

For women in the late 1800s, being diagnosed with hysteria was practically a medical life sentence. The term itself goes back to ancient Greek, *hystera*, meaning 'uterus', a definition that shaped centuries of misogynistic assumptions about women's bodies and emotions. This gendered diagnosis survived astonishingly long, remaining in medical use until 1980. Men were not exempt; after the trauma of World War I, many developed extremely similar symptoms to hysteria, but got named differently. Conditions like shell shock were treated with far more sympathy and legitimacy than women ever received. Women could be diagnosed with hysteria for breathing the wrong way, while men needed a war to be labeled nervous.

Hysteria was first used by Hippocrates, blaming abnormal women behaviour on their 'wandering womb', claiming such ideas as the uterus secreting poisonous fumes and that it moves around the body causing conditions such as anxiety and tremors as well the uterus was cold and 'sad'. The treatment? Sex. As long as you were married. By the 1800's, these bizarre ideas only got more obscure with no science behind it.

Symptoms included anything that was non-serving to the husband, non conformity, a little or 'too-much' interest in sex, epilepsy, fainting and practically everything linked to a menstrual cycle. These symptoms within women were refused to be explored ethically through built misogyny of their emotional and even biological standards, in 1873, Paul Broca claimed women's smaller brains made them intellectually and emotionally inferior. Making the hysteria diagnosis an answer to all women as it was expected of them to behave this way.

Some treatments women had to endure were beyond ethical and all about control. One of the main ones was bed rest, with no other engagement. An example of the effects of this is a literature piece *The Yellow Wallpaper* by Charlotte Gilman in 1892 who used her own experiences of being exposed to treatments due to her post-partum depression. Her story displays symbolization of the oppression of women and isolation is a cruel punishment rather than a treatment. Her work went on to be influential for the suffering effects of this treatment. The total confinement of this treatment could last up to 2 months at a time for a woman.

Another treatment in the 1800s was the pelvic massage performed by physicians to induce a "hysterical paroxysm" (orgasm). This practice traced back to Hippocrates, who believed it helped center the uterus instead of letting it wander through the body. Doctors (and occasionally midwives) were expected to give hundreds of women orgasms each day to relieve symptoms of anxiety and hysteria. It was not treated or acknowledged as a sexual interaction. While undeniably exhausting, this practice reinforced control over women's bodies and their sexuality. It also inspired the invention of the vibrator, initially to save doctors' time, which later evolved from a medical and health device to a household massage tool, and by the 1960s, became widely recognized as a sexual item.

The most inhuman way these women were treated were behind closed doors in asylums, even though anyone could pay to go see. These hospitals had little to no care for the women who inhabited them. Cold baths, rotten dinners, zero privacy all for the reasons they could not help, whether it be from being admitted for undiagnosed epilepsy or their husband didn't want them anymore. These excuses would have women deemed to have an unhappy and unrespected life.

Jean-Martin Charcot, whose research and findings earned him the title of the father of modern neurology, conducted life-changing studies on conditions such as Parkinson's disease, multiple sclerosis, and other neurological disorders. However, when it came to hysteria, he often exploited defenceless women for fame. Detailing symptoms such as tremors, paralysis, fainting, and convulsions, he would link and display these symptoms to hysteria. In 1880, he conducted live demonstrations of female patients at the Pitié-Salpêtrière Hospital in Paris, which resembled more of a circus than a medical teaching facility. Charcot would sometimes coach women to perform hysterical acts, including the famous 15-year-old Louise Augustine Gleizes, essentially turning their suffering into spectacle for students and the public.

These demonstrations not only reinforced the idea that hysteria was uniquely female but also cemented Charcot's reputation, highlighting the ethical ambiguities in medical research at the time. His work, while groundbreaking in neurology, raises questions about consent, exploitation, and the intersection of science and gendered spectacle. He never got punished for the injustices of these women.

However, when men experienced symptoms similar to hysteria, often caused by normal stresses at home, work, or even the trauma of war, doctors responded with far more sympathy and rational care. Although men could display the same signs of anxiety, low mood, and fatigue as women, they were rarely diagnosed with hysteria or experienced the same fate from speaking up. Their treatment was far more sophisticated - while women were punished and pathologized as if their uterus were at fault, men were treated with dignity, their symptoms framed as a consequence of circumstance or even heroism.

Shell shock showed symptoms like tremors, paralysis, fatigue, anxiety, depression, and hysterical fits. Despite mirroring female hysteria, they were treated with sympathy and rehabilitation, showing that gender, not the symptoms themselves, shaped medical care. Instead of confined bed rest and abuse in asylums, they were told to travel, drink, outdoor hobbies and to do things that empowered them. These treatments were to give men their lives back by enjoying it the way they wanted to instead of cruelty. Men, as they didn't have a uterus, could not be confined by the walls of being irrational or too emotional.

Men were given their own form of hysteria, spermatorrhoea, or "seminal weakness". Categorised as loss of semen through excessive masturbation, sexual thoughts and wet dreams. Although men experienced a vast range of shame during this time as it was though they were losing their masculinity, treatments were fairer. An example of one was just generally improving their health, such as exercising and taking walks, John Milton quoted "It will not be long before the eye grows brighter, and the skin clearer; before he sleeps soundly and again feels comfort in existence." Though cruel hospitalisation was possible regarding this condition, it did not face the same backlash of speaking up.

As clearly evidenced, women diagnosed with hysteria suffered deeply before the term was finally abolished. However, reaching this turning point required new ways of thinking to emerge. During the 1880s, while Jean-Martin Charcot was publicly demonstrating cases of hysteria in female patients, one of the students observing these sessions was Sigmund Freud.

Working with Breuer, they produced a series of findings of hysteria which they named *Studies of Hysteria* in 1895. Through this book you find a series of case studies, one being Anna O (Bertha Pappenheim), described as a bubbly young woman, this particular patient regularly faced issues with her diagnosed hysteria. She faced such symptoms such as paralysis, hallucinations, unpredictable mood swings and difficulty in communication, switching between French, English and German. During 1881, her beloved father passed away from tuberculosis to which her mental health deteriorated and her increase suicidal tendencies and abnormal behaviour climbed.

Breuer found that with his talking cure, letting Anna go on about her anxieties relating to her hallucinations and her feelings about her father, she could successfully dissect her own unconscious fears and bring them to the surface. Despite Freud never working with Anna, Breuer's treatments laid the foundations for psychoanalysis and allowed her to have a more productive life. Freud expanded on these ideas, arguing that unresolved childhood trauma and sexual repression created psychological backlogs that manifested as hysterical symptoms in adulthood.

With Freud's strong findings of hysteria not being a problem with a wandering womb, things started to improve within the diagnosis. Women were no longer confined in asylums until a more psychological evaluation and explanation was included and hysteria was a psychological condition rather than a biological one. Despite this, he still argued hysteria was a woman condition, most details are through the male interpretation and the misogynistic stigma continued. And it still does.

In conclusion, the differences between how men and women were treated when labelled hysteric were significant. The diagnosis of hysteria was heavily influenced by misogynistic beliefs, which affected how women were perceived and treated within medicine. While women were often confined, dismissed, or subjected to unethical treatments, men with similar symptoms were more likely to receive understanding and supportive care. This demonstrates that the diagnosis was shaped more by gender expectations than by medical evidence. Although hysteria was eventually removed as a diagnosis, its impact on the treatment and perception of women's mental health can still be seen today.

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