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Food and Culture

A Reader

edited by
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and Penny Van Esterik

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The Appetite as Voice

JOAN JACOBS BRUMBERG

The symptoms of disease never exist in a cultural vacuum. Even in a strictly biomedical illness, patient responses to physical discomfort and pain are structured in part by who the patient is, the nature of the care giver, and the ideas and values at work in that society. Similarly, in mental illness, basic forms of cognitive and emotional disorientation are expressed in behavioral aberrations that mirror the deep preoccupations of a particular culture. For this reason a history of anorexia nervosa must consider the ways in which different societies create their own symptom repertoires and how the changing cultural context gives meaning to a symptom such as noneating.[1]

In this chapter I suggest a link between the emergence of anorexia nervosa in the nineteenth century and the cultural predispositions of that era. Just as the incidence of anorexia nervosa today is related to powerful contemporary messages about body image and dieting, there is a cultural context—albeit a somewhat different one—that helps to explain the Victorian anorectic. Again, this is not to say that cultural ideas directly cause the disease. At the outset I acknowledged the etiological complexities and the limitations of historical study; anorexia nervosa is a multidetermined disorder that involves individual biological and psychological factors as well as environmental influences. As a historian, I cannot resolve the problem of causation nor can I chart individual psychopathologies. Historical study does, however, illuminate the larger meanings of food and eating in Victorian society and in that process posits a certain set of cultural preoccupations that had particular impact on adolescent women among the bourgeoisie. In effect, by supplying something of the female "food vocabulary" of a distant era, I hope to explain how there could have been anorexia nervosa before there was Twiggy.

The medical literature of the nineteenth century provides few clues to the meaning of anorexic behavior in that period. Physicians reported the characteristic cry of the anorectic as "I will not eat," but they rarely provided the text of the critical subordinate clause, "I will not eat because . . ." The medical literature supplied few accounts by Victorian anorectics, *in their own words,* of why they refused their food and why they deprived their bodies as they did. The Victorian anorectic's understanding of her own behavior remains something of a mystery.

Victorian anorectics did present somatic complaints about gastric discomfort and difficulty in swallowing. Because nineteenth-century doctors emphasized physical diagnosis

and somatic treatment, they probably reinforced presentations of this type of distress.[2] Parents also found it easier to accept physical rather than emotional reasons as an explanation of their daughter's emaciation and food-refusing behavior. Yet in cases of anorexia nervosa, biomedical reasons for noneating were quickly undercut, since the diagnosis itself meant that there was no organic disease. Most physicians avoided explanations of etiology and concentrated instead on curing the primary symptoms, noneating and emaciation.

Among the few careful medical reports that include any discussion of motivation is Stephen MacKenzie's 1895 account of his anorexic patient's refusing her food "on account of her mother talking to her about being so fat." A decade earlier Jean-Martin Charcot discovered a rose-colored ribbon wound tightly around the waist of a patient with anorexia nervosa. Questioning revealed the girl's preoccupation with the size of her body: the ribbon was a measure that her waist was not to exceed. Max Wallet's 1895 discussion of two cases of anorexia nervosa suggested the same theme and implicated peers. A seventeen-year-old refused her food because of a "fear of being seen as a bit heavy," and a fifteen-year-old stopped eating when she "got the idea that she was too fat after seeing her friends forcing themselves to lose weight."[3]

These behaviors were likely to be dismissed by physicians as the flirtatious "coquetries" and simpleminded "scruples" of female adolescence.[4] In effect, nineteenth-century medicine did not relate anorexia nervosa to the cultural milieu that surrounded the Victorian girl. The ideas of Victorian women and girls about appetite, food, and eating, as well as the cultural categories of fat and thin, were not mentioned as contributing to the disease. Only in the twentieth century has medicine come to understand that society plays a role in shaping the form of psychological disorders and that behavior and physical symptoms are related to cultural systems. Throughout the nineteenth century most doctors gave and accepted formulaic explanations of anorexia nervosa (for example, their patients "craved sympathy" or experienced a "perversion of the will") without providing any substantive discussion of why appetite and food were at issue. These explanations said more about the doctors' general views on adolescence, gender, and hysteria than they did about the specific mentality of patients with anorexia nervosa.

Given the attention paid to anorexia nervosa in late-nineteenth-century Anglo-American medicine, the failure of physicians to document the anorectic's explanations, however mundane or bizarre they might have been, is a provocative omission. This lapse raises a number of questions about the state of doctor-patient relations and the history of diagnostic and therapeutic techniques in the late nineteenth century. What were the dynamics of doctor, patient, and mother within the Victorian examining room? What expectations did the doctor have of his young female patients? A sensitivity to the relationship between culture and symptomatologies prompts additional questions. What motivated young women in the late nineteenth century to persistently refuse food in the face of familial coaxing and professional medical supervision? What role did food and eating play in female identity in the Victorian era?

IN THE EXAMINING ROOM

By the 1870s physical examinations included visual observation and manual manipulation of the body, combined with a few rudimentary tests of body temperature, blood, and urine. Because manual examinations were a progressive innovation done only by

better-trained physicians, some patients were probably still unfamiliar and uneasy with the latest information-gathering techniques: listening to the body through a stethoscope, manipulation of the body parts, and tactile probing of the body. In cases involving young women, professionally knowledgeable and socially correct doctors did the examination in the presence of the girl's mother as well as a clinical clerk. The clerk recorded information while the physician listened to, poked, and thumped the patient, who remained partially dressed in her underclothing.[5]

The nineteenth-century physician's new faith in the verifiable external signs and sounds of illness shaped the interaction in the examining room. The doctor was more interested in what the body revealed than in anything the patient had to say about her illness. Educated physicians came to regard the process of history taking as secondary to the process of physical examination. Doctors were assured that patient accounts of illness were more often than not prejudiced, ignorant, and unreliable; personal and family narratives were rarely objective and they almost always revealed the ignorance of lay people about medical phenomena. In this atmosphere of suspicion about all patient accounts, volatile adolescent girls were considered particularly unreliable informants.[6]

As a consequence, the professionally correct doctor turned to the girl's mother, in her authoritative role as parent, for information about the patient's medical history and current symptoms. Social convention supported this strategy; as long as an unmarried girl resided at home, her parents unquestionably had authority over her. Consequently, the doctor, who was in the employ of the parents, dealt with the young woman as a child. In the Victorian examining room, the mother was not only a monitor of the physical examination of her daughter's body but a check on the substance of the conversation between doctor and patient.

In this scenario, which assumes that doctor, mother, and patient all played out their expected social roles, the examining room reproduced the situation in the home. The doctor and the mother were the primary conversants; again, two adults, a male and a female, were focused on the girl's wasting body and her refusal of food. Again, she was told that she ought to eat. Her response, shaped by the nature of the medical investigation and parental expectations, was to say that she could not—eating hurt in some vague, nonspecific way. When the examination showed no organic problem to sustain this interpretation, the doctor made his diagnosis: anorexia nervosa.

It is unlikely that the doctor ever dismissed the mother and tried to see the patient alone in order to search out what was troubling the girl and causing her to refuse food. Propriety worked against such a scenario, as did the conception of the patient as a dependent person and the doctor's lack of interest in girlish narratives. Adolescent patients must have sensed the doctors' disinterest in their point of view. A recovered anorectic told her physician that, during treatment, "I saw that you wished to shut me up."[7]

In an era that valued demure behavior in all women, it is not inconceivable that the anorexic girl honored social conventions by respecting her mother's authority and keeping silent. It is also possible that the partially dressed young woman was so embarrassed by her situation and so intimidated by her doctor that she could not speak. Another explanation, culled directly from the medical record, suggests that the patient responded to questions in a diffident manner. Published case reports repeatedly said that girls with anorexia nervosa were "sullen," "sly," and "peevish," implying that they were as parsimonious with their words as with their food.[8] Refusal to sustain conversation with

either one's parents or one's doctor went hand in hand with refusal to eat. The anorexic girl used both her appetite and her body as a substitute for rhetorical behavior.

When the doctor had ascertained that the patient had no physical reason not to eat, his forbearance might ebb. At that point an authoritarian regimen of overfeeding, weighing, and isolation was usually instituted. This regimen became the primary basis of the doctor's relationship with his patient. Conversation, when it occurred, centered on the amount of food taken and weight and strength gained. Both doctor and patient acted as if the girl's illness was strictly physical (rather than emotional), despite the fact that differential diagnosis established exactly the opposite. The physician maintained an exclusive focus on the issue of the girl's body and her need to add flesh. To do otherwise was to pander to the sympathies of a hysterical adolescent.

Anorexic patients did sometimes talk to less authoritative female medical personnel and to their peers. Although the evidence is undeniably scanty, a few examples reveal that the Victorian anorectic shared aspects of her compulsion to starve with individuals she perceived as less threatening and more sympathetic than the doctor. If she did not speak to them directly about why she refused her food, she left telltale pieces of evidence that provided some explanation of her behavior. This evidence was rarely uncovered by the supervising doctor.

For example, ward nurses and nursing nuns were in close and intimate contact with patients—feeding them regularly, washing their bodies, and supervising their waking hours. In the 1890s a French physician ousted a high-strung mother from the home where her anorexic daughter was being treated and sent in a nun, *une religieuse*, to care for the emaciated fifteen-year-old. At first, the "new attitude of her caretakers" terrified the girl and she became even more recalcitrant about eating and said that she wished to die. After three months of an enforced dietary regimen of arrowroot, bread, eggs, and beef tea, the girl left the recuperative home "fat" and capable of a normal, active life. At discharge the nun disclosed that she had in her possession a series of letters written by the former patient, which "constituted a peculiarly interesting witness from the point of view of causation of her malady." The letters, addressed to an older male relative, disclosed that the patient's food refusal was generated by her romantic and "singular passion" for this man who, in the young girl's presence, had explicitly admired another woman who was "extremely lean." In the effort to please him, the girl began to starve herself, walk excessively, and lace herself very tightly. Yet she never once told her doctor about her passion for her relative or her desire to be thin.[9]

The nurse functioned as detective in another case involving a twenty-year-old at St. George's Hospital in London. None of the consulting doctors could find an organic reason why their hysterical patient refused to eat, but they continued to work diligently to ease the stomach pains of which she complained. The nurse on the ward, however, regarded the girl as a malingerer and told the doctors, "On December 6th, whilst the girl was apparently suffering . . . the Queen [Victoria] passed the hospital, on her way to open Blackfriar's Bridge; [the girl] rose in bed to watch her out of the window, having been thought utterly unable to move, owing to pain." On yet another occasion, when friends were admitted for hospital visiting hours, the nurse found the supposedly debilitated girl "sitting up in bed, trying on a new coloured frock."

This same patient, who told the doctors that she could not and would not eat, engaged in surreptitious relationships with other patients in order to get bits of their food, which

she would eat on the sly. The nurse at St. George's Hospital found a note from the girl indicating that she did eat secretly:

> My dear Mrs. Evans—I was very sorry you should take the trouble of cutting me such a nice peice [*sic*] of bread and butter yesterday. I would of taken it, but all of them saw you send it, and they would of made enough to have talked about, but I should be very glad if you will cut me a nice peice [*sic*] of crust and put it in a peice [*sic*] of paper and send it or else bring it, so as they do not see it, for they all watch me very much.[10]

The nurse's information on this patient provided no real explanation of why the girl would not eat in the presence of her caretakers, but it did confirm the physician's belief that hysterical adolescents were by definition deceptive. This attitude surely affected the doctors' interactions with anorexic patients. If it was assumed that the patient was by nature duplicitous, then any explanation she gave would be suspect.

Sensing the doctor's loyalties to her parents and his suspicious attitude toward her, the anorectic usually chose not to disclose her private preoccupations to an unsympathetic male authority figure. When she spoke, it was almost always of bodily ills: pain after eating, a sour stomach, difficulty in swallowing, flatulence. Deference, fear, and anger all combined to keep her essentially mute. When her bodily preoccupations were rooted in ideas that the doctor might find childish, inappropriate, or distasteful, her silence became confirmed. Furthermore, there was always the distinct possibility of misunderstanding or embarrassment when girls told personal things to men or boys. The bourgeois world of the nineteenth century was still very much sex segregated.[11] Consequently, enormous emotional risks were involved in baring one's soul to the doctor. Most adult men did not understand the language of girlhood sentiment and knew neither its vocabulary nor its symbols. The silence of the Victorian anorectic was in keeping with her provocative resort to symbolic rather than rhetorical behavior.

THE IRRATIONAL APPETITE

In the late nineteenth century, adolescent girls demonstrated an array of health problems that involved eating and appetite disturbances. These problems lent confusion rather than clarity to the process of making the diagnosis for anorexia nervosa. In effect, there was a wide spectrum of "picky eating" and food refusal, ranging from the normative to the pathological. Anorexia nervosa was the extreme—but it was not altogether alien, given the range of behaviors that doctors saw in adolescent female patients. As one astute twentieth-century physician wrote about the origins of anorexia nervosa in the era of William Gull, "the conditions of life were well staged for such a disturbance."[12]

The health of young women was definitely influenced by a general female fashion for sickness and debility.[13] The sickly wives and daughters of the bourgeoisie provided the medical profession with a ready clientele. In Victorian society unhappy women (and men) had to employ physical complaints in order to be permitted to take on the privileged "sick role." Because the most prevalent diseases in this period were those that involved "wasting," it is no wonder that becoming thin, through noneating, became a focal symptom. Wasting was in style.

Among women, invalidism and scanty eating commonly accompanied each other. The partnership was familiar enough to become the subject of a satirical novel. In *The*

Female Sufferer; or, Chapters from Life's Comedy, Augustus Hoppin satirized the indolent existence of an upper-class invalid who, while ever so ill, managed to run a vigorous social life from her sick chamber. The stylized eating of this "nervous exhaustionist" was central to the author's portrait. Delicate foods such as "tidbits of fruit and jelly," "a snip of a roll," "a wren's leg on toast," were taken only to "appease the cravings of her exhausted nerves"—but not because she was hungry. At times, however, the debilitated patient would become voracious for "dainty" items such as wedding cake, peaches and cream, and freshly cut melon. According to Hoppin, another characteristic type among female sufferers was the woman supposedly perishing of starvation or "pining away." "Well! dying of inanition is doing something, isn't it?" asked one of the admirers who surrounded the sick couch. Another replied, "Inanition being merely action begun, demands too much exertion for [the lady] to finish."[14]

Adolescent girls simply followed and imitated the behavioral styles of adult women. As a consequence, mothers were urged to take action against their daughters' fondness for wasting and debility. In *Eve's Daughters; or, Common Sense for Maid, Wife, and Mother*, Marion Harland told parents:

> Show no charity to the faded frippery of sentiment that prates over romantic sickliness. Inculcate a fine scorn for the desire to exchange her present excellent health for the estate of the pale, drooping, human-flower damsel; the taste that covets the "fascination" of lingering consumption; the "sensation" of early decease induced by the rupture of a blood-vessel over a laced handkerchief held firmly to her lily mouth by agonized parent or distracted lover. All this is bathos and vulgarity ... Bid her leave such balderdash to the pretender to ladyhood, the low-minded *parvenu*, who, because foibles are more readily imitated than virtues, and tricks than graces, copies the mistakes of her superiors in breeding and sense, and is persuaded that she has learned "how to do it."[15]

Harland, an American, called the "cultivation of fragility" a "national curse."

Of the conditions that affected girls most frequently, dyspepsia and chlorosis both incorporated peculiar eating and both could be confused with anorexia nervosa. Dyspepsia, a form of chronic indigestion with discomfort after eating, was widespread in middle-class adults and in their daughters. Physicians saw the adolescent dyspeptic frequently; advice writers suggested how she should be managed at home; health reformers used her existence to argue for changes in the American diet; and even novelists considered her enough of a fixture on the domestic scene to include her in their portraits of social life.[16] The dyspeptic had no particular organic problem; her stomach was simply so sensitive that it precluded normal eating. Whereas dyspeptic women could be extremely thin, some, according to doctors' reports, were corpulent. Yet dyspepsia sometimes looked much like anorexia nervosa. For example, a physician described his young dyspeptic patients as persons "who enter upon a strict regimen which they follow only too well. By auto-observation and auto-suggestion, by constantly noticing and classifying their foods, and rejecting all kinds that they think they cannot digest, they finally manage to live on an incredibly small amount."[17]

Chlorosis, a form of anemia named for the greenish tinge that allegedly marked the skin of the patient, was the characteristic malady of the Victorian adolescent girl. Although chlorosis was never precisely defined and differentiated, it was unequivocally regarded

as a disease of girlhood rather than boyhood. Its symptoms included lack of energy, shortness of breath, dyspepsia, headaches, and capricious or scanty appetite; sometimes the menses stopped. Chlorotic girls tended to lose some weight as a result of poor eating and aversion to specific foods, particularly meat.[18] (Today iron-deficiency anemia corresponds to the older diagnosis of chlorosis.)

Doctors of the Victorian era fostered the notion that all adolescent girls were potentially chlorotic: "Every girl passes as it were through the outer court of chlorosis in her progress from youth to maturity . . . Perhaps, no girl escapes it altogether."[19] In contrast to anorexia nervosa, treatment for this popular disease was relatively easy: large doses of iron salts and a period of rest at home. As a result, parents were not afraid of chlorosis. In fact, it was accepted as a normal part of adolescent development. Many doctors and families were also fond of tonics to stimulate the appetite, restore the blush to the cheek, and cure latent consumption. "Young Girls Fading Away" was the headline of a well-known advertisement for Dr. William's Pink Pills for Pale People, a medicine aimed at the chlorotic market.[20] A vast amount of patent medicine was sold to families that assumed chlorosis in an adolescent whenever her energy, spirits, or appetite waned. In cases that were eventually diagnosed as anorexia nervosa, the patient in the earliest stages may well have been regarded as dyspeptic or chlorotic. Because clinical descriptions of the confirmed dyspeptic, the chlorotic, and the anorectic had many features in common, we must assume that the diagnoses occasionally overlapped.[21]

Taken together, these conditions suggest that young women presented unusual eating and diminished appetite more often than any other group in the population. Apparently, it was relatively normal for a Victorian girl to develop poor appetite and skip her meals, "affect daintiness" and eat only sweets, or express strong food preferences and dislikes.[22] A popular women's magazine told its readership that in adolescence "digestive problems are common, the appetite is fickle, and evidences of poor nourishment abound."[23] Between 1850 and 1900 the most frequent warning issued to parents of girls had to do with forestalling the development of idiosyncrasies, irregularities, or strange whims of appetite because these were precursors of disease as well as signs of questionable moral character.

Ideas about female physiology and sexual development underlay the physician's expectations and his clinical treatment. Doctors believed that women were prone to gastric disorders because of the superior sensitivity of the female digestive system. Using the machine metaphor that was popular in describing bodily functions, they likened a man's stomach to a quartz-crushing machine that required coarse, solid food. By contrast, the mechanisms of a woman's stomach could be ruined if fed the same materials. The female digestive apparatus required foods that were soft, light, and liquid.[24] (Dyspepsia in women could result from the choice of inappropriate foods that required considerable chewing and digestion.)

To the physician's mind, a young woman caught up in the process of sexual maturation was subject to vagaries of appetite and peculiar cravings. "The rapid expansion of the passions and the mind often renders the tastes and appetite capricious," wrote a midcentury physician.[25] Therefore, even normal sexual development had the potential to create a disequilibrium that could lead to irregular eating such as the kind reported in dyspepsia and chlorosis. But physicians reported on eating behavior that was far more bizarre. In fact, the adolescent female with "morbid cravings" was a stock figure in the medical and advice literature of the Victorian period. Stories circulated of "craving damsels"

who were "trash-eaters, oatmeal-chewers, pipe-chompers, chalk-lickers, wax-nibblers, coal-scratchers, wall-peelers, and gravel-diggers." The clinical literature also provided a list of "foods" that some adolescent girls allegedly craved: chalk, cinders, magnesia, slate pencils, plaster, charcoal, earth, spiders, and bugs.[26] Modern medicine associates iron-deficiency anemia with eating nonnutritive items, such as pica. For the Victorian physician, nonnutritive eating constituted proof of the fact that the adolescent girl was essentially out of control and that the process of sexual maturation could generate voracious and dangerous appetites.

In this context physicians asserted that even normal adolescent girls had a penchant for highly flavored and stimulating foods. A reputable Baltimore physician, for example, described three girlfriends who constantly carried with them boxes of pepper and salt, taking the condiments as if they were snuff.[27] The story was meant to imply that the girls were slaves of their bodily appetites. Throughout the medical and advice literature an active appetite or an appetite for particular foods was used as a trope for dangerous sexuality. Mary Wood-Allen warned young readers that the girl who masturbated "will manifest an unnatural appetite, sometime desiring mustard, pepper, vinegar and spices, cloves, clay, salt, chalk, charcoal, etc."[28]

Because appetite was regarded as a barometer of sexuality, both mothers and daughters were concerned about its expression and its control. It was incumbent upon the mother to train the appetite of the daughter so that it represented only the highest moral and aesthetic sensibilities. A good mother was expected to manage this situation before it escalated into a medical or social problem. Marion Harland's Mamie, the prototypical adolescent, developed at puberty "morbid cravings of appetite and suffered after eating things that never disagreed with her before." Mamie's mother was cautioned about the possibility that a disturbance of appetite could precipitate an adolescent decline. Mothers were urged to be vigilant: "If Mamie has not a rational appetite, create a digestive conscious [*sic*] that may serve her instead." Mothers were expected to educate, if not tame, their adolescent daughter's propensity for "sweetmeats, bonbons, and summer drinks" as well as for "stimulating foods such as black pepper and vinegar pickle."[29] "Inflammatory foods" such as condiments and acids, thought to be favored by the tumultuous female adolescent, were strictly prohibited by judicious mothers. Adolescent girls were expressly cautioned against coffee, tea, and chocolate; salted meats and spices; warm bread and pastry; confectionery; nuts and raisins; and, of course, alcohol.[30] These sorts of foods stimulated the sensual rather than the moral nature of the girl.

No food (other than alcohol) caused Victorian women and girls greater moral anxiety than meat. The flesh of animals was considered a heat-producing food that stimulated production of blood and fat as well as passion. Doctors and patients shared a common conception of meat as a food that stimulated sexual development and activity. For example, Lucien Warner, a popular medical writer, suggested that meat eating in adolescence could actually accelerate the development of the breasts and other sex characteristics; at the same time, a restriction on the carnivorous aspects of the diet could moderate premature or rampant sexuality as well as overabundant menstrual flow. "If there is any tendency to precocity in menstruation, or if the system is very robust and plethoric, the supply of meat should be quite limited. If, on the other hand, the girl is of sluggish temperament and the menses are tardy in appearance, the supply of meat should be

especially generous."[31] Meat eating in excess was linked to adolescent insanity and to nymphomania.[32] A stimulative diet of meat and condiments was recommended only for those girls whose development of the passions seemed, somehow, "deficient."

By all reports adolescent girls ate very little meat, a practice that certainly contributed to chlorosis or iron-deficiency anemia. In fact, many openly disdained meat without being necessarily committed to the ideological principles of the health reformers who espoused vegetarianism.[33] Meat avoidance, therefore, is the most apt term for this pattern of behavior. According to E. Lloyd Jones, adolescent girls "are fond of biscuits, potatoes, etc. while they avoid meat on most occasions, and when they do eat meat, they prefer the burnt outside portion." Another doctor confirmed the same problem in a dialogue between himself and a patient. "Oh, I like pies and preserves but I can't bear meat," the young woman reportedly told the family physician. A "disgust for meat in any form" characterized many of the adolescent female patients of a Pennsylvania practitioner of this period.[34]

When it became necessary to eat meat (say, if prescribed by a doctor), it was an event worthy of note. For many, meat eating was endured for its healing qualities but despised as a moral and aesthetic act. For example, eighteen-year-old Nellie Browne wrote to tell her mother that a delicate classmate [Laura] had, like her own sister Alice, been forced to change her eating habits:

> I am very sorry to hear Alice has been so sick. Tell her she must eat meat if she wishes to get well. Laura eats meat *three* times a day.—She says she cannot go without it.—If Laura *can* eat *meat, I am sure Alice can.* If Laura needs it *three* times a day, Alice needs it *six.* (Italics in original.)[35]

After acknowledging the "common distaste for meat" among his adolescent patients, Clifford Allbutt wrote, "Girls will say the entry of a dish of hot meat into the room makes them feel sick."[36]

The repugnance for fatty animal flesh among Victorian adolescents ultimately had a larger cultural significance. Meat avoidance was tied to cultural notions of sexuality and decorum as well as to medical ideas about the digestive delicacy of the female stomach. Carnality at table was avoided by many who made sexual purity an axiom. Proper women, especially sexually maturing girls, adopted this orientation with the result that meat became taboo. Contemporary descriptions reveal that some young women may well have been phobic about meat eating because of its associations:

> There is the common illustration which every one meets a thousand times in a lifetime, of the girl whose stomach rebels at the very thought of fat meat. The mother tries persuasion and entreaty and threats and penalties. But nothing can overcome the artistic development in the girl's nature which makes her revolt at the bare idea of putting the fat piece of a dead animal between her lips.[37]

In this milieu food was obviously more than a source of nutrition or a means of curbing hunger; it was an integral part of individual identity. For women in particular, how one ate spoke to issues of basic character.

"A WOMAN SHOULD NEVER BE SEEN EATING"

In Victorian society food and femininity were linked in such a way as to promote restrictive eating among privileged adolescent women. Bourgeois society generated anxieties about food and eating—especially among women. Where food was plentiful and domesticity venerated, eating became a highly charged emotional and social undertaking. Displays of appetite were particularly difficult for young women who understood appetite to be both a sign of sexuality and an indication of lack of self-restraint. Eating was important because food was an analogue of the self. Food choice was a form of self-expression, made according to cultural and social ideas as well as physiological requirements. As the anthropologist Claude Lévi-Strauss put it, things must be "not only good to eat, but also good to think."[38]

Female discomfort with food, as well as with the act of eating, was a pervasive subtext of Victorian popular culture.[39] The naturalness of eating was especially problematic among upwardly mobile, middle-class women who were preoccupied with establishing their own good taste.[40] Food and eating presented obvious difficulties because they implied digestion and defecation, as well as sexuality. A doctor explained that one of his anorexic patients "refused to eat for fear that, during her digestion, her face should grow red and appear less pleasant in the eyes of a professor whose lectures she attended after her meals."[41] A woman who ate inevitably had to urinate and move her bowels. Concern about these bodily indelicacies explains why constipation was incorporated into the ideal of Victorian femininity. (It was almost always a symptom in anorexia nervosa.) Some women "boasted that the calls of Nature upon them averaged but one or two demands per week."[42]

Food and eating were connected to other unpleasantries that reflected the self-identity of middle-class women. Many women, for good reason, connected food with work and drudgery. Food preparation was a time-consuming and exhausting job in the middle-class household, where families no longer ate from a common soup pot. Instead, meals were served as individual dishes in a sequence of courses. Women of real means and position were able to remove themselves from food preparation almost entirely by turning over the arduous daily work to cooks, bakers, scullery and serving maids, and butlers. Middle-class women, however, could not achieve the same distance from food.[43]

Advice books admonished women "not to be ashamed of the kitchen," but many still sought to separate themselves from both food and the working-class women they hired to do the preparation and cooking. A few women felt the need to make alienation from food a centerpiece of their identity. A young "lady teacher," for example, "regard[ed] it as unbecoming her position to know anything about dinner before the hour for eating arrived . . . [She was] ashamed of domestic work, and graduate[d] her pupils with a similar sense of false propriety."[44] Similarly, in the 1880s in Rochester, New York, a schoolgirl was chastised by her aunt for describing (with relish) in her diary the foods she had eaten during the preceding two weeks.[45]

Food was to be feared because it was connected to gluttony and to physical ugliness. In advice books such as the 1875 *Health Fragments; or, Steps toward a True Life* women were cautioned to be careful about what and how much they ate. Authors George and Susan Everett enjoined: "Coarse, gross, and gluttonous habits of life degrade the physical appearance. You will rarely be disappointed in supposing that a lucid, self-respectful lady is very careful of the food which forms her body and tints her cheeks." Sarah Josepha

Hale, the influential editor of *Godey's Lady's Book* and an arbiter of American domestic manners, warned women that it was always vulgar to load the plate.[46]

Careful, abstemious eating was presented as insurance against ugliness and loss of love. Girls in particular were told: "Keep a great watch over your appetite. Don't always take the nicest things you see, but be frugal and plain in your tastes."[47] Young women were told directly that "gross eaters" not only developed thick skin but had prominent blemishes and broken blood vessels on the nose. Gluttony also robbed the eyes of their intensity and caused the lips to thicken, crack, and lose their red color. "The glutton's mouth may remind us of cod-fish—never of kisses." A woman with a rosebud mouth was expected to have an "ethereal appetite." A story circulated that Madam von Stein "lost Goethe's love by gross habits of eating sausages and drinking strong coffee, which destroyed her beauty." Women such as von Stein, who indulged in the pleasures of the appetite, were said to develop "a certain unspiritual or superanimal expression" that conveyed their base instincts. "[We] have never met true refinement in the person of a gross eater," wrote the Everetts.[48]

Indulgence in foods that were considered stimulating or inflammatory served not only as an emblem of unchecked sensuality but sometimes as a sign of social aggression. Women who ate meat could be regarded as acting out of place; they were assuming a male prerogative. In *Daniel Deronda* (1876) George Eliot described a group of local gentry, all men, who came together after a hunt to take their meal apart from the women. As they ate, the men took turns telling stories about the "epicurism of the ladies, who had somehow been reported to show a revolting masculine judgement in venison." Female eating was a source of titillation to men precisely because they understood eating to be a trope for sexuality. Furthermore, women who asked baldly for venison were aggressive if not insatiable. What most bothered the local gentry was the women's effrontery to "ask . . . for the fat—a proof of the frightful rate at which corruption might go in women, but for severe social restraint."[49]

Because food and eating carried such complex meanings, manners at the table became an important aspect of a woman's social persona. In their use of certain kinds of conventions, nineteenth-century novelists captured the crucial importance of food and eating in the milieu of middle-class women. Because they understood the middle-class reverence for the family meal, writers such as Jane Austen and Anthony Trollope saw the meal as an arena for potential individual and collective embarrassment. These novelists provided numerous examples of young women whose lives and fortunes hung on the issue of dinner-table decorum. For example, in Austen's *Mansfield Park* (1814) the heroine, Fanny Price, was horrified at the prospect of having her well-bred suitor eat with her family and "see all their deficiencies." Fanny was concerned not only about her family's lower standard of cookery, but about her sister's mortifying tendency to eat "without restraint." In Trollope's *Ralph the Heir* (1871) the family of Mr. Neefit, a tradesman, invited Ralph Newton, a gentleman, to their family table after some degree of preparation and nervousness on the part of the wife and daughter. Newton, who was halfheartedly courting the daughter at the request of her socially ambitious father, ultimately concluded that the young woman was attractive enough but the roughness of her father was unbearable. He found particularly galling the manner in which Mr. Neefit ate his shrimp.[50] Manners at table were often a dead giveaway of one's true social origins. This convention for marking the social distance between the classes was utilized

by Mark Twain in the famous scene in *The Prince and the Pauper* (1881) where the prince's impersonator drinks from his fingerbowl.[51]

Women's anxieties about how to eat in genteel fashion were widespread and conveyed by novelists in a number of different ways. In Elizabeth Gaskell's *Cranford* (1853), the middle-class ladies of the town were made uncomfortable by the presentation of foods that were difficult to eat—in this case, peas and oranges. One woman "sighed over her delicate young peas [but] left them on one side of her plate untasted" rather than attempt to stab them or risk dropping them between the two prongs of her fork. She knew that she could not do "the ungenteel thing"—shoveling them with her knife. So, too, oranges presented difficulties for the decorous middle-class women of Cranford:

> When oranges came in, a curious proceeding was gone through. Miss Jenkyns did not like to cut the fruit; for, as she observed, the juice all ran out nobody knew where; sucking (only I think she used some more recondite word) was in fact the only way of enjoying oranges; but then there was the unpleasant association with a ceremony frequently gone through by little babies; and so, after dessert, in orange season, Miss Jenkyns and Miss Matty used to rise up, possess themselves each of an orange in silence, and withdraw to the privacy of their own rooms to indulge in sucking oranges.[52]

In fact, secret eating was not unknown among those who subscribed to the absurd dictum that "a woman should never be seen eating."[53] This statement, attributed by George Eliot to the famed poet Lord Byron, was the ultimate embodiment of Victorian imperatives about food and gender.

Over and over again, in all of the popular literature of the Victorian period, good women distanced themselves from the act of eating with disclaimers that pronounced their disinterest in anything but the aesthetics of food. "It's very little I eat myself," a proper Trollopian hostess explained, "but I do like to see things nice."[54] Apparently, Victorian girls adopted the aesthetic sensibilities of their mothers, displaying extraordinary interest in the appearance and color of their food, in the effect of fine china and linen, and in agreeable surroundings. A 1904 study of the psychology of foods in adolescence reported that boys most valued companionship at table, whereas girls emphasized "ceremony" and "appointments."[55] Attention to the aesthetics of eating seemed to minimize the negative implications of participating in the gustatory and digestive process.

But Victorian women avoided connections to food for a number of other reasons. The woman who put soul over body was the ideal of Victorian femininity. The genteel woman responded not to the lower senses of taste and smell but to the highest senses—sight and hearing—which were used for moral and aesthetic purposes.[56] One of the most convincing demonstrations of a spiritual orientation was a thin body—that is, a physique that symbolized rejection of all carnal appetites. To be hungry, in any sense, was a social faux pas. Denial became a form of moral certitude and refusal of attractive foods a means for advancing in the moral hierarchy.

Appetite, then, was a barometer of a woman's moral state. Control of eating was eminently desirable, if not necessary. Where control was lacking, young women were subject to derision. "The girl who openly enjoys bread-and-butter, milk, beefsteak and potatoes, and thrives thereby, is the object of many a covert sneer, or even overt jest,

even in these sensible days and among sensible people."[57] Given the intensity of concern about control of appetite, it is not surprising that some women found strong attraction in cultural figures whose biographies exemplified the triumph of spirit over flesh. Two figures representing the Romantic and medieval traditions became especially relevant to how young women thought about these issues: Lord Byron and Catherine of Siena. Both spoke to the moral desirability of being thin.

Known to the Victorian reading public as the author of the immensely popular epic poems *Childe Harold* and *Don Juan,* Lord Byron (1788–1824) remained an important cultural figure whose life and work stood, even as late as the third quarter of the century, as a symbol of the power of the Romantic movement.[58] Young women who shared the Romantic sensibility found Byron's poetry inspirational. *Childe Harold,* which detailed a youth's struggle for meaning, spoke to the inner reaches of the soul and helped its readers transcend the "tawdry world." For many, such as Trollope's Lizzie Eustace, Byron was "the boy poet who understood it all."[59]

Although Byron's tempestuous love life served to titillate some and revolt others, the poet's struggles with the relation of his body to his mind were of enormous interest to women. Byron starved his body in order to keep his brain clear. He existed on biscuits and soda water for days and took no animal food. According to memoirs written by acquaintances, the poet had a "horror of fat"; to his mind, fat symbolized lethargy, dullness, and stupidity. Byron feared that if he ate normally he would lose his creativity. Only through abstinence could his mind exercise and improve. In short, Byron was a model of exquisite slenderness and his sensibilities about fat were embraced by legions of young women.[60]

Adults, especially physicians, lamented Byron's influence on youthful Victorians. In addition to encouraging melancholia and emotional volatility, Byronism had consequence for the eating habits of girls. In Britain "the dread of being fat weigh[ed] like an incubus" on Romantic youngsters who consumed vinegar "to produce thinness" and swallowed rice "to cause the complexion to become paler."[61] According to American George Beard, "our young ladies live all their growing girlhood in semi-starvation" because of a fear of "incurring the horror of disciples of Lord Byron."[62] Byronic youth, in imitation of their idol, disparaged fat of any kind, a practice which advice writers found detrimental to their good health. "If plump, [the girl] berates herself as a criminal against refinement and aesthetic taste; and prays in good or bad earnest, for a spell of illness to pull her down."[63] Other doctors besides Beard spoke of the popular Romantic association between scanty eating, a slim body, and "delicacy of mind." Beard, however, did not let the blame for modern eating habits rest entirely on the Romantics. He decried the influence of Calvinist doctrine as well. Cultivated people, he said, eat too little because of the old belief that "satiety is a conviction of sin."[64]

Women attuned to the higher senses did find inspiration for their abstemious eating in the austerities of medieval Catholics—particularly Catherine of Siena. Although Protestant Victorian writers presented Catherine's asceticism as a dangerous form of self-mortification, there was also widespread admiration for the spiritual intensity that drove her fasts. Victorian writers used the biography of Saint Catherine to demonstrate how selfhood could be lost to a higher moral or spiritual purpose. This message was considered particularly relevant to girls, in that self-love was supposed to be a distinguishing characteristic of the female adolescent.[65] Saint Catherine's biography was included

in inspirational books for girls, and two prominent women of the period demonstrated serious interest in her life. Josephine Butler, an articulate English feminist, published a full-length biography in 1879; and Vida Scudder, a Wellesley College professor of English and a Christian socialist, published her letters in 1895.[66] Because she provided a vivid demonstration of a woman who placed spiritual over bodily concerns, Catherine of Siena was of enormous interest to Anglo-American women.

This lingering ascetic imperative did not go unnoticed by one of the period's most astute observers of religious behavior, William James. In *The Varieties of Religious Experience* the Harvard philosopher and psychologist noted quite correctly that old religious habits of "misery" and "morbidness" had fallen into disrepute. Those who pursued "hard and painful" austerities were regarded, in the modern era, as "abnormal." Yet James noted that young women were the most likely to remain tied to the dying tradition of religious asceticism. Although he understood that ascetic behavior had many sources (what he called "diverse psychological levels"), he did mark girls as the group most likely to embrace "saintliness." "We all have some friend," James wrote, "perhaps more often feminine than masculine, and young than old, whose soul is of this blue-sky tint, whose affinities are rather with flowers and birds and all enchanting innocencies than with dark human passions."[67] Girls seemed to be the most interested in the tenets of what James called saintliness: conquering the ordinary desires of the flesh, establishing purity, and taking pleasure in sacrifice.[68]

Those who were ascetic in girlhood tried to act as well as look like saints. In *The Morgesons* (1862) Veronica, an adolescent invalid and dyspeptic, defined her saintliness through a diet of tea and dry toast. She cropped her hair short in the manner of a penitent; constantly washed her hands with lavender water, as if she were taking a ritual absolution; and on her bedroom wall hung a picture of the martyred Saint Cecilia with white roses in her hair.[69] Although Veronica was a Protestant, she revered Saint Cecilia for her spirituality. Many novelists linked asceticism to physical beauty as well as to spiritual perfection. In short, beautiful women were often "saintlike," a relationship that implied the inverse as well—the "saintlike" were beautiful. Trollope, for example, spoke of a young gentleman who "declared to himself at once that she was the most lovely young woman he had ever seen. She had dark eyes, and perfect eyebrows, and a face which, either for colour or lines of beauty, might have been taken for a model for any female saint or martyr."[70]

By the last decades of the nineteenth century, a thin body symbolized more than just sublimity of mind and purity of soul. Slimness in women was also a sign of social status. This phenomenon, noted by Thorstein Veblen in *The Theory of the Leisure Class*, heralded the demise of the traditional view that girth in a woman signaled prosperity in a man. Rather, the reverse was true: a thin, frail woman was a symbol of status and an object of beauty precisely because she was unfit for productive (or reproductive) work. Body image rather than body function became a paramount concern.[71] According to Veblen, a thin woman signified the idle idyll of the leisured classes.

By the turn of the twentieth century, elite society already preferred its women thin and frail as a symbol of their social distance from the working classes. Consequently, women with social aspirations adopted the rule of slenderness and its related dicta about parsimonious appetite and delicate food. Through restrictive eating and restrictive clothing (that is, the corset), women changed their bodies in the name of gentility.

Women of means were the first to diet to constrain their appetite, and they began to do so before the sexual and fashion revolutions of the 1920s and the 1960s. In the 1890s Veblen noted that privileged women "[took] thought to alter their persons, so as to conform more nearly to the instructed taste of the time."[72] In effect, Veblen documented the existence of a critical gender and class imperative born of social stratification. In bourgeois society it became incumbent upon women to control their appetite in order to encode their body with the correct social messages.[73] Appetite became less of a biological drive and more of a social and emotional instrument.

Historical evidence suggests that many women managed their food and their appetite in response to the notion that sturdiness in women implied low status, a lack of gentility, and even vulgarity. Eating less rather than more became a preferred pattern for those who were status conscious. The pressure to be thin in order to appear genteel came from many quarters, including parents. "The mother, also, would look upon the sturdy frame and ruddy cheeks as tokens of vulgarity."[74] Recall that Eva Williams, admitted to London Hospital in 1895 for treatment of anorexia nervosa, told friends that it was her mother who complained about her rotundity.

A controlled appetite and ill health were twin vehicles to elevated womanhood. Advice to parents about the care of adolescent daughters regularly included the observation that young women ate scantily because they denigrated health and fat for their declassé associations. In 1863 Hester Pendleton, an American writer on the role of heredity in human growth, lamented the fact that the natural development of young women was being affected by these popular ideas. "So perverted are the tastes of some persons," Pendleton wrote, "that delicacy of constitution is considered a badge of aristocracy, and daughters would feel themselves deprecated by too robust health."[75] Health in this case meant a sturdy body, a problem for those who cultivated the fashion of refined femininity. One writer felt compelled to assert: "Bodily health is never pertinently termed 'rude.' It is not coarse to eat heartily, sleep well, and to feel the life throbbing joyously in heart and limb."[76]

Consequently, to have it insinuated or said that a woman was robust constituted an insult. This convention was captured by Anthony Trollope in *Can You Forgive Her?* (1864). After a late-night walk on the grounds of the Palliser estate, the novel's genteel but impoverished young heroine, Alice Vavasour, was criticized by a male guest for her insensitivity to the physical delicacy of her walking companion and host, Lady Glencora Palliser. The youthful and beautiful Lady Glencora caught cold from the midnight romp, but Alice did not. The critical gentleman immediately caught the social implications of the fact that Alice was not unwell from the escapade, and he used her health against her: "Alice knew that she was being accused of being robust . . . but she bore it in silence. Ploughboys and milkmaids are robust, and the accusation was a heavy one."[77] The same associations were relevant thirty years later in the lives of middle-class American girls. Marion Harland observed that the typical young woman "would be disgraced in her own opinion and lost caste with her refined mates were she to eat like a ploughboy."[78]

In the effort to set themselves apart from plowboys and milkmaids—that is, working and rural youth—middle-class daughters chose to pursue a body configuration that was small, slim, and essentially decorative. By eating only tiny amounts of food, young women could disassociate themselves from sexuality and fecundity and they could achieve an unambiguous class identity. The thin body not only implied asexuality and an ele-

vated social address, it was also an expression of intelligence, sensitivity, and morality. Through control of appetite Victorian girls found a way of expressing a complex of emotional, aesthetic, and class sensibilities.

By 1900 the imperative to be thin was pervasive, particularly among affluent female adolescents. Albutt wrote in 1905, "Many young women, as their frames develop, fall into a panic fear of obesity, and not only cut down on their food, but swallow vinegar and other alleged antidotes to fatness."[79] The phenomenon of adolescent food restriction was so widespread that an advice writer told mothers, "It is a circumstance at once fortunate and notable if [your daughter] does not take the notion into her pulpy brain that a healthy appetite for good substantial food is 'not a bit nice,' 'quite too awfully vulgar you know.'"[80]

Because food was a common resource in the middle-class household, it was available for manipulation. Middle-class girls, rather than boys, turned to food as a symbolic language, because the culture made an important connection between food and femininity and because girls' options for self-expression outside the family were limited by parental concern and social convention. In addition, doctors and parents expected adolescent girls to be finicky and restrictive about their food. Young women searching for an idiom in which to say things about themselves focused on food and the body. Some middle-class girls, then as now, became preoccupied with expressing an ideal of female perfection and moral superiority through denial of appetite. The popularity of food restriction or dieting, even among normal girls, suggests that in bourgeois society appetite was (and is) an important voice in the identity of a woman. In this context anorexia nervosa was born.

NOTES

1. The best statement in the extensive literature on the relation of culture to obsessive-compulsive disorder and anorexia nervosa is Albert Rothenberg, "Eating Disorder as a Modern Obsessive-Compulsive Syndrome," *Psychiatry* 49 (February 1986), 45–53. Another historian interested in the changing symptomatology of hysteria is Edward Shorter. See his "The First Great Increase in Anorexia Nervosa," *Journal of Social History* 21 (Fall 1987), 69–96.
2. This point is made by Laurence Kirmayer, "Culture, Affect and Somatization, Part II," *Transcultural Psychiatric Research Review* 21 (1984), 254.
3. London Hospital Physician's Casebooks, MS 107 (1897); quoted in Pierre Janet, *The Major Symptoms of Hysteria* (New York, 1907), p. 234; Max Wallet, "Deux cas d'anorexie hystérique," in *Nouvelle iconographie de la Salpêtrière*, ed. J.-M. Charcot (Paris, 1892), p. 278.
4. See Janet, *Major Symptoms*, p. 234, for these terms. Janet did, however, have a more sophisticated interpretation based on his idea of "body shame."
5. My description of late-nineteenth-century examinations is drawn from clinical case records and from Joel Stanley Reiser, *Medicine and the Reign of Technology* (Cambridge, Mass., 1978), and Charles E. Rosenberg, "The Practice of Medicine in New York a Century Ago," *Bulletin of the History of Medicine* 41 (May–June 1967), 223–253; D. W. Cathell, *The Physician Himself and What He Should Add to His Scientific Acquirements* (Baltimore, 1882).
6. I have tried to incorporate, and move beyond, the perspective on male doctor–female patient relations provided in Barbara Ehrenreich and Deirdre English, *Witches, Midwives and Nurses* (New York, n.d.) and *Complaints and Disorders: The Sexual Politics of Sickness* (Old Westbury, N.Y., 1973).

   At the outset I asked, Can the absence of a patient voice be attributed solely to misogyny and authoritarianism on the part of doctors? I think not. Without discounting the relevance of both these well-known attributes of nineteenth-century medical men, I posit that the silence stemmed from a complex of medical and social factors that shaped interactions between doctors and patients in such a way that doctors really had no coherent, firsthand information to give. In a system of medicine that emphasized physical diagnosis, somatic complaints

were primary. Traditional ideas about hysteria in women and girls prevailed, providing the rationale for medical and moral therapy.

7. J.-M. Charcot, *Clinical Lectures on Diseases of the Nervous System* (London, 1889), p. 214.
8. See for example John Ogle, "A Case of Hysteria: 'Temper Disease,'" *British Medical Journal* (July 16, 1870), 59; William Gull, "Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica)," *Transactions of the Clinical Society of London* 7 (1874), 22–28; Thomas Stretch Dowse, "Anorexia Nervosa," *Medical Press and Circular* 32 (August 3, 1881), 95–97, and ibid. (August 17, 1881), 147–148; W. J. Collins, "Anorexia Nervosa," *Lancet* (January 27, 1894), 203.
9. Charles Féré, *The Pathology of Emotions* (London, 1899), pp. 79–80. The home was designated a Maison de Santé.
10. Ogle, "A Case of Hysteria," pp. 57–58.
11. The strongest statement on the separation of male and female spheres is Carroll Smith-Rosenberg, "The Female World of Love and Ritual: Relations between Women in Nineteenth-Century America," *Signs 1* (1975), 1–29. In addition to this generative article see Nancy Cott, *The Bonds of Womanhood* (New Haven, 1977); Ann Douglas, *The Feminization of American Culture* (New York, 1977); Mary Ryan, *Cradle of the Middle Class* (New York, 1982). Ellen Rothman's *Hands and Hearts: A History of Courtship in America* (New York, 1984) provides some rethinking of the Smith-Rosenberg thesis.
12. John Ryle to Parkes Weber, January 27, 1939, PP/FDW F. Parkes Weber Papers, Wellcome Institute, London.
13. Ann Douglas Wood, "The Fashionable Diseases: Women's Complaints and Their Treatment in Nineteenth Century America," *Journal of Interdisciplinary History* 4 (1973), 25–52; John S. Haller, Jr., and Robin Haller, *The Physician and Sexuality in Victorian America* (Urbana, Ill., 1974). See also Judith Walzer Leavitt, ed., *Women and Health in America: Historical Readings* (Madison, Wis., 1984).
14. Augustus Hoppin, *A Fashionable Sufferer; or, Chapters from Life's Comedy* (Boston, 1883), pp. 16–17, 35, 55, 135.
15. Marion Harland, *Eve's Daughters; or, Common Sense for Maid, Wife, and Mother*, with an introduction by Sheila M. Rothman (Farmingdale, N.Y., 1885; reprint ed., 1978), pp. 135, 153.
16. See for example Elizabeth Stoddard, *The Morgesons* (New York, 1862). Stoddard's novel depended in large part on the contrast between two adolescent sisters in a wealthy New England family. Thirteen-year-old Veronica was in a premature adolescent decline and remained at home, isolated from society; sixteen-year-old Cassandra was vigorous and "about in the world." Cassandra served as narrator of the story and presented many intimate details of the behavior of her ailing and dyspeptic sister.

    Stoddard never told the reader what was exactly wrong with the invalid Veronica, but she appeared to combine both dyspepsia and anorexia. Cassandra explained: "Delicacy of constitution the doctor called the disorder. She had no strength, no appetite, and looked more elfish than ever. She would not stay in bed, and could not sit up, so father had a chair made for her, in which she could recline comfortably." Much of the trouble with Veronica revolved around her lack of appetite, complicated by a simultaneous interest in food preparation and in the consumption habits of others. From her chair she directed the family maid to cook elaborate dishes that she would not eat.

    For long periods of time Veronica Morgeson ate only a single kind of food. "As we began our meal," Cassandra recounted, "Veronica came in from the kitchen with a plate of toasted crackers. She set the plate down, and gravely shook hands with me, saying she had concluded to live entirely on toast, but supposed I would eat all sorts of food as usual." Although Veronica ate virtually nothing at the family table, she asked many questions about food and cast aspersions on her sister's normal appetite. Whenever Cassandra said she was hungry, Veronica's eyes "sparkled with disdain." Above and beyond her physical problems with digestion, Veronica Morgeson took some strange emotional delight in her denial of hunger. Her reclusive existence, her listless appetite, and her sensitive stomach all implied that her body was subordinated to other, higher, more spiritual concerns.
17. Bernard Hollander, *Nervous Disorders of Women* (London, 1916), p. 77.
18. For the general history of chlorosis see Frank Panettiere, "What Ever Happened to Chlorosis?" *Alaska Medicine* 15 (May 1973), 68–70; Eugene Stransky, "On the History of Chlorosis,"

Episteme 8: 1 (1974), 26–46; and Ronald E. McFarland, "The Rhetoric of Medicine: Lord Herbert's and Thomas Carew's Poems of Green Sickness," *Journal of the History of Medicine* 30 (July 1975), 250–258. For more perceptive in-depth studies of Great Britain see Karl Figlio, "Chlorosis and Chronic Disease in Nineteenth Century Britain: The Social Constitution of Somatic Illness in a Capitalist Society," *Social History* 3 (1978), 167–197; and Irvine Loudon, "Chlorosis, Anemia, and Anorexia Nervosa," *British Medical Journal* 281 (December 20–27, 1980), 1669–75; and idem, "The Diseases Called Chlorosis," *Psychological Medicine* 14 (1984), 27–36. For the United States see R. P. Hudson, "The Biography of Disease: Lessons Learned from Chlorosis," *Bulletin of the History of Medicine* 51 (1977), 448–463; S. R. Huang, "Chlorosis and the Iron Controversy: An Aspect of Nineteenth-Century Medicine," Ph.D. diss., Harvard University, 1978; Joan Jacobs Brumberg, "Chlorotic Girls, 1870–1920: An Historical Perspective on Female Adolescence," *Child Development* 53 (December 1982), pp. 1468–77; A. C. Siddall, "Chlorosis—Etiology Reconsidered," *Bulletin of the History of Medicine* 56 (1982), 254–260.

19. J. H. Montgomery, *Clinical Observations on Cases of Simple Anemia or Chlorosis Occurring in Young Women in the Decade Following Puberty* (Erie, Pa., 1919), n.p.
20. *Elmira Daily Gazette and Free Press,* March 26, 1898. On women and the patent medicine business see Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women's Medicine* (New York, 1979).
21. Loudon, "Chlorosis," posits that after 1850 chlorosis incorporated at least three different kinds of disorders common in young women, each involving loss of weight, anemias, and amenorrhea. He argues that chlorosis was a functional disorder closely related to anorexia nervosa: they were two "closely related conditions, each a manifestation of the same type of psychological reaction to the turbulence of puberty and adolescence" (p. 1675). Loudon is correct that the two diseases had much in common, and his observation probably means that there was more anorexia nervosa than heretofore thought. Anorexia nervosa was usually a class-specific diagnosis, however. Given the family dynamic that was part of the disorder, working-class girls were unlikely to develop anorexia nervosa. Moreover, if a similar pattern of noneating developed in a working-class girl, family reverberations were different and medicine was more likely to call the disorder chlorosis or depression.
22. G. Stanley Hall, *Adolescence,* vol. 1 (New York, 1904), pp. 252–253.
23. Lillie A. Williams, "The Distressing Malady of Being Seventeen Years Old," *Ladies' Home Journal* (May 1909), p. 10.
24. James Henry Bennet, *Nutrition in Health and Disease* (London, 1877), pp. 59–60, 170. Among others who noted that children and women had more easily disturbed digestive systems are Elizabeth Blackwell, *The Laws of Life* (New York, 1852), and Anna Brackett, *The Education of American Girls* (New York, 1874).
25. Edward Smith, *Practical Dietary for Families, Schools, and the Labouring Classes* (London, 1864), p. 141.
26. These descriptions are from Harland, *Eve's Daughters,* pp. 111–113; see also Charles E. Simon, "A Study of Thirty-One Cases of Chlorosis," *American Journal of Medical Sciences* 113 (April 1897), 399–423; Lucien Warner, *A Popular Treatise on the Functions and Diseases of Women* (New York, 1875), p. 70; E. H. Ruddock, *The Lady's Manual of Homeopathic Treatment* (New York, 1869), p. 32.
27. Simon, "Thirty-One Cases," pp. 413–414.
28. Mary Wood-Allen, *What a Young Girl Ought to Know* (Philadelphia, 1905), p. 89.
29. Harland, *Eve's Daughters,* pp. 111–115. The notion of an adolescent decline had some foundation. Among adolescents tuberculosis was a particularly serious threat with a high mortality rate. Most people agreed that once a child passed beyond infancy and early childhood, adolescence stood as the next critical juncture in the life course. Adolescence required caution, whether one was male or female, but physical decline seemed to occur more often among girls. For a summary of a number of different statements about the vulnerability of the female adolescent see Nellie Comins Whitaker, "The Health of American Girls," *Popular Science Monthly* 71 (September 1907), 240.
30. Harvey W. Wiley, *Not By Bread Alone* (New York, 1915), pp. 245, 248–250, 256; Brackett, *Education of American Girls,* pp. 25–26.
31. Warner, *A Popular Treatise,* p. 54.
32. On meat eating and sexual excess see Vern Bullough and Martha Voight, "Women, Men-

struation and Nineteenth Century Medicine,' *Bulletin of the History of Medicine* 47 (1973), 66–82. According to many physicians, flesh eating contributed to a "neurotic temperament." T. S. Clouston, superintendent of the Edinburgh asylum, espoused a widely held view: "I have found . . . a large proportion of the adolescent insane h[ave] been flesh-eaters, consuming and having a craving for much animal food"; see his "Puberty and Adolescence Medico-Psychologically Considered," *Edinburgh Medical Journal* 26 (July 1880), 17. This article was reprinted in the *American Journal of Insanity* in April 1881.

33. See Albert J. Bellows, *The Philosophy of Eating* (New York, 1869), for a typical statement about meat by a health reformer. And see Stephen Nissenbaum, *Sex, Diet and Debility in Jacksonian America: Sylvester Graham and Health Reform* (Westport, Conn., 1980) on nineteenth-century vegetarianism.
34. E. L. Jones, *Chlorosis: The Special Anemia of Young Women* (London, 1897), p. 39; Charles Meigs, *Females and Their Diseases* (Philadelphia, 1848), p. 361; Montgomery, *Clinical Observations*. Susan Williams, *Savory Suppers and Fashionable Feasts: Dining in Victorian America* (New York, 1985), notes that rare or "underdone meat" was "out of fashion" and particularly "disgusting" to women and children (p. 239).
35. Nellie Browne to her mother [April 1859?], Sarah Ellen Browne papers, Schlesinger Library. Jane Hunter called this letter to my attention.
36. J. Clifford Allbutt, *A System of Medicine*, vol. 5 (New York, 1905), p. 517.
37. "The Antagonism between Sentiment and Physiology in Diet," *Current Literature* 42 (February 1907), 222. In reporting on anorexia nervosa, Pierre Janet described the phenomenon of *la crainte d'engraisser*—literally, the fear of taking on grease.
38. Quoted in Claude Fischler, "Food Preferences, Nutritional Wisdom, and Sociocultural Evolution," in *Food, Nutrition and Evolution*, ed. Dwain Watcher and Norman Kretchmer (New York, 1981), p. 58.
39. I borrow the term "subtext" from literary criticism, particularly from the semioticians. Food in nineteenth-century fiction and culture serves as a set of signs and symbols with communicative power. See Roland Barthes, "From Work to Text," in *Textual Strategies: Perspectives in Post-Structuralist Criticism*, ed. J. Harari (Ithaca, N.Y., 1979), pp. 73–81.
40. Williams, *Savory Suppers*, chap. 1, describes a pattern of middle-class concern over eating and correct eating behaviors. See also Jocelyne Kolb, "Wine, Women, and Song: Sensory Referents in the Works of Heinrich Heine," Ph.D. diss., Yale University, 1979, p. 8.
41. Janet, *Major Symptoms*, p. 234. Kolb, "Wine, Women, and Song," writes, "In the early nineteenth century, when Heine was writing, the mere mention of food in a lyrical passage was generally shocking enough to achieve ironic distance" (p. 71). The Romantic conception of food as an emblem of both the positive and negative sides of sensuality continued into the late nineteenth century.
42. Harland, *Eve's Daughters*, p. 81.
43. Although middle-class women were frequently assisted by a household servant, resulting in some reduction of time spent in the kitchen, they spent more and more energy planning meals, purchasing food, and determining ways to make eating an aesthetic experience. See Ruth Schwartz Cowan, *More Work for Mother: The Ironies of Household Technology from the Open Hearth to the Microwave* (New York, 1983).
44. George Everett and Susan Everett, *Health Fragments; or, Steps Toward a True Life* (New York, 1875), p. 35.
45. Fannie Munn Field diary, December 17, 1886, Box 9:18, Munn-Pixley Papers, Department of Rare Books and Special Collections, Rush Rhees Library, University of Rochester, Rochester, N.Y. Susan Williams kindly brought this example to my attention.
46. Everett and Everett, *Health Fragments*, p. 25; Sarah Josepha Hale, *Receipts for the Million* (Philadelphia, 1857), p. 509.
47. [Society for Promoting Christian Knowledge], *Talks to Girls by One of Themselves* (London, 1894), p. 104.
48. Everett and Everett, *Health Fragments*, pp. 26, 29; Leslie A. Marchand, *Byron: A Portrait* (New York, 1970), p. 386.
49. George Eliot, *Daniel Deronda* (New York, n.d.), p. 104.
50. Jane Austen, *Mansfield Park* (New York, 1963), pp. 311–312; Anthony Trollope, *Ralph the Heir* (London, 1871), p. 195.
51. Mark Twain, *The Prince and the Pauper* (New York, 1881).

52. Elizabeth Gaskell, *Cranford* (New York, 1906), pp. 41, 53. Oranges were problematic for American eaters also; see Williams, *Savory Suppers*, pp. 108–109.
53. Eliot, *Daniel Deronda*, p. 104. The actual text of Byron's statement is, "A woman should never be seen eating or drinking, unless it be lobster salad and champagne, the only truly feminine and becoming viands" (Marchand, *Byron*, p. 133). In William Makepeace Thackeray's *History of Pendennis* (London, 1848–50) the character of Blanche is delineated by her peculiar appetite and secret eating: "When nobody was near, our little sylphide, who scarcely ate at dinner more than six grains of rice . . . was most active with her knife and fork, and consumed a very substantial portion of mutton cutlets: in which piece of hypocrisy it is believed she resembled other young ladies of fashion." (Quoted in Ann Alexandra Carter, "Food, Feasting, and Fasting in the Nineteenth Century British Novel," Ph.D. diss., University of Wisconsin, 1978, p. 3.)
54. Anthony Trollops, *Can You Forgive Her?* (New York, 1983), p. 70.
55. Sanford Bell, "An Introductory Study of the Psychology of Foods," *Pedagogical Seminary* 9 (1904), 88–89. In *Adolescence*, vol. 2 (New York, 1907), pp. 14–15, G. Stanley Hall noted that appetite varied a great deal in adolescence in response to "psychic motives." Hall did not differentiate between male and female adolescents, although Bell certainly did.
56. Kolb, "Wine, Women, and Song," suggests that this idea of higher and lower senses was inherited from the eighteenth century—specifically from Chevalier de Jancourt, who wrote on the subject in the famed *Encyclopédie*.
57. Harland, *Eve's Daughters*, p. 153.
58. On Byron's influence among the Victorians see Donald David Stone, *The Romantic Impulse in Victorian Fiction* (Cambridge, Mass., 1980).
59. Lizzie Eustace in Anthony Trollope's *Eustace Diamonds*, quoted in Stone, *Romantic Impulse*, p. 51.
60. On Byron's life and his struggles with food and eating see Edward John Trelawny, *Records of Shelly, Byron and the Author*, ed. David Wright (London, 1973), pp. 11, 35–36, 86, 97–98, 245. Mary Jacobus pointed out to me that Trelawny, notoriously "pro-Shelley," is a less than totally disinterested source of information on Byron's dieting. It is significant that Shelley too was a picky eater and a vegetarian, contributing further to the romance of undereating.
61. J. Milner Fothergill, *The Maintenance of Health* (London, 1874), pp. 80–81. This report of girls swallowing vinegar is not anomalous. See Brumberg, "Chlorotic Girls."
62. George Beard, *Eating and Drinking* (New York, 1871), p. 104.
63. Harland, *Eve's Daughters*, p. 124.
64. Beard, *Eating and Drinking*, p. v. Beard connected the American propensity for scanty eating to health reformers of an evangelical bent. He spoke of the "vast army of Jeremiahs who have gone up and down the land, predicting that gluttony will be our ruin" (p. iv). The links between parsimonious eating and religiosity are also suggested in Anthony Trollope, *Rachel Ray* (London, 1880). The plot of this novel is interesting because of the contrast between Mrs. Ray, a loving mother who likes tea and buttered toast, and her austere daughter, Mrs. Prime, an asexual, pious, churchgoing widow who likes "her tea to be stringy and bitter" and "her bread stale" (p. 5). The older women who influence Rachel Ray are defined by their appetite and eating behavior.
65. See for example Clouston, "Puberty and Adolescence," p. 14.
66. H. Davenport Adams, *Childlife and Girlhood of Remarkable Women* (New York, 1895), chap. 5; Josephine Butler, *Catherine of Siena* (London, 1878); Vida Scudder, *Letters of St. Catherine of Siena* (New York, 1905).
67. William James, *The Varieties of Religious Experience*, with an introduction by Reinhold Niebuhr (New York, 1961), pp. 79, 221, 238–240. James observed that as a consequence of secularization painful austerities or asceticism were not considered abnormal. "A strange moral transformation has within the past century swept over our Western world. We no longer think we are called on to face physical pain with equanimity. It is not expected of a man that he should either endure it or inflict much of it, and to listen to the recitals of cases of it makes our flesh creep morally as well as physically . . . The result of this historical alteration is that even in the Mother Church herself, where ascetic discipline has such a fixed traditional prestige as a factor of merit, it has largely come into desuetude, if not discredit. A believer who flagellates or 'macerates' himself today arouses more wonder and fear than

emulation" (p. 238). On asceticism see also Emile Durkheim, *The Elementary Forms of Religious Life*, trans. Robert Nisbet (London, 1976), pp. 299–321.

68. In the twentieth century many ideological followers of G. S. Hall spoke of the idealism of adolescents, that is, their search for moral purity. Asceticism in adolescence is rarely discussed, however. An interesting article that makes this connection and also distinguishes between adaptive and pathological asceticism is S. Louis Mogul, "Asceticism in Adolescence and Anorexia Nervosa," *Psychoanalytic Study of the Child* 35 (1980), 155–175. Mogul is reliant on Anna Freud, *The Ego and the Mechanisms of Defense* (London, 1937).
69. See note 16 above and Stoddard, *The Morgesons,* pp. 30, 57, 61, 140.
70. Trollope, *Ralph the Heir*, p. 29.
71. Thorstein Veblen, *The Theory of the Leisure Class* (New York, 1967).
72. Ibid., pp. 145–149.
73. My argument about the ways in which cultural and class concerns are encoded in the body follows from Michel Foucault, *History of Sexuality*, vol. 1 (New York, 1980), and *Madness and Civilization* (New York, 1965). The discipline of the body and its relation to social theory is explored by Brian Turner, "The Discourse of Diet," *Theory, Culture and Society* 1: 1 (1982), 23–32.
74. Hester Pendleton, *Husband and Wife; or, The Science of Human Development through Inherited Characteristics* (New York, 1863), p. 66.
75. Ibid., pp. 65–66.
76. Harland, *Eve's Daughters,* p. 134.
77. Trollope, *Can You Forgive Her?* p. 297.
78. Harland, *Eve's Daughters,* p. 111.
79. Allbutt, *A System of Medicine,* vol. 3, p. 485.
80. Harland, *Eve's Daughters,* p. 111.