trigger and model for why the women starved themselves. Their ensuing emaciation was not caused by an organic illness, rather through a cause-and-effect relationship to a higher being. In the seventeenth and eighteenth centuries, medical professionals called this condition either, “inedia prodigiosa (a great starvation) and anorexia mirabilis (miraculously inspired loss of appetite).”<sup>24</sup> Brumberg argued that these saints experienced a condition distinct from anorexia nervosa.<sup>25</sup> She reasoned that to say otherwise disregarded the cultural context attached to both the modern and medieval conditions as well as what it meant to be a saint versus a patient.

As Brumberg discussed, for roughly the last three decades of the nineteenth century, coinciding with Gull’s naming of the disease, the term ‘fasting girl’ became part of the vernacular of both the medical profession and the popular press.<sup>26</sup> The word ‘girl’ applied to both women and girls, and insinuated the hysteric attributes of the nervous disorders associated with

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<sup>23</sup> Brumberg, *Fasting Girls*, 43-44.

<sup>24</sup> *Ibid.*, 44.

<sup>25</sup> *Ibid.*, 47-48.

<sup>26</sup> *Ibid.*, 62-64.

girlhood. Thus the connotation of ‘girl’ became attached to this new manifestation of the self-starvation condition. Technically, *anorexia mirabilis* still existed within medical dictionaries, but it was not used in medical diagnosis as the medical field grappled with how to define an unnatural lack of appetite, and no longer felt this term adequately explained the condition. However, some people, including the religious, felt that *anorexia mirabilis* still applied. The nature of the perception of self-starvation changed during this time period and the medical community became highly skeptical over its causal factors.

In the 1879 book, *Fasting Girls; Their Physiology and Pathology*, William A. Hammond, an American nineteenth century professor of diseases of the mind and the nervous system, interconnected medicine with the terminology ‘fasting girl.’ He analyzed the abstinence from food in the middle ages and constructed a timeline that bridged to abstinence during the mid-to-late nineteenth century when this book was published. He linked certain ethnic groups or cultures to an association of religion with superstition and certain physical conditions, including abstinence and stigmata. Hammond noted that contemporary anorexic women who claimed to have stigmata rare in, “practical common sense nations,” like the United States and Great Britain.<sup>27</sup> He stated that, “Strange to say, the ability to live on the eucharist, and to resist starvation by diabolical power, died out with the middle ages, and was replaced by the ‘fasting girls.’”<sup>28</sup> His inquiry on anorexic behavior was representative of the questioning in the general medical community as perceptions of the condition of self-starvation altered.

There were only a few widely publicized cases of fasting girls, which popularized the term. One famous case that demonstrated the common lingual usage of the word fasting girl was the Welsh Fasting Girl. The case was represented in popular culture and available for the

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<sup>27</sup> William A. Hammond, *Fasting Girls; Their Physiology and Pathology* (New York: G.P. Putnam’s Sons, 1879), 32.

<sup>28</sup> *Ibid.*, 6.

everyday reader. A wide array of articles was written about this case and others in newspapers spanning from London, UK; to San Francisco, US; to New Delhi, India.<sup>29</sup> *The Times*, of London, included multiple articles about the Welsh Fasting Girl in an attempt to decipher the diathesis-stress model of the girl's situation. One 1869 editorial of the Welsh Fasting Girl, stated two possible causes, to blame the girl because she actively chose to starve herself and eventually to die, or to attribute it to hysterical symptoms, thus shifting the blame from her.<sup>30</sup> In the first scenario, "If she willfully refused food, having due facilities for obtaining it, and being master of her actions, she committed suicide."<sup>31</sup> This illustrated the confusion over the classification of the fasting girl characteristics, as in was a perpetrator or a victim. One side of the argument placed the girl into a category of individual choice without the presence of other reasons. The other side of the argument linked disease as central to her condition.

The Welsh Fasting Girl editorial questioned whether the girl had made an active decision to kill herself. It showed two possible explanations, one that related to the possibility of hysteria, which medicalized her behavior, and the other related to a personal active decision to exhibit a certain demeanor. The way that the editorial discussed the interaction of individual choice and disease, and demonstrated something that would later act as reasoning behind the identification of a new disease. This editorial showed the general feeling toward the disease that within the next few decades would probably have been diagnosed as anorexia nervosa. However, since the actual disease had not been defined yet, placing the later diagnostic framework onto the case could potentially change the representation of the Welsh girl. The idea of life without food sounded, "like a cry for irrationality and for a peculiar and archaic form of female

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<sup>29</sup> Based on an analysis of articles on Sarah Jacobs from the year 1869 appearing in the database Proquest Historical Newspapers.

<sup>30</sup> "It was always obvious that, from one point of," *The Times* (London, England), 24 December 1869, 7. This title was based on the beginning of the first line of *The Times* article.

<sup>31</sup> *Ibid.*, 7.

empowerment.”<sup>32</sup> The scientific and medical communities did not know how to comprehend these cases, how to accurately diagnosis the presented symptoms, or how to treat them. This editorial showcased the confusion within academic communities about how to interpret fasting girls’ cases.

The choice of the word ‘archaic’ in the Welsh fasting girl editorial demonstrated part of the confusion around how society viewed the characteristics of a fasting girl. In a 1999 article appearing in the journal *History of Psychiatry*, Elizabeth Liles and Stephen Woods argued that the fasting girls gained public attention in response to their self-starvation, but this type of attention did not equate to the same veneration that the medieval saints had received from the public.<sup>33</sup> Some of the fasting girls’ reasons resembled that of fasting medieval saints in their statement that self-starvation meant a deep devotion to God, but the public did not value the reasoning in the same manner. The controversy over the fasting girls’ cases within the religious and medical fields reflected a change in society that no longer necessarily revered religion over health. Nineteenth century medical professionals and more strikingly, lay people of the Victorian era, did not simply follow the same cause-and-effect model due to new recognition of the influence of the environment on the mind and on human behavior. They saw the origin or explanation of self-starvation with these new components. This illustrated external and internal relationships in the development of the condition. The phenomenon related to a framework that still considered religion as a possible cause of self-starvation, but with a broader sociocultural diathesis-stress model for the development of anorexia nervosa.

Hammond discussed how many professionals united in support of the fasting girls’ stories and stated that, “if a weak emaciated girl asserts she is able to exist for years without

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<sup>32</sup> Brumberg, *Fasting Girls*, 75.

<sup>33</sup> Elizabeth G. Liles and Stephen C. Woods, “Anorexia nervosa as viable behaviour: extreme self-deprivation in historical context,” *History of Psychiatry*, vol. 10, no. 38 (1999): 209-210.

eating, there are at once certificates and letters from clergymen, professors, and even physicians, in support of the truth of her story.”<sup>34</sup> He examined how previously the abstinence from food had been perceived through a framework unconnected from science and medicine. This showed the interaction of religious language with something that had adopted the considerations of the medical field. Hammond explained that despite the advances in these fields, that there still was a following toward a miraculous nature attached to the statements by fasting girls, as there had been toward similar presenting problems during the medieval era. However, this explanation no longer held the same level of mysticism, and instead of being seen as Godly or pious, it was viewed with skepticism.

As Hammond reasoned, the change that occurred was that there now existed questioning in the medical community that did not necessarily align the girls’ stories to be the truth. This occurred because the stories did not follow the learning that had occurred in these fields. Hammond explained this divergence stating that the growth and knowledge accumulated in science sometimes seemed to be forgotten, “when brought face to face with the false assertions of a hysterical girl.”<sup>35</sup> This statement showed a belief that some other professionals misrepresented the food abstinence condition, as he described the lack of deep analysis by them, when Hammond clearly felt there was a connection to hysteria. This showed how medicalization interacted with food abstinence, but that there was division within the professional community over the full diagnosis of this condition through a medicalized framework. The importance of this piece of writing in the attachment of a superstitious lens to these cases of fasting was that it was a social and religious critique on society from the medical community, written directly amidst the issue.

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<sup>34</sup> Hammond, *Fasting Girls; Their Physiology and Pathology*, 1.

<sup>35</sup> *Ibid.*, 30.

To follow along with Hammond's critique, in the 1894 piece, "Anorexia Nervosa," Doctor W.J. Collins discussed the Welsh fasting girl and other cases similar to her situation. He labeled them as, "notorious cases of a quasi-religious kind."<sup>36</sup> Similar to Liles and Woods, Collins explored how whilst fasting saints that had been previously mentioned received respect for their practices, the said religious relation of fasting girls did not get the same treatment. Collins remarked that, they "may well have had the morbid mental basis observed in anorexia nervosa; but owing to the relatively recent recognition of moral insanity the neurotic element escaped attention."<sup>37</sup> The religious aspirations of the past no longer accounted for the choice of self-starvation, and the fasting girls, without either this prior revered goal or a medical label, became objects of derogatory objects of gossip for the public and medical communities, but not respected persons.

Charles Dickens discussed a version of the fasting girl narrative in his magazine *All The Year Round* in 1869. He started the piece with a statement on the ongoing public fascination shown by the media presence of the Welsh Fasting Girl, continuing that, "it seems to be little known how frequent the instances of a similar kind have been, in past years."<sup>38</sup> He continued on to discuss voluntary fasting, specifically related to religion, and described it as a worldwide phenomenon. This showed that in the literal sense, the self-starvation stories that the public had become obsessed through the media were not novel in the essence of the choice to excessively fast. The comment on frequency demonstrated Dickens' belief that the fasting girl did not necessarily mean the person had an especially unique condition. Instead he argued that what had changed and was important to address in regard to the fasting girls was the relationship of the

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<sup>36</sup> W. J. Collins, "Anorexia Nervosa," *The Lancet*, vol. 1, issue 3674 (1894): 203, doi: 10.1016/S0140-6736(00)48519-3.

<sup>37</sup> *Ibid.*, 203.

<sup>38</sup> Charles Dickens, "Fasting Girls," *All the Year Around: A Weekly Journal*, vol. 2 "New Series," October 9, 1869, 442.

doctor to the patient. Dickens remarked that a doctor wrote the new narrative and, “takes responsibility for any skepticism he may express concerning what was told him, or what he seemed to see; for in matters of this kind it is not always safe to conclude that “seeing is believing.””<sup>39</sup> This realization that seeing did not equal believing meant that aspects of a disease could be much deeper than an obvious physical presentation.

Dickens’ piece demonstrated the interest in this issue by other academic fields besides medical and religious. When Dickens discussed the case of the fasting girl he quoted the physician who had seen the Welsh fasting girl. In the doctor’s words, the public consumption of her story both hurt the patient and the doctor in the determination of, “how much of the symptoms is the result of a morbid perversion of will, and how much is the product of intentional deceit.” This statement brought into the conversation a possible social class component to the presentation of eating issues. Specifically, it accused the family of exploitation of the girl’s circumstance, and the creation of a circus-like atmosphere. It showed the centrality of the different external environmental influences on the immediate presentation of this type of condition. This piece showed a strong feeling that the term ‘fasting girl’ brought unnecessary attention to something that was not unique, but noted that the medicalization lay on the fact that a physician had become involved. The physician’s involvement made self-starvation into a situation that required medical attention. As Brumberg explained in 2000, the negative publicity of the fasting girls’ cases created a feeling within the medical community that someone who came in with the presenting condition of, “prolonged abstinence,” had a deceptive goal.<sup>40</sup> Her view of the connotation of the fasting girl clearly aligned to the feeling that Dickens projected.

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<sup>39</sup> Dickens, “Fasting Girls,” 444.

<sup>40</sup> Brumberg, *Fasting Girls*, 65.

The Welsh fasting girl illuminated the class component of the disease. Her case illustrated that the person did not necessarily need to be the uppermost segment of society, but that the sociological profile simply had to have enough money to have food that in turn could be rejected. The Welsh fasting girl exhibited this characteristic of self-starvation of someone from a moderate upbringing. In *Chicago Tribune* article, “THE WELSH ‘FASTING GIRL.’: A Singular History,” John Hughes discussed Sarah Jacob’s family life and her economic background as the daughter of a farmer.<sup>41</sup> The article showed that Jacobs, who began to abstain from food in 1867, around her twelfth year, did not come from a position of great wealth, but instead she came from more of a common background.

Jacobs’ case showed a family component that helped with the notoriety of the fasting girls. Hughes described the way that her family escalated her situation; “The child was laid out in her bed decorated as a bride.”<sup>42</sup> The family projected forward a morbidly engaging image to the public that gave them a source of gossip. The decision to allow public access to the story of the fasting girl added a new component to a condition similar to what had been previously discussed in terms of anorexia mirabilis. It went further than what the environment could have triggered in the development of the girl’s condition, and into immediate concerns for the extravagant visual show the family put on to the media.

In the satirical Victorian magazine, *Punch*, the 1876 article, “Real ‘Fasting Girls,’” commented on the discrepancy between the public’s focus on people who fast when they have food available and people who starve because they lack access to food. It criticized the media’s focus on those who chose to starve themselves. It stated that the media and people did not pay

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<sup>41</sup> John Hughes, “THE WELSH ‘FASTING GIRL.’: A Singular History,” *Chicago Tribune*, 13 January 1870, 0\_3.

<sup>42</sup> *Ibid.*, 0\_3.



attention to the real social problem—a lack of food for people who want it but cannot afford it.

“*Mr. Punch*” stated that:

He is far more concerned for the poor fasting girls whose total earnings for a week’s work of eight hours a day only amount to three or four shillings. There is certainly something of ‘the miraculous’ in the fact that these unfortunate creatures manage to keep body and soul together; rather more wonderful thinks *Mr. Punch*, than that a girl should be able to lie in bed and sustain life by ‘moistening of her lips with wine, brandy, &c.’<sup>43</sup>

This called into question public consumption of the new material that regarded a deliberate choice to not consume food, despite social justice issues regarding a lack of food for others. It appealed to *Punch Magazine* readership that the focus should instead be on those who needed the help and had no active channel to receive it. The above commentary noted the privilege that one had to have to participate in such practice.

The interaction of doctors and the media with the self-starvation behavior of fasting girls changed previous eras’ practices of self-starvation, and added new dimensional qualities to this prolonged food abstinence scenario. The commentaries investigated the causal factors of the girls self-starvation, and debated whether they had actively decided to fast.

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<sup>43</sup> “Real ‘Fasting Girls,’” *Punch Historical Archive* [London, England], 4 March 1876, 82. Mr. Punch was the name used as an umbrella term for the editorial staff of *Punch Magazine*.

### Chapter III: Doctor William Gull and Victorian Anorexia Nervosa

Dr. William Gull applied medical principles in his original identification of anorexia nervosa. The outline of anorexia nervosa as a disease had a socio-environmental model as opposed to only biological underpinning. The immediate trigger of the disease remained unknown during the Victorian era, but what Gull found was the uniqueness of the formation of anorexia nervosa unconnected to any known organic triggers, but that self-starvation could influence the emergence of other problems for the patient. Unbeknownst to Gull it also had a psychological framework in the understanding of how self-starvation related to mental faculties, and what parts came from biological brain triggers.

Gull, a chief physician for Queen Victoria and one of the first members of the prestigious Clinical Society, established the term ‘anorexia nervosa’ in 1873. In Gull’s August 1868 speech, “Address in Medicine,” presented to the Annual Meeting of the British Medical Association at Oxford, he argued for the importance of expanding medical science in conjunction with allowing other sciences to grow as well, so as not to spread medicine too thin. He stated that, “we must therefore, refer our physiological difficulties to the physiologist, and our chemical questions to the chemist.”<sup>44</sup> The speech discussed the uncertainty and imperfection in medicine and science, and that broadened knowledge necessitated the development of specialties to focus on more specific problems. Within this realm of the changing medical field, he examined the new characteristics and expectations of the doctor’s role.

Gull explained that a clinical student could try to find the answer, but that the best clinical student attempted to find a solution with attained evidence and knowledge. This attempt acknowledged that a level of uncertainty remained central to the immediate problem and that the

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<sup>44</sup> William W. Gull, “The Address in Medicine,” *The Lancet*, vol. 2, issue 2345 (1868): 171, doi:10.1016/S0140-6736(01)13059-X.

student realized the significance of this uncertainty within the general medical field. A doctor used to be able, at least potentially, to comprehend the whole medical field. But the field had expanded to the point that acquisition of that full knowledge was no longer possible.<sup>45</sup> Gull focused on the compartmentalization of medicine and the need to focus because of the vastness that had erupted in the field. He accepted the necessity for the separation of scientific fields in order to tackle different questions. When Gull stated, “Every form of life has to us a value... We desire to know what limits, specializes, and perverts. We study in order to distinguish, and not to classify,” it brought a space for active debate.<sup>46</sup> He helped to open conversation that focused on learning without restriction or categorization. Gull attempted to build a scientific system where medicine fell within the realm of science, but it did not dominate science. These statements urged his peers to step up to the plate and develop doctors who, like the clinical student, did not aim to simply apply a label, but instead explored different facets to treat presenting ailments in the most effective manner possible.

Gull encouraged the medical field to continue to expand its knowledge, deepen its diagnostic ability, and move forward to new levels of capability. He discussed the medical field’s diagnostic imperfections, in that, “the perfection of diagnosis cannot be reached till we have a perfect pathology, we have to confess that it falls behind the pathological knowledge we at present possess, as the revelations of the post-mortem tables abundantly confirm.”<sup>47</sup> There was much that doctors could actively research, but as Gull showed, the knowledge that the medical field attained would always be less than its potential. The field had unexplored realms that could cure more diseases and symptoms, some of which doctors had not yet named or analyzed, as well as already defined diseases that could have better treatments.

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<sup>45</sup> Gull, “The Address in Medicine,” 171.

<sup>46</sup> *Ibid.*, 171.

<sup>47</sup> *Ibid.*, 174.

Importantly, Gull explained a new framework for medicine, which showed the imperfection of pure symptomatic analysis. He stated that the problem with inquiry, especially with brain disease, was that without further investigation and with only direct diagnosis from patient reported symptoms, it was, “more likely to lead to error than to truth; a fact which, if I be right in the statement of it, shows of how little value mere symptoms are in the diagnosis of such diseases.”<sup>48</sup> The patient could really understand the full implications on the body and have the capability to express everything that happened internally because of limited conscious awareness of the internal being. Gull’s acknowledgment of this demonstrated the change in medicine that increased the doctors’ active roles in diagnosis. He noted: “How different seems to us at the present day the value of the symptoms which were formerly considered indicative of strength.”<sup>49</sup> Gull recognized that even when a good diagnosis could be made, it did not mean the disease could be cured. He pushed forward the idea that there needed to be more done in the field to improve symptom analysis and cures. A diagnosis without an actual cure did not ultimately mean anything to a specific individual, and he remarked on the validity of medicine in pushing forward the discovery of real cures even if it meant changing the current process within the medical field. Gull tried to validate authenticity in the ability to question medical diagnosis and have uncertainty in the field.

Moving forward into the position of medicine in relation to other fields, Gull determined that the medical field had the role of, “chief cultivators” of tremendous advances in science and felt, “assured that our future must be one of ever-increasing usefulness and honour.”<sup>50</sup> He framed the change to show that other fields breaking off from medicine had expanded science, and presented a belief that propagated the potential for the continuous growth of the medical field.

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<sup>48</sup> Gull, “The Address in Medicine,” 174.

<sup>49</sup> Ibid., 175.

<sup>50</sup> Ibid., 176.

Gull conceived that the growth of science provided room for advances in the medical field as other related specialties emerged, and that within the different areas practitioners could apply more intensified focus.

Further into Gull's 1868 speech, he brought into the conversation the disease of hysteria to demonstrate the complicated nature in which people form or contract diseases. Hysteria acted as an applicable case study because it did not have a known etiology, and the implications of the disease could present variably upon the physical body.<sup>51</sup> Gull explained that there was not at that time a complete understanding of the essence of hysteria, as well as that this label might not accurately describe this condition. He saw this condition could manifest with mental or physical affects in either men or women. The strength of this statement indicated his awareness of the important study of the mind's influence on the body, which connected to his viewpoint of the necessity of increased specialization in the medical field. He stated that, "the history of medicine and my own individual experience supply instances of actual tissue changes which admit of no explanation until thus looked at; and, I need not add, such cases are entirely distinct from feigned and fictitious disorders."<sup>52</sup> Gull recognized the validity of mental conditions. Despite their unknown stressors, they had an active symptomatic expression that demonstrated that something had gone wrong in the body, even if the doctor could not yet define identify the causes. He stated that hysteria showed, "how far the cerebral influence extends, and physiology will hereafter teach us to trace the steps whereby these effects are produced."<sup>53</sup>

Gull investigated the diagnosis of anorexia nervosa-like diseases and symptoms through the framework of hysteric apepsia before he actually established the term. In the same 1868 speech at Oxford University, he disapproved of diagnosis based on stated symptoms or physical

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<sup>51</sup> Gull, "The Address in Medicine," 172.

<sup>52</sup> Ibid., 172.

<sup>53</sup> Ibid., 172.

examination without understanding pathology and investigating further. He addressed the difficulty in diagnosing this condition; “thus we avoid the error of supposing the presence of mesenteric disease in young women emaciated to the last degree through hysteric apepsia, by our knowledge of the latter affection, and by the absence of tubercular disease elsewhere.”<sup>54</sup> This discussion directed a question at the medical community of what it meant to have a disease that could not be understood within traditional guidelines, but had still gained recognition in the medical field.

In October 1873, Gull brought into the medical landscape the process leading to his newly defined disease, anorexia nervosa. He included commentary on changes that he saw in what he had previously defined as hysteria apepsia, and reasons why a different terminology would be a better representation of the condition. He referred to the symptom of severe emaciation as a “peculiar form of disease,” because it did not have mesenteric or tubercular relations.<sup>55</sup> The word ‘peculiar’ showed the uniqueness of the symptom, essentially because of the unknown triggers for the emaciation. In Gull’s 1873 case analysis he detailed symptoms, age group, and sex that most commonly correlated to the disease. He relayed that it occurred most commonly in ages sixteen to twenty-three, most frequently in young women, but that men could also suffer from this disease.

As a note regarding a difference between Gull’s definition of anorexia nervosa and the popular and related term fasting girl, Gull’s common age category was slightly older than that of the fasting girls. In 2000 Brumberg discussed fasting girls who fell into more of a pubescent and

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<sup>54</sup> Gull, “The Address in Medicine,” 175.

<sup>55</sup> William Withey Gull, “V.-Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica),” *Obesity Research* 5, no. 5 (1997): 498.

slightly post-pubescent age range.<sup>56</sup> The fasting girl age range started younger than that defined for anorexia nervosa, and did not generally occur in females in their twenties.

Following from Gull's stated analysis of the representation of both sexes in these medical cases, the two cases he presented were about young women. Regardless of Gull's statement about the similar appearance of symptoms in men and women, his discussion, including the riveting documentation along with pictures of the two anorexic women, put a bias on the disease as a women's disease from the onset.<sup>57</sup> More women had anorexic symptoms than men, and the female case studies categorized the disease to the medical community and the greater public as a women's disease, because a listener or reader of the speech did not understand the disease through a male framework. Although Gull suggested that they could be generalized as examples to the greater population regardless of the sex of these specific patients, the lack of exposure to both sexes gave an undertone of a female sexed disease. The vast majority of cases were female, but he did not provide the medical community a descriptive representation of the disease as it affects males and females. Although the general statistics he stated accurately represented what he thought to be the majority of the population affected by the disease, it gave the medical community only one formal lens through which to see the disease.

One case example Gull used in introducing anorexia nervosa was a patient labeled 'Miss A,' whom he attended from 1866 until 1868. While under his care, he pronounced her symptoms as "negative, and may be explained by the anorexia which led to starvation, and a depression of all the vital functions."<sup>58</sup> Negative symptoms meant that Gull found no organic reason for the rejection of food. Under his exploratory treatment Miss A recovered. The second case example, Miss B, came into Gull's care due to a latent tubercle, however Gull determined her extreme

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<sup>56</sup> Brumberg, *Fasting Girls*, 73.

<sup>57</sup> Gull, "V.-Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica)," 501.

<sup>58</sup> *Ibid.*, 498-501.

emaciation to be abnormal compared to other latent tubercle cases. In both cases, the treatment consisted of food, “various so-called tonics, and a nourishing diet.”<sup>59</sup> The recovery for both cases required similar treatments in terms of nourishment and tonics. The doctor had to take control in order to help the patient recover. From the examples of cases Gull oversaw, he deemed the effect on the body was directly related to the starvation.

In other cases that Gull did not analyze in this presentation, but had collected evidence from, “Death apparently followed from the starvation alone.”<sup>60</sup> His prognosis showed that as long as patients lived they held a strong potential for improved conditions. This framework explained the complexity of how these symptoms appeared to a doctor; because the reason for the rejection of food was unknown, and recovery came from succumbing to the innate need to consume food. Gull concluded that the disease developed around a “want of appetite, I believe, due to a morbid mental state.”<sup>61</sup> His definition connected directly back to Timaeus Locrus’ fifth century B.C. definition of ‘anorexia,’ “want of desire or appetite.”<sup>62</sup> This showed the longevity of what anorexia entailed, and that the meaning of anorexia itself had stayed relatively consistent over two thousand years.

Even though the patient had nothing seemingly organically wrong with the body, the factor Gull discovered that created this new framework centered on the mind’s trigger of self-starvation, and that it was that relationship which developed the illness.<sup>63</sup> As part of the prescription, Gull determined that part of the patients’ rehabilitation should be, “surrounded by persons who would have moral control over them; relations and friends being generally the worst

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<sup>59</sup> Gull, “V.-Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica),” 499.

<sup>60</sup> *Ibid.*, 499.

<sup>61</sup> *Ibid.*, 500.

<sup>62</sup> Liddell and Scott, *A Greek-English Lexicon*, 147.

<sup>63</sup> As a side note, any physical harm to the body was due to how the starvation had impacted some functionality of the physical body.



attendants.”<sup>64</sup> This view, although perhaps without Gull’s realization of the meaning of this framework, conveyed a new perspective on a disease heavily impacted by connection to the family and additional proponents of the external social environment. He noted that hyperactivity was a symptom, specifically he stated the patient was, “restless and active[,]... striking expression of the nervous state, for it seemed hardly possible that a body could undergo the exercise which seemed agreeable.”<sup>65</sup> He used this nervous hyperactive aspect of the condition to distinguish of the cases as exhibiting a new syndrome.

Gull realized the importance of this mental state, and described it as, “notorious” because he saw this symptom, which occurred with no gastric disorder and was not the same as hysteria, as the reason for the lack of appetite.<sup>66</sup> The decision to separate this disorder of anorexia nervosa from hysteria allowed the treatment path to be unique. Hysteria had been thought to have the specific subject pool of women. The use of hysteria attached to anorexia would have given the disease an even more female-centric label. There was not preexisting etymology of these two words, anorexia and nervosa, attached to each other. Nervosa allowed men to be more readily diagnosed, as well as allowing the centrality of anorexia as a disease as opposed to a peripheral effect. Gull’s momentous discoveries regarding the change in diagnostic medicine brought into the Victorian period a disease that, for the first time now had a framework in which to be discussed.

Gull offered complex descriptions of the disease in his 1873 address, yet he believed in the simplicity of its treatment. The treatment course did not discuss relapse, in keeping with that of other medical diseases during that time period; simply that someone either had a disease or did not. The boundaries of psychology and medicine were yet to be delineated, and Gull defined

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<sup>64</sup> Gull, “V.-Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica),” 501.

<sup>65</sup> *Ibid.*, 498.

<sup>66</sup> *Ibid.*, 500-501.

anorexia nervosa still underneath the parameters of a more traditional medical field outlook. The recognition of this disease showed evolution in medicine, but not complete change, and it was a catalyst of the field of psychology.

As Brumberg stated, after 1873, medical journals were “peppered” with cases doctors diagnosed as anorexia nervosa, using the following criteria of the major physical symptoms thought to be attached to the disorder, “amenorrhea, low body temperature, and hyperactivity.”<sup>67</sup> The word ‘peppered’ conveyed that cases emerged across the landscape of medical literature, but were not a major focus. Thus, it showed that the some people in the medical community knew the diagnostic framework and that they applied it to cases that they thought met the diagnostic criteria.

An 1888 case that Gull brought to *The Lancet*, showed his continued belief in the lack of an organic trigger in the rejection of food. The importance of the discussion of this later case study rested upon the continuance of acknowledging a disease that could not be understood underneath the traditional medical framework, but still addressing it within medical society and through medical language, albeit new medical language. Gull stated that, “This story, in fine, is an illustration of most of these cases, perversions of the ‘ego’ being the cause and determining the course of the malady.”<sup>68</sup> Mental health still very much fell into medical terminology and analysis, yet without actively knowing it, Gull used psychological terminology as an explanation of the cause and the symptomatic nature of anorexia nervosa. Anorexia nervosa showed the need to have a difference between psychological analyses to standard medical analyses. This type of mental health disorder simply did not fit under the previously conceived framework because of its lack of determinable organic triggers.

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<sup>67</sup> Brumberg, *Fasting Girls*, 139-140.

<sup>68</sup> William Withey Gull, “Anorexia Nervosa,” *The Lancet*, vol. 1, issue 3368 (1888): 517, doi:10.1016/S0140-6736(00)48519-3.

Further, in 1999 Liles and Woods posited that although the specific aspects of self-starvation differed between medieval fasting women and modern anorexics, they had similar sociocultural environments.<sup>69</sup> They noted that the numbers of those who exhibited self-starvation increased when, “individuals (mainly women) lacked adequate attention, control, respect and/or economic power, and when a socially acceptable avenue for expression existed.”<sup>70</sup> They explored that despite the different motives for rejection of food, as seen in fasting saints for religious fasts, versus modern anorexics, who strived to be continuously thinner for the purpose of attaining a specific body image, the refusal to eat engendered the same result, starvation. Before the late nineteenth century the ability to analyze rates of self-starvation was not possible since hospitals for the middle-class population did not become widely available before this time period.<sup>71</sup> In the late nineteenth century medicalization of self-starvation changed the associations of self-starvation, and began to remove the miracle-like qualities strongly associated with earlier eras of holy fasting. Their argument removed past framework and demonstrated the necessity of why a new framework developed.

Dr. Gull’s medicalization of anorexic behavior into the framework of anorexia nervosa differentiated it from fasting saints and fasting girls. Victorian medicine found that the disease had a complex causal model without a definable organic physical basis. It became known that the mind created the disease, which in turn impacted someone’s physiology.

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<sup>69</sup> Modern anorexics was to mean those of the late twentieth century as “Anorexia nervosa as viable behaviour: extreme self-deprivation in historical context,” was published in 1999.

<sup>70</sup> Liles, and Woods, “Anorexia nervosa as viable behavior,” 205.

<sup>71</sup> *Ibid.*, 208-209.

#### Chapter IV: The Relationship Between Medicine and Psychology

Prior to the Victorian period there lacked a framework for which to really even consider a disease without an organic trigger, and in turn the term anorexia nervosa could not have existed. Psychology as a field did not yet exist and Gull was indirectly involved in its establishment simply because of the way he saw medicine and the interaction of self with society. Starvation required standard medical treatment—nourishment; he noted the possible influence of the surrounding environment, including the patient’s family and friends as potentially toxic factors. These believed influences from the external onto the internal developed a way to see disease that made for a more multi-variable model. The real question rested upon the manner of the difference between anorexia and anorexia nervosa. The difference came through in the establishment of psychology.

The etymology that the Oxford English Dictionary (OED) offered of the word anorexia, outlined the evolving understanding of the perception of anorexia when under the English language, and when anorexia became connected to nervosa. According to the OED anorexia can be defined as, “Want of appetite,” and anorexia nervosa as, “a condition marked by emaciation, etc., in which loss of appetite results from severe emotional disturbance.”<sup>72</sup> The first time that the OED explained that English literature included the root word ‘anor’ was in J. Sylvester’s use of ‘anorexie’ in 1605 in *Deuine Weekes & Wks*. The uses that the OED listed showed the pathway of ‘anor’ in the English language. The sequence of anorexia became increasingly more specialized beginning with the broad category of sciences, then to medicine, then to psychology, and then to the most specific field of psychiatry. This pathway showed the variability of the disorder, and how different factions of science interacted in order to define it. The OED

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<sup>72</sup> *Oxford English Dictionary Online*, s.v. “anorexia,” accessed January 27, 2015, <http://www.oed.com/view/Entry/8080?redirectedFrom=anorexia+nervosa>.

categorization of anorexia demonstrated its complicated and multidisciplinary classification system.

The model of how to look at disease in the Victorian era had changed and it was recognized that disease could be more complicated than a pure biological basis. The OED definition of anorexia nervosa ended up including and clarifying the confusion of how medical analysis could involve multiple cause-and-effect patterns for a singular disease, as opposed to the previously believed, more directly linear relationship.

Although the terminology of ‘anorexia’ and ‘nervosa’ conjoined under Victorian society and the English language, the word ‘anorexia’ had spread beyond the canons of the translation from Greek to English before this period. Two examples of this transition came from a Brazilian medical dictionary, *Diccionario de medicina e therapeutica homoeopathica*, published in 1872 and from an Italian medical dictionary, *Dizionario delle scienze mediche e veterinarie*, published in 1846. The Brazilian dictionary described anorexia as the lack of appetite caused by physical, psychological or environmental conditions.<sup>73</sup> The Italian dictionary described anorexia in a similar manner regarding a lack of appetite.<sup>74</sup> That the medical terminology regarding this behavior had spread across these different cultures supported the culture-bound argument. These cultures, although not the same as Victorian society, existed within the same Western spectrum. This showed anorexia as phenomenon bound to a larger framework beyond Anglo-American. It was within these societies that a rejection of food alongside a desire for food existed. The restriction of self within these societies illustrated the older version of anorexia cross-culturally. However, these definitions did not include the idea of psychological nervousness around the restriction as in its later association.

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<sup>73</sup> Mello Moraes, *Diccionario de medicina e therapeutica homoeopathica* (Rio de Janeiro: Typographia naciona, 1872), 39.

<sup>74</sup> Niccolo Lanzillotti-Buonsanti, *Dizionario delle scienze mediche e veterinarie* (Milan, 1846), 93.

Although Gull's diagnosis of anorexia nervosa rested on a medical framework without an actual discussion of psychology, the way he framed the diagnosis could be seen to have a psychological framework of the interaction of the body and the mind. Gull did not employ an opinionated lens, but instead showed a medically backed and sober outline to the disease. His acknowledgement that the medical field did not yet have all of the tools to define the etiology of anorexia nervosa demonstrated one of the reasons the field of psychology emerged.

Analysis through Google Ngram Viewer of the three terms: anorexia, anorexia nervosa, and fasting girl, projected the following data.<sup>75</sup> Ngram Viewer illustrated that fasting girl never held prevalence over the word anorexia in either British English or American English. The use of the terminology fasting girl could be seen as a nineteenth century phenomenon. According to Ngram Viewer, it first appeared in British English in 1810, and became more prominent in the mid-to-later part of the nineteenth century, as illuminated by its appearance beginning much later in American English in 1864. In British English the word fasting girl peaked in 1877, and then decreased, not into oblivion, but removed from its previous popularity. The year 1889 marked the point at which anorexia nervosa took precedence over the term fasting girl in the American English corpus, whereas 1887 marked this transition in the British English corpus. The earlier prevalence in England made sense because the identity of anorexia nervosa emerged in Britain. It also illustrated that it had replaced the prominence of the term fasting girl within about a decade. Similar to the formulation of fasting girl, it was two years after British English that anorexia nervosa took precedence in American English (1879).<sup>76</sup>

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<sup>75</sup> "Google books Ngram Viewer," Google, accessed 20 April 2015, <https://books.google.com/ngrams/graph>. Google Ngrams was a Google application that culminated everything scanned by Google Books; inclusive of books, magazines, and newspapers. Multiple time periods were analyzed so as to be able to more clearly zoom into the data, ranging from 1600-1950. The most fluctuation of prominence between the terms anorexia nervosa and fasting girl occurred in the late 1870s to the late 1880s.

<sup>76</sup> Ngram did not necessarily show every piece of published material depending on its consequence based in relation to amounts of other published material at the time.

This showed that Gull's writings did not make their way immediately into public discourse and remained within the medical profession. During the Victorian era Gull's statements did not effect the public's perception of anorexia simply because the word only existed within medical journals and dictionaries. More than that, even though many people in the medical community were aware of this word, they did not commonly label this type of prolonged food abstinence condition until the twentieth century.

The Victorian period marked a rise in diagnosis. As medical knowledge became more complicated due to a better understanding of bodily mechanics, diseases now described symptomatic problems that had been previously undiagnosed or misdiagnosed. The meaning of anorexia nervosa as a special disorder aligned with the context of the time period and the significance of the formation of an increased medical vocabulary. The difference between the standard set of diseases commonly diagnosed was that the symptom of rejection of food did not seem to be attached to any other disease. This drew it apart from other known organic diseases or even thought-to-be partially organic disorders. The emergence of anorexia nervosa as a disorder aligned with the differentiation of medical diseases.

Prior to the nineteenth century, symptoms were mainly based on how patients actively felt and the self-report they provided to practitioners.<sup>77</sup> In the 2010 book, *Health, Medicine, and Society in Victorian England*, Mary Carpenter elucidated that the Victorian era doctor now held authority over the patient's body in terms of understanding the way it worked and medical conditions. The patient became a case in which the doctor analyzed the presenting symptoms, as well as used medical tools and tests to better understand both their immediate condition and

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<sup>77</sup> Mary Wilson Carpenter, *Health, Medicine, and Society in Victorian England*, *Victorian Life and Times*, ed. Sally Mitchell (Santa Barbara: Praeger, 2010), 5.

future outlook. This process increased the chance of a correct diagnosis and a better treatment plan.

Victorian psychology interrelated with medicine as they formed their separate yet conjoined relationship. In *Victorian Psychology and British Culture 1850-1880*, Rylance described this relationship through a four-fold evolutionary discourse: 1) the soul, 2) philosophy, 3) physiology in general biology, and 4) medicine.<sup>78</sup> The interaction and overlap of the four discourses were important to understanding why psychology emerged as a separate field. Philosophy held great weight in the divergence of these fields.<sup>79</sup>

Although Rylance did not explicitly state it, the philosophy of the mind allowed for a study of the connection of the mind to disease. Due to advances in the medical field during the Victorian era, the understanding of the mind and the way it functioned merged with biology and created the field of psychology.

This emergent analytical framework founded around the mind became a basis for the development of psychological disorders. As the medical field grappled to find the meaning of the new theories behind problems without identifiable organic conditions meant, psychology slid right into this gap. Rylance's fourth discourse, the foundation of medicine and its relationship to psychology, demonstrated the intricacy of how medicine and psychology came together and broke apart.<sup>80</sup> The mid-nineteenth century marked a time when the medical field vastly developed, but it also meant that specializations created barriers within the field. As the definitive framework changed, not every specialization or more specifically, psychological disorder, could still be considered under general medical practice.

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<sup>78</sup> Rylance, *Victorian Psychology and British Culture 1850-1880*, 21.

<sup>79</sup> *Ibid.*, 40.

<sup>80</sup> *Ibid.*, 143.



To further Rylance's point about the flow of discourses that formed modern psychology, in *Psychology: A Concise History*, psychology historian John Benjafield explored how the mid-to-late nineteenth century marked when psychology bridged the biological and philosophical fields, thus turning into science.<sup>81</sup> He discussed the nineteenth century transformation of psychology into a legitimate science through a timeline of the major players that drove this transition, including Gustav Fechner, Sigmund Freud, Karl Jung, and William James. The time period marked great debate about where psychology should go and how it would get there. Fechner, a mid-nineteenth century psychologist, created the term panpsychism, or the relation of the mind to the universe. Within this notion, he explored the relationship of the consciousness and the nervous system. This idea showed an increased drive to understand how the mind related to the body and how the mind influenced the body. Theories like this gave way for a better understanding of the mind. Benjafield demonstrated the movement in the field that promoted that an individual's thinking differed from one another, and pushed forward individuality, based on a model of the mind-body relationship.

Correspondent to Benjafield in the progression of psychology as a science, in "Psychology and society: an overview," psychology historian Jeroen Jansz argued that the psychology field itself became a separate field when Wilhelm Wundt started the first psychology laboratory in Leipzig, Germany in 1879.<sup>82</sup> The foundation of this laboratory spurred rapid excitement and interest in psychology, and marked the distinction of psychology as its legitimate analytical proponent emerged. Jansz explained the significance of this period under two umbrellas: individualization and social management. Individualization covered the increased significance of the individual. The focus surrounded around the individual's feelings and

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<sup>81</sup> Benjafield, *Psychology: A Concise History*, vii, 24.

<sup>82</sup> Jansz, "Psychology and society," 12-13.

experiences, and marked these as unique concepts. Social management referred to the organization and supervision of groups and individuals. As Jansz analyzed, the nineteenth century framed a period longer than the actual century, from the industrial and political revolutions of the late eighteenth century, to the beginning of WWI. The long century did not develop the ideas of social management and individualization, but escalated their meaning due to the context of social, economic, and political pressures. Within Jansz's representation of the long century, doctors' capabilities to understand and represent formerly poorly understood diseases or define new diseases became increasingly employed.

Jansz commented on the debate over the beginning of western individualization not specifically related to anorexia nervosa. However, for the purpose of understanding the framework of anorexia nervosa, his choice of starting the timeline of individualization at the Renaissance, or the fifteenth century, spoke to the controversy other historians debated over the beginning of anorexia nervosa.<sup>83</sup> In the Renaissance, the trend toward an individualist perspective and the development of the self-conscious focused mainly within the upper echelons of society. Jansz analyzed the Renaissance as his central focus of a starting point in the way that the individual became framed because of active changes between the medieval and renaissance period. Four main categorical perspectives changed: 1) religion, with the birth of Protestantism and thus questioning of Catholicism, 2) the birth of the humanist perspective, 3) changes in literature and art, and 4) the influence of privacy in ordinary life that altered the meaning of self.<sup>84</sup> During this process, the individual became defined as part of the community, and the individual's role impacted the external community. Other changes within this time period also

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<sup>83</sup> Jansz, "Psychology and society," 12-17.

<sup>84</sup> It might seem contradictory that Jansz placed the Renaissance, which originated in Catholic regions, as the center of the transition to the individual, and then to discuss the emergence of Protestantism. However, he argued that the Renaissance was meant simply as a starting point and that many other factors contributed to the emergence of individuality throughout different areas in Europe and related to different changes in society.

contributed to this increased emphasis on analysis and encouragement of the individual self. The rise of the rationalization of the individual in the seventeenth and eighteenth centuries and of romanticism in the late eighteenth and nineteenth centuries brought further complexity to the inner self and the thoughts around what it meant for people to have unique feelings. These transitions showed an increased trend toward the reinforcement of unique self, and a broader societal belief that there even was a unique self to develop and understand.

This individualist perspective matured throughout the centuries, and as Jansz explored, modern society created the psychological field because of specific influences in the long nineteenth century.<sup>85</sup> He categorized them as industrial, political, demographic, philosophical, and a transfer of religious to scientific ideation, and they influenced the further engagement with the individual rather than the collective. The eighteenth century agricultural revolution witnessed the population trends in terms of growth and migration to the cities. As politics, industry, and demographics changed, the nineteenth century saw the rise of the middle-class, or bourgeoisie. Society greatly secularized as philosophical thought trended toward a scientific backing instead of a religious stronghold. These differences mapped out a rapid stage of individualization where the public sphere separated itself from the private family unit and at a more intimate level, from the individual.<sup>86</sup>

To counter individualization, social management, which Jansz determined as the second trend of the long century, grew to restrain the individual.<sup>87</sup> Social management aimed to protect the individual as society transformed by creating new social networks. It was under this environment that academic psychology was born. When Wilhelm Wundt opened his laboratory

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<sup>85</sup> Jansz, "Psychology and society," 18-21.

<sup>86</sup> This idea of a the family unit will be explored further through behavioral conduct manuals in Chapter V: Domesticity and its Relation to Body Image and Nutrition.

<sup>87</sup> Jansz, "Psychology and society," 24-30.

in 1879, it meant that psychology had its own actively different framework from philosophy and physiology, as it studied the mind through the lens of empirical consciousness. Although rationalization had increased and psychology had a firm base, society in general perpetuated that the man had the rational mind and the woman had the emotional mind. This idea showed the continued strength of gendered identities and personalities that stayed in full force during the nineteenth century.

The detailed timeline connected integrally to development of anorexia nervosa, in three ways, 1) its formation as a specific terminology, 2) the interactional pattern of the disease, and 3) in the way that it did not fall under a category of a purely medical disease as would have been previously defined and diagnosed, if the person would even had gone to a doctor in an earlier period. With the understanding of how and why psychology emerged, the importance of anorexia nervosa, as a vignette for a history of psychology can be understood. It showed how medicine had become increasingly more complicated and how with the modernization of society, the ability for a culture-bound syndrome under such a terminology could emerge.

Although examples of anorexic self-starvation characteristics had previously existed, the interactional model of disease as earlier understood morphed along with peoples' more complicated and dynamic relationship with food and their bodies. The addition of the word nervosa reflected the characteristics of this particular anorexia and indicated a new disease. Anorexia nervosa had culture-bound implications that differed from anorexia as it had been applied before the Victorian time period. Although the actual rejection of food remained consistent to overlay a modern definition, the addition of contemporary pressures was novel and separate. Societal pressures and environmental influences did not previously receive the same record-keeping level because of the unawareness of how the environment and those currently

around the sick person contributed to the person's condition. Further, the establishment of anorexia nervosa as a formalized disease with a medical backing established certain new structural elements to this specific condition, but more broadly speaking, it acknowledged the influence of the environmental landscape on the medical field

## Chapter V: Domesticity and its Relationship to Body Image and Nutrition

Starvation's presentation within different pathologies, allowed for it to be considered a symptom as opposed to pathology in its own right. The etymology of the word anorexia (or variations of the word) remained consistent in the rejection of food. However, the reasons behind the rejection of food and who rejected the food changed. Further, what the rejection of food meant, for instance if a semblance of purity was to be achieved, entailed unique identifications during distinctive time periods. In ancient Greece and early Common Era, anorexia related to a need to reject the extra in order to find oneself without excess or possibility of contamination. Those who had the ability to reject could find rationality because it meant they employed self-control.

Along with the medicalization of the Victorian period, there were certain aspects of the environment that altered people's relationship to their surroundings and to their selves. In the 2009 paper, "Eating Disorder as a Modern Obsessive-Compulsive Syndrome," psychiatrist Albert Rothenberg examined the connection between psychiatric conditions, or spectrum symptoms, and someone's social environment. Specifically he stated that fluctuating psychiatric symptomology of different communities and time periods "is clearly influenced by... social and educational causes."<sup>88</sup> Rothenberg's discussion demonstrated how mental health should be considered within a broad framework that included etiology.

Returning to the Victorian era, because of the unknown etiology of the disease, the focus rested mainly on symptomatic analysis and treatment. Brumberg noted that doctors did not document the underlying reasons why anorexics starved themselves, but simply that they did.<sup>89</sup>

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<sup>88</sup> Albert Rothenberg, "Eating Disorder as a Modern Obsessive-Compulsive Syndrome," *Psychiatry* 49, no. 1 (1986): 45.

<sup>89</sup> Brumberg, *Fasting Girls*, 162.

Since the focus of the medical field rested on treatment of the physical ailments, or somatization that represented itself in supposed physical ailments, curing these and increasing body weight followed along the structure of the medical field at the time. Doctors pursued this course as opposed to exploring the possible reasons behind the mental state, because emaciation itself seemed to cause the other physical problems, and the reason for self-starvation remained unknown. Brumberg explored that the medical diagnosis of only physical problems and not emotional components allowed only an incomplete understanding of the patient's condition, because of doctors' belief that to examine the patient's emotions would draw them into the category of hysterical girlhood. The "differential diagnosis established exactly the opposite [of setting focus on physical ailments not emotional, but to]... do otherwise was to pander to the sympathies of a hysterical adolescent."<sup>90</sup> This kept the disease within the established framework of medical diagnosis despite its unknown organic triggers, but did demonstrate a believed importance that the emaciated condition was the same as the hysterical condition.

In *Making Sex: Body and Gender from the Greeks to Freud*, historian Thomas Laqueur explored how the meaning of both sex, in terms of male versus female, and sex, the act, changed along the timeline similar to that of anorexia. In other words, the book's timeline ranged from ancient Greece to the beginning of psychology. Whereas Galen and Aristotle believed that female organs were the inferior version of male organs, during the eighteenth century this changed, and the idea that sexes with differentiated organs ruled prominent.<sup>91</sup> Laqueur determined that from this point forward sex had taken on different meanings due to epistemology and to the political climate. Although this book did not directly relate to anorexia nervosa, it gave a structure to understand the uniqueness of each sex, both by the sensations and feelings that

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<sup>90</sup> Brumberg, *Fasting Girls*, 165.

<sup>91</sup> Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press, 1990), 149, 151.

each might feel, and the structural foundation of each sexual body. The understanding of both conceptualizations of sex changed in relation to the progression of science, medicine, and more specifically mental health. These transformations helped to pave the way for why at different times, the differentiation of sexes reigned more or less important during the etymological timeline of anorexia, fasting saints, fasting girls, and the medicalized mental health disorder anorexia nervosa.

In the 2004 article, “On the uses of history in psychiatry: diagnostic implications for anorexia nervosa,” psychologist Tilmann Habermas presented the question of whether modern day anorexia nervosa associated with body image was a new condition or whether Victorian anorexia nervosa was also based on the psychological component of an obsession with body image characteristics and a denial of the emaciation.<sup>92</sup> Alongside Gull’s definition, physicians during the Victorian period did not regard the weight phobia of modern day anorexia nervosa as central to the disease and thus were not looking for that relationship.<sup>93</sup> Habermas discussed that the lack of reports might have been based on physicians possibly not associating the psychological focus that anorexia nervosa eventually became connected to. If weight was not a reported issue, or if the doctor held a preconception of the disorder that did not align with a weight related determination, then the doctor did not even ask the questions or conduct an examination that correlated with the possibility of a weight phobia. However, the changes in fashion, family, domesticity, and nutrition should not be underplayed in understanding what happened during the Victorian period when the disorder was founded, because these

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<sup>92</sup> Tilmann Habermas, “On the uses of history in psychiatry: diagnostic implications for anorexia nervosa,” *International Journal of eating disorders* 38, no. 2 (2005): 167-170.

<sup>93</sup> Modern was to mean early twenty-first century, specifically 20005, when “On the uses of history in psychiatry: diagnostic implications for anorexia nervosa” was published.



considerations might have continued to influence the etiology of the disease, even up until the present day.

The definition of anorexia nervosa changed the course of how to visualize the environment's relationship with the manifestation of illness in the physical body. As Gull discussed, ongoing research was vital in understanding the makeup of the disease. Anorexia nervosa did not hold a contagion or a known reason for development. Gull hypothesized that the mind related to how the disease formed, but explained that he did not understand its exact mechanism. Within this new description the familial and friend relationships showed a possible contribution to the pathology. Gull focused on emaciation, but not specifically as a body image ideal, but as a result of self-starvation. Media presented itself in a new way to women that gave women visuals of how they should look and manuals full of instructions for how they should act and present themselves to society. These images and rituals organized society and self. They prescribed behavior and this interacted with everything else that happened during the Victorian time period including: changes in medicine, the emergence of psychology, and ideas of the unique and rational self.

In *Victorian Literature and the Anorexic Body*, Professor of English and Women & Gender Studies Anna Silver argued that both popular literature and media of the Victorian era promoted the anorexic body as ideal, without discussion of anorexia specifically. The Victorian focus fell onto an unhealthy body image that focused on an unrealistic thinness. Silver analyzed that it was not about the number of women specifically who suffered, but instead about the, “systems of etiquette are a manifestation of an anorexia logic that overwhelmingly emphasizes self-control, sexual purity, and the denial of the body.”<sup>94</sup> As she explained it, the phenomenon intertwined with Victorian society's culture. She argued that it gave a, “cultural logic to

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<sup>94</sup> Anna Silver, *Victorian Literature and the Anorexic Body* (Cambridge: Cambridge University Press, 2006), 19, 27.

pathology.”<sup>95</sup> The Victorian view of this certain beauty image had a pathological framework because of society’s endorsement of anorexic tendencies based on its standard of beauty.

Gull responded to social phenomena through a scientific framework. The physical locations these abstinence characteristics could emerge were limited to begin with because in order to have this disease the person had to have the capability to reject food. This insinuated the base condition that food itself had to be readily available. England made sense as a location for the disease to develop an identity because of the plethora of availability of food and the beauty ideal. The person might not be conscious of the implications of their rejection or even the rejection itself, but the framework that the condition existed within allowed the action of self-starvation.

The revolution in food consumption and availability during the Victorian era changed the relationship between the individual and food. In *Food and Cooking in Victorian England*, Andrea Broomfield explored the changes in consumption between the eighteenth and the nineteenth century, specifically related to how Queen Victoria’s reign and the peak in industrialization during the era influenced society. Until the late eighteenth century, the way that people interacted with food and medicine remained similar to how it had been for centuries beforehand, in terms of procurement, preservation, and the actual act of cooking.<sup>96</sup> As a result of the industrialization process in England, by midway through the Victorian era, food no longer relied as much to the consumer’s location and seasonal production. Broomfield explored three ways that changed the course of food consumption, 1) the influence of steam power, 2) the increasing population, and 3) more durable and less expensive metals.<sup>97</sup> By the 1870s, both in

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<sup>95</sup> Silver, *Victorian Literature and the Anorexic Body*, 50.

<sup>96</sup> Andrea Broomfield, *Food and Cooking in Victorian England, Victorian Life and Times*, ed. Sally Mitchell (Westport: Praeger Publishers, 2007), 2-3.

<sup>97</sup> Broomfield, *Food and Cooking in Victorian England*, 11, 19.

working class and middle-class homes, people filled their pantries with various processed and canned goods. This allowed people to get inexpensive and uncontaminated food, but also disconnected the consumer from production. Broomfield illustrated that in terms of food and cooking, it was not Queen Victoria herself who directly changed food production or availability. Instead these changes were related to the three above stated reasons that Queen Victoria encouraged through her relationship to industrialization.

Two essays from the book, *Food and the City in Europe since 1800*, analyzed the changes in food markets and population during the period. In “‘A Tale of Two Cities’: A Comparison of Food Supply in London and Paris in the 1850s,” Peter J. Atkins explored how London dealt with the inadequacy of the wholesale food markets to respond to the increasing population, with 2.4 million people in 1851.<sup>98</sup> Atkins looked at the 1861 opening of the Smithfield meat market in London as an example of the response to a need for a more standardized food production in England.<sup>99</sup> In “Food Quality in London and the Rise of the Public Analyst, 1870-1939,” geographer Derek J. Oddy furthered Atkins’ mid-nineteenth century exploration of food trends until the eve of WWII. The population changed from Atkins’ census point of 1851, and by 1871 it had increased from about 2 ½ million to around 4 million people, and by the beginning of WWI, London had 7.26 million people.<sup>100</sup> London did not have a central retail market; instead it had three large wholesale markets that handled the goods, the Smithfield meat market, Billingsgate for fish, and Convent Garden for fruit and vegetables. These wholesale markets then supplied London street retailers, who sold directly to the consumer. Since food often was bought from the street vendors without much regulation, people risked potential

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<sup>98</sup> Peter J. Atkins, “‘A Tale of Two Cities’: A Comparison of Food Supply in London and Paris in the 1850s,” in *Food and the City in Europe since 1800*, ed. Peter J. Atkins, et al. (Burlington: Ashgate, 2007), 25, 30.

<sup>99</sup> This thesis examined the section of Atkin’s essay about London.

<sup>100</sup> Derek J. Oddy, “Food Quality in London and the Rise of the Public Analyst, 1870-1939,” in *Food and the City in Europe since 1800*, ed. Peter J. Atkins, et al. (Burlington: Ashgate, 2007), 91.

spoilage. So as food trends changed, the availability of quality fresh food in urban environments became a problem due to inadequate urban planning of how to provide proper food and nutrition to the quickly increasing population.

In analyzing the food trends in more detail, the actual way people conducted themselves and were expected to live within Victorian society related to the perception of food and its relationship to domesticity. An expectation emerged of the new middle-class, to support the women to keep within the home. Two texts that appeared in the mid-nineteenth century were explored to show the emphasis on this regimented domesticity. *The Lady's Companion, Or, Sketches of Life, Manners, and Morals, at the Present Day*, published in 1854, illustrated a poignant primary example of a book on how to properly keep a household. Interestingly this book was published in Philadelphia but had similar tenets to the Victorian ideal. The thesis of this manual can be understood by the statement, "The mind of the woman is peculiarly constituted, and exquisitely adapted for playing upon and influencing the finer parts of the man's nature."<sup>101</sup> This line illustrated three mainstays of Victorian domestic life: 1) a restricted capability of the woman, and 2) an interdisciplinary relationship between the woman and the man, and 3) the dependent nature of the man on the woman regarding the refined points, but with acceptance of the dominance of the male. These three things showed the limited chance of the woman to be an impactful character in Victorian society with the stated influence that a restricted woman could have within the confines of her home and her relationship focused on her superior male counterpart.

Around ten years after this 1854 publication, Isabella Beeton published *Mrs. Beeton's Book of Household Management* in 1861, which further delineated the structure of the home

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<sup>101</sup> A Lady, ed. *The Lady's Companion, Or, Sketches of Life, Manners, and Morals, at the Present Day* (Philadelphia: H.C. Peck & Theo Bliss, 1854), 1-2.

life.<sup>102</sup> The first line of the book, “As with the COMMANDER OF AN ARMY, or the leader of any enterprise, so is it with the mistress of a house,” represented the underlying theme of the book - to provide a detailed outline of roles in the home and how to act in certain roles.<sup>103</sup> Mrs. Beeton described various roles ranging from the mistress of the house, to the butler, to the wet nurse and so on. The manual represented the importance placed upon the maintenance of a quality Victorian middle-class home. There was an expectation that everyone had a specific place in society and within the home. This book illustrated how people should live and act within the confines of a regimented, highly orderly, and predetermined hierarchical society.

To see the regimented society from another light, the use of the corset as a binding frame for the figure showed a literal physical restraint on the female body, to which she was expected to willingly submit. In *Bound to Please: A History of the Victorian Corset*, historian Leigh Summers argued that the corset gave middle-class Victorian women the ability to project a certain physical body and also air to the public<sup>104</sup>. It defined the sexuality of the woman and emphasized that the person who routinely wore the corset generally came from a higher class who had the wealth to afford the garment and did not have to do manual labor. Alongside this, a tightly laced corset created an extreme appearance that was regarded as attractive. Summers elucidated that a tightly laced corset created the “morbidity of female beauty... [and, ] allowed women to provoke or enact physical symptoms that betokened female ill health and even death.”<sup>105</sup> She illustrated how Victorian art, literature, and music positively broadcast this morbid character. Victorian middle-class women broadcast their class and the feminine vulnerability within these confines that attached to their status.

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<sup>102</sup> Isabella Beeton, *Mrs. Beeton's Book of Household Management* [original 1861], ed. Nicola Humble (New York: Oxford University Press, 2000), vii.

<sup>103</sup> *Ibid.*, 7.

<sup>104</sup> Leigh Summers, *Bound to Please: A History of the Victorian Corset* (New York: Berg, 2001), 3-4, 21.

<sup>105</sup> *Ibid.*, 3-4, 21.

Summers argued that fainting acted as an added bonus in the achievement of the desired morbid effect, and that despite a medical belief that tight lacing linked to contracting tuberculosis, the practice rampantly continued.<sup>106</sup> She explained that women wanted to faint because it sexualized them and connected them to the romanticized disease of tuberculosis. In essence the fainting, “glamorized their vulnerability, vulnerability so perfect that it mimicked the complete passivity of death.”<sup>107</sup> Summers reasoned that the medical community propagation of the possible linkage to tuberculosis could have even spurred more people to want to tight lace because tuberculosis was seen in a highly romanticized way. Summers examined *The Lady’s Companion* as an example of how literature taught women about fainting. The manual stated that, “She would not have recognized any beauty in the art of fainting, but merely the natural consequence that to faint was feminine.”<sup>108</sup> The linkage of achieving this sickly look with feminine appeal showed an aspect of the beauty ideal that became prevalent during the Victorian era. The push on women to equate flirting with death as a behavior that would attract positive attention from immediate family and society upended the idea of health.

Further, Stratton determined that, “In tuberculosis we have a cultural genealogy for anorexia nervosa,” and that the tubercular body was viewed as “beautiful and soulful.”<sup>109</sup> The tubercular emaciated look connected to that which patients with anorexia nervosa exhibited. Both diseases had a certain spectacle lens attached because of how exhibitory it was to present oneself via this very visually problematic and unhealthy body that showed the effect of the illness. Society had attached tuberculosis to the female, despite known male cases, and alongside the actual disease this certain type of believed beauty.

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<sup>106</sup> Summers, *Bound to Please*, 136-138.

<sup>107</sup> *Ibid.*, 137.

<sup>108</sup> A Lady, ed., *The Lady’s Companion*, 57.

<sup>109</sup> Stratton, *The Desirable Body*, 145.

The rigid domesticity of the Victorian era created a higher valuation of body image. Society set itself up upon new standards related to the intensified structure of the middle and upper classes. A direct relationship was seen between the changes in thought and the medicalization of the period that called into question diagnoses of previously unexplained or unexamined symptoms. The effect of the domesticized system in society created a place of intensified restriction that influenced body image. This question of body image and presentation of solace through the restriction of self, demonstrated new boundaries of the female character. These dimensions connected physically to a faint and sickly look of beauty that attached to respectability. The role of women vastly changed during this time period and discussion of anorexia nervosa, a disease so interrelated to women and restriction, without analysis of societal organization, would have downplayed the relational model and birth of a psychological disorder.

The birth of the disorder came from multiple facets of society, even if they could not have all been fully understood at the time. These facets interacted with anorexia nervosa. Together they built a landscape wherein certain disorders became officially recognized and investigated at specific times. Regretfully, there was a lack of medical records that included environmental details in early anorexia nervosa cases. However, conjecture over causes for the disorder's inception brought into the picture a more complex view on its possible etiological model. Gull's speculation about the influence of the family and friends on the patient, importantly recorded his thoughts about environment of the cause, opening up the evolution of the medical field to development of the psychological field. Although he did not delve into details about how the environment influenced the patient, or the past relationships between the patient and their surrounding persons. He suspected the possibility of their negative effect upon the patient. This raised the issue that more than inner biological triggers could stimulate anorexia

nervosa, and in some unknown way the patient's environment triggered this mental health disorder.



## Conclusion

Decades before Freud, the celebrated pioneer of psychoanalysis, discussed the effect of the unconsciousness via repression on mental nervousness, William Gull openly brought this question forward to the medical community.<sup>110</sup> He did not consider himself within the realm of the psychological field, and so even more than investigating that type of relationship between stated psychologically ill patients to their current or former environment, Gull thought there could be this type of relationship with medically ill patients. Other authors had not addressed the monumental nature of this part of his discovery through this lens. Many books and articles examined the history of anorexia nervosa, the history of psychology, and the relationship between medicine and psychology, but the literature had not brought forward the importance of Gull's remarks on the connection between family and friends and the treatment of a patient with anorexia nervosa. Gull did not discuss treatment or unconscious repression in the way that Freud did, but his work could be considered an unknown precursor in the changing medical landscape to Freud. Unbeknownst to Gull, he provided the framework for a disorder whose symptomatic and etiological identity linked so fundamentally to psychosomatic symptoms in psychological illness.

A multi-faceted model of the nature of disease indicated the growth of the medical field. Gull's definition of anorexia nervosa questioned the effect that the environment had on the mind, which in turn could physically impact the inward organs and outward appearance. The implications of analysis of the distinctive mind in relation to the body and health greatly expanded general traditional science and medicine specifically. It required that researchers

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<sup>110</sup> Raud Abma, "Madness and mental health," in *A Social History of Psychology*, ed. Jeroen Jansz and Peter van Drunen (Malden: Blackwell Publishing Ltd, 2004), 104-105. Freud came to the forefront of the psychology field during the end of the nineteenth century to the beginning of the twentieth century.

explored treatments to fit each unique patient who connected differently to their specific environment and experiences. As already discussed the OED categorized anorexia nervosa within the following pathway: science to medicine to psychology to psychiatry.<sup>111</sup> This demonstrated the defined way to see anorexia nervosa emerged as the large field of medicine as it became increasingly specialized. All of these specialties required definitions of diagnosis, etiology, and treatment, in order to grow, change, and maintain in response to rapid evolution within science.

Perhaps the precursors of anorexia nervosa always existed, but the point was not that the disease began at a specific moment, instead this thesis argued for its unique symptomology without trying to place patients' cases on a single spectrum that could alter their details and meanings. It was impossible to track with certitude the timeline of the condition of self-starvation because of the way that medical technology, examination, and terminology changed by the time Gull brought it into official vocabulary in 1873. The development of a timeline of the rejection of food, albeit with similar symptomology or even definitions of anorexia attached to the person's expression, did not mean that figures prior to the Victorian era had anorexia nervosa. This could be seen through the essentiality of each time period's context and where science and culture stood in relationship to the matter. To state this more simply, before the Victorian era, the general symptom of rejection of food did receive medical attention in the view of a problem, and did not fall into a disease framework. Therefore to represent something using a term that denoted an illness, and thus a problem with the person, would not apply to the previous cases even if both actually rejected food. Freestanding anorexic behavior did not equate to the behavior of someone who also had the nervousness attached to the morbid perversity of anorexia nervosa.

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<sup>111</sup> *Oxford English Dictionary Online*, s.v. "anorexia"

Society respected the fasting saints because their state of self-denial had an honored cause, in reverence of finding purity for God. Their practice represented social good. This changed during the Victorian era, when questions arose about both what this practice meant in terms of etiology and treatment, and also whether society benefited from this. It lacked the former clear social acceptance. The Victorian period showed modern language from professional medical practitioners. Alongside this medicalization, some of the statements from people who suffered from it still projected premodern religious mystical language. This showed that religious language and mysticism as the projected cause continued, but no longer held the same broad respect. Three actors took part in this drama: anorexics, professionals, and the general public. The public and the professionals had a morbid curiosity over how to comprehend what happened to these patients. This morbid curiosity could especially be seen by the way these actors viewed the fasting girls as opposed to the application of the label anorexia nervosa, which tried to look at what happened through a stricter lens still in investigation for an organic trigger. Without the more scientifically based lens, there was not a way to medically conceptualize what the condition entailed. The framework of anorexia nervosa as a medical disease gave a respected structure of how to view and treat patients.

In the twenty-first century questions still remained around the etiology of anorexia nervosa. Different psychologists projected varying models of whether anorexia nervosa specifically lay within a biological, psychological, or cultural etiology. The most comprehensive model included the three components, not necessarily in equal ratios for each individual, but with the possibility of any of the three contributing to the rise of the disorder differently in each unique individual. In the 2010 paper, “Academy for Eating Disorders Position Paper: The Role of the Family in Eating Disorders,” psychologist Daniel Le Grange et al.’s stated opinions from

the Academy for Eating Disorders about the etiology of anorexia nervosa. They strongly felt that based on the accumulated knowledge in the field, as of this article's published date in 2009, that the family was not solely to blame for the patient's disorder, and that there were often, if not always, additional causes. They stated that anorexia nervosa had, "significant psychiatric and medical morbidity."<sup>112</sup> This determination of the disorder demonstrated two things about anorexia nervosa: there still was not a definitive etiology, and the confusion over the etiology existed within a similar framework to the Victorian era. The same categorization enveloped the disorder in twenty-first century as it did during the Victorian era, the difference lay in the fact that specific terminology, due to the growth of the psychological field, had given rise to the ability to state the questioned etiology in more scientifically formulated jargon.

The representation of the body through society's standards had caused people to think about and see themselves in certain ways, which came together with other parts of how the disease developed. This did not imply that those diagnosed with anorexia nervosa were able to recognize that they were ill. In the newest and current 2013 edition of the *Diagnostic and Statistical Manual* (DSM), the DSM-V, anorexia nervosa was defined by the following diagnostic criteria: A. not consuming enough, which led a significantly low body weight; B. a fear of increasing that body weight, and C. not understanding the gravity of their current weight and seeing or experiencing it relative to its actual state.<sup>113</sup> As this modern criterion illustrated, the people who suffered from this disease did not necessarily believe their behavior to be pathological, and were more or less in a state that they did not experience or see their body in the

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<sup>112</sup> Daniel Le Grange et al., "Academy for Eating Disorders Position Paper: The Role of the Family in Eating Disorders," *International Journal of Eating Disorders* 43, no. 1 (2010): 1.

<sup>113</sup> "Anorexia Nervosa," in *Diagnostic and Statistical Manual of Mental Disorders* (Arlington: American Psychiatric Association, 2013),  
doi: <http://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>.

way other people saw it.

Bridging back to the Victorian era, even if the patient had been asked to discuss their feelings around their behavior, whether they would have seen the negativity of it was highly debatable due to the disjointed reality of anorexia nervosa. Therefore, if they had self-reported details about their experience they might have been based upon misperceptions. The classification of anorexia nervosa during the Victorian era brought together medicine and psychology, science and the possibilities of environmental and/or cultural influence, into written and spoken rhetoric and knowledge. Gull defined anorexic behavior in a pathological framework of illness and his theories brought psychological concepts into the medical field.

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