

From Hysteria to Hormones: A Rhetorical History. Amy J. Koerber. PA: Penn State University Press, 2018. 264 pages, \$99.95 Hardcover, \$34.95 Paperback.

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In late 2019, a bill introduced in the Ohio state legislature garnered national media attention for suggesting doctors who administer abortions were guilty of “abortion murder.” The bill required doctors to take all possible steps to save the life of a fetus in distress, up to and including reimplanting ectopic pregnancies, a life-threatening condition where the egg grows outside the uterus. This reimplantation procedure does not exist. It is not possible to move an ectopic pregnancy to the uterus, and assuming otherwise, let alone requiring it by law, represents a regressive and dangerously inaccurate view of female anatomy. Taking a longer view of law and medicine, however, this bill is hardly different from past moves to regulate the anatomy of, and the biological differences between, men and women. Badly pathologizing women’s health has a long and storied rhetorical history, as Amy Koerber argues in her book *From Hysteria to Hormones: A Rhetorical History*. Koerber suggests the core logic of the differences in female anatomy have been recirculated, rearticulated, and remapped “as a rearrangement of the dominant relationship among the symptoms, causes, and diagnostic categories that we use to understand the age-old phenomenon of ‘female problems’” (p. xvi).

Koerber’s thesis, substantiated through a wide-reaching rhetorical-historical analysis, connects ancient and early medical explanations of femininity and female anatomy to the modern-day discussion of hormones as explanations of women’s physical and mental health. Invoking Michael Serres’s work on topology, Koerber argues that configurations of medical

knowledge do not represent wholesale progress, despite the insistence of those producing them at the time. Instead, medical discoveries and advancements, such as the development of endocrinology as a field, constitute a (re)configuration of medical knowledge as more rigorous, more grounded in reasoned thought, or simply more advanced than the knowledge that came before it. That reconfiguration obscures the importation and articulation of past beliefs by presenting “new” advancements that distance medicine from its mystical and misogynistic forebearers.

At the beginning of each chapter Koerber offers a rhetorical conceit as an overarching frame through which to imagine the movement of discourses over time and across contexts. Rather than limiting the analysis, highlighting specific concepts “enhance[s] our understanding of the phenomenon by helping visualize the precise form of movement that is most salient of the kind of rhetorical activity that occurs in the particular set of texts” (p. 13). In chapter one, Koerber invokes the notion of *topoi* to demonstrate the long-reaching impact of Hippocrates’ conception of hysteria. Hippocrates was “an early example of an expert who tried to refute the beliefs of those who came before him by offering a more scientific explanation of female problems” (p. 2), and his work, among other ancient texts, was largely unchallenged for centuries. To challenge Hippocrates, a rhetor must articulate a more scientific explanation, one featuring additional rigor and nuance to qualify as an “advancement” of knowledge.

This issue with “advancement” is made clear through analysis of 18th century medical volumes. In chapter two, Koerber looks to two core texts: *Aristotle’s Masterpiece: The Midwife’s Guide*, and Fredrick Hollick’s *The Diseases of Women* and *The Origin of Life*. Each of these works were treated as up-to-date medical resources at the time, in part because they drew from and updated prior medical knowledge. Koerber demonstrates that rhetors leaned on ancient

explanations for female medical problems, even while they distanced themselves from those explanations in the same breath. For example, the womb is treated as an animal capable of physical movement, an entity beyond the control of women, in both ancient Chinese medicine and by Hippocrates. In both *Aristotle's Masterpiece* and Hollick's work, there was a transition away from the physical movement explanation, towards an assumption that there existed a communicative relationship between organs like the womb and the brain which would operate independent from, and perhaps disturb, the balance of the body. That communicative relationship "replaces" an explanation for female behavior (a wandering uterus) with a new, more advanced conception (a still unruly, but stationary, uterus).

Chapters three and four focus on the medical phenomenon where "hysteria withered away and was replaced by other diagnoses" (p. 47). In chapter three, Koerber highlights the work of Jean-Martin Charcot, an early pioneer in the study of gender specific differences. Charcot's work is revealing for two reasons. First, Charcot masked his highly sensational work—public exhibitions of hysterical women, many of whom were imitating behavioral symptoms to curry Charcot's favor—as more rigorous, more empirical, and more advanced than his contemporaries. Charcot posited an explanation for hysteria that moved beyond the wandering womb, as he speculated a relationship between the womb and the brain. This explanation more closely resembles the modern understanding of the uterus but retains the core biological explanation for gendered differences (women behave differently *because* of their uterus) while offering a reconfigured explanation compatible with a teleological view of medicine and science. Further evidence for this tendency is found in chapter four's discussion of Ernest Starling's work on hormones. Starling's explanation retains many of the core elements of the historical, mystical, stigmatized explanation of gender differences: there were biological elements unique to women,

and the (dys)function of those elements caused startling, and even dangerous, behavior changes. Starlings work represented a key shift away from an organocentric view of gender differences—explained primarily by the uterus—towards a chemical explanation in the form of hormones. This explanation, in tandem with increasing professionalization and field specialization within both science and medicine, set the stage for the importation of ancient beliefs into mid and late 20th century medicine.

Chapters five through seven then take to task “hormonal explanations” for differences in women’s behavior. The discovery of hormones was significant, as “having a term was a powerful way to group together what had previously been reported as many individual observations; these observations could not be accepted as scientifically valid until there was a category that grouped them together under one label” (p. 92). That validity is substantiated through analysis in chapter five of medical articles at the turn of the 20th century. Those articles featured an uptick in emphasis on hormones unique to females, and that emphasis was specifically for purpose of extraction, control, and manipulation. If hormones represented the “cause” of women’s behavior, there existed the possibility that the manipulation of hormones could “cure” femaleness. In chapter six, Koerber looks to medical texts of the 1910s-1950s to locate an oscillation “between the assumption that all women are fundamentally abnormal (because they have female hormones) and the assumption that only some women are abnormal (because their hormone levels are too high or too low)” (p. 140). Finally, in chapter seven, Koerber highlights contemporary works and their tendency to feature the assumption of gender specific differences but leave such assumptions unstated. Using the example of “pregnancy brain,” the reported but difficult to quantify issue of memory problems during pregnancy,

Koerber suggests that pathologizing women as fundamentally different allows for an obfuscation of the social realities and difficulties that women face.

Koerber's concluding chapter discusses the implications of pathologizing womanhood in both policy and interpersonal contexts. Koerber suggests that medical knowledge does not break from history but rather encapsulates rhetorical components from history to (re)create new meaning. As medical conceptions of biological difference including wandering wombs, hysteria, and wild hormonal shifts "contributed to, and interacted with, larger processes of social and scientific change" (p. 193), the stakes of reconceptualizing medical rhetoric along topological lines are significant. There have always been "breakthroughs" in every arena of human life, but advancement virtually never represents a full rejection of prior knowledge. Rather, understanding the rhetoric of medicine as topological would suggest that the long history of explaining medical conditions unique to biological females in decidedly stigmatized terms, terms that necessitate control of women by scientists, spouses, and doctors likely impacts the present-day medical field. Drawing from a number of contemporary examples including fetal heartbeat bills, Koerber closes with a compelling case for reconfiguring our understanding of the rhetoric of medicine; she makes clear the necessity of using topology to denaturalize medical discourses surrounding women and situate contemporary policies and discussions against and alongside their prior iterations. By recognizing the rhetorical roots of modern phenomena like women protective anti-abortion arguments, scholars and activists can more readily identify moments where "breakthroughs" are merely (re)configurations of problematic past knowledges.

Koerber's cutting analysis is a great resource for scholars of rhetoric generally, and the rhetoric of health and medicine specifically. Koerber's meticulous use of Serres' theory of topology, building from and expanding Robin Jensen's prior work on the same, resists the urge

to view history generally, and paths of discourse specifically, as linear marches of progress. Rather, in the model of the one-dimensional Mobius strip, discourses double back and are (re)articulated alongside “new” advancements. Koerber’s analysis provides a template for future scholarship while being a welcome reminder that the best rhetorical work dispels “common knowledge” concerning discursive practices, particularly in moments where the naturalization of knowledge smuggles in damaging ideologies and discourses disguised as breakthroughs.

The analysis in *From Hysteria to Hormones* contextualizes contemporary struggles for reproductive freedom within and against rhetorical moves to articulate women as a distinct class in need of medical intervention. Koerber illustrates how contemporary challenges facing advocates for women’s health are grounded in the philosophical and rhetorical roots of modern medicine. The rhetorical explanation Koerber isolates is an enormous issue facing advocates for women’s healthcare. By treating elements of a woman’s biology—hormone levels, menstruation, and pregnancy—as externalities unique to women and distinct from the “general” human body, the medical field creates a controllable subject via pathologization. As Koerber notes in her final chapter, a pregnancy is not considered an extension of the woman, but an external event visited upon her. She is a “mother-to-be” who is “carrying a pregnancy to term,” rather than a person experiencing a biological event. The implications of externalizing pregnancy are profound: to treat it as a biological and medical event, under the purview of the person experiencing it, would suggest the decision calculus regarding termination should rest in the hands of the pregnant person. Rather, when pregnancy is imagined as something that *happens* to the woman, regulation by the state is justified. By pathologizing both material conditions of womanhood, medical rhetoric can be (re)appropriated to justify unnecessary medical interventions, invasive state

regulations, or even the denial of life saving medical treatments. To be sure, Koerber's *From Hysteria to Hormones* presents a rhetorical history with urgency in the present.

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