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Going With The Flow: The Evolution of Menstrual Education in England, 1850 to 1930

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A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in History

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Abstract

The history of menstrual education has typically been overshadowed by other aspects of Victorian sexuality and female reproductive history. This thesis seeks to shine a light on menstrual education in the mid-nineteenth and early-twentieth century in England. More specifically, it examines the role that male and female physicians played producing and disseminating information on menstrual management. Despite a scarcity of documented experiences outlining the reality of menstrual education and menstrual management, an analysis of surviving literary materials, including health advice literature, periodicals and magazines, medical studies, new letters and pamphlets, help indicate cultural conceptions of menstruation. It becomes clear that there is a correlation between menstruation being promoted as an illness with females seeking employment and educational opportunities. Male physicians used educational resources on menstruation to attempt to keep women within the domestic sphere. It was not until the early twentieth century and the rise of female physicians that menstruation began to be viewed as a natural physiological process.

Keywords

Reproductive history, male physicians, female physicians, menstruation, menstrual advice, health advice literature, girls' periodicals, education, employment

Summary for Lay Audience

In recent years, menstruation has increasingly been in the news and the media. Gradually, a conversation surrounding menstrual taboos and practices is being opened to a wide public audience. However, historically, this has not always been the case. Although menstruation has become a wide area of interest in different sects of the academic community, the history of menstrual education has remained relatively unexplored. This thesis, therefore, seeks to explore the history of menstrual education in mid-nineteenth century to early-twentieth century England. This time period and country were chosen as the focus as I was initially interested in sexual education throughout the nineteenth century. Eventually, I realized that historians have heavily analyzed nineteenth century sexuality, but menstrual education and the production and dissemination of educational resources dealing with puberty had yet to be thoroughly examined.

This thesis takes form in three body chapters. The first chapter briefly examines menstrual education practices of the past and then focuses on menstrual education resources aimed at mothers to educate their daughters. The second chapter examines the advice physicians gave adolescent girls themselves about managing their health during puberty. The final chapter examines the emergence of female physicians and how they worked together to normalize the physiology of menstruation.

Together, these three chapters present a picture of male anxiety over the prospect of women entering the public sphere through paid employment and educational opportunities. There is a direct correlation with the emergence of a female emancipation movement in England and the insistence that menstruation was an illness that required rest by physicians who wrote health manuals. Therefore, menstruation was used as a tool to keep middle-class females within the home during the nineteenth century and to prevent them from seeking opportunity within the traditionally male spheres of English society. Only when female physicians became more mainstream in English society did menstruation begin to be presented as a normal bodily function that did not require rest once a month. This thesis, therefore, seeks to not only chart the changes in menstrual advice but also to chart the changes and reactions to the female emancipation movement in England throughout the nineteenth and into the twentieth centuries.

Acknowledgements

There is a common saying that goes along the lines of “it takes a village to raise a child.” Now, I obviously don’t have any human children, but I do think of this thesis as my baby, and I can honestly say I would not have been able to complete this without the help and encouragement of my own village of people.

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For everyone involved in this thesis- a big thank you for supporting me in finding the most obscure thesis topic possible. I now know much more about menstruation than I ever thought I would, and I would not trade that knowledge for the world.

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Introduction: A Brief Look at the History of Menstrual Education

Every menstruating person remembers their first period. Some people are shocked and embarrassed, while others are prepared and happy to see its arrival. This thesis evolved from my own experience with menstruation. Even though I had adequate knowledge about what was going to happen to my body and why menstruation was a necessary biological function in females, I still felt embarrassed, ashamed and hesitant to communicate with my mom about what was happening when I got my first period. Recalling my own feelings surrounding puberty, I began to wonder and sympathize with girls of the past who did not have the same knowledge and understanding about menstruation that I had when I was going through puberty. Menstrual taboo has been a theme throughout world history, and if I was still feeling the effects of this taboo, I wondered how adolescent women of the past had dealt with it. Luckily, in recent years this taboo encouraging menstrual secrecy has been challenged by both academics and Western society as a whole. In 2015, Canada eliminated the tax on menstrual hygiene products.¹ Furthermore, in 2018 university campuses across the country moved to provide female students with free menstrual hygiene products in public washrooms.² Today British Columbia, Nova Scotia and Prince Edward Island offer free menstrual products in all schools across the province, with support groups in other Canadian provinces pushing for a similar program to be enacted.³ Similarly, there

¹ Vanora D'Sa, "Period Poverty in Canada and Around the Globe," *Canadian Public Health Association*, published June 25, 2019, accessed on May 2, 2021. <https://www.cpha.ca/period-poverty-canada-and-around-globe>

² This practice was enacted in 2018 in Toronto, Halifax, Calgary and Montreal. Adina Bresge, "Campuses Offer Free Menstrual Products in the Name of Educational Equality," *Canadian Broadcasting Corporation*, published on April 30, 2018, accessed on May 2, 2021. <https://www.cbc.ca/news/canada/toronto/campuses-offer-free-menstrual-products-in-the-name-of-educational-equality-1.4641642> Western University moved to provide free menstrual hygiene products in the University Community Centre in 2019. Jennifer Parraga, "Period Poverty," *Schulich School of Medicine & Dentistry*, published in 2020, accessed on May 2, 2021. https://www.schulich.uwo.ca/rapport/2020/topical/period_poverty.html

³ The Canadian Press, "Group Calls for Free Menstrual Products in all Publicly Funded Ontario Schools in Open Letter," *Global News*, published on March 8, 2021, accessed on May 2, 2021. <https://globalnews.ca/news/7683055/free-menstrual-products-ontario-schools-open-letter/>

has been a push to recognize and normalize the fact that not only women menstruate but so do transgender men and nonbinary peoples. While these examples are from a Canadian context, Western countries worldwide are moving towards putting an end to the menstrual taboo. However, to put an end to the menstrual taboo and any feelings of shame and embarrassment associated with it, better menstrual education needs to be enacted in elementary and high schools. For example, Plan Canada's 2019 Gender Study found that 68 percent of Canadian women felt that their period prevented them from full participation in activities.⁴ Girls continue to be taught that menstrual management should be a discreet process and often recall slipping a tampon up their sleeves when they are going to the bathroom or creating signals to tell their friends they need a tampon or pad.⁵ Many men are uncomfortable when menstruation is discussed, do not understand the process, and are often unwilling to learn about it. Thus, solid, high-quality menstrual education is necessary to remove the menstrual taboo that remains so mainstream in Western society and throughout the world.

Surprisingly, little historical analysis has been done on menstrual education of the past. As the need for better educational resources and lessons on menstruation becomes more and more apparent, so too does the exploration of the history of this subject matter in order to avoid mistakes made in the past.⁶ This thesis seeks to trace the history of menstrual education and

⁴ Parraga, "Period Poverty."

⁵ CBC Kids News, "Girls Start National Period Week to Fight Menstruation Stigma," *Canadian Broadcasting Corporation*, published November 6, 2020, accessed on May 2, 2021. <https://www.cbc.ca/kidsnews/post/girls-start-national-period-week-to-fight-menstruation-stigma> and Amika George, "The Stigma Over Periods Won't End Until Boys Learn About Them Too," *The Guardian*, published on May 28, 2019, accessed on May 2, 2021. <https://www.theguardian.com/commentisfree/2019/may/28/stigma-periods-boys-young-women-bullying-menstruation>

⁶ A study done by Plan UK in 2018 shows that menstrual education is still substantially lacking in the United Kingdom. This study reported that 14% of girls had received no information on menstruation, and the girls who did receive information were still scared, shocked, embarrassed, confused and ashamed of what was happening to them. For more information see Plan International UK, *Break the Barriers: Girls' Experiences of Menstruation in the UK*, published in January 2018. <https://plan-uk.org/file/plan-uk-break-the-barriers-report-032018pdf/download?token=Fs-HYP3v>

understanding in the mid-Victorian era into the early twentieth century in England. More specifically, it looks to better understand what adolescent girls were taught about menstruation, who was deemed responsible for teaching girls about menstruation, and the changing role physicians played in disseminating menstrual information. While public mention of menstruation was not socially acceptable, a surprising number of materials circulated in English society aimed at mothers and daughters to discuss menstruation privately within the confines of these pages.⁷

The following thesis is organized into three main chapters, which draw on popular medical guides, periodicals, and educational resources to chronicle the ever-changing notions surrounding menstruation and how these ideas were communicated to women. The first chapter analyzes popular health guides written by male physicians aimed at mothers for the purpose of teaching their daughters about menstruation. The second chapter explores how health advice was communicated to adolescent girls by physicians through health articles in girls' periodicals. The sources examined in the second chapter show a direct line of communication between male physicians and adolescent girls, removing the mother as the so-called "middleman" in advice on menstrual management. The third chapter examines menstrual educational resources written for girls, mothers, and physicians by female doctors in England who emerged at the end of the nineteenth century. Together, these chapters demonstrate that it was widely recognized that mothers were responsible for teaching their daughters about menstruation, but by the nineteenth-century, physicians were responsible for creating the resources to help mothers educate their daughters. These resources written by doctors for females on menstruation largely reflect the changing female gender roles in England in the mid-nineteenth and early-twentieth century.

⁷ Information of menstruation has also been passed down through oral tradition by mothers, sisters, grandmothers, or aunts. Print material will be the focus of this thesis because historians unfortunately do not have access to any oral histories from the nineteenth century dealing with menstruation. Thus, print material tends to reinforce the perspective of the author- typically a physician- and reflect their beliefs on menstruation.

Male physicians felt threatened- both socially and economically- by the emergence of the female emancipation movement in the mid-nineteenth century and thus used menstruation to characterize women as biologically inferior. The assertion of male professional authority on the subject of menstruation and their promotion of the debilitating effects associated with it, can be seen as a reaction to female demands for access to the public sphere. Resources written by male doctors on menstruation, therefore, reflect this growing anxiety surrounding the rights of English women. It was not until the emergence of female physicians that menstruation was promoted as a normal physiological function rather than a monthly illness to the public.

Due to the nature of the surviving resources, the narrative that emerges does not represent what every woman learned about menstruation; instead, it is highly biased towards white upper-middle-class women and girls. While studying health manuals and periodicals is a very valuable resource to the historian, they are not without fault. The medical advice literature genre that became so popular in the mid-nineteenth century grew to be a marker of the middle-class as they were the ones with the disposable income to be able to afford these sources. Therefore, advice literature therefore became a marker of the middle-class, which presents two potential issues for the historian, the first issue being that these resources are only applicable to one facet of English society. Secondly, because advice literature became a marker of social class, one wonders if these manuals were even being read at all. The idea of gaining respectability in Victorian England played an essential role in defining what social group one belonged to. To gain respectability, one needed to be perceived by their peers as proper. One way to be accepted into this social class was to have all the necessary items essential to the middle-class lifestyle, including advice literature. Therefore, whenever possible, this thesis looks at where these manuals were published, how many times the manuals were reprinted, and total number of

manuals sold. If there were multiple editions on a particular manual or if the manual was being published in several different cities, one can safely assume that it was at least widely bought- if not widely read. Similarly, like with any resources dealing with sexuality and reproduction, the lived experience is often different than the prescribed norms. Although scarce in numbers, this sentiment is echoed by nineteenth century women discussing their lived experience with menstruation. Therefore, the ideas set out in the sources used are most likely not necessarily how women and girls truly handled their periods, but rather the ideas surrounding the female body and reproduction in these sources reflect the female's changing status in English society.

This thesis utilizes sources from both America and the United Kingdom. American sources are referred to primarily in the first chapter, but they do appear a few times in the second and third chapters. The reliance on American sources is justified as there is not a great deal of difference in the advice being given by American doctors compared to English doctors in the nineteenth century. Surprisingly, English and American doctors seemed to be in constant communication throughout the nineteenth century. Physicians were very mobile in the nineteenth century, with many doctors training, lecturing and practicing in both America and England. As American physician Walter Taylor explained in the preface of his *A Physician's Councils to Woman in Health and Disease*, "the most eminent physicians both here and in England have united in deploring the ignorance which produces the vast amount of disease and suffering among women."⁸ Therefore, ideas and debates about female menstruation were remarkably similar in both America and England. This sentiment is best exemplified in attitudes towards higher female education. Harvard medical man Dr. Edward Clarke's 1873 book *Sex Education* argued against higher female education, claiming that girls who were educated alongside boys in

⁸ Walter C. Taylor, *A Physician's Councils to Woman in Health and Disease* (Springfield: W.J. Holland & Co., 1871), 5.

school and colleges were developing their minds at the expense of their reproductive organs.⁹ This idea that education was somehow connected to the development of a woman's reproductive organs was widely believed and became the backbone in eminent British physicians' arguments against higher female education. British psychiatrist Henry Maudsley in his article "Sex in Mind and Education," both agrees with and supports Edward Clarke's conclusions. Transatlantic agreement is also evident in Dr. Mary Putman Jacobi's reply to Edward Clarke and Dr. Elizabeth Garrett Anderson's answers to Maudsley's view in England, arguing that higher education had no impact on the development of the female reproductive system.¹⁰ Therefore, both American and British physicians often borrowed ideas from one another, showing a transatlantic communication in medical doctrine, ideas, and practices.

While menstrual education itself is an understudied area, the history of menstruation has long since been a topic picked up by historians of various disciplines. In recent decades menstruation has been studied by social, feminist, and medical historians who have debated and published extensively on women's reproductive health and medical conceptions of the female body.¹¹ The first studies on menstruation appeared in the 1970s, correlating with the influx of historical studies being done on Victorian sexuality. Sources such as Elaine and English Showalter's "Victorian Women and Menstruation," Carroll Smith Rosenberg's "Puberty to Menopause: The Cycle of Femininity in Nineteenth Century America," and Vern Bullough and Martha Voght's "Women, Menstruation and Nineteenth Century Medicine" primarily focus on

⁹ Lalita Kaplish, "A Fair Chance for Girls: The Law of Periodicity and the Viavi System," *Wellcome Collection*, published on October 31, 2017, accessed on October 25, 2020. <https://wellcomecollection.org/articles/We9i3h4AAA5amHVO>

¹⁰ Patricia Vertinsky, *The Eternally Wounded Woman: Women, Doctors and Exercise in the Late Nineteenth Century* (Manchester: Manchester University Press, 1990), 18.

¹¹ Hilary Marland, *Health and Girlhood in Britain, 1874-1920* (London: Palgrave Macmillan, 2013), 6.

menstruation from a medical perspective.¹² Early histories on menstruation utilized and analyzed sources aimed at a highly specialized medical audience and largely argued that because there is a lack in sources on actual menstrual experience nineteenth century, it seems “highly probable” that women believed menstruation to be the cause of their biological inferiority.¹³ These early studies on nineteenth century menstruation are not without problems. The first historians to examine nineteenth century menstruation do not consider the apparent biases associated with the sources utilized in their studies. Because the sources utilized in early studies on nineteenth century menstruation are specifically for the medical community, these historians do not take into account that women would not have been reading these sources. Therefore, for these early historians to claim that women believed that menstruation was a sign of female inferiority and the female silence on their experience with menstruation is seemingly proof of this acceptance is not a solid argument because women would not have been reading these specialized sources. Furthermore, early historians could have utilized nineteenth century sources written by female physicians on menstruation, such as Elizabeth Garrett-Andersons reply to Henry Maudsley “Sex in Mind and Education” and Mary Putman Jacobi’s Boylston Prize Essay *the Question of Rest for Women During Menstruation* to not only look at sources aimed at a less specialized audience but also to include the female experience with nineteenth century menstruation in their studies.

Although early histories on menstruation can now be viewed as problematic, they present a solid starting point for the historiography of menstruation. After the initial studies on menstruation in the nineteenth century were published, social and medical historians were more

¹² Elaine Showalter and English Showalter, “Victorian Women and Menstruation,” in *Suffer and Be Still: Women in the Victorian Age*, ed. Martha Vicinus (Bloomington: Indiana University Press, 1972); Carroll Smith-Rosenberg, “Puberty to Menopause: The Cycle of Femininity in Nineteenth Century America,” *Feminist Studies* 1, no.3/4 (Winter-Spring, 1973): 58-72; Vern Bullough and Martha Voght, “Women, Menstruation and Nineteenth Century Medicine,” *Bulletin of the History of Medicine*, 47, no.1 (January 1, 1973): 66-82.

¹³ Showalter, “Victorian Women and Menstruation,” 89.

inclined to seriously take up the study of menstruation throughout history. Sources such as Monica Green's "Flowers, Poisons and Men: Menstruation in Medieval Western Europe," Sara Read's *Menstruation and the Female Body in Early Modern England* and Patricia Crawford "Attitudes to Menstruation in Seventeenth Century England" lifts the veil on menstrual beliefs and practices throughout the early modern period.¹⁴ Similarly, sources that examine diseases associated with menstruation, including Jacob Brumberg's *Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease*, Helen King's *The Disease of Virgins: Green Sickness, Chlorosis and the Problems of Puberty*, and Elaine Showalter's *The Female Malady: Women, Madness and Culture in England, 1830-1980* are now well documented.¹⁵ These sources examine anorexia nervosa, chlorosis, and hysteria, which were all diseases that were thought to be prominent in adolescent girls and were developed at the onset of menstruation. Another important subsection in the historiography of menstruation is the study of the development, dissemination and implementation of menstrual hygiene technology. Sharra L. Vistrals study *A History of Menstrual Hygiene Technology* and Laura Klosterman Kidd's doctoral dissertation "Menstrual Technology in the United States: 1854 to 1921" examines the implementation of menstrual technology in the United States while Alia Al-Khalidi's article "Emergent Technologies in Menstrual Paraphernalia in Mid-Nineteenth-Century Britain" examines the history and emergence of menstrual technology from a British perspective.¹⁶ Jane Farrell-Beck

¹⁴ See Monica H. Green, "Flower, Poisons and Men: Menstruation in Medieval Western Europe," in *Menstruation: A Cultural History*, ed. Andrew Shail and Gillian Howie, (New York: Palgrave and Macmillan, 2005), 51-64; Sara Read, *Menstruation and the Female Body in Early Modern England*, (New York: Palgrave and Macmillan, 2013); and Patricia Crawford, "Attitudes to Menstruation in Seventeenth-Century England," *Past & Present* 91, (May 1981); 47-73.

¹⁵ See Joan Jacobs Brumberg, *Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease*, (Cambridge Mass., Harvard University Press, 1988); Helen King, *The Disease of Virgins: Green Sickness, Chlorosis and the Problems of Puberty*, (London: Routledge, 2004); and Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980*, (New York: Penguin Books, 1987).

¹⁶ See Sharra L. Vostral, *Under Wraps: A History of menstrual Hygiene Technology*, (Lanham, MD: Lexington Books, 2008); Laura Klosterman Kidd, "Menstrual Technology in the United States: 1854 to 1921," (PhD. Diss.,

and Laura Klosterman Kidd's article "The Roles of Health Professionals in the development and Dissemination of Women's Sanitary Products, 1880-1940" and Barbara Brooks "The Glands of Destiny: Hygiene, Hormones and English Women Doctors in the First Half of the 20th Century" both examine the roles physicians played in the dissemination and implementation of menstrual hygiene technologies.¹⁷ Studies examining the history of menstruation and menstrual beliefs have also been published as popular histories with Janice Delaney, Mary Jane Lupton, and Emily Toth's ground-breaking study *The Curse: A Cultural History of Menstruation*, and Barbara Ehrenreich and Deirdre English's book *For Her Own Good: Two Centuries of the Experts' Advice to Women*.¹⁸

For all the historical sources that study menstruation, there is seemingly a gap in knowledge on the development and dissemination of menstrual educational resources in England. While the development of a sexual education curriculum in England has been well documented by historians, the development and eventual dissemination of menstrual education and knowledge in England remains lacking.¹⁹ The few sources that adequately trace and analyze changes in menstrual education are primarily from the American perspective. Joan Jacobs

Iowa State University, 1994); Alia Al-Khalidi, "Emergent Technologies in Menstrual Paraphernalia in Mid-Nineteenth-Century Britain," *Journal of Design History* 14, no.4 (2001); 257-273.

¹⁷ Jane Farrell-Beck and Laura Klosterman Kidd, "The Roles of Health Professionals in the Development and Dissemination of Women's Sanitary Products, 1880-1940," *The Journal of History of Medicine and Allied Sciences* 51, (July 1996); 325-352; Barbara Brooks, "The Glands for Destiny: Hygiene, Hormones and English Women Doctors in the First Half of the 20th Century," *Canadian Bulletin of Medical History/ Bulletin Canadien D'Historie de la Medecine* 23, no.1 (2006); 49-67.

¹⁸ Janice Delany, Mary Jane Lupton and Emily Toth *The Curse: A Cultural History of Menstruation*, (New York: Mentor, 1976); Barbara Ehrenreich and Deirdre English, *For Her Own Good: Two Centuries of the Experts' Advice to Women*, (London: Pluto, 1979).

¹⁹ For historical sources on the development in sexual education in England see Lesley Hall, "In Ignorance and in Knowledge: Reflections on the History of Sex Education in Britain" in *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe*, ed. Lutz D.H. Sauerteig and Roger Davidson, (London: Routledge, 2009), 19-36; Lesley Hall, "Eyes Tightly Shut, Lying Rigidly Still and Thinking of England? British Women and Sex from Marie Stopes to Hite 2000," in *Sexual Pedagogies: Sex Education in Britain, Australia and American, 1879-2000*, ed. Claudia Nelson and Michelle H. Martin, (New York: Palgrave and Macmillan, 2004), 53-72; Hera Cook, *The Long Sexual Revolution: English Women, Sex and Contraception, 1800-1975*, (Oxford: Oxford University Press, 2004).

Brumberg's article "Something Happens to Girls: Menarche and the Emergence of the Modern American Hygienic Imperative" and her subsequent book *The Body Project: An Intimate History of American Girls* both chronicle the ways in which American girls learned about menarche, who taught them about their changing bodies, and how menstrual knowledge evolved throughout the nineteenth century into the twentieth century.²⁰ More recently is Lara Freidenfeld's study, *The Modern Period: Menstruation in Twentieth-Century America*, which documents the changes in the menstrual management throughout the nineteenth and into the twentieth century. In terms of menstrual education, Freidenfeld's convincingly argues that it took large scale social changes of the early twentieth century for it to become mainstream in American society.²¹ Although popular medical writers had been emphasizing regular menstruation in pamphlets and guides since the eighteenth century, the changes occurring in the Progressive Era allowed women to adopt, understand and implement menstrual education and menstrual hygiene as part of the "modern" management of the female body.²² Freidenfeld's effectively uses educational pamphlets and guides, advertisements, oral histories and interviews to argue this point. While there were definitely solid similarities between nineteenth century menstrual educational resources from England and America, Freidenfeld's study is one of America specifically and therefore cannot be used as a substitute for English menstrual education. Similarly, the Progressive Era, which Freidenfeld's argued sparked a shift towards modern menstrual education in America, was a uniquely American experience. Thus, while Freidenfeld's and Brumberg both present well-researched studies on menstrual education, they do so from the American perspective rather than

²⁰ Joan Jacobs Brumberg, "Something Happens to Girls: Menarche and the Emergence of the Modern American Hygienic Imperative," *Journal of the History of Sexuality* 4, no.1 (July 1993), 99-127. Stable URL: <https://www.jstor.org/stable.374181> and Joan Jacobs Brumberg, *The Body Project: An Intimate History of American Girls*, (New York: Random House, 1997).

²¹ Lara Freidenfelds, *The Modern Period: Menstruation in Twentieth Century America*, (Baltimore: John Hopkins University Press,) 5.

²² *Ibid*, 5.

the English perspective. Although these studies offer the researcher great information, they do not make up for the lack in studies on English menstrual education. This thesis uses general information and trends from these sources but seeks to create an English equivalent to these American-based studies.

It is, furthermore, more surprising in the lack of historical studies done on menstrual education in England when one considers the growing recognition of girlhood as a distinct social and medical category by the end of the nineteenth century. Carol Dyhouse has suggested that this silence is because the majority of nineteenth century literature on adolescents and their activities used by historians is heavily concentrated on the male sex, and comparatively very few works concern themselves with the female adolescent.²³ Social historians have taken up the study on the adolescent girl in Victorian England but continue to avoid discussing the menstrual education they received throughout the nineteenth century. Hilary Marland comes relatively close to examining the intersection between social and medical writing on menstruation in her book *Health in Girlhood in Britain, 1874-1920*.²⁴ Although not the overall focus on the book, Marland's first and second chapters specifically focus on the evolution of menstrual knowledge, from medical texts into lay publications aimed at the adolescent girl. Her first chapter argues that while there was obvious anxiety about the dangers girls faced while passing through puberty, educational pamphlets also suggested the ways in which girls' health in general and during puberty in particular might be managed to reduce its perils, so that girls could be engaged with the new opportunities being opened up to them.²⁵ Although it is true that menstrual advice was not standardized or unified at all throughout the late nineteenth century, Marland makes the

²³ Carol Dyhouse, *Girls Growing Up in Late Victorian and Edwardian England*, Volume 14, Kindle Edition (London: Routledge, 2013) 116.

²⁴ Hilary Marland, *Health and Girlhood in Britain, 1874-1920*, (New York: Palgrave and Macmillan, 2013).

²⁵ *Ibid*, 16.

outlook on advice appear much more rosy than reality. For example, Marland uses Edward Tilt's *On the Preservation of Health* to prove that the advice given to girls and mothers by doctors were for the benefit of adolescent girls. Marland argues that although Tilt argued against "operas, novels, and sofas" he was surprisingly modern for his advice urging "a rounded education for girls," and he "criticized the lack of attention given to health and exercise given at girls' schools."²⁶ However, overall Tilt emphasizes keeping the girl "in the nursery for as long as possible."²⁷ Although he advocated for "rounded education" he meant an education that would teach girls skills they could apply only in the private sphere.²⁸ Thus, Marland interprets this as Tilt advocating for better quality of life for adolescent girls when I would argue it was a way to keep adolescent girls in the home and to further prevent them from seeking entry into English society.²⁹ Marland, therefore, presents a very optimistic outlook on menstrual advice in the first chapter of her study specifically, and does not take into account how health guide writers were working together to keep females from obtaining educational and employment opportunities.

Julie-Marie Strange's ground-breaking article "The Assault on Ignorance: Teaching Menstrual Etiquette in England, c. 1920s to 1960s" also effectively examines menstrual education, but analyzes sources from the early-to-mid twentieth century.³⁰ Strange was one of the first historians to utilize sources created by the Medical Women's Federation (MWF) on

²⁶ Ibid, 23.

²⁷ Edward J. Tilt, *On the Preservation of Health of Women at the Critical Periods of Life*, (London: John Churchill, 1851), 41-42.

²⁸ Ibid, 41-42.

²⁹ This point is further proved twenty-three years later in 1874 when Dr. Elizabeth Garrett-Anderson attempted to seek entry into the London Obstetrical Society and Edward Tilt, who at this time was president of this society, denied her request of being a fellow because she was a woman- more specifically a woman who menstruated and therefore needed to rest one week each month. Rather than give the adolescent girl advice on how to manage her menstruation properly, Tilt, and presumably other Victorian medical men used their position as doctors to keep girls within the domestic sphere of society and used science to justify this position. See Edward J. Tilt, "The Relations of Women to Obstetric Practice: Extract from the President's Address, Delivered at the Obstetrical Society on January 6, 1874," *The British Medical Journal*, (January 16, 1875); 73.

³⁰ Julie-Marie Strange, "The Assault on Ignorance: Teaching Menstrual Etiquette in England, c. 1920s to 1960s," *Social History of Medicine* 14, no.2 (2001); 247-265.

menstruation to argue that although the MWF was attempting to overturn the negative language associated with menstruation after the First World War, female practitioners remained tied to a culture of menstrual discretion.³¹ Therefore, instead of overturning the Victorian perception that menstruation was unpleasant, distasteful and ideally socially invisible, medical women appear to have concurred with this cultural taboo by urging menstruating women to be discreet.³² While the MWF were often advising girls and mothers on how to discreetly dispose of sanitary products while the girl was outside of the home, I would argue that rather than perpetuating Victorian ideas of menstruation, the MWF were attempting to act in the girls best interest, and seeking to normalize hygienic and modern ways of dealing with menstruation. It is reasonable to conclude that female physicians recognized how awkward and insecure they had felt during their own adolescence without access to proper sanitary products and a lack in information about how to manage menstruation. Thus, one could argue that the MWF were telling girls to discreetly manage menstruation because they related to the awkwardness girls felt when experiencing the first few years of menstruation. Similarly, it should be recognized that even if the MWF were perpetuating Victorian menstrual beliefs, the fact that the MWF were communicating directly with mothers, physicians, but also girls themselves is ground-breaking. Prior to this, especially during the nineteenth century, physicians assumed it was solely a mother's responsibility to educate her daughter about menstruation. The MWF recognized, presumably through their own experience, that menstruation was often not being communicated to girls, so they produced pamphlets directly addressing girls to teach them about their changing bodies. The MWF were motivated to produce these resources because they wanted women to realize that menstruation was not a monthly debilitating illness and wanted to be able to overturn Victorian stereotypes

³¹ Ibid, 248.

³² Ibid, 248.

about menstruation by writing menstrual education resources specifically for adolescent girls. Thus, the MWF modernized menstrual education simply by producing sources for adolescent girls. This in itself should be directly discussed in Strange's article as it moves away from Victorian menstrual education.

The goal of this thesis, therefore, is to fill the gap in the history of menstrual education in England and to show how anxieties over female emergence in the public sphere manifested itself through advice given on menstrual management written by English physicians. Although so many aspects of the female reproductive system have now been studied by historians, there remains a gap in what girls learned about menstruation in the nineteenth century and how ideas surrounding menstruation evolved overtime. This thesis seeks to fill this gap by examining the role played by male and female physicians in the production and dissemination of menstrual educational resources and how these physician-generated messages in these resources evolved from the mid-nineteenth century into the early twentieth century. Not only does this thesis seek to fill a gap in historical literature, but it also seeks to bring a new perspective to Victorian menstruation. The increase in menstrual educational resources created by male physicians in the late nineteenth century directly correlates with the emergence of women in English society. The portrayal of menstruation as a disease can be seen as a direct manifestation of these physicians' anxiety over female rights.

Chapter One- Mothers and Medical Men: The Emergence of Mainstream Menstrual Education and Medical Theories with Which it is Associated

When menstruation makes its first appearance, girls often seek solace and advice from their mother on managing their new monthly cycles, making mothers an invaluable resource and ally to an adolescent girl who has questions about her body. In Western cultures, it is widely recognized that a mother has a responsibility in disseminating information to her pubescent daughter on menarche and the biological changes occurring within her body. In English culture specifically, a mother has historically been seen as responsible for giving her daughter some information on menstruation, so girls were aware of what was happening to their bodies. However, this has not always been the case. It becomes evident in the late eighteenth century and throughout the nineteenth century that English mothers were inadequately educating their daughters about menstruation. The medical profession might have been expected to fill this gap. Nevertheless, rather than providing adequate materials for women on managing menstruation, the male medical community took advantage of this lack of menstrual knowledge and incorporated their own biased beliefs about female inferiority into mainstream medical beliefs. The following chapter argues that Victorian medical theory used menstruation to provide evidence for confining women to a limited position in English society. Male English physicians had largely argued that menstruation was a physical sign of female inferiority within their own specialized circles, and the lack in menstrual knowledge that emerged allowed for these medical theories to be widely distributed in English society. Although Victorian advice literature had been a staple in English society throughout the nineteenth century, there was a boom in health literature on the management of mensuration towards the middle half of the century. This increase in health literature on menstruation correlated directly with women attempting to break into the public sector of English society. This boom in health advice literature dealing directly with the menstrual management can be seen as a reaction to the female entry into the public

sphere. Male physicians presented puberty as a critical time in a girl's life and exploited middle-class values and as well as menstrual ignorance to ensure that women of all ages would continue to remain in the domestic sphere and not seek employment or educational opportunities outside of the home.

Victorian Gender Ideals: Femininity and Domesticity:

First emerging in England due to the success of industrial capitalism was a “middle” social class. The male members of this social class increasingly engaged with professional opportunities outside of the home enterprise. As Davidoff and Hall note, the masculine persona that emerged within this group depended on their economic livelihood and the ability to properly provide for their family.³³ For the first time in English history, large numbers of men were now working in urban centers outside of their homes while women remained mainly within the home. As middle-class masculine identity became tied with occupation outside of the house, middle-class feminine identity was being tied to domesticity and their role within the household. One married, the ideal middle-class woman did not work; rather she provided indirect economic support to her family through the proper care of her children, purchasing and preparing food and making clothes.³⁴ A broad set of shared beliefs came to unite the newly emerged English middle class. Central to this middle-class belief system was the cult of domesticity and an idealized vision of the ultra-feminine Victorian woman as wife and mother. Women came to be seen as the binary opposite of their male counterparts which seemed to justify the rationale of supposed “separate but equal” spheres of activity.³⁵ Men were naturally formed for the more public parts

³³ Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850*, (New York: Routledge, 2019), 229.

³⁴ Martha Vicinus, “Introduction: The Perfect Victorian Lady,” in *Suffer and Be Still Women in the Victorian Age* ed. By Martha Vicinus, (Bloomington: Indiana University Press, 1972), ix.

³⁵ This idea was found in Mary Poovey's *Uneven Developments*, but was originally came from Peter Gaskell's 1833 book, *The Manufacturing Population of England, Its Moral, Social, and Physical Conditions, and the Changes*

of life because they were thought to be more aggressive, intellectual and strong.³⁶ On the other hand, women were seen naturally as more gentler, nurturing, submissive and weak compared to their male counterparts which made them perfect for the domestic sphere.³⁷ Mrs. Sarah Stickney Ellis was probably one of the best-known ideologue of domesticity, and her writings on the natural female place in the mid-nineteenth century largely argue for the natural subordination of women.³⁸ Her writings entirely promoted a domestic world completely inhabited by women, children and servants.³⁹ Sarah Ellis largely believed that although men and women should occupy separate spheres, a woman's influence could be felt far beyond her limited circle.⁴⁰ Ellis argues in her 1842 book *The Daughters of England: Their Position in Society, Character and Responsibilities* that women can indeed penetrate the public arena by her actions within the domestic sphere, stating: "look at some of the most delicate and sensitive females- how they penetrate the adobes of strangers- how they preserve through dangers and difficulties, repelled by no contumely, and deterred by no hardships, simply because they know the work in which they labour, is the cause of Christ."⁴¹ In this case, Sarah Ellis took religious overtones in her writings and largely argued that Christ had made women in His image, and therefore women were naturally inclined for a life in the domestic sphere while men were made for life in the public domain. In this sense, women and men both had a specific set of natural traits which was used to solidify a sexual division of labour within the English middle-class.

Which Have Arisen from the Use of Steam Machinery; with an Examination of Infant Labour. Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England*, (Chicago: University of Chicago Press, 1988), 8.

³⁶ Davidhoff and Hall, *Family Fortunes*, 169.

³⁷ *Ibid*, 169

³⁸ *Ibid*, 182.

³⁹ *Ibid*, 182.

⁴⁰ *Ibid*, 183.

⁴¹ Mrs. Sarah Stickney Ellis, *The Daughters of England: Their Position in Society, Character and Responsibility*, (New York: D. Appleton and Company, 1842), 222.

Not only was the middle-class woman assigned to a different sect of society but also had her own set of distinct social roles. The idealized middle-class woman should be willing to be financially dependent on men and submissive to them. She should have a preference for a life restricted to the confines of the home.⁴² The middle-class woman was expected to be innocent, pure, gentle and self-sacrificing, and possess no greater aspirations than being a good wife and mother. In this sense, the idealized Victorian woman can be defined as feminine. Femininity implies a distinctive model for the female personality, which justified the secondary position of women in society.⁴³ While female subordination has been a consistent theme throughout the history of Western Europe, it was not until the end of the eighteenth century that the concept of feminine qualities being natural in every female became the major ideological agent enforcing the subordination of women.⁴⁴ Thus, by the Victorian era it was seen as only natural that the highly emotional and physically weaker female should remain at home tending to their domestic duties and their family. Middle-class women possessing feminine traits provided the necessary evidence to exclude them from the wider public sphere in English society.

Central to the middle-class women's idealized role was motherhood and correctly raising her children. For the middle-class woman, her life's goal was not just to marry but also to produce children. After all, the romanticized Victorian middle-class home was not supposed to be just husband and wife but husband, wife and children. This sentiment produced an interesting and contradictory paradox for middle-class Victorian women. Idealized womanhood was asexual and chaste, and yet the supreme goal for women was marriage and motherhood, conditions

⁴² Deborah Gorham, *The Victorian Girl and the Feminine Ideal*, (Bloomington: Indiana University Press, 1982), 4.

⁴³ *Ibid*, 5.

⁴⁴ Female subordination throughout pre-modern times through the Middle Ages largely relied on religion to keep women out of larger society. *Ibid*, 5.

which publicly proclaimed sexuality.⁴⁵ Nonetheless, the idealized role of mother and father significantly differed in the mid-nineteenth century. While a father's involvement in their children's lives was seen as a matter of choice, it was thought of as natural for mothers to raise and be involved in their child's life.⁴⁶ It was important that a mother correctly educate both her sons and daughters, because if she failed to raise a healthy and well-trained child, she sent forth "damaged material" into English society.⁴⁷ However, specific emphasis was put on mothers ensuring the correct upbringing of girls. Sons began to be educated outside of the house around age six and would eventually help determine and solidify the middle-class family's place in the world, but daughters remained at home until (and if) they were married. Thus, it was a mother's job to correctly instill a proper education to her daughter, emphasizing traditional notions of femininity, including morality, purity, innocence and domesticity. According to widely disseminated middle-class doctrine, a true woman should remain largely unaware of anything society deemed improper, erotic or sensual. Before marriage, a mother should bring her daughter up to be perfectly innocent and sexually ignorant.⁴⁸ Mothers were told to educate their daughters to bring out their natural maternal instincts but nothing else.⁴⁹ Even in adulthood, a woman should maintain her childhood innocence and purity, and should remain largely ignorant of anything society considered inappropriate. Thus, a fully developed woman should remain childlike, chaste, and sexually disinterested. This idea is emphasized in John Ruskin's *Of Queen's Gardens*, in which he argues:

The perfect loveliness of a woman's countenance can only consist in that majestic peace, which is founded in the memory of happy and useful years- of sweet records; and from

⁴⁵ Davidhoff and Hall, *Family Fortunes*, 322.

⁴⁶ *Ibid*, 335.

⁴⁷ *Ibid*, 335.

⁴⁸ Vicinus, "Introduction: The Perfect Victorian Lady," ix.

⁴⁹ *Ibid*, x.

the joining of this with the yet more majestic childishness, which is still full of change and promise; - opening always- modest at once and bright with hope of better things to be won and bestowed. There is no old age where there is still that promise.⁵⁰

Thus, it was a mother's job to instill proper notions of femininity and also ensure her daughter had a happy childhood because the grown woman will depend on the lessons and memories from this time. Women never needed to know details about the public world that males inhabited, and they would be happier maintaining their childhood innocence. Acting according to middle-class ideas of femininity and domesticity, mothers largely taught their daughters to be submissive, innocent and docile. As we will see, this mindset had major implications for both mothers and daughters when girls began going through puberty.

A Brief History of Menstrual Education

Victorian notions of femininity proposed an interesting paradox for mothers when the time came to teach their daughters about puberty. Puberty, pregnancy, childbirth and menstruation represented a "sexual crisis" in the female lifecycle.⁵¹ Both puberty and menopause were referred to respectively as the "advent" and "decline" of femininity, thus rooting womanhood firmly in relation to fertility and sexuality.⁵² Because purity was such a staple in middle-class gender ideology, mothers often refrained from discussing menstruation with their daughters. This idea is especially true when comparing the middle-class girl to the working-class girl in nineteenth-century England. Young working-class women in the nineteenth century could not remain as innocent and ignorant on matters of female biology. They lived in smaller, cramped houses, went to work early and saw first-hand the lives of those overcome by poverty,

⁵⁰ John Ruskin, *Of Queen's Gardens*, (London: G. Allen, 1902), 26.

⁵¹ Julie Marie Strange, "I Believe It To Be a Case Depending on Menstruation: Madness and Menstrual Taboo in British Medical Practice, c. 1840-1930" in *Menstruation: A Cultural History*, ed. Andrew Shail and Gillian Howie, (New York: Palgrave and Macmillan, 2005), 104.

⁵² *Ibid*, 104.

alcoholism and prostitution, meaning they were more aware on different aspects of female sexuality and biology.⁵³ Ignorance on menstruation and other sexual matters therefore because a distinction of class. While menarche was a physical sign of sexual maturity, the previously examined emphasis on purity and innocence created an environment in which discussing menstruation was seen as indelicate topic of discussion that potentially could ruin a girl's innocence. Mothers often failed to educate their daughters on menarche because of false notions of delicacy, but also because they had never been taught about menstruation so they were not confident in their ability to discuss it adequately with their daughters.

The first piece of evidence alluding to the fact that mothers had not been educating their daughters properly about menarche appeared in 1769 with William Buchan's treatise *Domestic Medicine*.⁵⁴ He states:

It is the duty of mothers and those who are entrusted with the education of girls, to instruct them in the conduct and management of themselves at this critical period of their lives. False modesty, inattention and ignorance of what is beneficial or hurtful at this time are the sources of many diseases and misfortunes in life, which a few sensible lessons from an experienced matron might have prevented.⁵⁵

This call for better menstrual education implies that mothers were infrequently educating their daughters about puberty. However, while there are not enough primary sources to quantify how girls were taught about menarche before the publishing of *Domestic Medicine*, examining trends in English society suggests that girls were infrequently being told about menarche prior to

⁵³ Vicinus, "Introduction: The Perfect Victorian Lady," xii-xiii

⁵⁴ The popularity of this manual cannot be overstated. First published in 1769, Buchan's *Domestic Medicine* appeared in at least 142 separate (English) editions and continued to be relied upon until the mid-nineteenth century. Similarly, it was both immensely popular and widely circulated in both England and America throughout the late eighteenth century. Charles, E. Rosenberg, "Medical Text and Social Context: Explaining William Buchan's *Domestic Medicine*," *Bulletin of the History of Medicine* 57, no.1, (Spring 1983): 22-23

⁵⁵ This quotation appears in the fourteenth edition of *Domestic Medicine*. However, by all other accounts, a near exact quote on the mother's role in educating her daughters about menstruation appears in the 1769 edition of *Domestic Medicine*. William Buchan, *Domestic Medicine, or A treatise on the prevention and cure of diseases by regimen and simple medicines: with an appendix containing a dispensatory for the use of private practitioners*, (Boston: Printed by Joseph Bumstead, 1793), 353.

experiencing it. Until the eighteenth century, a great deal of information about women's reproduction was held and exchanged within a community of women.⁵⁶ Births appear to be almost exclusively attended by married female neighbours and relatives and presided over by a female midwife.⁵⁷ Central to this practice of childbirth were the rituals associated with it. When a woman went into labour, she moved into her own social space away from men, including her husband.⁵⁸ This space, filled with married women, would assist in the birth as well as exchange "woman's secrets." Thus, while reproductive labor was conducted within households, in close proximity to male family members and children, oral and tacit knowledge surrounding it was the property of married women.⁵⁹ Unmarried women and children were not permitted in this area. Pre-pubescent girls would not have been privy to the information shared by these married women on menstruation and reproduction, but depending on the living situation, could have obtained menstrual information through observation. Therefore, there is inadequate evidence on how girls learned about their changing bodies prior to the eighteenth century. While they were not permitted into the birthing chamber, there is still a chance they could gain pieces of knowledge about their bodies through lived shared experiences with other female members of their family.

Widespread changes in English society throughout the eighteenth century further prevented the dissemination of menstrual knowledge given to premenarchal girls. Throughout the eighteenth century, the continuing professionalization of various occupations- namely

⁵⁶ Freidenfelds, *The Modern Period*, 20.

⁵⁷ One exception to this female sphere is in the case of royalty, whose lying-in period and births were always attended by a number of male witnesses.

⁵⁸ There were a few exceptions to this rule. In the case of a royal birth, a male witness was always present. Furthermore, in the case of particularly difficult births, the midwife would have to call on the assistance of a male surgeon. See Adrian Wilson, *Ritual and Conflict: The Social Relations of Childbirth in Early Modern England*, Kindle Version, (London: Routledge, 2013), Location 4429.

⁵⁹ Lara Freidenfelds, *The Modern Period*, 21.

medicine- worked toward the eventual exclusion of women.⁶⁰ The reliance upon male midwives and male physicians became the norm in English society by the end of the eighteenth century, further removing females from society.⁶¹ Instead of the female world being centred around reproductive knowledge, it was now centred around domestic duties. Most upper- and middle-class women lived within a world bound together by home, church and the institution of visiting.⁶² Females were now bonded together by domesticity rather than reproductivity and helped each other out in times of sickness, sorrow or trouble. Central to these bonds lay a strong mother-daughter relationship. Throughout a girl's childhood and into her teenage years, she learned about motherhood and housewifery from her older female kin. In the absence of written sources on menstruation, historians have often argued that girls learned about their changing bodies verbally by older women. There can be no doubt that some adolescent girls learned about their changing bodies from verbal instruction from older women or simply by close proximity in the living quarters. However, this verbal information given to the adolescent girl seems to be increasingly more uncommon, as William Buchan's passage in *Domestic Medicine* suggests. It was becoming more evident throughout the eighteenth century that there was some sort of shift in communication by mothers or older female relatives in discussing menstruation with adolescent girls.

⁶⁰ Jean Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth*, (London: Historical Publications Ltd., 1988), 34.

⁶¹ Adrian Wilson has suggested that the use of male midwifery became a marker of social class in the eighteenth century. As female literacy expanded in the eighteenth century, accompanied by an increased degree of leisure there was a new collective culture of women distinct from both their husbands and of lower-class women. Wealthier women could now afford the services of male midwives while lower class women continued to rely on female midwives. Thus, male midwifery became common as women wanted to prove that they could afford the services of the male midwife. See Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660-1770*, (London: Routledge, 2019) 320.

⁶² Carroll Smith-Rosenberg, "The Female World of Love and Ritual: Relations Between Women in Nineteenth Century America," *Signs* 1, no.1 (Autumn, 1975) 10.

The Victorian era's emphasis on innocence and purity seems to provide mothers with a valid excuse to remain silent on menstrual matters.⁶³ If English society wanted females to remain as innocent and pure for as long as possible then why should mothers ruin this innocence by informing them about such a dirty process? Menstruation signified sexual maturity, and physically girls were now capable of reproducing. Thus, if mothers started telling their daughters about menstruation and its role in female reproduction, a daughter could start inquiring about sexuality which would completely wreck a girl's innocence and purity. Early advice writers attempted to deal with this contradiction by advising mothers to give their daughters just enough information on puberty if they began asking questions. We see this sentiment expressed in Lydia Maria Child's 1830 manual, *The Mother's Book*. When a girl began asking questions on "delicate subjects," it should be customary for a mother to tell her daughter "a few facts until she reached the age of twelve when she should sit her down and give her a frank, rational explanation."⁶⁴ If a mother denied her daughter this information, she would seek the answers to her questions from "less desirable informant's" which would ruin her innocence and purity completely."⁶⁵ This sentiment is echoed by J.H. Pulte, who argues mothers were responsible for telling their daughters' about menstruation, because if she did not, a girl's "natural curiosity, impelled by the interest attached to the strange phenomenon will procure from other sources, wherever she can, such knowledge on the subject which could perhaps lead her into misery and danger."⁶⁶ Thus, mothers were responsible for giving a girl some information on menstruation if

⁶³ It is worth mentioning that although it appears to the historian that mothers were not discussing menstruation with their daughters, this might not always be the case. There is always the chance that these conversations did happen in private. The issue for the historian is that these conversations were not recorded and thus there is no record of them happening- making menstruation a difficult topic to analyze.

⁶⁴ Mrs. Lydia Child, *The Mother's Book*, (Boston: Published by Carter, Hendee and Babcock, 1831), 150.

⁶⁵ *Ibid*, 150.

⁶⁶ J.H. Pulte, M.D. *Woman's Medical Guide; Containing Essays on the Physical, moral and Educational Development of Females and the Homeopathic Treatment of Their Diseases in All Periods of Life, Together with Directions of the Remedial use of Water and Gymnastics*, (London: Low & Co., 1853), 86.

she asked, but should also absolutely be informing her daughter on the changes her body would be going through when she turned twelve. If a mother did not give her daughter tidbits of information to satisfy her inquiries, she would surely get the answers to her questions from an unacceptable source, which would in turn ruin her innocence. Thus, the implications of having a misinformed daughter were more dangerous than attempting to keep her daughter's innocence.

Nonetheless, there is ample evidence that emerges throughout the nineteenth century that suggests that mothers continued to leave their daughters uneducated on matters of menstruation.⁶⁷ Writing in 1851, English physician Edward John Tilt argued that out of a “sample size of one thousand girls, twenty-five percent of them were unprepared for the first appearance of [the menses.]”⁶⁸ Tilt largely associates this lack in menstrual education with Victorian values of innocence and delicacy, stating that mothers who withhold information with “mistaken notions of delicacy” risk their daughters facing “the most serious consequences.”⁶⁹ A similar sentiment is expressed by Burt Wilder in 1875, stating that girls had so little knowledge on menstruation that when it first appeared, they often thought their periods were “an unnatural and dangerous hemorrhage.”⁷⁰ Wilder largely echoes Tilt's concerns, chalking up this lack of information given to girls due to “mistaken delicacy” on the part of mothers who justify this choice on the grounds of prolonged childhood innocence.⁷¹ In a later manual published in 1891, Mrs. E.R. Shepherd claims to have met “numbers of women... who knew nothing of their upcoming courses until they were upon them... one in particular who said that it has taken me a

⁶⁷ This does not necessarily mean that mothers were avoiding talking to their daughters about menstruation. As always, there is the possibility of oral instruction given to daughters by mothers about menarche. However, evidence does emerge in health guides that suggests a fair bit of the English population was unaware of any matters of menstruation.

⁶⁸ Tilt, *On The Preservation of the Health*, 19.

⁶⁹ *Ibid*, 19.

⁷⁰ Burt Wilder, *What Young People Should Know: The Reproductive Function in Man and Lower Animals*, (Boston 1875): 168.

⁷¹ *Ibid*, 169.

lifetime to forgive my mother for sending me away to boarding school without telling me about it.”⁷² Interestingly, regardless of the year these pamphlets are published, they communicate the same message- mothers were not teaching their daughters about menstruation because they did not want to ruin the construct of purity and innocence their child maintained. The apparent lack of menstrual information presented male English physicians with the opportunity to take advantage of these uneducated women to ensure they did not seek any social opportunities in English society.

Male Physicians and Health Literature Advice for Women:

While English physicians recognized a lack of menstrual education, they also recognized that mothers did not necessarily know how to discuss menstruation with their daughters due to their own embarrassment around the subject. The absence of menstrual education presented male physicians with a unique opportunity they could capitalize on to promote ideas of female inferiority to justify keeping women out of English society. Although mainstream English society largely avoided any open discussion on menstruation, the medical community had been putting forth theories on the causations, implications and management of menstruation within their own circles since antiquity.⁷³ The medical community was still in agreement that it was a mother’s job to educate her pre-pubescent daughters about menarche, but they realized they could provide mothers with the materials necessary to begin to facilitate a discussion on

⁷² Mrs. E.R. Shepherd, *For Girls: A Special Physiology Being a Supplement to the Study of General Physiology: Twelfth Edition*, (Chicago: Alice B. Stockham & Co., 1891), 9.

⁷³ Menstruation was a common theme in medical texts written by Hippocratic writers. For example, *On the Nature of the Child*, (which is a part of the Hippocratic Corpus), menstruation was due to an alteration in temperature that let fluids move out of the body. See Irene Salvo, “Uterine Bleeding, Knowledge, and Emotion in Ancient Greek Medical and Magical Representations,” in *Bodily Fluids in Antiquity*, ed. Mark Bradley, Victoria Leonard, Laurence Totelin, (London: Routledge, 2021), 58.

menstruation. Physician J.H. Pulte argues for the necessity of such books in his *Woman's Medical Guide*, written in 1853:

Women is [*sic*] naturally timid and refrains as long as possible from making inquiries about her [*sic*] own health or that of her daughters, where the subject is a delicate one. And yet, she must seek information or else irreparable damage might be done. She fears exposure, if it be only in conversation; her nature instinctively revolts against it. Here is a book, containing all the information she wants, frequently comes [*sic*] to her as a great relief; she can receive instruction through it, without exposing her needs to the ear of a male person, be he ever so well known to her. This reluctance and fear of exposure is so deeply rooted in females that they frequently rather seek advice, if absolutely needed, from the physician who is a stranger to them, than from their own family-physician. How much easier is it to consult the pages of a book which was written for their especial benefit, will inform them privately about subjects, in which they hesitate the converse in the presence of others?⁷⁴

Thus, what became immensely popular in the Victorian era was medical guides aimed at mothers, written by doctors on correctly raising daughters to eventually become adequate mothers. However, instead of emphasizing menstruation as a natural process in the female body, the male medical elite argued that menstruation was largely a physical sign of female inferiority, and as such they emphasized the importance of women being “correctly” managed during this time. They recognized that mothers had never been instructed on matters of puberty and menstruation and therefore took advantage of the shame and embarrassment mothers felt towards this topic to incorporate their own theories of female inferiority into mainstream English society. Middle-class English mothers were more likely to buy these guides to learn how to talk to their daughters about puberty and menarche as talking about any natural female secretions did not fit

⁷⁴ Pulte, *Woman's Medical Guide*, xv. Pulte's *Woman's Medical Guide* went through three separate editions throughout the 1850s in America and England. Originally published in 1853, it was revised and republished in 1863 and 1869. In America the book was published in many different cities including New York, Philadelphia, Boston, Chicago, St. Louis, Cleveland, Detroit and Pittsburgh. In England it was published in London. While exact numbers of copies sold cannot be found, I would suggest this work was fairly popular due to the number of different places it was published in and the multiple revisions it went through.

well into the definition of proper middle-class femininity, and thus mothers welcomed this professional help with open arms.

A central theme in these guides was a mother's role in managing her daughter's puberty, and the encouragement of mothers to learn more about the menstrual process to provide correct information to her daughter.⁷⁵ This notion is reflected in the majority of manuals written by physicians addressed to mothers. For mothers to educate their daughter about puberty, she also had to be informed on the process. For example, J.H. Kellogg in his *Ladies Guide in Health* emphasized the importance of proper instruction at the right time. He tells his readers that "mothers should first inform themselves thoroughly respecting the physiological changes which puberty involves and the possible dangers which may arise, and should then give their daughters careful instruction, respecting the care of their health during this critical period."⁷⁶ Edward J. Tilt recognized that the topic of menstruation was often seen as indelicate and argued the English mother that educating herself and her daughter about such topics would benefit both of them in matters of health and happiness.⁷⁷ Walter C. Taylor advises the mother that having the proper knowledge of the "perils and sanitary rules" of puberty and menstruation is necessary when directing daughters on this "great epoch in their lives."⁷⁸ This emphasis in mothers familiarizing themselves with the process of menstruation is quite a step forward from William Buchan's *Domestic Medicine* published in 1769. In this sense, physicians appeared to be concerned with

⁷⁵ The term "correct" information here does not refer to biologically correct information given on menstruation, but rather the correct ideal doctors were trying to promote in their guides. Nineteenth century physicians' theories surrounding menstruation were often not just clouded by their own biases but also completely incorrect science. For example, in 1805, Dr. Thomas Denman states that the causes of menstruation are a mystery to physicians who have had to use their imagination to try and figure it out. See Thomas Denman, *An Introduction to the Practice of Midwifery*, (London: T. Bensley for J. Johnson, 1805), 167.

⁷⁶ John Harvey Kellogg, *Ladies' Guide in Health and Disease: Girlhood, Maidenhood, Wifehood, Motherhood*, (Battle Creek, Michigan: Good Health Publishing Co., 1892), 177-178.

⁷⁷ Tilt, *On the Preservation of Health*, 18-19.

⁷⁸ Walter C. Taylor, *A Physician's Counsel's to Woman in Health and Disease*, (Springfield: W.J. Holland & Co., 1871), 27.

the process of menstrual education. One might assume that these sources gave Victorian mothers a sense of relief in knowing that they had the proper materials to give their daughters when puberty ultimately hit. However, as these resources solidified the mother's role in discussing menstruation with their daughters, physicians also made mothers responsible for keeping their daughters in the domestic sphere and not allowing them to venture out into society. If mothers allowed their daughters to seek opportunities outside of the house, physicians often warned that invalidism and unhappiness would be the result. Mothers, therefore, would be implicated for their daughter's "reproductive injuries" because physicians had given mothers the necessary resources to manage their daughter's menstruation.

Physicians and Physical Rest During Menstruation:

A central theme in English medical writings was the constantly sick female. Simply put, women were ill because they were women. However, women would become even more sick if they attempted to do anything outside the traditional female sphere of action because this could flare up "dormant diseases" within the female body.⁷⁹ This idea was reflected in both medical and lay writings on menstruation. Physicians argued that puberty was a time of stress and turmoil for the young girl and promoted the idea that the menstrual process rendered women to be inherently ill for at least one week out of every month. Listed prominently in both medical treatises and guides for mothers are the lists of "many unpleasant symptoms" that were part and parcel of menstruation.⁸⁰ In a lecture on the diseases of women and children, Dr. Charles Waller states that menstruation is seldom ever completely established without the occurrence of these symptoms, including, but not limited to "languor and lassitude, headache, dull, heavy pains in

⁷⁹ Lorna Duffin, "The Conspicuous Consumptive: Woman as an Invalid," in *The Nineteenth Century Woman: Her Cultural and Physical World*, ed. Sara Delamont and Lorna Duffin, (London: Croom Helm Ltd., 1978), 31.

⁸⁰ Charles Waller, "Lectures on the Function and Diseases of the Womb," *The Lancet* 33, no. 846, (December 7, 1839), 393-396.

the loins, hips and region of the uterus... the stomach is often sympathetically affected, the appetite bad and the bowels confined.”⁸¹ Waller states that menstruation has often been termed “courses, the terms, the flowers and the change,” but women themselves during the flow call themselves “unwell” or “out of order.”⁸² In his guide, *Letters to a Mother*, Dr. T. Conquest advises mothers to be aware of these physical ailments, stating that “the first appearance of the discharge is usually accompanied with lassitude, of pain in the muscles of the back, groins, thighs and breasts, headache, dark circles around the eyes, and distressing symptoms of indigestion. Slight exertion fatigues, and sometimes fever, hysterical convulsions, fainting and alarming derangement of the general health occur.”⁸³ These symptoms were often included with descriptions of menstruation to show the mother that the pubescent girl was in constant danger. Not only was the adolescent girl ill for one week out of the month, but during her menstrual cycles, she was thought to be much more susceptible to diseases at this time. By presenting the menstruating girl as constantly at risk for diseases and illnesses, physicians sought to keep women from seeking employment in the public sphere. After all, it would not be possible for a woman to get a job if she was sick for one week every month. Thus, doctors entrusted mothers to monitor their daughters when they were menstruating to ensure they rested, rendering it impossible for a girl to become employed, further ensuring female domesticity remained a staple in English society.

⁸¹ Ibid. See also “Menstruation and Adolescence,” in *Women From Birth to Death: The Female Life Cycle in Britain, 1830-1914*, ed. Pat Jalland and John Hooper, (Brighton, Sussex: The Harvester Press, 1986) 63-65.

⁸² Ibid.

⁸³ J.T. Conquest, *Letters to a Mother on the Management of Herself and Her Children in Health and Disease; Embracing the Subjects of Pregnancy, Childbirth, Nursing, Food, Exercise, Bathing, Clothing, Etc. Etc., With Remarks on Chloroform: The Third Edition Revised*, (London: Longman and Co., Paternoster-Row, 1849,) 15.

The question of physical rest had been discussed relatively openly throughout the nineteenth century. For example, when addressing the Anthropological Society of London in 1869, James MacGrigor Allen claimed that:

Although the duration of the menstrual period differs greatly according to race, temperament, and health, it will be within the mark to state that women are unwell, from this cause on the average of two days in the month or say one month in the year. At such times, women are unfit for any great mental or physical labour. They suffer under languor and depression... [Jules] Michelet defines woman as an invalid. Such she empathetically is compared to a man...⁸⁴

James MacGrigor Allen was heavily borrowing ideas from French historian Jules Michelet, whose *L'Amour* was published in English in 1859 and was widely distributed throughout the United States and England.⁸⁵ On the topic of women, rest and menstruation, Michelet claims:

Wherever woman does not blot out her sex by excessive labor (like our hardy peasant women, who, at an early age make men of themselves), wherever she remains a woman, she is generally ailing for at least one week out of four. But the week that precedes that of the crisis is also a troublesome one. And into the eight or the ten days which follow this week of pain, is a prolonged a languor and a weakness which formally could not be defined, but which is now known to be the cicatrisation of an interior wound, the real cause of all this tragedy. So that in reality 15 or 20 days out of 28, (we may say nearly always), woman is not only an invalid but a wounded one. She ceaselessly suffers from love's eternal wound.⁸⁶

Interestingly, Jules Michelet was a historian rather than a physician, thus these views are reflecting his own personal biases towards women. However, *L'Amour* was translated by John Williamson Palmer, who was a journalist, poet, translator, and physician. Palmer, who put his

⁸⁴ Quote taken from Elaine Showalter and English Showalter, "Victorian Women and Menstruation," 85. James MacGrigor Allen is most famously remembered as a notable anti-suffragist, writing two books to support his views, *The Intellectual Severance for Men and Women* (1860) and *Women Suffrage Wrong in Principle and Practice*, (1890).

⁸⁵ Date found in Louise Lander, *Images of Bleeding: Menstruation as Ideology*, (New York: Orlando Press, 1988), 48.

⁸⁶ M.J. Michelet, *Love (L'Amour)*, trans. J.W. Palmer, M.D. (New York: Rudd & Carleton, 1860), 48.

credentials (i.e. “M.D.”) on the translated work which reinforced the fact that Michelet’s views on female inferiority were also medically accepted.

The Emergence of Female Wage Workers:

Doctors promoted the idea of the consistently sick woman and directed mothers to ensure their daughters were resting properly during their menstrual cycle. Interestingly enough, this advice began to increase right as middle-class girls and women were attempting to break into the public sector of English society. Many young people- especially young women- were beginning to migrate into large town centers to find paid employment in the middle half of the nineteenth century. Increasing urbanization meant that there were more employment opportunities opening up to women. In 1861, women represented 34.1% of the total workforce in England and Wales.⁸⁷ In 1861, there were 194,438 female teachers, nurses, shop assistants, clerks and civil servants in England and Wales. By 1871 the total number of female workers had risen to a total of 250,604 employed middle-class women.⁸⁸ While this number might seem trivial, it is important to note that these were middle-class women occupying these paid positions rather than working-class women who continued to occupy factory and workhouse positions. Furthermore, the increase in medical literature promoting menstruation as an illness largely coincided with the introduction of female physicians appearing on the British Medical Register. The first woman to legally practice medicine in England was Dr. Elizabeth Blackwell, who found her way onto General Council by manipulating loopholes in the 1858 Medical Act.⁸⁹ Elizabeth Blackwell would remain the only

⁸⁷ Lee Holcombe, *Victorian Ladies at Work: Middle-Class Working Women in England and Wales, 1850-1914*, (Hamden, Conn.: Archon Books, 1973), 213.

⁸⁸ *Ibid*, 214.

⁸⁹ In 1849, Dr. Elizabeth Blackwell became the first woman to receive a M.D. from a medical college in the United States, graduating from a medical college in Geneva (in upstate New York). She was permitted to join the British Medical Register due to a clause in the 1858 Medical Act stating “any Doctor of Medicine of any Foreign or Colonial University or College, practicing as a Physician in the United Kingdom before the first day of October 1858” was permitted to join the medical register. See M.A. Elston, “Blackwell, Elizabeth (1821-1910), Physician,” *Oxford Dictionary of National Biography* (September 23, 2004); Accessed online May 3, 2021. <https://doi->

physician on the Medical Register until she was joined by Elizabeth Garrett seven years later in 1866.⁹⁰ Because Garrett began her career with a licentiate of the Society of Apothecaries, she could not be a physician practicing in a hospital. Thus, in 1865 she opened her own medical practice, catering to women and children. Although two women on the British Medical Register does not seem like a big number, it posed a huge threat for male physicians. Female doctors argued that they were better suited to take care of women and children because it was more natural for them. This of course, not only threatened the male doctors' economic position in society and their ability to control women in the public sect of English society. The entrance of women in the medical field, along with the increased visibility of paid female workers in English society largely coincided with an increase in literature depicting menstruation as an illness. Male physicians sought to keep middle-class women in the private sphere by depicting menstruation as an illness in hopes that mothers would discourage their daughters from seeking any opportunity outside of the home.

Health Advice Literature Promoting Physical Rest:

Threatened by the start of the female emancipation movement, physicians writing health guides advocated for physical rest during each menstrual cycle. Addressing mothers in 1892, J.H. Kellogg emphasized that a day or two before the arrival of her period, the girl should be

[org.proxy1.lib.uwo.ca/10.1093/ref:odnb31912](https://doi-org.proxy1.lib.uwo.ca/10.1093/ref:odnb31912) and *Medical Act 1858*, c. 90. Available online at <https://www.legislation.gov.uk/ukpga/Vict/21-22/90/enacted>

⁹⁰ Elizabeth Garrett had originally been inspired by Elizabeth Blackwell after she heard her lecture during her visit to London in 1850-1851. Garrett attempted to enroll at a number of different medical schools throughout England but was denied entry to each one. In August 1860, she entered Middlesex Hospital as a nurse, and with the support of a few physicians and surgeons, received some private coaching as well as being permitted to attend some lectures and demonstrations. In 1861, however, Garrett was forced to withdraw. Under the threat of legal action taken by Garrett's wealthy father, the Society of Apothecaries conceded that they could not refuse her access to their examinations if she completed the necessary courses of studies as a private student of teachers from recognized medical schools and served her apprenticeship under a licenced apothecary. In 1865, Garrett obtained the licence of the Society of Apothecaries which entitled her to have her name entered officially on the British Medical Register-becoming the first British woman to do so. See M.A. Elston, "Anderson, Elizabeth Garrett (1836-1917)," (September 24, 2004), accessed online May 3, 2021. <https://doi-org.proxy1.lib.uwo.ca/10.1093/ref:odnb/30406>

relieved of any taxing duties of “every description” and should be allowed to “yield herself to the feeling of malaise, which usually overcomes her during this period, lounging on the sofa or using her time as she pleases.”⁹¹ W.W. Bliss, in his book titled *Woman and her Thirty Year’s Pilgrimage*, advises the mother that she should allow her daughter to “rest from her usual daily avocations until the time [menstrual cycle] has passed.”⁹² This idea of physical rest was being advised to mothers well into the twentieth century. As late as 1906, Dr. Myer Solis-Cohen advised that “the daughter needs quiet and rest” during her menstrual cycle.⁹³ Under a heading titled “The Hygiene of the Menstrual Period,” Solis-Cohen advises the mother that it was of the utmost importance for women to rest during their menstrual cycles, especially during the first few years after puberty has established itself.⁹⁴ He urges to the mother that “rest in bed is desirable” and that in “every case, mental and physical work should be reduced as much as possible.”⁹⁵ During this time, a woman needed to be careful to avoid any heavy lifting, over-fatigue in walking, or spending too long standing.⁹⁶ Doctors presented to the mother the dangers physical exertion had on the developing girl to show the mother how serious puberty was in her daughters’ life. For example, Dr. John Thoburn warns in his *Practical Treatise of the Diseases of Women* that there are “only a few physicians who have not seen... instances of sudden death from hemorrhage, or of bright careers of mental work cut short, never to be resumed, after a few

⁹¹ While Kellogg was an American physician, he was also a member of the British Association for the Advancement of Science. However, he was also very religious, thus many of his views were influenced by traditional medical doctrine. J.H. Kellogg, *Ladies’ Guide in Health and Disease*, 183.

⁹² W.W. Bliss, *Woman and Her Thirty Years’ Pilgrimage: On Female Physiology and Psychology*, (Boston: B.B. Russell, 1870), 43.

⁹³ Myer, Solis-Cohen, *Woman in Girlhood, Wifehood, Motherhood: Her Responsibilities at all Periods of Life. A Guide in the Maintenance of Her Own Health and that of Her Child*, (Philadelphia: The John Winston Co., 1906), 105.

⁹⁴ *Ibid*, 110.

⁹⁵ *Ibid*, 110.

⁹⁶ *Ibid*, 110.

days' hard work during a menstrual period."⁹⁷ Thus, male physicians in the mid-nineteenth century used menstruation to keep middle-class women within the confines of their own homes. Because they presented the onset of puberty and each menstrual cycle thereafter as such a critical and dangerous epoch of time, they sought to discourage women from seeking paid entry into the workforce. Women would not be able to emerge into the public sphere and make their own money if they had to be out sick for a week each month. Physicians looked to mothers to ensure that the cycle of domesticity continued to be a staple in English society for generations to come.

While physicians were encouraging middle-class mothers to ensure her daughter rested during their periods, it was impossible to ignore the fact that working-class girls did not have this luxury. It was quickly becoming evident that although working-class women had to go to work during their menstrual cycles, nothing seemed mentally or physically wrong with them. To combat this, male physicians often argued that working-class women could work all month because they typically had begun their careers after the onset of puberty. American physician Edward Clarke claimed that "the female operative, of whatever sort, has as a rule, passed through the first critical epoch of woman's life... the function is in good running order, and the reproductive apparatus has been constructed."⁹⁸ Working-class girls, therefore, were able to work each day because they had taken care of themselves during puberty and allowed for their reproductive systems to develop fully. They could work without consequences every day of the month because they had rested during puberty and the immediate years following it, which had allowed their reproductive organs to fully develop. Nonetheless, physicians instructed that

⁹⁷ Quote found in Lander, *Images of Bleeding*, 50.

⁹⁸ Edward H. Clarke, *Sex in Education; or, A Fair Chance for the Girls*, (Boston: James R. Osgood and Company, 1873), 131-132.

working-class women who were forced to work while menstruating should be pitied. In his *Plain Facts for Young and Old*, J.H. Kellogg wrote:

If there is any class of persons deserving of pity, it is that large class of girls and young women who are in every large city employed as clerks, seamstresses, flower makers and in other taxing and confining occupations. In order to keep their situations, they are required to be on hand daily, being allowed no opportunity for rest at the menstrual period. In many cases, too, they are compelled to remain upon their feet all day, behind a counter or at a worktable, even at periods when a recumbent position is actually demanded by nature.⁹⁹

In this way, menstrual rest became a class distinguisher. Since English middle-class values rested upon how one was perceived in society, middle-class mothers would be more inclined to confine their daughters to the home during their menstrual cycles. Mothers would not want their daughters to be mistaken for a lower-class woman; thus keeping them confined to the home for one week each month would show friends and neighbours that acceptable protocol was being followed. Male physicians manipulated English social norms to ensure that middle-and-upper class women and girls continued to remain in the home. In arguing that physical rest was required during one's menstrual cycle, mothers would not allow their daughter to seek any sort of opportunity outside of the home. Similarly, the widespread notion of menstruation as an illness requiring one week of rest would discourage employers from hiring women for jobs because they could not afford their workers to be out sick one week each month. In this way, physicians sought to keep middle-class women from obtaining jobs and financial freedom and kept women from being active members in the public sphere.

Physicians and Mental Rest During Menstruation:

Another prominent medical theory that governed over the female body in the nineteenth century was the idea that the body contained only a limited supply of vital energy to fuel its

⁹⁹ Kellogg, *Plain Facts for Old and Young*, 428-429.

mental and physical activities.¹⁰⁰ If energy was used in one facet of life then less would be available for another.¹⁰¹ For women especially, their limited energy supply needed to be preserved above all else for the reproductive process.¹⁰² The medical elite believed that while a man developed steadily and gradually from his birth to manhood, the female at puberty had a sudden period of growth when the development of the reproductive system took place.¹⁰³ Although males and females needed physical strength for growth and development, girls developed much more quickly than males and thus used up their quota of physical strength faster.¹⁰⁴ Therefore, girls not only started with less physical strength in comparison to boys and lost it much quicker but were also “taxed” with the special energy demand necessitated by menstruation and reproduction.¹⁰⁵ Physicians often used the fixed fund of energy theory to argue against women entering into the public sphere, specifically in the case of higher education, because those opportunities would use up too much of the already limited female energy.

While nineteenth-century medical professionals advised girls to physically rest their bodies during their menstrual cycles, the question of mental rest was even more important to them during a girl’s monthly period. Male physicians widely applied the fixed funds of energy theory to argue to mothers that girls should be excused from any mentally taxing duties- namely education- for at least a few days during each menstrual cycle. Two of the biggest supporters of the fixed fund of energy theory were Harvard Professor Edward H. Clarke and English

¹⁰⁰ Marland, *Health and Girlhood*, 17.

¹⁰¹ Patricia Vertinsky, “Exercise, Physical Capability and the Eternally Wounded Woman in Late Nineteenth Century North America,” *Journal of Sport History* 14, no.1 (Spring 1987): 15. Nineteenth Century North America.” *Journal of Sport History* 14, no.1 (Spring 1987): 7-27. <http://www.jstor.org/stable/43609324>.

¹⁰² Marland, *Girlhood in Britain*, 17.

¹⁰³ Clarke, *Sex in Education*, 37-38. See also Vern Bullough and Martha Voght, “Women, Menstruation and Nineteenth-Century Medicine,” 69.

¹⁰⁴ Vertinsky, “Exercise, Physical Capability and the Eternally Wounded Woman, 15.

¹⁰⁵ *Ibid*, 15.

psychiatrist Dr. Henry Maudsley.¹⁰⁶ In October 1873, Edward Clarke published his widely cited study *Sex in Education; or a Fair Chance for the Girls*. The release of this study largely coincided with an increase in female visibility in the public sphere, including a higher acceptance rate into educational institutions, female presence in the workforce and the emergence of suffragist movements in the United States. Clarke uses menstruation as a way to argue against female co-education, believing that the energy girls would use for strenuous mental activity would deplete the energy necessary for developing a healthy reproductive system.

British psychiatrist Henry Maudsley concludes with all of the arguments put forward by Edward Clarke and advocates for mental rest in England in his article *Sex in Mind and in Education*. Like the American case, England was seeing significant changes and shifts in the accepted female sphere. When Maudsley published his *Sex in Mind and Education* in June 1874, there was for the first time in English history, a widespread movement aiming for better female educational opportunities that had begun in the 1850s. In the early 1860s, through the efforts of feminist and reformist Emily Davies, girls were allowed to sit for Cambridge University Local Examinations on the same basis as boys.¹⁰⁷ Similarly, there was an increase in women trying to enter into all-male universities. In 1869, feminist (and later female doctor) Sophia-Jex Blake attempted to enter the medical course at Edinburgh University. Although Jex-Blake's application was accepted by the Faculty of Medicine at Edinburgh University, it was overruled by the university court because she could not attend the men's classes and that it was not practicable to hold separate classes for just one woman.¹⁰⁸ In response to being denied based on her sex from

¹⁰⁶ It should be noted that this not only shows the similar ideas prominent in both the United States and England throughout the nineteenth century but also how physicians on both sides of the Atlantic were in contact with each other, often responding to various points raised by the other physician.

¹⁰⁷ Jane McDermid, "Women in Education," in *Women's History: Britain 1850-1945: An Introduction*, ed. By June Purvis, (London: University College, 1995), 111.

¹⁰⁸ Shirley Roberts, "Blake, Sophia Louisa Jex- (1840-1912)," *Oxford Dictionary of National Biography*, (September 24, 2004); accessed online on May 4, 2021. <https://doi-org.proxy1.lib.uwo.ca/10.1093/ref:odnb/34189>

studying medicine, Jex-Blake went out and found four other women, all of who had excellent academic records and all who wanted to study medicine.¹⁰⁹ They were all permitted to take the matriculation examination, and all of them passed.¹¹⁰ On November 2, 1869 these women signed the matriculation roll and therefore recorded as the first female medical students enrolled in a British University.¹¹¹ At the end of their first year, two more female students entered into the medical school at Edinburgh, and together these women led by Sophia Jex-Blake became known as the “Edinburgh Seven.”¹¹² By the end of 1871, these women were involved in very public disputes over the role of medical women and women’s education in general. The woman sought legal action but by 1873 it was clear that these women would not be graduating from Edinburgh with a medical degree. Regardless of the fact that these women were unsuccessful in their medical pursuits at Edinburgh, it was clear that women were willing to go to any lengths to receive the same education as their male counterparts. The timing of Maudsley’s publication in England largely coincides with the broader debate surrounding female co-education. Like Edward Clarke’s book, Henry Maudsley’s article sought to keep girls within the private sphere and to discourage them from being properly educated.

Maudsley states that there are “significant differences between the sexes” and that if a woman is to retain her “special functions,” she must have a “special sphere of development and activity determined by the performance of those functions.”¹¹³ According to Maudsley, “the

¹⁰⁹ Ibid.

¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² The Edinburgh Seven were specifically the group in whose names a petition for admission to clinical instruction at Edinburgh Royal Infirmary was submitted in 1870. They were not the only women to matriculate to study medicine at Edinburgh in 1869-1870, rather they were all committed to qualifying in medicine from the outset. Some of the other female matriculants had probably enrolled as partial students in solidarity. M.A. Elston, “Edinburgh Seven, (act. 1869-1873),” *Oxford Dictionary of National Biography* (September 23, 2004); Accessed online May 4, 2021. <https://doi-org.proxy1.lib.uwo.ca/10.1093/ref:odnb/61136>

¹¹³ Henry Maudsley, *Sex in Mind and Education*, (New York: James Miller Publisher, 1874), 3-4.

period of puberty draws heavily on the vital resources of the female constitution... and puberty and the years following it are a critical time for the female organization.”¹¹⁴ Therefore, Maudsley suggests that there should be a different way to educate both sexes that compliments the apparent differences in their physical and mental natures, further advocating to keep girls from receiving a higher education.¹¹⁵ Many male physicians echoed both Clarke’s and Maudsley’s conclusions on both sides of the Atlantic.¹¹⁶ In a series of lectures on female education from the medical point of view that was later published, physician T.S. Clouston argued to his audience that “vital energy available for many purposes should not be taken for one [purpose].¹¹⁷ Clouston tells his audience that:

If undue calls are made on the nervous force [during menstruation], or the mental power, or the bodily energies, the perfection of nature [motherhood] cannot be attained and womanhood is reached without the characteristic womanly qualities of mind or body. The fair ideal is distorted. The girl student who has been allowed to fall in love before her emotional nature was largely enough developed; and the girl drudge who has been exhausted with physical labour- all alike are apt to suffer the effects of an inharmonious and therefore unhealthy mental and body constitution.¹¹⁸

Similarly, Dr. Thomas Addis Emmet, in his textbook *The Principles and Practices of Gynecology* instructs medical students that “it is not practicable to educate a girl by the same method found best fitted for the boy without serious consequences afterwards... it is an impossibility to fully develop the ovaries and the brain at the same time, for the growth of the former will be arrested.”¹¹⁹ Thus, female education was a widely discussed topic in the medical

¹¹⁴ Ibid, 5-6.

¹¹⁵ Ibid, 13.

¹¹⁶ It is important to note that many female educators and female physicians responded to the connection between menstruation and higher education. The female response to higher education will be in carefully examined and analyzed in the third chapter.

¹¹⁷ T.S. Clouston, *Female Education From a Medical Point of View: Being Two Lectures Delivered at the Philosophical Institution, Edinburgh, November 1882*, (Edinburgh: Macniven & Wallace, 1882): i.

¹¹⁸ Ibid, 15.

¹¹⁹ Thomas Addis Emmet, *The Principles and Practice of Gynaecology*, (Philadelphia: Henry C. Lea, 1879), 21.

community by the last quarter of the nineteenth century. The consensus of both American and English male physicians was that girls should be educated in the home by their mothers, as they had traditionally been, and be educated only in areas that would allow them to excel in the domestic sphere. Physicians used the menstrual cycle as proof of female inferiority and warned other physicians that if girls wanted to live a long and healthy life, they did not need to receive the same education as their male counterparts.

Health Advice Literature Promoting Mental Rest:

By the last third of the nineteenth century, male physicians were publishing their beliefs about menstruation and education for a broad public audience. Arguably, both Clarke's *Sex in Education* and Maudsley's *Sex in Mind and Education* were aimed at the general public rather than the medical elite specifically. Henry Maudsley originally published his article in the April 1874 issue of the *Fortnightly Review*, which was a non-specialist periodical available to the English public.¹²⁰ Originally founded in 1865, the *Fortnightly Review* had increased in circulation to 2,500 by 1872, with "readership was growing each month."¹²¹ From this figure, Morley deduced that they could count on 30,000 readers.¹²² Therefore, the publishing of Maudsley's article in a non-specialist periodical allowed for its wide circulation and for women reading it to read and respond to Maudsley's points, which were further published by the *Fortnightly Review*.

Nonetheless, mental rest during menstruation became a central topic in medical pamphlets for Victorian mothers. J.H. Pulte, in his *Woman's Medical Guide* argues that it is a

¹²⁰ Mary Chapman, "The Female Mind in the Periodical Press: Henry Maudsley's *Sex in Mind and in Education*," *Victorian Periodicals Review* 53, no.3 (Fall 2020) 404.

¹²¹ Walter Houghton, *The Fortnightly Review. The Wellesley Index to Victorian Periodicals, 1824-1900*. Vol. 2 (Toronto: University of Toronto Press, 1966) Found on The Wellesley Index to Victorian Periodicals, 1824-1900 Database.

¹²² *Ibid.*

crime to allow ambitious females to receive the same education as males.¹²³ W.W. Bliss in his *Woman and Her Thirty Years' Pilgrimage* tells the mother that excessive exertion of one's mind is one of the leading causes of inflammation of the menstrual organs. According to Bliss, the 'forcing' system adopted in female boarding schools not only "gratifies arrant, vanity but it also murders."¹²⁴ Quoting Dr. Leared of London, Bliss tells parents that "a feeble state of health can often be traced to an over-strain of mental powers... in a time when growth is incomplete and new functions are springing into existence, the mental are developed at the expense of bodily powers."¹²⁵ Edward Tilt also argues that education overstimulated a girls mental facilities, resulting in a large portion of the nervous energy being concentrated in the brain, meaning that other organs were not allowed to fulfill their proper functions.¹²⁶ Thus, mothers should enforce "relaxation from study" when a girl begins menstruating.¹²⁷ Menstruation, therefore, was used as evidence against female higher education in Victorian England and as a way to keep women within their traditional sphere of influence. Because puberty was a time in which the body was changing so rapidly, male physicians sought to show mothers the implications and alleged dangers education had on the developing female body. The male medical elite appeared to be concerned for the pre-pubescent girls' well-being, stating that girls could (and should) still receive an education but it should not be as rigorous as male education. In doing so, male physicians sought to continue to exclude women from English society. In this way, male physicians manipulated the goals of the female educational movement in England. Central to the early feminist movement in England was the idea that a solid education laid the foundation for

¹²³ Pulte, *Woman's Medical Guide*, xvii.

¹²⁴ Bliss, *Woman and Her Thirty Years' Pilgrimage*, 167.

¹²⁵ *Ibid*, 167-168.

¹²⁶ Tilt, *On the Preservation of Health*, 47.

¹²⁷ *Ibid*, 47.

being upwardly and mobile in English society. Male physicians writing popular health literature realized these goals and worked together to ensure women were not permitted to receive the same education as men. A woman would never be able to have the same caliber of career as a male if she did not receive the same education as the male. In this way, male physicians manipulated the goals of the female educational movement in England. Male physicians advocated that girls needed to stay at home and be taught by her mother because she required a unique curriculum separate from the male curriculum and required a few days of mental rest each month. Physicians used the threat of the potential repercussions of mental strain during the menstrual cycle to manipulate Victorian mothers to ensure her daughter was remaining within her designated sphere of activity, and in this way attempted to hinder female rights in English society.

Conclusion:

When one examines the history of menstrual education in England, it is apparent that it was widely regarded as the mother's responsibility to educate their daughters about menstruation. However, in more cases than not, as pointed out for the first time in the eighteenth century, adolescent girls were often going through puberty without any sort of understanding as to what was happening to them. This lack in menstrual education created a cycle of shame that was arguably could have continued to be perpetuated had male English physicians not seen this as an opportunity. Male physicians recognized that girls were not being educated about menstruation and mothers were unwilling to openly discuss menstruation with their daughters, partially because of middle class gender ideology, partially because of the cycle of shame. Male physicians, therefore, recognized that they could take advantage of menstrual ignorance and use manipulate shame and gender ideology to keep middle-class women in the domestic sphere. As

young women were attempting to gain great social autonomy in English society, male physicians were using menstruation to keep women from gaining access to opportunities outside of the home. Therefore, there is a correlation with the increased production of menstrual educational resources in the mid to late nineteenth century preaching the dangers of menstruation with the increased visibility of females outside of the home. While on the outside it appears that the increased production of menstrual education resources in the mid-nineteenth century was for the benefit of women, upon further examination it is clear that male physicians attempted to use the fact of menstruation to keep English women from obtaining education and employment.

Chapter Two: The Girl of the Period, With Her Period: Menstrual Disorders in Girls' Periodicals, 1880 to 1900.

As described in the previous chapter, it was widely agreed upon by the nineteenth-century female and male medical community that mothers were responsible for enlightening their daughters about menstruation. A heavy emphasis was put on the proper management of menstruation because the medical community believed that if menstruation was mishandled, girls would face a slew of illnesses and diseases for the rest of their lives. By the end of the nineteenth century, widespread changes in English society were beginning to open up greater social opportunities for young women that had not been available to their mothers, including the female emergence in the practice of medicine. These social opportunities allowed for physicians to communicate directly with middle-class pubescent girls about the management of their own health through newly emerging literary sources written *for* girls. Although physicians were now communicating with girls about managing their health, they continued to avoid any direct discussion on menstruation. Instead, discussion focused on the many ailments that could arise due to the improper management of puberty. The following chapter argues that the communication of the many diseases associated with the improper management of menstruation with young girls was a calculated move by male physicians in an attempt to keep adolescent girls within the domestic sphere. The emphasis on the ailments of menstruation by male physicians can be seen as another manifestation of their anxiety over the emergence of women into English public society. Male doctors, thus, emphasized the dangers of improper menstruation management directly to adolescent girls themselves- primarily through girls' periodicals- in an attempt to keep them from seeking employment and educational opportunities in English society. These diseases were thought to result from the improper management of menstruation and the cures for them typically included rest and a halting in any type of activities outside of the home.

Girlhood in Victorian England:

In the last quarter of the nineteenth century, gender relations in England began to shift legally and socially. The Woman Question, which referred to a woman's correct place in society, became one of the most intensely debated issues in Victorian England. One side of the debate argued for women having greater economic, educational and political opportunities against the idea that women belonged in the home as the caretaker to her family.¹²⁸ These debates in parliament and English society played a major role in women obtaining more legal rights throughout the nineteenth century. Furthermore, debates over the Woman Question led to more rights for English women and helped create a new culture specifically for adolescent and teenage girls.

Emerging in the last quarter of the nineteenth century was the solidification of "girlhood" as its own separate stage of life, being carved out by English laws. This stage of life was seen as a sort of "in-between" stage in which a young girl was no longer considered a child but not yet a (sexual) adult.¹²⁹ In 1870, elementary education became available to every English child age five to thirteen years old, and in 1880 this schooling was made compulsory.¹³⁰ In 1885, the Criminal Law Amendment Act raised the age of heterosexual consent from thirteen to sixteen. While the legal age to marry was sixteen, a girl needed to obtain her father's permission to marry until the age of twenty-one.¹³¹ Thus, what began emerging was an entirely separate time between childhood and marriage as carved out by the English law. While the law was shifting in the late

¹²⁸ "The Woman Question in Victorian England," The Saylor Foundation, accessed on February 1, 2021. <https://resources.saylor.org/wwwresources/archived/site/wp-content/uploads/2013/07/ENGL203-Subunit-4.1.4-The-Woman-Question-in-Victorian-England-FINAL1.pdf>

¹²⁹ Sally Mitchell, *The New Girl: Girls' Culture in England, 1880-1915*, (New York: Columbia University Press, 1995), 1.

¹³⁰ Mitchell, *The New Girl*, 7.

¹³¹ A girl could consent to non-marital sex at sixteen but had to be twenty-one to give herself, property, or the economic value of her service in marriage. Ibid, 7.

nineteenth century to carve out a separate time for adolescents, so too was marriage trends in England. As Sally Mitchell has shown in her study *The New Girl*, the age of menarche was declining in the late nineteenth century, while the age of marriage was rising.¹³² By the Edwardian years, the average age for English girls to marry was twenty-five years old.¹³³ Therefore, changes to the English law in the nineteenth century, as well as social trends regarding marriage and the age of sexual maturity, meant that there was an increasing period of time where girls were no longer considered children, but they were not considered full adults as they remained single living in their parents' home. As we shall see, this gap of time allowed for an influx of reading materials for girls, and increased opportunities in English society.

Increased Educational Opportunities for Girls:

The Woman's Question also allowed for the rise in the first-wave feminist movement in England. While women were slowly but surely obtaining more legal rights, their primary job was still expected to be a wife and mother. By the end of the nineteenth century, women had access to better educational and employment opportunities thanks to the campaigns of feminists throughout the entirety of the nineteenth century. The roots for betterment in female education can be found in efforts to improve the qualifications of female governesses teaching middle-class girls. Many of the early feminists who advocated for better education for young girls were graduates of these schools. Early feminists saw education for women as the key to a broad range of other freedoms, including paid employment, an escape from idleness and being able to rely on themselves rather than a husband.¹³⁴ By the 1860s, early feminists were advocating for female enrollment in all-male universities. In 1863, through campaigns led by Emily Davies, Cambridge

¹³² Ibid, 8.

¹³³ Ibid, 8.

¹³⁴ Philippa Levine, *Victorian Feminism, 1850-1900*, (London: Hutchinson Education, 1987), 26.

Local Examinations were opened to girls on an experimental basis.¹³⁵ Following the stellar showing of female candidates in these 1863 examinations, Oxford University opened its Local Examinations to women in 1870 and Edinburgh and Durham soon followed suit.¹³⁶ The success of this local examination campaign proved that girls were capable of undertaking rigorous academic pursuits. Despite the previously discussed Educational Act of 1870 introducing compulsory education to English girls, the curriculum varied depending on one's social class. An Education Department Code of 1878 provided for compulsory domestic education for girls in the state sector.¹³⁷ This meant that girls who were going to state run schools were being trained primarily in domestic duties, while middle-class girls who could afford to enroll in fee-paying (private) schools were privy to more academically focused curriculum.¹³⁸ Therefore, working-class girls in state-run schools were being trained for a life in domestic service while middle and upper-class girls could afford to be educated in areas other than domesticity and house management. However, it is worth noting that while schools were opening with more opportunities for middle class girls, a large portion of these girls continued to be educated inside of the home. Even if a middle-class girl could afford to attend day schools, their families often opted to keep them educated at home because femininity was best cultivated there. Masculine characteristics of independence, self-reliance and enterprise were seen to be developed in a public-school environment, away from the intimacies and emotional dependences that were seen

¹³⁵ Emily Davies was a suffragist and promoter of higher education for women. In October 1862 Emily was part of the committee set up to secure the admission of women to university examinations. She successfully lobbied the school's inquiry commission (the Taunton commission) to include girls as well as boys in its investigations of middle-class education. In 1869, Emily led to campaign to found Britain's first women's college. See Levine, *Victorian Feminism*, 35 and Margaret E. Bryant, *The Unexpected Revolution: A Study in the History of the Education and Girls in the Nineteenth Century*, (London: University of London, Institute of Education, 1979), 13; See Sara Delamont, "Davies, (Sarah) Emily (1830-1921)," *Oxford Dictionary of National Biography*, (September 23, 2004). <https://doi-org.proxy1.lib.uwo.ca/10.1093/ref:odnb/32741>

¹³⁶ Levine, *Victorian Feminism*, 36.

¹³⁷ Ibid, 39.

¹³⁸ Ibid, 39.

to be developed in a domestic environment.¹³⁹ This sentiment is noted in the 1868 Report of the Schools Inquiry Commission, which states, “the wealthiest class, as a rule, does not send their daughters to school.”¹⁴⁰ On the other hand, M. Bryce in his report on the state of girls schools in Lancashire, which is fairly representative of English provincial towns as a whole, states that “65-70% of girls belonging to the middle class are educated in the private day and boarding schools.”¹⁴¹ Thus, education for girls largely depended on ones’ social class and the values of parents. However, although the lived reality surrounding female education did not differ that much to the education that their mothers received, adolescent girls for the first time were being told that they had a different path open to them if they wanted it.

Although all-female universities such as Queen’s College and Bedford College had been established in the middle half of the nineteenth century, women began seeking admission to previously all-male universities. In 1878, an Association for the Higher Education of Women in Oxford was founded, which administered a range of lecture courses for women and provided (through donation) halls and residences for women coming to Oxford to study.¹⁴² In 1881, Cambridge admitted women formally to degree examinations, and three years later in 1884 Oxford did the same.¹⁴³ While these examinations allowed women to take the same tests as male students, it did not translate to formal membership to the universities. Nonetheless, by the end of the nineteenth century, feminist educational thinking had established for itself a new breed of girls’ schools and women’s colleges, offering to its students a more academically rigorous

¹³⁹ Ibid, 43.

¹⁴⁰ Schools Inquiry Commission, *Report of the Commissioners: Volume 1, Taunton Report*, (London: George E. Eyre and William Spottiswoode), 558.

¹⁴¹ Schools Inquiry Commission, *General Reports by Assistant Commissioners: Northern Counties, Vol. IX*, (London: George E. Eyre and William Spottiswoode, 1868), 823.

¹⁴² Levine, *Victorian Feminism*, 46.

¹⁴³ Bryant, *The Unexpected Revolution*, 14.

curriculum than had previously been in place, that was seen as more likely to train women for the labour force than ever previously before.¹⁴⁴

It certainly can be argued that the actual lived experiences of middle-class adolescent girls during the last half of the nineteenth century were probably not all that different than the lived experiences of mothers and grandmothers.¹⁴⁵ Perhaps the most significant difference between grown women and adolescent girls at the end of the nineteenth century was that girls were being told that they had more opportunities available to them. While comparing her own girlhood to the “new girl,” Mary Anne Broome comments that the new girl is surer of herself and much more confident than her mid-century sisters.¹⁴⁶ Above all, according to Mary Anne Broome, the new girl recognizes that marriage is not their invariable destiny.¹⁴⁷ The girl of the period became a huge marketing point in Victorian England and materials on adolescent health soon started hitting the shelves.

Health in Girls Own Paper:

Historians have only recently begun to examine the way periodicals and magazines advised girls to manage their health. Hillary Marland, for example, has argued that girls’ periodicals in the late nineteenth century were advising its readers to take control of their health and make sure that they were exercising, eating and sleeping often.¹⁴⁸ Although the rise of girls’ periodicals and magazines allowed physicians to communicate directly with adolescent girls about managing their health, there continued to be a lack of information given to them directly

¹⁴⁴ Lavine, *Victorian Feminism*, 50.

¹⁴⁵ A number of different historians have pointed this out. See Sally Mitchell, *The New Girl: Girls’ Culture in England, 1880-1915*, (New York: Columbia University Press, 1995), and Carol Dyhouse, *Girls Growing up in Late Victorian and Edwardian England*, (London: Routledge, 1981)

¹⁴⁶ Mary Anne Broome, *Colonial Memories*, (London: Smith, Elder & Co., 1904), 298-300.

¹⁴⁷ *Ibid*, 300.

¹⁴⁸ *Ibid*, 43.

about the management of menstruation. This point is adequately demonstrated by physician Gordon Stables, a prominent health contributor to *Girl's Own Paper* (GOP). In 1891, Stables published *The Girl's Own Book of Health and Beauty*, an advice manual for adolescent girls on managing their health. Nowhere in this manual was menstruation mentioned, which is interesting as the book's intended audience is adolescent girls in their early to late teenage years. Stables alludes to menstruation in his chapter titled "A Girl in Her Teens," stating that the last five years of a girl's life constitutes as the most critical and that more delicate girls needs to rest "once a month."¹⁴⁹ However, this chapter more than anything seems to be directed at mothers and mistresses of girls as Gordon states that he writes this "briefest of all my chapters, with a hopeful assurance that both mothers and mistresses will read it and consider it."¹⁵⁰ Thus, Gordon hardly mentions anything about menstruation in his book for adolescent girls who are for the first time in their lives starting to experience menstruation and go through puberty; rather he dedicates the only chapter that alludes to menstruation to mothers in hopes that she will teach her daughter about these changes. This point is further exemplified by Stables in 1894 when he published *The Wife's Guide to Health and Happiness*, in which he states:

A child begins to menstruate and does not know what the matter with her is and though alarmed at the sight of blood, she fears to speak of it, or confide in her whose motherly help and advice are wanted now more than ever. Often these three words: '*It is natural*' would cause a girl to joy from the very depths of despair.¹⁵¹

Although doctors were discussing health matters with adolescent girls, menstruation in itself seemed to be a topic that continued to be off-limits for any sort of public discussion. However, while any mention of menstruation was avoided in girls' materials, doctors frequently brought up disorders and diseases of menstruation in their writings. The advice associated with these

¹⁴⁹ Gordon Stables, *The Girls' Own Book of Health and Beauty*, (London: Jarrold & Sons, 1891), 195-197

¹⁵⁰ *Ibid*, 195.

¹⁵¹ Quote found in Hillary Marland, *Health and Girlhood in Britain*, 57.

disorders promoted female activity within a limited sphere and thus can be seen as a way to halt the growing number of activities available to adolescent girls.

By far the most popular girls' periodical of the late Victorian Era was the *Girl's Own Paper*. Debuting in 1880, it was priced at one penny and appeared both as a weekly and monthly periodical.¹⁵² The *Girl's Own Paper* (GOP) appealed to and was purchased by both working-class and middle-class girls. As a weekly magazine and priced at one penny, it was much more affordable than the more expensive monthly magazine, and as a monthly number it was also able to compete for middle-class readership.¹⁵³ It rapidly gained a circulation of 250,000 readers a month, making it both the most widely read and most popular girl's periodical in England.¹⁵⁴ This sentiment is echoed in Edward Salmon's survey, in which he states by 1884, the GOP is said to have attained "a circulation equalled by no other English illustrated magazine published in this country."¹⁵⁵ A prominent portion of the *Girl's Own Paper* was the Health column, written by Gordon Stables (or "Medicus") who instructed girls onto take control of their own health and gave instruction for proper health management. Between 1880 and 1908, Stables contributed over 200 articles, averaging more than six articles on girl's health every year.¹⁵⁶ Therefore, the *Girl's Own Paper* will be used as a case study because it was the most popular girls' periodical in late Victorian England. Not only did it reach the highest readership numbers, but because health was such a prominent theme in this periodical, girls would have been privy to the advice being outlined for them. A major theme in these health articles written by Gordon was diseases

¹⁵² Kristine Moruzi, *Constructing Girlhood Through the Periodical Press 1950-1915*, (London: Routledge, 2012), 83-84.

¹⁵³ Ibid, 84.

¹⁵⁴ Margaret Beetham, *A Magazine of Her Own? Domesticity and Desire in the Woman's Magazine, 1800-1914*, (London: Routledge, 1996), 134.

¹⁵⁵ Edward G. Salmon, "What Girls Read," in *Nineteenth Century*, Vol. 20, edited by James Knowledge, (London: Spottiswoode & Co., 1928), 520.

¹⁵⁶ Moruzi, *Constructing Girlhood Through the Periodical Press*, 92.

that resulted from improper menstruation. These articles that mention menstrual disorders usually fell under the categories of blood impurities and nervous disorders. However, even though these disorders that Gordons was discussing were believed to have been a result of poorly handled menstruation, at best he only alludes to menstruation being the cause of them. Thus, girls continued to remain ignorant and largely unaware of menstruation.

Physicians and Blood Disorders as a Result of Menstruation:

The primary menstrual disorder that had to do with the impurity of the blood was chlorosis, which was seen by the medical profession as a form of anemia.¹⁵⁷ In the nineteenth century, chlorosis became known in the medical community as “the special anemia of young women.”¹⁵⁸ Chlorosis was thought to be the “most common form of primary anemia,” and was characterized by all the typical symptoms of profound anemia- including weakness, pallor, shortness of breath, palpitation, giddiness, and paleness.¹⁵⁹ Nineteenth-century physicians agreed that puberty and the advent of menstruation played a significant role in the development of chlorosis in a young girl. According to eminent British physician Byrom Bramwell, there was little doubt that “the active strain which was thrown upon the tissue and organs of the female at the time of puberty and during the first few years of menstrual life” was an important factor in the emergence of the disease.¹⁶⁰ This view was echoed by E. Llyod Jones’s study, where he argues that “chlorosis is an exaggeration of a physiological blood condition, an exaggeration of a

¹⁵⁷ Joan Jacobs Brumberg, “Chlorotic Girls, 1870-1920: A Historical Perspective on Female Adolescence,” *Child Development*, 53, no. 6, (December 1982); 1468. This sentiment is also echoed in the title of Sir Andrew Clark’s 1887 article titled “Observations on the Anaemia or Chlorosis of Girls, Occurring Commonly Between the Advent of Menstruation and the Consummation of Womanhood” showing that anaemia and chlorosis were seen as one and the same.

¹⁵⁸ King, *The Disease of Virgins*, 15. This notion is also reflected by the study done by E. Lloyd Jones. See E. Lloyd Jones, *Chlorosis: The Special Anaemia of Young Women. Its Causes, Pathology and Treatment*, (London: Baillière, Tindall and Cox, 1897).

¹⁵⁹ Byrom Bramwell, *Anaemia and Some of the Diseases of the Blood Forming Organs and Ductless Glands*, (London: Simpkin, Marshall and Co. Limited, 1899), 22.

¹⁶⁰ *Ibid*, 22.

change that occurs in the blood of healthy females at puberty, and which shows itself in many females each menstrual period.”¹⁶¹ Thus, young girls were thought to be very susceptible of chlorosis and as such, descriptions of the disease often appeared in girls’ periodicals. However, to avoid mentioning menstruation, physicians and health authors tended to steer clear of mentioning that the primary cause of chlorosis was menstruation. So, while Victorian physicians were in fact discussing menstruation with their readers, their readers would have only understood what was being alluded to if they had an extensive understanding and background knowledge on diseases of menstruation.

Blood Impurities in *Girls Own Paper*:

Anemia was synonymous with chlorosis in the *Girls Own Paper*. An “Answer to Correspondents” column featured in the GOP proves this point. Answering a question posed by “A motherless girl,” the editors of *Girls Own Paper* tell the reader that she most likely suffers from anemia (chlorosis).¹⁶² Thus, it is safe to assume that physicians were also referring to chlorosis when anemia was being discussed in the GOP. Anemia was a frequently discussed ailment in Gordon Stables Health column while writing for the *Girls Own Paper*. He published numerous articles on anemia, its causes and its treatment all without telling his readers that the medical community believed it to be a result of menstruation. For example, an 1891 article titled “Why am I So Pale” examines the causes and treatment of anemia. While the medical community (which Stables was a part of) understood chlorosis as the most primary form of anemia, Stables states that “there are a great many causes for paleness which I do not mean to

¹⁶¹ E. Lloyd Jones, *Chlorosis: The Special Anaemia of Young Women. Its Causes, Pathology and Treatment*, (London: Baillière, Tindall and Cox, 1897), 56.

¹⁶¹ Bramwell, *Anaemia*, 22.

¹⁶² Brackets included in original text. “Answers to Correspondents,” *The Girls Own Annual*, 19, (1898): 384.

treat of here... although the direct loss of blood ranks high in the causes of anemia.”¹⁶³ Thus, Stables alludes to menstruation and the loss of blood each month as a major factor leading to anemia and chlorosis but does not expand on this point. This failure to expand on what doctors believed to be the true cause of anemia- menstruation- meant that the adolescent girl’s reading this column continued to be uneducated in matters of menstruation.

Although Gordon does not directly tell his readers that blood impurities were thought to have resulted from the improper management of menstruation, he ensures his readers know that blood impurities are caused by an overactive presence in the public sphere. For example, in his article “Why am I So Pale?,” Gordon who is discussing both the development and the treatment of argues that paid wage workers were at high risk of developing anemia, stating, “I have to address the ill-paid, work-weary girls who spend much of their time in shops and factories. Their employments are of themselves, unhealthy enough, but, but I can assure them that their lives can be made more happy and healthy too...”¹⁶⁴ Gordon also states that a “good long walk” is essential in alleviating anemia, and it is much better for the girl to “walk than to read.”¹⁶⁵ A similar sentiment is expressed in an 1888 article on anemia titled “Poverty of Blood: Its Causes and Cure.” He starts the article by stating that his “heart goes out to the working lassie” who is at great risk for developing a blood disease.¹⁶⁶ Immediately after this thought, Gordon goes on to advise his readers that anemia is also caused by “work of all kinds- bodily, mental, or mixed.”¹⁶⁷ Thus, anemia was certain to occur anytime there is a “weariness of mind” and body.¹⁶⁸ Therefore, Gordon seeks to keep his readers within the traditional female sphere of activity by

¹⁶³ Gordon Stables, “Why Am I So Pale,” *The Girl’s Own Annual* 11 (1890): 324.

¹⁶⁴ *Ibid*, 324.

¹⁶⁵ *Ibid*, 324.

¹⁶⁶ Gordon Stables, “Poverty of Blood: Its Causes and Cure,” *Girls Own Annual* 9, (1888): 389.

¹⁶⁷ *Ibid*, 389.

¹⁶⁸ *Ibid*, 389.

associating the onset of blood diseases with activities in the public sphere. According to these passages, wage-earning girls put themselves at high risk for developing anemia and should be pitied for this. Furthermore, any sort of mental strain- whether that be rigorous schooling or even too much reading- was another major cause of these blood diseases. In this way, Gordon attempts to keep women within the domestic sphere and keep them from obtaining a job or education in the public sphere. Gordon uses his position as the health writer for *GOP* to argue to many readers that there are many dangers associated with being out in English society. Thus, if girls wanted to live a truly healthy way, they would continue to live their lives traditionally in the domestic sphere. Although Gordon alludes to menstruation as the cause of anemia and chlorosis in his blood articles, he never outrightly mentions it. This failure to expand on what doctors believed to be the true cause of anemia- menstruation- meant that the adolescent girl's reading this column continued to be uneducated in matters of menstruation. However, they would understand that Gordon believed it to be dangerous to their overall health for them to seek opportunities outside of the house. In this way, male physicians communicating directly with adolescent girls attempted to use ailments thought to be associated with menstruation to keep them in their traditional sphere of influence.

Physicians and Nerve Disorders as a Result of Menstruation:

Along with blood disorders, nervous disorders were commonly written about in the *Girl's Own Paper*. The most dangerous of nerve disorders that could arise from improper management of menstruation was hysteria. English physicians agreed that the subjects of hysteria were primarily of the female sex, the symptoms of hysteria most often appearing soon after the onset

of puberty.¹⁶⁹ While both males and females underwent stresses at puberty, physicians argued that puberty was more stressful and intense in girls, meaning that the nervous balance was in “unstable equilibrium.”¹⁷⁰ The symptoms of hysteria included distorted features, difficulty breathing, and fatigue, but other symptoms of hysteria included nerve spasms, paralysis, anxiety and insomnia.¹⁷¹

Another common nerve disorder that was a result of menstruation and brought on by puberty was neurasthenia. Like hysteria, neurasthenia was another ailment mainly associated with young women, brought on by the start of puberty. Elaine Showalter argues that while neurasthenia was similar to hysteria, it was the “more attractive form of female nervousness.”¹⁷² Neurasthenia began as an American disease but by the 1880s, English physicians and psychologists brought the disease across the Atlantic and began diagnosing young women with it. According to a late Victorian expert, “inasmuch as neurasthenia is mainly congenital, and always associated with chlorosis... it is natural that the female sex, being more sensitive should be more subject to it.”¹⁷³ Causes of neurasthenia included “incessant strain and a prolonged and a persistent abuse of the mental powers, combined with depressing influences such as care, worry, and responsibility.”¹⁷⁴ In other words, neurasthenia targeted women who were newly involved in higher education and employment as they were not only overstraining their mental facilities but also constantly stressed about their new responsibilities. Symptoms of neurasthenia were very similar to hysteria and included “anxiety, laziness, lust, irritability, weariness, feebleness,

¹⁶⁹ D. Hack Tuke, *A Dictionary of Psychological Medicine: Giving the definition, Etymology and Synonyms of the Terms Used in Medical Psychology with the Symptoms, Treatment and Pathology of Insanity and the Law of Lunacy in Great Britain and Ireland*, (London: J&A Churchill, 1892); 619.

¹⁷⁰ Ibid, 620.

¹⁷¹ Ibid, 622-624.

¹⁷² Showalter, *The Female Malady*, 134.

¹⁷³ Quote found in Elaine Showalter, *Female Malady*, 136-137.

¹⁷⁴ Henry Young Ostrander, *Neurasthenia and Its Treatment*, (Brooklyn, New York: The Charles N. Crittenton Co., 1900), 1-2.

complete insomnia, diarrhea, palpitation, and irritability.”¹⁷⁵ Treatment included rest treatment brought over from American to England and made famous by W.S. Playfair.

Nervous Disorders in *Girls Own Paper*:

Both hysteria and neurasthenia were discussed in *The Girl's Own Paper* by Gordon Stables, but like chlorosis, they were often discussed under the alternative heading “Nerve Diseases.” For example, in an article published in 1881 titled “A World with the Nervous,” Stables states that “the disease called nervousness is much more common among people, especially young people, nowadays than it was in former years.”¹⁷⁶ According to Stables, the great grandmothers of the GOP’s readers would have known nervousness as “fits of hysterics,” meaning that nervousness was interchangeable with hysteria.¹⁷⁷ Furthermore, the symptoms of hysteria seem to be same as nervousness symptoms, including “excessive weariness,” insomnia, moodiness, and irritability.¹⁷⁸ While the medical community largely agreed supposed nerve disorders resulted from menstruation, Stables did not tell his readers that menstruation was believed to be the primary cause of nervousness. According to Stables, the cause of nervousness is rooted in a girl’s activity in the public sphere. Nervousness, according to Stables, was brought on a “worried or overworked mind.”¹⁷⁹ Stables argues to his reader that the best cure for nervousness is rest, stating:

If then, gentle readers, your troubles are caused by overwork, and the worry and anxiety that overwork entails, you must rest. I say *must*- no other word will suit- for if you do not do so of your own accord you; serious illness may lay you low, and even if you recover therefrom, it may be with a constitution irretrievably ruined.¹⁸⁰

¹⁷⁵ Ibid, 2-3.

¹⁷⁶ Gordon Stables, “A World with the Nervous,” *The Girls Own Annual 2*, (1881); 298.

¹⁷⁷ Ibid, 298.

¹⁷⁸ Ibid, 298.

¹⁷⁹ Ibid, 298.

¹⁸⁰ Ibid, 298.

In this article, Stable states that many girls work too hard during the day and their mind gets overwhelmed with all the hard work they are doing, which results in nervousness. Thus, while it was medically agreed that the causes of nervousness were a direct cause of improper management of menstruation, Stable's and other English male physicians believed that the increase in nervousness was due to the emergence of female activity in the public sphere. Thus, according to male doctors, nervousness was a direct correlation with increased female rights. To combat this illness, girls should be removed from work or school to focus on getting better at home, effectively taking these young women out of the public sphere, returning English society to traditional norms.

While both hysteria and neurasthenia were usually lumped together under the heading of nerve diseases, neurasthenia was occasionally examined specifically because it was seen as a more refined female disease. In 1894, Gordon Stables penned an article titled "Nervous Girls." This article focuses on the causes and treatments of neurasthenia. Like his discussions of chlorosis, Gordon only alludes to menstruation being the primary cause of neurasthenia, stating that it is caused by the "loss of vital power."¹⁸¹ This language "loss of vital power" is similar to Edward Clarke's language used in his *Sex in Education* when arguing against female education due to menstruation. Thus, it is safe to assume that Stables was referring to menstruation and the loss of blood each month when he states the cause of neurasthenia is due to the loss of "vital power." Even more interestingly however, in the same article, Stables tells his audience that "the physiological reasoning [of neurasthenia] may not be as quite easily understood by my younger readers."¹⁸² This furthermore implies that Stables is referring to menstruation in his article on neurasthenia. However, he fails to go into greater detail on how menstruation and neurasthenia

¹⁸¹ Gordon Stables, "Nervous Girls," *The Girls Own Annual* 15, (1894); 60.

¹⁸² *Ibid*, 60.

were connected, only implying to his older readers that this ailment and menstruation were connected. He assumed that his older reader who had gone through puberty would understand what he was suggesting but fails to discuss any of the medical theories behind this supposed menstrual disease. Therefore, not only does he leave pre-pubescent girls in the dark on matters of menstruation and the supposed diseases that stemmed from it, but he also does not expand on the physiology that would allow a better understanding of the menstrual process for girls who had already gone through puberty.

Although Stables alludes to menstruation as a major cause of neurasthenia, he also directly cites being overworked as a major cause of the disease. More importantly, Stables promotes rest cure, which was the widely accepted cure of neurasthenia to his readers. Stables argues to his readers that “taken at once, neurasthenia would be curable, and that cure is rest.”¹⁸³ He specifies later in the article that “rest in bed is the best rest of all.”¹⁸⁴ Stables is not the physician who argues that rest cure is the best course of action when dealing with neurasthenia. As previously mentioned, “rest cure” was the accepted cure for neurasthenia in both America and England. The theory was made popular in Britain and promoted by Scottish physician W.S. Playfair.¹⁸⁵ According to rest cure, the patient was expected to be totally secluded and was prescribed bed rest for upwards of an eight-week period.¹⁸⁶ The patient was not allowed to read, sew or feed herself and she should only get out of bed of “passing her evacuations.”¹⁸⁷ The most famous account of the mental impact of bed rest can be found in the short book *The Yellow Wallpaper* written by Charlotte Perkins Gilman in 1892. In *The Yellow Wallpaper*, Gilman is on

¹⁸³ Ibid, 60.

¹⁸⁴ Ibid, 60.

¹⁸⁵ Hilary Marland, “Uterine Mischief: W.S. Playfair and his Neurasthenic Patients,” in *Cultures of Neurasthenia: From Beard to the First World War*, edited by Roy Porter and Marijke Gijswijt-Hofstra, (Leiden, Netherlands: Brill, 2001), 120.

¹⁸⁶ Ibid, 121.

¹⁸⁷ Ibid, 121.

rest cure and stares at the “smouldering, unclean yellow [wallpaper]” all day long.¹⁸⁸ She spends much of her day being cared for by others or simply left alone in the room with her thoughts. By the end of the short story, the narrator (who is the female on bed rest) has lost her mind, convinced that people were living in the wallpaper and peeled it completely off.¹⁸⁹ Thus, what emerges in the late nineteenth century is the idea that the onset of neurasthenia was caused by the improper management of menstruation and puberty, but more importantly, to cure this disease a female had to remove herself completely from any activities in the public sphere. This again can be seen as a sign of increasing anxiety on the part of male physicians about the growing visibility of women in public. Thus, Stables was communicating directly with adolescent girls that if they were experiencing any sort of symptoms associated with neurasthenia, she should immediately remove herself and retreat into the domestic sphere. It is important that Stables and other male physicians emphasize that best rest is ideal because this completely removes the risk of these sick women going back in the public. If she has people waiting on her hand and foot- to bring her food, wash her and tend to her- then there would be absolutely no reason for her to be back in the public sphere, at least for a period of eight weeks. Presumably, if a woman was prescribed rest cure, she would have to give up any obligations in the public sphere, including a paid job and schooling, to make sure she properly healed. Thus, the communication of nerve disease resulting from the improper management of menstruation can be seen as another way that male physicians attempted to keep women within their traditional sphere.

¹⁸⁸ Charlotte Perkins Gilman, *The Yellow Wallpaper*, Ebook digitalized by Project Gutenberg, uploaded November 1999, last updated January 4, 2021. Available online at <https://www.gutenberg.org/files/1952/1952-h/1952-h.htm>

¹⁸⁹ Ibid.

Answers to Correspondents:

By looking at the “Answer to the Correspondents” section of *Girls Own Paper*, it is clear that readers were curious about their changing bodies. The purpose of the “Answers to Correspondents” section was defined as a way to give the readers of the GOP answers to the information they desired. However, the original topics for correspondence only covered “education, domestic economy, work [that is needlework], [and] recreation.”¹⁹⁰ However, although those were the originally designated topics of discussion, it became apparent within the first six weeks of the magazine’s existence that its readers were asking about and seeking advice on major and important life events- by no means limited to the designated topics for correspondence.¹⁹¹ Interestingly enough, many of the questions answered in the “Answers to the Correspondents” section seemed to have to do with menstruation. However, even though questions by young girls were clearly being asked about puberty, there continued to be avoidance in any public discussion on this topic, as is illustrated by the answers. On December 8, 1883, editors responded to an inquiry, presumably about menstruation, stating, “Kitty Maree, we think your mother is your safest guide and confidant.”¹⁹² Many other responses by editors follow a similar trajectory as the above response. On November 25, 1882, editors responded to the pseudonym Midgie Mitt, stating that she “should confide to her mother or lady guardian.”¹⁹³ On August 29, 1885, editors responded to someone writing under the name “a young crow,” advising “she had better make a confidant of her mother and be entirely guided by her in all such things.”¹⁹⁴ Finally, a similar response can be seen from December 11, 1886, when editors told

¹⁹⁰ Cynthia Ellen Patton, “Not a Limitless Possession: Health Advice and Readers’ Agency in The Girls Own Paper, 1880-1890,” *Victorian Periodicals Review* 45, no.2 (Summer, 2012): 118.

¹⁹¹ *Ibid*, 118.

¹⁹² “Answers to Correspondents,” *The Girls Own Annual* 5, (1884): 159.

¹⁹³ “Answers to Correspondents,” *The Girls Own Annual* 4, (1883): 319.

¹⁹⁴ “Answers to Correspondents,” *The Girl’s Own Annual* 6, (1885): 784.

“perplexed one” that “the only wrong we see about the whole matter is that you did not confide to your mother. A girl should keep no secret of her own from her. She is the adviser and the protector of her daughter.”¹⁹⁵

Unfortunately, only the replies to the reader’s letters were printed in the magazine, so historians do not have access to these girls’ original questions and concerns. The rules of the correspondence section were clearly laid out in the periodical, stating that all correspondents were to give either initials or pseudonyms.¹⁹⁶ The pseudonyms “young crow” and “perplexed ones” could allude to the original question posed to the editors. The young crow could be reflective of a young girl asking questions about her changing body while the perplexed one could allude to a young girl being confused about what was occurring to her. However, more than anything these answers are very telling as all of them advise the girl to confide in her mother. Not only is this reflective of what doctors were telling mothers in the guides examined in the first chapter, but it also reiterates the role a mother was supposed to play in educating her daughters about menstruation. The editors of *GOA* had the right to veto any question they did not want to answer. However, I would argue that it was clear that they were getting various questions on menstruation. Their reluctance to go into detail on these questions and refer their readers to their mother shows their hesitance in avoiding any in-depth discussion on puberty in mainstream media and shows that it was widely considered to be a mother’s job to inform her daughters on puberty.

Conclusion:

Pre-pubescent and pubescent girls rarely had access to sources directed at them on how to manage menstruation themselves. This was partly because English society saw it as a mother’s

¹⁹⁵ “Answers to Correspondents,” *The Girls Own Annual* 8, (1887): 176.

¹⁹⁶ “Answers to Correspondents,” *The Girl’s Own Annual* 13, (1892): 16.

job to teach their daughters about menstruation and partly because English society sought to keep young girls innocent as long as possible. However, in the late nineteenth century, management of proper health took on a greater importance in literary sources aimed directly at adolescent girls. Central to the management of proper health in these sources was the correct management of menstruation in order to avoid any illnesses or diseases that could arise from puberty. Rather than inform girls about the potential dangers physicians associated with the improper management of menstruation, male doctors took this as an opportunity to argue against the female emergence in the public sphere. Male physicians took blood and nerve disorders and argued that they were a result of an overactive lifestyle rather than a result of menstruation. They promoted rest cures to keep girls within the confines of their homes rather than out seeking opportunities in public. Thus, although physicians were now directly communicating with girls about their overall health, and sometimes alluding to menstruation in their writings on female ailments, male physicians largely sought to keep girls within the confines of their own homes. They promoted various types of rest cures to keep female activity in the public sphere at bay to ensure that they remain the primary authority on female health.

Chapter Three: “It Is Remarkable How Rare It Is For Any Pain Or Discomfort To Be Experienced During The Menstrual Periods:” The Rise in Female Physicians and the Dissemination of Menstrual Educational Resources, 1874 to 1926.

In today’s modern world, generally speaking, women often feel more comfortable talking about their experience with menstruation with other women. A large part of this gender preference is because women who experience menstruation can relate much better to the common feelings and struggles associated with each period. This shift away from female healers in early modern history meant that female patients became accustomed to not fully confiding in their male care providers. Up until the beginning of the twentieth century, male physicians remained the primary advisor to their female patients on menstruation and other female reproductive matters. However, throughout the nineteenth century, it was becoming more and more apparent that women were experiencing unnecessary suffering because they did not want to discuss the intimate details of their reproductive system with male physicians. This problem allowed for the eventual normalization of female physicians who worked together to change the dialogue surrounding menstruation. Female physicians sought to change the way menstruation was viewed- from an illness to a normal female physiological function throughout the early twentieth century. The following chapter argues that the change in dialogue surrounding menstruation prompted female physicians to create better, more modern, menstrual educational resources for women, adolescent girls, and physicians. These new educational resources emphasized menstruation as a normal physiological function that was a relatively painless process and stressed that it should not be treated as an illness. Although a menstrual education curriculum was not implemented in English schools until after the Second World War, the educational resources that female physicians created in the late nineteenth and early twentieth

century helped bring normal menstruation to a more public audience and laid the foundation for modern menstrual education and worked to undo Victorian notions of menstruation.

A Changing Narrative: Elizabeth Garrett Anderson's Response to *Sex in Mind and Education*:

The first real noticeable instance of female physicians attempting to shift the narrative surrounding menstruation in the nineteenth century was through the overwhelming female response to Henry Maudsley's *Fortnightly Review* article "Sex in Mind and Education."¹⁹⁷ As previously discussed, because Henry Maudsley published "Sex in Mind and Education" in a non-specialist journal, it garnered responses from people all over England rather than just medical community. One of the biggest groups disputing Maudsley's claims came from women. The publishing of "Sex in Mind and Education" in a non-specialist journal actually was beneficial to women as they could bring in their own experiences with menstruation to dispute the claims Maudsley was making about their minds and bodies. By far the most famous response to Maudsley's claims came from Dr. Elizabeth Garrett Anderson, who used her own experience with menstruation to back her claims up. At the request of fellow feminists and champions of female education, Emily Davies and Frances Buss, Elizabeth Garrett Anderson wrote her response titled "Sex in Mind and Education: A Reply" which was published in the next issue of the *Fortnightly Review*.¹⁹⁸ Her response to Maudsley is significant as Garrett Anderson was not

¹⁹⁷ Henry Maudsley's "Sex in Mind and Education" was previously examined in the First Chapter. For an overview of what Maudsley was claiming in this article, please refer back to Chapter One. This section will focus solely on the female response to said article.

¹⁹⁸ Frances Mary Buss was a leading authority on female education in the nineteenth century as well as a leader in the women's movement. Born in 1827, she was the headmistress at the North London Collegiate School for over forty years. Under her leadership, the North London Collegiate School became a model for girls' education. In 1870, Frances founded the Camden School for Girls with its goal being to educate girls of lower income families. In 1869, she was the first woman fellow of the College of Preceptors, helping to establish the college's professorship of the science and art education in 1872. Buss also helped Emily Davies with opening up local examinations to girls, and was a part of the suffragist movement in England. See Elizabeth Couatts, "Buss, Frances Mary (1827-1894)," *Oxford Dictionary of National Biography*, (September 23, 2004). <https://doi-org.proxy1.lib.uwo.ca/10.1093/ref:odnb/37249>

only replying as a woman but also as a doctor.¹⁹⁹ Given the difficulties women faced in writing for medical journals, her response in the *Fortnightly Review* gave her the unique opportunity to display her medical expertise to a wide audience.²⁰⁰ Garrett Anderson acknowledges that the exact amount of care necessary for women during their periods varies and is specific for each woman. However, Garrett Anderson states:

...experience justifies a confident opinion that the cases in which it seriously interferes with active work of mind and body are exceedingly rare; and that in the case of most women of good health, the natural reoccurrence of this function is not recognized as causes anything more than a very temporary malaise and frequently not even that.²⁰¹

This passage is notable because not only because Garrett Anderson refers to her own experience with menstruation but also situates menstruation as a natural bodily function rather than an illness. When she states, “experience justifies a confident opinion,” she refers to her own experience with menstruation. The fact that Elizabeth Garrett Anderson was able to become the first female British doctor on the Medical Register disputed prominent medical theory that women were sick one week each month. However, in this case, the fact that she refers to her own experience with menstruation largely shows readers that Garrett Anderson was able to complete a medical degree and open her own medical practice, all while menstruating once a month. It is more interesting that Garrett Anderson uses her own experience with menstruation to move the discussion away from it as an illness to a normal bodily function. In other words, Elizabeth Garrett Anderson is essentially telling the readers of the *Fortnightly Review* that if menstruation made women sick for one week each month, she could not have become a practicing physician.

¹⁹⁹ Chapman, “The Female Mind in the Periodical Press,” 414.

²⁰⁰ Ibid, 414.

²⁰¹ Elizabeth Garrett, “Sex in Mind and Education: A Reply,” *The Eclectic Magazine of Foreign Literature* 20, no.1 (July 1874); 110. Accessed online through American Periodicals Database.

By using her own experience as a female physician, Elizabeth Garrett Anderson proves that menstruation is not at all as debilitating as male physicians had attempted to make it out to be.

In beginning to move the discussion towards menstruation as a natural bodily function, Garrett-Anderson moved the conversation away from menstruation being a painful experience.

In the above quote, Garrett Anderson stated that healthy women rarely feel anything but a slight discomfort when menstruating. Similarly, Garrett Anderson stated that only “exceptional cases [of menstruation] require special care under the arrangements of school life in England.”²⁰²

Garrett Anderson, therefore, indirectly suggests to the female readers of the *Fortnightly Review* that if a woman was feeling anything but a “very temporary malaise” they should consult with a female doctor as it was not normal for women to feel sick or severe pain each month. In other words, Garrett Anderson makes it clear to her female readers that pain during menstruation is the exception rather than the rule. This is significant because male physicians had been telling their female patients that it was normal for them to feel severe pain during each cycle. By framing menstruation as a normal and relatively pain-free physiological process, Garrett Anderson sought to change both the understanding and treatment of menstruation. This change in understanding allowed for women to seek medical advice if they were experiencing severe pain during their cycles because they would realize that this was not the normal experience.

Overall, Garrett Anderson concludes that it is not education and mental strain that makes women sickly and weak, rather it’s a lack in physical exercise and mental stimulation that results in their deterioration. For example, Garrett Anderson largely acknowledged the privileges that males had in England stating:

It is not easy for those whose lives are full to overflowing of the interests which accumulate as life matures, to realize how insupportably dull the life of a young woman

²⁰² Ibid, 111.

just out of the schoolroom is apt to be, nor the powerful influence for evil this dullness has upon her health and morals.²⁰³

She follows this thought up with a similar sentiment stating that “there is no tonic in the pharmacopeia to be compared with happiness, and happiness worth calling such is not known where the days drag along filled with make believe occupations and dreary sham amusements.”²⁰⁴ Elizabeth Garrett Anderson, therefore, is also advocating for female education as she states that there is a bigger risk in the deterioration of women if they do not have something to occupy their minds with. Males, and male physicians especially, cannot discuss the female mind adequately because they had the privilege of being born male, meaning that there were minimal barriers to what they could accomplish. On the other hand, women faced extensive obstacles when trying to receive an adequate education and enter into a suitable career. Garrett Anderson states that men will never know the risks of an under-stimulated, unhappy woman because of their privilege as a male. Therefore, the greatest overall danger a woman faced for both her mind and body was remaining idle in the home. As Garrett Anderson had proved, women were more than capable of achieving an education and working a job during menstruation, so therefore women should be allowed to go to school. Garrett Anderson in her reply to Maudsley largely debunks all his claims by arguing that if women are weak, it is because of their lack in educational opportunities. More importantly however, Garrett Anderson was the first medical official to attempt to change the dialect surrounding menstruation. She used her own experience to show the many readers of the *Fortnightly Review* and the other journals where her article was republished that menstruation was a normal process and was relatively pain-free, that should not be looked at as an illness. The rise of these early female doctors who attempted to

²⁰³ Ibid, 113.

²⁰⁴ Ibid, 113.

pioneer a new way in discussing menstruation made the public aware that a great deal of pain was by no means necessary, and that if this sort of pain was being experienced a doctor should be consulted. Therefore, the change in dialogue surrounding menstruation also exposed a need for better menstrual education materials which would make women aware of a normal versus abnormal menstrual cycle.

The “In-Between” Advice of Female Doctors: The Case of Mary Scharlieb:

The First World War allowed for women to break fully into the public sect of medicine. By 1918, there were 2250 registered female medical students, or about 40% of all medical students in Great Britain.²⁰⁵ The influx of female physicians allowed for the production and publishing of new information on the female reproductive system. English society were gradually becoming more inclined to purchase and read medical sources written *by women for women*. One such example is the case of Mary Scharlieb, who was the first female MD graduate from London University (1887), the first female gynecological surgeon at a major London hospital (Royal Free Hospital), a member of the Royal Commission on Venereal Disease, served on a number of hospital boards and published a number of books and pamphlets on the female reproductive system.²⁰⁶ While Mary Scharlieb was one of the most successful female physicians of her time, she has interestingly been left out of the historical narrative of English female physicians. Potentially, the reason being for this exclusion is because her ideas were shaped by her religious views and her participation in the eugenics movement in England. At the turn of the

²⁰⁵ Mary Ann C. Elston, “Women Doctors in the British Health Services: A Sociological Study of Their Careers and Opportunities,” (PhD diss., University of Leeds, 1986), 270.

²⁰⁶ Jacqueline R. DeVries, “A Moralizer and Modernizer: Mary Scharlieb and the Creation of Gynecological Knowledge, ca. 1880-1914,” *Social Politics: International Studies in Gender, State and Society* 22, no.3 (Fall 2015): 307. See also the Oxford Dictionary of National Biography’s entry of Mary Scharlieb at Greta Jones, “Scharlieb [née Bird], Dame Mary Ann Dacomb, (1845-1930),” *Oxford Dictionary of National Biography*, (September 23, 2004). <https://doi-org.proxy1.lib.uwo.ca/10.1093/ref:odnb/35968>

century, people began to grow concerned that there was an increase in both mental and physical debility arising from degeneration.²⁰⁷ The Eugenics movement in England was as result of concerns over a population decrease and the people that were being born were weak in both mind and body. Mary Scharlieb's ideas on women and their reproductive responsibilities were rooted in conventional Christian morality, and she believed that women were put on the earth to become mothers. She believed that birth control encouraged "sexual excess" and was leading the British nation down a path of effeminacy and degeneration.²⁰⁸ Thus, Mary Scharlieb reasoned, in order to produce the next generation, women needed to be adequately informed on their bodies.²⁰⁹ Mary Scharlieb, therefore, produced a large number of materials on the female body aimed at a non-specialized population. These sources written by Mary Scharlieb act as a sort of transition middle ground, positioned in between Victorian advice on menstruation written by medical men and advice pamphlets written by the Medical Women's Federation on menstruation. Thus, while Mary Scharlieb began to transition towards menstruation being seen as a normal part in very young girls' life, there remained overt undertones promoting tradition Victorian notions of menstruation and womanhood.

Like the Medical Women's Federation, but also like the Victorian medical men that came before her, Mary Scharlieb urged mothers to better inform their daughters about menstruation and puberty prior to it happening to young girls. However, like the medical men of the nineteenth

²⁰⁷ Greta Jones, "Women and Eugenics in Britain: The Case of Mary Scharlieb, Elizabeth Sloan Chesser and Stella Browne," *Annals of Science* 51, (1995); 484.

²⁰⁸ Richard A. Soloway, *Birth Control and the Population Question in England, 1877-1930*, (Chapel Hill: University of North Carolina Press, 1982), 258.

²⁰⁹ It should be noted that women made up a high proportion of women in the eugenics movement in England. Historian Ian Brown calculates that by 1914, women formed about 48.7% of the membership to the Eugenics Education Society (EES). Knowing the large number of women involved, but by the 1930s this number dropped to 20-30%. Knowing this, it is very possible that many female physicians held similar views to those of Mary Scharlieb. Mary Scharlieb was examined because her ideas on the female body and female reproduction was very public. Quotes from Jones, "Women and Eugenics in Britain," 482.

century, Scharlieb believed that learning about menstruation early was necessary so girls could prepare to become mothers, thus further perpetuating Victorian gender norms. For example, in her popular book *Youth and Sex*, which was originally published in 1913 and then republished in 1919 due to its popularity, Scharlieb advised mothers to tell her daughters about menstruation because it would help her better understand her role as a mother. Scharlieb acknowledges that a young girl will probably feel “shocked and humiliated” when she first learns about menstruation, but if it is explained to her as:

a change within her body that will gradually, after a lapse of some years, fit her to take her place amongst the mothers of the land, her shame and fear will be converted into modest gladness, and she will readily understand why she is under certain restrictions and has at times have to give up work or pleasure, in order that her development may be without pain, healthy and complete.²¹⁰

Thus, girls needed to be educated on menstruation but only so they could fulfill their duty as women and produce good and healthy children. A similar sentiment is expressed in the 1915 book *The Seven Ages of Women*, where Scharlieb urges mothers to tell their daughters what to expect in menstruation because otherwise “the girl may suffer a considerable nervous shock when the great event occurs.”²¹¹ According to Scharlieb, the task of the mother in a girl’s early life is to “lay a really solid foundation of health... in order that she should be able to fulfill her duty, she ought to know something of the structure and functions of the body.”²¹² Therefore, while Mary Scharlieb recognizes that it is traumatic for a pubescent girl to not receive any information about the changes happening to her body, she believes that mothers had a responsibility to tell their daughters about menstruation so their daughters could understand how

²¹⁰ Mary Scharlieb, *Youth and Sex: Dangers and Safeguards for Girls and Boys*, (London: T.C. & E.C. Jack, 1913), 30-31.

²¹¹ Mary Scharlieb, *The Seven Ages of Woman: A Consideration of the Successive Phases of Woman’s Life*, (London: Cassell and Company Ltd., 1915), 11.

²¹² *Ibid*, 3.

menstruation played a role in pregnancy and eventually motherhood. Scharlieb's motivation for advising mothers to instruct their daughters on puberty therefore still had distinct roots in Victorian gender ideology. Nonetheless, Scharlieb's advice was influential because she was still encouraging mothers to educate their daughters about puberty and menstruation so she could one day be prepared to be a mother herself.

Unlike her Victorian counterparts, Scharlieb was really quite modern in her insistence that menstruation was a normal female function, and the experience was unique to each woman. She encouraged mothers to teach their daughters that menstruation is not an illness and attempted to undo the teachings of Victorian medical men. For example, in *The Seven Ages of Woman*, Scharlieb states that if a mother teaches her daughter that menstruation is an illness, then the "foundation of nervous ill-health is likely to be laid."²¹³ Scharlieb argues that if girls are taught that menstruation is a normal part of life that is "necessary for her full development," that she will "view her condition not only with patience but with joy."²¹⁴ Furthermore, rather than supporting the idea that menstruation followed a strict schedule in the female body, Scharlieb largely advocated for the individuality of each cycle. For example, in her book *The Hope of the Future: The Management of Children in Health and Disease* (1916), Scharlieb tells the mother that once a girl gets used to her periods, she will "settle down to the type of menstruation which is normal to her."²¹⁵ Thus, Scharlieb is acknowledging that there is no standardized experience for girls experiencing menstruation, as medical men attempted to have women believe, and that girls would learn from their own bodies what is normal for them. This idea is further expressed in *The Hope of the Future*, as Scharlieb states that:

²¹³ Ibid, 11.

²¹⁴ Ibid, 11-12.

²¹⁵ Mary Scharlieb, *The Hope of the Future: The Management of Children in Health and Disease*, (London: Chapman & Hall Ltd., 1916), 36.

theoretically, [the period] is regular in time, occurring once in four weeks and fairly regular in amount. The facts, however, are very different, without there being any ill-health or abnormality, it is quite usual for this function to be irregular both in time and quantity.²¹⁶

While Scharlieb advocates for the individuality of each menstrual period, she recognizes that for the most part menstruation should not be painful, stating that while there might be a general feeling of heaviness and congestion, there should be no interference sufficient enough to interfere with the duties of everyday life.²¹⁷ In *The Seven Ages of Woman*, Scharlieb acknowledges that girls experiences different tolerances of pain, stating that “undoubtedly, pain varies in intensity, just as does the capacity for bearing it; but as a rule in healthy girls under favourable circumstances neither the pain nor the discharge itself is sufficient to justify withdrawal from the usual duties of pleasure of life.”²¹⁸ Therefore, Scharlieb held a fairly modern view about menstruation as she recognized and promoted to mothers and girls that the experience of menstruation varied depending on each person. This is different from Scharlieb’s Victorian male counterparts as they often promoted a standard experience to menstruation, stating that all girls needed to start menstruating at age thirteen, stating that menstruation needed to be regular right off the bat and that menstruation was nearly always a painful experience. Mary Scharlieb’s advice on menstruation, therefore, acts as a steppingstone between the resources produced by Victorian medical men and resources produced by the Medical Women’s Federation in the interwar years because while she still held conventional Victorian gender ideals, she also promoted a very modern understanding of menstruation.

²¹⁶ Ibid, 36.

²¹⁷ Ibid, 36.

²¹⁸ Scharlieb, *The Seven Ages of Woman*, 14-15.

The Medical Women's Federation:

The Medical Women's Federation (MWF) was a result of the growing number of medical women in Great Britain. The MWF was officially formed in 1917 but grew out of the Association of Registered Medical Women which was founded in 1879.²¹⁹ By 1916, due to the growing number of medical women in Great Britain, a number of provincial associations had been set throughout England to represent female physicians in various locations. However, it was becoming clear that there was a need for one governing body that could represent both the needs of female physicians and female patients.²²⁰ Representatives of the existing associations came together to establish a Federation that would fight for matters of mutual benefit, while still retaining the separate identity and autonomy of the local associations.²²¹ When the Articles of Association were signed in 1917, the initial membership consisted of 190 medical women, which represented only a small percentage of women on the Medical Register at that time.²²² At the time of its inception, the MWF was primarily concerned with the position of medical women engaged in war work, both with the forces and any employment associated with the war effort.²²³ However, after the First World War, the focus of the MWF quickly switched gears from the war effort to providing adequate health education to women. Although pamphlets and books such as the ones Mary Scharlieb wrote were still being published, and women had clearly demonstrated through their efforts in the First World War that one week of rest was not necessary during the menstrual period, it was obvious that girls, women and physicians were still ignorant on matters

²¹⁹ The Association of Registered Medical Women was founded in London and originally had only nine members representing the qualified women in the United Kingdom. The Medical Women's Federation and Lesley Hall, "Our History," last updated 2021, accessed on April 12, 2021. <https://www.medicalwomensfederation.org.uk/about/our-history>

²²⁰ Ibid.

²²¹ Ibid.

²²² Ibid.

²²³ Ibid.

of menstruation. A collection of letters published by the Women's Co-operative Guild in 1915 highlighted this lingering ignorance.²²⁴ For example, one letter in this collection highlights the ignorance girls often experienced while going through puberty, and the impact it had on them:

And another thing, I was not even told what to expect when I was leaving girlhood- I mean the monthly courses. I often wonder how I got along as well as I have. I will say here that I do not intend my daughters to be so innocent of natural courses. I feel it unkind of parents to leave girls to find these things out. It causes unnecessary suffering.²²⁵

While this account documents the experience of a working-class woman, knowledge surrounding menstruation seemed to be similar for middle class girls. For example, Naomi Mitchison (nee Haldane), who was brought up in a prosperous upper middle-class family in the early 1900s, remembers getting her first period at school when she was twelve, recalls it being a “complete surprise,” and not understanding what was happening to her, but getting the sense that it was something shameful and something that should not be mentioned.²²⁶ After this, Naomi was pulled out of school and did not return, further emphasizing that physicians and the guardians of girls believed that menstruation was a painful illness, and rest was required each month.²²⁷ Thus, there continued to be a significant lack in the dissemination of menstrual knowledge in England at the start of the twentieth century. The MWF looked at this as an opportunity and further sought to change the dialogue surrounding menstruation to promote it as normal rather than debilitating. This change in dialogue allowed for a new wave in menstrual education resources to be distributed throughout England that focused on what was deemed normal when menstruating

²²⁴ Strange, “The Assault on Ignorance,” 251.

²²⁵ Women's Co-operative Guild, *Maternity: Letters from Working-Women*, (London: G. Bell and Sons, Ltd., 1915), 187-188. Available online at <https://archive.org/details/maternityletters00womeuoft/page/n7/mode/2up> See also Julie-Marie Strange, “The Assault on Ignorance, Teaching Menstrual Etiquette in England, c. 1920s to 1960s,” *Social History of Medicine* 14, no.2 (2001); 247-265.

²²⁶ Dyhouse, *Girls Growing up*. 21.

²²⁷ *Ibid*, 21.

and what was considered irregular. The Medical Women's Federation created an influx in resources for mothers and guardians of girls, girls themselves and the medical profession which sought to teach each group about menstruation in a modern way.

Educational Resources for Parents and Guardians:

It was important for female medical officials to provide mothers and the female guardians of adolescent girls with adequate materials to help them openly discuss menstruation with young girls. It can be assumed that if mothers or female guardians were discussing menstruation with girls, it continued to be in a way that promoted traditional notions Victorian femininity that encouraged rest during each menstrual cycle. This point is shown in the MWF's article "Menstruation in Schoolgirls: A Survey Based on Replies to a Questionnaire" in which the MWF found that "oddly enough, in spite of all experience to the contrary, many women still think that pain and disablement at this time are a rather meritorious and interesting sign of femininity and they resist all suggestions for treatment."²²⁸ Therefore, the educational materials created by the MWF for mothers, headmistresses and the guardians of adolescent girls encouraged women to have an open dialogue with the girls under their care about menstruation, emphasizing that menstruation is a normal physiological function, but also stressing that mothers and guardians should teach girls the proper hygiene of menstruation so they could continue to live their normal lives during their monthly cycles pain-free.

One of the most popular pamphlets on menstruation that the MWF published was titled "The Monthly Period of the Adolescent: Advice During Mensuration." This pamphlet was first published in 1926, and within its first year all 10,000 copies printed sold out.²²⁹ While "Advice

²²⁸ A special thanks to Sophie Almond for sending me these resources. Contemporary Medical Archives Centre, Wellcome Library, London (hereafter CMAC) SAMWF B/4/5/1.

²²⁹ "Medical Women's Federation: Outline Chronology," Medical Women's Federation, *Wellcome Library*.

During Menstruation” had a section addressing adolescent girls directly, it was primarily a source for mothers or the guardians of adolescent girls on how to both talk to and teach these girls about menstruation. This specific leaflet emphasizes that “girls should be taught about menstruation no later than 11 years old.”²³⁰ Specifically the MWF advised that it is “important to tell her the truth from the beginning to assure her that this is a natural process and a sign of good health in order to free her from her anxieties” and that the natural person to teach girls about menstruation is the girls own mother.²³¹ This advice is not much different than the Victorian manuals examined in the first chapter which also emphasized that it was a mothers natural role to educate their daughters about menstruation. The primary difference between the educational resources from the mid-nineteenth century and the early twentieth century was the emphasis that mothers and guardians needed to teach girls how to properly care for themselves during menstruation so there was no debilitating discomfort during each cycle. For example, “Advice During Menstruation” tells its readers that “the girl will need to be taught to look after herself during these days for the sake of her own comfort and that of those around her.”²³² This statement implies that it is the mother’s job to properly teach her daughter how to care for herself because the daughter would presumably have no prior knowledge on how to do so.

While the MWF advised mothers to tell their daughters that menstruation should be a relatively pain-free experience they recognized that girls may experience discomforts. However, discomforts that were typically experienced arose from improper hygienic practices, not because menstruation was painful. For example, the MWF state that “the customary activities and exercise are a benefit to a girl at this time. This may cause slight discomfort unless there is

²³⁰ CMAC SAMWF/M/1/6/6.

²³¹ Ibid.

²³² Ibid.

frequent changing of the [sanitary] towels.”²³³ In other words, the MWF states that the only way a girl would feel pain during her period is if she does not take proper hygienic care of herself. Thus, it was the mother’s job to instill proper hygienic practices in her daughter so she could avoid feeling any unnecessary discomfort during her period. This point is further emphasized later in “Advice During Menstruation” when the MWF discuss the issue of chaffing during the period. They state, “it is important that girls and women should realize that the monthly period is a normal event, and not regard it as an illness, although certain discomforts may be experienced.”²³⁴ Chaffing, they claimed, is the most common of these discomforts, and advise that “frequent washing and changing of towels” reduce this particular discomfort.²³⁵ Therefore, the MWF advises mothers to teach proper hygienic practices to their daughters so that their daughters do not feel any discomforts during their periods and misinterpret it as an illness or disability.

Finally, the MWF advised mothers “for their daughters’ sake” to find out what facilities are provided for the disposal of towels at her school or place of work.²³⁶ They advised mothers to investigate these disposal facilities so that they could provide their daughters with proper sanitary towels that would allow them to dispose of the soiled towels accordingly and be able to discretely use new ones outside of the home. The MWF emphasized that any discomfort during menstruation often stemmed from improper hygienic practices, so it was necessary for girls to change their sanitary towels to avoid these discomforts. Thus, mothers had a responsibility to find out what sort of disposal practices were available to girls outside of the home so they could better provide their daughters with proper protection. In emphasizing proper hygiene practices,

²³³ Ibid.

²³⁴ Ibid.

²³⁵ Ibid.

²³⁶ Ibid.

the MWF changed the dialogue surrounding menstruation from a constantly painful experience to a normal physiological experience, emphasizing that if pain was experienced during the cycle, it was most likely avoidable. This point is further expanded on in the March 1926 News-Letter published by the Medical Women's Federation. The New-Letter, which was discussing women becoming pilots, stated "the healthy mode of living and the hygienic mode of dress of today have banished many troubles from which young women were nearly all supposed to suffer, and notably among these is painful menstruation."²³⁷ Therefore, it was emphasized that mothers not only should teach their daughters about normal menstruation but also proper hygienic techniques in order to avoid painful menstruation.

Educational Resources for Girls:

Arguably the most important group to adequately educate about menstruation was pre-pubescent girls who were about to enter this new physiological age.²³⁸ The inclusion of menstrual disorders in *The Girl's Own Paper* were not doing a great job teaching girls about their changing bodies. Members of the MWF were also probably anxious to provide girls with better menstrual education materials as they recalled their own experience with puberty and the lack of resources, they had available to them. For example, a later article published by the MWF in *The Lancet* on the proper disposal of sanitary towels alludes to these memories of their "own childhood difficulties," and being forced to "learn to cope" with what was happening to them

²³⁷ MWF *News-Letter*, March 1926, 44.

²³⁸ Adolescence was a new physiological age that was widely recognized and accepted by the start of the twentieth century. The most first, and one of the most influential sociological studies on adolescence was G. Stanley Hall's 1904 two-volume study called *Adolescence*. According to Hall, puberty was a time of "storm and stress"-a time when all young people were thought to go through some degree of emotional and behavioural upheaval before they established a more stable equilibrium in adulthood. Hall's *Adolescence* reflects both Victorian values as well as early twentieth century modernism, as it openly discussed sexuality and masturbation but also was influenced by rigid religious values. See Granville Stanley Hall, *Adolescence: Its Psychology and its Relation to Physiology, Anthropology, Sociology, Sex, Crime, Religion, and Education*, (New York; London: D. Appleton and Company, 1911); and Jeffrey Jensen Arnett, "G. Stanley Hall's Adolescence: Brilliance and Nonsense," *History of Psychology* 9, no.3 (August 2006); 186-197.

without adequate understanding of the process.²³⁹ Thus, while the MWF still believed that mothers or the guardians of adolescent girls should play a role in the dissemination of menstrual knowledge, from their own experience they recognized that older women did not necessarily tell young girls about their changing bodies. The MWF therefore, created sources for adolescent girls to explain the changes happening in their bodies that could be given to them if their female guardians felt too awkward or ashamed to discuss puberty directly with them. These menstrual education resources stressed to the adolescent girl that although menstruation seemed like scary process, it was just a sign that the girl was becoming a grown-up.

In all the informative leaflets and pamphlets directed at girls, menstruation was framed as biological proof that they were maturing. Dr. Mona Macnaughton in her “Health and Periods: A Leaflet for Girls” told her readers that:

adolescence simply means growing into or becoming an adult... between the ages of 12 and 17 years, very marked changes are seen, and these are dire to the development of the reproductive systems. At this time, the body is said to be adolescent. A girl’s mental outlook becomes more grown-up; while physically a number of changes are noticed, of which the most obvious is the onset of the monthly periods.²⁴⁰

Menstruation was therefore framed not only as normal, but as a sign maturing mentally and physically. Although the onset of menstruation is undoubtedly a scary experience for any girl, it was smart of the MWF to frame it as just another aspect of growing up. Adolescent girls often are in a rush to grow up and have more freedoms. Thus, presenting menstruation as a sign of maturity would not only make adolescent girls aware that what was happening to them was normal but help them accept that menstruation was just another part of life. This point is further

²³⁹ Medical Women’s Federation, “Supply and Disposal of Sanitary Towels in Schools: Report by the Menstrual Hygiene Subcommittee of the Medical Women’s Federation,” *The Lancet* (May 28, 1949); 925.

²⁴⁰ This resource unfortunately does not have a specific date associated with it. Rather, the creation date for the publication is c. 1920s-1930s. For more information on this date, please refer to the Wellcome Library. See <https://wellcomecollection.org/works/dmqaws5v> CMAC SAMWF/B/4/5/7.

articulated by the MWF leaflet “Monthly Period of the Adolescent: Advice During Menstruation” which states that “as you grow older, there are changes in your body. One of these changes takes place when the womb or uterus has to get ready for its grown-up function. In doing so it sheds its lining every month and takes a few days to make a new one.”²⁴¹ The language used in the description of menstruation was not too graphic and always alluded to it being a necessary function in growing up. Framing menstruation as a necessary function allowed girls to better accept what was happening to them.

Apart from describing menstruation as a part of growing up, the MWF explicitly told adolescent girls that it was a normal biological function and should not be treated as an illness. Dr. Mona Macnaughton tells her readers that “menstruation is not an illness; it is a natural function and should not be accompanied by discomfort or pain. It should not interfere with ordinary everyday life.”²⁴² Similarly, in “Monthly Period of the Adolescent: Advice During Menstruation,” the MWF tells their readers that they may continue to play games and participate in gym class as usual when menstruating.²⁴³ Furthermore, both pamphlets advise their adolescent readers that it is normal that they might experience one period and then their menstrual cycle becomes irregular over the next few years.²⁴⁴ Adolescent girls were encouraged to tell their mothers or female guardians when they begin menstruating to ensure solid communication on the subject is established.²⁴⁵ The information presented in pamphlets for young girls written by the Medical Women’s Federation, therefore, aims not only to make menstruation less scary for these girls but also to help overturn Victorian notions of the process. By directly telling

²⁴¹ CMAC SAMWF/M/1/6/6.

²⁴² CAMC SAMWF/B/4/5/7.

²⁴³ CMAC SAMWF/M/1/6/6.

²⁴⁴ CMAC SAMWF/M/1/6/6 and CAMC SAMWF/B/4/5/7.

²⁴⁵ CMAC SAMWF/M/1/6/6 and CAMC SAMWF/B/4/5/7.

adolescent girls that they can continue to live their normal lives while menstruating tells girls that what they were experiencing was not dangerous, but also to overturn the idea that rest was necessary during each monthly period. Similarly, telling adolescent girls that their menstrual cycles will most likely be irregular for the first few years after the onset of menstruation disputes the claim promoted by Victorian medical men that menstruation was regular each month immediately after its onset, and an irregular cycle was a telltale sign of an unhealthy life. Finally, the promotion of creating an open dialect surrounding menstruation with a girl's mother or female guardian also sought to make menstruation less scary for adolescent girls because open communication with an older female would further help the adolescent girl realize that what she was experiencing was normal to half the population. Creating educational resources aimed directly at adolescent girls sought to put an end to the commonly shameful feelings girls commonly felt at menarche. The new menstrual education materials that were created by the MWF aimed at adolescent girls framed menstruation in a way that made the process less scary for these girls, as well as overturned Victorian ideas surrounding menstruation so that menstruation in future generations would stop being taught as an illness.

It is worth mentioning that while the MWF had begun producing educational pamphlets for girls, the medical questionnaires that were handed out also played a role in educating girls about menstruation. For example, physician Alice E. Sanderson Clow made sure to give detailed advice to schoolgirls about menstruation while they answered her questionnaires. Clow states:

To every girl I explain that menstruation is not a malady, but a natural function and that the natural and proper training is for her to feel quite well and free from pain or any unpleasant sensations. I emphasize that it should not be necessary to lie down and that if she feels too poorly to enter into the ordinary life of the school, she should have advice from her doctor as any trouble connected with her period can be much more easily put right now than after it has become established for years.²⁴⁶

²⁴⁶Alice E. Sanderson Clow, "Menstruation During School Life," *The British Medical Journal* (October 2, 1920); 512.

Similarly, the questionnaires themselves provided with girls' information about their bodies. Like educational pamphlets for girls on menstruation, the language used in these survey questions were very general in order to ensure adolescent girls did not feel disturbed or ashamed to answer the questions posed to them. For example, when mentioning their methodology to the study "menstruation in schoolgirls," the MWF stated that "in order to avoid disturbing the children, no detailed questions were permitted, and such interesting matters as the age of onset, the presence of menorrhagia and the type and site of pain could not be ascertained, though some children gave unsolicited information that pain was slight or severe."²⁴⁷ This is an interesting because although the questionnaires were not asking adolescent girls to provide graphic details about their experience with menstruation, many girls offered up in-depth information on their menstrual cycles unprompted. Thus, we can imply that girls were willing to talk about, and were curious about their experience with menstruation. The survey questionnaires themselves also encouraged girls to be actively thinking about their changing bodies. For example, the Medical Women's Federation and Headmistresses Association passed around a survey to around to young girls who were 14 years or older and who had experienced menstruation garnered 6099 replies.²⁴⁸ The questions asked in this survey concerned themselves with details about menstrual periods, asking about the age periods began, if each period was regular each month, if and when a girl experienced pain during each cycle, if the girl exercised during her period, and if she ever gets a headache or feels fatigued during her period.²⁴⁹ While these surveys did not necessarily provide girls with direct information about their changing bodies, it made girls think about their

²⁴⁷ SAMWF B/4/5/1.

²⁴⁸ The Medical Women's Federation, "Menstruation in Schoolgirls: A Survey Based on Replies to a Questionnaire," *The Lancet* (July 5, 1930); 57.

²⁴⁹ *Ibid*, 57.

own experience with menstruation and how they handled it. These survey's helped adolescent girls reflect on their own experience, and perhaps started conversations with their peers to gauge how they answered these questions.

Educational Resources for Physicians:

It was crucial for the MWF to change the way menstruation was perceived, understood and taught within the broader English medical community. Although female physicians had clearly proved that menstruation was not debilitating, many male practitioners continued to tell their female patients that menstruation was a painful experience, and that rest was essential for one week each month. This idea was conveyed by physician and MWF member Alice E. Sanderson Clow in her 1924 article that appeared in the *British Medical Journal*. In her article on Dysmenorrhoea, Sanderson Clow states:

the importance of right teaching on the subject to medical students can hardly be overestimated because on it depends the advice given to mothers of the next generation. So long as the family doctor teaches that the menstrual period should be regarded as a time of semi-invalidism, so long will dysmenorrhoea continue to be a common complaint.²⁵⁰

Physicians, therefore, needed to understand that menstruation was not an illness and therefore should stop being treated as such. Although members of the MWF created educational resources for the public, they also published their findings in medical journals such as *The Lancet* and the *British Medical Journal* in order to change the official medical dialogue surrounding menstruation and to help physicians give better advice to women on their bodies. This sentiment is best expressed by the MWF's 1925 article appearing in *The Lancet* titled "The Hygiene of Menstruation: An Authoritative Statement." This title alone sets the tone of the short but direct

²⁵⁰ Alice E. Sanderson Clow, "Discussions on Dysmenorrhoea in Young Women: Its Incidence, Prevention and Treatment," *British Medical Journal* (September 27, 1924); 559.

article. The MWF opens the article with the following statement: “Menstruation is a natural function; it is not an illness and girls should therefore continue their ordinary work and play during this period. It should not be and is not normally accompanied by pain or malaise.”²⁵¹ In fact, the MWF goes on to say in this article that medical officers have found that girls should not get into the habit of resting or lying down during their periods, because this leads to greater menstrual pain and malaise that did not occur in girls who continued as normal when menstruating.²⁵² They conclude this article by telling their readers that this advice is “sound” and is backed up by observation, questionnaires, and their own experience.²⁵³ This is an important article because the authoritative tone used by the MWF suggests that many doctors were still telling their female patients that menstruation was an illness requiring rest. Furthermore, because this is a more general article on menstruation rather than discussing any specific evidence found from specific questionnaires, the MWF was attempting to shift the official understanding of menstruation within the medical community. The fact that this article appears in *The Lancet*, which was a highly specialized medical journal, further supports this point. The MWF, in this instance, was not publishing materials to educate a general audience on menstruation but was targeting an audience with extensive medical background so they could better serve their female patients. The medical community could not provide adequate information on menstruation to their patients unless they understood it themselves.

Although “The Hygiene of Menstruation: An Authoritative Statement” was only a general article, members of the MWF published many in-depth articles on menstruation in *The Lancet* and *The British Medical Journal* which examined specific evidence collected from

²⁵¹ The Medical Women’s Federation, “The Hygiene of Menstruation: An Authoritative Statement,” *The Lancet* (December 12, 1925); 1263.

²⁵² *Ibid*, 1263.

²⁵³ *Ibid*, 1263.

menstruating girls. The purpose of these articles was to show to the medical community that the claims of menstruation being a natural and relatively pain-free process could be scientifically proven. For example, in 1920, Alice E. Sanderson Clow published her study on menstruation during school life in the *British Medical Journal*. Clow stated that this study was necessary not only for schoolgirls but also for the medical community because “it is still a matter of common belief that educations in girls has a harmful effect on the functions of the generative organs.”²⁵⁴ In this study, Clow monitored the menstrual function of 1200 healthy girls attending both boarding schools and free schools over a period of five years and found that 73% of these girls were free from “any disturbances” whatsoever during menstruation.²⁵⁵ Another study on dysmenorrhoea done by Alice E. Sanderson Clow published in *The British Medical Journal* in 1924 found that out of 2050 girls questioned, 78% reported that they had no pain or discomfort during this period, or as they expressed, it “just felt ordinary.”²⁵⁶ Finally, in 1930, the Medical Women’s Federation published their findings on menstruation in schoolgirls. This article was based on a questionnaire answered by 6099 schoolgirls and found that 79.6% of the responses stated that there was no pain experienced whatsoever before, during or after the menstrual period.²⁵⁷ Furthermore, only 61 out of the 6099 questionnaires returned complained that the menstrual pain experienced was “bad” or “much” or “severe.”²⁵⁸ These questionnaires and the responses garnered from them provided the medical community with undisputed evidence that menstruation was not an illness. The fact that these findings were published in specialized medical journals only proves that both the general public and the medical community needed to

²⁵⁴ Clow, “Menstruation During School Life,” 513.

²⁵⁵ *Ibid*, 511.

²⁵⁶ Clow, “Discussions of Dysmenorrhoea,” 558.

²⁵⁷ MWF, “Menstruation in Schoolgirls,” 58.

²⁵⁸ *Ibid*, 58.

be equipped with a new way to discuss and teach menstrual education. By framing menstruation as a normal bodily function, providing evidence to back up this claim and publishing their findings in medical journals read primarily by physicians, the MWF provided the medical community with their own updated menstrual education resources.

Conclusion:

Widespread sexual education was not enacted in the British school curriculum until well after the Second World War. Even when a sexual education curriculum was set up, lessons on menstruation were often brushed over or hurriedly taught. Thus, even when sexual education became more mainstream, menstrual education for girls continued to be seen as an extension of the private sphere. The goal of this chapter is not to argue that female physicians ensured that every British girl had a solid understanding of menstruation, but rather to show the correlation between the rise in female physicians and the production of new menstrual resources that framed menstruation in a more modern light. Female physicians such as Elizabeth Garrett-Anderson used their own experiences with menstruation to show not just her colleagues but also the English public that menstruation was not an illness and women could be active and accomplished members in English society even though they menstruated. Female physicians of the early twentieth century provided the public with resources that spoke about the individuality of each woman's menstrual cycle, overturning the "one size fits all" mentality that Victorian medical physicians had pushed. The Medical Women's Federation provided the public and medical professionals with resources and empirical data that proved menstruation was not an illness but a natural physiological function. Thus, the change in dialect surrounding menstruation that started with Elizabeth Garrett-Anderson's response to Henry Maudsley's "Sex in Education" allowed

for female physicians to create, publish, and disseminate more menstrual educational resources to the English public.

Conclusion: A Change in Flow- The Importance of Looking to the Past for Lessons in Menstrual Education

In the early decades of the twentieth century, companies began selling and marketing commercial menstrual products to women, shifting the culture of menstruation away from private homes to public consciousness. Southall Bros. and Barclay were the first company in the United Kingdom to mass market their reusable sanitary towels in 1888. After the First World War, physicians saw reusable sanitary towels as unhygienic.²⁵⁹ Companies such as Southall and the Kimberly Clark Corporation (Kotex) in the United States, who had supplied soldiers with super absorbent bandages during the First World War, realized that these bandages could be used as sanitary pads. Thus began the mass marketing of menstrual hygiene products in the United States and the United Kingdom. Advertisements and trade catalogues reproduced images that often promoted a healthy young woman openly discussing menstruation with the viewership. Although these advertisements highlighted continued to emphasize the silence and secrecy surrounding menstruation, advertisers for these products managed to create a slightly more visible culture of menstruation management.²⁶⁰ Although menstruation was becoming more visible after the First World War, girls continued to lack information on what was happening to them. It was not until after the Second World War that some sort of menstrual education curriculum was implemented in schools, thus leaving adolescent girls to rely on the information provided by her by her mother or other older women in her life. Therefore, menstrual education

²⁵⁹ See Sharra L. Vostral, *Under Wraps: A History of menstrual Hygiene Technology*, (Lanham, MD: Lexington Books, 2008), and Alia Al-Khalidi, "Emergent Technologies in Menstrual Paraphernalia in Mid-Nineteenth-Century Britain," *Journal of Design History* 14, no.4 (2001); 257-273.

²⁶⁰ Many of these advertisements promoted the secrecy of menstruation, often highlighting that these products could be disposed of easily, were deodorized and were small enough that no one would suspect anything while being purchased or used.

materials were still solely in the hands of physicians who had established themselves as the primary experts on explaining the menstrual process to the public.

Although women had historically been seen as healers in Early Modern Europe, a shift in the eighteenth century solidified a male medical elite. The male physicians who emerged in the eighteenth century had a shared interest in keeping women confined within the home. After all, if women re-emerged into society, they could legitimately threaten the male medical elite's social and economic position in English society as they also had ties in medicine. Thus, what emerged because of this threat was the necessity of keeping women within the domestic sphere. Advice literature that began to emerge at the end of the eighteenth century was written by the male medical elite tended to focus on all aspects of the female body and health. By the nineteenth century, there was a distinct focus in advice literature on the proper management of menstruation. The male medical elite believed that puberty and menstruation was a critical time in an adolescent girl's life, and thus had to be properly managed to ensure she could reproduce later on. By the mid-nineteenth century was the start of the female emancipation movement in England was emerging. As more and more middle-class women sought entry into the workforce and access to higher education, the more demanding menstrual management advice became in health guides. Male physicians who wrote popular health guides promoted the idea of both physical and mental rest for middle-class girls during their menstrual cycle. They argued that girls needed to rest during their menstrual cycles so they do not overstrain their bodies and minds to develop their reproductive organs properly. However, male physicians who wrote health guides also recognized that working-class women did not require one week of rest during their periods to perform their jobs. In this way, male physicians used menstrual rest as a class distinguisher. Furthermore, they used mothers to put their advice into practice. Because

menstruation was seen as the advent of sexuality in a young girl's life, mothers often avoided giving them direct information on what was happening. Thus, doctors promoted health advice literature as a way for mothers to properly talk to their daughters about menstruation and ensure that adolescent girls were kept within the confines of the home. Therefore, menstruation was seen as an illness in the mid-nineteenth century, and physicians advised mothers to treat it as such. The idea that menstruation was an illness that required physical and mental rest can be seen as a joint venture undertaken by physicians writing health manuals in the mid-nineteenth century to keep females from emerging into the public sphere of English society.

By the late nineteenth century, continuing widespread changes in English society allowed for the solidification of girlhood as its own separate and distinct stage of life where an adolescent girl was no longer considered a child but not yet a full adult. Because of this emerging girl's culture, adolescent females of the late nineteenth century were being told that they had several different possibilities available to them that had not been available to their mothers. A major component of this new girl's culture was the literary materials aimed at adolescent girls for consumption. A popular segment included in girls' periodicals was a health section, which featured health advice written by male physicians specifically for adolescent girls. Much of this health advice dealt with the management of female diseases that physicians thought to result from the improper management of menstruation. Although physicians writing for female periodicals often did not cite menstruation as the cause of these diseases, the required treatment typically promoted rest and relaxation. The emphasis of ailments associated with menstruation and the subsequent need of rest being communicated by physicians to adolescent girls can be seen as a continuation of anxiety over the emergence of females in paid employment and previously all-male educational institutions. Therefore, by the late nineteenth century, physicians

were directly communicating with girls about the dangers of improper management of menstruation and continued to promote the necessity of rest if a menstrual disease arose.

Women continued to work towards better employment and educational opportunities, regardless of the advice health writers were giving them about their body. The First World War helped prove that women did not require one week of rest during each menstrual cycle. However, as more females entered into the medical profession in the early twentieth century it became clear that menstrual practices still reflected that of the mid-nineteenth century. Female physicians recognized that girls were still not receiving proper menstrual education and tended to look at menstruation as an illness instead of a natural physiological process. Thus, female physicians who were members of the Medical Women's Federation sought to change the dialogue surrounding menstruation. The MWF created new menstrual educational resources for parents, adolescent girls, and other English physicians, promoting menstruation as a natural aspect of female life. These pamphlets directly outlined that generally speaking, there should be no major discomforts during each menstrual cycle and therefore rest during each period was typically unnecessary. Therefore, it took the emergence of female physicians in the English public sector to overturn Victorian notions surrounding the management of menstruation and the idea that menstruation is an illness that required monthly rest.

This thesis has examined menstrual educational resources that historians of menstruation have previously overlooked. Menstruation was used by male physicians as an illness in the nineteenth century to prevent middle-class women from entering in the public sect of English society. Furthermore, the many disorders that physicians thought to be associated with menstruation were communicated by doctors to adolescent girls to ensure they were healthy, but also their opportunities still limited. With the rise of female physicians, menstrual educational

resources were revamped to promote menstruation to mothers, physicians and adolescent girls as a normal biological process. Thus, physicians have historically been seen as the individuals creating the norms around menstruation and producing the materials to give to mothers and daughters. If one reads between the lines of resources for menstrual education, it becomes clear that menstrual knowledge evolves and reflects female rights in society. It is time we take a look at the lessons learned from studying the history of menstrual education and continue to implement those lessons into modern-day menstrual practices. Western societies have come a long way, but we still have a way to go.

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