

## CONCEPTUAL LAYERS IN THE INVENTION OF MENOPAUSE IN NINETEENTH-CENTURY FRANCE

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**Abstract**—*La ménopause* was a term invented to emphasize the non-pathological and strictly female nature of the cessation of menstruation. Post-revolutionary French medical faculties appeared intent on inducting certain student doctors with thesis topics focused on the scientific critique of supposedly traditional and irrational fears of the ‘critical age’. But from its first usage in French medical texts of the early nineteenth century, menopause connoted much more than this though its association with the competing and non-sex-specific terms the ‘critical age’ and the ‘*âge de retour*’ (‘the turn of age’). Menopause was a concept that transmitted multiple temporal layers from older medical views about the sexes. The new concept was an important tool for the creation of a professional identity that distinguished doctors of women’s health both as the true inheritors of ancient Hippocratic tradition and as the only legitimate scientific clinicians among the competing forces of folk medicine, midwifery and pharmacological charlatanism.

The sudden appearance of the neologism *la ménopause* in French at the beginning of the nineteenth century was one of a cluster of gendered terms that excited French doctors writing around this time and which were conceptually elaborated over the century. Other such terms included hysteria, frigidity, nymphomania, hypochondria, spermatorrhea, satyriasis, sadism, and other sexual perversions—most of which have now been subject to detailed historiographic investigation.<sup>1</sup> In this article, I assess critically the way the concept

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<sup>1</sup> S. Arnaud, *On Hysteria: The Invention of a Medical Category Between 1670 and 1820* (Chicago, 2015); J. Beizer, *Ventriloquized Bodies: Narratives of Hysteria in Nineteenth-Century France* (New York, 1994); C. Groneman, *Nymphomania: A History* (New York, 2001); P. Cryle and A. Moore, *Frigidity: An Intellectual History* (Basingstoke, 2011); E. Stephens, ‘Redefining sexual excess as a medical disorder: *fin-de-siècle* representations of hysteria and spermatorrhoea’, in D. Evans and K. Griffiths (eds), *Pleasure and Pain in Nineteenth-Century French Literature and Culture* (Amsterdam, 2008), 200–12; T. Verhoeven, ‘Pathologizing male desire: satyriasis, masculinity and modern civilization at the *fin-de-siècle*’, *Journal of the History of Sexuality*, 24 (2015), 25–45; A. M. Moore, *Sexual Myths of Modernity: Sadism, Masochism and Historical Teleology* (Lanham, MD, 2015); S. Chaperon, *La Médecine du sexe et les femmes: anthologies des perversions féminines au XIX<sup>e</sup> siècle* (Paris, 2008); P. Cryle and L. Downing (eds), Special Issue of *Journal of the History of Sexuality*, on ‘Feminine Sexual Pathologies’, 18 (2009); A. Davidson, *The Emergence of Sexuality: Historical Epistemology and the Formation of Concepts* (Cambridge, MA, 2004).

of menopause emerged in medical discourse and practice in France. Analysing the concept in this way will allow us to understand more fully how modern medical discourse reworked older ideas of women's physiological development. To do this, I offer an account of nineteenth-century French menopause that is informed by a 'conceptual history' (*Begriffsgeschichte*) mode of enquiry as defined by the twentieth-century German historian Reinhart Koselleck.<sup>2</sup> In this historiographic model, concepts are viewed as containing multiple 'temporalities' (ideas retained from related past concepts), and periodization is viewed as a process of layering in which concepts from different times accumulate interactively, creating increasing density and complexity. Such an approach has great value in nuancing overstatements of rupture in the history of medicine. As Christine Théré shows, the concept of *la ménopause* was based on a strict definition of the object to which it referred as 'la cessation des règles' (the cessation of menses), and so was indeed a significant departure from concepts of *l'âge critique* (the 'critical age') and *l'âge de retour* (the 'turn of age') that appeared in late eighteenth-century medical works, and were generally used interchangeably.<sup>3</sup> These terms referred to a period of crisis and vulnerability in men and women around the age of forty-five or fifty and also evoked the idea of life-cycles (*retour* as a 'turn'). But despite their claims to providing a modern scientific approach, books published (and especially medical theses defended) on menopause, even well into the early years of the twentieth century, continued to refer to the supposedly debunked concepts of *l'âge critique* or *l'âge de retour* alongside the modern scientific neologism. They also strongly evoked the pre-modern humoral model in providing constitution-specific hygienic and moral advice to women in relation to menopause. Clearly something other than a wholesale replacement of one medical model by another was occurring here. This article attempts to show how older medical discourses persisted in new forms as nineteenth-century medical thought constructed 'menopause' with a new professional focus.

In this article, I discuss a relatively overlooked corpus of sources consisting mostly of medical theses, in which the authors were obliged, by virtue of the pedagogic nature of the genre, to explain how their understanding of their chosen topic reflected a modern scientific approach. But I also discuss a selected corpus of clinician-authored works that made similar claims about the place of menopause in relation to medical traditions to show that this discursive trend was not only driven by pedagogic pressures. The term *la ménopause* first appeared in Charles-Paul-Louis de Gardanne's 1821 book *De la Ménopause ou de l'âge critique des femmes* (On Menopause or the Critical Age), and was added to the *Dictionnaire abrégé des Sciences Médicales* (Abridged Dictionary of the Medical Sciences) in 1824,<sup>4</sup> though earlier versions of the neologism as

<sup>2</sup> R. Koselleck, *The Practice of Conceptual History: Timing History, Spacing Concepts*, trans. T. S. Presner (Stanford, 2002), 135.

<sup>3</sup> C. Théré, 'Âge de retour et retour d'âge: L'assymétrie entre les sexes dans les discours médicaux en France (1770-1836)', *Clio. Femmes, Genre, Histoire*, 42 (2015), 54-5.

<sup>4</sup> R. Arnaud, *La Ménopause à travers l'histoire* (Rueil-Malmaison, 1995), 17.

*la ménopause*, appeared in Gardanne's doctoral dissertation defended at the Paris Faculty of Medicine in 1812.<sup>5</sup> It quickly became a popular topic of medical description, and between 1812 and 1920, at least sixty works were authored on the topic. It is significant that this was an idea first appearing in a doctoral thesis, and indeed over half the works published on menopause throughout the nineteenth century were doctoral theses, with fewer works beginning as books written by established clinicians.<sup>6</sup> So while the discursive trends I identify in these texts were a consistent feature in much of the medical thesis corpus, they can also be found in a number of works by mature clinicians.

Professors in several medical faculties (Paris, Lyon, Bordeaux, Montpellier) from the beginning of the nineteenth century appeared intent on inducting student doctors into a professional identity with the use of thesis topics focused on the scientific critique of women's irrational fears of *l'âge critique*, generally considered to begin around the age of forty-five. This form of critique helped to instantiate the authority and professional identity of doctors of women's health in a competitive market where midwives (*sages-femmes*) and folk medicine practitioners (*bonnes-femmes* or *commères*) still played a major role, and where medical specializations were still being contested. In the late nineteenth century, new forms of pharmacological 'charlatanism' emerging in urban centres clearly also bothered doctors of women's health in their competing remedies for conditions associated with menopause. Despite its purported scientific neutrality, menopause, in its discursive elaboration, was the site of a dynamic alchemy between claims to modernity and novelty against the re-use and re-invention of medical tradition. But nineteenth-century France was clearly also a competitive environment where doctors of women's health, especially trainee doctors who were most in search of a professional identity, found utility in devaluing certain competitors as bastions of a myth-based and unscientific past.

Scholarship on the nineteenth-century French history of menopause has been patchy and sporadic, with a thorough enquiry remaining to be done. Overwhelmingly, both the existing specialist scholarship on this topic in the French context, and the scholarship on the global history of menopause more broadly, has tended to insist upon the role of the concept in producing a greater asymmetry of the sexes and a greater pathologization of women's ageing.<sup>7</sup> Existing specialist studies include journal articles by the demographic

<sup>5</sup> C. P. L. Gardanne, *Dissertation sur les avis à donner aux femmes qui entrent dans l'âge critique* (Paris, 1812).

<sup>6</sup> L. Séré, *La Virilité et l'âge critique chez l'homme et chez la femme* (Paris, 1885); P. L. Sauvé, *Réflexions sur l'âge critique, et particulièrement sur le régime le plus convenable pour préserver les femmes des accidens qui ont coutume de survenir cette époque de leur vie* (Strasbourg, 1826); C. Menville, *Conseils aux femmes à l'Époque de l'âge de retour, ou de l'âge critique, et de moyens de combattre et prévenir les maladies qui peuvent survenir à cette époque de la vie* (Paris, 1839); S. Guyétant, *L'Âge de retour et la vieillesse; conseils aux gens du monde* (Paris, 1870); J.-F. Garnier, *Considérations sur l'âge critique, et sur l'hygiène des femmes à cette époque* (Paris, 1820); A. Castan, *Hygiène de l'âge de retour* (Paris, 1901); E. Barié, *Étude sur la ménopause* (Paris, 1877).

<sup>7</sup> Théré, 'Âge de retour et retour d'âge'; L. Foxcroft, *Hot Flushes, Cold Science: A History of the Modern Menopause* (London, 2010); J. Wilbush, 'La Ménopause: the birth of a syndrome', *Maturitas*, 1 (1979), 145–51.

historian Christine Théré (2015), the gender historian Annick Tillier (2005), and historical anthropologist Joel Wilbush (1979 and 1988), and a short chapter in Jocelyn Livi's psychoanalytic monograph on the history of women's mental diseases, *Vapeurs des femmes* (1984).<sup>8</sup> Daniel Delanoë's 2007 book *Sexe, croyances et ménopause* is a mostly modern comparative anthropological and psychiatric account with one historical chapter discussing ideas from ancient Greece and Rome to late twentieth-century American medical history, including a subsection on nineteenth-century French thought.<sup>9</sup> Gynaecologist Robert Arnaud's general readership book of 1995, *Ménopause à travers l'histoire*, surveys ideas about menstruation and ageing women throughout human history to the present, with a very selective discussion of some nineteenth-century French texts about menopause focused mostly on its earliest elaboration; and *L'Histoire illustré de la ménopause* (1990), by another gynaecologist, Henri Rozenbaum, with pharmacy historian Jean-Jacques Peumery, like Arnaud's book, is a broad world survey with a short and selective discussion of nineteenth-century French sources.<sup>10</sup> Non-French specific works on the history of menopause include articles on early modern sources by Sara Scalenger (2008) and by Michael Stollberg (1999).<sup>11</sup> The only major scholarly studies of the medical history of menopause anywhere are as Judith Houck's *Hot and Bothered* (2006), entirely focused on American medical history of the twentieth century, and Louise Foxcroft's *Hot Flushes, Cold Science* (2010) covering a broad European, British and American scope from the early modern period to the early twenty-first century, with its main focus on the twentieth century. Elizabeth Siegel Watkins' *The Estrogen Elixir* (2009) focuses on the twentieth-century history of American hormone replacement for menopausal women.<sup>12</sup>

*La ménopause* appeared to refer to something specific to women—men after all, did not menstruate, so how could they have a menopause? Although the connection has not been hitherto discussed explicitly, this change would seem consistent with Thomas Laqueur's renowned historical claim that medical views of the sexes shifted around the end of the eighteenth century, from a view of men and women as mirror reflections of one another (the one-sex model) to a view that radically differentiated the sexes asymmetrically (the

<sup>8</sup> Théré, 'Âge de retour et retour d'âge'; A. Tillier, 'Un âge critique. La ménopause sous le regard des médecins des XVIII<sup>e</sup> et XIX<sup>e</sup> siècles', *Clio. Histoire, femmes et sociétés*, 21 (2005): 1–10; Wilbush, 'La Ménopause—the birth of a syndrome'; J. Wilbush, 'Menorrhagia and menopause: a historical view', *Maturitas*, 10 (1988), 5–26.

<sup>9</sup> J. Livi, *Vapeurs de femmes: Essai historique sur quelques fantasmes médicaux et philosophiques* (Paris, 1984), 81–98; D. Delanoë, *Sexe, croyances et ménopause* (Paris, 2007), 19–61.

<sup>10</sup> Arnaud, *La Ménopause à travers l'histoire*, 3–42; H. Rozenbaum, and J.-J. Peumery, *Histoire illustré de la ménopause* (Paris, 1990).

<sup>11</sup> S. Scalenger, 'Menstruation and menopause', in B. G. Smith, *The Oxford Encyclopedia of Women in World History*, vol. 1 (Oxford, 2008), 264–6; M. Stollberg, 'A woman's hell? Medical perceptions of menopause in preindustrial Europe', *Bulletin of the History of Medicine*, 73 (1999), 404–28.

<sup>12</sup> J. Houck, *Hot and Bothered: Women, Medicine and Menopause in Modern America* (Cambridge MA, 2006); Foxcroft, *Hot Flushes, Cold Science*; E. Siegel Watkins, *The Estrogen Elixir: A History of Hormone Replacement Therapy in America* (Baltimore, 2009).

two-sex model).<sup>13</sup> Would not the woman-specific parameters of nineteenth-century menopause, in contradicting the competing concepts of a critical age or *âge de retour* shared by both men and women, be an excellent illustration of Laqueur's account of this broader shift in modern views of the sexes? Indeed, much of the menopause hygienic advice produced in the nineteenth century insisted on the asymmetry of men's and women's needs for medical supervision in ageing, referring to the over-arching power of the uterus to 'derange' women's health, meaning that women, at all stages of life, were deemed to require more medical care than men. Moreover, menopause emerged alongside and occasionally with explicit reference to that other significant new framework of feminine pathology in nineteenth-century French medicine: hysteria. Menopause was, by some accounts, the older woman's hysteria—now that the uterus was atrophied, its influence on a woman's physiology manifested less severe but equally aberrant symptoms to those of the hysteric.

But the new female-specific concept of *la ménopause*, far from displacing the non-sex-specific concepts of *l'âge critique* and *l'âge de retour*, was the least common of the three terms used throughout the copious nineteenth-century elaboration of French medical ideas about it. And while many texts described highly sex-specific hygienic requirements of ageing, they also imagined the loss of menses as representing a new era of masculinity in a woman's life. In these respects, Laqueur's 'pre-modern' one-sex model continued to operate in the history of French medicine in the modern era, even as new reductive visions of the influence of the uterus on women's physiology and psychology were elaborated. The two-sex model did not displace the one-sex model; rather, nineteenth-century medicine produced a dazzling array of new normative concepts about men and women, but it achieved this as much by re-elaborating historical ways of imagining the sexes as homologous as by radically differentiating them in novel terms.

The conceptual-history frame of 'multiple temporal layers' is useful here for thinking about how the past remains in subsequent concepts, against the grain of historiographic tendencies to see periodization blockishly as the replacement of one idea by another.<sup>14</sup> The continued theme of the sexes as homologous is discernible in French medical thought on menopause in the repeated insistence made throughout the nineteenth century that men too suffered a critical age. Many highly respected French medical scholars at this time, and indeed well into the twentieth century, continually preferred the terms *l'âge critique* and *l'âge de retour* over *la ménopause* precisely because they allowed men to be included in the elaboration of the condition. Eventually, even *la ménopause* was co-opted into the description of men's critical age, with references to 'male menopause' or 'andropause' appearing in twentieth-century ideas.<sup>15</sup>

<sup>13</sup> T. W. Laqueur, *Making Sex from the Greeks to Freud* (Cambridge, MA, 1990).

<sup>14</sup> H. Jordheim, 'Against periodization: Kosellek's theory of multiple temporalities', *History & Theory*, 51 (2012), 159–60.

<sup>15</sup> E.g. K. Tserotas and G. Merino, 'Andropause and the aging male', *Archives of Andrology: Journal of Reproductive Systems*, 40 (1998), 87–93.

Menopause, as a new concept, then only partially succeeded in differentiating women's ageing from men's. The old one-sex model described by Laqueur did not vanish with the emergence of new asymmetric views of the sexes but was retained in nineteenth-century French medicine as an important conceptual layer in the elaboration of men's and women's sexual ageing.

In the first section, this article relates the invention of *la ménopause* to its competitor expressions, considering how the terms *l'âge critique* and *l'âge de retour* inflected the new concept by continually being evoked alongside it; and considers why the alternative expressions retained their currency despite the more technical expression's appearance. The second section considers the symptomatology of menopause in relation to the overlapping concepts of hypochondria and hysteria. Section III shows how hysteria and menopause were related conceptually as expressions of a novel form of uterine reductionism that was elaborated via the reinvention of Hippocrates and of medical tradition. Medical works on menopause made a strong claim to overturning one sort of traditional myth, at the same time claiming to vindicate ancient Hippocratic medical wisdom. But despite their self-conscious historicity, doctors writing about menopause also demonstrated competitive drive against alternative practitioners treating women.

## I

In his 1812 thesis, the doctoral candidate Gardanne had suggested a need for the neologism as an answer to what he claimed was a proliferation of terms all referring to the same thing: 'critical era, cessation of menses, disappearance of menstruation, the turn of age, the age of decline, the elderly spring, woman's hell, woman's winter, the death of sex, the critical time', remarking, 'one becomes lost in this maze of terms'.<sup>16</sup> But clearly, in reducing the broad conception of *l'âge critique* to the fundamental fact of *la cessation de menstruation*, Gardanne also began a long French tradition of insisting that the end of menses was not, per se, a risk to women's health, while at the same time offering heavily proscriptive hygienic advice that included management of sleep, exercise, diet and digestion, sexuality, dress, alcohol and coffee consumption, conditions of habitation, cosmetic usage, and warnings about the use of medications, along with the assertion that this time of a woman's life 'requires the doctor's full attention'.<sup>17</sup>

Menopause was often stated to be the preferable term precisely because it admitted that the cessation of menstruation in women need not be pathological, as implied in the concept of the critical age or *âge de retour*. Gardanne had remarked that women who had always had heavy periods tended to find menopause a relief, enjoying a new lease of life in this time.<sup>18</sup> The idea of

<sup>16</sup> Gardanne, *Dissertation sur les avis à donner aux femmes*, ix.

<sup>17</sup> Gardanne, *Dissertation sur les avis à donner aux femmes*, 20–36.

<sup>18</sup> Gardanne, *Dissertation sur les avis à donner aux femmes*, 18.



menopause as actually a better time for women also appeared in the 1803 thesis on menstruation by Maurice Chaslon.<sup>19</sup> The medical scholar Henri Marie Joseph Desruelles, in reviewing Gardanne's book of 1821 for the *Journal universel des sciences médicales*, remarked that Gardanne's term was preferable because menopause, 'sometimes occurring without any noticeable change in a woman's health, is inaccurately designated the "critical age"'.<sup>20</sup> Gardanne and, after him, almost every medical writer on the topic of menopause throughout the nineteenth century, insisted that menopause was not a disease and should ideally result without symptoms. In fact, they argued this case as if to imply that everyone else had previously over-pathologized it, often insisting on a stance of debunking an ancient belief in the cessation of menstruation as dangerous to women's physiology—a theme to which we will return in the final section of this article. This anti-pathological argument was also made using the alternative terms *l'âge de retour* and *l'âge critique*, but only *la ménopause* sounded entirely scientific, and implied no inherent pathological dimension.

As Christine Théré notes, while the neologisms *la ménopause* and *la ménopause* rapidly appeared in medical dictionaries from the first decades of the nineteenth century, immediately following Gardanne's thesis proposal, by 1877 the *ménopause* entries in such dictionaries all referred back to a longer entry under *âge critique*.<sup>21</sup> In fact, so helpful was the notion of *l'âge critique* in explaining the wide variety of symptoms that tended to be grouped under the category that, even with the newly accepted technical neologism, both *l'âge critique* and the less technical term *l'âge de retour* persisted and in many cases appear to have been preferred by doctors writing on the topic well into the twentieth century.<sup>22</sup>

This did not exactly follow the usual pattern in the development of technical diagnostic terminology in the history of nineteenth-century medicine. In most cases, common language expressions derived from broad non-medical contexts or from humoral medical models tended to become eclipsed by new technical neologisms constructed by doctors, with linguistic accuracy, using Greek or Latin components. Often this involved a kind of sorting period in which multiple terms operated interchangeably, such as in the competing terms for sadism and masochism—tyrannism and passivism or algolagnia, or those which

<sup>19</sup> M. Chaslon, *Essai sur la menstruation* (Paris, 1803), 6.

<sup>20</sup> H. M. J. Desruelles, *De la ménopause ou l'âge critique des femmes*, by Ch. P.L. De Gardanne, D.M.P (Paris, 1821), in J.-B. Regnault, *Journal universel des sciences médicales* 25 (Paris, 1822), 171.

<sup>21</sup> Théré, 'Âge de retour et retour d'âge', 61–2.

<sup>22</sup> E.g. C. H. Harreaux, *Essai sur une variété d'hypochondrie particulière aux femmes de l'âge critique*. (Paris, 1837); L. M. Lafontaine-Margariteau, *Conseils hygiéniques aux femmes depuis leur naissance jusqu'à l'âge critique, ayant pour but principal de les préserver de la leucorrhée flueurs blanches), ou de la diminuer si elle existe* (Paris, 1835); C. Menville, *Conseils aux femmes à l'Époque de l'âge de retour, ou de l'âge critique, et de moyens de combattre et prévenir les maladies qui peuvent survenir à cette époque de la vie* (Paris, 1839); E.-J.-A. Valleteau de Moulliac, *Contribution à l'étude de l'âge critique chez l'homme (Troubles nerveux et psychiques)*. (Bordeaux, 1907).

referred to frigidity, such as anaphrodisia and vaginismus.<sup>23</sup> This appears have been the case for menopause too, except that the technical neologism was considerably less popular among doctors and doctoral students who wrote on the topic throughout the nineteenth century, in spite of its suitability for their anti-pathological insinuations. Even a 1932 book on healthy sexual ageing by the renowned surgeon Victor Pauchet referred to *l'âge critique*, not to menopause.<sup>24</sup> The sorting period for menopause was particularly long because the competing terms exerted a continuing force in the development of ideas about sexual ageing in both sexes. As a consequence of the three terms co-existing throughout the most intense period of the medical elaboration of menopause, the unique meanings of the other terms became conceptually embedded in the more technical expression, even though it was supposed to be free of their burdensome connotations.

The terms *l'âge de critique* and *l'âge de retour* continued to appeal as medical constructs partly because, even as there were new insinuations about women's specific physiology, many doctors remained unwilling to abandon the idea that men too experienced a climacteric age. This had been one of the claims of Louis Jallon's doctoral thesis on *l'âge critique* in 1805, though he considered men to begin theirs later than women.<sup>25</sup> Sébastien Guyétant was one of those successful and established Parisian doctors who clearly preferred the notion of the *retour d'âge*, which he viewed as affecting both men and women in their forties and fifties, authoring an influential work on the question as it applied to both sexes in 1836 (republished in 1870, after his death in 1865).<sup>26</sup> Doctor Louis de Séré in a 1885 book on men's and women's sexual ageing asserted that 'The critical age, common to both men and women, succeeds virility.'<sup>27</sup> The psychiatrist Emmanuel Régis in 1906 insisted that 'Elementary psychical troubles due to menopause are not exclusive to women, but are found also men when they reach their critical age around 50 years.'<sup>28</sup> This was much of the inspiration for Valleteau de Moulliac's 1907 entire thesis devoted to the topic of 'the critical age in man'.<sup>29</sup> Doctor Louis Genest revived the idea in 1920, remarking that 'Doctors of great note have maintained that ageing, the approach of old age, produces a menopause for men',<sup>30</sup> devoting a long chapter to men's *retour*

<sup>23</sup> P. Cryle, 'Les Choses et les mots: missing words and blurry things in the history of sexuality', *Sexualities*, 12 (2009), 439–52; A. Moore, 'The invention of sadism? The limits of neologisms in the history of sexuality', *Sexualities*, 12 (2009), 489–506; I. Crozier, 'Philosophy in the English boudoir: contextualising Havelock Ellis's discourses about sexuality, with particular reference to his writing on algolagnia', *Journal of the History of Sexuality*, 13 (2004), 275–305.

<sup>24</sup> V. Pauchet, *L'Automne de la vie; l'homme et la femme à l'âge critique* (Paris, 1932).

<sup>25</sup> L. J. S. Jallon, *Essai sur l'âge critique des femmes* (Paris, 1805), 8.

<sup>26</sup> S. Guyétant, *Le Médecin de l'âge de retour et de la vieillesse, ou Conseils aux personnes des deux sexes qui ont passé l'âge de quarante-cinq ans* (Paris, 1836); Guyétant, *L'Âge de retour et la vieillesse*.

<sup>27</sup> Séré, *La Virilité et l'âge critique chez l'homme et chez la femme*, 6.

<sup>28</sup> Cited in Valleteau de Moulliac, *Contribution à l'étude de l'âge critique chez l'homme*, 52.

<sup>29</sup> Valleteau de Moulliac, *Contribution à l'étude de l'âge critique chez l'homme*.

<sup>30</sup> L. Genest, *Comment Prévenir et Guérir les Maladies du retour d'âge. Hygiène préventive; les soins spéciaux; les meilleurs remèdes* (Paris, c.1920), 138.



*d'âge* in his book of hygienic advice to both sexes aged between forty-five and fifty.<sup>31</sup> Dr Victor Pauchet's book of 1932, discussed in the previous paragraph, also devoted as much space to men's 'autumn of life' as to women's, as reflected in the subtitle of his book: 'Man and Woman in the Critical Age'.<sup>32</sup>

However, as Christine Théré notes, there were nonetheless important differences in the way men's and women's critical age was viewed, and women generally were considered to need much more personal hygienic management and medical care.<sup>33</sup> There is also no doubt that most of those writing about the topic throughout the 1830s to 1870s focused entirely on women's menopause, without considering that this concept applied to men. But even those who did not consider men to suffer a particular *âge critique* or *âge de retour* nonetheless continued to prefer these terms over the female-specific *la ménopause*. Why?

Both *l'âge critique* and *l'âge de retour* were terms based on the notion that this was a delicate transitory time of life in which old health problems would return with a vengeance. It was viewed as a period of general vulnerability (connoted by the term 'critical'), in which how much and the nature of what one suffered depended upon one's previous medical history (connoted by the notion of 'return'). This view helped to explain the wide variety of complaints doctors heard from their patients, since, based on such accounts, there was no particular symptom that could characterize this time of life per se, given each individual's unique experience of previous health and disease. What returned at the *âge de retour* would be different in every case. Jallon, in his 1805 thesis, referred to 'the predisposing causes of illness in the critical age', listing diverse factors such as difficult pregnancies, menstrual history, humoral temperament, sexual habits, previous genital infections and the rather broad category of 'complications of age with other illnesses'.<sup>34</sup> Dr Charles Menville, writing in 1839, favoured the term *âge de retour* because:

a great number of the alterations seen as resulting from menopause...were born of an earlier period, with the critical age merely having an accelerating effect upon these afflictions.<sup>35</sup>

Jean-Baptiste Nosely's 1848 thesis, after listing a very diverse spectrum of possible 'events' of which women complained in the critical age, suggested these were 'lesions awakened by menopause' only because they had some earlier incarnation beforehand.<sup>36</sup> Dr Sébastien Guyétant, in an 1857 work on leucorrhoea, claimed that incidences of troublesome vaginal secretions in youth predisposed women to uterine cancer in the *âge de retour*.<sup>37</sup> Gustave-Adolphe

<sup>31</sup> Genest, *Comment Prévenir et Guérir les Maladies du retour d'âge*, 138–47.

<sup>32</sup> Pauchet, *L'Automne de la vie*.

<sup>33</sup> Théré, 'Âge de retour et retour d'âge', 72.

<sup>34</sup> Jallon, *Essai sur l'âge critique des femmes*, 34.

<sup>35</sup> Menville, *Conseils aux femmes à l'Époque de l'âge de retour*, 8.

<sup>36</sup> Jean-Baptiste Nosely, *Dissertation sur l'âge critique* (Paris, 1848), 13–16.

<sup>37</sup> Guyétant, *Conseils au femmes sur les moyens de se préserver*, iv.

Plihon in his 1859 thesis specified that menopause 'is not itself a disease, but is an apt state for the contraction of numerous diseases'.<sup>38</sup>

The nineteenth-century idea that menopause was a 'critical age' in which no new diseases occurred but in which old ones could be revived was a conceptual layer that contained several different embedded temporalities. It was at once nineteenth-century, eighteenth-century and ancient. On the one hand, it reflected the very novel modern assertion that menopause was itself not a pathology; on the other hand, it retained elements of the ancient Greek and Roman medical principle that a lifetime is divisible into seven-year cycles, or the hebdomadal system, with each transition between cycles representing a critical moment.<sup>39</sup> Hippocratic accounts of the life cycles were the inspiration for late eighteenth-century attempts to theorize the patterns of ageing in the work of the naturalist philosopher Georges-Louis Leclerc de Buffon and, in particular of his collaborator Louis-Jean-Marie Daubenton, who was the inventor of the term *âge de retour*.<sup>40</sup> Daubenton appears to have remained an important reference for several nineteenth-century doctors writing on menopause.<sup>41</sup> Dr Sébastien Guyétant in 1870 cited Daubenton's periodization of the life cycle according to six ages that included childhood (from birth to puberty), adolescence (from twenty to twenty-five), youth (from twenty-five to thirty-five), the age of virility (from thirty-five to forty-five), the critical age (from forty-five to sixty-five) and old age (from sixty-five until death).<sup>42</sup> A 1907 description of the principle can be found still in a work by the Bordelais doctoral student Valleteau de Moulliac, who referred to Daubenton's calculation of old age as beginning around fifty-six because this was eight x seven years, though noting in practice it could be anywhere between forty-five and sixty-five.<sup>43</sup> Valleteau de Moulliac asserted that it was primarily the moment of transition between each cycle that represented a crisis-point, the most critical of these being at age forty-nine and at age sixty-three.<sup>44</sup> Most others throughout the nineteenth century referred to a woman's life as divided into three ages, before, during and after her fertility, as for instance in Garnier's thesis of 1820.<sup>45</sup> One rare female-authored work of popular medical advice published in 1899 by Madame A. Gensse referred to four ages of womanhood, with a chapter devoted to each: the infant, the young girl, the mother and the grandmother, though in discussing the ages she also mentioned Daubenton's six divisions of seven-year cycles, which positioned the *âge de retour* between *la mère* and *la grand'mère*.<sup>46</sup> But

<sup>38</sup> Plihon, *De la Ménopause (âge critique)*, 6.

<sup>39</sup> T. G. Parkin, *Old Age in the Roman World: A Cultural and Social History* (Baltimore, 2003), 16–19.

<sup>40</sup> Théré, 'Âge de retour et retour d'âge', 55.

<sup>41</sup> Daubenton, 'Histoire naturelle de l'homme'.

<sup>42</sup> Guyétant, *L'Âge de retour et la vieillesse*, 8.

<sup>43</sup> Valleteau de Moulliac, *Contribution à l'étude de l'âge critique*, 14.

<sup>44</sup> Valleteau de Moulliac, *Contribution à l'étude de l'âge critique*, 13.

<sup>45</sup> Garnier, *Considérations sur l'âge critique*, 5.

<sup>46</sup> A. Gensse, *Les Quatres âges de la femme au point de vue physiologique, cinquième édition* (Paris, 1899), 102.

while the idea of lifespan as divided into cycles failed to converge on a consensus about how long these were, how many there were, or when they began, the notion of life-cycle transition as a critical moment of health vulnerability appears to have been heavily conserved in accounts of the during-to-after fertility moment for women. Only by citing the new term *la ménopause* alongside the life-cycle evocative terms *l'âge de retour* and *l'âge critique* could doctors substantiate the notion of menopause as a period of vulnerability requiring medical intervention.

## II

Perhaps the most striking feature of nineteenth-century descriptions of menopause is the tremendous variety of symptoms listed among the 'accidents' of the critical age. So much was menopause viewed as little more than an incoherent cluster of patient-reported symptoms without any clear mechanist theory underlying it, and without any identifiable physiologic lesions, that several doctors proposed that at least one of the symptoms of menopause must in fact be hypochondria.<sup>47</sup> Gardanne in his 1812 thesis had remarked that:

The approach of menopause makes such an impression on women that their imagination is quick to create vain chimeras that bring great trouble to their entire animal physiology; they become morose, worried, taciturn ...<sup>48</sup>

Joseph-François Garnier's 1829 thesis proposed that worrying about the diseases purported to occur in the critical age might actually be the very cause of the disorders that doctors were trying to help women avoid.<sup>49</sup> Another doctoral thesis, by Charles-Victor Harreaux, defended in 1837, proposed as its main argument, that hypochondria was the nervous disorder par excellence of the menopausal woman, claiming that after several years of clinical study in hospitals he was struck by a unique form of it particular to women in the *âge de retour*.<sup>50</sup> Similarly, Jean-Baptiste Nosely in his 1848 thesis complained of 'the imaginary dangers surrounding the critical age, the fears that are born and which grow increasingly as the time approaches, only ceasing once it is definitively passed'.<sup>51</sup> If there was one problem about menopause that all doctors agreed on was the fact of worrying about it.

<sup>47</sup> G.-A. Plihon, 'De la Ménopause (âge critique)' (Thèse pour le doctorat en médecine présentée et soutenue le 13 mai 1859, Faculté de la Médecine de Paris); published as *De la Ménopause (âge critique)* (Paris, 1859), 22–30; Sauvé, *Réflexions sur l'âge critique*, 3; Castan, *Hygiène de l'âge de retour*; Nosely, *Dissertation sur l'âge critique*, 5; Valleteau de Moulliac, *Contribution à l'étude de l'âge critique chez l'homme*, 20–1.

<sup>48</sup> Gardanne, *Dissertation sur les avis à donner aux femmes*, 18.

<sup>49</sup> Garnier, *Considérations sur l'âge critique*, 8.

<sup>50</sup> Harreaux, *Essai sur une variété d'hypochondrie particulière aux femmes*, 5.

<sup>51</sup> Nosely, *Dissertation sur l'âge critique*, 5.

From these ideas about menopausal hypochondria there was only a small step needed to situate menopausal symptoms within the other large medical rubric of female-specific health that emerged in this same period: hysteria. As early as 1805 Jallon, in his thesis, had considered hysteria to be just one of the possible effects of the critical age in women, along with hypochondria, melancholy, mania and epilepsy.<sup>52</sup> The 1837 thesis by Harreaux made a more aggressive statement concerning the link between hysteria and menopause, proposing that it was the same diversion of nervous energy toward the uterus in hysterics that caused most of the symptoms of menopause that women complained about. But because the menopausal woman had an atrophied uterus, he argued, this diversion of nervous energy produced melancholic symptoms and hypochondria rather than the convulsive symptoms of the hysteric.<sup>53</sup>

Harreaux was an outlier in this period, though, and most doctors and doctoral students throughout the 1830–1870 period continued to see hysteria as just one of an array of equally vaguely defined pathologies that could befall women in menopause, rather than as the underlying cause of all menopausal symptoms. Plihon's 1859 thesis, for instance, like Jallon's 1805 account, listed hysteria as one of three of the nervous symptoms of which women suffered in the critical age, along with epilepsy and hypochondria.<sup>54</sup> Dr Ernest Barié's book of 1877, citing the English physician Edward John Tilt, considered the majority of menopausal women to suffer mild nervous disorders, with some of particularly nervous temperament suffering 'serious neuroses', including hysteria, epilepsy or chorea.<sup>55</sup> But he took step further towards the view of all the nervous symptoms of menopause as hysterical, remarking, 'We will not insist upon menopause as producing unique neuroses; these are for the most part just different manifestations of the same illness that is hysteria.'<sup>56</sup> But Barié also cited a large body of scholarship that claimed hysterical symptoms commonly to ease after menopause: it was a view found in the work of Vigarous (1801), Dubois d'Amiens (1837), Briere de Boismont (1842), Landouzy (1846), Hardy et Béhier (1850–58), and others.<sup>57</sup> Pierre Briquet, in 1859, in discussing the 'influence of age' on the incidence of hysteria, remarked that it 'it rarely effects young girls prior to puberty or women after menopause'.<sup>58</sup>

<sup>52</sup> Jallon, *Essai sur l'âge critique des femmes*, 63.

<sup>53</sup> Harreaux, *Essai sur une variété d'hypochondrie particulière aux femmes*, 5–16.

<sup>54</sup> Plihon, *De la Ménopause (âge critique)*, 22–30.

<sup>55</sup> E. J. Tilt, *The Change of Life in Health and Disease* (Philadelphia, 1871); Barié, *Étude sur la ménopause*, 49–50.

<sup>56</sup> Barié, *Étude sur la ménopause*, 121.

<sup>57</sup> Barié, *Étude sur la ménopause*, 122. J.-M.-J. Vigarous, *Cours élémentaire de maladies des femmes, ou Essai su une nouvelle méthode pour étudier et pour classer les maladies de ce sexe* (Paris, 1801); F. Dubois d'Amiens, *Histoire philosophique de l'hypochondrie et de l'hystérie* (Paris, 1833); A. J. F. Briere de Boismont, *De la Menstruation considérée dans ses rapports physiologiques et pathologiques* (Paris, 1842); H. Landouzy, *Traité complet de l'hystérie* (Paris, 1846); A. Hardy and J. Béhier, *Traité élémentaire de pathologie interne* (Paris, 1850–1858).

<sup>58</sup> P. Briquet, *Traité clinique et thérapeutique de l'hystérie* (Paris, 1859), 52–3.

In the period 1880–1900, study of the menopause became increasingly assimilated into the specialist scholarship on hysteria, never as a central theme, but considered to be one of the vulnerable times, along with puberty, when susceptible women might succumb to hysterical symptoms.<sup>59</sup> The idea of life-cycle transitions as ‘critical’ times appears to have trumped the view of menstruation as the source of all women’s mania. But even though there were some who claimed the menopause as a likely moment for hysterical symptoms, curiously this did not reinforce notions of either hysteria or the critical age as uniquely female-specific. ‘Virile hysteria’ emerged as an important addition to the scholarship on hysteria around this time, as indicated by Charcot’s work on the topic, just as ideas about men’s critical age retained their place in the medical scholarship on reproductive ageing.<sup>60</sup>

### III

In other respects, much of the writing on menopause throughout the nineteenth century helped to develop substrate ideas supporting the view of women’s mental states as determined by their reproductive function. Almost all French medical theses defended on questions of women’s health reproduced on the final page of the thesis a list of aphorisms taken from Galen’s first-century CE collation of the fifth-century BCE works of Hippocrates, known as the Hippocratic corpus. Frequently, they cited either Hippocrates or Galen in the opening remarks of the thesis, and invariably this included one particular Hippocratic quotation, which anyone familiar with the history of obstetrics and gynaecology would know: ‘Propter uterum mulier tota est morbus’ (‘the uterus is the source of all women’s diseases’). Engagements with, and distortions of, the Hippocratic corpus were tremendously important for the formulation of nineteenth-century medical ideas about women’s health. As Helen King remarks, the claim to hysteria as a traditional Hippocratic concept was central to its investment with authority in late nineteenth-century thought.<sup>61</sup> As King and other medical history scholars have noted, these modern forms of citation of Hippocratic ‘tradition’ in fact often produced new interpretations of the ancient texts, even as they claimed to be authentic to them: every era had its own unique Hippocrates (misconstrued as a single author), moulded to fit the prerogatives of each contemporary conceptual formation.<sup>62</sup>

The quotation ‘Propter uterum mulier tota est morbus’ was interpreted, revised and altered by many doctors of women’s health, turning the ancient

<sup>59</sup> D. Scialom, *Associations névroso-organiques (hystérie et neurasthénie)* (Montpellier, 1902), 35; E. Monin, *Les Troubles nerveux de cause sexuelle* (Paris, 1890), 43–7.

<sup>60</sup> J.-M. Charcot, *Leçons sur l’hystérie virile*, introd. M. Ouerd (Paris, 1984); M. Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge, MA, 2008), 117–227.

<sup>61</sup> H. King, *Hippocrates’ Woman: Reading the Female Body in Ancient Greece* (London, 1998), 206.

<sup>62</sup> D. Cantor, ‘Introduction: the uses and meanings of Hippocrates’, in D. Cantor (ed.), *Reinventing Hippocrates* (Abingdon, 2016), 2–3.

saying into a specific modern insistence on reproductive capacity as the defining feature of womanhood, and providing support to the novel insistence that a women's mental health was controlled by her reproductive organs, attributing to both the concept of hysteria and that of a nervous symptomatology of menopause. A first revision had been made to the Hippocratic expression by the seventeenth-century Flemish chemist and physician Jan Baptist van Helmont, who, following Paracelsus, rejected Galen's collation and translation of Hippocrates into the Latin corpus and used alternative Greek sources to develop his own engagement with Hippocrates.<sup>63</sup> Van Helmont rendered the expression in quite a novel sense as 'Propter solum uterum, mulier est id quod est' ('the uterus alone makes woman what she is').<sup>64</sup> This version went a huge step further than Galen's rendition, extending the influence of the uterus beyond disease and into the complete being of womanhood. There was not a large uptake of van Helmont's scholarship nor of Paracelsian thought generally in French medicine of the nineteenth century, and yet this alternative rendition of the Hippocratic expression was at least as widely used as the Galenic version in texts dealing with menopause.

Van Helmont's alleged rendition of Hippocrates appealed to many doctors of menopause because it proposed an even more radical insistence, not only that all women's diseases derived from uterine disorders, but also that reproductive capacity was the single defining feature of womanhood, making the cessation of menstruation a truly 'critical age'. But in other works, even when the Galenic version of the expression was cited, the text was often read as extending to all aspects of women's health and behaviour, and not merely to their diseases. Louis Chandelux, in his doctoral thesis of 1850, cited the Galenic version in support of the view that the uterus has a remarkable influence on both the physiological and moral habits of women, adding 'this influence is incontestable; it did not escape the ancient observers' and was responsible for the 'marked differences' between the sexes.<sup>65</sup> But prior to this, Prosper-Louis Sauvé's 1826 thesis had used Van Helmont's version of the expression, referring to him by name, adding that the uterus had such a great influence on women's constitution, 'even in health, and modified so much their way of seeing and feeling, that one can quite rightly consider it the engine and agent of all their actions'.<sup>66</sup> Gustave-Adolphe Plihon's 1859 doctoral thesis concurred: 'The uterus dominates the physiology of women, it's an incontestable fact.'<sup>67</sup>

<sup>63</sup> J. Shackelford, 'The chemical Hippocrates: Paracelsian and Hippocratic theory in Petrus Severinus' medical philosophy', in *Reinventing Hippocrates*, ed. D. Cantor (Abingdon, 2016), 60-1.

<sup>64</sup> J. B. van Helmont, *Aufgang der Arznei-Kunst* [1683] (Munich, 1971), 85; M. Stohlberg, 'A woman down to her bones: the anatomy of sex difference in the sixteenth and early seventeenth centuries', *Isis*, 94 (2003), 289.

<sup>65</sup> L. Chandelux, *L'Age critique de la femme (ménopause)* (Paris, 1850), 6.

<sup>66</sup> P.-L. Sauvé, *Réflexions sur l'âge critique, et particulièrement sur le régime le plus convenable pour préserver les femmes des accidens qui ont coutume de survenir cette époque de leur vie* (Strasbourg, 1826), 2.

<sup>67</sup> Plihon, *De la Ménopause (âge critique)*, 5.



Dr Charles Menville was a lone voice of striking scepticism in response to these new reductionist claims. His 1839 advice manual flagrantly contradicted all this fashionable talk in no uncertain terms:

Arriving at the critical age, woman does not lose all the fineness of her sex,  
 as one often hears repeated by those who would freely accord a great influence  
 of the uterus on a woman's intellectual attributes. Any sane study of the vital  
 functions would show these ideas to be foolishly exaggerated. The uterus, like all the  
 important organs, has numerous correspondences with the brain, the lungs, the  
 stomach; but it does not have a preeminent action over all other organs, and does not  
 constitute women herself, such as one ridiculously pretends (*Propter uterum  
 solum mulier est id quod est*).<sup>68</sup>

The reduction of women to the uterus both in sickness and in health, both in physiology and behaviour, went far beyond the remit of the Galenic Hippocrates and had important implications for the ways that menopause was conceived. But even as it formed the basis for assertions about sex difference, it also resulted in statements about the sexes becoming one in old age. Many of the works published on menopause referred to it as a drastic loss of femininity, using one or another version of the Hippocratic expression in support of the claim. Louis-Josef Windrif, in one of the first doctoral theses on the 'critical age' in women in France, defended at the University of Strasbourg in 1808, remarked that a woman, having lost her generative capacity along with the menstrual flow and 'ceasing to live in the manner of her sex ... is assimilated to man, from whom she now differs only in form'.<sup>69</sup> Théodore Pétrequin's 1836 doctoral thesis on the topic of menstruation described its cessation as the moment when 'woman ceases, so to speak, being a woman'.<sup>70</sup> The 1848 doctoral thesis of Nosely, after quoting the Galenic Hippocrates, added that the critical age was a period of transition in which 'the woman loses the attributes of her sex'.<sup>71</sup> Ernest Barié reiterated the claim in 1877, adding that 'little by little, the menopausal woman approaches the habitus of a man' and claimed that the Enlightenment patron of the arts la Marquise du Deffant, in her climacteric years, had once begun a sentence about her own youthful past with the clause

<sup>68</sup> Menville, *Conseils aux femmes à l'Époque de l'âge de retour*, 16.

<sup>69</sup> L.-J. Windrif, *Essai sur les phénomènes de l'âge critique chez la femme; sur les principaux accidens que l'on remarque à cette époque, et sur les moyens de les prévenir*. (Strasbourg, 1811), 2.

<sup>70</sup> T. Pétrequin, *Recherches sur la menstruation* (Paris, 1836), 11.

<sup>71</sup> Nosely, *Dissertation sur l'âge critique*, 7.

'Once when I was still a woman'.<sup>72</sup> It seems likely that he borrowed this quotation from the English physician Edward Tilt who cited it in 1857, as did the Belgian physician Charles Van Leyseele in 1860.<sup>73</sup> This idea too suggests that the 'two-sex' model of male-female differentiation that Laqueur claims dominated nineteenth-century medicine in fact was more mutable than the model predicted: women as they aged became men.

The insistence that the loss of uterine function was what made menopausal women lose their femininity had important implications for the growth of ideas about hysteria in the second half of the nineteenth century. Hysteria, or the notion of a unique female sexual mental illness used the Latin *hystericus* referring to the uterus as the source of the disorder. However, paradoxically, the first great spike in modern medical interest in hysteria actually occurred contemporaneously with an international revision of the role of the uterus in gynaecological thought, and a new emergent understanding instead emphasised the ovaries as the main driver both of women's sexual desire and pathology.<sup>74</sup> But the revision was incomplete and remained contentious well until the early twentieth century, with continuing references to the uterus in much French, German and British medical writing on women's reproductive physiology, on hysteria, on women's sexuality and on menopause. In some works, it was specifically the ovaries that were said to shrink, atrophy or ossify in menopause.<sup>75</sup> In 1880 Dr Raoul Bossi asserted that 'It is the ovary, the female analogy of the male testicle, which performs the highest functions of the genital apparatus; the uterus is but a receptacle.'<sup>76</sup> Here too in the language of genital 'analogy' between the sexes, the one-sex conceptual layer appears to have played an ongoing role.

In others works, the uterus continued to be emphasized in menopause symptomology.<sup>77</sup> Some collated the two organs into a single network, avoiding the question of which governed the other, or which more directly impacted women's overall health and disease.<sup>78</sup> But in all cases the claim persisted that women were only women because of one or another component of their reproductive function, with the implication that in menopause some essential defining condition of femininity was lost altogether. As early as 1844 the physician Achille Chéreau proposed that Van Helmont's rendition of Hippocrates needed a further revision in recognition of the emerging understanding of

<sup>72</sup> Barié, *Étude sur la ménopause*, 50.

<sup>73</sup> Tilt, *The Change of Life in Health and Disease*, 27; C. Van Leyseele, *Hygiène de la femme, ou l'art de conserver la santé et de prolonger la vie, depuis la naissance jusqu'à l'extrême vieillesse*, Tome II (Ghent, 1860), 267.

<sup>74</sup> O. Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800-1929* (Cambridge, 1993), 33-5.

<sup>75</sup> A. Raciborski, *Traité de la menstruation; ses rapports avec la fécondation, l'hygiène de la puberté et de l'âge critique, son rôle dans les différentes maladies, ses troubles et leur traitement* (Paris, 1868), 6-7.

<sup>76</sup> R. Boussi, *Étude sur les troubles nerveux réflexes observés dans les maladies utérines* (Paris, 1880), 36.

<sup>77</sup> Séré, *La Virilité à l'âge critique*, 17; Guyétant, *L'Âge de retour et la vieillesse*, 139.

<sup>78</sup> P. Berthier, *Des Névroses menstruelles, ou la menstruation dans ses rapports avec les maladies nerveuses et mentales* (Paris, 1874), 5.

ovarian influences on the female reproductive system, suggesting the alternative: 'Propter solum ovarium, mulier est id quod est'.<sup>79</sup> In the 1880s this was later edited into more correct Latin by the German physician and sceptic of Darwinism Rudolf Virchow as 'Propter ovarium solum mulier est id quod est'.<sup>80</sup> By this stage, there were growing international conversations about reproductive physiology and menopause, French, German, British and American.<sup>81</sup> But whichever organ was thought to be the locus of control over women's behaviour, it was some part of the reproductive system that was cited.

As medical historian Victor Medvei noted, these perspectives all assumed a mechanism of control in which the nervous system was thought to mediate both physiology and behaviour via the ovaries, uterus or both organs, inferring an electrical impulse, rather than a sanguine mechanism that had dominated early modern views of menstruation. Only at the turn of the twentieth century did emergent developments in endocrinology suggest to some gynaecologists that the ovaries, as glandular organs, may be responsible for the production of hormonal products that shaped both reproductive physiology and sexual behaviour.<sup>82</sup> But even after this shift had occurred, as biologist and gender studies scholar Anne Fausto-Sterling remarks, debates about women's sexual anatomy in the history of modern medicine continued to refer to Van Helmont's version of the Hippocratic expression, proposing revisions of its Latin construction according to the mechanism now being posited as primary. Hence the British obstetrician William Blair-Bell proposed in 1916 a further revision along the lines of the endocrinological shift in gynaecology/obstetrics: 'Propter secretiones internas totas mulier est id quod est' ('a woman is only as she is because of her internal secretions').<sup>83</sup> In the context of these insistences that women's character was determined by their reproductive capacity, it is unsurprising that French menopause texts were drawn away from their own attempts to normalize a healthful vision of it, creating powerful tensions in their work that made their assurances to women appear empty.

The engagement with ancient medicine appears to have been particularly important in French doctors' views of menopause as an important indicator of modern scientific enlightenment. Dr Ernest Barié noted ambiguously that Hippocrates' expression was 'exceeded' by Van Helmont's rendition of it, implying a mistranslation that contributed to the erroneous views about 'the malignancy of menopause' that he claimed had prevailed from Roman

<sup>79</sup> A. Chéreau, *Mémoires pour servir à l'étude des maladies des ovaires* (Paris, 1844), 91.

<sup>80</sup> Cited in V. C. Medvei, *A History of Endocrinology* (Lancaster, 1982), 215.

<sup>81</sup> B. Panke-Kochinke, *Die Wechseljahre der Frau: Aktualität und Geschichte 1772-1996* (Opladen, 1998); Moscucci, *The Science of Woman*; A. Fausto-Sterling, *Sexing the Body: Gender Politics and the Construction of Sexuality* (New York, 2000); Foxcroft, *Hot Flushes, Cold Science*; Houck, *Hot and Bothered*; M. M. Lock, *Encounters with Ageing: Mythologies of Menopause in Japan and North America* (Berkeley, 1993).

<sup>82</sup> Medvei, *A History of Endocrinology*, 215.

<sup>83</sup> Fausto-Sterling, *Sexing the Body*, 330 note 52. B. W. Bell, *The Sex-Complex: A Study of the Relationship of the Internal Secretions to the Female Characteristics and Functions in Health and Disease* (New York, 1916), 129.]

times until recently.<sup>84</sup> But Barié was not criticizing Van Helmont for reducing women to their reproductive capacity. In fact, he too reiterated precisely such reductive views of female anatomy. Van Helmont was probably a target here because of his association with the esoteric-chemical medicine of Paracelsus that diverged from the dominant Galenic/Hippocratic model in the late sixteenth and early seventeenth centuries.<sup>85</sup> In criticizing Van Helmont then, and affirming the rectitude of the Galenic/Hippocratic accounts of menstruation, Barié was re-instantiating these medical traditions over the more marginal Paracelsian strand, while also positioning French medicine against religious prejudice in evoking the menstrual taboos of the Hebrew scriptures—and, finally, conflating these two forms of ‘error’ as the one bulwark of ‘tradition’. This was a delicate mediation between, on the one hand, notions of inheritance of the ‘good’ medical tradition (‘la bonne’), entailing rejection of all folk and esoteric medical alternatives, and on the other hand the claim to a modern scientific rupture from the non-rational past and from timeless popular hearsay.

Menopause served a function then for French doctors in providing a terrain on which to negotiate their relationship between modern scientific methods and the authority of ancient medical traditions. Almost all French medical works on menopause published in the nineteenth century recounted a story of a supposedly ‘traditional’ view of menopause that their own scientific approach claimed to overturn. According to this traditional myth, menstruation was a means for a woman’s body to rid itself of disease elements, producing both the mythical view of menstrual blood as venomous, and a popular conception of menopause as a dangerous time, or ‘critical age’, because it was assumed that the cessation of menstruation would result in the accumulation of the blood and its disease elements inside the menopausal woman’s body. The claim appeared in books and theses on menopause in the 1820s and thereafter became a staple trope in writing about it into the first decades of the twentieth century. One of the earliest iterations appeared in the 1827 medical thesis of Jacques-Philippe Labarraque who blamed ‘the ancients’ for the view of menopause as dangerous, adding that according to his mentor at the university of Montpellier, a Professor Desormeaux, only Aristotle and Hippocrates were exempt from the error.<sup>86</sup> An 1839 book by a mature clinician, Charles-François Menville, reiterated in similarly vague terms the contours of the ‘traditional’ myth ‘that the ancients formed for themselves about the nature of menstrual blood ... Which made them think that the critical age was necessarily fateful for women.’<sup>87</sup> The doctoral thesis of 1848 by Jean-Baptiste Nosely also attributed to the ancients the notion of menstrual blood as sickly, its excretion helping

<sup>84</sup> Barié, *Étude sur la ménopause*, 11.

<sup>85</sup> J. Shackelford, *A Philosophical Path for Paracelsian Medicine: The Ideas, Intellectual Context, and Influence of Petrus Severinus (1540-1602)* (Copenhagen, 2004).

<sup>86</sup> J.-P. Labarraque, *Aperçu physiologico-pathologique sur la menstruation en général, et quelques conseils d'hygiène pour l'âge critique en particulier* (Montpellier, 1827), 8.

<sup>87</sup> Menville, *Conseils aux femmes à l'Époque de l'âge de retour*, 10.

to purify the economy of the body, and its accumulation being poisonous.<sup>88</sup> Jacques Laugier's medical thesis of 1861 actually blamed specific figures for the myth, albeit citing a list of names, including those of Hippocrates, Fothergill, Pinel and Tissot, without apparently checking if the notion did indeed appear in their work.<sup>89</sup>

Barié specifically noted that neither Hippocrates nor Galen held the view of menstrual blood as containing disease elements, and recounted Hippocrates' testimony of having compared a sample of menstrual blood to the blood collected from the slit throat of a murder victim. Of Galen and Hippocrates, he remarked, 'their opinion was the good one and modern studies have but confirmed it'.<sup>90</sup> Nonetheless, he too claimed that the menopause myth was of ancient origin, albeit not Hippocratic. His account referred to the Roman natural philosopher Pliny the Elder's claim that the presence of a menstruating woman could turn liquors into vinegar, and to Palladius fifth-century CE treatise on agriculture that claimed a menstruating woman could make all the insects in a garden die if she walked through it.<sup>91</sup> He traced these presumptions further to the seventeenth-century Dutch anatomist Regnier de Graaf's continued view of menstrual blood as having 'moribund and morbid qualities'.<sup>92</sup> But despite his use of quotation marks here, these were Barié's terms, not de Graaf's. De Graaf had little to say about the properties of menstrual blood per se and made no specific reference to the cessation of menses. He described menstruation as a sort of fermentation and leakage, not a ridding of the body of disease elements.<sup>93</sup> Barié appeared determined to make de Graaf an inheritor of the Roman view of menstrual blood despite the awkward fit. It is striking also that he could find no intermediary examples between the fifth and the seventeenth centuries, if indeed the myth was as enduring as he implied. In fact, in the chapter where Barié claimed to provide a historical account of the view that menstruation rids the body of disease and hence that menopause is dangerous, we find no quotations from the thinkers he named as espousing this view, and instead only Roman and religious expression of the idea of menstrual blood itself as impure or poisonous, without any mention of menstrual cessation.<sup>94</sup>

Further in this same chapter, Barié referred at length to Hebrew scripture as a source of such views about menstruation as impure, citing from the book of Moses.<sup>95</sup> This appears consistent with a common theme in nineteenth-century French medicine, in which the scientific identity of the clinician

<sup>88</sup> Nosely, *Dissertation sur l'âge critique*, 6.

<sup>89</sup> J. Laugier, *De la Ménopause (âge critique)* (Montpellier, 1861), 9.

<sup>90</sup> *Ibid.*, 13.

<sup>91</sup> *Ibid.*, 12.

<sup>92</sup> *Ibid.*, 12.

<sup>93</sup> R. de Graaf, *A New Treatise Concerning the Generative Organs of Women* [1668], trans. H. D. Jocelyn and B. P. Setchell, *Journal of Reproduction and Fertility*, 17 (1972), 131–5.

<sup>94</sup> Barié, *Étude sur la ménopause*, 10–13.

<sup>95</sup> *Ibid.*, 12.

often appeared as someone overturning religious mythology and non-rational belief.<sup>96</sup> But none of the cited forms of past insistence on menstrual blood as impure generated any specific ideas about the meaning of its cessation; nor did they not make the argument, which Barié and others claimed was ‘traditional’, that the cessation of menstruation was dangerous because disease elements now remained in a woman’s body. This would be a specific extension of the mythology of menstrual blood as catharsis, which none of the ancient sources cited by Barié, either medical or religious, appeared to have made. As medical historian Michael Stolberg has shown, some sixteenth- and seventeenth-century Latin sources did indeed evoke the notion of the end of menses as producing a clogging of the woman’s body responsible for plethora (swelling) upon its cessation.<sup>97</sup> But such sources were not apparently read by Barié, Laugier and others, so it is unclear how they might have been exposed to such an idea. A similar (though less emphatic) claim had been made by the English physician John Fothergill, in the 1774 essay ‘Of the Management Proper at the Cessation of the Menses’, a work that was translated into French in 1778.<sup>98</sup> Fothergill had proposed that the symptoms of women’s critical age may be largely iatrogenic, and warned against the use of purgative medications by women desperate to revive their missing menses, suggesting that the cessation of menses was not something to be feared or medicated at all.<sup>99</sup> But the French doctors extended their claims to overturning tradition far beyond this kind of naturalistic advice by situating their own scientific approach as a rupture with myth and tradition.

Possibly the ‘traditional’ view evoked in medical books, and especially theses, on menopause was indeed one that circulated in French culture, and that it was a view common among folk-healers and midwives, or *les sages-femmes*, who were an alternative source of expert knowledge on women’s reproductive health. But the doctors and doctoral students writing about attitudes to menopause did not specifically blame this population for the ‘traditional’ view. Menopause was a concept that emerged through the formation of the medical specializations of obstetrics and gynaecology, with many of those who wrote about it in their doctoral theses, later practising as clinicians in these domains of medicine. The emergence of those disciplines occurred in competition with midwifery throughout eighteenth and nineteenth centuries. Childbirth was increasingly medicalized in France following from the gradual improvement of forceps-delivery over the seventeenth and eighteenth centuries and was progressively resituated as part of the expertise of the surgeon. Here we might note the struggles of medicine to bring the practices of midwives into the fold of medical models, as indicated in the 1750 ordonnance that mandated a two-year

<sup>96</sup> J. Léonard, *La Médecine entre les pouvoirs et les savoirs: Histoire intellectuelle et politique de la médecine française au XIX<sup>e</sup> siècle* (Paris, 1992).

<sup>97</sup> Stolberg, ‘A woman’s hell?’, 406–7.

<sup>98</sup> J. Fothergill, ‘Of the management proper at the cessation of the menses’ [1774], in *The Works of John Fothergill*, ed. J. Coakley Lettsom (London, 1783), 204; On the French reception of this essay: Tillier, ‘Un âge critique’. In this otherwise fastidious work of historical scholarship, Tillier misdates Fothergill’s essay as first appearing in 1776.

<sup>99</sup> Wilbush, ‘Menorrhagia and menopause’.



theoretical education for midwives, followed by an additional two-year apprenticeship, subject to examination by a board of surgeons.<sup>100</sup> In 1882 the Paris hospital system created a special branch of surgical care that employed specialist 'maternity-delivery doctors' ('médecins-accoucheurs des maternités').<sup>101</sup> So while midwives were probably not the culprits for the generation of the 'traditional' ideas about menopause that French doctors criticized and were not blamed for this, the continuing competition between them and the emergent fields of obstetrics and gynaecology possibly did help to produce the need for such doctors to justify themselves as scientific correctors of both the past and of popular wisdom and as the uniquely educated authorities on matters of women's health.<sup>102</sup>

Concerns about alternative folk remedies were clearly part of French doctors' thoughts on menopause and on women's reproductive health more broadly. Gardanne (the inventor of the neologism *la ménopause*) complained in his first book of 1816 (the revised version of his 1812 doctoral thesis), that some women 'have more confidence in the medications of old crones [*des vieilles commères*], the doctor's most formidable obstacle, than they do in the safety of hygiene'.<sup>103</sup> Sauv  s 1826 thesis on menopause complained that:

It is unfortunate that women have more confidence in any number of absurd and complicated recipes that are sold by crones and charlatans than in the well-meaning assistance offered by hygiene, especially if it is well regulated.<sup>104</sup>

The term *comm  res* appears to have referred to lay women who sold medicinal remedies. It can be found in medical texts from at least the early eighteenth century until the mid-nineteenth, thereafter falling into relative disuse, except in the literal sense of referring to a godmother. One rare source to mention the term after this time was a letter sent by a doctor Ravarit from Poitiers to the *Chronique m  dicale* in 1908 protesting that *comm  res* should not be disdained as their remedies were often effective, as 'our rural colleagues' knew all too well. He cited the example of one such practitioner with whom he was acquainted who had experimentally trialled her formulas on rabbits before giving them to women.<sup>105</sup> The term was not generally used

<sup>100</sup> J. Schlumbohm, 'Comment l'obst  trique est devenue une science: La maternit   de l'universit   de G  ttingen, 1751-1830.' *Actes de la recherche en sciences sociales* 143 (2002), 18-30.

<sup>101</sup> R. Vial, *Histoire de l'enseignement des H  pitaux de Paris: Les blouses blanches en formation initiale et continue* (Paris, 1999), 107.

<sup>102</sup> On the large numbers of folk healers in the Maine-et-Loire region during the nineteenth century: S. Sionneau, *Les Hors la Loi de la m  decine au XIX   si  cle en Maine-et-Loire* (La Cr  che, 2015).

<sup>103</sup> Gardanne, *Avis aux femmes qui entrent dans l'  ge critique*, 96

<sup>104</sup> Sauv  , *R  flexions sur l'  ge critique*, 8.

<sup>105</sup> Dr Ravarit, 'Rem  des de comm  res au XX   si  cle', *La Chronique m  dicale*, 16 (1908), 239-40.

to refer to midwives (*sages-femmes*), though in practice some individuals, as both unofficial midwives and folk healers, may indeed have offered advice and remedies to women about conception and pregnancy, menstrual problems and menopause.

By the second half of the nineteenth century the individuals this term referred to appear to have been largely subsumed under a broader and non-gender-specific derogatory designation. An 1857 brochure by the successful doctor Sébastien Guyétant, who wrote on both menopause and women's reproductive health, like Gardanne and Sauvé, warned against the alternative remedies of those who were not medical doctors in which too many women put their faith, but referred to these people simply as 'charlatans'.<sup>106</sup> One such charlatan clearly did quite well, and by 1894 had published an anonymous brochure extolling the virtues of a product they sold, the 'Elixir de Virginie', complete with testimonials. This was an elixir that appeared specifically marketed by chemists for menopausal women, and promised to remedy everything from haemorrhoids, varicose veins and oedema to hot flushes. It was produced by the Ancienne Pharmacie Moride in la rue de la Tacherie in the Parisian Marais, not far from the École de Médecine.<sup>107</sup> The brochure was published in several re-editions into the 1920s.<sup>108</sup> French doctors writing on menopause then, in their critiques of 'traditional' attitudes, were probably more concerned with current competitive conflicts and with their own professional identity than with the medical past per se, despite their historical claims to enlightenment.

In developing a symptomology of menopause, French doctors both claimed to be resisting traditional assumptions, arguing against a view of it as a pathology implicit in the notion of the critical age and, at the same time, introduced a novel reductionist account of women's physiology as dominated by the uterus, which in turn they claimed as traditionally Hippocratic. They oscillated in several respects between opposing conceptual polarities: between invocations of past medical traditions, and claims to modern scientific rupture; between a critique of pathological views of menopause, and a support for the hygienic insistence that women should actively manage this time of life through a series of medical interventions and habitual abstentions; between accounts of menopause as climacteric because of the power of the uterus to dominate women's physiology and accounts of men's critical age as just as important as women's. There was no single prevalent discourse in French medicine about the matter. To appreciate how our current concepts of menopause remain even today able to connote so much more than the simple cessation of menstruation, we must

<sup>106</sup> Guyétant, *Conseils au femmes*, v.

<sup>107</sup> P. Guincêtre and P. Julien, 'La publicité médico-pharmaceutique de l'Astrologue Normand en 1904', *Revue d'histoire de la pharmacie*, 78 (1990), 396.

<sup>108</sup> Anon, *Accidents du retour de l'âge et maladies du système veineux; varices et ulcères variqueux; hémorroïdes, varicocèle; phlébites, œdèmes chroniques; congestions; hémorrhages, etc.; Leur traitement par l'Elixir de Virginie* (Paris, 1894). The Bibliothèque nationale de France holds both the 1894 and the 1923 editions.

take account of the conceptual layering that has been embedded in the term from its very inception: menopause was always a critical age and, rather than displacing the notion of it as a period of crisis and vulnerability, the neologism instead absorbed those meanings and accentuated them by simultaneously disguising their persistence.