

Menopause and Hysteria in Victorian Medical Texts and Rhoda Broughton's "Mrs. Smith of Longmains"

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Abstract: By the nineteenth century, medical science understood that the spasms, pains, fits, or choking sensations of hysteria were not caused by the uterus wandering around the body; hysteria was increasingly classified as a disorder of the nervous system. Yet its association with the female reproductive system persisted. From the 1860s onward, doctors debated whether the "sick or dissatisfied uterus" (Althaus 1866: 245) played a central role in the production of hysteria. Gynaecologist Robert Barnes (1817-1907) and mental specialist Henry Maudsley (1835-1918) identified the onset and the loss of reproductive capacity – female puberty and the menopause – as dangerous times of 'bodily crisis', leading to psychological instability and heightened susceptibility to hysteria. This paper explores how male-authored Victorian medical texts linked the loss of capacity for reproduction marked by the menopause to both the danger of hysterical disorder and transition into social redundancy. I compare this to a short story by Rhoda Broughton (1840-1920), "Mrs. Smith of Longmains", in which the middle-aged narrator grapples with supernatural forces, menopausal symptoms, and the threat of her own social and domestic dismissal. The story thematises biological determinism and suggests the internalisation of patriarchal perspectives. It also draws attention to the insidious medicalising and pathologising of female behaviour, intuitions, and agency. Writing for a popular audience and growing readership of women at a time when the debate around hysteria and women's bodies was gaining traction, Broughton offered a counternarrative to cultural myths about reproductive capacity and redundancy, satirising dominant medico-cultural theories of the menopause.

Keywords: hysteria, menopause, Victorian medicine, Rhoda Broughton

1. Introduction

In an 1866 lecture, the physician Julius Althaus, founder of the Maida Vale Hospital for Nervous Diseases, noted that, despite Paul Briquet's discrediting of the "uterine theory" in *Treatise on Hysteria* (1859), other recent medical writers had "endeavoured to prove that the sick or dissatisfied uterus *is* the only source of hysteria" (Althaus 1866: 245, emphasis added). This comment points to a debate that preoccupied many speakers in medical lecture halls of the 1860s: whether or not the misbehaving uterus played a central role in the production of hysteria. By this point in time, medical science was well aware that the spasms, pains, fits, or choking sensations of hysteria were not caused by the uterus wandering around the body, and hysteria was increasingly classified instead as a disorder of the nervous system. Many doctors therefore followed Briquet in believing the time had come to reject the uterine theory. Some even argued for dropping the term 'hysteria' due to its misleading etymological association with the womb; the president of the Royal Medical & Chirurgical Society, F. C. Skey, commented of hysteria: "no name can be more inappropriate or objectionable", because, he insisted, there was no more evidence of a causal connection between hysteria's "remarkable train of symptoms" and the uterus than any other organ of the body (1867: 40). Yet nonetheless, the association of hysteria with the womb persisted. Other physicians were deeply, even obsessively, invested in reiterating the connection between the disorder and the female reproductive organs. Among these were the gynaecologist Robert Barnes (1817-1907) and the mental specialist Henry Maudsley (1835-1918), who claimed that the sympathy which exists between the reproductive and nervous systems becomes threatening when a hereditary predisposition to madness exists (Barnes 1873; Maudsley 1870 and 1886). They re-pathologised reproductive functions as inherently dangerous to mental stability, and pinpointed both female puberty and the menopause as times of 'bodily crises' when hysteria or insanity were likely to emerge.

The label 'hysteria' had always implied the inherent instability of women's bodies, and these new discussions mirrored broader cultural debates around gender and power. As theories of causation shifted from the female reproductive organs to the nervous system,

hysteria could in theory affect both sexes. Despite some recognition of male sufferers, most doctors held stubbornly onto the notion that women were more susceptible (Micale 2008). Even physicians who believed the disorder had no connection to the womb explained that women were still more affected, due to weaker nervous systems. Skey described a ward of twelve women affected by “the contagious, or rather the imitative, form of active or paroxysmal hysteria”, noting their violence and the need for multiple staff to restrain them: “hysteria brings into action all the latent strength of her [i.e., the female patient’s] muscular frame, *which is greatly in excess of her apparent strength*” (1867: 58-9, original emphasis). The emphasis is his own, an acknowledgment of women’s hidden power, or a warning to his medical colleagues not to underestimate hysteria’s transformative influence over the female frame. These words, spoken in 1866 on the brink of the women’s suffrage movement, seem like an augur of cultural anxieties that would take hold in the last decades of the nineteenth century: fears about increasing numbers of women whose latent strength would be activated by their proximity to other women, through exposure to contagious ideas about women’s rights.

Rhoda Broughton’s literary career ran concurrent with these debates. She had risen to fame with the publication of sensation novels *Cometh Up as a Flower* (1867) and *Not Wisely, but Too Well* (1867), the latter condemned by Bentley’s reader Geraldine Jewsbury as “the most thoroughly sensual tale I have read in English for a long time” (1866, qtd. in Heller 2011: 281). Two more thoroughly sensual tales followed: *Red as a Rose is She* (1870) and *Good-bye, Sweetheart!* (1872). Sensation fiction, both cause and product of the growth of the reading public in the 1860s and 70s, acted as a barometer of public appetites for mass-market reading material. Its novels both scandalised through sensational and melodramatic stories, and appealed to the reader’s senses, as Jewsbury’s review suggests. Sensation fiction provoked much conservative pearl-clutching over the dangers such literature posed to the nervous systems of sensitive readers, a discourse underpinned by fears about both gender and class. This shocking form of fiction was framed as potentially dangerous for those who might misinterpret what they read, or respond pathologically, and was seen to be ruining the nervous systems of delicate young women who were

becoming addicted to the shocks (Mangham 2003, Gilbert 2013). The public desire for sensational material was, as Jenny Bourne Taylor determines, “seen as a collective cultural nervous disorder, a morbid addiction within the middle class that worked directly on the body of the reader and as an infection from outside” (1988: 4). In other words, sensation fiction was linked in the public imaginary with the production of hysteria.

As medical debates about uterine hysteria and social concerns about women’s suffrage accelerated through the 1870s and 1880s, so did Broughton’s prolific novelistic output, and reputation as a queen of the circulating libraries. In her own time, Broughton was perceived as a figurehead for women’s rights, and as scholars have noted, she helped define the early years of what would become ‘New Woman’ fiction (Heller 2011). She is a key literary figure for exploring connections between medicine, hysteria, and acts of reading and writing by women. Though she would be remembered primarily as a sensation author, she soon diverged from the genre, forced to turn to more lucrative forms of earning a living (Edmundson Makala 2013). One of many authors who jumped on the profitable bandwagon of writing short supernatural fiction for periodicals, encouraged by her writer uncle Joseph Sheridan le Fanu, she published five stories in *Temple Bar* between 1868 and 1873, and continued to write short stories for periodicals over the following decades.¹

Nineteenth-century supernatural stories regularly functioned as a vehicle for critiquing social gender inequality. Women writers were particularly invested in the figure of the ghost as an apt metaphor for women’s ‘spectral’ existence in Victorian society, powerless and peripheral, but also idealised and morally elevated, as Dickerson (1996), Wallace (2004) and Edmundson Makala (2013)

¹ The *Temple Bar* stories were collated and released as a collection, *Tales for Christmas Eve* (1873), republished with the new title of *Twilight Stories* in 1879. Later stories were published in *Pall Mall Magazine*, *Penny Illustrated Paper* and *Illustrated Times*, *Belfast News-Letter*, *Sheffield and Rotherham Independent*, *Bristol Mercury* and *Daily Post*, and the *Morpeth Herald* (Masters 2015: 222). Many of these others, including “Mrs. Smith of Longmains”, were republished in the collection *Ghost Stories* (1995).

have discussed in detail. Yet Broughton's stories go against the grain of this dominant critical narrative. These tales are categorised as 'ghost stories', though comparatively few of them feature ghosts; the majority contain ambiguous threats, prophetic visions, discussions of heredity insanity, or very physical antagonists, such as murderers, thieves, vengeful family members, or sinister mesmerists. Her satirical take-down of the ghost story manifests instead in a cast of female characters who are forceful and uncompromising, fiercely independent, and refuse to be rendered spectral or peripheral; they are unashamedly alive and embodied. Rather than displacing her social commentary onto the figure of the ghost, Broughton puts women at the centre of her stories to provide a representative, if not always empowering, depiction of their lives.

This article focuses on one story in particular, "Mrs. Smith of Longmains", which, I argue, challenges medical judgements of women as irrational, prone to delusions, and domestically and socially redundant. Fictional texts like Broughton's allow us to trace a satirical response to narratives about women's bodies as argued over by medical men in lecture halls, at annual meetings, and in the pages of the *Lancet* and the *British Medical Journal*. We know anecdotally that Broughton was a voracious reader – Helen Black's 1893 *Notable Women Authors of the Day* mentions Broughton's "well-filled book-cases" (1906: 44), Heller labels her "a prodigious reader" (2013: 35), and Broughton's biographer Marilyn Wood quotes a friend saying that Broughton "possessed a mind so richly stored with 'the best that has been thought and said in the world'" (1993: 9). As James Aaron Green has shown, the traditional view of Broughton's work as "remote from intellectual or speculative concerns" both "omits the manifold cross-pollinations of literature and science in the period" and ignores clear evidence of Broughton's reading of scientific literature, such as Darwin's *Origin of Species* (2021: 215). Following Green, who establishes Broughton's sophisticated incorporation of evolutionary science in *Not Wisely, but Too Well*, I attest that medical texts, culture, and public debates about women's bodies demonstrably influenced Broughton's depiction of women. "Mrs. Smith" critiques the entire concept of a consistent interpretation of symptoms, through the invariable *mis*interpretation of symptoms and body language. Numerous incidents of misleading and misreading bodies simultaneously draw

attention to shifts in literary genre, and provide an alternative perspective on apparent hysteria, insanity, and redundancy.

2. Menopause and Madness

In place of the wandering womb, champions of the uterine theory pointed to other features of the reproductive system as evidence of women's inherently unruly bodies. In his 1873 lecture on "The Convulsive Diseases of Women", the transcript of which was published in the *Lancet*, Robert Barnes stated empirically that "the nervous system is still dominated by the sexual system", and pointed to both menstruation and the menopause – the climacteric – as key causes of these convulsive diseases (1873: 585). He argued that menstruation caused "an excess, often a great excess, of nervous tension" giving rise to "intense excitement of the whole organism, the turbulence of the nervous phenomena often witnessed at the menstrual epochs" (*ibid.*). He determined that under the condition of "obstructed or morbid menstruation [...] a fit of epilepsy or of hysteria, according to the constitution of the patient, may explode" (*ibid.*). His understanding of obstructed menstruation encompassed the menopause; Barnes's lectures imply a model which viewed the menopausal body as polluted by blood remaining trapped within it, no longer removed by the 'depurating organs' (*ibid.*: 587). His vocabulary of excess, excitement, turbulence, energy, and explosion encapsulates the language around women's bodies and their reproductive functions, viewed as leading to hysteria. In a section of the lecture entitled "climacteric convulsive diseases", Barnes outlines a catalogue of symptoms of the "turn of life". These include giddiness, numbness, mental irritability, restlessness, vertigo, loss of memory, "some disposition to utter *mal-a-propos*", and distrust in the power of self-control (*ibid.*: 586).

Henry Maudsley, pioneer of evolutionary psychology, focused on the mutual influence of body and mind; he believed that internal organs are the primary cause of all psychological disorders. Like Barnes, his argument pointed to "the constitutional changes which take place naturally at particular epochs of life" – both puberty and the menopause – as moments of "bodily crisis" which render women susceptible to mental disorder, triggering latent hereditary

traits (Maudsley 1886: 652-3). In his earlier work, Maudsley also enumerated menopausal symptoms:

vague delusions of an extreme character, as that the world is in flames, that it is turned upside down, that everything is changed, or that some very dreadful but undefined calamity has happened or is about to happen. (1870: 90)

For both medical writers, these menopausal symptoms signify the onset of hysteria or insanity.

I want to suggest that Broughton's fiction consciously satirises dominant medico-cultural theories of the female body as unstable and susceptible to breakdown at these specific moments of physiological "crisis". The women that Broughton places at the centre of her stories are often on 'thresholds' of womanhood, as Barnes termed it, the "menstrual epochs" of adolescence and menopause (1873: 585). Their bodily experiences uncannily echo medical texts which define the symptoms and effects of the reproductive on the nervous system. Even woman-authored Victorian ghost stories generally have a rational, sceptical male narrator, as Emma Liggins has noted; she finds subversive significance in Broughton's "decision to ignore this trend, and to select worldly women, often approaching middle age or older, as her narrators" (2009: iii). As well as narratorial authority, Broughton's stories evince a concern with the bodily experiences of older women.

This is particularly notable in "Mrs. Smith of Longmains", first published in the *Sheffield and Rotherham Independent* in 1885, republished in book form by Routledge along with Broughton's story "Betty's Visions" in 1886. The unnamed narrator, a sarcastic, strong-minded, peevish middle-aged woman with three adolescent daughters, relates the story of a prophetic vision. She has a dream about her distant neighbour Mrs. Smith being murdered by her butler, and cannot rest until she has travelled through a snowstorm to visit her. I read this story as centring around the "physiological epoch" (Maudsley 1886: 653) of the menopause, challenging both medical narratives of menopausal insanity and cultural assessments of redundancy. It incorporates symptoms and effects of the menopause as described in medical texts; both the narrator's

dream and resulting behaviour suggest menopause-induced insanity. My reading of this story follows Nina Auerbach's assertion that Broughton focuses on "the horror and pain lurking in ordinary female experience" (2004: 281), and Joellan Masters' statement that "her plots blend the mysterious with the mundane, unpredictable events in the material world which reveal women's experience of danger in ordinary life" (2015: 223).

As well as being medically delineated as a dangerous time of heightened susceptibility to madness, the menopause also marked a transition into social redundancy. While the Victorian redundant women debate focused on the number of 'leftover' women made apparent in the census reports from 1851 onwards, "Mrs. Smith" investigates the threat of redundancy experienced, not by a spinster, but by a middle-aged wife and mother. Andrew Mangham notes: "whether married or unmarried [...] the post-menopausal woman was seen to be superfluous to the domestic and sexual ideologies of the mid-nineteenth century" (Mangham 2007: 116). He observes that Eliza Linton's scathing 1862 critique of "uncultivated waste" included "married women and mothers who, having reached a certain maturity, became surplus to requirements" (*ibid.*). Yet this view was not specific to the mid-nineteenth century; it persisted throughout the second half of the nineteenth century despite – and in some cases, because of – the efforts of women's rights activists to redefine the cultural perception and social responsibilities of this stage of life. Discussing the postmaternal woman across the turn of the century, Margaret Morganroth Gullette observes that this figure traditionally "had no plot. By default, her later life was conceptualized as a decline" (1995: 224). A lack of occupation was branded idleness and uselessness, and well into the twentieth century medical texts continued to outline the postmaternal woman's susceptibility to nervous disorder as a social risk – that she might become "mentally anguished to a degree deleterious to society" (*ibid.*: 240). The narrator of "Mrs. Smith" embodies this long enduring image. She is threatened first with superfluity and a loss of power in the domestic sphere, and second by the increased risk of insanity and delusion that this time of life was thought to provoke. The reader is left guessing, as she herself does throughout, whether she really is insane, or others interpret her behaviour as such regardless of the soundness of her mind.

Broughton incorporates symptoms markedly similar to those described in the medical texts; both the narrator's dream and resulting behaviour suggest menopause-induced insanity. The narrator is distracted, staring into the fire for an hour, restless but unable to focus on any occupation, with a "disagreeable pulse beating" in her forehead, "occasionally conscious that I was muttering to myself under my breath" (Broughton 1995: 98). The reader is not immediately informed about her vision or why she is out of sorts: we are left to interpret her symptoms. She is determined that she is not unwell, in fact is irritated by her children's "solicitous care" (*ibid.*). However, to herself she admits: "I hope that I am not going off my head", and later, "I believe the girls are right [...] I must be ill; this restlessness must be the forerunner of some serious sickness" (*ibid.*). Her unexplained decision to ring for the carriage is subject to several changes of mind: "in the interval between my having pulled [the bell] and the appearance of the servant who answered it, there was time for another change to come over my spirit" (*ibid.*: 109). Moments of forgetfulness – "for some reason, I forget what" – are written into her narrative, without any function other than to indicate memory loss (*ibid.*: 99). She grapples with her uncertainty about her own sanity and self-control, considering whether she should after all be managed by others: "perhaps I had had enough of having my own will now! After all, I had better henceforth submit tamely to Alice's rule. I was clearly not fit to rule myself. Into what a stupid quandary had I brought myself" (*ibid.*: 106). Obsessing over her dream, which may be an extreme delusion of the sort Maudsley mentions, she has a feeling that she must visit Mrs. Smith to prevent a dreadful calamity. The narrator is unable to recall every detail of her dream, but feels impelled to drive the twelve miles, despite every rational thought that passes through her mind, by a growing sense of urgency: "I could not bear it. It *must* mean something! I *must* go to her. Must warn her" (*ibid.*: 104, original emphasis).

Both Barnes and Maudsley pathologise female agency, independence, and outspokenness. Maudsley states that the patient might become "more and more impatient of the advice and interference of others, and indifferent to the interests and duties of her position" (1870: 79). This too is a sign of menopause-induced in-

sanity, making symptoms out of several characteristics the narrator exhibits: independence and agency, her self-described “pig-headedness” (Broughton 1995: 105), and a dislike of being spoken for by others: “I have always disliked being answered for. I have always known perfectly what my own opinions and wishes were, and have been fully able to express them” (*ibid.*: 97). When her children are beginning to patronise and make decisions for her, she becomes obstinate and decides to order a carriage to take her out in the January snowstorm at a late hour despite their disapproval. This is a response to her diminishing authority in the domestic sphere. Her “most tyrannous” daughter tells the butler the coach is not required because her mother “will not be so insane as to stir from the fireside”, hinting at a diagnosis of insanity based on trivial behaviours, and a restriction to the sphere of hearth and home (*ibid.*: 95, 100).² Her daughter’s youthful hyperbolic idiom conceals a controlling impulse; the narrator acknowledges with annoyance “my eldest daughter’s growing tendency to reply for me” on “several previous occasions” (*ibid.*: 97). Her children are beginning to rule over her; she feels the threat of later-life redundancy. Finally, she too connects her as-yet-unspecified “imaginings” to hysteria: “if I give way to these imaginings, I shall gradually become unfit for all the ordinary duties of life: it may be an insidious form of hysteria” (*ibid.*: 98). Her concern links ‘unfitness’ with the emergence of menopausal hysteria, suggesting social views of older women as not only extraneous but a burden to their families. The term ‘insidious’ has associations with hereditary insanity, as Maudsley defines it: “a disease-tendency which is latent or dormant” that “may be stirred into development” by constitutional changes (1886: 652-653). It conveys the onset of menacing self-doubt, the cyclical process of worrying due to medical labelling, and an awareness of medical theories about women’s bodies. The

² The narrator’s battle between independence and reliance on others, and her forceful rejection of her daughter’s control, fittingly takes place in front of the fireplace (Broughton 1995: 100). As Lauren Palmor observes, the hearthside was an image denoting the appropriate place, function, and behaviour of older people in the Victorian era, and as such also functioned as an archetypal symbol of decline and reliance (2015: 185-201).

narrator pushes back against her redundancy in practical ways, determined to do exactly what she wants, resisting the labelling of female agency as hysterical and the social narrative of post-menopausal redundancy. Yet the narrator's experience, wavering between firm decisiveness and severe self-doubt, wondering if she is indeed insane and should submit to the rule of others, implies yet another danger: that women internalise misogynistic cultural narratives about the menopause, insanity, and redundancy.

3. "Ripe for Bedlam"

Internalisation is resisted through humour. The narrator's discussion of insanity is often light-hearted, using comic idioms as playful displacement: "anyone would say I was mad if I did [visit Mrs. Smith], it would be the *ne plus ultra* of folly and irrationality; if the girls heard of it, and of my reason, they would think I was ripe for Bedlam" (Broughton 1995: 98). This is not the only story in which Broughton invokes Bedlam, the common name for Bethlem Royal Hospital, an infamous and long-established London asylum. She does so most often in relation to female characters whom others perceive to be mad, but whose madness is later shown to be supernatural insight. The suggestion that families might decide to incarcerate their relatives is comic, but recalls a real social fear from past decades, fictionalised in sensation novels such as Wilkie Collins's *The Woman in White* (1860) and Charles Reade's *Hard Cash* (1863): the threat of being declared 'ripe' for incarceration by one's own family. Peter McCandless (1981) discusses the phenomena of wrongful confinement, the lack of regulations which made it easy to commit sane people to asylums – often a ploy to gain financial inheritance – and the resulting 'lunacy panics' that emerged periodically in the nineteenth century. The theme of wrongful confinement surfaces several times in Broughton's story; the narrator reflects that Mrs. Smith will "probably and wisely meet me with a lunatic asylum-keeper and a strait waistcoat" (Broughton 1995: 115). Broughton thus revives this topical interest of 1860s sensation fiction. While she modifies it from a melodramatic central plot into a witty aside, its repetition suggests that it still carries an undercurrent of the earlier fear, yet here she renders it specific to post-menopausal, 'redundant' female relatives.

The frequent moments of light humour are unusual also in the context of a supernatural story of this era. It is an unsettling tale, but it is also a nuanced study of voice, tone, and the realistic female character at its centre. The narrator's arrival at Longmains gives rise to an intensely awkward encounter, a skilful piece of humorous writing. The comedic effect escalates in line with Mrs. Smith's increasing bafflement as the narrator stubbornly outstays her welcome, then extends her stay overnight, despite their excruciating inability to make conversation. Mrs. Smith's cold civility and politeness wins out over her increasing suspicion that her guest is mad: "at first she was too dumb-founded to utter. I saw at once that the idea of my being deranged crossed her mind; for she looked hard at, and at the same time backed away from me" (*ibid.*: 110). Everything the narrator does causes her to appear more unstable. Mrs. Smith's

slow brain had adopted and clung fast to the belief that I was mad; nor, indeed, was that conviction devoid of a good deal of justification. I think that she would not have been at all surprised if I had at any moment risen, and playfully buried the carving-knife in her chest. (*Ibid.*: 111)

She insists on accompanying Mrs. Smith to her boudoir. The narrator's "pig-headedness" proves a virtue, as Mrs. Smith "made one or two more efforts to shake me off. In vain! I was quite immovable" (*ibid.*: 112). At the crisis point of the story, the butler enters the room, just as in her dream, and she steels herself for his attempted murder of Mrs. Smith. Instead, he departs, and no murder takes place. The narrator is mortified and accepts that it had indeed been a foolish response to a delusion; fears about her own insanity seem to be confirmed, and yet another Victorian asylum is mentioned to illustrate her acute shame and embarrassment: "why had day ever had the inhumanity to dawn again upon such a candidate for Earlswood?" (*Ibid.*: 115)

A year later, a newspaper article prints the testimony of the butler, on trial for murdering a different mistress. He admits that he did mean to murder Mrs. Smith that night, but that the narrator's presence prevented it from happening. The account of the murderous butler in his own terms provides another perspective:

all the while the strange lady was staring at me so oddly, as white as a ghost, that I began to think she must have somehow found out what I was after. Her being there and her looking at me like that, altogether made me feel so queer that I actually shut the door and went away again. (*Ibid.*: 118)

She frightens him, becomes powerful, far beyond her own interpretations of her agency, disproving her own description of herself and Mrs. Smith as “wretched, defenceless women” (*ibid.*: 114). As a ghostly figure, she is revealed as the uncanny presence in the story. Gullette observes that from the mid-1870s onward, statistical data prompted a shift in ‘life-expectancy discourse’ as it revealed that women were living longer than men, producing a new image of the older woman, stronger and “more resistant to death” (2017: 13). She also notes that this was “worrying to men”; that “women were winning in the race of health and strength and life, and men were losing ground” (*ibid.*: 17). We can see this dynamic playing out in the butler’s reaction to the narrator. With the newspaper evidence in hand, she summons her daughters, “calling to them in a voice of solemn authority” (Broughton 1995: 118). She has defeated not just the murderous butler, but the threat of her own redundancy, proving her own resistance to death as a strong and *useful* older woman. The story ends with Mrs. Smith rushing in to apologise “for ever having thought me ripe for Bedlam” (*ibid.*: 118). The appearance or perception of lunacy is revealed instead to be genuine and useful clairvoyance; female imagination is recast as a source of agency that has the power to affect and alter predetermined events.

The narrator is thus vindicated from the threat of being labelled mad through the ironic turn that her vision is revealed to have been a genuine prophetic warning. She is also absolved of redundancy, as the very traits which have pointed to insanity – her premonitory vision, uncontrollable need to visit Mrs. Smith, and her eccentricity and sheer stubbornness – result in her saving Mrs. Smith’s life. Broughton explores and exposes the threat of these labels. In a story themed around a seemingly irrational and eccentric response to a prophetic vision, the medical interpretation of menopausal symptoms as omens of insanity is tested and over-

thrown. Broughton's unusual 'ghost story' satirises medico-cultural narratives of the unruly female body, lampooning the alleged predisposition of women to hysteria because of their unstable reproductive systems, or the pathological nature of aging.

4. Conclusion

In the introduction to their landmark collection *Women and Ageing in British Society since 1500*, Lynn Botelho and Pat Thane note that "for some women, the final stage of life is a period of unprecedented freedom and autonomy, while for others it is the rock upon which their physical health founders" (2001: 5). Broughton's story manages to hold both possibilities in tension for the narrator, as she insists on acting independently and following her intuition, yet secretly doubts her own sanity. She invokes cultural myths about female redundancy and female madness, especially when perceived as the inevitable result of being unmarried, old, or menopausal. Yet until they are challenged through the revelation that her 'delusion' was genuine prophetic insight rather than medical disorder, these myths retain the threat of possible fact. Broughton's engagement with medical discourse critiques clichés of femaleness and explores the potential power of the ostensibly 'hysterical' body. Attention is drawn to the insidious medicalising and pathologising of female behaviour, intuitions, and agency. The narrator embodies these debates by confronting the social expectations and clichés imposed on her, and pushing back against medical and cultural narratives, through her independence, humour, and narrating of her own experiences and self-doubt.

Broughton's story looks back to a preoccupation of 1860s sensation fiction – the fear of wrongful diagnosis and incarceration – but onto this she grafts newer social concerns about the link between women's aging and insanity. Her writing engages with contemporary misogynistic medical perspectives like those of Barnes and Maudsley, but also anticipates discourse about the postmaternal woman, who, over the next few decades, would increasingly become a subject of focus in women's writing and feminist tracts. For example, Gullette discusses feminist essayist Mona Caird's 1890s assertion that a woman had diverse talents suppressed by marriage and motherhood, which later in life could emerge, as "her

individual ‘nature’ could be uncovered, flourish, and write its own scripts” (Gullette 1995: 223); we could read the prophetic insight of Broughton’s narrator as such a hidden talent that begins to flourish in this period of life. Broughton was writing for a popular audience, and a growing readership of women, at a time when the debates around hysteria, menopausal insanity, and the social roles of post-maternal women were gaining traction. Perhaps, therefore, stories like “Mrs. Smith of Longmains” offered a counternarrative to reductive medical discourses, providing reassurance for her readers, in their depiction of relatable, common bodily experiences. While the narrator is unsure whether to believe her own body, or social assumptions about menopausal women, she challenges contemporary images of the female body as a passive, susceptible form. Here indeed is the horror and pain in women’s everyday lives. But here also is their enduring stubbornness, social awkwardness, domestic authority, cutting humour, and celebration of victories small and large.

Bibliography

- Althaus, Julius (1866), “A Lecture on the Pathology and Treatment of Hysteria”, *British Medical Journal*, 10 March, 1.271, 245-248.
- Auerbach, Nina (2004), “Ghosts of Ghosts”, *Victorian Literature and Culture*, 32.1, 277-284.
- Barnes, Robert (1873), “Lumleian Lectures on The Convulsive Diseases of Women”, Lecture III – Part I, *The Lancet*, 26 April, 585-587.
- Black, Helen (1906), “Rhoda Broughton” (1893), in *Notable Women Authors of the Day*, London: Maclaren and Company, 37-44.
- Botelho, Lynn, & Pat Thane, eds. (2001), *Women and Ageing in British Society since 1500*, Harlow: Pearson Education.
- Bourne Taylor, Jenny (1988), *In the Secret Theatre of Home: Wilkie Collins, Sensation Narrative, and Nineteenth-Century Psychology*, London: Routledge.
- Broughton, Rhoda (1995), “Mrs. Smith of Longmains” (1885), in Marilyn Wood, ed., *Ghost Stories, and Other Tales of Mystery and Suspense*, Stamford: Paul Watkins, 95-118.

- Dickerson, Vanessa D. (1996), *Victorian Ghosts in the Noontide: Women Writers and the Supernatural*, Columbia: University of Missouri Press.
- Edmundson Makala, Melissa (2013), *Women's Ghost Literature in Nineteenth-Century Britain*, Cardiff: University of Wales Press.
- Gilbert, Pamela K. (2013), "Sensation Fiction and the Medical Context" in Andrew Mangham, ed., *The Cambridge Companion to Sensation Fiction*, Cambridge: Cambridge University Press, 182-195.
- Green, James Aaron (2021), "'Short-Spanned Living Creatures': Evolutionary Perspectives in Rhoda Broughton's *Not Wisely, but Too Well* (1867)", *Journal of Victorian Culture*, 26.2, 212-226.
- Gullette, Margaret Morganroth (1995), "Inventing the 'Postmaternal' Woman, 1898-1927: Idle, Unwanted, and out of a Job", *Feminist Studies*, 21.2, 221-253.
- (2017), "The New Era of Longevity Discovered, 1869-1929: The Shock of Women's Midlife Strength and the Construction of Gender Envy", *Nineteenth-Century Gender Studies*, 13.2 Special issue: "Age and Gender: Aging in the Nineteenth Century", 1-21.
- Heller, Tamar (2011), "Rhoda Broughton", in Pamela K. Gilbert, ed., *A Companion to Sensation Fiction*, Chichester: Wiley-Blackwell, 281-292.
- (2013), "Introduction", in Rhoda Broughton, *Not Wisely, but Too Well*, Brighton: Victorian Secrets, 1-35.
- Liggins, Emma (2009), "Introduction", in Emma Liggins, ed., *Twilight Stories*, Brighton: Victorian Secrets, i-vii.
- Mangham, Andrew (2003), "Hysterical Fictions: Mid-nineteenth-century Medical Constructions of Hysteria and the Fiction of Mary Elizabeth Braddon", *The Wilkie Collins Journal*, 6, <http://wilkiecollinssociety.org/hysterical-fictions-mid-nineteenth-century-medical-constructions-of-hysteria-and-the-fiction-of-mary-elizabeth-braddon>.
- (2007), *Violent Women and Sensation Fiction: Crime, Medicine and Victorian Popular Culture*, Houndmills: Palgrave Macmillan.

- Masters, Joellan (2015), "Haunted Gender in Rhoda Broughton's Supernatural and Mystery Tales", *JNT: Journal of Narrative Theory*, 45.2, 220-250.
- Maudsley, Henry (1870), *Body and Mind: an Inquiry into Their Connection and Mutual Influence Specially in Reference to Mental Disorders, Being the Gulstonian Lectures for 1870 Delivered before the Royal College of Physicians*, London: Macmillan and Co.
- (1886), "Heredity in Health and Disease", *Fortnightly Review*, 39.233, 648-659.
- McCandless, Peter (1981), "Liberty and Lunacy: The Victorians and Wrongful Confinement", in Andrew Scull, ed., *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, Philadelphia: University of Pennsylvania Press, 339-362.
- Micale, Mark (2008), *Hysterical Men: The Hidden History of Male Nervous Illness*, London: Harvard University Press.
- Palmor, Lauren (2015), "Exploding the Hearth: Considering Victorian Aging", *Age, Culture, Humanities*, 2, 185-201.
- Skey, Frederic Carpenter (1867), *Hysteria: Remote Causes of Disease in General. Treatment of Disease by Tonic Agency. Local or Surgical Forms of Hysteria, &c. Six Lectures, delivered to the students of St Bartholomew's Hospital, 1866*, New York: A. Simpson and Co.
- Wallace, Diana (2004), "Uncanny Stories: The Ghost Story as Female Gothic", *Gothic Studies*, 6.1, 57-68.
- Wood, Marilyn (1993), *Rhoda Broughton (1840-1920): Profile of a Novelist*, Stamford: Paul Watkins.

