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Abstract. Members of the English Medical Women’s Federation, founded in 1917, were at the forefront of research into menstruation and menopause in the interwar years. As new hormonal understandings of the menstrual cycle emerged, women doctors and international sanitary product companies sought to educate women about their changing bodies and to reconfigure menstruation and menopause as minor events in women’s lives which in no way inhibited their activities. Changing educational and employment patterns of women meant that both events, once managed in the context of the home, were increasingly managed in a public context. As knowledge of hormones increased, menopause was described as a deficiency disease which could be treated by hormone therapy. Just as one set of gendered assumptions about health, to do with menstrual disability, faded from view, medical women were exposed to another, the idea that estrogens were constitutive of femininity.

Résumé. À la pointe des recherches sur la menstruation et la ménopause pendant l’entre-deux-guerres, se trouvaient des membres de la Fédération anglaise des femmes médecins fondée en 1917. En même temps que se développaient de nouvelles connaissances sur le rôle des hormones dans le cycle menstruel, des femmes médecins et des fabriquants internationaux de produits hygiéniques cherchaient à éduquer les femmes sur leur corps en cours de transformation et à redéfinir la menstruation et la ménopause comme des événements normaux qui n’empêchaient pas les activités de la vie quotidienne. Avec le développement des connaissances sur les hormones, on a commencé à présenter la ménopause comme une maladie qu’on pourrait soigner avec un traitement hormonal. Ainsi, au moment même où on assistait à un recul de certains mythes sur la santé et les menstruations, les femmes médecins se trouvèrent...
confrontées à de nouvelles réalités, notamment celle selon laquelle les oestrogènes exercent une action essentielle sur la féminité. À la suite à l’évolution des mentalités et de l’intégration des femmes au marché du travail, ces événements, considérés auparavant comme relevant de la vie privée, se trouvèrent de plus en plus à faire partie du domaine public.

“It is on account of ‘the totality of her internal secretions’…that a woman becomes what she is,” pronounced the Professor of Midwifery and Diseases of Women at Edinburgh to the Obstetric and Gynaecological Section of the British Medical Association in 1927.1 The action of the “internal secretions” or hormones (as they became known from 1905) became increasingly delineated over the first three decades of the 20th century so that, by the 1930s, endocrinology became the dominant medical framework in which the major changes in women’s bodies, from menarche to menopause, were understood.2

The historical silence on menstruation has been lifted by a number of important articles in recent years. Patricia Crawford’s path-breaking article in Past and Present on the early modern period has been complemented by 19th and 20th century studies.3 Of the latter, Joan Jacobs Brumberg’s 1993 article focusing on America was significant in locating a shift in discussions of menarche from a matter of fertility to one of hygiene.4 Brumberg also discusses personal hygiene in her 1997 book, The Body Project while Nancy Tomes looks at broader health considerations surrounding hygiene in The Gospel of Germs.5 Jane Farrell-Beck and Laura Klosterman Kidd have explored the role of health professionals in the development and dissemination of women’s sanitary products in the United States, arguing that the work of such professionals accelerated the acceptance of disposable pads and tampons.6 Julie-Marie Strange has discussed the role of the Medical Women’s Federation in England in “Teaching Menstrual Etiquette.”7 Together with Margaret Tennant, I have explored the ways in which modernity was called into service to change attitudes and responses to menstruation in New Zealand while anxieties about hygiene remained in place.8

Menopause has received less attention from historians. Michael Stolberg has argued against the view of some authors that menopause provides an example of the “medicalization” of the female body in contemporary society, producing evidence to support his claim that in the early modern period many physicians and women considered menopause to be a “serious medical problem.” Stolberg convincingly suggests that rather than seeing a linear development of medicalization, we can understand ideas about menopause as a series of reconfigurations around different theories of menstruation and women’s bodies.9 Addressing a much later period, Judith Houck has explored the feminist
responses to claims that menopause was a deficiency disease best treated by Hormone Replacement Therapy in the years between 1963-80.¹⁰

My intention here is to focus on the first four decades of the 20th century, the crucial period when, as Nelly Oudshoorn has charted, new knowledge about hormones was created.¹¹ I want to explore how the new, and complicated, understandings of menstruation and the hormonal system were articulated by medical women and sanitary product and pharmaceutical companies. The idea of menopause as a “deficiency disease” was first put forward at this time and pharmaceutical companies were keen to provide a remedy. One group of medical women, the English Medical Women’s Federation, were united in their advocacy of women’s health and determined to carry out research on menstruation and menopause in order to counter narratives of debility.

The sanitary product and pharmaceutical companies aimed for an international market. The aggressive selling of Kotex, which Farrell-Beck and Kidd have identified in the United States, for example, crossed the Atlantic into England while Modess, Meds and Tampax were marketed in Australia and New Zealand. The International Cellucotton Products company promoted an advice booklet “dedicated to mothers the world over” and it was read in the USA, Australia and New Zealand.¹² Drawing on material from England, Canada, the United States, Australia and New Zealand, I want to suggest that concerns about hygiene for girls and working women may have followed similar patterns to which the product companies, often assisted by women doctors, offered answers. The English evidence suggests, however, that unlike Farrell-Beck and Kidd’s conclusion that sanitary pads and tampons were taken up alike by American health professionals, English women doctors were more hesitant about the use of tampons.

Medical women worked to undermine assumptions about menstrual and menopausal disability. The interwar years saw a great deal of support for the view that menstruation should not inhibit women’s activities. Menopause, however, was still subject to a great deal of contention. Just as one set of gendered assumptions about health—to do with menstrual debility—faded from view, medical women were exposed to another, the idea that estrogens were constitutive of femininity and that deviations from the menstrual cycle “norm,” and the perils of menopause, could be remedied by appropriate hormone therapy.

Medical women were both exemplars and creators of the modern woman. Much of my account relies on the records of the English Medical Women’s Federation [MWF] who were concerned to educate young women about their changing bodies and to counter negative views of aging women. The Federation was formed in 1917 when registered medical women’s associations throughout England combined to promote the interests of medical women. The network of active branches grew
and by 1930 the Federation’s membership had reached 1317. Members saw it as part of their responsibility to provide health education for women welfare workers, factory workers and teachers. In addition, the Federation had international interests in women’s health through its affiliation to the Medical Women’s International Association. The Federation’s monthly News-Letter, printed by the Women’s Printing Society, provided a vehicle for sharing reports of meetings, book reviews, and advertisements for practices. Advertisements by drug and sanitary product companies no doubt kept the News-Letter financially viable. They also informed women doctors of a range of products that might be recommended for patients.

Members of the Federation were anxious to stress equality with men yet also were aware that women had particular needs. In the 1920s and 1930s they were committed to countering ideas that menstruation handicapped women in any way and they also became interested in countering negative views of menopause. In both instances they embarked on the research they deemed to be lacking in order to generalize about the women’s experience. Women doctors promoted a particular view of the modern woman, one that converged at times with that promoted by the sanitary product and pharmaceutical companies who were anxious to increase their market share by encouraging women to use “modern” manufactured articles and the newly available hormone therapies. Advertisements for sanitary towels and hormonal preparations regularly appeared in the MWF News-Letter but, as late as 1947, the Federation refused to accept advertisements for “Tampax.” Debate over the use of the latter reflected an ambivalence about modern young women and sexuality.

In order to understand the types of changes that women doctors and the companies wished to bring about, it is important to situate beliefs and practices with regard to menstruation that they encountered. The late 19th and early 20th century saw rapid changes with regard to hygiene and menstruation but attitudes and opportunities to engage in new practices varied sharply by class and, perhaps, locality. Selina Cooper provides us with a rare insight into local practices in the Lancashire cotton mills where her mother worked in the 1890s:

Women in those days didn’t wear any sanitary protection; all their petticoats would be covered in blood every month. And my mother made some toweling [pads]…for a woman she worked with.…

Anyhow this [girl’s] mother came back and played pop at the mill with the manager, because my mother had given this girl [some towels]. She said how was her daughter ever going to get off if they didn’t know about this smell?

Like an animal! [My mother said there] used to be blood on the floor of the winding room….Of course, they wore drawers, and they were just legs up to
here and all open at the – and of course it went straight down on to the floor, or on to the petticoats. It was an attraction. This woman played pop with the manager. My mother nearly got sacked for making her [daughter] some sanitary towels.\(^\text{15}\)

In this case menstruation was associated with fertility and sexual attraction; how long such attitudes remained is unclear.

Beliefs about hygiene during menstruation were often informed by earlier humoral ideas about the dangers of heat and cold; too much of either might upset the body’s balance. Hence bathing, hair washing, and eating ice cream might be forbidden.\(^\text{16}\) In an American advice pamphlet (available in Australia) from 1914, *The Mother’s Reply*, Nellie Smith warned, “You must never try to stop the blood that comes from the womb, because Nature intends it to come away, and stopping it is likely to cause inflammation and pain. You must not go bathing or take a cold bath at this time. Also be careful not to get your feet wet or sit in a draught, since by doing any of these things you may stop the flow of blood.”\(^\text{17}\) These ideas permeated medical writings on menstruation in the late 1800s and early 1900s and survived much longer in lay circles.\(^\text{18}\)

Concern about personal hygiene increased in the early 20th century as increasing numbers of women entered the professions and the clerical labour force.\(^\text{19}\) Class differences in hygiene practices had a strong continuity and related very directly to cost and housing conditions. When the middle-class suffragettes were imprisoned in Holloway gaol prior to the First World War, “they found that no provision [of sanitary towels] was made for women prisoners” indicating that “women of the class commonly committed to the gaol were not expected...to require such refinements.”\(^\text{20}\) Middle-class women could buy Southalls’ sanitary towels from drapers from the 1880s although one member of the firm found the “squeamishness” of drapers an obstacle to their stocking the goods. Within a decade, drapers had become more accustomed to carrying the items.\(^\text{21}\) Expense, however, remained a deterrent. Sanitary towels were not advertised in working-class girls magazines in the interwar years because they were prohibitively expensive for working-class budgets.\(^\text{22}\) During the Second World War, some city mothers and girls evacuated to the country were found to wear “no protection during menstruation.” It was still “commonplace” that girls attending domestic training centres used no sanitary protection and that many young women in factories used “wads of toilet paper.”\(^\text{23}\) Poor housewives found it particularly difficult to provide bought sanitary towels for their daughters.

“Lady practitioners” were offered free samples of English manufactured “Hosezene” sanitary products directly through the pages of the MWF *News-letter*. “Hosezene” “soluble” and “perfect” sanitary towels were advertised as “so necessary for medical practitioners,” accompanied
by drawings showing a woman doctor driving, golfing and dancing. Another advertisement, accompanied by a drawing of a glamorous couple dancing, was headed “Why Make a Problem of Your Appointments.” “Unlike past unhygienic days” Hosezene sanitary towels offered “absolute protection.” “There is no limit to Modern Women’s activities” proclaimed a further advertisement headed “EMANCIPATION.” The American brand “Kotex” used the image of a nurse to advertise its product “important in the health programme of modern women.” “Kotex,” the advertisement stated, were produced in “surroundings of hospital like cleanliness” offering medical women confidence that they could recommend the product. 

Figure 1

Members of the MWF were committed to the idea that “Menstruation is a natural function; it is not an illness.” At the forefront of their campaign was Dr. Alice Sanderson Clow who gave a well-attended and provocative paper at the Obstetrics and Gynaecology Section at the British Medical Association Annual meeting in July 1924 on the incidence, prevention, and treatment of dysmenorrhoea in young women. From her study of 2000 healthy girls, Sanderson Clow concluded that exercise was the key to painless periods, an opinion seconded by others who worked with young women, including the medical officer for the London General Post Office which employed over 10,000 women. In the discussion of the paper, time lost through menstrual disability was put forward as the key reason why government departments paid women less than women. The prominent Obstetrician and Gynaecologist Aleck Bourne, later famous for a test case on abortion, thanked the medical women for their “valuable work” since it was only through their investigations that “rational ideas” about menstruation had been obtained. The President of the Obstetrics and Gynaecology section commented that he had recently heard a paper suggesting that two-thirds of all women suffered from dysmenorrhoea. The work of the medical women was important, he suggested, in countering such views among specialists who only dealt with pathological cases.

Generational tensions were noted in the discussion of menstrual hygiene. Sanderson Clow commented “In the case of young girls attention has to be paid chiefly to correcting the views of the mother; and often considerable time and patience have to be expended before this very important preliminary process is completed.” Mothers lacked a language to convey information about menstruation; their terms were vague or possibly obscene and often revolved around debility. Young women were likely to hear different messages about hygiene at school than those they heard from their mothers at home. Distanced from the difficulty of speaking across generations that might exist within families, women doctors became providers of educational material on menstruation. They used their scientific authority to help create new ways of understanding menstruation. They were aware, however, of the dangers of usurping the traditional role of mothers in conveying sexual knowledge. They therefore concentrated on hygiene and on the physiology of menstruation, thus applying an apparently scientific language to what, for many mothers, was simply explained by the freighted phrase “you’re a woman now,” marking the crossing of a threshold into a time of possible danger brought about by sexual maturity.

The MWF produced pamphlets and individual women doctors wrote educational leaflets. A favourite metaphor employed in educational tracts was of the uterus as a nest, cleaned once a month. Doris Odlum, a doctor who gave educational talks to girls, described menstruation as "The Glands of Destiny."
nature’s “spring-cleaning.” In their publications and talks to groups, medical women stressed that menstruation was a normal event, that scrupulous cleanliness was necessary, and that women would not “be given responsible work to do if they slack one week in four, or even one day a month.”

When it was brought to the Federation’s notice that general practitioners were exempting girls from school because of the onset of menstruation, they agreed to set up a subcommittee to explore the question. In 1925, the School Medical Officers’ Association published 10,000 copies of a leaflet entitled: “Advice to Girls Concerning the Monthly Period” in response to a request from schoolmistresses. Girls were advised that “Menstruation is a natural function; it is not an illness, and girls should therefore continue their ordinary work and play during the period.”

As girls stayed at school for longer, gym and classroom teachers became concerned to advise girls properly about menstrual hygiene. In 1925 the MWF and the Ling Association of trained gymnastic instructors sought the co-operation of the Headmistresses Association to survey girls about their menstrual experience. More than 6,000 responses were received and they indicated that over 55% of schoolgirls experienced no pain or disability and that of those who experienced pain, only 61 said it was bad and very few were absent from school for this reason. Much of the discomfort experienced by girls, the report concluded, “was due to lack of appropriate toilet facilities and possibly of proper teaching in the hygiene of the period.” Chafing was seen to be as much a disincentive to activity as actual dysmenorrhea.

Figure 2

Comfortable, easily disposable sanitary protection, seemed to be a key to the problems faced by girls. A 1948 survey revealed that facilities to obtain and dispose of sanitary towels were very limited in many schools and that in three schools, sanitary towels were burned “on an open fire in the Headmistress’s or Lady Superintendent’s room,” the authors commenting “what happens in summer is not stated.”

The problem of disposal and its embarrassments had been evident in the Women’s services in the Second World War when “endless trouble” was encountered in persuading women to use wrapping and bins available for disposal. Instead towels were stowed “behind pipes, in drawers and down lavatories.” In New Zealand, Janet Frame recalled the mortification at teachers’ college of having “to walk, with soiled sanitary towel in hand for all to see, from the lavatory, across the tiled echoing floor to the incinerator at the far end of the room.”

Hygiene became an imperative for women entering the workforce although they often lacked suitable home and work conditions to reach the ideals they desired. “Perfect cleanliness,” wrote a Canadian “business girl,” “is the first essential for self-respect and if girls only realized it there’s nothing that shows up class more.” The Division of Industrial Hygiene of the Provincial Board of Health, Ontario, received over 200 letters in response to its 1922 competition offering prizes for “the best letters by business girls on their health problems and solutions.” Business girls were accused of using “paint and powder instead of soap and water.” The study revealed the difficulties of maintaining hygiene in boarding houses that had only one bathroom. Most women wanted to bathe daily but when it was not possible they had a “daily sponge” and two hot baths a week. Hair washing was undertaken once a week to once a month and underclothes changed once or twice a week. Much emphasis was placed on the necessity of using deodorants as “an essential factor in the toilet of the modern girl.” The movement of young women into shops and offices in cities in Canada and elsewhere made the provision of adequate “hygienic equipment” a matter of urgency.

Advertisements for sanitary towels emphasized comfort, reliability, hygiene and modernity. Such products were beyond the means of many women as a 1943 study indicated. Those women, however, who could afford to buy sanitary towels might receive advice books, often in the form of mother-daughter dialogues, informing them about the process of menstruation and how to deal with it. A 1940 pamphlet produced by Boots, the chemists, contrasted “The Old Way” with “Out of date ideas” of women being “invalids” and a prohibition on “baths” and “games” with “The Modern way,” “A Normal event,” “Plenty of exercise,” “baths as usual” and “ordinary life.”

Tampons proved to be far more controversial than sanitary towels. The Yorkshire branch of the MWF was in correspondence with the...
British Medical Association in 1938 on the subject of advertisements appearing for “Tampax” in the British Medical Journal. Many members of the Federation opposed the use of “internal sanitary towels” for unmarried girls. With the advent of the “New Menstruation Toilet” the issue of menstrual hygiene became linked with sexuality. One woman doctor feared that tampons would be used by young unmarried women as “preventatives” during “promiscuous intercourse.” She also expressed concern that girls inserted tampons with the aid of mirrors which had “obvious” psychological ill-effects. A male doctor was concerned that tampon usage would result in rupture of the hymen, adding “I cannot believe that the use of such articles by young virgins can be anything but psychologically bad.” The MWF were more cautious in their approach to tampons than the Journal of Obstetrics and Gynaecology, for example, which accepted “Tampax” advertisements “without demur.” The Federation’s stated objections to tampons related to risks of infection, possibility of injury on insertion, that tampons might be left too long in situ, and “the possibility of psychological trauma.”

The debate about the use of tampons heightened during the Second World War when servicewomen, working alongside male officers and barred from taking handbags on duty, found tampons could be discreetly carried in pockets, unlike bulky pads. A paper by Mary Barton on “Intra-vaginal Packs” argued for the advantages of tampons and suggested improvements to their design. Her practical approach was rejected by a doctor who “From the purely feminine point of view” could only see arguments against their use in “the medical aspect and the indefinable feminine sense of what is becoming.”

Mary Barton replied:

We do not retain our femininity at the cost of inability to make the menstrual period as comfortable and unobvious a process as possible. I believe that femininity is an attitude of mind which is consistent with knowledge and experience, and [we] should refuse only those “improvements” that encroach upon our receptiveness or frustrate our attempts to promote health and happiness.

In her view it was far better that young women entered marriage “with an introitus sufficiently stretched to permit penetration” and knowledge of their bodies than perpetuating the ignorance which led to psychological trauma. Despite the caution of the Federation, use of homemade tampons became increasingly common because of the wartime shortage of sanitary towels.

The manufacturers of “Tampax” made a concerted attempt to educate women doctors about the safety of tampons, bowing to their belief that use by unmarried girls was not advisable. By 1954, the English company, Smith and Nephew, were seeking the perfect tampon. This led to a “board room experiment. The six elderly male directors were each
issued with a beaker of water and three different tampons.” After dipping experiments, they entered into an agreement with a German company to produce “Lil-lets” on German-made machines.\textsuperscript{59} Between 1957 and 1964 Smith and Nephew’s sales of sanitary towels grew by 14% while sale of the more expensive tampons doubled.\textsuperscript{60}

Dealing with menstruation as a problem of hygiene sidestepped the issue of what was actually normative with regard to the experience of menstruation: the amount of blood flow, the duration of the period and the associated symptoms. Medical women had long been interested in the physiology of menstruation as the American Mary Putnam Jacobi’s prize-winning 1876 essay indicated.\textsuperscript{61} They had a particular interest in challenging any gendered definition of health which suggested that women were less able than men. Catherine Chisholm carried out a study of 500 young women in 1913 to gauge the extent of menstrual pain and found that any labour, either mental or physical, had no ill-effects on healthy young women.\textsuperscript{62} The question was by no means settled, however. A 1918 Committee on the Health of Munitions Workers in England reported that 26% of the women employed in munitions factories suffered disorders of menstruation of various degrees while a 1922 article in The Journal of Industrial Hygiene, claimed that “dysmenorrhea is the commonest of all female ailments” and a problem requiring urgent attention because of “the increasing employment of women in industry.”\textsuperscript{63} The following year Dr. Margaret Sturgis reported on a study of women employed in a large American department store. In order to get the best out of their women workers, the store ran an educational program on menstrual hygiene and provided “suitable medication, hot water bottles, with rest in bed when necessary” for workers troubled by menstrual pain. On the basis of 2,077 physical examinations, the study concluded that only 4.4% of women were seriously handicapped by menstrual disability. This small number, the author suggested, meant their disability “should not be charged against the great majority of working women among whom lowered efficiency as a result of menstruation is negligible.”\textsuperscript{64}

The idea that women’s fitness for work was hampered by menstruation was widely held. Sir Humphrey Rolleston, in a 1923 address to the London School of Medicine for Women entitled “The Problem of Success for Medical Women” stated his opinion that “in 50% or more of women the monthly rhythm is a distinct handicap”: a claim that quickly brought forth a rebuttal from the MWF. On behalf of the Federation, Lady Florence Barrett pointed out that “the more rational life” lived by modern women meant that few suffered from menstrual troubles and she detailed a number of recent studies which indicated a lack of any serious disability.\textsuperscript{65}

“The menstrual period” the Federation complained, “has been brought up as an objection to every profession to which women have
wished to enter.” In 1926, women aviators approached the Council of the Federation because they had been denied the “B” aviation certificate on the grounds that “during her monthly period a woman ought not to be responsible for the lives of those she might be carrying as her passengers.” The MWF believed the certificate should be granted to women without delay since menstruation was “a perfectly physiological and not a pathological process.” Many medical men, they suspected were “biased” because they judged women according to those they saw instead of normal women who did not require their services. One example of such bias was pointed out by Dr. Ruth Nicholson in her review of the third edition of T. G. Stevens’s Diseases of Women published in 1931. Dr. Stevens’s claim that “very few women” could be “said to be normal, mentally or physically during menstruation” appalled the reviewer who pointed to women’s feats in aviation, motor-racing, athletics, rifle-shooting, and their success in higher examinations. She also took issue with his view that at menopause, women became “mentally profoundly changed.”

Questions relating to “hormone periodicity” which made women “aware of the disabilities inherent in her sex” led to detailed study of the menstrual cycle by a team from the Biochemical Laboratory at King’s College Hospital. The study required women to keep diaries and to note various physical and emotional changes, including their sexual feelings. The latter proved a barrier to gaining subjects as “the heads of some women’s colleges and even of some medical schools took exception to the forms on the grounds that sexual feeling was abnormal in unmarried women students.” Once the study was complete the authors still found “great difficulty getting it published.” The survey determined that the average length of the menstrual cycle was 27.8 days, the average duration four to five days, and that physical and mental symptoms in women were “obviously and in some cases unexpectedly rhythmical.” Although the researchers asked participants to disregard preconceptions about changes associated with periods and to record variations in physical and emotional states irrespective of the menstrual cycle, the study design was structured around the expectation that the menstrual cycle induced times of debility.

The advance of endocrinology shifted ideas on masculinity and femininity. Oskar Frankl charted the shifting views for his medical colleagues in 1933. Old physicians were likely to say “the uterus makes woman what she is,” a position later modified to “the ovary makes woman what she is.” Knowledge of hormones meant, however, that the modern doctor could pronounce that “the pituitary makes men and women what they are.” Studies of the menstrual cycle, such as that by the King’s Hospital team, offered insights into the relationship between the endocrine cycle and mental and physical symptoms.
As knowledge of hormones advanced, advice booklets began conveying this new and complicated information of the menstrual cycle to young women. *The Dawn of Womanhood*, an advice booklet that ran to at least 23 editions, employed a political metaphor to convey the workings of the “internal secretions.” It introduced the “Glands of Destiny,” the “government of the body” in which the pituitary was the “Prime Minister” sending out “magic messengers” to the various organs. The Thymus was described as the “Minister of Child Welfare,” the thyroid the “Minister of Physical and Mental Vigour,” the parathyroid the “Minister of Works and Buildings” and the suprarenal glands the “Ministry of Defence.” In this model, the ovaries represented “the people” which, at puberty, reorganize the government of the country to make the girl into a “real woman.”

Hormones were heavily advertised in the MWF *News-Letter* and Federation members were anxious to learn the latest information on their role and the possibilities of hormonal treatments. A 1924 advertisement for “Endocrines Ltd” claimed that its product might be useful for “every fourth “civilized” woman” who suffered “from dysovarism in some degree.” Dysovarism included “the various functional nervous, circulatory, and menstrual disorders of ovarian origin.” Hormonal preparations were marketed as a therapy for all types of problems, including those associated with menopause. Menopause was of particular interest to the MWF who were concerned that beliefs about the climacteric hindered the progress of professional women. As the first large cohort of women medical graduates aged, they increasingly came up against discrimination against older women. In 1926 they set up a subcommittee to investigate the symptoms of menopause in order to correct “prevailing misconceptions about disabilities suffered by women during the menopause resulting in unnecessary loss of employment.”

Carrying out research on women’s experience of menopause proved to be even more difficult than research on menstruation. The MWF subcommittee decided to interview women about this phase of life but it was difficult to determine who had been through menopause. Employers, for example, were uncertain as to who should be approached. After a disappointing response to initial inquiries, the subcommittee decided that it would widen its approach by including women in public assistance institutions throughout England and Scotland. The subcommittee preferred this solution to using patients since women in such institutions were there because of financial difficulties and not because of poor health. In the end, the sample covered 1220 women, married and single, working and retired, urban and rural and covered a range of social classes. One hundred responses from Jewish women in Bow, East London, were excluded from the final sample because they indicated a “persistent variation” (the records do not note what this was) from the other responses.
By 1932 the Committee could report that the 1,220 questionnaires analyzed indicated that 90 percent of women did not require any time off work because of the menopause. Single women were more likely to have a trouble-free menopause than married women. The most frequent symptom, “flushing” varied greatly in intensity and duration. “[I]t was somewhat surprising,” the subcommittee noted, that in view of the generally negative views of menopause conveyed in the literature, that the great majority of women “carried on their daily routine without a single interruption.” There seemed to be little evidence for the “irritability of temper commonly thought to be inseparable from this phase of a woman’s life.” The findings of the study had very real implications for women doctors since they found that insurance companies, organized by the British Medical Association for Panel practitioners, charged women higher premiums and “refused any disability payment for them over the age of 40” because of the climacteric. They also insisted on a medical examination for women over 35 which they did not demand of men. This led the Federation to carry out more research into the health of women aged 40 to 55. This project was found to be difficult but Federation members felt sure that if male and female disability were compared in that age group, the differences would be minimal.

The new hormonal understanding of the body, however, enabled problems of menopause to be reconfigured as a deficiency disease which hormones could cure. “The rational treatment” of a reduction in ovarian hormones such as occurred at menopause, wrote George Riddoch in a study of “Nervous and Mental Manifestations of the Climacteric” would be by “active preparations of the glands that are functionally deficient.” Riddoch’s study of “Nervous and Mental Manifestations of the Climacteric” canvassed the literature on mental instability induced by menopause. Glandular therapy, he concluded, was not yet useful “because of the want of reliable standardized preparations.”

Organon, the Dutch company, marketed its first product, the pancreatic hormone, insulin, in 1923. The company produced its own journal The Hormone to educate the medical profession about the therapeutic potential of hormones. Organon was quick to advertise in the MWF Newsletter suggesting that “Menoform” tablets were helpful for women during “The Anxiety Years” (42-52). Doctors, the advertisements suggested, “suffer only too frequently from the voluble and discontented menopausal patient, with all her aches and pains.” Oestrin could bring about a change of mental attitude in such patients “converting them almost into cheerful kindly rays of sunshine.”

A tablet to deal with menopausal symptoms was attractive to both practitioners and patients alike. At a 1929 meeting of the MWF a paper on “The Symptoms of Menopause and their relation to Women’s Activity” led to a lively discussion which ranged over women’s fears of insanity at
the menopause, their symptoms including headaches, and the possibility of treatment with endocrines. Dr. Margaret Martin remained skeptical of endocrinology finding the literature confusing with no real certainty on the function of glands and the use of hormones for therapy. Like Riddoch, Dr. Martin saw great problems with the standardization of preparations. Researchers, however, were increasingly ready to seek therapeutic benefits. In one reported study, menopausal patients suffering from psychiatric problems were treated with “ovarian extract,” some apparently successfully. By 1941, Dr. Maeve Kenny was led to complain that “medical practitioners are overwhelmed...by advertisements and samples of hormone preparations from commercial sources.” Many remained wary of the readiness with which relationships between particular constitutional conditions and disorders of menstruation and menopause were assumed.

“Many women dread the change of life” one educational pamphlet pronounced but, as with menstruation, the transition could be managed by the right attitudes. Menopause was “not an illness” and should be faced in a “matter of fact” way. Women doctors were anxious to counter any myths of disability surrounding menstruation and menopause and they promoted remarkably similar routines for both phases of life: exercise, sufficient sleep and maintaining the usual daily round. In her book entitled *The Hygiene of the Change in Women*, Dr. Isabel Emslie recommended exercise and a good diet as important in making menopause trouble free. Women practitioners welcomed Marie Stopes’s book, *Change of Life in Men and Women* because it dealt with a subject on which there was “a lamentable silence in the medical curriculum and literature.” Her book was particularly valuable because it suggested that men also experienced a change of life.

In the first four decades of the 20th century, English medical women and their contemporaries in other countries worked hard to reconfigure menstruation and menopause as minor events in women’s lives that in no way inhibited their activities. They encountered resistance from mothers who clung to older views of the menstrual period as a time of debility and danger and resistance from male colleagues who regarded menopause as a significant change for women that made them less likely to cope in everyday life. Research was a key strategy they employed to undermine earlier views of menstrual and menopausal disability and they published their findings in the leading British medical journals, *The Lancet* and the *British Medical Journal*.

In their educational campaign with regard to menstruation, medical women were assisted by the sanitary product companies which responded to their suggestion that leaflets outlining the “hygiene of menstruation” should be included in all packets of sanitary towels. The companies were keen to assist in educational strategies that would
increase their market which was growing amongst working women who had some disposable income. The product companies relied on the endorsement of doctors but they were able to reach a wider audience. Most importantly, their advice was free from medical models of illness and instead, stressed health and normality. At the same time as medical women wished to portray menstruation and menopause as untroublesome events, pharmaceutical companies marketed hormones to doctors as a way of overcoming all types of difficulties associated with women’s “periodicity,” from menstrual pain to menopausal symptoms. The interwar years saw the first articulation of the idea of menopause as a “deficiency disease,” an idea that received support decades later through medical promotion of Hormone Replacement Therapy. Through their research on menopause, the MWF hoped to determine how women experienced that phase of life and to counter popular belief about menopausal disability with scientific evidence.

The interwar period saw important changes in the employment patterns of women. Women doctors in the MWF were the women’s health advocates of their time and their fellow professionals, women teachers, looked to them for advice as to how to advise girls about menstruation. As this generation of women professionals aged, they became more aware of the prejudices surrounding menopausal women. Women doctors, the type of “business girls” of interest to the Ontario Board of Health, and the Department store workers studied by Dr. Margaret Sturgis, were at the forefront of forging new lives for women. Whereas previously menstruation and menopause were managed in the home, women workers in cities had to manage these events in a public context amongst strangers. The modern woman was one who carried on regardless of “internal secretions” and got the job done whether a woman doctor, a secretary, a shop girl or on the factory floor.

NOTES


12 Mary Pauline Callender, *Marjorie May’s Twelfth Birthday* (Sidney: Australian Cellucotton Products Ltd., 1930).
13 Lesley Hall of the Wellcome Library for the History and Understanding of Medicine, London, provided expert assistance in the course of research for this project, both through her archival knowledge and through her own work on the history of sexuality.
14 MWF Council Minutes, 10 May 1947, p. 189. Contemporary Medical Archives Centre, Wellcome Institute, London [hereafter CMAC].
19 Women made up about 21% of Britain’s total number of clerks while by the 1930, the percentage increased to 45%. Gregory Anderson, *The White-Blouse Revolution: Female Office Workers since 1870,* (Manchester: Manchester University Press, 1988), p. 11.
22 Penny Tinkler, personal communication, Women’s History Network Fifth Annual Conference, 1996.
24 See interwar issues, Medical Women’s Federation News-Letter.
34 Doris Odlum, A Talk on Biology, undated pamphlet, CMAC, SA/MWF.
36 Wellcome Institute, MWF Council Meeting, 23 October 1925, “Advice regarding menstruation to parents, schoolmistresses and others in charge of girls,” CMAC, SA/MWF/A1/3.
38 “The Supply and Disposal of Sanitary Towels in Schools,” A report of the Menstrual Hygiene Sub-Committee of the Medical Women’s Federation, 1948, CMAC, SA/MWF.
39 “The Supply and Disposal of Sanitary Towels in Schools,” A report of the Menstrual Hygiene Sub-Committee of the Medical Women’s Federation, 1948, CMAC, SA/MWF.
41 Division of Industrial Hygiene, Health Confessions of Business Women (Toronto: Provincial Board of Health, 1923), p. 163.
42 Division of Industrial Hygiene, Health Confessions, p. 17, 20.
43 Division of Industrial Hygiene, Health Confessions, p. 10.
44 Division of Industrial Hygiene, Health Confessions, p. 165, 172.
45 Division of Industrial Hygiene, Health Confessions, p. 165.
47 “Menstruation—A Natural Function,” Industrial Health Unit, Boots Pure Drug Co. Ltd., Nottingham, CMAC.
48 MWF Council Meeting, 29 October 1938, p. 308, CMAC, SA/MWF.
49 Mary Cardwell, Letter to Editor, British Medical Journal, 25 April 1942, p. 537.
50 M. S. Brander, Letter to Editor, British Medical Journal, 4 April 1942, p. 452.
51 MWF Council Meeting, 28 April 1939, p. 334, CMAC, SA/MWF.
52 MWF Council Meeting, 28 April 1939, p. 335, CMAC, SA/MWF.
58 The Tampax company reprinted a study from the Medical Record, USA, May 1942, which stated “The evidence is conclusive that the tampon method of menstrual hygiene is safe, comfortable and not prejudicial to health.” Series of Advertisements, Medical Women’s Federation News-Letter, 1950s.
59 Foreman-Peck, Smith & Nephew, p. 152.
65 Wellcome Institute for the History of Medicine, London, Medical Women’s Federation (MWF) News-Letter, November 1923, CMAC, SA/MWF.
66 MWF Council Meeting, 18 June 1926, p. 86, CMAC, SA/MWF.
67 MWF Council Meeting, 18 June 1926, p. 86, CMAC, SA/MWF.
68 MWF Council Meeting, 18 June 1926, p. 86, CMAC, SA/MWF.
69 MWF Newsletter, July 1932, p. 65, CMAC, SA/MWF.
71 R. A. McCance and E. Widdowson, CMAC, GC/97, Acc no. 246, 365.
73 The Lancet, 29 April 1933, p. 909.
74 Pamphlet, The Dawn of Womanhood, CMAC, SA/MWF/.
75 Advertisement, front cover, MWF Newsletter, March 1924, CMAC, SA/MWF/.
76 MWF Council Meeting, 21 October 1926, p. 107.
78 MWF Annual General Meeting, 12 May 1927; The Lancet, 14 January 1933, p. 106.
79 MWF Council Meeting, 31 October and 1 November 1930, p. 16.
81 MWF Council Meeting, 5 May 1933, p. 112.
82 MWF News-Letter, January 1934, p. 66.
83 MWF Council Meeting, 3 and 4 November 1933, p. 128.
84 MWF Council Meeting, 30 April 1937, p. 271.
94 See, for example, the description given of the “normal” climacteric by George Riddoch in his paper “Nervous and Mental Manifestations of the Climacteric,” British Medical Journal, 13 December 1930, p. 987.
95 MWF Council Meeting, May 1948, p. 222.