Making Menstruation Manageable: Women in Medicine, Shifting Menstrual Capacity and New Bodies of Menstrual Research.



Alice Theodora Billington
Wolfson College
University of Oxford

A thesis submitted for the degree of

Doctor of Philosophy

Hilary Term 2023

Short Abstract

This thesis examines women doctors in the first half of the twentieth century, who were qualifying into a world which conceptualised women as rendered less capable by their menstruating bodies. They used their relative power within the profession to dismantle late nineteenth-century ideas about women's bodies and menstruation, focusing their research on adolescent girls who were not yet set in their menstrual habits. Individual doctors such as Alice Sanderson Clow, the focus of Chapter One, blamed menstrual incapacity on the 'sick role' which middle- and upper-class women and girls were encouraged to take, and on menstrual myths which prevented bathing and exercise during the period. The Medical Women's Federation conceptualised menstrual 'disability' as caused by a lack of puberty education and access to facilities and set out on a decades long campaign to provide education and improve what I have termed 'menstrual infrastructure'. While these women doctors had varying ideas about the causes of menstrual 'disability' they were in agreement that it was not fundamental to the experience of womanhood, and that it could be relieved with social and pastoral intervention. In the second half of the twentieth century, women's place within the medical profession, and in society, was becoming more secure. This meant that women doctors were able to articulate narratives about women's bodies which did not necessarily conceive of them as fundamentally active and capable, without delegitimising their own authority as doctors. The medical women who came before them had succeeded in destabilising the idea that women's bodies were universally rendered less capable by their reproductive capacity. This allowed space for new narratives of a pre-menstrual incapacity to evolve, championed by one woman doctor, Katharina Dalton, who aimed to help women to manage what she perceived to be the pathology of pre-menstrual experience, or PMS.

Long Abstract

This thesis will examine the research into menstruation undertaken by women doctors in the first half of the twentieth century. I will draw upon the way that their status as 'precarious professionals', influenced their research as they qualified into a world, and a field, which conceptualised women as rendered less physically and intellectually capable by their menstruating bodies. These doctors used their relative power within the medical field to begin to dismantle late nineteenth-century ideas about menstruation, focusing their research on adolescents who were not yet set in their menstrual habits. Individual doctors such as Alice Sanderson Clow, the focus of Chapter One, blamed perceived menstrual incapacity on the 'sick role' which middle- and upper-class women and girls were encouraged to take, and on menstrual myths which prevented bathing and exercise during the period. She dedicated her career to combatting these myths, encouraging exercise and regular bathing to alleviate menstrual discomfort.

The Medical Women's Federation, the focus of Chapters Two and Three, conceptualised menstrual 'disability' as caused by a lack of puberty education and access to facilities and set out on a decades long campaign to provide education and improve what I have termed 'menstrual infrastructure' to make menstruation more manageable. While these women doctors had varying ideas about the causes of menstrual 'disability' they were in agreement that it was not fundamental to the experience of menstruating or womanhood, and that it could be relieved with social and pastoral intervention. This is representative of the opinions of many women doctors in the first half of the twentieth century, they used their research to prove women's inherent capacity, which in turn, supported their own status in the professional world. The historiography concerning women doctors and their roles is rich and

varied and there is beginning to be research undertaken into the history of twentieth century menstruation in Britain. This thesis will draw upon the existing histories of women doctors to facilitate a detailed and nuanced exploration into their role in creating new narratives surrounding menstruation.

I go on to explore women's place within the medical sphere in the second half of the twentieth century, when their status in the profession, and in society in general was becoming more secure. Women doctors were able to articulate narratives about women's bodies which did not necessarily conceive of them as fundamentally active and capable, without delegitimising their own authority as women in medicine. The women doctors who came before them had succeeded in destabilising the idea that women's bodies were universally rendered less capable by their reproductive capacity. This allowed space for new narratives of a pre-menstrual incapacity to evolve, championed by one woman doctor, Katharina Dalton, who aimed to help women to manage what she perceived to be the pathology of pre-menstrual experience. This idea was taken up readily by the British public in the 1960s and 1970s, and became popular in the United States in the 1980s when Dalton rose to global prominence as an expert witness in a manslaughter case in which the defendant pleaded not guilty due to PMS.

Using a 'snapshot' method, I will use in depth interrogations into the papers and publications of the doctors and the MWF which are available, assessed in conjunction with one another, and in relation to the wider contemporary climate, to facilitate a broader understanding of the trajectory of menstrual research, and menstrual experience, in Britain in the twentieth century. My approach is in part necessitated by the subject because menstruation has been perceived as inherently private throughout the twentieth century in Britain, there is not an abundance of source material, and insights must be gleaned from the few sources that do exist.

In order to develop the microhistories upon which this thesis rests, I have drawn upon close and detailed examination of three main bodies of sources: the Medical Women's Federation archive, held at the Wellcome Library in London, the Mass Observation Archive, held at The Keep in Sussex, and the papers and books of Katharina Dalton. These three main bodies of sources have been examined in conjunction with a wide range of other primary sources, largely accessed online, such as the digitised *Spare Rib* archive which was briefly made available to all by the British Library, and the *Suffrage Newspaper* archive which is held in the London School of Economics digital archive, alongside the *BMJ* and *Lancet* archives accessed through JSTOR. These digital sources have provided smaller but nonetheless significant support to the arguments built throughout this thesis, in particular when access to physical archives was limited by the global covid-19 pandemic.

Chapter One begins by introducing the journey women took to move from lay practitioners in small sectors of medicine (such as midwifery) in the eighteenth century, to their inclusion on the medical register in the nineteenth century. Due to their relatively precarious position in the profession, as newcomers in an established homosocial sphere, registered women doctors sought to create room for themselves in the field. They drew upon common ideas about femininity and separate spheres, building on ideas about what roles women were best 'suited' to, to carve niches for themselves in gynaecology, obstetrics, paediatrics and other areas where a more social or domestic kind of medicine was perceived to be required. Chapter One expands upon this social and professional context, with a micro historical exploration of the career of Dr Alice Sanderson Clow (1875-1959), whose personal and published papers are housed in the Wellcome collection archives. Sanderson Clow was a school medical officer, who performed revolutionary research with the intention of changing perceptions of menstrual pain by changing the culture surrounding menstruation at Cheltenham Ladies' College. This was achieved by teaching the students about the facts of

menstruation, at a time when this was radical, preventing the students from adhering to commonly held menstrual myths and measuring the influences of these interventions with yearly interviews. She found that knowledge about menstruation, and encouragement to bathe and exercise as normal, significantly reduced incidences of menstrual pain in otherwise healthy girls, and went on to use her position of relative intellectual authority in the medical field to attempt to disseminate this information both to the wider medical community and to girls outside the school *via* a leaflet. The kind of research carried out by Sanderson Clow, at Cheltenham Ladies' college was crucial to the emergence of new narratives of menstrual capacity which represent educated women's perceptions of menstruation in the early to mid-twentieth century. Sanderson Clow's research highlighted a perceived classed differentiation of experiences of menstrual discomfort, which conformed to long standing assumptions about the way that the working-classes and the middle-classes experienced menstruation differently. This Chapter demonstrates how a combination of women's new medical authority in specific fields, larger cohorts of girls in schools and new ideas about women's bodies and capacity came together in the research of Dr Sanderson Clow, sparking the beginning of a wider cultural discourse of menstrual capacity which will be addressed in the following two Chapters.

Chapter Two focuses on the establishment of the Medical Women's Federation, and the efforts of its members to establish a picture of normal adolescent menstruation *via* their Committees on Menstruation. The MWF was formed out of the Association of Registered Medical Women (ARMW), a small group of women doctors established in London in 1879. These doctors created a crucial new space for female professional and social interaction and development, at a time when they were unable to join the kinds of organisations which provided these kinds of spaces for male doctors. The ARMW was cautious in its political engagement, supporting the suffrage movement tentatively, while being conscious of the

precarity of their professional standing. The ARMW joined with other local groups of women doctors to form the MWF in 1917. The MWF was able to be slightly more politically vocal, as they represented a larger number of women, and after the support women doctors provided in the war effort and their partial enfranchisement, they had slightly more cultural capital. They used this newfound authority to work towards equal pay for women doctors, ending the marriage bar and better rights for women workers, alongside forming committees on understudied elements of women's and children's health. One of these committees set out to perform research into normal adolescent menstruation with the intention of furnishing the Federation with an accurate clinical picture of what menstruation 'should' be like. The committee found that the conditions in which young girls began to menstruate were critical to their experiences, and that new infrastructure and education was needed to enable girls to menstruate without shame and discomfort. Only then could older ideas about menstruation as fundamentally 'disabling' be, at least partially, disproven. These women doctors used their power as a collective unit to undertake large scale research projects and suggest changes in infrastructure, with the aim of allowing adolescent girls to reach their full potential in the school system and beyond. The role of these early female doctors as a group in the promotion and acceptance of a new discourse of menstrual capacity was critical. As adults with subjective experience of menarche, and the formal medical background to provide evidence to back up their ideas, these doctors were uniquely situated. They used their position to undertake research which bolstered their own professional standing, while helping generations of younger women reach their potential.

Chapter Three analyses the MWF's educational outreach programme from its first leaflet *Advice for Parents, Schoolmistresses and others in charge of Adolescent Girls* in 1925 to its eventual cancellation in 1966. The Menstrual Leaflets' Committee began publishing a series of educational leaflets as part of the wider goal of giving girls the capacity to

menstruate in a way that was minimally disruptive to their lives. These simple and instructive leaflets contained scientific education about puberty to 'those in charge' of young women. These leaflets filled a gap in girls' education, a gap which the Federation's largest survey had identified as a significant factor in incidences of menstrual incapacity. The first section of this Chapter examines this gap in the wider context of debates surrounding sex education for girls in the first decades of the twentieth century and the 'enforced modesty' which often characterised sexual knowledge acquisition (or lack thereof). The Chapter goes on to explore the leaflets created by the MWF which were designed to advise the mothers of schoolgirls on the practical steps they could take in order to implement their version of menstrual capacity. The rise and fall in the popularity of these leaflets between the 1920s and the mid 1960s contributes to understandings of the shifting nature of puberty education, menstrual taboo and menarchical experience in the twentieth century. This Chapter also examines the generational differences within the Federation which led to internal disputes about the content of the leaflets, and contributed to their slow fade from relevance. The MWF's leaflets aimed to debunk myth and rumour in order to change the experiences of adolescent girls across Britain, providing them with an education they likely would not otherwise have had access to. As menstruation became increasingly commodified, product companies took over this role, providing free advertisements which took the form of educational leaflets which facilitated menstruation education in a similar way. These leaflets, however, contributed to a new framing of menstruation as a 'problem' which needed to be 'solved' with new menstrual management products.[1] This Chapter examines the radical nature of the Federation's leaflets at the start of the period and the social and cultural changes which led to their decreased popularity towards the middle of the century.

[1] E. A. Kissling, *Capitalizing on the Curse: The Business of Menstruation*, pp. 11-12.

Chapter Four focuses on a shift back to medical narratives of menstrual incapacity, this time, with the focus on a *pre-menstrual* incapacity. In 1953 Drs Greene and Dalton isolated a set of eighty-four symptoms as a distinct *syndrome*, the 'commonest of the endocrine disorders' (for which they had not, and did not ever, conclusively prove a cause).[2] Dalton went on to open an NHS treatment clinic, and publish widely on both the topic of premenstrual syndrome and progesterone therapy, a cure which was never proven to be more effective than a placebo. In situating the rapid uptake of PMS theory within the specific social and cultural context of the post-war period this Chapter will interrogate why the ideas were taken up so enthusiastically in the United Kingdom – without significant proof, a definite list of symptoms, or a confirmed aetiology, and crucially, what this uptake can tell us about cultural perceptions of women in the mid to late twentieth century. The post-war moment was unique in terms of the duality of women's roles, and the inevitable conflict this created. There was a push towards more traditional family structures existing in conjunction with an increased representation of women of all classes in workplaces outside the home. This Chapter also analyses Katharina Dalton's research and publications in order to demonstrate the influence that they had on perceptions of women's bodies and capacity. These academic papers argued, in turn, that a woman in her para-menstrual period had an increased likelihood of psychiatric hospital admission, worsened school-work and behaviour at school, increased accident proneness, a higher likelihood of committing crimes, behaving badly in prison, worse exam results, and an increased chance of their *child* being admitted into hospital. The books Dalton published for a 'lay' audience highlight the impacts of PMS on industry, husbands, family structure, children and on wider society. Proponents of Dalton's syndrome agreed that the four days of pre-menstruum, and the first four days of bleeding were, *in a*

[2] R. Green, K. Dalton, 'The Premenstrual Syndrome' in *British Medical Journal*, Vol. 1, No. 4118, (1953) p. 1007.

majority of women, symbolised by uncontrollable and unpleasant emotional and physical characteristics, with an as yet unconfirmed (although suspected to be endocrinological) physical aetiology. The significance of PMS as a concept, and its journey to widespread acceptance did not lie in its diagnostic legitimacy, it lay in what PMS' acceptance can show us about contemporary perceptions of femininity and of women's bodily capacity. Daltonian theories of PMS and the consequent problematisation of premenstrual and menstrual behaviour consist a key moment through which to explore the narratives of pathologisation and incapacity which were imbued in conceptualisations of bleeding bodies throughout the twentieth century.

The arguments in this thesis centre around two main findings: First - the idea that in throughout the twentieth century narratives of menstruation largely, if not entirely, fell into two distinct categories: narratives of capacity, and narratives of incapacity; and second - the idea that there has been no linear progression towards the emancipation of women from confining understandings of menstruation. This thesis has identified a pattern in menstrual research varying between narratives of capacity, and incapacity. This pattern is significant not only because it is not what one would expect, but also, within the content of the thesis, because it interacts so much with the careers and influence of women doctors.

C O V I D – 1 9 N O T I C E

At the start of the second year of my research for this thesis, the global covid-19 pandemic emerged, an event which has changed all of our lives. Some people's lives have been changed beyond all recognition, or tragically lost, and some have been touched only gently. I am incredibly privileged to have escaped my two infections relatively unscathed, however the impact of long-term global crisis on the completion of this DPhil thesis has been enormous, and I will briefly alert my readers to it here.

Firstly, as a lone mother, a year without school or childcare represented, for me, a year of fragmented study, of silent moments snatched between small footsteps signalling I was again needed elsewhere. For the majority of 2020 any new research stalled to a grim halt, but in that time I was able to think, and think I did. The mass closure of libraries and archives, combined with social distancing, shifted the scope of my proposed thesis.

The oral histories I had begun to record in 2019 no longer seemed possible, as interviewing women in their eighties, about something so private, over zoom, took away all the comforting familiarity of a gentle conversation over a cup of tea which I had hoped to curate. Without these oral histories I began to re-read the archival material I already had, zooming in on the minutia of the marginalia, thinking both smaller and bigger.

I was able to access the Mass Observation archives which had only recently been digitised, and I found that they provided the crucial personal elements which I felt that the thesis really needed. The pandemic has changed this thesis almost beyond recognition from the one which I proposed at my transfer of status in 2019, but the limitations the pandemic placed on me allowed me to read my sources more closely, and to curate the intricate micro-histories which support this work. This has shaped a thesis which is both wider, and narrower in scope- but fundamentally it has shaped a thesis which was written through a time of great stress and responsibility, and which has served as my respite through that time.

Acknowledgments

My supervisor, Dr Christina De Bellaigue, has been my biggest support and inspiration throughout this whole process. Her careful and considered feedback, and kind advice and words have shaped my academic and pastoral experiences at Oxford, and for that I am endlessly grateful. In particular her continued support and encouragement throughout the pandemic, when everything felt impossible, helped me to believe in myself, and find the strength to continue my studies. Thankyou Christina.

Thankyou also to Dr Deidre Foley, who was an excellent interim supervisor, and helped me to feel confident in my own work and my capacity to continue without Christina when she was unwell.

My academic community at Oxford has always supported my work, listening to my endless ramblings about periods and their intersections with whatever history we may have been talking about at the time. In particular my colleagues at the History of the Gendered Body, Catherine Phipps and Clare Burgess, who have been my physical and virtual community throughout my time at Oxford. Thankyou.

I would also like to that all the attendees of History of the Gendered Body seminars, and especially those who gave feedback when I presented a very early version of Chapter Three to the seminar. In addition to them, I would like to thank the attendees of my presentations at the Women, Gender and Culture graduate seminar at Oxford, The Women's History Network conference, and the Institute for Historical Research- all of whom provided keen ears and valuable, supportive feedback.

I would like to thank my friends in Oxford and everywhere else, who have supported me endlessly with cups of tea, babysitting (so much babysitting!), listening ears, shoulders to cry on and hundreds of gloriously distracting conversations about both my work and theirs. Thank you Alice Attlee, Beth Tomlin, Katy Phipps, Claudia Hill, Leah Frederikson, Kumeri Bandara, Arlo Munro, Emily Deans. I could not have done it without you.

Last, but most definitely not least, I would like to thank my family who have supported my every venture, and especially this one. My parents, who have always believed I could do anything I set my mind to, even when life threw a million obstacles in my way. Thank you for teaching me to persevere. My big brother, the coolest, bravest, and most hardworking person I know. Thank you for being my extra parent, my brother, and my best friend, and for bringing Naomi into our lives. My Gran, who loves me without question, is always so supportive and interested in what I am doing, and who knows just what to write in a card. To my partner, Sam. Thank you for letting me co-opt every dog walk conversation with a discussion about whether this or that part of my thesis makes sense, I can't promise it will ever stop.

Finally to my son, who has honestly been the most distracting person throughout my academic career, from his entrance to it as a bump during my second year undergraduate exams, to cutting his two front teeth the week my undergraduate thesis was due,

I have done this for you, and you have shown me I can do anything.

For Isaac,
my surprise companion.

And for my parents,
without whom commencing doctoral study as a
single mother would have been insurmountable.

Table of Contents

Short Abstract **2**

Long Abstract **3**

Acknowledgments **12**

List of Abbreviations **16**

List of Figures **17**

Introduction **18**

Chapter One

Gendered spaces, Lady doctors and Bean Picking: A woman doctor's influence on menstrual myth in a girls' boarding school, 1912-1932 ..... **50**

a) Women's entry into the 'professional' medical sphere in Britain. *55*

b) Dr Alice Sanderson Clow, and her research at Cheltenham Ladies' College. *66*

c) The dissemination of Dr Sanderson Clow's research to the medical world. *84*

Chapter Two

The Medical Women's Federation investigate Menstruation: Normal schoolgirls, Bathroom Facilities and Chafing from 1925-1949. ..... **98**

a) The Association of Registered Medical Women, and the Medical Women's Federation. *105*

b) The Federation and their research into 'normal' menstruation in schoolgirls. *117*

c) Disposable towels and enamelled bins: Working towards the provision of menstrual infrastructure in schools. *131*

Chapter Three

Knowledge, Myth and Etiquette: Leaflet campaigns and puberty education for adolescent girls 1925-1966. ..... **146**

a) Teaching girls about sex, puberty and menstruation.....157

b) The Federation's leaflets 1925-1966: The shift from radical to old fashioned.....168

c) Puberty education leaflets: From knowledge transmission to thinly veiled advertisement. 193

Chapter Four

Shrews, Bitches and their Poor Husbands: The gradual emergence of new narratives of pre-menstrual incapacity in Britain, 1931-1970.....207

a) The construction of a syndrome: pre-menstrual theorising.....220

b) The duality of women's roles in the post-war period. 235

c) A pre-menstrual syndrome vs the pre-menstrual moment. 249

Conclusion 281

Images 286

Bibliography 290

List of Abbreviations

ARMW: Association of Registered Medical Women

BMA: British Medical Association

BMJ: British Medical Journal

DSM: Diagnostic and Statistical Manual of Mental Disorders

HA: Headmistresses Association

LMSW: London Medical School for Women

MWF: Medical Women's Federation

PMDD: Pre-Menstrual Dysphoric Disorder

PMS: Pre-Menstrual Syndrome

PMT: Pre-Menstrual Tension

RAMC: Royal Army Medical Corps

ST/S.T: Sanitary Towel

List of Figures

Figure 1. Dr Alice Emilie Sanderson Clow, date unknown. Naudin (London, England). Portraits of British Women Doctors.… ……..…… 287

Figure 2. The students at Cheltenham Ladies College in 1912, the year Dr Alice Sanderson Clow, Née Alice Emilie Sanderson, began teaching……*288*

Figure 3. Miss L M Faithfull, headmistress of Chelteham Ladies' College.....288

Figure 4. Officers in the RAMC outside Spinola Hospital in Malta 1916/1917. The woman in the photo is a doctor although her name is unknown. Alice Sanderson Clow was working at this hospital at this time, and this was definitely one of her colleagues, and it may even have been her. Note that she is the only one not in uniform……...289

Figure 5. A copy of the note cards given *by the Medical Women's Federation* to the schools who took part in their menstruation in schoolgirls questionnaire, found in the Medical Women's Federation archive*s*……*290*

Introduction

"Menstrual politics have dominated social and economic relations between the sexes since the beginning of time."- *Janice Delaney, 1988.*[1]

A twelve year old girl, in a bathroom in 1912, looking down and seeing a smudge of dull brown blood for the first time, was likely to have believed she was in some way grievously injured or dying. She was growing up at a time in Britain where frank and explicit explanations of menstruation to young girls were unusual, and considered by some to be injurious to her status as a 'proper' young woman. While navigating menstruation in her daily life, she might have been told to avoid washing her hair and feet, and to rest and avoid strenuous activity. In contrast a girl of the same age, seeing the same kind of blood in in a similar bathroom in 1940 was more likely to understand the practicalities of menstruation. She might have received a plain, slightly terse leaflet or a had a short conversation with her mother on the topic. She probably did not understand the way this new bodily development contributed to her future reproductive capacities, but she knew she should use a pad to catch the blood, either made by her mother or bought from the shops, and she knew she was perfectly alright to keep bathing and cycling. She may have absorbed worries about other people knowing she was on her period from the leaflet she read, or from her mother, but she knew periods were a normal part of life and while a little embarrassed, she would likely have felt ready to start this new journey with her body. A girl of the same age starting her period in the late 1960s would most likely have been more informed than either of these earlier two girls, but she would have had a new set of concerns to contend with, concerns which would not have crossed the minds of the girls of previous generations. Concerns about the ways that her hormones might impact her capacity to achieve the same things as the boys and younger

[1] J. Delaney, *The Curse: A Cultural History of Menstruation*, University of Illinois Press (1988) p. 62.

girls around her. Concerns about the way her periods might make her feel or behave. The differences in the experiences of these imagined girls, in that confronting moment in which a spot of blood appears somewhere it has not been before, and throughout the rest of their lives as menstruating humans, were the result of decades of work by medical women, and their pioneering research into the topic of menstruation.

This thesis explores the way that women doctors, both as individuals and as part of a group, were able to create new narratives about menstruation which were incredibly influential, both in the medical world and in the private menstrual experiences of women and girls. I will do this by examining the research and careers of two British women who qualified as doctors in the first half of the twentieth century, one in 1908 and one in 1948, and the establishment and research of the Medical Women's Federation. The women doctors I study throughout this thesis represented a new female intellectual authority, which they used to create alternate understandings of women's menstruating bodies. Dr Alice Sanderson Clow and Dr Katharina Dalton isolated menstruation as a key element of their patients', and their own, lives, which had been both understudied and misrepresented by the male medical elite of the previous century. Between the research of Sanderson Clow and Dalton, the Medical Women's Federation, an organisation to which they both belonged, also undertook a significant body of research into the topic of menstruation, creating a public health campaign which aimed to provide education and infrastructure to support menstruating adolescents.

Menstruation was a topic which was deeply entwined with ideas about women's capacity (or incapacity) to function as intellectual and physical equals to their male counterparts in the nineteenth century.[2] These opinions were forceful and influential, but

[2] H. Maudsley, 'Sex in Mind and Education' in *Popular Science Monthly*, Vol. 5 (1874) pp. 466-483; E. H. Clark, *Sex in Education; or A Fair Chance for the Girls*, James R. Osgood and Company (1873).

were not supported by a body of rigorous medical research. The women doctors who qualified at the start of the twentieth century, who had to fight for their education and their place within a male-dominated profession, began to undertake large scale projects to furnish the medical profession with an increased understanding of the realities of menstruation for the average woman. [3] This focus on menstruation, and disproving its links with intellectual incapacity, aimed not only to improve other women's lives but also to reinforce women doctor's status as professionals. These women had to create their own space in medicine, carving a niche for themselves in the care of women and children, and in social medicine, allowing arguments about what women were best 'suited' to, to support their roles.[4] The position of early women doctors was precarious, and thus they had to be relatively socially conservative, supporting the suffrage movement quietly and ensuring that while their research was radical, their findings did not ever undermine their own authority.[5] As time went on, and women's status in the profession was consolidated, new arguments about menstruation which did not wholly support women's intellectual, physical and psychological capacity began to emerge, championed by women doctors like Dalton.

Schoolgirls were often the topic of women doctors' research into menstruation, for several reasons: many of the anxieties around menstruation and intellectual capacity in the nineteenth century were focused on adolescents and so they represented a good site to begin disproving these theories; girls at school constituted coherent cohorts of girl subjects of a similar age who could be surveyed over a period of years; finally, as young girls who had just begun menstruating they were 'clean slate' of sorts who were not yet set in their ways and

[3] 'Menstruation during school life', Wellcome Library, London, Collections and Archives, SA/MWF/M1/7; 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.
[4] G. Gosling, 'Gender, money and professional identity: medical social work and the coming of the British National Health Service' in *Women's History Review*, Vol. 27 (2018), p. 323.
[5] J. F. Geddes, 'The Doctors' Dilemma: Medical women and the British suffrage movement' in *Women's History Review*, (2009) Vol. 18, No. 2, p. 204.

could be taught about new ways to perceive their periods and new menstrual behaviour. This period in Britain represented not only an expansion of the number of women in medicine, but also a rapid growth in the number of girls in secondary school.[6] These two factors converged in the early twentieth century to create a climate in which menstruation was a significant subject of interest, with not only a new set of doctors interested in uncovering truths about women's bodies, but also a new population to study.

The research carried out by these doctors had varied goals, but the underlying intentions were to improve the way that people who menstruated were able to fit into a society designed largely by and for people who did not. This thesis will use a close analysis of the research, publications and impact of female medical experts on menstruation in order to demonstrate the shifting back and forth between dominant narratives of what I have termed 'menstrual capacity' and 'menstrual incapacity' over the course of the period. Studying their research challenges any idea that there was a linear progression from the narratives of menstrual incapacity which characterised medical perceptions of the late nineteenth century to a newfound menstrual liberation in the twentieth century. It does, however, reveal a commonality of intention. These medical women all aimed to improve experiences of menstruation for women and girls using their hard earnt professional medical authority.

The chapters below will explore the work of medical women researching and writing in the period between 1912 and 1970. Dr Alice Sanderson Clow, whose research began in 1912, wanted to use her study of 500 girls at a private school to challenge the idea that menstruation was universally painful and debilitating by attempting to disprove myths about bathing and exercise. The Medical Women's Federation, founded in 1917, used their platform to undertake larger scale research closer to the middle of the century, in 1931 and then in 1949, aiming to create a picture of the 'average' girls' menstrual period to ascertain

[6] H. Marland, *Health and girlhood in Britain, 1874-1920*, Palgrave Macmillan (2013) p. 133.

what advice to give those in charge of girls, and what larger scale changes needed to be enacted to improve girls' menstrual experience. Sanderson Clow and the Federation produced bodies of professional medical research which articulated arguments about menstrual capacity, and in which research and educational or infrastructural outreach programmes focused on menstruation as a 'normal event', with negative experiences of menstruation understood as caused largely by external factors. Dr Katharina Dalton was an ex-chiropodist who qualified as a doctor in 1948, and who dedicated her career to publicising the idea of PMS. Her first publication in 1953 argued that most women's cyclical bodies required specific allowances to be made for them and often hormonal therapy to achieve their full potential. Dalton's huge body of research and publications framed women and their bodies as inherently incapable, and in need of medical intervention to reach their full potential. This work, and its widespread influence on individual women and perceptions of menstruation, represented a reassertion of narratives of incapacity which echoed those which were characteristic of late nineteenth-century constructions of menstruating bodies and differed substantially from the emphasis on capacity seen in the work of the Federation.

Menstruation is a fundamental maturation event for the majority of women across many, if not most, cultures. It is an experience that roughly fifty percent of all adult humans, from any time period, have gone through at least a handful of times in their adult lives, if not hundreds of times (dependant on pregnancies, breastfeeding and age of menarche and menopause). Despite this, it has been a topic steeped in silence and shame in the global north for at least the last hundred and fifty years.[7] In the last few decades, however, there has been an increased visibility of conversations around menstruation. In the past ten years the topic has soared to prominence in the cultural zeitgeist in Britain. This is represented by new

[7] C. Pascoe, 'Silence and the history of menstruation' in *Oral history association of Australia Journal*, Vol. 29 (2007) pp. 28-33.

menstrual product advertising featuring blood-like liquid, campaigns to end period poverty, new kinds of menstrual product such as menstrual underwear which promote a kind of 'performative eco-menstruation' and campaigners and activists focusing on de-stigmatising conversations around periods.[8] This public work supports and is supported by, the burgeoning field which can be loosely defined as the social history of menstruation. This thesis combines an examination of elements of the social history of menstruation, with the wider social history of medicine to seek to answer questions about the roles of women doctors in the creation of new narratives about menstruation. It makes a significant intervention into the small but growing body of academic work which aims to examine histories of menstruation. Using menstruation as a lens does not just mean thinking about bleeding bodies, although this research does contribute to developing narratives concerning the ways that menstruation was experienced throughout the twentieth century. Menstruation is a fundamental facet of the lives of most women, including women in the past. This is not an element of women's lives which is often taken into account in historical analyses, and using it as a lens sheds light on a wide range of histories which include women. Just as gender can be used as a lens to add depth to almost any history, so too can acknowledging and thinking about the fact that women's bodies in the past fluctuated and changed, and needed to be managed according to cultural norms.

At the same time, this thesis focuses on a unique period of British history in which menstruation can be used as a lens to interrogate narratives about women in medicine, and the way that they had to create research niches for themselves in a male-dominated field, about

[8] See: C. M. Rostvik, 'Blood in the shower: a visual history of menstruation and clean bodies ' in *Visual Culture and Gender*, Vol. 13, (2018) pp. 54-63; S. Vora, 'The Realities of Period Poverty: How Homelessness Shapes Women's Lived Experiences of Menstruation' in (eds) C. Bobel et al, *The Palgrave Handbook of Critical Menstruation Studies*, Palgrave Macmillan (2020) pp. 31-47; 'The Politics and History of Menstruation: Contextualising the Scottish Campaign to End Period Poverty', An Open Insights Interview with Bettina Bildhauer, Camilla Røstvik and Sharra Vostral, https://www.openlibhums.org/news/585/, [Date Accessed: Tuesday 7th February 2023].

advertising and product development, about print culture and public health campaigns and adolescence and girlhood. My focus on menstruation allows me to develop these ideas about women's professional influence, the impact of women doctors on gendered public health, what medical research is taken up by wider society (and why), and the intersections of all of these ideas with the histories of both girlhood and girls in secondary education.

Women's entry into the medical profession, and the gradual establishment of their medical authority in Britain has a rich and nuanced historiography.[9] The women whose medical research is studied in this thesis, and their capacity to influence the sphere of menstrual research as medical professionals, was only made possible by decades of work by their predecessors - female doctors who fought to access adequate scientific and medical education, and the right to practice. A careful consideration of this historiography provides a foundation to discussions of these new doctor's medical research into women's bodies, and the impacts they were able to have. This is framed by the idea of a 'precarious professionalism' outlined by Heidi Eggington and Zoe Thomas, in their book of the same title.[10] Eggington and Thomas examine the influences that working 'on the margins of a profession' had on both individuals and the way that their work was valued.[11] The first generations of women doctors were true 'precarious professionals', whose work was able to

[9] A selection of which includes: J. F. Geddes, 'The Doctors' Dilemma: Medical women and the British suffrage movement' in *Women's History Review*, (2009) Vol. 18, No. 2; R. Morantz Sanches*, Sympathy and Science*, University of North Carolina Press (2000); V. Heggie, 'Women doctors and lady nurses: class, education and the professional Victorian woman' in *Bulletin of the History of Medicine,* Vol. 89, No. 2 (2015); G. Gosling, 'Gender, money and professional identity: medical social work and the coming of the British National Health Service' in *Women's History Review*, Vol. 27 (2018); L. Kelly, "The question is one of extreme difficulty": The Admission of Women into the British and Irish Medical Profession C. 1850-1920' in C. G. Jones, A. E. Martin, A. Wolf (eds) *The Palgrave Handbook of Women in Science since 1600*, Palgrave MacMillan (2022)*;* N. M. Theriot, 'Women's Voices in Nineteenth-Century Medical Discourse' in *Signs*, Vol. 19, No. 1 (1993); C. Dyhouse, 'Driving Ambitions: Women in Pursuit of a Medical Education, 1890–1939' in *Women's History Review* (1998) Vol. *7*, No. 3.

[10] H. Eggington, Z. Thomas, (eds) *Precarious Professionals: Gender, Identities and Social Change in Modern Britain,* University of London Press (2021) pp. 1-39.

[11] Ibid p. 3.

have influence, but who also had to be cautious and often somewhat conservative, in order to protect their respectability.[12] This caution is also referenced in Jennian Geddes' work on medical women and the suffrage movement, which notes that the 'instances of an individual doctor being prepared to put her head above the parapet for the cause were rare' because of the risks to their 'social and professional standing'.[13] Examining the work of the women at the core of this thesis through this lens helps to explain the context behind their many and varied professional and personal decisions and pursuits.

Carol Dyhouse's study of autobiographical and biographical accounts of women doctors' lives at the start of the twentieth century highlights the conflicts between the 'gender prescriptions and [the] vocational ambitions' which were at play in women's pursuits of a medical education in the early twentieth century.[14] Dyhouse demonstrates the ways that these new female doctors had to develop new narratives about their femininity and what it meant to have a medical job, to support their desires to pursue a medical education. The significant internal work that these women had to do to allow themselves to dream of a medical career, alongside lack of access to education and social stigma, not to mention cost, demonstrates how hard it was to become a doctor as a woman in the late nineteenth and early twentieth centuries. Dyhouse's work provides a crucial starting point from which to begin to articulate how and why female doctors began to develop a new field of women's health research once they were allowed into the profession, and why it took so long for their voices to have enough weight behind them to be taken seriously by the wider medical field. Regina Morantz-Sanches examines this 'alternate discourse of women's health' which she believes women doctors developed specifically to combat dominant Victorian ideas of 'female frailty'.[15] This

[12] Ibid p. 21.
[13] J. F. Geddes, 'The Doctors' Dilemma: Medical women and the British suffrage movement' in *Women's History Review*, (2009) Vol. 18, No. 2, p. 209.
[14] C. Dyhouse, 'Driving Ambitions: Women in Pursuit of a Medical Education, 1890–1939' in *Women's History Review* (1998) Vol. 7, No. 3, p. 321.
[15] R. Morantz Sanches, *Sympathy and Science*, University of North Carolina Press (2000) p. xvi.

was achieved by creating novel research about women's bodies but also by 'functioning skilfully in their own professional lives'.[16] Dyhouse and Morantz-Sanchez illustrate the paths into medicine which women doctors took, and examine how their struggles influenced the shaping of their professional work once they had qualified. My research expands on the struggles faced by individual doctors, and the way that they used menstrual research in particular to combat ideas about women's physical and intellectual incapacity, and reinforce their own positions within the profession.

Morantz-Sanchez also draws attention to the uniquely 'female professionalism' which women doctors began to develop, which helped them to stake their own place in a male field.[17] This female professionalism allowed women to carve themselves a space in the areas of medicine perceived to be particularly suited to them, such as 'social hygiene and public health work, child-saving, gynaecology, paediatrics, [and] obstetrics'.[18] Feminine professionalism is also examined by Vanessa Heggie, in her work on women doctors and their personal and professional relationships with newly professionalised hospital nurses.[19] Heggie adds a classed element to this argument, suggesting that women doctors drew on traits which were only perceived to be held by educated middle- and upper-class women. Heggie discusses the 'clear water' women doctors needed to place between them and the nurses, 'with whom they worked and trained'.[20] This was in order to differentiate their skills from the 'angelic' or 'nurturing' new nurses - medical roles which seemed more conventional for women - and challenged the position of 'lady doctors'.[21] Gosling, in her research into 'medico-social work' describes the way that nurses claimed gendered expertise in an entire

[16] Ibid p. xvi.
[17] Ibid p. xvi.
[18] Ibid p. xvi.
[19] V. Heggie, 'Women doctors and lady nurses: class, education and the professional Victorian woman' in *Bulletin of the History of Medicine,* Vol. 89, No. 2 (2015).
[20] Ibid p. 267.
[21] Ibid p. 290.

profession, whereas women doctors claimed gendered authority in 'specialisms within a profession'.[22] This idea of feminine professionalism, taken in conjunction with Eggington and Thomas' 'precarious professionalism', provides the framework for my examination of Sanderson Clow, the Federation and Dalton and their various approaches to the study of menstruation. My research demonstrates the way that some women doctors drew on the notion of a 'feminine professionalism', using gendered claims to authority to solidify themselves as experts in the field of menstruation.

Laura Kelly outlines women's fraught journey into the field in the period between 1850-1920, and frames the resistance to women's acceptance into the profession in the context of their perceived 'physical, emotional and mental' capacities to practice medicine.[23] Kelly's examination of the common arguments against women's entry into the profession highlights that alongside concerns about co-education, women taking men's jobs and the influence of women working as doctors on 'the family', there were significant concerns in the nineteenth century about women's actual physical and intellectual capacity to succeed in the medical sphere.[24] Kelly's work supports my proposition that significant data and research was required to demonstrate or 'prove' that women were physically and intellectually able to act as equals to men, research which, once they were allowed to qualify, my research demonstrates was performed by medical women. This idea provides a basis to understanding why, once they were established in the profession, the women doctors examined in Chapters One to Three of this thesis had such an interest in proving women and girls were not rendered incapable by their bodies. Nancy Theriot also frames the first generation of women doctors in this context, explaining the way that they had a 'professional as well as a personal stake in

[22]G. Gosling, 'Gender, money and professional identity: medical social work and the coming of the British National Health Service' in *Women's History Review*, Vol. 27 (2018), p. 323.
[23] L. Kelly, "The question is one of extreme difficulty": The Admission of Women into the British and Irish Medical Profession C. 1850-1920' in C. G. Jones, A. E. Martin, A. Wolf (eds) *The Palgrave Handbook of Women in Science since 1600*, Palgrave MacMillan (2022) p. 531. p. 529.
[24] Ibid p. 532.

defeating' ideas about gender.[25] The histories of these women doctors, and the difficulties they faced accessing a medical education because of cultural and medical ideas about women's intellectual and physical capacity, are the background to the work of the doctors outlined throughout this thesis. My work on women doctors draws upon elements of all of this research, but it also extends it by examining individual 'precarious professionals', their journeys into medicine, their professional groups, and their uniquely feminine professionalism, in the context of menstrual research in the twentieth century. Understanding the context in which women doctors were working and the difficulties they had in entering the profession provides a framework for interpreting the approaches taken by the individual women who I study throughout this thesis. It also helps to explain why they were working on women and girls, because they needed to create their own niche, and specifically why they were working on debunking theories of menstrual incapacity, to prevent these common ideas from undermining their own 'precarious' position in the profession.

My work also draws on the historiography of menstruation. Elaine and English Showalter's discussions of Victorian women and menstruation in the early 1970s constitute a foundational text for these histories. They frame Victorian menstruation as shrouded in 'almost complete silence' even amongst the most progressive of the time, alongside a discussion of 'how little' Victorian doctors and scientists knew about reproduction in the nineteenth century.[26] Their research identifies the work of Edward Clarke and Henry Maudsley, two doctors whose work will be examined in Chapter One, as using the 'menstrual myth to justify their anti-feminism'.[27] These two doctors, publishing in the United States and the United Kingdom, wrote extensively about the way that menstruation rendered women

[25] N. M. Theriot, 'Women's Voices in Nineteenth-Century Medical Discourse' in *Signs*, Vol. 19, No. 1 (1993) p. 14.
[26] E. Showalter, E. Showalter, 'Victorian Women and Menstruation' in *Victorian Studies*, Vol. 14, No. 1 (1970) p. 83.
[27] Ibid p. 87.

unfit to receive a rigorous education without risking infertility. The Showalters highlight how this 'menstrual myth' seems to underwrite much of the literature on Victorian women and what roles they should be allowed to fill, with the work of Clarke and Maudsley allowing the historian to be 'sure' of this connection.[28] My research demonstrates that Victorian menstrual silence, and the male medical elite's perspectives on women's menstruating bodies continued to have an impact on women doctors in the twentieth century. Understanding the Victorian background helps to explain why twentieth century women doctors worked in a relatively cautious way as Chapters One to Three will demonstrate, but also highlights how far their work challenged the dominant narratives of the nineteenth century. This examination of menstruation in the nineteenth century is a critical moment at which the history of menstruation was isolated as an interesting and relevant topic of academic study. Twentieth century menstrual research and experience in the United Kingdom is still relatively understudied, and thus my work builds on the foundations laid by the Showalters, to provide the next puzzle piece, a history of menstruation in the following century.

Histories of menstruation in the twentieth century have also influenced the shaping of this thesis, although these histories tend to address twentieth century menstrual history in the United States. Lara Freidenfelds' book *The Modern Period* focuses on the factors which influenced the creation of a 'modern' menstrual period in the United States over the course of the twentieth century.[29] While there is no direct parallel to be drawn between the way that menstruation 'modernised' throughout the twentieth century in Britain and America, many key elements of the journey were similar. Most significantly to this thesis, Freidenfelds analyses the gradual changes to menstrual education throughout the century, specifically in the context of American menstrual advice leaflets published by period product brands.

[28] Ibid p. 88.
[29] L. Freidenfelds, *The Modern Period: Menstruation in Twentieth-century America*, Baltimore, MD: Johns Hopkins University Press (2009).

Freidenfelds argues that early twentieth century American progressive values, in combination with new menstrual management technologies, new menstrual health beliefs and new kinds of menstrual education, fundamentally shifted American menstruation from 'old-fashioned' to 'modern'. As my work demonstrates, a parallel gradual shift was seen in Britain in the first half of the twentieth century, however the narrative does not continue in an entirely linear manner. Drawing on Freidenfelds' work, my thesis explores the idea of a progressive menstrual modernity as shaped by technological and educational advancement, while interrogating the way that dominant menstrual narratives tended to relative conservatism in the Britain in the 1960s with the beginning of pre-menstrual syndrome theorising.

Also focusing on the United States, Sharra Vostral's work examines developing technologies of menstruation as tools with which to explore changing perspectives and attitudes to menstruation, both medically and socially. Analysing tampons, towels and other methods of absorbing or catching menstrual blood means studying the history of objects which are intentionally concealed, from euphemistic packaging to the act of hiding up a sleeve on the way to a public bathroom these are not items which have traditionally been used to display either status or identity. This means that the study of these items and what they can tell us about the people who bought, used and designed or recommended them must often incorporate elements of social history in what Vostral calls a 'techno-social' approach.[30] Vostral develops a 'techno-social' examination of the history of menstrual management products and how they were used throughout the twentieth century to facilitate 'passing' as non-bleeding. This framework contributes to my analysis of menstrual management products and the way different products represent different kinds of menstruation and technologies of concealment throughout this thesis.

[30] S. L. Vostral, *Under wraps: A History of menstrual hygiene technology*, Lexington books (2008) p. 7.

Elizabeth Arveda Kissling posits that throughout the middle of the twentieth century menstruation was slowly becoming seen as a 'problem' which could be 'solved' by technology. *Capitalizing on the curse*, traces a gradual commodification of menstrual management products in the United States, analysing them through the lens of Simone de Beauvoir's existentialist feminism.[31] This analysis frames menstruation as a stark visual representation of de Beauvoir's description of societies 'othering' of women. Kissling examines the way that representations of menstruation in product advertisements and packaging throughout the twentieth century reflected and reinforced ideas about 'shame, secrecy, pollution and otherness' in order to sell their products.[32] This gradual commodification of menstrual products, and the inherent reinforcement of menstruation as abject and to be concealed within this new consumer market, underwrites the non-linear progression of professional and cultural narratives of capacity and incapacity which are discussed throughout this thesis.

Julie Marie Strange's careful analyses of the Medical Women's Federation archives provides a foundation for further considered study of the history of women doctors and their influence on adolescent experiences of menstruation in the first half of the twentieth century. Strange's research was the first to locate the work of the Federation as a site within which to situate an investigation into the history of menstruation, and to isolate the Federation's work as evidence of changing perspectives of women's menstruating bodies. Understanding the crucial nature of these archives, and the role of the Federation facilitates a nuanced interrogation into medical perspectives of menstrual capacity and incapacity, and the way that women becoming part of the formal medical community influenced these narratives.[33]

---

[31] E. A. Kissling, *Capitalizing on the Curse: The Business of Menstruation*, Lynne Rienner Publishers, (2006).
[32] Ibid p. 5.
[33] J. M. Strange, 'The assault on ignorance: Teaching menstrual etiquette in England, c. 1920s-1960s' in *Social History of Medicine,* Vol. 14, No. 2 (2001), J. M. Strange, 'I believe it to be a case depending on menstruation: Madness and menstrual taboo in British medical practice, c. 1840-1930' in (eds) G. Howie, A. Shail, *Menstruation: A Cultural history,* Palgrave Macmillan (2005), J. M. Strange, 'Menstrual fictions: Languages of

Barbara Brookes, also writes about the Federation and their relationship with menstrual research.[34] Brookes does so through the lens of the changing roles of women in the inter-war years, articulating the notion that the increasing visibility of women in public, in combination with scientific advancements into endocrinology, began to erase perspectives of menstruation as incapacitating. Brookes' paper supports the notion that the women of the Federation were significant in terms of their influence on changing perspectives of menstruation, and thus menstrual experience. This thesis will build upon these ideas about influence, endeavouring to further explore the ways that the Federation used a combination of research, education and infrastructure change to make menstruating easier for average British schoolgirls. Kaarin Michaelsen examines the Medical Women's Federation in its role as a union, supporting medical women in their political aims and providing a crucial social and professional space for women on the fringes of an established profession. Michaelson identifies a generational conflict between younger generations of women doctors who began to push against the uniquely 'feminine professionalism' which emphasised strength in difference, championed by the Federation, wanting instead to be treated as equals to their male peers.[35] While these ideas have been useful in shaping this thesis, my research goes further, examining the influence of individual doctors within the Federation and their separate research into menstruation, alongside the work of the group as a whole, the work of other groups such as the British Medical Association, and the contributions to menstrual education made by various commercial enterprises. While Strange and Brookes examine the Federation's research into menstruation, their papers are brief snapshots, in contrast the scope inherent to a DPhil thesis

medicine and menstruation 1850-1930' in *Women's History Review*, Vol. 9, No. 3 (2000).

[34] B. Brookes, '"The Glands of Destiny:" Hygiene, Hormones and English Women Doctors in the First Half of the 20th Century' in *Bulletin Canadien d'histoire de la Médecine/Canadian Bulletin of Medical History* (2006) p. 51.

[35] K. Michaelsen, '"Union is strength": The Medical Women's Federation and the politics of professionalism, 1917-1930', in Cowman and Jackson (eds) *Women and Work Culture* (2005) p. 172.

has allowed me to provide a significant amount of depth and context to the Federation's research into menstruation in schoolgirls.

Histories of sexuality and sexual knowledge acquisition reveal how enforced naiveté surrounding sex in the early twentieth century extended to cover all bodily knowledge. Hera Cook argues that the first decades of the twentieth century were characterised by enforced sexual ignorance and an over-arching sexual silence which extended to all discussions of bodily function.[36] Cook articulates the notion of a progressive openness about education concerning bodies emerging from the 1920s amongst the 'educated classes'.[37] Viewing the subject of menstruation in the context of this 'progressive liberation' helps to explain the perspectives of the earlier women doctors discussed in the first chapters of this thesis. Sally Alexander also interrogates the idea of a 'profound sexual ignorance' experienced at the start of the twentieth century, and the way that this was enforced by a series of 'complex cultural codes'.[38] These doctors were attempting to cut through the dense climate of silence and shame which Cook describes, to facilitate menstrual education. Considering the cultural attitudes to sex and bodies in the early twentieth century helps to contextualise the tentative nature of the first menstrual education leaflets which they published.

Kate Fisher's early work on sexual attitudes and contraceptive practices highlighted tensions inherent to sexual knowledge acquisition in the middle of the twentieth century in particular, her emphasis on an all-encompassing menstrual naiveté in the first half of the twentieth century.[39] Fisher frames birth control and thus family planning as a topic which was

[36] H. Cook, 'Emotion, bodies, sexuality, and sex education in Edwardian England' in *Historical Journal*, Vol. 55, No. 2 (2012), pp. 475-495.
[37] H. Cook, 'English Sexuality in the Twentieth Century: Ignorance, Silence, and Gendered Sexual Cultures' in *The Long Sexual Revolution: English Women, Sex, and Contraception 1800-1975*, Oxford University Press (2005) p. 186.
[38] S. Alexander, 'The Mysteries and Secrets of Women's Bodies: Sexual Knowledge in the First Half of the Twentieth Century', in M. Nava & A. O'Shea (eds), *Modern Times: Reflections on a Century of English Modernity* (1996) pp. 161-175.
[39] K. Fisher, '"She Was Quite Happy with the Arrangements I Made": Gender and Birth Control in Britain 1920-1950' in *Past and Present,* No. 196 (2000).

not the remit of the wife as had been suggested in previous studies but rather, as representative of men's new compassion for women's wants, and suggests that the topic was significantly more nuanced, and complicated by a silence which surrounded conversations about sex. My discussions of menstrual education and menstrual behaviour throughout this thesis reflect the impact of these ideas of silence and naiveté, which reinforce the significance of the work of Dr Alice Sanderson Clow and the Medical Women's Federation in their breaking of these cultures of silence around bodies. While Fisher is discussing a lack of sexual knowledge and I am examining a lack of menstrual knowledge, my research suggests significant parallels between education about these two topics, which means drawing on their ideas can be very useful.

This thesis also draws upon the work of historians of childhood and adolescence to examine the changing needs, desires and expectations of teenagers in the twentieth century. This facilitates a meaningful analysis of both the schoolchildren being studied by women doctors, and also the educational material that the Federation produced for adolescents from 1925 to the late 1950s. Hilary Marland frames girls boarding schools as a site of a new kind of girlhood, which allows a more nuanced analysis of the studies of schoolgirls attending these boarding schools, which were undertaken by female doctors in the first half of the twentieth century.[40] Marland examines the way that girls bodies became a site of debates around health and modernity at the end of the nineteenth century, highlighting in particular the conflict between medical narratives of weakness and fragility and new ideas about healthy vital bodies. Kristine Alexander also discusses these ideas in the context of the 'global emergence of the modern girl' in the early twentieth century, in her work on the Guides. Alexander describes how 'concerns about young women's health and leisure choices' intensified in the 1920s, and were addressed by the Guides' programmes which focused on

[40] H. Marland, *Health and girlhood in Britain, 1874-1920*, Palgrave Macmillan (2013) p. 5.

domesticity, citizenship, engagement with nature and physical culture.[41] My work demonstrates that changing ideas about menstruation were connected to the idea that a new kind of 'modern' girl was emerging, who was encouraged to cultivate a healthy body *via* exercise, leaving behind the frailty required of Victorian women and girls.

Penny Tinkler examines the teenage self which was presented to adolescents in girls' magazines between both 1920-1950 and 1957-1970.[42] This self is portrayed as shifting from a young girl preparing for marriage, motherhood and domesticity, as examined by Tinkler and also Stephanie Spencer, to a young person who was able to pursue a 'late-modern feminine fulfilment'.[43] This new kind of fulfilment was equally fraught with tension, but did portray girls as able to have individuality, and to focus on 'expressing oneself, having fun, independence, experience and embracing opportunities, especially for work and travel' in order to 'facilitat[e]… fulfilling one's potential and getting the most out of life'.[44] Tinkler describes how girls were being increasingly seen as 'a distinctive and financially viable mass-market', which created space for these new magazines, and the new advertisements and ideas about girlhood contained within them.[45] This coincided with the moment wherein girls began to have menstrual products advertised to them, rather than their mothers, and menstrual education leaflets also began to be targeted at the girls themselves. Stephanie Spencer describes womens' and girls' magazines as 'accepted representations of womanhood' which

[41] K. Alexander, *Guiding modern Girls: girlhood empire and internationalism in the 1920s and 1930s,*Vancouver: British Columbia press (2017) pp. 5-6.
[42] P. Tinkler, 'Are you Really Living? If not, 'Get with it!' The teenage self and lifestyle in young women's magazines, Britain, 1957-70' in *Cultural and Social History,* Vol. 11, No. 4 (2014) pp. 597-619; P. Tinkler, *Constructing girlhood: Popular magazines for girls growing up in England 1920-1950*, Taylor and Francis (1995).
[43] P. Tinkler, 'Are you Really Living? If not, 'Get with it!' The teenage self and lifestyle in young women's magazines, Britain, 1957-70' in *Cultural and Social History,* Vol. 11, No. 4 (2014) p. 598; S. Spencer, 'Be Yourself! *Girl* and the business of growing up in 1950s England' in (ed) K. Cowman, L. Jackson. *Women and Work Culture, Britain c.1850-1950*, Taylor and Francis (2016) p. 141.
[44] P. Tinkler, 'Are you Really Living? If not, 'Get with it!' The teenage self and lifestyle in young women's magazines, Britain, 1957-70' in *Cultural and Social History,* Vol. 11, No. 4 (2014) p. 598.
[45] Ibid p. 598.

had a kind of dual authorship, in that they were accepted by both the writers and readers.[46] Drawing on these insights, my research explores in detail how emerging ideas of teen girlhood intersected with new ideas about menstruation and the commercialisation of menstrual products to produce a new discourse of menstruation in the 1950s.

Menstruation, and in particular medical study of menstruation, falls into a liminal space between the public and the private. As such, this history of menstruation partially fits into a multitude of categories, it is a social history but also a history of medicine, it is a feminist, revisionist history, but it is also a relatively new field in which there is little other than assumption to revise. In order to examine the influence of female doctors on the field of menstrual research, and the influence that their research had on cultural perceptions of menstruation and on lived experience, this thesis develops a series of micro-histories, loosely based on Sarah Stanley Holton's notion of 'personal history'.[47] Stanley Holton draws upon the work of Joan Thirsk and Nancy Woloch to write a personal or micro-history which is 'focused on particular individuals', and concerned with academic rigour, while being conscious that objectivity in history is almost impossible.[48] I draw on Stanley Holton's technique of creating a continuous narrative through a series of personal histories entwined with wider discussions relevant to that life. By focusing on two women and one organisation, the 'personal' element of personal history is addressed with a slightly wider scope. My chosen approach is in part necessitated by the subject - because menstruation has been perceived as inherently private throughout the twentieth century in Britain, there is not an abundance of source material, and insights must be gleaned from the few sources that do exist. This thesis, therefore, does not seek to provide an exhaustive list of every female doctor, her research, and her influences on perceptions of menstruation. Instead, using a

[46] S. Spencer, 'Be Yourself! *Girl* and the business of growing up in 1950s England', p. 141.
[47] S. Stanley Holton, 'Challenging Masculinism: personal history and microhistory in feminist studies of the women's suffrage movement' in *Women's History Review* (2011), Vol. 20, No. 5, pp. 834-5.
[48] Ibid p. 836.

'snapshot' method, I will use in depth interrogations into the papers and publications of the doctors and the organisation which are available, assessed in conjunction with one another, and in relation to the wider contemporary climate to facilitate a broader understanding of the trajectory of menstrual research, and menstrual experiences in Britain in the twentieth century. While methodologically, this thesis is a women's history project I am influenced by Kathryn Gleadle's argument that some of the best women's history combines approaches with those of gender history by 'probing how women's bodies may be seen as a site of social and political regulation, but also emphasising female voices and experiences in relation to this'.[49] My thesis will therefore examine the ways in which changing women's bodies are often a site upon which the cultural oppression inherent to binary gendered identities comes to the foreground, thus incorporating the comparative techniques of gender history.

In order to develop the microhistories upon which this thesis rests, I have drawn upon close and detailed examination of three main bodies of sources. The Medical Women's Federation archive, held at the Wellcome Library in London, the Mass Observation Archive, held at The Keep in Sussex, and the papers and books of Katharina Dalton which are not held in one open access archive, but have been sourced through JSTOR, and trawling second hand book sellers. I identified Katharina Dalton's work in the *British Medical Journal* first, and after realising that the whole history of PMS rested firmly on her shoulders I knew how significant her work was to this thesis. While PMS is firmly situated in the public imagination, Dalton was relatively ephemeral, hence the varied ways I have accessed her work. These three main bodies of sources have been examined in conjunction with a wide range of other primary sources, largely accessed online, such as the digitised *Spare Rib* archive which was briefly made available to all by the British Library, and the *Suffrage Newspaper* archive which is held in the London School of Economics digital archive,

[49] K. Gleadle, 'The imagined communities of Women's History', p. 532.

alongside the *BMJ* and *Lancet* archives accessed through JSTOR. These digital sources have provided smaller but nonetheless significant support to the arguments built throughout this thesis, in particular when access to physical archives was limited by the global covid-19 pandemic. The limitations which came about due to the pandemic forced an intensive and detailed examination of a smaller body of sources than I originally intended, which has shaped this thesis into a series of intense micro-histories.

The Medical Women's Federation archive has been progressively gaining more attention over the course of the first two decades of the twenty-first century. It consists of one hundred and eleven boxes covering the years 1879 to 1988, and is a meticulously curated archive which the Federation had been intentionally building since just after the second World War, when they appointed their first honorary archivist.[50] This intentionality is likely the product of the Federation's precarity, they knew how important it was that they recorded their own history, and solidified their place within the history of medicine in a way which would not have occurred without their fastidious record keeping. The private and published papers of the Federation are stored in this archive, alongside their meeting minutes, copies of their journal, photos, letters and the papers of some of their more prominent members, including Dr Alice Sanderson Clow. This archive provides a very full – while carefully curated - picture of the interests of medical women throughout the century, alongside other published papers, leaflets and articles which members felt it was pertinent to store. Using the principles of critical archive theory, it is also important to acknowledge the limitations of an intentional archive. While there is a vast array of information which has been kept, there are undoubtedly papers and files which were not kept, and their absence is also worthy of consideration. The Federation's archive has furnished this thesis with thousands of pages of

[50] 'The Medical Women's Federation', https://wellcomecollection.org/works/rjdt9j3h [Date Accessed: August 23, 2022].

information about the internal and external conversations of the doctors involved in its group. There is, however, only one side to many of these conversations, which may paint a picture of the organisation which glosses over things like the generational conflicts discussed in Chapter Three of this thesis, which are almost entirely absent from the archive. I have worked to counter these limitations by careful close reading of letters received by the federation and their content, the publications they released and why they may have been focusing on specific topics, and, later in the period the publications of other brands and organisations on the topic of menstrual education and the interactions which the Federation had concerning them.

The second significant body of material this thesis draws on is the Mass Observation directive of 1996 focusing on experiences of menstruation for those who reached menarche in the early twentieth century. The archive of this directive has furnished this thesis with real stories of women who experienced the things which are hinted at in the papers and leaflets of the Medical Women's Federation, facilitating a clearer picture of the girls like those Alice Sanderson Clow was teaching, of the recipients of the Federation's leaflets and of the girls whose exam results Katharina Dalton believed were influenced detrimentally by their hormones. While some have argued that the Mass Observation archives do not constitute a credible survey of experience, these personal accounts of menstruation furnish us with stories which support and explain the focus on menstruation in the work of these twentieth century women doctors. The stories provided by these women may not be statistically representative, but they have allowed me to provide a personal depth and richness to the more clinical publications of the doctors examined in this thesis. They have allowed me to test the theories within the Federation's literature, demonstrating that their insistence on providing an education about the realities of menstruation and the importance of exercise and bathing was truly necessary. These life-histories are representative 'at a sociological level', in that rather

than rather than being traditionally 'statistically representative' they 'reveal a more in-depth understanding of social process'.[51]

I also draw on the published books and papers of Dr Katharina Dalton, who published prolifically on the topic of pre-menstrual syndrome for both professional and public audiences between 1959 and the 1990s. These are set against evidence drawn from British newspaper articles, leaflets advertising mood stabilising pain-killers, leaflets from the Society for the Prevention of Accidents and articles in *Spare-Rib* in order to emphasise the huge cultural impact that Dalton's work was able to have across a huge swathe of British society.

My thesis isolates the moments in which women medical professionals were able to begin to insert their own voices and subjective experiences into academic study of menstruating bodies. Their influence fundamentally altered the ways that menstruation was conceptualised throughout the twentieth century. To paraphrase Susan Crane, in her essay on subjectivity, history may not always be fraught, it may be approached with equanimity, but 'our knuckles may already be bleeding with what we have not yet dared to say'.[52] My work towards this thesis in some ways reflects the work of the doctors which it studies, by combining objective academic research and analysis with motivations as shaped by the deeply subjective experiences inherent to having a menstruating body. As a historian, I will not allow my knuckles to bleed with what I have been taught not to say. The silence and shame inherent to experiences of menstruation articulated throughout this thesis persist in the twenty-first century, in new and evolving forms, and this thesis endeavours to contribute to an ending of that silence.

---

[51] D. Sheridan, 'Damned anecdotes and dangerous confabulations: Mass-Observation as Life History', *Mass-Observation Archive Occasional Paper,* No. 7, University of Sussex Library (1996).
[52] S. A. Crane, 'Historical Subjectivity: A Review Essay' in *The Journal of Modern History*, Vol. 78, No. 2 (June 2006), p. 177.

Western historians, sociologists and anthropologists who have written about menstruation have often tended towards studies which have highlighted the cultural significance and rituals of menstruation across other cultures, in some cases with a distinctly 'us vs. them' bent.[53] There are intellectual limitations to projecting a sense of 'otherness' onto non-western practices, which leads to overlooking the rituals and mythologies in western practices. Although these histories of women who are not the white, western women often prioritised by women's history are imperative, in the case of the history of menstruation this ethnocentric conceptualisation of ritual has the uncomfortable effect of glossing over the women trapped in 'symbolic hut[s] of fear and superstition' in the west.[54] It is imperative that historical research does not neglect or overlook experiences of enforced menstrual etiquette and stigma or their implications for those who menstruate in the western world in favour of highlighting and thus othering ritual from the global south.

Where this thesis refers to specific actors, or groups of actors in the past I have intentionally used she/her pronouns so as not to ignore standard practice that in this time period, menstruation and femininity were intrinsically linked and these actors should not have that reality erased. In recognition of the fact that not everyone who menstruates in the present day identifies as a woman, however, I endeavour to use gender neutral language in referring to people who menstruate in more general terms. In terms of product language the terms '*sanitary* towels/items' are used in common parlance, alongside the terms menstrual '*protection*' and menstrual '*hygiene*'. This language suggests that menstrual products provide sanitation and/or hygiene, thus contributing to the problematic discourse that periods are unclean and polluting. I wish to highlight the subtext of this language and demonstrate how

[53] S. Laws, *Issues of Blood: The Politics of Menstruation*, Macmillan Press (1990) p. 47; For example: G. Howie, A. Shail*, Menstruation: A Cultural history,* Palgrave Macmillan (2005) and T. Buckley, A. Gottleib (eds), *Blood Magic: The Anthropology of Menstruation*, University of California Press (1988).
[54] J. Delaney, M. J. Lupton, E. Toth, *The Curse: A Cultural History of Menstruation*, University of Illinois Press (1988) p. 25.

ingrained the discursive construction of menstruation as unclean is, even within academic discourse. This language contributes to the historical process of the subordination of women and the concealment of their experience. Therefore throughout this thesis I use the terms 'menstrual management products' or 'period products', as more neutral descriptive terms.

The arguments in this thesis centre around two main findings: First – the contention that throughout the twentieth century narratives of menstruation largely, if not entirely, fell into two distinct categories: narratives of capacity, and narratives of incapacity; and second - the idea that there has been no linear progression towards the emancipation of women from confining understandings of menstruation. This thesis has identified a pattern in menstrual research varying between narratives of capacity, and incapacity. The former are moments in which menstruators are conceptualised as being able to achieve or do comparable things to those not menstruating (within the norms of the time), these narratives tended to correlate with cultural moments in which women enjoyed relative freedoms. At other times, narratives of incapacity were more dominant, when menstruation was perceived to be in some way incapacitating to the menstruator. In these moments, menstruation was used as a reason to prevent women and girls from doing things, or to excuse or explain actions which did not fit traditional female stereotypes. Taken to its logical conclusion this ideology painted menstruators as less capable or responsible than their non-menstruating counterparts, leading to articles such as one published in the *Sunday Times* in 1969 by Dr Alfred Byrne which drew attention to Dalton's research and to the 'clouded judgement' of potentially all 'women teachers, pilots or magistrates… Not to mention women drivers' during their pre-menstrual period.[55] In their modern iterations these narratives were supposed to be protective to the unique needs of those who menstruate but often ended up leading to paternalistic and patronising conceptions of bleeding bodies.

[55] A. Byrne, 'LOOK! Pre-menstrual Tension' in *Sunday Times* (September 14th, 1969) p. 54.

The second key finding of this thesis is that not only did these narratives of capacity or incapacity not follow one another in a linear way, but also that the dominance of one or other narrative tended to reflected contemporary social and cultural requirements of women at any given point. Rather than assert that there were always definite causal links between dominant narratives about women's role in society and medical research into their bodies, my research suggests that the two influenced each other in complex ways, and demonstrates places where clear correlations have emerged. There are different levels of relationship between women's role in society and medical research into menstruation, some are fluid with chronology and shifts in language suggesting tentative links, some are definite patterns, for instance the rise of the physical culture movement, and its influence on new research into girls not being incapacitated by their periods. There are also instances where there are definite causal links between medical women's research and social and cultural norms and practice, such the work of the Federation ensuring that the placement of waste bins in girls school toilets became standard practice, and such as Dalton's research into PMS establishing a popular belief in women's pre-menstrual incapacity.

Chapter One begins by introducing the journey women took to move from lay practitioners in small sectors of medicine (such as midwifery) in the eighteenth century, to their inclusion on the medical register in the nineteenth century. Due to the nature of their relatively precarious professionalism, as newcomers in an established homosocial sphere, registered women doctors sought to create room for themselves in the field. They drew upon common ideas about femininity and separate spheres, building on ideas about what roles women were best 'suited' to, to carve niches for themselves in gynaecology, obstetrics, paediatrics and other areas where a more social or domestic kind of medicine was perceived to be required. Chapter One extends our understanding of this social and professional history,

with a micro-historical exploration of the career of Dr Alice Sanderson Clow (1875-1959), whose personal and published papers are housed in the Wellcome collection archives. Sanderson Clow was a school medical officer, who performed revolutionary research with the intention of changing perceptions about menstrual pain by changing the culture surrounding menstruation at Cheltenham Ladies' College. This was achieved by teaching the students about the facts menstruation, at a time when this was radical, preventing the students from adhering to commonly held menstrual myths and measuring the influences of these interventions with yearly interviews. She found that knowledge about menstruation, and encouragement to bathe and exercise as normal, significantly reduced incidences of menstrual pain in otherwise healthy girls, and went on to use her position of relative intellectual authority in the medical field to attempt to disseminate this information both to the wider medical community and to girls outside the school *via* a leaflet. In the first half of the twentieth century the congruence of new populations of girls attending secondary school drew attention to menstruation and provided a laboratory for new medical women. These women were often employed as school medical officers in girls' schools due to their perceived suitability for medical roles which combined the care of women or children and domestic care work. The kind of research carried out by Sanderson Clow, at Cheltenham Ladies' college was crucial to the emergence of new narratives of menstrual capacity which represent educated women's perceptions of menstruation in the early to mid-twentieth century. Sanderson Clow's research highlighted a perceived classed differentiation of experiences of menstrual discomfort, which conformed to long standing assumptions about the way that the working-classes and the middle-classes experienced menstruation differently. She was the first person to publish the results of a fairly large investigation which tested a hypothesis about the influence of myth on menstrual experience in adolescents in Britain. This Chapter demonstrates how a combination of women's new medical authority in

specific fields, larger cohorts of girls in schools and new ideas about women's body and capacity came together in the research of Dr Sanderson Clow, sparking the beginning of a wider cultural discourse of menstrual capacity which will be addressed in the following two chapters.

Chapter Two focuses on the establishment of the Medical Women's Federation, and the efforts of its members to research and establish a picture of normal adolescent menstruation *via* their Committees on Menstruation. The MWF was formed out of the Association of Registered Medical Women (ARMW), a small group of women doctors established in London in 1879. These doctors created a crucial new space for female professional and social interaction and development, at a time when they were unable to join the kinds of organisations which provided these kinds of spaces for male doctors. The ARMW was cautious in its political engagement, supporting the suffrage movement tentatively, while being conscious of the precarity of their professional standing. The ARMW joined with other local groups of women doctors to form the MWF in 1917. The MWF was able to be slightly more politically vocal, as they represented a larger number of women, and after the support women doctors provided in the war effort and the partial enfranchisement, they had slightly more cultural capital. They used this newfound authority to work towards equal pay for women doctors, ending the marriage bar and better rights for women workers, alongside forming committees on understudied elements of women's and children's health. One of these committees set out to perform research into normal adolescent menstruation with the intention of furnishing the Federation with an accurate clinical picture of what menstruation 'should' be like. The committee found that the conditions in which young girls began to menstruate were critical to their experiences, and that new infrastructure and education was needed to enable girls to menstruate without shame and discomfort. Only then could older ideas about menstruation as fundamentally 'disabling' be, at least partially,

disproven. These women doctors used their power as a collective unit to undertake large scale research projects and suggest changes in infrastructure, with the aim of allowing adolescent girls to reach their full potential in the school system and beyond. The role of these early female doctors as a group in the promotion and acceptance of a new discourse of menstrual capacity was critical. As adults with subjective experience of menarche, and the formal medical background to provide evidence to back up their ideas, these doctors were uniquely situated. They used their position to undertake research which bolstered their own professional standing, while helping generations of younger women reach their potential.

Chapter Three analyses the MWF's educational outreach programme and the ways that it became increasingly outdated from its first leaflet *Advice for Parents, Schoolmistresses and others in charge of Adolescent Girls* in 1925 to its eventual cancellation in 1966. The Menstrual Leaflets' Committee began publishing a series of educational leaflets as part of the wider goal of giving girls the capacity to menstruate in a way that was minimally disruptive to their lives. The MWF believed that menstrual incapacity was influenced by wider social factors rather than biologically necessary. For instance discomfort caused by inadequate education about appropriate products and adherence to myths surrounding bathing and exercise prohibitions combined to make menstruation more uncomfortable, and thus more incapacitating, than it needed to be. These simple and instructive leaflets contained scientific education about puberty to 'those in charge' of young women. These leaflets filled a gap in girls' education, a gap which the Federation's largest survey had identified as a significant factor in incidences of menstrual incapacity. The first section of this Chapter examines this gap in the wider context of debates surrounding sex education for girls in the first decades of the twentieth century and the 'enforced modesty' which often characterised sexual knowledge acquisition (or lack thereof). The Chapter goes on to explore the leaflets created by the MWF which were designed to advise the mothers of schoolgirls on the practical steps

they could take in order to implement their version of menstrual capacity. The rise and fall in the popularity of these leaflets between the 1920s and the mid 1960s contributes to understandings of the shifting nature of puberty education, menstrual taboo and menarchical experience in the twentieth century. This Chapter also examines the generational differences within the Federation which led to internal disputes about the content of the leaflets, and contributed to their slow fade from relevance. The MWF's leaflet aimed to debunk myth and rumour in order to change the experiences of adolescent girls across Britain, providing them with an education they likely would not otherwise have had access to. As menstruation became increasingly commodified, product companies took over this role, providing free advertisements which took the form of educational leaflets which facilitated menstruation education in a similar way. These leaflets, however, contributed to a new framing of menstruation as a 'problem' which needed to be 'solved' with new menstrual management products.[56] This Chapter examines the radical nature of the Federation's leaflets at the start of the period and the social and cultural changes which led to their decreased popularity towards the middle of the century.

Chapter Four focuses on a shift back to medical narratives of menstrual incapacity, this time, with the focus on a *pre-menstrual* incapacity. Pre-menstrual *syndrome* theorising began in 1953, and its pre-cursor, the idea of a pathological late-luteal experience labelled 'pre-menstrual tension' only dates back to 1931 with the work of R Frank and K Horney.[57] In 1953 Drs Greene and Dalton isolated a set of 84 symptoms as a distinct *syndrome*, the 'commonest of the endocrine disorders' (for which they had not, and did not ever, conclusively prove a cause).[58] Dalton went on to open an NHS treatment clinic, and publish

[56] E. A. Kissling, *Capitalizing on the Curse: The Business of Menstruation*, pp. 11-12.
[57] R. Frank, 'The Hormonal causes of Premenstrual Tension' in *Archives of Neurology and Psychiatry,* Vol. 26, No. 5 (1931), K. Horney, *Premenstrual tension in Feminine Psychology* (Edited and translated by H Kelman) Routledge and Kegan Paul, London (1967).
[58] R. Green, K. Dalton, 'The Premenstrual Syndrome' in *British Medical Journal*, Vol. 1, No. 4118, (1953) p. 1007.

widely on both the topic of premenstrual syndrome and progesterone therapy, a cure which was never proven to be more effective than a placebo. In situating the rapid uptake of PMS theory within a cultural moment in British history this Chapter will interrogate why the ideas were taken up so enthusiastically in the United Kingdom – without significant proof, a definite list of symptoms, or a confirmed aetiology, and crucially, what this uptake can tell us about cultural perceptions of women in the mid to late twentieth century. The post-war moment was unique in terms of the duality of women's roles, and the inevitable conflict this created. There was a push towards more traditional family structures existing in conjunction with an increased representation of women of all classes in workplaces outside the home. Traditionally gendered divisions of labour seemed to contrast directly with the greater numbers of married women in formal workplaces than ever before, creating conflict between what women were doing, and what they 'should have been' doing.[59] Menstruation was also more visible across the board, with more women involved in public life for longer periods, but the problems surrounding menstruating in public with limited access to products, bins, infrastructure and education were now directly related to the economic productivity of the country. This Chapter also analyses Katharina Dalton's research and her publications in order to demonstrate the significant influence they had. These academic papers articulated, in turn, that a woman in her para-menstrual period had an increased likelihood of psychiatric hospital admission, worsened school-work and behaviour at school, increased accident proneness, a higher likelihood of committing crimes, behaving badly in prison, worse exam results, and an increased chance of their *child* being admitted into hospital. The books Dalton published for a 'lay' audience highlighted the impacts of PMS on industry, husbands, family structure, children and on wider society. Proponents of Dalton's syndrome agreed that the four days of

[59] A. Haggett , *Desperate Housewives, Neuroses and the Domestic Environment,* Routledge (2012) p. 31.

pre-menstruum, and the first four days of bleeding were, *in a majority of women*, symbolised by uncontrollable and unpleasant emotional and physical characteristics, with an as yet unconfirmed (although suspected to be endocrinological) physical aetiology. The significance of PMS as a concept, and its journey to widespread acceptance did not lie in its diagnostic legitimacy, as it is not unusual for a concept which ends up being correct to be ignored by the medical community or vice versa, the significance lies in what PMS' acceptance can show us about contemporary perceptions of femininity and of women's bodily capacity. Daltonian theories of PMS and the consequent problematisation of premenstrual and menstrual behaviour consist a key moment through which to explore the narratives of pathologisation and incapacity which were imbued in conceptualisations of bleeding bodies throughout the twentieth century.

My research contributes to a growing body of academic work on menstruation which is, I believe, helping to facilitate and support the cultural shift towards the normalisation of menstruation which will improve menstrual experience for all. It constitutes a small but necessary part of this endeavour, helping to link the pioneering work of twentieth century women doctors with changes in narratives about menstruation throughout the century. It also contributes to a wide range of histories of women, of girls, of medicine and beyond. My identification of the non-linearity of changes in medical perspectives of menstruation by women doctors provides nuance to this story, illustrating the way that cultural and social shifts and changes impact both what medical research is performed, and which ideas are taken up by the media and the wider population as new medical fact. The following Chapters will demonstrate the nuances inherent to these arguments, and provide a rich and detailed history of some of the twentieth century British medical women, whose names are not yet well known, but whose work shapes the experiences of those who menstruate throughout the anglophone world.

Chapter One

Gendered spaces, Lady doctors and Bean Picking: A woman doctor's influence on menstrual myth in a girls' boarding school, 1912-1932.

'I'm sure it is the practice of suddenly stopping all activity during the period, together with the associated idea of invalidism which it inculcates, that is responsible for the relatively high proportion of cases of dysmenorrhea among women in the educated class'.[1]
- *Dr Alice Sanderson Clow, 1924.*

This chapter will explore the relationship between a new cohort of women doctors, who qualified in the late nineteenth and early twentieth centuries, and an emergent ideal of girlhood - characterised by health and vitality- emphasised in private girls' boarding schools in the same decades. This will be explored *via* an in-depth examination of the life and work of Dr Alice Sanderson Clow, her role as Medical Officer at Cheltenham Ladies' College, and her research into the causes of dysmenorrhea amongst upper class schoolgirls. Dr Sanderson Clow was representative of a new cohort of women doctors, who qualified in the Edwardian period, after much of the early campaigning for women to be allowed into the profession had settled. Women doctors had gained access to the formal medical sphere, however their status in the profession was precarious, and as such they sought to create specific niches for themselves. These niches drew upon societal perceptions of women as uniquely able to perform a caring role, and as uniquely suited therefor to the medical treatment of women and children. Through a combination of political interest in rewriting common perceptions about women's bodies which were damaging to their professional interests, and necessity, as there was no other place for them in medicine, these women doctors used their position to undertake research which provided completely new insights into the bodies of women and

[1] 'Discussion on Dysmenorrhoea [sic] in young women: Its incidence, prevention and treatment', Opening paper for the ninety-second annual meeting of the British Medical Association, Section of Obstetrics and Gynaecology [sic], Wellcome library, London, Collections and archives, SA/MWF/M.1/6-8.

girls. This began to establish the idea of women as active and capable. An exploration into this generation of women doctors and their journey into the profession contextualises this body of work. The specific focus on Dr Sanderson Clow in this chapter provides a micro-historical study of the work of one woman doctor, in her role as medical officer in one girls' school, demonstrating how individual women doctors in the early twentieth century were able to perform discourse shifting research into women's health.

Sanderson Clow's survey of menstrual pain in schoolgirls and its subsequent publication in the *British Medical Journal* is a tangible point upon which to fix the emergence what I term the 'narrative of menstrual capacity' which characterised the opinions of the women doctors who will be discussed over the course of the first three Chapters of this thesis. This was a set of beliefs which framed menstruation as a 'normal maturation event', rather than as fundamentally incapacitating, which was in stark contrast to the perspectives of the majority of the medical profession at the turn of the century and before. This first Chapter interrogates the way that Sanderson Clow changed the culture surrounding menstruation at Cheltenham Ladies College, and reported the influence of these changes to the wider medical and education communities through published papers, a leaflet and a multitude of presented papers at conferences across the United Kingdom. By such means, Sanderson Clow used her position as a medical woman with some authority, to work towards providing a scientific basis to support new ideas about girl's capacity which contradicted traditional medical ideas about women's bodies and their inherent incapacity.

Sanderson Clow theorised that small changes in behaviour and tailored education to prevent adherence to common menstrual myths would positively impact incidences of dysmenorrhea (menstrual pain). The research she performed over five years at Cheltenham supported this theory, demonstrating that providing frank teaching about puberty and implementing behavioural changes surrounding bathing and exercise vastly improved

reported experiences of menstrual pain, and thus incidences of menstruation preventing engagement in normal school life. This notion - that the incidence of menstrual incapacity at Cheltenham (as demonstrated by pain and missed lessons) - could be dramatically altered not through major medical or surgical intervention, but through behavioural changes, constituted a significant shift in medical opinion from previous decades. It suggested that some elements of what the wider medical profession had previously assumed to be an innate and universal menstrual incapacity were the result of social factors which in turn arose from gendered behavioural prescriptions placed on middle class women and girls, rather than being biologically innate. While these ideas had begun to be interrogated by women doctors at the end of the nineteenth century, Sanderson Clow's research, and its modest uptake, demonstrated how narratives of menstrual capacity slowly began to characterise medically educated women's perspectives of bodies, in early to mid-twentieth century Britain.[2]

The framework upon which my micro historical-study of Sanderson Clow's work rests is a wide and varied historiography concerning the lives and roles of women doctors in the late nineteenth and early twentieth century in Britain. In particular this chapter draws upon analyses of women doctors in the context of their roles as precarious professionals, their journeys to and experiences at medical school, and the influence of their middle-class attitudes on the curation of a new kind of menstrual etiquette. This research and these analyses all contribute to a wider understanding of the life and work of Miss Alice Emilie Sanderson, and her journey to become Dr Alice Sanderson Clow, specialist in the prevention of dysmenorrhea in schoolgirls.

Heidi Egginton and Zöe Thomas introduce the idea of a 'precarious professionalism' to describe the position of women entering the margins of the professions from the mid

[2] E. Blackwell, *Laws of Life*, Sampson, Low & Company (1859).

nineteenth century onwards.[3] They interrogate the ways that the 'cultural and social' boundaries of the professions were becoming increasingly fragile in this period, due to increased access to education creating wider access to white collar work.[4] This increased access did not prevent perceptions about gender influencing how 'expertise was valued' within fields that women were beginning to access, but Egginton and Thomas argue that despite their precarity, women were able to use their professional status to influence society in ways which have previously been overlooked in academic history. [5] Similarly, Regina Morantz-Sanchez describes the way that women doctors worked to overcome this precarity by creating a unique 'female professionalism' which allowed them to 'stake out' a niche for themselves within an already established homosocial space.[6] This 'female professionalism' aimed to 'counteract the masculinized notion of the skilled professional', and often led to women doctors specialising in 'female' spheres such as social medicine, and fields pertaining to the care of women and children.[7] These ideas explain Sanderson Clow's position within the medical profession, as a 'precarious professional' who was creating her own space in the field by producing novel research into dysmenorrhea in schoolgirls.

Carol Dyhouse's work on the London Medical School for Women highlights the way that women doctors had to work to conform to a specific kind of acceptable womanhood.[8] She argues that the feminine interior of the medical school constituted a form of 'image management'. This conformity to ideals of femininity is also explored in Sara Delamont's work concerning the 'double conformity' required of women seeking an education, or a

[3] H. Eggington, Z. Thomas, (eds) *Precarious Professionals: Gender, Identities and Social Change in Modern Britain,* University of London Press (2021) pp. 1-39.
[4] Ibid p. 12.
[5] Ibid p. 3.
[6] R. Morantz Sanches*, Sympathy and Science*, University of North Carolina Press (2000) pp. xvii-xviii.
[7] Ibid pp. xvii-xviii.
[8] C. Dyhouse, 'Driving Ambitions: Women in Pursuit of a Medical Education, 1890–1939' in *Women's History Review* (1998) Vol. *7*, No. 3, p. 323.

position within the professional world from the middle of the nineteenth century.[9] Delamont's framework outlines the 'perilous tightrope' that women teachers walked, as they tried to conform tightly to behaviour standards set for women at the time, while also demonstrating academic rigour which was equal if not greater to that of their male peers or colleagues.[10] Within this paradigm, failure to adhere to either standard would hurt not only the cause of women in medicine, but also perceptions of women's suitability for public life and education as a whole. Similarly, Sanderson Clow, and the other women doctors of her generation had to be cautious both in their work and personal lives, striving not only for professional excellence, but also trying to avoid being perceived as too radical or 'unfeminine'.

The spaces women doctors created for themselves within the profession meant that they were uniquely situated to influence the relationships that young girls had with their bodies, both in their roles in schools, and as specialists in social medicine, and women and children's health. Hilary Marland frames the late Victorian and Edwardian periods as the decades in which a new ideal of girlhood emerged, one in which girls were supposed to be 'fit, radiant, [and] filled with energy' in contrast to the 'wilting, pallid' girls of previous decades.[11] This created new expectations for girls, diametrically opposed to many common medical theories about women and their bodies. New women doctors, who often found employment in girls' schools, were able to harness these new cultural expectations and use them to support their research.[12] Julie Marie Strange's work on the Medical Women's Federation interrogates how the educational experiences and socio-cultural framework which allowed these woman doctors to succeed, influenced how they constructed new teachings

[9] S. Delamont, L. Duffin (eds) *The Nineteenth-century Woman: Her Cultural and Physical World*, Routledge (1978) p. 140.
[10] Ibid p. 159.
[11] H. Marland, *Health and girlhood in Britain, 1874-1920*, Palgrave Macmillan (2013) p. 3.
[12] Ibid p. 124.

about menstruation within these spheres, which in some ways 'perpetuat[ed notions of] secrecy and taboo'.[13] While Dr Sanderson Clow's research on menstruation preceded that carried out by the Federation, she was a member, and she shared a similar background and education to the majority of the members. As will be demonstrated below, Sanderson Clow's ideas about classed experiences of menstrual pain fit into this narrative, and Strange's analysis provides nuance to explorations of these new teachings of menstrual capacity. This Chapter draws upon existing studies of women doctors and their place in healthcare and in society, in combination with work on ideas of girlhood, menstruation and classed bodies in the twentieth century. It begins by describing the entry of women into medicine, and the development of specialised medical education for women before focusing in on the career of Alice Sanderson Clow. The Chapter argues that women doctors had a unique capacity to develop a new kind of menstrual research in girls' schools, because of a congruence of factors, which helped to inform a new narrative of menstrual capacity in the early twentieth century.

a) Women's entry into the 'professional' medical sphere in Britain.

Women's role in the medical world did not begin with their fight to qualify as doctors in the mid-nineteenth century. Women had, as is well documented, been providing medical care for centuries prior to this, as wise women, healers, nurses and midwives.[14] Prior to the 1860s, women could not be doctors, but they had experiential claims to authority within specific medical spheres which medical men respected, most importantly in care surrounding maternity and childbirth. This changed in the mid-seventeenth century. These roles, and the

[13] J. M. Strange, 'The assault on ignorance: Teaching menstrual etiquette in England, c. 1920s-1960s' in *Social History of Medicine,* Vol. 14, No. 2 (2001) p. 247.

[14] Ibid p. 164; L. F. Cody, *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons,* Oxford University Press (2005) p. 31.

power inherent to them, caused anxieties within patriarchal structures, but Cody suggests that this, while important, was not was not the deciding factor which took power away from women practicing in these spheres.[15] Cody describes the way that the rise of 'hysteria' diagnoses, and 'other female complaints' in the seventeenth century linked a 'particular vulnerability' of women's reproductive organs with their overall bodily health and led to women's bodies becoming the site of keen interest to new gynaecological physicians.[16] Early modern male physicians began to intervene in birth, and women's care in general, in response to these popular ideas about women's bodies being uniquely vulnerable due to their capacity to bear children, and their monthly menstruation.[17] This new focus not only delegitimised women's authority in these spheres, but also led to the intervention of male physicians into all aspects of women's medicine including, despite great pushback from England's midwives, obstetrics.[18]

The controversy surrounding medical education for young women in the mid- to late nineteenth century was intrinsically linked to these same medical perceptions of bodily and intellectual incapacity as caused by women's reproductive bodies. Rules about girls, what they could or should do with their bodies and minds, and when they were allowed to do them continued to be tied up with medical theories about menstruation in dominant nineteenth- and early twentieth-century medical thought. Darwin's *The Descent of Man*, published in 1871 framed women as evolving to be less capable of 'deep thought, reason or imagination', which 'naturalised contemporary prejudices' turning 'habit into immutable scientific fact'.[19] In conjunction with this, girls were actively discouraged from pursuing education after puberty

[15] Ibid p. 42.
[16] Ibid p. 43.
[17] Ibid pp. 41-2.
[18] Ibid p. 43.
[19] C. G. Jones, 'Women, Science and Professional identity c. 1860-1914' in H. Eggington, Z. Thomas, (eds) *Precarious Professionals: Gender, Identities and Social Change in Modern Britain,* University of London Press (2021) p. 65.

due to fears of 'racial suicide' due to mass infertility.[20] The body was conceptualised as having a finite quantity of energy which, for women, 'needed to be preserved above all else for the reproductive process'.[21] British physician Henry Maudsley's overtly political stance argued that as women's 'periodical functions' established in concurrence with the time that education became more intellectually strenuous, their education would use up valuable energy and *inhibit* their reproductive functions.[22] In Maudsley's widely accepted 1874 paper 'Sex in mind and Education' he stated that 'women… [were] marked out by nature for a very different office in life than… men'.[23] This, Maudsley claimed, was 'not the expression of prejudice or false sentiment; it… [was] the plain statement of physiological fact'.[24] These late nineteenth-century gynaecological narratives conceptualised menstruation as recurrent *illness* which was 'a persistent drain on the physical and mental energies of women'.[25] This 'recurrent illness' rhetoric continued in some circles until well into the twentieth century, impacting perceptions of what women and girls were allowed to do while menstruating, and perceptions what they were or were not physically and intellectually *able* to do after puberty. Maudsley, and his American counterpart Dr Edward Clark predicted that women 'would lose their natural grace and gentility' and transform into 'coarse, imperfectly developed creatures who would produce degenerate offspring' should they be allowed to pursue a '*masculine* type of education'.[26] These doctors framed girls as delicate and unwell future mothers, to be

[20] H. Maudsley, 'Sex in Mind and Education' in *Popular Science Monthly*, Vol. 5 (1874) p. 199.
[21] H. Marland, *Health and girlhood in Britain, 1874-1920,* p. 17.
[22] Ibid p. 17.
[23] H. Maudsley, 'Sex in Mind and Education', p. 199.
[24] Ibid p. 200.

[25] J. M. Strange, 'Menstrual fictions: languages of medicine and menstruation, c. 1850–1930' in *Women's History Review*, Vol. 9, No. 3, (2000) p. 607.

[26] K. McCrone, 'Play up! Play up! And play the game: Sport at the Late Victorian Girls' Public School' in *Journal of British Studies* (1984) Vol. 23, No. 2, p. 114.

coddled and protected, which undermined women's fight to be educated as equals to men and to join the medical profession as their peers.

Links between these ideas about physical incapacity and finite energies and women's fight to enter the medical profession were reflected in medical journals debating the women's capacity to join the profession at the end of the century. Moulds highlights how from the 1860s and through to the first decades of the twentieth century this 'medical women question' received extensive coverage across the British medical journals.[27] The 'question' of medical women was largely focused on women's suitability for a career in medicine, with significant concerns being voiced about their 'physical, mental and emotionally unsuitability for medical study'.[28] This perception was summarised in a medico-legal textbook from 1868 which suffragette Helen Normanton found and quoted in a letter she wrote to the suffrage newspaper, *The Women's Leader*, celebrating women doctors successes in 1924. The 1868 textbook which Normanton quoted claimed that while in 'exceptional cases' women could have the capacity for 'professional life' the 'periodical infirmity of their sex…unfit[ted] them for any responsible effort of mind, and in many cases of body'.[29] The fight by women to be educated post puberty, and then as doctors, was thus fundamentally in resistance to medical theories of menstrual incapacity. These ideas were not limited to doctors' offices and medical papers, the Victorian medical elite did not 'create' these ideas of menstrual incapacity in isolation. Elaine Showalter describes this as an example of medical discourse reflecting, rather than shaping, the moral values of an era.[30] The medical profession was attempting to

[27] A. Moulds, 'The 'Medical Women Question' and the Multi-vocality of the Victorian Medical Press 1869-1900' in *Media History*, Vol. 25, No. 1 (2019).
[28] L. Kelly, '"The question is one of extreme difficulty": The Admission of Women into the British and Irish Medical Profession C. 1850-1920' in C. G. Jones, A. E. Martin, A. Wolf (eds) *The Palgrave Handbook of Women in Science since 1600*, Palgrave MacMillan (2022) p. 531.
[29] H. Normanton, 'An Obsolete Prejudice' in *The Woman's Leader*, (September 19th 1924) p. 275.
[30] E. Showalter, E. Showalter, 'Victorian Women and Menstruation' in *Victorian Studies*, Vol. 14, No. 1 (1970), pp. 83-89.

provide scientific evidence for beliefs about female capacity which were already widely held, and whose effects were felt by women of all ages throughout Britain.

Access to a medical education was not only inhibited by detrimental perceptions of women's intellectual capacity, but also by consistently inadequate secondary education. Girls who wished to study medicine reported having to learn the sciences at evening classes or going over to the local boys' school to take their science classes up until the inter-war years, and likely beyond.[31] This was a course of action only the most privileged of girls would have been able to pursue, as it relied on free time, disposable income which their parents were willing to spend on further education for a girl and the academic and pastoral support of parents and teachers. Not to mention the self-belief that they could overcome so many hurdles and imagine this kind of new future, with no frame of reference for what it may look like. Even wealthy girls at 'good' schools spoke of their biology mistresses having to learn alongside them.[32] The difficulties these girls faced were not due to a lack of intellect or suitability for a medical career, but rather due to the inaccessibility of the adequate preparation afforded to her male peers. Dr Elizabeth Garret Anderson was the first female Doctor to qualify in the United Kingdom. She wrote in 1874, in response to Maudsley's paper, that any gap in capacity between men and women was due to the severe social handicaps placed on women. Garret Anderson argued that this gap was still understandable if one removed the commonly 'assumed mental inferiority' from the equation, observing that women had less training, and that the training they did receive was in 'a taxingly hostile environment'.[33] This assertion that any measurable gap in capacity was created by the position of women in society rather than being an innate feature of womanhood was a novel perspective for a doctor in the 1870s. Prejudice, cost and inadequate secondary education

[31] C. Dyhouse, 'Driving Ambitions: Women in Pursuit of a Medical Education, 1890–1939' p. 321.
[32] Ibid p. 327.
[33] E. Garrett Anderson, 'Sex in mind and education: A reply' in (eds) M. E. Leighton, L. Surridge, *A broadview anthology of Victorian prose, 1832-1901*, Broadview Press (2012) p. 200.

combined to mean that by 1914 there were only just over 1000 female doctors in the United Kingdom, who, due to the prohibitively high cost of a medical education, came from predominantly upper middle- and upper-class families. Garret Anderson's denunciation of Maudsley's theories demonstrates the way that medical women were able to begin rewriting these common ideas about women and their bodies as soon as they were able to enter formal professional spheres.

Women's slow entry into 'professional medicine' in Britain began with the Medical Act of 1858, which formalised the profession. Prior to this Act, medicine in Britain was a disparate field with many different points of entry, and little formal regulation. Up until 1841 'as many as one-third' of doctors practicing were unqualified, and 'nineteen separate trade bodies' regulated those who had formal qualifications, with their standards varying significantly.[34] The formalisation of the profession in 1858 provided the first doorway through which women would be able to practice medicine as doctors as, amongst other things, it allowed those with medical degrees from other countries to practice medicine in the United Kingdom.[35] This allowed women such as Dr Elizabeth Blackwell, who had qualified at Geneva college in the United States, to legally practice medicine in Britain.[36] Prior to this Act there had been cases of doctors who had qualified by assuming a male identity, but no medical women who practiced using their assigned sex. This was the case in the life of Dr James Barry (née Miranda Bulkley) rose to the rank of Inspector General of Hospitals in the

---

[34] J. F. Geddes, 'The Doctors' Dilemma: Medical women and the British suffrage movement' in *Women's History Review*, (2009) Vol. 18, No. 2, p. 204.
[35] *An Act to regulate the Qualifications of Practitioners in Medicine and Surgery*, Medical Act 1858, Chapter 90, 2nd August 1958, Available at: https://www.legislation.gov.uk/ukpga/Vict/21-22/90/enacted [Date Accessed: Wednesday 15th June 2022]; L. Leneman, 'Medical women at war 1914-1918' in *Medical History*, (1994) Vol. 38, p. 177.
[36] L. Kelly, '"The question is one of extreme difficulty": The Admission of Women into the British and Irish Medical Profession C. 1850-1920' p. 529.

British Army in the early nineteenth century, and was only discovered to have been born female posthumously in 1865.[37]

Garrett Anderson was able to qualify as a doctor in 1865 via a loophole in which the *Society for Apothecaries* did not explicitly state that women could not graduate from their institution. The loophole through which Garret Anderson qualified was quickly closed, and it took a further decade of significant political campaigning headed by Sophia Jex-Blake before women were allowed to study and qualify as doctors in Britain. This was made law by the Medical Act Amendment Bill of 1876, commonly referred to as the 'Enabling Act'.[38] This enabling act was described at the time as being on behalf 'of the *many* women who wish[ed] to place themselves under medical advisors of their own sex' rather than 'for the *few* women who wished to obtain medical degrees'.[39] This was the foundation of the act, and Blake suggests that this was the key reason it was passed, not to bolster women's educational aspirations and equal employment opportunities, but rather to provide medical care by women for women.[40] This act 'enabled' the British medical governing bodies to 'admit women candidates' it did not , however, oblige them to.[41] This was not the end of the fight, and Victorian attitudes towards women in medicine are described by Kelly as persisting well into the twentieth century.[42]

---

[37] L. Jefferson, K. Bloor, A. Maynard, 'Women in Medicine: Historical Perspectives and recent trends' in *British Medical Bulletin*, Vol. 114, No. 1, (2015) p. 6, There is a significant and emerging discourse surrounding the gender identity of Dr Barry, and whether they were a trans man, or a woman masquerading as a man in order to achieve what was unachievable for women at this point in the nineteenth century. There is not room to go into detail about this topic here, but this history is explained in: A. Heilmann, *Neo-Victorian Biographilia and James Miranda Barry: A Study in Transgender and Transgenre*, Palgrave (2018).

[38] Medical Act Amendment Bill (Foreign Universities), Bill 36, https://api.parliament.uk/historic-hansard/commons/1876/jul/05/second-reading-1 [Date Accessed Monday June 27th]

[39] L. Kelly, '"The turning point in the whole struggle": the admission of women to the King and Queen's College of Physicians in Ireland' in *Women's History Review* (2013) Vol. 22, No. 1, p. 99.

[40] C. Blake, *The Charge of the Parasols: Women's Entry to the Medical Profession,* Women's Press (2009) p. 203.

[41] L. Kelly 'The turning point in the whole struggle' p. 99.

[42] L. Kelly, 'The question is one of extreme difficulty', p. 531.

There were still significant institutional barriers after the Enabling Act, with British medical schools only gradually beginning to admit women in the last two decades of the nineteenth century. Oxford University was one of the last, only allowing women medical students onto their programmes of study in 1917, forty-one years after the Enabling Act.[43] Dr Jex Blake co-founded her own women's medical school, The London School of Medicine for Women in 1874, with Dr Garret Anderson.[44] 'Women's medical schools' were the foundation of women's medical education until the 1890s, but even when other medical schools began to open their doors to female students, the classes were separated by sex.[45] These 'women only' schools and classrooms provided a space for female medical students to see older women in roles of intellectual authority, and also provided 'alternate spaces for socialisation'.[46] In the mid-nineteenth century the 'professional' was firmly gendered as male, and the qualities and characteristics which were perceived to be innately professional were all features of middle-class masculinity.[47] In these new spaces, women students were able to create their own kind of 'professional self' modelled on the teachers they respected, who showed them that womanhood and professionalism were not opposing characteristics. While separating women medical students from their male peers may have reinforced the perceived differences between them, it also allowed a new kind of 'professional medical woman' to emerge, surrounded and supported by her peers and an older generation of women who had found space for themselves in the profession.

---

[43] L. Kelly 'The turning point in the whole struggle' p. 100.
[44] L. Kelly, 'The question is one of extreme difficulty', p. 530; Both of the female doctors whose papers upon which this thesis rests attended the LSMW, and perhaps its unique credentials have some influence on this. Dr Alice Sanderson Clow and Dr Katharina Dalton, whose work will be covered in Chapter four. These two women doctors devoted their lives to researching menstruation and attempting to create clinical frameworks for normal and pathological menstrual symptoms. Their training at a women's only medical school, opened by one of the first female doctors in the UK may have contributed to these niche interests. However, it is important to note that all medical classes were segregated by sex until well after Alice Sanderson Clow graduated, even at mixed sex medical schools.
[45] L. Kelly, 'The question is one of extreme difficulty', Ibid p. 532.
[46] B. Jenkins, 'Gender, embodiment and professional identity in Britain c.1890-1930' in *Cultural and Social History,* Vol. 17, No. 4 (2020) p. 501.
[47] Ibid p. 503.

There was a huge weight on the shoulders of these medical schools, they had to demonstrate not only that women were intellectually capable of medical study, but also that it would not damage their bodies and reproductive capacity, or their femininity. A medical education for women was inherently subversive. It consisted of women gaining access to the 'boys club' of medical school, to positions of relative power in the medical profession and wider society, and to financial independence. It also subverted the available fictions of 'female becoming' in order to create a narrative in which the pursuit of 'learning and meaningful work' was central, rather than more traditional pursuits of domestic security and maternity.[48] A medical education provided women with an intimate knowledge of the insides of bodies, which, alongside the more material gains in status, also contradicted the ideals of late Victorian and Edwardian femininity. These subversions were countered by carefully curated public images of 'lady doctors' with a veneer of performed femininity, a kind of window dressing to make the notion of women in medicine more palatable to society. This performed femininity was designed to reassure observers that the subversion inherent to women's medical education was not making students less 'feminine'. This could have been a kind of external demonstration that their education was not damaging their 'femininity' and thus their potential future reproductive capacity. Kelly shows that older women doctors recommended that new female medical students behaved with 'modesty combined with diligence'.[49] Garret Anderson advised prospective new woman medical students to dress inconspicuously, to exercise 'grace and refinement' in matching their dress perfectly with any occasion, and to be particularly diligent and hard working as their 'work will be more closely scrutinised' and judged.[50] This careful adherence to invisible codes of conduct was paramount for women entering spaces which had formerly been inhabited by men only.

[48] C. Dyhouse, 'Driving Ambitions: Women in Pursuit of a Medical Education, 1890–1939' p. 324.
[49] L. Kelly, 'The question is one of extreme difficulty', p. 538.
[50] Ibid p. 538.

Women were taught by their teachers and supervisors to behave in such a way that they were taken seriously, but not to act 'unfeminine' so as not to reinforce ideas about education taking away women's perceived softness. Jenkins describes the way that women had to avoid downplaying 'cultural markers of femininity' so as not to 'compromise their gender identity', while also avoiding claims of 'frivolity'.[51]

This projection of femininity was particularly prominent at the LSMW, perhaps as it was the only 'women only' medical school in England, and the first school to admit women. There were photographs of fashionably dressed women in 'elegant profile' published in articles about the women doctors of the LMSW, in respectable feminine journals such as '*The Lady, The Lady's Pictorial* or *Beauty Queens'*. [52] In 1915 the LSMW was described as a 'somewhat detached and sheltered' institution, 'by necessity', of protecting the student's daily realities from the public eye.[53] This public perception of the LSMW as delicate and feminine was a form of image management which the students found 'piquant', speaking of a 'grim satisfaction' they felt when contrasting the realities of their days, which were filled with 'tanks of anatomical horrors' and 'horrid little wretches in bottles' with the 'flowers and baize and… best frocks' presented to the public upon visits to their 'cosy' common room.[54] This was a new world of medicine in which publicly performed femininity stood in stark contrast to the reality of the autopsy tables and dissection rooms which filled women student's days. This performed femininity is described by Jenkins as a 'strategy to minimise further attention', as women in medicine were already 'transgressing gendered norms' in their work.[55]

[51] B. Jenkins, 'Gender, embodiment and professional identity in Britain c.1890-1930' in *Cultural and Social History,* Vol. 17, No. 4 (2020) p. 501.
[52] C. Dyhouse, 'Driving Ambitions: Women in Pursuit of a Medical Education, 1890–1939', p. 323.
[53] "The London School of Medicine for Women." in *The Hospital*, Vol. 57 (1915) p. 523-524.
[54] C. Dyhouse, 'Driving Ambitions: Women in Pursuit of a Medical Education, 1890–1939', p. 323.
[55] B. Jenkins, 'Gender, embodiment and professional identity in Britain c.1890-1930', p. 505.

Once they graduated from medical school, the first generations of women doctors often used these same gender performances to create a space for themselves within an already established profession.[56] While in medical school, they had to perform a kind of acceptable femininity, in parallel to excelling academically. In their work lives some women doctors harnessed these ideas about separate spheres to establish gendered claims to authority based on traits which were perceived to be inherently feminine. These women doctors were able to carve a space for themselves in paediatrics, gynaecology, and social medicine, harnessing ideas about women's innate capacity to care for one another and for children, to create a new kind of 'feminine professionalism' within the medical sphere.[57]

In continuation of the notion of 'women doctors for women patients', women doctors were often hired in roles where their gender was perceived to be useful, such as medical officers in girls' schools.[58] Heggie labels this the 'argument from difference' wherein the 'special abilities' which women were perceived to have, such as being 'nurturing, sympathetic or domestic' were used to 'justify their presence' in a profession.[59] These ideas about difference were not universally supported, and in her opening speech to the third cohort of LSMW students in 1877 Garret Anderson explicitly stated that 'women did not have any special or unique ability', that women patients did not need women doctors, and that the traits women were alleged to have would be more of a hindrance than a help to a medical career.[60] Younger generations of women doctors also rejected this 'feminine professionalism', and especially after the World War One, these ideas which highlighted difference began to be

[56] R. Morantz Sanches, Sympathy and Science, University of North Carolina Press (2000) p. xvi.
[57] Ibid p. xvi.
[58] The role of 'school medical officer' appears to have been in place since the late nineteenth century, with records of the annual meetings of the Medical Officer of Schools' Association appearing in the *British Medical Journal* since at least 1884. These officers were a common feature in boys' schools in the late nineteenth century, advising on contagious diseases such as scarlet fever and diphtheria. Women doctors seem to have been commonly employed as medical officers at girls' schools from the start of the twentieth century, often part-time in conjunction with other roles in general practice or hospitals.
[59] V. Heggie, 'Women doctors and lady nurses: class, education and the professional Victorian woman' in *Bulletin of the History of Medicine,* Vol. 89, No. 2 (2015) p. 272.
[60] Ibid p. 285.

seen as outdated, and harmful to the status of women in medicine.[61] Despite the fact that some women rejected these claims of gendered expertise, women doctors did predominantly specialise in these spheres at the end of the nineteenth century and in the first decades of the twentieth century, and they were thus uniquely able to develop new ideas about the health of women and girls, as both experiential and intellectual experts. This section has explored the position of women doctors in the late nineteenth and early twentieth centuries in order to situate the career of Dr Alice Sanderson Clow within a professional and social context. The next section will go on to interrogate the specifics of Sanderson Clow's career and her research on the topic of relieving menstrual discomfort in schoolgirls.

b) Dr Alice Sanderson Clow, and her research at Cheltenham Ladies' College.

Dr Alice Sanderson Clow graduated with a BSc from Bedford college before attending the LSMW. She graduated with a Bachelor of Medicine and Surgery in 1908, becoming a full Medical Doctor at the age of thirty-nine, six years later.[62] Her father owned the successful Sanderson wallpaper company, which afforded her financial privilege and the kind of education which was uncommon for girls born in the late nineteenth century.[63] Dr Sanderson Clow was a lifelong member of both the Medical Women's Federation and the British Medical Association. In addition to these memberships, she was also involved in the early feminist movement once she was established in her career, donating to NUSEC several

[61] K. Michaelsen, '"Union is strength": The Medical Women's federation and the politics of professionalism, 1917-1930' in Cowman and Jackson (eds) *Women and Work Culture* (2005) p. 172.

[62] 'Obituary of Alice E. S. Clow, B.Sc., M.D' in *British Medical Journal*, Vol. 2, No. 5148, Educational Number (Sep. 5, 1959), p. 372.

[63] Figure 1.

times in the 1920s, and signing a letter on the topic of equal pay for women doctors in 1929.[64] As professionals on the margin of a male dominated field, still striving for acceptance, women doctors often had to keep their feminism quiet in the early decades of the twentieth century. The kind of financial support for the suffrage movement offered by Sanderson Clow was far more common than overt campaigning, however her beliefs about women, and especially about their bodily capacity, were evident in her work.

After working at several hospitals Sanderson Clow took up a position in a local general practice in Cheltenham and began working as medical officer for Cheltenham Ladies College in 1912.[65] she was described as a woman with the 'gifts of kind thought' and 'sound sense', who was 'critically scientific and direct' but also 'humane and perceptive'.[66] This description in the *British Medical Journal* reflects the dualities that women doctors at this time had to embody. In addition to medical and pastoral care, Dr Sanderson Clow used her role at Cheltenham to research menstrual pain and normal menstrual function in 1,200 healthy schoolgirls ranging from ages 9-21.[67] This research helped to usher in a new way of understanding menstrual experience, and was described in her 1959 obituary as influencing modern views on the physiology of menstruation across Britain and Europe.[68] Two years after taking up her position at Cheltenham, the Royal Army Medical Corps put a request out, via the Association of Registered Medical Women (which would later become the MWF), for female doctors to serve in the British army in Malta.[69] Dr Sanderson Clow, then Dr Alice Emilie Sanderson, was one of the eighty-five women who volunteered and were recruited to

---

[64] 'National Union for Societies of Equal Citizenship' in *The Women's Leader* (September 15th 1922); 'National Union for Societies of Equal Citizenship' in *The Women's Leader* (December 13th 1929); 'Medical Women in the Post Office' in *The Vote*, 17th May 1929.
[65] Figure 2 and 3.
[66] 'Obituary of Alice E. S. Clow, B.Sc., M.D' in *British Medical Journal*, p. 372.
[67] 'Menstruation during school life', Wellcome Library, London, Collections and Archives, SA/MWF/M1/7, p. 1.
[68] 'Obituary of Alice E. S. Clow, B.Sc., M.D' in *British Medical Journal,* p. 372.
[69] The roles of the ARMW and the early MWF in the lives of women doctors will be explored in detail in Chapter Two of this thesis; L. Leneman, 'Medical women at war 1914-1918' in *Medical History*, (1994) Vol. 38, p. 170.

travel to Malta as part of a newly minted 'Woman's Medical Unit'.[70] This venture was even more impressive when taking into consideration the reality that Sanderson Clow had only been a fully qualified medical doctor for two years and her, and her new colleagues, had, presumably, little experience in the kind of traumatic surgical work she would be facing in military hospitals. It was undoubtedly in direct contrast to her work experience in Cheltenham, in a private school and a quiet local practice.

While knowledge of Dr Sanderson Clow's movements in Malta is scarce, there are some references to the hospitals where she was stationed, lectures and funerals of colleagues she attended, and duties she was assigned to complete (such as checking the linen store on the thirtieth of October 1917, which she could not complete 'due to the arrival of one hundred and thirty six patients at short notice').[71] This tiny reference to daily life suggests that in addition to medical duties the 'lady doctors' were also required to perform domestic duties which would likely not have been detailed to male medical officers, who were afforded higher rank, pay and proper army uniforms. This reflects the struggle for respect in the medical field discussed throughout the previous section of this thesis.[72] Malta at war was described by presbyterian chaplain Reverend Albert Mackinnon, a chaplain who travelled there in 1915, as 'the nurse of the Mediterranean' where eighty thousand injured soldiers received treatment at a series of field hospitals and camps.[73] Mackinnon described the 'brave men and women' who flocked there to treat the soldiers in 'packed wards' where the 'air was heavy with the scent of iodine and lacerated flesh'.[74] While we have no detailed descriptions of the hospital work that Dr Sanderson Clow performed while she was stationed there, we

[70] Obituary of Alice E. S. Clow, B.Sc., M.D in *British Medical Journal* p. 372; L. Leneman, 'Medical women at war 1914-1918', p. 160.
[71] '41 Alice Emilie Sanderson', Lady Doctors of the Malta Garrison, MALTA RAMC, https://www.maltaramc.com/ladydoc/s/sandersonae.html [Date Accessed: Tuesday 31st May 2022].
[72] The difficulties faced by the women doctors of the RAMC, and the support offered to them by the ARMW and later the MWF will be detailed in Chapter Two.
[73] A. G. Mackinnon (Chaplain Major), *Malta: The Nurse of the Mediterranean*, Hodder and Stoughton (1916).
[74] Ibid p. 14.

know from Mackinnon's vivid descriptions what it was like to be in those hot and crowded hospitals wards 'where men silently grapple[d] with pain, or their last enemy, death'.[75] Dr Sanderson Clow was stationed at Number sixty-one General hospital, alongside seven other 'lady doctors' and also treated patients at Dudular refugee camp with one other female colleague.[76] Dr Sanderson Clow worked side by side with other women who had gone through the trials of achieving a medical education in the Edwardian period, in the sweltering heat, surrounded by death and suffering which was above and beyond what most doctors of any sex experienced at home.

Dr Sanderson Clow met her husband, fellow army doctor Dr David Clow, while they were both stationed in Malta. They married upon returning to England and adopted two daughters. Dr Sanderson Clow's marriage was remarkable in two key ways, firstly she continued to work after marriage, and after the adoption of her daughters, which was highly unusual. In addition to this, she chose to double barrel her name, something which seems to have been a common feature for women doctors in the early twentieth century. This was perhaps in recognition of the fact that her maiden name was her working name, or perhaps an intentional shift away from tradition reflective of her position as a new professional woman, and feminist.

Dr Sanderson Clow's research into the causes of menstrual distress and incapacity amongst the schoolgirls at Cheltenham Ladies College began in 1912, and was published after her return from Malta in 1920. Within the parameters of Sanderson Clow's study, each of the students at the school was given a clear and thorough explanation of menstruation and advice about governing their bodies and ignoring menstrual myths, followed by a yearly interview and examination over a period of five years. The data which was recorded was

[75] Ibid p. 14.
[76] '41 Alice Emilie Sanderson', Lady Doctors of the Malta Garrison.

rigorous, with Sanderson Clow taking particular note of the duration of the girls' periods, their frequency, and the frequency and severity of a whole array of other symptoms (and how the girls' behaviours influenced their symptoms). This study was undertaken with the intention of determining the frequency and causes of menstrual 'disability' and to examine the menstrual experiences and habits of girls in order to 'trace the effects' of menstrual pain on her health, 'study, exercise and general hygiene'.[77] These topics were being taken into consideration in order to 'watch the effect of school life on menstrual function', but also to examine whether correct teaching, and preventing adherence to common menstrual myths could change menstrual experience, and ameliorate menstrual 'disability'.[78] Her colleague at the Cheltenham general practice, Dr Evelyn Cargill, kept up the study in her two-year absence, interviewing the girls, and recording their experiences and self-reports. Upon returning to England, Dr Sanderson Clow resumed her position at Cheltenham, and her data collection and research into dysmenorrhoea and 'menstrual disability'.

The format of this research, in which large amounts of data were collected from individual girls, was novel in the early twentieth century. While there were other significant surveys being performed by women in the first decades of the twentieth century, Dr Sanderson Clow's work was unique in that it took this approach of placing the personal reports of the girls that it concerned at the forefront of its findings. This is in contrast to a comparable study, Lady Florence Bell's *At the Works* which was published five years before Sanderson Clow's study began, in 1907. Bell looked into the lives of the workers employed at her husband's steel works, and their families. While this social survey gave insight into the lives of the working classes the Edwardian period it had more in common with the observational surveys of previous decades. Bell did interview women and write about

[77] 'Menstruation during school life', Wellcome Library, London, Collections and Archives, SA/MWF/M1/7, p. 2.
[78] Ibid p. 2.

women's experiences managing a household, budgeting and dealing with personal trauma, but she did so with an air of detachment which allowed her to conclude that the problems impacting these women were not the low wages they complained of but inefficient budgeting, failures of housewifery and a reliance on alcohol.[79] Perhaps the difference here was that Dr Sanderson Clow had been in the position the girls she was interviewing were in, and Lady Bell's life had never come close to the lives of her subjects. More specifically, Dr Sanderson Clow came from the same social class as her subjects, had gone through a similar education system, and likely been ill prepared for the changes her body would go through at puberty. The empathy and willingness Dr Sanderson Clow showed to both understand and improve the lives of her subjects was a fundamental feature of her work on menstruation. Other comparable studies into menstruation in schoolgirls, such as the ones performed by Dr Chisholm in 1913, and Dr Paton in the mid 1920s, which will both be explored later in this chapter, centred the reports of teachers and nurses, rather than the girls themselves, and offered no advice or teaching to attempt to ameliorate experiences, instead framing girls' experiences as fixed rather than as a starting point to be improved upon.[80] In this sense, Dr Sanderson Clow's survey was a pre-cursor to the later feminist social survey movement, with the works of Hannah Gavron on the lives of young educated wives, and Ann Oakley on housework and gender roles, amongst many others.[81] This method of questioning women about their own lives and experiences and trusting them as reliable sources, rather than relying on visual observation was novel in the history of the sciences and social sciences. In the male dominated fields of gynaecology and psychiatry observation was usually key to

[79] F. E. E. O. Bell, *At the Works: A Study of a manufacturing town*, E. Arnold London (1907) p. 92.
[80] C. Chisholm, 'Menstrual Molimina' in *Journal of Obstetrics and Gynaecology*, Vol. 23, (1913) pp. 288-99; 'Ninety-fifth annual meeting of the British Medical Association, Influence of the general health on menstruation', Dr J Paton, Wellcome Library, London, Collections and Archives, SA/MWF/M1/7.
[81] H. Gavron, *The Captive Wife: Conflicts of Housebound Mothers*, Routledge and Keegan Paul (1966); A Oakley, *The sociology of Housework*, Pantheon (1974).

medical understandings of women's bodily experiences prior to this, and positioning girls at the forefront of narratives concerning their own bodies was remarkable

That the subjects of this research into painful periods were a cohort of privileged adolescents undertaking secondary education provided a classed element to the project. The students were described by Dr Sanderson Clow as 'the children of educated parents of easy financial circumstances', who at this time would typically have been the young people who were 'allowed' (encouraged or coerced) to rest or 'lay in' while menstruating.[82] In later studies the Medical Women's Federation found that in boarding school girls were frequently told to stay in bed and read during their periods rather than participating in school life fully, and almost always prevented from taking part in games for the first three days of their periods.[83] On the basis of her research, Dr Sanderson Clow found that there were significantly more incidences of menstrual discomfort and dysmenorrhoea amongst these 'educated' classes, stating that 'painful menstruation is more complained of among women of the leisured classes'.[84] She theorised that this was not because the wealthy were more 'civil' and thus more sensitive to pain as was 'the common theory', but because they were more able to create this 'sick role' for their youth to rest and be carefully looked after while menstruating.[85] From this observation came Sanderson Clow's proposal that, as the working classes ostensibly suffered less menstrual discomfort and were also were more likely to continue working in manual jobs while menstruating- exercise and preventing 'laying in' would alleviate or at least ameliorate most dysmenorrhoea.[86] This tied in with ideas about class which were typical in discussions about schoolgirls at the turn of the century, with

[82] 'Menstruation during school life', Wellcome Library, London, Collections and Archives, SA/MWF/M1/7 p. 1.
[83] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 2.
[84] 'Menstruation during school life', Wellcome Library, London, Collections and Archives, SA/MWF/M1/7, p. 1.
[85] Ibid p. 7.
[86] Ibid p. 7.

reports suggesting that poorer girls who 'survived the slums' were often healthier than the 'coddled' girls of the middle classes.[87] It is important to note, however, that Sanderson Clow's theories about middle- and upper-class school girls came from significant long term study, whereas her perceptions about working-class girls and menstruation were anecdotal.

This connection between class and menstruation and the ways that different menstrual experiences became signifiers of class is particularly powerful, as it demonstrates that in the context of these private bodily narratives, class was not becoming less pertinent as is often framed in modern British historical analyses of the 1920s-1950s.[88] There was not as much of an 'equalising of experiences' in terms of bodily experience as there was in other contexts. In talking about class it is important to take into consideration the significance of these concerns about making upper-class girls infertile which led to directions to rest and 'lay in'. Although Sanderson Clow's work was not overtly eugenic, these ideas were circulating in conjunction with one another, with a strong feminist-eugenic interconnection in this period and it makes sense to think about eugenic ideas when thinking about narratives of class, activity and capacity. The shift from a conceptualisation of the ideal girl as frail and delicate to a focus on the vitality of the nation with a significant rhetoric of 'creating strong mothers' had eugenic undertones, as did these ideas about protecting the reproductive bodies of wealthy young girls. Thus, while not explicitly linked, eugenic ideas provide an important intellectual and social context for the ideas which are contained in Sanderson Clow's project.

The environment that Dr Sanderson Clow created for the girls at Cheltenham was unique. Each student was given a thorough explanation of menstruation, informed that periods were a 'natural function' rather than a malady, and encouraged to continue to take warm baths and exercise throughout their period, in fact they were told that these practices

[87] H. Marland, *Health and girlhood in Britain, 1874-1920*, Palgrave Macmillan (2013) p. 127.
[88] S. Brooke, 'Bodies, Sexuality and the "Modernization" of the British Working Classes, 1920s to 1960s' in *International Labour and Working-Class History* (2006) Vol. 69, pp. 104-22.

would 'do good not harm'.[89] Sanderson Clow (or, in the period when she was doing war work, Cargill) explained to the students that most 'unpleasant sensations' would be prolonged by laying down and lessened by a 'brisk walk'.[90] In addition to this any students who suffered from severe menstrual discomfort, amenorrhea, constipation, leukorrhea or more severe malaise were referred to medical attendants for treatment.[91] This meant that students who were suffering from any kind of menstrual disorder were treated, and those for whom the societal construction of menstrual experience which prioritised rest was *causing* their discomfort were given guidance to ameliorate this. In 1920, Sanderson Clow wrote that 'The importance of right teaching on the subject to… students can hardly be overestimated, because on it depends the advice given to the mothers of the next generation.'[92] Such pronouncements reveal that Clow designed her re-education programme to be generational, hoping that girls who were taught about their bodies would go on to teach their daughters, thus breaking the cycle of menstrual ignorance and myth which she perceived to be impacting these upper-class girls so severely.

'Normal' teaching about menstruation and menarche in the first decades of the twentieth century was often defined by its absence. Elizabeth Roberts' oral history interviews with working-class women concerning their lives during the early twentieth century mention menstruation infrequently. One respondent stated that in her experience it was barely spoken about and when it was, a mother may have told her eldest girl child and expected them to inform all the younger female children 'when the time came'.[93] Mass Observation responses to the 1996 directive on menstruation, which asked for descriptions of menstrual experiences

[89] 'Menstruation during school life', Wellcome Library, London, Collections and Archives, SA/MWF/M1/7 p. 2.
[90] Ibid p. 3.
[91] Ibid p. 3
[92] Ibid p. 3.
[93] E. Roberts, *A woman' s place: An oral history of working class-women 1890-1940*, Basil Blackwell (1984) p. 16.

from the first half of the twentieth century, reveal a similar story. Respondents who began menstruating in the 1920s and 1930s (albeit a little later than these Cheltenham students) often reported complete ignorance of menstruation when their periods began, or very scant and patchy information passed on by friends. One respondent, who began menstruating in 1931 remembered 'I thought I was dying, bleeding to death', she wrote that she 'had not been prepared in any way. It was so awful'.[94] Another woman, who began menstruating at age eleven in 1927 spoke of the 'sheer horror' she felt when she went to the bathroom and realised she was bleeding. This respondent said that periods were discussed between her and her friends, but that 'most of our ideas were wrong', and that they had pieced together these ideas through 'little bits of information'.[95] A respondent who began menstruating slightly later in 1941 recalled 'standing screaming at the blood loss' she looked to her mother but 'no explanation was forthcoming'[96]. These were not anomalies, they are characteristic of the way menarche was described by the majority of the hundreds of respondents to the directive who started puberty in the first half of the twentieth century.

Responses to the Mass Observation 1996 directive on menstruation were also filled with references to myths around menstruation, specifically myths about bathing and exercise. A respondent who began menstruating in 1920 spoke of the aunt who was caring for her at the time warning her against 'swimming, hair washing and plunging [her] hands into cold water or flour' she described these as 'taboos'.[97] These references to myths surrounding water were frequent, with another respondent from Oxfordshire explaining that 'one did not bathe

[94] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [B736, Female, retired publican, four children].
[95] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [C2570, Female, florist and typist, two grown up daughters].
[96] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [A1733, Female, retired secretary].
[97] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [H1731, Female, retired civil servant].

or swim at the time of the month'.[98] These two examples constitute just two of hundreds of references to water and exercise myths. Responses to this Mass Observation directive thus highlight how widespread adherence to menstrual myths was at the time, which helps to explain why Dr Sanderson Clow needed to be so firm about the girls of Cheltenham bathing and taking exercise. Clow believed that adherence to these two common myths was the cause of such disproportionate numbers of women in the middle- and upper-classes experiencing debilitating period pain. In contrast to the average adolescent, the Cheltenham girls' formal training concerning menstruation, and as shown below, Clow's firm insistence that girls and Cheltenham should not follow menstrual myths, had a transformative impact on their experiences and perceptions of menstruation.

The students at Cheltenham were interviewed when Dr Sanderson Clow arrived at the school, and then at yearly intervals to determine the impact of her teaching, and any behavioural changes which had been implemented (after seeking permission from parents, which was not always given).[99] Clow found that there were significantly higher incidences of dysmenorrhea in these upper class school girls than in their working class employed peers, and that this menstrual discomfort was often alleviated with the implementation of 'proper teaching', exercise and regular hot baths. The main behavioural changes that Sanderson Clow promoted were exercise and bathing, which were still colloquially considered to be dangerous while menstruating until at least the 1950s. Upon enquiry Sanderson Clow noted that in 'most' families washing was restricted to the face, hands and neck while menstruating, and it was *rare* for students to be allowed to wash even their feet until 'after the flow had ceased'.[100] Sanderson Clow stated that the students seemed to have entirely internalised this

[98] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [C1405, Female, referred to having 'domestic servants' as a child, three daughters and four granddaughters].
[99] 'Menstruation during school life', Wellcome Library, London, Collections and Archives, SA/MWF/M1/7, p. 3.
[100] Ibid p. 1

common myth that bathing should not take place while menstruating, with only twenty three and a half percent taking baths while on their period at the start of her experiment in 1915. She reported that the girls responded with astonishment when they were encouraged to bathe.[101] Sanderson Clow also suggested that the number of girls bathing while menstruating at Cheltenham was probably already higher than the average as 'the influence of school life and teaching [was] already manifest'.[102] In 1920, with the effect of the educational programme over five years in the school, this figure had gone up to forty two percent. Over a hundred girls testified that they attributed their newly found 'freedom from pain' to these hot baths, and only 'several' could not get permission from their parents.

Freidenfelds suggests that myths about the dangers of bathing while menstruating emerged at the start of the nineteenth century, when access to warm, clean bathing facilities was limited, and when all bathing was regarded as somewhat suspicious.[103] It seems that this particular iteration of 'water myth' emerged as baths were often taken outside with cold water and menstruating women were perceived to be particularly vulnerable to chills.[104] Within this paradigm bath water was also avoided so as not to pollute it with 'dirty' menstrual blood, when it would likely be re-used for other family members. These beliefs about avoiding water and especially getting cold while menstruating can be traced back to Hippocratic medical practices, wherein menstruation was seen as a vital cleansing process, ridding the body of 'bad blood', and becoming too cold was thought to stem the flow, and prevent this crucial cleansing.[105]

It seems that prohibitions on exercise were taken far more begrudgingly by the students than those surrounding bathing. Sanderson Clow found that the girls would usually

[101] Ibid p. 3.
[102] Ibid p. 3.
[103] L. Freidenfelds, *The Modern Period: Menstruation in Twentieth-century America*, Baltimore, MD: Johns Hopkins University Press (2009) p. 87.
[104] Ibid p. 87.
[105] Ibid pp. 25-6.

override or undermine adult objections to exercise while menstruating and that in general the girls were less keen to restrict themselves, especially if it was a sport they enjoyed. She noted with some amusement that the older students often managed to successfully sidestep parental objections should an important hockey or tennis match fall during their period.[106] Despite some continued parental opposition the number of students who undertook exercise while menstruating had almost doubled to sixty seven percent by 1920.[107] This parental opposition, which was likely mothers' opposition, demonstrated how ingrained these menstrual myths were amongst older generations of women. The impact of this change in exercise prohibitions was to reduce reported incidences of menstrual pain of any sort by more than half from forty one percent to seventeen percent.[108]

The focus on girls' physical capacity and encouragements to undertake exercise were not isolated to this new narrative of menstrual capacity, nor to the work of Dr Alice Sanderson Clow. These ideas fit with an increasingly popular movement towards sports for girls in Britain, which began in retaliation to the Maudsley-Clarke thesis of finite energies. Whereas proponents of this thesis believed that higher education and exercise for girls would deplete what little energy a girl had, critics began to suggest that differences in behaviour may have been *caused* by the limits placed on young girls rather than being biologically determined.[109] This meant that allowing or encouraging girls to exercise, especially while completing higher or further education would not only prove that girls' were capable but also help to make them stronger fitter, and more physically able.[110] A vast range of sports became common at the Oxbridge women's colleges and 'the public schools which fed and were fed

[106] 'Menstruation during school life', Wellcome Library, London, Collections and Archives, SA/MWF/M1/7 p. 3.
[107] Ibid p. 3.
[108] Ibid p. 4.
[109] K. McCrone, 'Play up! Play up! And play the game', p. 116.
[110] Ibid p. 116.

by them' by the end of the nineteenth century, reinforcing the links between a vital sporty body and intellectual success which had long been held at boys schools.[111]

Cheltenham was slow to take up these ideas about girls and sport. Other public schools aimed to mimic boys' education and physical exertion with a focus on hockey, tennis, cricket and lacrosse. In contrast Cheltenham headmistress Dorothea Beale aimed to 'magnify rather than threaten' her girls' womanhood via more gentle physical exertion such as calisthenics and did not allow games such as hockey and cricket until 1890, forty years after the school opened.[112] In the thirty years between the purchase of the first games field as an 'experiment' and the appointment of Dr Sanderson Clow, the culture of physical activity at Cheltenham changed dramatically. This was particularly apparent with the appointment of all England women's Hockey president Lillian M. Faithfull as new headmistress in 1906, but even before then, towards the end of Beale's life she softened, demonstrating a slow acceptance of more vigorous activity.[113] By the time the survey began in 1915 the school had tennis courts, fives courts, lacrosse, hockey, netball, fencing, cricket and badminton facilities and Faithfull instructed the games' mistresses not only to focus on the sporty girls' but also on those 'ordinary' girls who really needed the 'encouragement and instruction'.[114]

From the final decades of the nineteenth century, girls' schools became a critical site for the emergence of the healthy and active young girl, in relation to which Sanderson Clow's new narratives of menstrual capacity were developed. The girls in these boarding schools, including Cheltenham, were observed under a microscope as they represented a congruence of differing ideas and beliefs about the education of young women. Doctors, headmistresses and parents on both sides of debates were invested in these students' experiences. As we saw earlier in the chapter arguments about girl's 'delicate and precarious' health and the influence

[111] Ibid p. 116.
[112] Ibid p. 120.
[113] Figure 3; K. McCrone, 'Play up! Play up! And play the game', p. 120.
[114] Ibid p. 121.

a rigorous education might have on it were being championed by doctors like Henry Maudsley from the 1870s, with concerns about intellectual work and its influences on reproductive capacity becoming increasingly common. Garret Anderson refuted Maudsley's claims by outlining the ways that a 'life at a good school, with the provision of fresh air and exercise' was far better for a girls health than a life of 'boredom and dullness' at home, suggesting that confinement would have far worse health impacts.[115] At the turn of the century there were also beginning to be reports of middle class girls who were 'a poor bunch of specimens' with curved spines, anaemia and varicose veins.[116] In response to these reports girls' boarding and day schools began creating careful programmes of study, food, rest and movement to remedy this poor health and to try and counter ideas about girls' education and capacity. Girls' schools became a place to curate healthy young women, free of their 'poor environments, home conditions and training'.[117]

The girls in Sanderson Clow's cohort would have been in the minority of female students who stayed in full time education after the age of fourteen prior to its mandate in Butler's 1944 Education Act.[118] While Sanderson Clow aimed to improve menstrual experience for all women, girls in boarding school were a good subject population to study, not only because of their presence in school, but also as new menstruators they were not yet settled into menstrual habits, and their behaviours could thus be influenced. Marland conceptualises girls' boarding schools at this time as a site of a new, distinct, girls' culture, in which a space opened up between girlhood and motherhood. [119] This gave these students a unique opportunity to form a relationship with their menstruating bodies outside of the home, away from the influence of their older, likely more conservative, female relatives, and

[115] H. Marland, *Health and girlhood in Britain, 1874-1920*, p. 133.
[116] Ibid pp. 122-3.
[117] Ibid p. 5.
[118] Education Act 1944, https://www.legislation.gov.uk/ukpga/Geo6/7-8/31/contents/enacted [Date Accessed Monday July 27th 2022].
[119] H. Marland, *Health and girlhood in Britain,1874-1920,* p. 121.

amongst peers whose bodies were changing in similar ways. The girls of Cheltenham Ladies College would have been particularly attuned to the experience of menarche and menstruation as particular to their age, stage of life, and being surrounded by others who were all experiencing the same things. In addition to this, conversations around menstrual incapacity at the end of the nineteenth century so often focused on girls in education, meaning that research which focused on capable, healthy schoolgirls could directly contradict claims that educating adolescent girls would influence their menstrual cycles, and future health.

Dr Sanderson Clow's research was not entirely unique, there was at least one other doctor performing research into menstruation in schoolgirls at almost the same time. Dr Catherine Chisholm, another one of the original one hundred and ninety members of the Medical Women's Federation, performed an investigation into the menstrual 'Moliminia' of five hundred middle class girls in May of 1913. Chisholm went on to sit on the board of the Federation's 'Menstrual Leaflet Committee' in 1937, when she was in her early sixties.[120] Moliminia was a term which referred to the normal 'non-bothersome' changes noticed by women before menstruation began in the first decades of the twentieth century.[121] Dr Chisholm's research was published in the *Journal of Obstetrics and Gynaecology* and undoubtedly reached a similar audience to Sanderson Clow's survey. Chisholm was also a school medical officer, at Manchester Girls' High. The unique relationship between women doctors and schoolgirls is reflected by these opportunities for research and employment in the role of school medical officer at prestigious girls' schools, specifically in the way that these

[120] 'Menstrual Leaflets Committee', Wellcome Library, London, Collections and Archives, SA/MWF/A.4/5.
[121] J. C. Prior, C. Konishi, C. L. Hitchcock, E. Kingwell, P. Janssen, A. P. Cheung, N. Fairbrother, A. Goshtasebi, 'Does Molimina Indicate Ovulation? Prospective Data in a Hormonally Documented Single-Cycle in Spontaneously Menstruating Women' in *International Journal of Environmental Research and Public Health* (May 2018) Vol. 15, No. 5, p. 1016.

two doctors used their role to perform research into girls' normal puberty in a way which had never been done before.

Chisholm's research differs from that of Sanderson Clow in several key ways, most notably all the theories presented as being candidates for causing menstrual pain and discomfort by Chisholm were either pathological or physiological, with no suggestion of behavioural or social causes.[122] Her survey also only asked the girls or their teachers about their experiences once, rather than providing additional education, suggesting a programme of altered behaviours or recording any changes with yearly interviews like Sanderson Clow. Chisholm's research into menstruation was also limited to one paper. This paper was more of an overview of the menstrual experiences of schoolgirls, rather than an attempt to change or ameliorate experiences. In this sense it does not fit neatly into the new narrative of menstrual capacity presented by Sanderson Clow and later the MWF, which framed negative menstrual experiences as largely social and behavioural. Chisholm's research was nevertheless interesting, however, in that it was being performed and published. Its existence illustrates the way that women doctors were able to perform new kinds research into the bodies of women and girls via the niches in medicine their precarious professionalism forced them to create. While it is not necessarily representative of the same kind of narrative of menstrual capacity being curated by the papers and leaflets discussed in the first three Chapters of this thesis, it demonstrates that while more than one doctor decided to focus on adolescents and menstruation, their methods and findings were not monolithic. It also demonstrates an increased interest in adolescent girls' 'normal' menstruation, girls' schools as a site to examine normal puberty and medical women's role in the development of these fields of research.

[122] C. Chisholm, 'Menstrual Molimina' in *Journal of Obstetrics and Gynaecology*, Vol. 23, (1913) pp. 288-99.

The impact of Chisholm's career has been most noted, not in her research into menstruation, but in her founding of the Manchester Woman and Babies hospital in 1914, and her campaigns to improve social conditions for women and children.[123] Sanderson Clow's research into adolescent menstruation likely gained more interest and attention within the medical community for three key reasons, firstly because her research paper had a thesis which it sought to prove, and the final results of the study demonstrated that her influence impacted the students in her study's menstrual experiences. Secondly, Sanderson Clow published her work in 1920, seven years after that of Chisholm, at a time when conversations about girls' bodies and their capacity in sports and at school were becoming more visible. Finally, Sanderson Clow's research tapped into the already burgeoning conversation about games for girls, and girls in sport, and her arguments about exercise while menstruating had a place within these conversations.

The young students at Cheltenham, who were encouraged to move and take baths and taught to generally behave as though their bodies were just performing a normal function, rather than in some way being sick or incapacitated, seem to have suffered far less than average. Sanderson Clow believed that '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 problem'.[124] She used her access to medical training and her role at Cheltenham as a platform upon which to destabilise common menstrual myths, creating a climate of menstrual capacity at the school by showing the students that small changes could enable them to be far less incapacitated by discomfort. This experiment provided some solid demonstrable 'proof' that women were not physically

[123] 'Catherine Chisholm, 1878-1952', Manchester Medical Collection: Biographical Files A-G, University of Manchester Library, GB 133 MMC/2/CHISHOLMC.
[124] 'Dysmenorrhea in young women: Its incidence, treatment and prevention', Paper presented to the 92nd annual conference of the British Medical Association in 1924, Wellcome Library, Collections and Archives, SA/MWF/M1/7.

incapacitated by their cyclicity, that education and exercise were not detrimental to adolescent girls and that in fact myths of incapacity led to a 'sick role' amongst the privileged classes which exacerbated problems associated with menstruation and reinforced negative stereotypes of incapacity.[125] This research project began a formal conversation into the ways that common menstrual myths facilitated negative menstrual experiences. It also highlighted the ways that experiences informed by myth were taken as medical facts about women's bodies because little concrete evidence into non-pathologised menstruation existed. Sanderson Clow used her role at Cheltenham to begin a cultural shift in which menstruation began to be perceived not as an 'affliction' which required rest as a 'cure', but as a normal part of a healthy young girl's life, which should be treated as such. Crucially this research endeavour demonstrated the way that women doctors who found their professional niche in the care of women and girls, whether through necessity or desire, were able to use those specialisms to influence new narratives about the health and capacity of women and girls.

c) <u>The dissemination of Dr Sanderson Clow's research to the medical world.</u>

Dr Alice Sanderson Clow went on to present the findings of her work at Cheltenham at conferences and meetings all around Britain to a variety of medical audiences. The content of the papers she presented demonstrated which elements of her research she deemed imperative to present to different cohorts within the medical world. These papers articulated her standpoint that menstruating schoolgirls, and schoolgirls in general, were vital, capable and healthy. As testament to how well her work was received, in October 1921, Sanderson Clow was invited to open the annual Medical Officer of Schools' Association meeting. The school

[125] Ibid p. 3.

medical officer was coming to perform a significant role in the work by medical women to remove menstrual stigma and myth, as it was usually a female doctor who was recruited to assist at a girls' school. The MWF emphasised the continued significance of their role in an article in *The Lancet* in 1950.[126] The paper Sanderson Clow presented at the 1921 meeting was entitled 'Games for Girls', and was followed by a discussion on the topic with the school Medical Officers in attendance. It was reported in the *BMJ* that all but one contributor to this discussion was strongly in favour of strenuous outdoor activity for young girls in school.[127] This fit with a growing trend of the promotion of physical education for girls in this period. The focus of this paper, and of the meeting, demonstrates that the appropriateness of rigorous exercise for young women was still a topic which was a subject for debate. This helps to illustrate the climate into which these ideas of exercise *while menstruating* were being introduced, and how radical they were.

Although medical officers were broadly in support of exercise for schoolgirls, there were still significant concerns amongst them surrounding exercise during menstruation. Sanderson Clow made the point quite firmly that exercise during menstruation would do no damage to adolescents despite the 'prevalence' of this idea in this 1921 paper.[128] She explained that claims to the contrary were 'not in accordance with nature' and caused many girls to be 'thoroughly miserable'.[129] The paper focused on the beneficial impacts of various strenuous outdoor activities for adolescent girls in relation to their effects on 'character', 'the mind' and 'the physical health during school and adult life', with a section at the end

[126] 'Scope and opportunities of the school health service in relation to schoolgirls' in *The Lancet* (January 1950) Wellcome Library, London, Collections and Archives, SA/MWF/M1/7, p. 84.

[127] 'Medical News' in *The British Medical Journal*, (Oct. 1, 1921) Vol. 2, No. 3170, pp. 543-544.

[128] Ibid p. 543
[129] Ibid p. 544.

concerning exercise prohibitions and dysmenorrhea.[130] Sanderson Clow spoke about the notion that games improved girls' character by providing 'lessons in discipline, self-control, endurance and fair-play' and prevented 'their minds and conversations dwell[ing] on… classroom troubles, and criticism of their classmates and teachers'.[131] Sanderson Clow stated that this was 'not theory, but fact' and went on to list the many other positive impacts that exercise had on the minds of girls, such as: keeping their temper, sowing the seeds of 'good citizenship' by obeying the captain and referee, and playing for the team rather than for their own glory.[132] This idea that girls needed strenuous activity, just as boys did, to improve their character was just beginning to emerge at this time. The article in the *BMJ* which covered the conference suggested that this paper and the subsequent discussion at the Medical Officer for Schools Association meeting were intended to contradict stories which had been in the press at the time which were filled with claims that strenuous exercise was detrimental to girls' health.[133]

In the wider physical culture movement, there was a hierarchy of different kinds of exercise with many promoting the benefits of gentle exercise but ardently arguing against strenuous games for girls, and this was no different when it came to exercise while menstruating. This suggests that despite the research of women like Sanderson Clow, advice restricting girls' physical education was still being followed in some schools. These ideas were thoroughly entrenched, as demonstrated by the fact that Elizabeth Blackwell's *Laws of Life* published in 1859 was already making arguments which were similar to those which

---

[130] 'Introduction to a discussion on games for girls', (typewritten with handwritten notes and corrections), Wellcome Library, London, Collections and Archives, SA/MWF/M1/7.

[131] Ibid.
[132] Ibid.

[133] 'Medical News' in *The British Medical Journal* (Oct. 1, 1921) Vol. 2, No. 3170, pp. 543-544.

Sanderson Clow made about girls and exercise. Blackwell argued that for a school-girl who had 'unnatural hours of confinement' it was crucial to have 'healthy action of bodily powers' to prevent 'prolonged suffering and incapacity'.[134] While Blackwell's ideas had some key similarities to Sanderson Clow's, they were not widely taken up. Sanderson Clow's ideas about games for girls, and in particular exercise while menstruating, built on the foundations Blackwell had laid, and sparked a movement. This is because of the 'perfect storm' of factors which surrounded Sanderson Clow's work, including the new authority women were gaining with their medical research into the bodies of women and girls, new research methods situating girls and their opinions and thoughts about themselves, and girls' schools as a site of developing ideas about health and capacity.

The notion that painful periods afflicted the 'leisured rather than the working classes' was reiterated in 'Games for Girls' in a paragraph stating that those who were 'well-to-do', and had the option to 'lie up and take it easy' suffered more than the woman who had to 'earn her living or "do" for a large family'.[135] Significantly, the marginalia on the version of the paper held in the Federation archives, suggests that this paper was given at an earlier, unrecorded, date to an audience with an interest in adult women rather than adolescents. References to adult women in the paragraph were crossed out by hand and replaced in small elegant pencil script with the phrase 'these students [who were thoroughly miserable about missing games] come mostly from humble homes and are educated at state funded secondary schools'.[136] Yet, both iterations show the continuation of Sanderson Clow's focus on the connection between class and menstrual pain. The ideas she had about this topic were based largely on hearsay and supposition, rather than on long term research like her ideas about middle class schoolgirls and menstrual capacity. These theories homogenised the experiences

[134] E. Blackwell, *Laws of Life*, Sampson, Low & Company (1859) p. 123.
[135] 'Introduction to a discussion on games for girls', (typewritten with handwritten notes and corrections), Wellcome Library, London, Collections and Archives, SA/MWF/M1/7.
[136] Ibid.

of the working classes, assuming that women in these cohorts simply did not experience as much menstrual pain, rather than taking into consideration that they were perhaps unable to take time off despite pain, to perform their pain in a visible way or have enough access to medical care to report a 'feminine problem'.

Prior to the foundation of the NHS in 1948 there was less space for women to engage with medical professionals about more 'minor' or at least less urgent medical conditions, or concerns, making the general, and likely menstrual, health of poorer women less visible to this new part of the medical profession.[137] The promotion of the idea that wealthy highly educated women should behave more like the women of the working classes, demonstrates how assumptions about the working class were entrenched in these conversations about women's bodies. This highlighted one of the most significant gaps in the knowledge and therefor influence of these new medical women. While they were interviewing young, educated middle- and upper-class girls who would grow up with the same or similar opportunities as them, they afforded them information and support concerning their bodies which was radical and unique. However, they frequently had far more traditional views of the working classes, their behaviours and their menstrual practices which echoed the kind of 'top down' social survey work of Florence Bell outlined earlier in this chapter.

That Sanderson Clow's research at Cheltenham began to gain increasing respect and influence within the medical community was further demonstrated by her invitation to open the British Medical Association conference's section on obstetrics and gynaecology in 1924. The BMA had been established nearly a century before as a 'friendly and scientific' forum in which practitioners could 'exchange and enhance knowledge', a goal not unlike that of the Medical Women's Federation.[138] These goals quickly became waylaid however, and

[137] E. Worth, *The Welfare State Generation: Women, Agency and Class in Britain since 1945*, Bloomsbury Academic (2022) pp. 15–40.
[138] P. Bartrip, 'A long way from Worcester' in *British Medical Journal* (2007), Vol. 335, No. 7610, pp. 72-73.

throughout the late nineteenth and early twentieth centuries the BMA acted as a forum for medical politics, campaigning 'in many spheres' and presenting medical information to the government to improve public health.[139] Sanderson Clow's paper again concerned the prevention of dysmenorrhea in young women. The paper she presented was based on the data collected from the adolescents from Cheltenham, with additional data collected at a teacher's training college, amounting to 2050 reportees, of whom there was an estimated reduction of cases of dysmenorrhea of seventy five percent following Sanderson Clow's instruction.[140]

In her paper presented to the BMA, Sanderson Clow outlined her thesis that gynaecological surgeons' claim to authority on 'normal' menstruation was flawed as they only saw patients with pathological conditions, and highlighted the importance of reliable statistics coming from medical women with access to populations of schoolgirls.[141] Considering her audience at the obstetrics and gynaecology section of the BMA's yearly conference, this was a bold claim which highlighted the importance she placed on this new kind of research. The paper outlined key points which were similar in content to her previous papers, highlighting the need to view menstruation as a 'natural function' rather than a 'malady', a reassurance that bathing was safe (and recommended) and some education surrounding exercise and the benefits of its continuation throughout the period.[142] This was supported by a firm indictment, that there was 'no other one factor that mitigates success in unmarried women than preventable dysmenorrhea'. [143] Sanderson Clow stated that mitigation of success could be easily be prevented with the distribution of simple advice in schools and factories. A letter to *The Woman's Leader* after this conference stated that 'the male doctor still takes a much more pathological view of menstruation', and that as such the 'greatest'

[139] Ibid.
[140] 'Introduction to a discussion on games for girls', (typewritten with handwritten notes and corrections), Wellcome Library, London, Collections and Archives, SA/MWF/M1/7.
[141] Ibid.
[142] Ibid.
[143] Ibid.

debt owed to women doctors was the demonstration by 'example and precept' that menstruation was not an illness, and did not render women and girls unfit or incapable.[144] Sanderson Clow's claims of female authority on the matter support the idea that women doctors were creating niches for themselves within the medical profession based on gendered claims of expertise.

At the end of this paper, Sanderson Clow included a brief note about the failures of bathroom facilities and the negative effects that a lack of access to 'private lavatories and washing facilities' had on young women at work and school.[145] Sanderson Clow suggested that this lack of access to places to change 'sanitary towels' caused chafing and pain, which led to girls missing social engagements and games. She argued that it was often a systemic lack of *facilities* which created an image of 'menstrual disability of a more serious nature' in large numbers of young women.[146] This was the first mention in the literature of the way that inadequate bathroom facilities could have negative impacts on young women's experiences of menstruation, and therefor of other people's perceptions of their innate menstrual capacity, a topic which would be the focus of a Medical Women's Federation survey twenty-five years later. The content of this paper for the audience at the BMA conference demonstrated which parts of her research Sanderson Clow considered to be the most critical to present to an audience of, mostly male, obstetricians and gynaecologists at a conference which aimed to improve public health. Crucially the fact that this paper outlined the way that medical women in schools could have a greater influence on the health of adolescent girls (albeit middle-to-upper-class ones) than gynaecological surgeons, and that 'pastoral' intervention could produce significant results in the reduction of menstrual pain. These points, presented to this audience, were designed to have the most impact on the largest number of female patients,

[144] H. Normanton, 'An Obsolete Prejudice' in *The Woman's Leader*, (September 19th 1924) p. 275.
[145] Ibid.
[146] Ibid.

both in a ‘big picture’ political sense, and in the day-to-day treatment of women and girls by obstetricians and gynaecologists.

Although Sanderson Clow was developing a powerful voice in certain circles, and being given a platform as important as the opening paper for the obstetrics and gynaecology section of the British Medical Association conference, there was still a lot of contestation of her ideas and anxiety about what the promotion of such ideas might mean for society. These concerns were familiar, and echoed ideas prevalent in the late nineteenth century. There was a lot of debate, even within the same institutions which were giving Sanderson Clow and her relatively radical ideas a platform, as demonstrated by the fact that they were also inviting people who believed, and taught, the exact opposite. For example, Sanderson Clow presented a paper about age at menarche at the 1927 BMA conference, at which the key speaker, a Dr Johnstone presented a paper which reinforced the Maudslian notion that educating women would lead to infertility. Dr Johnstone was a gynecologist who published widely on issues of pregnancy such as eclampsia and ‘difficult labour’, but does not appear to have published at all on the topic of menstruation in adolescents. In his paper for the 1927 BMA conference Dr Johnstone conceptualised puberty as the ‘most momentous’ time of a girl’s life, speaking of ‘the asexual child’ developing ‘soft rounded curves’ a modest, reserved demeanor and ‘a tendency to romanticism’.[147] Rather than the vital and energetic adolescent capable of learning and moving her body, as studied and described by Sanderson Clow, Johnstone’s sexualised description paints a picture of an object to be protected, rather than a subject to be guided. In this paper Johnstone describes reproduction as ‘the greatest function of womanhood’, ‘despite claims to the contrary’, stating that mother nature punished women who sought ‘extreme’ intellectual pursuits.[148] This return to ideas of finite energy which

[147] ‘Discussion of the Hygiene of Menstruation in Adolescents’, Ninety-fifth annual meeting of the British Medical Association, Opening paper of the Obstetrics and Gynaecology section, Dr R. W. Johnstone, Wellcome Library, London, Collections and Archives, SA/MWF/M1/7.
[148] Ibid.

could be spent *either* developing the reproductive organs *or* the brain and the 'musculature', in fear of risking menstrual disorders and 'later sterility' demonstrates that Sanderson Clow's theories were by no means universally agreed upon.[149] Sanderson Clow kept a copy of Johnstone's paper, cut from the *British Medical Journal*, in amongst her personal papers, held in the Wellcome collection, perhaps suggesting that his thoughts about adolescent menstruation were particularly offensive to her.

The second paper presented at the 1927 BMA conference, after Johnstone, and before Sanderson Clow, was by another male doctor, Dr J Paton. Paton was more moderate than Dr Johnstone, arguing that exercise was no doubt beneficial to adolescent girls, but that nevertheless there was no issue in preventing girls from exercising for the first three days of the period.[150] This conclusion was drawn from his observation of the incidences of menstrual pain at St Andrews girls' school, at which this was the rule, which he saw 'no reason to change'.[151] Paton argued that as ninety percent of the students at this school reported that they did not have dysmenorrhea at an interview upon starting at the school, there was no need to introduce games during the period.[152] This interview was presumably performed by a stranger, when the girls were eleven and had just left home for the first time. The interview was not repeated. Any subsequent data about menstruation which Paton used in his statistical analysis was taken from the house-mistresses rather than the girls themselves. Paton attributed the freedom from menstrual pain which he was recording to the general health of the girls, which he did think was influenced by their involvement in 'active games' more generally, but that the 'continuance of games' during the menstrual period was unnecessary.

[149] 'Discussion of the Hygiene of Menstruation in Adolescents', Ninety-fifth annual meeting of the British Medical Association, Opening paper of the Obstetrics and Gynaecology section, Dr R. W. Johnstone, Wellcome Library, London, Collections and Archives, SA/MWF/M1/7.
[150] 'Influence of the general health on menstruation', Ninety-fifth annual meeting of the British Medical Association, Dr J. Paton, Wellcome Library, London, Collections and Archives, SA/MWF/M1/7.
[151] Ibid.
[152] Ibid.

This paper referred to Sanderson Clow's study, with Paton stating that he 'questioned the validity' of her findings and doubted the 'wisdom of encouraging the habit [of games during menstruation] as a school rule'.[153] This appears to have been largely because Paton believed that school life required an astonishing amount of 'continuous strenuous effort' which put pressure on girls bodies, and that they therefor benefitted from periodic rest.[154] This medical perception that adolescent girls needed special rest while menstruating, but were still able to be physically active while not menstruating likely represented the more nuanced position of the majority of the medical profession at the time. It was not as radical as Sanderson Clow's position, but nor was it as reflective of nineteenth-century ideas as Johnstone's. The discussion at the end of the conference provided a spectrum of views about the topic, most of which fell somewhere in this middle ground. This spectrum of views presented at the 1927 BMA conference suggests that by the end of the 1920s, ideas about exercise while menstruating were still considered radical, but ideas about girls as frail and incapable were becoming outdated.

Sanderson Clow also sought to provide a menstrual education similar to that received at Cheltenham to young women beyond the school. In about 1925, she published a menstrual education leaflet in conjunction with the Central Council for Health Education and the Medical Illustration Department at Guy's Hospital.[155] This leaflet contained seven bullet-pointed paragraphs of information, and a line drawing of a young girl washing her back in the bath in front of a calendar with a date circled, implying the start of a period. The bullet-points covered the idea of menstruation as 'a natural function and not an illness' and Sanderson Clow explained clearly that the instruction inside was designed to be followed by 'normal girls in good health'.[156] The leaflet outlined the ideas from her previous papers, with one

[153] Ibid.
[154] Ibid.
[155] 'Advice on the monthly period', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.
[156] Ibid.

point about periods as a natural function, one about 'cleanliness and hygiene rules' and their importance during the period 'as at other times', and the final five points about the importance of moving the body and exercise.[157]

The instructions about exercise were based around Sanderson Clow's belief that 'In a normal healthy girl, suffering… [was] unnecessary and… [could] be overcome by her own efforts'.[158] Sanderson Clow recommended that to avoid 'pain and sickness', girls who spent long periods of their days 'standing or sitting', needed to exercise daily until 'a warm glow' was felt.[159] Some of the acceptable exercises listed were 'digging or scrubbing' or 'vigorous games like tennis, net-ball or hockey'.[160] If the girl was unable to partake in these activities or had 'little opportunity for outdoor activity' Sanderson Clow provided a table of activities, illustrated with line drawings. These activities had, according to the leaflet, been 'used with great success to cure pain and sickness', and were designed to be used during the first three days before the period and the first three days of the period, but in 'the worst cases' needed to be done for fifteen minutes a day every day continuously for 'several months'.[161] Sanderson Clow suggested that the monotony of the exercises meant that doing them this frequently needed 'considerable strength of mind'.[162] This leaflet with its lists of exercises links back to notions of class and dysmenorrhea and Clow's idea that the life of working-class girls was healthier than those of middle-class girls. The exercises suggested seem to mimic manual labour with 'floor polishing', 'bean picking' and various bending, twisting and swaying movements which would or could all be undertaken in manual labour jobs. We see again Sanderson Clow's classed understanding of menstruation and specifically how her work conceptualised working women experiencing less pain.

---

[157] Ibid.
[158] Ibid.
[159] Ibid.
[160] Ibid.
[161] Ibid.
[162] Ibid.

The influence of Sanderson Clow's research is apparent in the fact that the same table of exercises went on to be included in many different 'menstrual hygiene' leaflets published by a wide range of outfits, both commercial and educational, ranging from a commercial leaflet published by Boots Ltd in 1947 to several of the puberty education leaflets published by the MWF. The exercises were also included as an addendum to one of her papers 'the treatment of dysmenorrhea by exercise' published in 1932 in the *BMJ*. The development of this table of exercises, and Sanderson Clow's small scale outreach programme based on the research at Cheltenham was perhaps the most significant long-term impact of her work. The exercises went on to be included in so many leaflets that they were likely seen by thousands if not tens of thousands of young women, and the format of her leaflet was very similar to those produced later by the MWF which will be examined in Chapter Three, it even shares a very similar name with their last published leaflet 'Advice on the monthly periods'. It seems plausible to suggest that the MWF drew inspiration from Sanderson Clow's leaflet when the Federation began publishing leaflets a few years later.

This chapter has demonstrated that Dr Sanderson Clow made a small but significant contribution to the emergence of new ideas of menstrual physical capacity in British culture via the promotion of the idea that menstruation was not inherently painful. Sanderson Clow was part of a generation of women doctors who qualified in the Edwardian period, and created space for themselves in a male saturated field by specialising in areas of medicine in which traditionally 'feminine' traits were perceived to be beneficial. Her role as school medical officer allowed her to demonstrate the influence of educating girls about what was happening to their bodies at puberty, encouraging the prevention of 'laying in', and preventing myths around exercise and warm baths. The reach of this work is symbolic of a moment wherein the concept that menstruation should not, for a 'healthy' girl, be a time of

feeling unwell and delicate, or unable to partake in the outside world, began to become part of an acceptable medical viewpoint. Her arguments were contested by some, but the fact that her work was published in prestigious medical journals and presented at a range of important conferences is notable, and demonstrates a willingness to accept new ideas about women's bodies, which were written by women. While there is no direct reference to it in her writing, it seems likely that the subjective experience of attending a women's only medical school, and then watching her fellow female doctors serve as military doctors during the war, alongside seeing countless intelligent and capable young women in her capacity as school medical officer may have solidified Sanderson Clow's ideas about menstrual capacity. This perhaps spurred on the contributions she made to the formal discourse of menstrual capacity throughout her working life. In addition, as a 'precarious professional,' it was in her best interest to work towards finding scientific proof that women were not rendered less capable by their bodies. Her work helped to legitimise her own role in society, and the roles of other women taking their places in previously male dominated professions.

As this chapter has noted, there were limitations to her research, namely an idealisation of the behaviours of the working classes without a critical eye as to why they may have presented with less dysmenorrhea, and claims about the working classes which did not rest on rigorous data. Despite this, Sanderson Clow's insistence that menstruation was not incapacitating, not only helped to begin a shift towards narratives of menstrual capacity in formal medicine, but also in the lived experience of menstrual pain for real girls, as shown by the results of her work at Cheltenham. Sanderson Clow's work helped to inform a new cultural narrative in which menstruation was no longer *necessarily* synonymous with pain and incapacity. The influence and success of this work rested not only on its scientific or academic validity, but also on a congruence of factors which created something of a 'perfect storm' which contributed to an idea social context for its uptake. It was research into a topic

which had not been widely studied before, it was also reflective of the new authority of women doctors as professionals, in particular within the paradigm of women's and children's health, and of girl's schools as a site of newly developing ideas about healthy and capable young girls. Alice Sanderson Clow was at the centre of these factors, undertaking revolutionary research.

Chapter Two

The Medical Women's Federation investigate Menstruation: Normal schoolgirls, Bathroom Facilities and Chafing from 1925-1949.

"The subject of menstruation is of importance to all persons responsible for the health of women or girls, and the present enquiry was undertaken to fill some obvious gaps in current knowledge… [as] there was a surprising lack of exact data on this [the effect of school games on menstruation] as, indeed, on most other points dealing with menstruation in the normal girl."
–The Medical Women's Federation, The Lancet, 1930.[1]

This chapter examines the work on menstruation undertaken by the Medical Women's Federation (MWF) in the interwar and immediate post-war period. The MWF - a community of registered medical women of which, as noted in Chapter One, Alice Sanderson Clow was a key member – had been formed in 1917 to provide a collective voice for women doctors both politically and professionally. The professional isolation faced by previous generations of women doctors had ignited a need for a unified group which could provide strength in numbers, and space to curate a new feminine professionalism. In addition to supporting women doctors in the war effort, the Federation came to use their collective expertise to address issues that faced both women in the medical profession and the women patients who came to see them. This work was deeply political, with efforts to overturn systemic barriers to female equality and influence, such as disenfranchisement, the marriage bar, unequal pay and the post-war bans which emerged preventing women from entering certain medical schools and jobs. Yet the political activism undertaken by the MWF, and by the majority of women doctors in the first half of the twentieth century, was cautious. This was due to fears

[1] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 2.

of upsetting the delicate balance which allowed them access to the profession. Alongside this political activism, they were able to use their expertise to begin to provide a scientific backing to the notion of women's equality. The Federation formed individual committees to perform research into understudied female health issues with the aim of ameliorating experiences of womanhood with accurate medico-social research. This research was beneficial in two key ways, it furnished the medical profession with valuable information about women's bodies which was unbiased by perceptions of women as less physically able. It also provided scientific support for the status of professional women, in medicine and beyond, acting as a contradiction to older ideas about women and capacity which women doctors were consistently having to dispel in their personal and professional lives.

Women doctors in the first half of the twentieth century had a vested interest in proving that menstruation was not incapacitating, in order to bolster their professional standing and legitimise their place within the medical world. As this Chapter demonstrates, research into adolescent menstruation became a key site upon which these claims were proven. This work allowed women doctors to show that menstruation was a normal part of life, and that menstrual 'disability' was caused by external factors which could be tackled early in life, rather than being an innate feature of womanhood to be suffered through. The Federation's research, moreover, had a broader reach than that of individual women doctors like Sanderson Clow and Chisolm, likely because they had the symbolic backing of a small but significant proportion of women doctors in the United Kingdom, lending credibility and weight to their findings. In the first half of the twentieth century, their two committees on menstruation sought to identify what was causing the most distress and manifestations of menstrual incapacity (or as they called it 'disability') via two surveys. The first, published in 1931 asked 6,099 girls about the 'extent of their menstrual disability' and the second, a pilot

study conducted in 1949, asked a selection of schools to assess the provisions they were making for their menstruating students.

The Federation's research highlighted elements of menstrual incapacity which they perceived to be caused, or exacerbated, by a lack of what I have termed 'menstrual infrastructure' e.g.: limited access to privacy in bathrooms to change menstrual products, a lack of bins or incinerators for disposal, a dearth of affordable and reliable products in combination with the wider issue of access to accurate puberty education. They concluded that ameliorating these issues would contribute to a vast improvement in girls' experiences, and a reduction of incidences of 'menstrual disability'. From the results of these two surveys, the Federation began to outline the simple and inexpensive fixes for the problems faced by menstruating schoolgirls which needed to be taken by schools, alongside a publishing campaign which provided accessible education for girls and those who cared for them in the form of widely distributed leaflets. The contents of these leaflets and their role in the dissemination of accurate and forthright puberty education will be explored in Chapter Three. This chapter will examine the role of the Federation's menstrual research and the ways that their surveys influenced changes in perceptions of menstruation. It will specifically examine the way that the Federation's committees conceptualised menstrual disability as arising from an adherence to social norms, and how this supported recommendations for relatively small-scale social change rather than individual medical intervention. This Chapter also examines the suggestions for simple infrastructural changes made by the Federation, and the importance of these small changes in making school more accessible for menstruating girls. The scale and scope of the research undertaken by the MWF contributed to the solidification of a new narrative of menstrual capacity created and promoted by women doctors in the first half of the twentieth century.

The first Chapter of this thesis demonstrated how experiences and perspectives of menstruation in the first decades of the twentieth century were shaped by exercise prohibitions and myth, and the work undertaken to contradict them by one individual and her work in a prestigious girls' school. The role of women in medicine was conceptualised in a micro-historical fashion, *via* an exploration of one woman's career, and the small-scale influence she was able to have in her role as a school medical officer, and a general practitioner. In contrast this chapter engages with the significantly larger scale research and subsequent publications on the topic of menstruation undertaken by the MWF which began a decade later. While Dr Alice Sanderson Clow helped to erase small scale physical manifestations of menstrual incapacity as caused by exercise prohibitions, the MWF worked on a far larger scale. They helped to continue the shift in cultural and medical perceptions of menstruation from the narratives of incapacity which characterised late nineteenth-century ideology, to the narrative of capacity which we saw beginning to be developed in the research and publications of Dr Sanderson Clow. While they came to different conclusions about the causes of visible menstrual incapacity or 'disability', both Sanderson Clow and the Federation were in agreement that it was not a fundamental feature of womanhood, and that it could be ameliorated.

This detailed analysis of the ways that the MWF were able to solidify shifting narratives of menstruation rests on an analysis of the Federation's surveys, publications and papers which are contained in their archives at the Wellcome collection. It also draws on the work of historians who have examined the work of the Federation, the history of menstrual infrastructure and narratives surrounding women's bodily capacity in the first half of the twentieth century. First, this chapter draws on the work of Barbara Brookes. Brookes highlights the way that medical women in the early twentieth century were 'both exemplars

and creators of the modern woman'.[2] This framework conceptualises the medical women of the Federation as embodying the idea of the early twentieth century 'modern woman' in their own right, while also performing research which strived to bring other women into their modernity by providing the medical profession with accurate information about women's bodies and working to remove systemic and scientific barriers to equality. The Federation is conceptualised by Kaarin Michaelson as an organisation which represented a kind of social feminism which focused on women doctors as 'equal but not identical'.[3] Michaelson frames the Federation as founded on the notion that women doctors should fill a specific gendered space in the profession, an idea which became increasingly unpopular amongst younger women doctors in the interwar years and beyond. Michaelson describes the Federation as beneficial to women doctors despite this, particularly in the early twentieth century, in the strength of its collective nature, and the in the 'material and professional gains' which it was therefor able to influence.[4] Imagining the Federation in terms of these ideas acknowledges the importance of the Federation's position as early women doctors performing novel research which was being published in significant journals, and as women whose influence was magnified by their collective nature. This will be explored in this chapter in conjunction with a focused study of the ways that their research aimed to change perceptions and experiences of menstrual 'disability' in schoolgirls, helping adolescents to reach their full potential by working to remove, or at the very least draw attention to, barriers to their success which were caused by social factors such as lack of access to adequate bathroom facilities.

---

[2] B. Brookes, '"The Glands of Destiny:" Hygiene, Hormones and English Women Doctors in the First Half of the 20th Century' in *Bulletin Canadien d'histoire de la médecine/Canadian Bulletin of Medical History* (2006) p. 51.

[3] K. Michaelsen, '"Union is strength": The Medical Women's Federation and the politics of professionalism, 1917-1930', in Cowman and Jackson (eds) *Women and Work Culture* (2005) p. 165.
[4] Ibid p. 173.

The second strand of this Chapter focuses on the idea of menstrual disposal and its influence on experiences of menstruation. This element of the history of menstruation was first articulated as a crucial element of the study of menstruation in the United Kingdom by Camilla Mørk Røstvik. Røstvik examines the first decades of the UK sanitary waste disposal industry, providing a history of the ways that the stories of popular disposal methods trace 'attitudes towards menstruation, the environment and bathroom politics'.[5] This work focuses on a unique and often overlooked element of menstrual experience, and draws attention to the changing nature of menstrual management solutions referenced throughout the Federation's literature, and their survey on the topic, and the different disposal requirements they called for. Between 1930 and 1950 the gradual commercialisation of menstrual products and new menstrual technologies created a demand for changes in the infrastructure required to manage menstruation in public. In addition to this society was changing, and more menstruating women were required in public places for more of the time, in schools, in contribution to the war effort and in non-domestic workplaces. Røstvik's analysis of the history of menstrual waste management provisions and the way that different methods can be seen to represent various perspectives of menstruation provides context to the Federation's focus on the imperative nature of providing covered bins in all the stalls of school toilets. In particular, an examination of the history of menstrual waste management, highlights the dichotomy between the Federation's desire to promote menstrual capacity in conjunction with their constant focus on the importance of menstrual discretion.

This chapter also builds on the history of sports for women and girls examined in Chapter One, interrogating how the increased popularity of women's and girls' sports and the physical culture movement in the interwar years helped to promote a perceived modernisation

[5] C. Mørk Røstvik, '"Do not flush feminine products!" The environmental history, biohazards and norms contained in the UK sanitary bin industry 1960-2020' in *Environment and History* (2021) Vol. 27, No. 4, p. 1.

of women's bodies. The idea of an intentionally curated 'modern' body is described in Ina Zweiniger Bargielowska's work as contributing to the 'emergence of a more assertive and vigorous femininity'.[6] This vigorous femininity is also present in the Federation's conceptualisations of 'normal' adolescent menstruation. These ideas are fundamentally linked, with the curation of 'modern womanhood' *via* the physical culture movement, and *via* the promotion of menstrual capacity both contributing to small but distinct changes in perspectives of women and their bodies and thus their inherent capacity to function in society as equals to men. The emergence of new kinds of femininity which framed women as active and capable, both while menstruating and in sports were happening in conjunction with other steps forward for feminism, such as the partial enfranchisement in 1918. Zweiniger Bargielowska also draws attention to the ways that the ideals of modern womanhood promoted in the 1930s still adhered to strict gender roles and norms, norms which were also present throughout the advice literature published by the Federation. Examining the research that the Federation undertook into adolescent menstruation through the lens of this new kind of 'vigorous femininity' contextualises their work within broader discussions about women and their bodily capacity. This Chapter supports Zweiniger Bargielowska's thesis, demonstrating that the kind of vigorous femininity which the Federation required of the menstruating adolescent, was being promoted in conjunction with advice about continuing to adhere to strict gender norms.

[6] I. Zweiniger Bargielowska, 'The Making of a Modern Female Body: Beauty, Health and Fitness in Interwar Britain' in *Women's History Review*, Vol. 20, No. 2, p. 312.

a) The Association of Registered Medical Women, and the Medical Women's Federation.

The Medical Women's Federation (MWF) began as the Association of Registered Medical Women (ARMW) founded in 1879 by ten female doctors. These founding members were some of the first women to qualify as doctors in England. Included amongst them were many of the most famous names in the history of women's entry to medicine, alongside some whose careers were less public, but nevertheless impactful. The founding members were: Dr Elizabeth Garrett Anderson, Dr Sophia Jex-Blake, Dr Elizabeth Blackwell, Dr Louisa Atkins, Dr Annie Reay Barker, Dr Annie Clark, Dr Mary Marshall, Dr Matilda Chaplin Ayrton, Dr Eliza Frikart and Dr Eliza Walker Dunbar. Their pioneering (and roundabout) journeys into medicine were characteristic of the difficulties women faced entering the profession in the late Victorian period, as discussed in the previous Chapter. These women constituted a 'first generation' of registered British women doctors. They met on the first Tuesday of every month, at eight pm in offices on Cavendish Square, for 'the shewing of cases and specimens, the reading of papers, the discussing of medical subjects and anything else which may arise'.[7] As they were unable to access traditional spaces for medics to socialise and meet for professional development, they created their own. The ARMW often 'changed into evening dress' and 'drove by carriage for a sumptuous meal' after these meetings, which must have provided much needed emotional and social comfort as well as professional support to these pioneering women.[8] This description provides a snapshot into the lives of these women, reminding us of their privileged social status and lifestyle. It also suggests that they wore

[7] 'Constitution of the Association of Registered Medical Women', Wellcome Library, London, Collections and Archives, SA/MWF/C.74.
[8] R. E. M. Bowden, 'The Medical Women's Federation 1917-1987, its antecedents, past, present and future' in *Medical Woman* (Winter 1987) Vol. 6, No. 3, p. 5.

some form of workwear or more casual dress for their meetings which required them to change before a more formal public dinner. Not unlike the women's only medical schools mentioned in the previous chapter, the ARMW provided a unique space for professional socialisation which represented the needs of new women doctors at a time when they were only a miniscule portion of doctors in Britain. This space allowed women doctors to perform 'female institution building', a practice which was becoming common in the late nineteenth century, wherein women created new communities in order to 'take advantage of opportunities for feminine leadership, and social networking, denied to them elsewhere'.[9]

The ARMW began as a group which provided a forum for women doctors to discuss their work, and make professional connections but it slowly evolved into a more political entity, lobbying for other women to be allowed to train and qualify alongside their male peers, offering support to newly qualified medical women and working towards equal pay for women doctors.[10] The women of the ARMW were 'precarious professionals', a term borrowed from Thomas and Eggington, and as such were on the margins of the medical field.[11] Therefor the support of a community of similar women provided by this organisation undoubtedly succeeded in amplifying their individual influence.

The precarity inherent to their positions meant that the majority of these women doctors were particularly cautious about being openly feminist in their political action, or openly in support of the suffrage movement. In 1908, a significant proportion of registered medical women were canvassed, and over five hundred responded in favour of women's

[9] K. Michaelsen, '"Union is strength': The Medical Women's Federation and the politics of professionalism, 1917-1930', p. 163.
[10] 'Association of Registered Medical Women (ARMW)', Wellcome Library, London, Collections and Archives, SA/MWF/C.74-85.
[11] Z. Thomas, H. Eggington (eds) *Precarious Professionals: Gender, Identities and Social Change in Modern Britain*, University of London Publications (2021).

suffrage, with only fifteen against.[12] Despite these figures, individual women doctors and the Association's relationship with the suffrage movement was complex. While their work often aligned with feminist ideas of the time, a relative conservatism amongst women doctors was common, to avoid the stigma of being a politically active tarnishing their already precarious status in the medical profession. Garrett Anderson and Jex Blake tried to meet with the prime minister, Herbert Asquith to discuss the results of the 1908 survey, on behalf of the Association, but he refused to meet with them. Their letters to him emphasised calmly their perspective that most medical women were not only sensible candidates for enfranchisement, but in fact 'doubly qualified to vote' as they often had both university degrees and property of their own.[13] When Asquith refused to acknowledge the letters, or meet with them, the ARMW decided not to push back. They ensured that their letters were published, and then declared that 'women doctors would never form an effective pressure group' and that 'no further action in the matter should be taken'.[14] This exchange demonstrated the tentative nature of the Association's political endeavours. This was reflective of women doctors' cautious political identities in the early decades of the twentieth century in general.

Enfranchisement would have offered women in medicine inarguable benefits, however, active or visible support of the suffrage movement was relatively uncommon. While other professionals, such as women teachers, succeeded in leveraging their professional identities in support of the suffrage movement, women doctors were unable to do this. This was partly because they represented such a small proportion of the profession in contrast to women teachers. While women teachers held fifty-two percent of the National Union of Teachers memberships by 1905, women doctors represented less than two percent

[12] J. F. Geddes, 'The Doctors' Dilemma: medical women and the British suffrage movement' in *Women's History Review,* (2009), Vol. 18, No. 2, p. 209.

[13] Ibid p. 209.
[14] Ibid p. 209.

of the profession, nearly a decade later in 1914.[15] Women doctors' status within the profession was also still so new and so tenuous, that public, active support of the suffrage movement would likely have threatened it, risking promoting 'charges of lack of decorum' at a time when women were still desperately fighting claims that they were fundamentally unsuited to a medical career.[16] Mrs Pankhurst told one woman doctor, Leticia Fairfield, that she shouldn't be concerned about being unable to be an active member of the Women's Social and Political Union (WSPU) because her 'status in the medical profession' would do more for the cause than anything else.[17] Women doctors were most likely to support the suffrage movement privately through financial donation, tax resistance, writing articles for the suffrage newspapers and speaking at meetings, while largely avoiding attending rallies, violent activism or 'putting her head above the parapet'.[18] Some women doctors were prepared to go further, and it was not unheard of for a woman doctor to be arrested at a militant protest, and even imprisoned, but Geddes notes that in these rare cases the few doctors were older, and had carefully 'weigh[ed] the consequences of their actions to their reputation' and future career prospects before setting out.[19] The ARMW's relationship with the suffrage movement demonstrated the effect of precarity on women doctors' relationship with activism and politics, despite their widespread support of the suffrage cause.

By the early years of the twentieth century the ranks of the ARMW began to grow, both in the London organisation, and in the various regional groups, and by 1914 conversations about creating a single unified entity to be the voice of all British women doctors began. This was delayed slightly by the war effort, however, by 1917 the London group combined with several other local factions including Sussex, Glasgow, Liverpool and

[15] Ibid p. 204.
[16] Ibid p. 203.
[17] Ibid p. 206.
[18] Ibid p. 208.
[19] Ibid p. 210.

Swansea and West Wales to become the Medical Women's Federation, a unified national organisation with close to two hundred members. This group of doctors continued the work they had begun as the ARMW supporting medical women, most notably at this time in their contributions to the war effort. They did this in a range of ways, including via a sub-committee which 'gathered testimonies, petitioned legislators, mounted a publicity campaign and met with war office officials'.[20] This sub-committee was formed in the London ARMW group in 1914, with the intention of gathering the names of medical women across the United Kingdom who could 'offer assistance of any sort'.[21] This was deemed to be filling the vacant medical positions at home left by men who were serving in the army, rather than attempting to serve as doctors in the army.[22] The idea that women doctors would be best suited to offering support on the home front seemed to be the common consensus, with Millicent Fawcett writing in *The Evening Standard* in August of 1914 that medical women should ignore the excitement and thrill of enrolling in the army, as this was 'more specifically men's work', and they were better suited to 'attending to the needs' of the sick at home.[23] It is unclear if this represented the position of the National Union of Women's Suffrage Societies, or simply Fawcett's personal beliefs, but it is demonstrative of insidious perspectives of women doctors as less capable than their male colleagues, or as better suited to specific roles, even from a noted suffragette. The British Army refused the assistance of women doctors, which was offered several times by the ARMW, until July of 1916, when the General Medical War Committee wrote to them requesting the formation of a Medical Women's War Committee. Once women doctors began to be posted abroad with the Royal Army Medical

[20] K. Jensen, 'Volunteers, Auxiliaries, and Women's Mobilisation: The First World War and Beyond (1914-1939)' in B. Hacker, M. Vining (eds), *A Companion to Women's Military History*, Brill (2021) p. 193.
[21] 'Letters and Ephemera', Wellcome Library, London, Collections and Archives, SA/MWF/C.157.
[22] Ibid.
[23] R. Joyce, 'Women Doctors in WW1: Fighting to do their bit', Women's History Network Blog, https://womenshistorynetwork.org/the-mystery-of-isabella-and-the-string-of-beads-a-woman-doctor-in-ww1/#_ftn2 [Date Accessed: Wednesday 29th June].

Corps from 1916, different issues began to arise which were then addressed by the new Federation.

Women doctors were not granted temporary rank as officers like their male medical colleagues, nor were they given a uniform.[24] This led to understandable tensions within the military hospitals as the authority of the women doctors was unclear. The Federation, led at this point by their first president, Dr Jane Walker, worked hard to try and ensure that women doctors serving in the army had a high enough rank for there to be 'smooth discipline' in the hospitals, showcasing the excellent work done by women doctors in order to justify an 'equal rank for [an] equal service'.[25] The war office had concerns that if the women of the RAMC were granted temporary officer status, then women in other parts of the military would campaign to be granted the same privileges- leading to women commanding men within the armed forces.[26] This, it seems, was not an acceptable level of power, and despite the work of the MWF the women serving in the RAMC during the First World War were not given a rank that reflected their training and talents, nor the rank afforded to male doctors in the same role as them. The small concession made by the army was that by 1917 they did have a uniform of sorts.[27] Photos of the RAMC in which the women doctors were dressed in wide brimmed hats and long skirts placed them in stark contrast to the men in uniform around them, highlighting how othering this must have been.[28] During the war the ARMW, and in the later years the MWF, focused their efforts on issues related to war work, but once it was over, they were able to resume their political work. The war was an opportunity for medical women, both inside and outside the Federation, to showcase their professional capacity, and it lent credibility to their claims of equality within the profession.

[24] K. Jensen, 'Volunteers, Auxiliaries, and Women's Mobilisation', p. 194.
[25] Ibid p. 194.
[26] Ibid p. 195.
[27] Ibid p. 196.
[28] Figure 4.

Dr Jane Walker was the president of the Federation from its conception in 1917 until 1920, and when she left the role she was praised for all she had done 'to unite medical women'.[29] In a letter signed by all of the members of the Federation, she was thanked, not just on behalf of the current members, but on behalf of 'the generations of medical women who will come after' for her work which made their 'way easier' and their 'influence greater'.[30] In the inter-war years, the Federation was able to diversify their fields of interest, and further amplify this influence. Throughout the 1920s their ranks continued to grow, with 1000 members by 1925. With so many new members and the troubles of war behind them, the focus of the MWF was able to expand, leaving behind concerns with rank and uniform, and beginning to form sub-committees on medical and social topics which interested or concerned them. The Federation was also able to be slightly less conservative as women doctors were beginning to gain more social capital due to their successes in the war, and women's partial enfranchisement in 1918. While still relatively moderate in their views, and not entirely freed from their status as precarious professionals, there was a gradual shift amongst some members towards a louder kind of political voice. As the Federation expanded, and the status of women doctors became more fixed and established, the doctors involved were able to begin to shift their objectives. The Federation became more of a pressure group, not unlike the British Medical Association, and in fact many of its members were also members of the BMA (Dr Sanderson Clow included). The MWF, however, had a specific focus on women doctors, women patients and the unique issues that faced them. The Federation worked to counter issues which affected all working women not just women doctors, and details of these endeavours were recorded in their quarterly newsletter and

[29] 'Quarterly News-letter of the Medical Women's Federation', (September 1920), Wellcome Library, London, Collections and Archives, SA/MWF/C.8.
[30] Ibid.

journal.[31] These publications covered issues such as the fight for equal pay for women doctors, married women's right to work after the marriage bar was reinstated post-war and the unique needs of pregnant or nursing workers.[32] Details and articles from these publications were often reprinted in the suffragette newspapers, in particular in *The Vote*.[33]

Campaigns for equal pay had been consistently articulated in Britain from 1908 onwards, most famously in the public sector, and the large numbers of women 'replacing men' in traditionally male jobs throughout the First World War drew attention to the issue of equal pay for equal work.[34] The Federation argued that offering women doctors lower wages 'lowered the prestige of women doctors' and in some ways reinforced the idea that women doctors were not as capable or learned as their male counterparts.[35] Women in the Civil Service were repeatedly denied equal pay for a variety of reasons, including the perceived 'expenses' of employing women, 'lower outputs' and the 'effects it would have on the general policy of equal pay for the service as a whole'.[36] Significantly, the chair of the 1923 committee on the pay of Civil Servants, which ruled against equal pay for men and women, was Alan Garrett Anderson, the youngest child of Dr Elizabeth Garrett Anderson. It seems that the pioneering roles in the history of medicine and suffrage played by both his mother, and his sister Louisa Garrett Anderson (who was also a doctor and an activist), did little to influence his opinion of women workers. Alan Garrett Anderson's committee ruled that 'women's capabilities for the same work had not yet been proven' and that their pay should

[31] 'Quarterly News-Letter of the Medical Women's Federation', (January 1919), Wellcome Library, London, Collections and archives, SA/MWF/B.2/1 p. 28.
[32] 'Quarterly News-Letter of the Medical Women's Federation', (July 1921), Wellcome Library, London, Collections and archives, SA/MWF/B.2/1.
[33] These are just some examples of the reprints, of which there are hundreds. 'Women and the board of control' in *The Vote*, (July 24th 1925), p. 236; 'Child Assault' in *The Vote*, (July 24th 1925), p. 237; 'Medical Women's Federation' in *The Vote*, (August 5th 1927), p. 242.
[34] H. Glew, *Gender, Rhetoric and Regulation: Women's work in the Civil Service and London County Council 1900-55*, Manchester University Press (2016) p. 105.
[35] K. Michaelsen, '"Union is strength": The Medical Women's Federation and the politics of professionalism, 1917-1930', p. 166.
[36] H. Glew, *Gender, Rhetoric and Regulation: Women's work in the Civil Service and London County Council 1900-55*, p. 107.

remain lower until 'adequate proof had been ascertained'.[37] It is therefore even more significant that women doctors employed by the Civil Service, were granted equal pay due to pressure from the BMA, and the Federation, an indication of the influence of the MWF as well as the BMA and of their collaboration.[38]

The Federation acted in this capacity often, working to put pressure on individual employers to pay their doctors the same amount regardless of gender. When the Federation was made aware of advertisements for medical positions which proposed a lower pay for female applicants, they used all the tools available to them to ensure that the employer either pay women the higher wage or withdrew the advertisement.[39] This ranged from writing letters to the prospective employer, to having 'members of parliament they knew to be supportive of women's professional interests ask pointed questions of government ministers during parliamentary sessions' for government positions.[40] These tactics were broadly successful, and by the 1930s advertisements offering gendered rates of pay had become significantly less common.

The Federation also worked to counter the effects of the marriage bar. As an organisation, they wanted marriage to be an irrelevance to employment and saw the marriage bar as profoundly detrimental to women's status in the profession. One article on the matter in *The Vote* referred to the marriage bar in place for medics employed by the London County Council (LCC) as 'foolish' and 'an encroachment on personal liberty', arguing that enforcing celibacy on men or women as a 'condition of employment' was a 'gross interference'.[41] The Federation concurred that the LCC's ban was 'a flagrant attack on the right of married women to work' and not only 'grossly unfair to medical women' but also to the communities

[37] Ibid p. 116.
[38] Ibid p. 106.
[39] K. Michaelsen, '"Union is strength": The Medical Women's Federation and the politics of professionalism, 1917-1930', p. 166.
[40] Ibid p. 166.
[41] 'Ban on Married Women Doctors' in *The Vote*, (October 31st 1924), p. 348.

they served.[42] This issue was surprisingly divisive amongst Federation members. Some younger doctors felt that without the marriage bar, women who had husbands to support them would take all the jobs available and leave nothing for young women who needed to support themselves.[43] The Federation felt strongly that they needed to maintain a united front in issues such as this, and worked hard to change the opinions of these discontented younger single women, explaining in an article directed at them that, while they 'sympathised with the economic pressure', interferences with women's liberties had to take priority.[44] The diversity of the issues covered in the quarterly newsletter and journal, and addressed by the wider Federation, illustrated the breadth of the interests that these medical women were able to explore. The Federation were seemingly able to push boundaries more than the ARMW, and be slightly more overt in their political activism. This is likely because of their increasing cultural capital, and strength in numbers. The links between women in medicine and women's political activism in the early twentieth century are evident, with the women of the Federation using their relative power within a patriarchal structure to attempt to support other women, and their own professional interests, in a variety of ways.

In addition to addressing these broader political and systemic issues, the newly formed MWF undertook extensive research into women's health, crucially, with a new interest in working *with* women to improve their health while lobbying the government to improve their lives. These women were not only a force for change within their own careers but crucially they also focused their expertise on women's specific medical issues to improve healthcare for women. As discussed in Chapter One, women doctors had to carve a niche for themselves within an already established profession, and they often drew upon ideas about separate spheres in order to do this. The Federation followed this pathway as well, focusing

[42] 'Married Women's Right to Work' in *The Vote*, (February 13th 1925), p. 51.
[43] K. Michaelsen, '"Union is strength": The Medical Women's Federation and the politics of professionalism, 1917-1930', p. 169.
[44] Ibid p. 169.

their research on the health of women and children. The Federation's research projects embodied the gendered niches which women doctors had to create for themselves in the field. Michaelsen describes the ARMW as operating as an agent of both 'feminism and professionalism', in this way, especially because it framed women doctors as uniquely feminine, but still as equals to their male colleagues, thus combining the 'feminine' with the 'feminist'.[45] This was the kind of 'equality' which encompassed the founding beliefs of the Association, and the early MWF, one which quickly became perceived as 'old fashioned' by newly qualifying women doctors in the inter-war years and beyond. This kind of research reinforced the idea that women doctors were more suited to treating women and children because of their uniquely feminine characteristics, but it also provided much needed research into understudied areas of women and children's health.

The treatment of women's bodies by the formal medical profession had previously only been conceived as the treatment of bio-medical symptoms which represented a pathological condition. This meant that the frameworks of women's health which were studied by doctors, and used to treat or diagnose individual woman patients, were framed in these terms, with a dearth of knowledge about what a normal or healthy woman's bodily experience might be like. The MWF endeavoured to use their unique positions as women within the formal medical profession to change this, performing research not only into menstruation, but also into women's cancers (breast and cervical), venereal diseases, birth control, abortion, pain in childbirth, maternal mortality, 'ritual operation' (female circumcision) and the menopause. It was in these women doctors' best interests to demonstrate that women's bodies were not fundamentally pathological, and that as such, women were not rendered less capable by their bodies, as these ideas reinforced the authority of their roles in the profession and in society. Harrison theorises that women doctors at the

[45] Ibid p. 164.

start of the twentieth century were so few in number they had little impact on women's health outcomes, however the influence and scope of the work of the MWF strongly contradicts this.[46]

The Federation was not only significant in its role of supporting women doctors in their work, and research into women's health conditions, but also in legitimising the role of women in medicine. With the force of the whole Federation behind them, the research and publications of their various committees had the potential to have a significant reach and influence. This influence was critical when it came to their research into menstruation, and their efforts to portray menstruation as a 'normal' and unremarkable event of puberty. This contributed to the way that their publications were able to help to shift perspectives of menstruation in Britain, from a narrative of medicalised incapacity, to one of healthful capacity. This section has demonstrated the way that the ARMW formed out of a need for professional socialisation, and examined its relatively cautious relationship with feminism and the suffrage movement. It has tracked the Association's transition to the larger post-war Federation, and the way that increased cultural capital and strength in numbers allowed the Federation to be somewhat louder and more active politically. The next section will demonstrate the way that the Federation used their relative authority in the medical study of women and children to perform research into 'normal' menstruation in schoolgirls, in order to attempt to demonstrate that menstruation was not fundamentally incapacitating.

[46] B. Harrison, 'Women's Health and the Women's Movement in Britain: 1840–1940' in C. Webster (ed) *Biology, Medicine and Society 1840–1940,* Cambridge University Press (2009) pp. 15-72.

b) The Federation and their research into 'normal' menstruation in schoolgirls.

Normal adolescent menstruation was a topic which had been understudied by the wider medical community. This meant that while many professionals and lay people had opinions on menstruation and its influences on adolescent girls in the 1920s, there had only been a few small studies. This meant that there was no significant clinical picture from which to draw conclusions, and make recommendations. The doctors of the Federation acknowledged after some discussion that as a group they had a real lack of information about what a normal period should look like for an average adolescent, and how much it should (or should not) impact her capacity to function both at school and on the games field.[47] This meant that they felt ill-equipped to provide information to schools and health boards about what girls should (or should not) be allowed to do while menstruating, and about what steps could be taken to improve girls experiences at school. As a group who represented the health needs of women in Britain, these were questions which were coming up frequently, especially as more and more girls were attending school for longer periods of time, and debates about girls' sports continued.[48] In addition to this, thorough research into girls' menstruation, and demonstrations of the ways that experiences of 'disability' may have been caused by social environments and, could thus be easily remedied, helped to solidify the professional status of medical women. This research helped schoolgirls, but it also helped to provide scientific proof that women, including the doctors of the Federation, were not less capable physically and intellectually because of their reproductive bodies.

The Federation's research into menstruation began in 1925, sparked by continued concerns about whether schoolgirls should be allowed to play games during their period. The

[47] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 2.
[48] Ibid p. 1.

question of whether girls should be allowed to play games in general was becoming less prevalent towards the end of the 1920s when a focus on the health of the nation and the 'body beautiful' promoted exercise for all. The suitability of exercise during the period, however, was still a debate in which there was little consensus. The Federation's new research project was the 'next step' in the journey towards creating a full picture of non-pathologised menstruation, after the research performed by Dr Alice Sanderson Clow. While Sanderson Clow tested her theories of a socially constructed menstrual incapacity at one private girls' boarding school, the Federation used their influence to survey over six thousand girls at 112 high schools, secondary schools, private schools and charitable institutions with the goal of creating a complete picture of 'normal' menstrual function.[49] This was intended to capture a broad sample of girls from different backgrounds, representing greater economic diversity than that of Sanderson Clow's work at Cheltenham.

The Federation had concerns about finding a 'sufficiently large sample group' of young girls, but found that the Ling Association of trained gymnastics mistresses were intending to perform a similar survey, and they were able to join forces.[50] The two organisations gained the support of the Headmistresses' Association and began to create a questionnaire which went on to be approved by representatives of all three organisations. The Ling Association had a vested interest in this research, as it would be beneficial to their organisation to have medical backing for the idea that menstruation was not physically incapacitating for young girls, and that exercising while menstruating would not harm them.

[49] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 3; Figure 5; Cheltenham Ladies' College was one of the schools which received the questionnaire, and they had an unusually high response rate of nearly four hundred girls, in contrast to most other schools who returned 10-100 notecards. In the information section written by one of the Federation's doctors about Cheltenham's responses they noted that the excellent general value of the statistics provided was reflective of the accurate and instructive way that the data was collected from the housemistresses. This goes some way to demonstrate the influence of Dr Sanderson Clow's work at the school, not just among the pupils but also amongst the staff.

[50] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 3.

The Headmistresses' Association and the Federation also had personal stake in proving the notion that women's and girls' bodies did not render them physically incapacitated, as women professionals making space for themselves in previously male-dominated roles.

Notecards with the fourteen approved questions on them were distributed to schools, and various numbers of cards were returned from each. The responses on these notecards were analysed by the Federation and a statistician in their employ and published in *The Lancet* in a report entitled *Menstruation in Schoolgirls* in July of 1930.[51] The publication of these results in a prestigious medical journal demonstrated clearly that the intended audience for this first release of information was other medical professionals, in order, perhaps, to help them with their care of adolescent girls and to disseminate this new information quickly throughout the medical community. The MWF's use of professional statisticians lent a credibility to their findings, and made their work stand out from other similar survey-based publications on menstruation which were performed later in the century.[52] The Federation's idea to use a survey to furnish them with a picture of adolescent menstruation was a major product of the early twentieth century, in which the newly emerging field of sociology and its use of statistics was influencing biological study.[53]

In creating the survey, the Federation ran into difficulties immediately because of differing opinions concerning the perceived impropriety of asking about specific elements of menstruation. Each group involved in curating the questions had different ideas about what was acceptable to ask the schoolgirls and which girls it was acceptable to question. The Federation described the questions as being 'framed under peculiar difficulties', and explained that this meant analysing the data once it was received was a 'laborious' task which

[51] Ibid p. 3.
[52] Katharina Dalton's research papers in particular, which will be the subject of Chapters Four and Five.
[53] C. Renwick, 'Completing the Circle of the Social Sciences? William Beveridge and Social Biology at London School of Economics during the 1930s' in *Philosophy of the Social Sciences* (2014) Vol. 44, No. 4, pp. 478-96.

they believed limited the scope of the study.[54] There seem to have been particular concerns about 'disturbing the children' when questioning them about 'such an intimate matter'.[55] This meant that 'some of the original points' which the Federation wanted to ask had to be 'omitted or modified greatly', specifically questions about 'age of onset, the presence of menorrhagia and the type and site of the pain'.[56] The headmistresses of the Headmistresses' Association did not want any girls to receive the questionnaire who had not yet begun menstruating, in order to prevent causing 'offence', and were unwilling to be a part of a survey which risked informing girls about menstruation who did not yet know. This aligns with the 'double conformity' of women teachers explored by Delamont, in which women's status in the profession meant that they feared being too radical or 'progressive'.[57] The MWF eventually agreed (under what appears to have been some duress) with the requests of the Headmistresses' Association, and the survey was only filled out by girls who had both turned fourteen, and definitely begun menstruating. This made ascertaining the average age of onset of menstruation impossible. The Federation had intended to take sample groups of girls at each school, and then ask them all to report whether they had begun menstruating, but this was not deemed to be acceptable. Questions about menorrhagia, or heavy bleeding, were also omitted which the Federation remarked was 'particularly unfortunate' as 'many aspects of this condition call[ed] for further investigation'.[58] What it was and was not perceived to be acceptable to ask these young girls demonstrated the way that older women in the period were still squeamish about some elements of menstruation, and their appropriateness as topics of discussion. It is particularly significant that there were such strong concerns about

[54] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 8.
[55] Ibid p. 8.
[56] Ibid p. 8.
[57] S. Delamont, 'The Contradictions in Ladies' Education' in S. Delamont and L. Duffin (eds) *The 19th Century Woman: Her culture and Physical World*, Croom Helm (1978) p. 142.
[58] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 8.

asking young girls, who were undoubtedly going to begin menstruating in the next few years, questions which might expose them to the topic of menstruation. This highlighted the fact that the headmistresses assumed that girls between eleven and fourteen who had not begun menstruating, would not yet have been taught about menstruation, further demonstrating the culture of silence surrounding puberty and menstruation at this time.

The fourteen-question survey which was eventually settled upon gave the Federation a picture of an average British schoolgirl's menstrual cycle, something which had never before been outlined by the medical profession on such a large scale. She was a girl who frequently claimed not to note down the dates of her periods, although when asked to recall guessed that they were roughly twenty-eight days apart, or up or down in increments of whole weeks indicating an estimation.[59] This average schoolgirl's period lasted for four or five days, although it may have been as short as two days or as long as fourteen.[60] She was unlikely to record experiencing severe pain, but it was possible, it was more likely however that she recorded no pain, or slight pain before the period.[61] Many girls also reported pain of some kind during or after bleeding which the MWF ascribed to localised chafing due to a lack of bathroom access to change pads.[62] The Federation's average schoolgirl generally partook in exercise while menstruating unless her school prohibited it, and did not find that exercising impacted her dramatically, although if her periods were longer or more painful she may have been less likely to continue her usual exercise.[63] She is unlikely to have had to take time off school due to her period, but if she did it would most likely have been rarely.[64] This new outline was certainly at odds with the narrative of 'disability' and incapacity that was the

[59] Ibid p. 3.
[60] Ibid p. 4.
[61] Ibid pp. 4-6.
[62] Ibid p. 6.
[63] Ibid p. 6.
[64] Ibid p. 8.

foundation of medical opinion at the turn of the previous century, but very much in line with Sanderson Clow's findings from the decade before.

The findings of this survey generated the picture of a schoolgirl upon which the Federation based the narrative of menstrual capacity which came to characterise their work surrounding adolescents and menstruation from then on. As noted above the Federation wrote in *The Lancet* in 1930 that they wanted to give the survey to all the girls in the schools regardless of whether they were 'known to have begun menstruating', and regardless of their age, but after push back from the headmistresses association they agreed to only give the survey to girls aged fourteen and up so as not to 'disturb' the younger girls who may not yet have been informed about menstruation.[65] This meant that the results still had some bias towards the experiences of middle- and upper-class schoolgirls, because despite the apparently broad range of schools included in the survey, the legal school leaving age was, in 1925 when the survey began, still fourteen. This meant that a significant percentage of working-class girls had left school to start work by the lower age limit of the survey. In this way, the survey reflected Sanderson Clow's work from a decade before, providing lots of data about girls who were just like the educated upper- and middle-class medical women studying them.

In the Federation archives there are handwritten notes and graphs outlining the way that the results of this survey were recorded by different schools, and although menstruation was a topic which was steeped in shame and silence, answering this questionnaire was not the private endeavour one might expect. The girls themselves were, in fact, the least likely to record their own results with parents, headmistresses, gym mistresses, undefined 'others' and school porters being the most frequent respondents.[66] This, perhaps, calls into question the

[65] Ibid p. 3.
[66] 'Handwritten graph', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.

reliability of the results, or in the very least adds a level of bias which is not fully articulated in the publication based on the survey results. Parents, teachers or others in charge of filling in the notecards may have had ulterior motives, whether that was to minimise the 'disabling' influences of menstruation or to place more significance on them, dependant on their beliefs about women's capacity or girls' suitability for sport during the menstrual period. This also meant that for the Federation, drawing accurate conclusions as to the contrasting responses between two or more schools was nearly impossible. If the responses of one charitable institution in which the results were all recorded by the school gym mistress, were contrasted with a school at which the girls themselves answered the questions alone, there was no way to compare like with like. In the report the Federation highlighted that in places where there were stark anomalies in results, for example seventy percent of the girls in charitable institutions reporting no pain, (more than twenty percent more than the other schools) 'the influence of some special factor [may have been] at work' such as a 'difference in the methods of recording data' rather than a fundamental difference in the experiences of menstruation.[67] This starkly contrasts with Dr Sanderson Clow's perspectives on the differing experiences of menstrual pain between upper-class and working-class girls and women. While Sanderson Clow believed that working-class girls physically experienced less pain because they were less able to perform a 'sick role', and thus unable to lie down and unintentionally make their symptoms worse, the Federation approached the topic with more nuance.

The Federation's survey placed a significant importance on exercise and its correlations with duration of bleeding and experiences of pain. This was to dispel old ideas about exercise and menstruation, but also likely because during the interwar years, there was

[67] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 4.

an increased focus on 'female athleticism' and the ways that an actively curated female body was an 'emblem of modernity'.[68] Zweiniger-Bargielowska articulates the way that the movement popularising 'female sport and physical culture' which began in the late nineteenth century, as explored in Chapter One of this thesis, 'became a mass phenomenon in the interwar years'.[69] This movement promoted exercise for all; men, women and children, in the pursuit of creating a 'healthy race' in Britain.[70] The way that the physical culture movement celebrated the 'modern actively cultivated body' as a site of women's liberation, ties into the Federation's research into 'normal' menstruation.[71] While the physical culture movement helped to curate physically healthy bodies, the Federation's research helped to change perspectives about the innate physical capacity of women and girls, fighting perceptions that their bodies inherently prevented them from being active and vital members of society.

There were some significant concerns in response to this movement. Not unlike Maudsley's writing at the end the previous century, critics of women's sport in the interwar years feared that the physical culture movement would 'render women unfit for maternity'.[72] There were concerns, published in *The Lancet* in 1921, that over-exercise would contribute to a 'flat chest and a hard aggressive manner' eventually leading to women who 'ceased to menstruate' and whose marriages were 'often childless'.[73] In a report on the Physical Education of girls in 1922, a year after these remarks were made, both the Federation and the Ling Association of Trained Gymnastics Mistresses 'expressed the majority view that games and exercise were beneficial to the character'.[74] Marland draws attention to the fact that the issue of menstruation and exercise was interrogated in this report, highlighting the fact that

[68] I. Zweiniger Bargielowska, 'The Making of a Modern Female Body', p. 301.
[69] Ibid p. 299.
[70] Ibid p. 299.
[71] Ibid p. 300.
[72] H. Marland, *Health and girlhood in Britain, 1874-1920*, Palgrave Macmillan (2013) p. 191.
[73] Ibid p. 150.
[74] Ibid p. 150.

most contributors concluded that exercise could be continued through the period.[75] This demonstrated a move towards the acceptance of exercise during the period by some parts of the medical profession.[76] The Ling Association was undoubtedly invested in countering negative perceptions of women's and girls' sports, and this investment appears to have extended to countering the common belief that exercise should be restricted during the period. These concerns surrounding women's sports, and specifically their impacts on the reproductive organs seem to have continued well into the 1930s. The Ling Association wrote to the Federation in 1937 asking to collaborate on a survey of married woman gymnasts who had been to physical training school in their youth, as a follow up to a similar survey of 700 women in 1921.[77] They wanted to compare these women with women who had undertaken 'ordinary or university education' to find out if there was a difference in fertility or ease of childbirth.[78] This interest in girls' reproductive bodies, and their interactions with the idea of the body as a site of health and activity undoubtedly contributed to the Federation's focus on pain and exercise in this survey. More specifically these ideas contributed to the Federation and the Ling Association's desire to demonstrate that were no negative impacts to continuing exercise during the period.

Girls' capacity to exercise was used as the primary measure of their menstrual 'disability', alongside other factors such as absences from school and 'disturbances in health and happiness' throughout *Menstruation in Schoolgirls*.[79] The data collected in the survey pertaining to the prevalence of 'menstrual disability' as judged by whether exercise was taken throughout the period, however, was not simple to decipher. In boarding schools, the

[75] Ibid p. 151.
[76] Ibid p. 151.
[77] 'Childbirth: Effects of Gymnastic training', Wellcome Library, London, Collections and archives, SA/MWF/D.14.
[78] Ibid.
[79] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 4.

Federation reported that the girls were still prevented from exercising during the first two or three days of their period, and thus the figures for girls taking part in full exercise were lower than they would have been if they were able to decide autonomously whether or not to take part.[80] The private typed notes the Federation took regarding the responses from each school also suggested that there were specific practices at different schools which influenced whether the girls continued exercise. For example when recording the results of the returned notecards from Dorset Children's Home in Poole, the investigator noted that 'the psychology of the…headmistress may be observed' because she recorded that exercise was ceased in five cases due to her concerns it was causing an 'increase in flow'.[81]

The Federation found that most girls continued to play sports and take part in games lessons as usual whether or not they were menstruating, and that they did not report any impact to their health, in fact there was a slight correlation between continuing exercise as normal, and shorter periods.[82] They were quick to state that it was impossible to know 'whether exercise shortens the period, or whether the girls with shorter periods tend to take exercise throughout'.[83] Later in the paper the Federation came back to this familiar argument, this time in reference to exercise and experiences of pain. Although it seemed as though the data showed that continuing exercise may have lessened pain, the MWF pointed out that 'the figures only show that these two factors…are significantly associated'. [84] It may simply have meant that girls with less painful periods felt more able to exercise throughout their cycle or *vice versa*.[85] This method of data analysis was characteristic of the Federation's statistical

[80] Ibid p. 6.
[81] 'Typed notes', Wellcome Library, London, Collections and archives, SA/MWF/H51.1.

[82] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 6.

[83] Ibid p. 6.
[84] Ibid p. 6.
[85] Ibid p. 6.

approach, both throughout this paper and in their later work. They were willing to interpret the figures in more than one way. The Federation did not reach exactly same conclusions as Dr Sanderson Clow's paper from a decade earlier. This could be due to their more tentative approach to statistics. Rather than conclusively tying increased exercise with decreased pain, they instead linked the two factors, and left room for further research to conclusively work out cause and effect. The Federation's focus on exercise in this survey was in the context of using it as a litmus test for menstrual 'disability' rather than attempting to identify whether exercise was able to contribute to lessened pain.

Pain, and differing experiences of menstrual pain were another a key element of this survey and the Federation's analysis of its responses. The Federation considered it to be 'remarkable' that fifty-five percent of girls reported no pain at all during the period, 'at a time when popular tradition pictures their lives as so profoundly affected by this physiological change'.[86] They noted that while girls had not been asked to rate their pain, a little over ten percent, while 'unsolicited', did note the level of their pain with seven hundred reporting that it was only slight, and sixty-one saying that it was severe.[87] This suggested that these respondents (or those in charge of filling out the questionnaire for them) placed a significance on the severity of their pain, whether that was because they wanted to clarify that while it existed, it was not bad or whether they deemed it imperative that the Federation knew how severe it was. For the sixty-one girls with severe pain, this new picture of menstrual capacity did not apply so readily, and it is important to remember that while the work of the MWF was critical in highlighting girls' capacity in contrast to prior medical ideas, this capacity was not universal. With this research the Federation said they wished to 'stamp out' the idea that experiencing pain or 'disability' during menstruation was in some way a 'meritorious and

[86] Ibid p. 7.
[87] Ibid p. 8.

interesting sign of femininity', and demonstrate that it was something unnecessary which could usually be fixed without significant medical intervention.[88] This idea that experiencing debilitating pain was a particularly feminine experience which a certain kind of delicate and refined woman suffered was a hangover from Victorian ideas of refined upper class women being totally overcome by their menstrual cycles and 'requiring' tailored rest and gentle diets.[89] The Federation aimed to erase the prominent 'popular tradition' that menstruation necessarily caused significant pain, and was therefore universally incapacitating. These aims were noble, and rooted in a real desire to improve the lives of young girls and women, however, this body of work can also be seen to have contributed to an erasure of experiences of incidences of severe menstrual pain. This is likely because research into conditions which caused severe pain was still in its infancy, with endometriosis only being identified for the first time in 1921.[90] Even once a new generation of ideas about pathological menstrual pain began to slowly circulate, the emergence of medical research which blamed physiological problems with the reproductive organs for severe menstrual pain undoubtedly raised suspicion amongst the doctors of the Federation who were working so hard to disprove old ideas which sounded similar, but were based on perceptions of women's bodies rather than research.

From the data collected in their survey, the Federation concluded that *when* the girls reported pain was important for an analysis of menstrual disability. This was because while the average girl reported either no pain or pain only during the period, a small but significant percentage reported pain only after, or before, during and after.[91] The Federation considered

[88] Ibid p. 6.
[89] E. Showalter, E. Showalter, 'Victorian Women and Menstruation' in *Victorian Studies*, The Victorian Woman, Vol. 14, No. 1 (Sept 1970) p. 82.
[90] G. Benagiano, I. Brosens, 'The History of Endometriosis: Identifying the Disease' in *Human Reproduction*, Vol. 6. No. 7 (1991) p. 963.
[91] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 5.

this to be 'suspicious' and theorised that there was 'no reason to think' that this pain was necessarily menstrual. They noted that other conditions, particularly a rumbling appendix, were often blamed on period pain, as a girl with stomach-ache was usually simply 'brushed off' as suffering from period pain. This reflects a consistent lack of research into women's health and the biologically imperative idea that women's health necessarily equalled reproductive health' within medical narratives throughout the nineteenth and twentieth century.[92] These misattributions contributed to unnecessary ideas about the prevalence of menstrual pain and thus incapacity or 'disability' which the MWF endeavoured to counter. This reflects what Sanderson Clow noted in her study of Cheltenham a decade previously, that some of the pain that the girls at her school experienced, when not cured by light exercise and baths, was later relieved by an appendectomy.[93]

As there was no specification as to the type of pain in the questionnaire, the Federation concluded that much of the pain 'during' and 'after' may actually have been 'localised rubbing, chafing or smarting' as caused by not changing pads frequently enough due to lack of supplies, lack of access to bathrooms, poor teaching, and not bathing frequently due to an adherence to behaviours supported by colloquial teaching and myth. Remedying this kind of pain required education, but also- and perhaps more importantly- access to private bathrooms, freely available disposable pads, places in which to dispose of used pads and accessible, frank education about best practices with these relatively new products. None of these things were reliably available, especially to poorer women and girls.

At the end of the Federation's report there was a small editorial entitled *The Hygiene of Menstruation*, which outlined the conclusions the Federation came to as a result of the questionnaire. The editorial also made suggestions as to what steps needed to be taken next in

[92] J. M. Strange, 'Menstrual fictions: Languages of medicine and menstruation 1850-1930' in *Women's History Review*, Vol. 9, No. 3 (2000) p. 615.
[93] 'Menstruation during school life', Wellcome Library, London, Collections and Archives, SA/MWF/M1/7 p. 3.

order to change the 'unnecessarily negative' experiences that young girls were facing and the ways that these experiences significantly contributed to the prevalent cultural idea that menstruation was 'disabling'. The Federation concluded that negative experiences were often not due to the biological realities of menstruation but rather due to a reliance on 'bad traditions' rather than fact.[94] They explained that the survey demonstrated to them that old fashioned narratives of incapacity were being reinforced by a lack of facilities in schools, and a continued reliance on myths about bathing and exercise, particularly amongst the 'less educated' for whom the 'prejudice' against bathing was only being 'broken down slowly'.[95]

The findings of this questionnaire not only gave the Federation the picture of 'normal menstruation' for the average British adolescent which they sought, but also demonstrated to them that it was imperative to provide better facilities for menstruating girls in schools, and to educate them on the functions of their bodies and the most effective ways to manage them. After this survey and its 1931 publication, the Federation began its work to ameliorate the issues it had identified, in an endeavour to remove the social factors which were causing schoolgirls to appear less capable while menstruating. The research and recommendations to implement simple new infrastructure to make menstruating in public easier and the provision of accurate education to girls about their changing bodies became the primary focus of the MWF's committees on the topic of menstruation for the next three decades. [96] The issue of providing girls with accessible information about their bodies to change their menstrual experience was deemed to be so paramount by the Federation that they began publishing leaflets on the topic before this survey was published, in 1926, and by the end of that year they had already sold 10,000 copies. These leaflets and the Federation's menstrual education

[94] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 8.
[95] Ibid p. 8.
[96] E. A. Kissling, '"That's just a basic teen-age rule": Girls' linguistic strategies for managing the menstrual communication taboo' in *Journal of Applied Communication Research,* Vol. 24, No. 3 (1996) p. 292.

campaign will be discussed in Chapter Three of this thesis. The next section of this chapter will explore the Federation's subsequent survey and their recommendations for infrastructural changes to ameliorate the experiences of menstruating schoolgirls, alongside this education campaign.

c) Disposable towels and enamelled bins: Working towards the provision of menstrual infrastructure in schools.

What I have termed 'Menstrual infrastructure', and the lack of it in British schools, came to be of increasing concern for the Federation in the decades following their first publication on the topic of schoolgirls and menstruation. This issue was first noted when it was realised that 'a few' mothers had written on the back of the returned surveys that a lack of access to facilities to dispose of menstrual products was a significant issue for their daughters, taking the opportunity to ask for better provisions to be made in the schools.[97] This surreptitious maternal involvement is significant, as during this period the absolute authority of mothers concerning their daughters bodies was slowly fading and being replaced with a more holistic authority shared between mothers, their daughters and women doctors. This shift in authority will be explored further in Chapter Three. These maternal responses were taken into consideration alongside the responses concerning pain 'during and after the period' in the 1931 survey, which the Federation interpreted as meaning that a significant amount of adolescent menstrual pain was likely caused by chafing caused by a lack of access to facilities to change pads. These factors in conjunction with one another led to an effort to draw attention to the lack of a menstrual infrastructure in schools, aiming to support schools

[97] 'Menstruation in schoolgirls: A survey based on answers to a questionnaire', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5 p. 8.

to line up with recent advancements in workplaces. This was with the intention of ameliorating unnecessary unpleasant menstrual experience for adolescent girls caused by a lack of privacy to change pads, lack of access to spare pads and lack of adequate places to dispose of used pads.

The Federation noted in the editorial at the end of their 1931 survey that facilities in factories, in public bathrooms in train stations and in large shops were 'immensely improved… [in] recent years', which they contributed to welfare workers during the First World War.[98] These improved facilities comprised of 'slot machines' and 'enamelled bins for the disposal of soiled towels' which were 'to the immense benefit of women clerks and shop girls'.[99] By the late 1930s the Federation had accumulated several queries *via* letter from school medical officers about the disposal of sanitary towels at school. They had also received comments from doctors, teachers and parents about access to facilities which confirmed what the Federation had suspected in 1931, and what Sanderson Clow had suggested a decade earlier, that greater access to bathrooms and bins was paramount, *alongside* the accurate accessible education which they went on to provide with their leaflet campaign. The Federation remarked that the situation appeared to be markedly worse than they had suspected, noting that for the young girl going through the 'adjustments of puberty' with 'inadequate health education', a lack of access to products, privacy and discrete disposal options were issues which were 'far from trifling' and contributing to 'great misery'.[100]

These letters and the conversations amongst committee members which they sparked led the Federation to draft another smaller survey to ascertain exactly what facilities were commonly available in schools. The results of this survey were collated into an article, 'Supply and disposal of sanitary towels in schools', which was published in *The Lancet* in

[98] Ibid p. 8.
[99] Ibid p. 8.
[100] Ibid p. 8.

1949, and comprised results from over one hundred council schools and thirteen private day schools.[101] When the school leaving age was raised to fifteen in the Education Act of 1944 there were suddenly far more menstruating girls in regular attendance across a range of different schools, which made their access needs significantly more visible.[102] The narrow covered bin in the stall, emptied by an external company at regular intervals that we are familiar with today was not conceived of until 1955 and did not become commonplace until the mid 1960s.[103] Prior to this commercialisation of menstrual waste management, the primary method of disposal was incineration, either in a fire or in a purpose built incinerator located in the women's bathroom. Disposal was still a relatively new issue in the late 1940s, as reusable pads continued to be commonplace throughout the 1920s and 1930s, and for the majority of middle- and working-class women well into the 1940s.[104] Mass observation respondents discussing their experiences of menstrual management products and their disposal in these decades wrote about beginning to menstruate using reusable pads, often made by their mothers, and going on to begin buying disposable ones as they got older.

Respondents to the 1996 Mass Observation directive, which asked women to recall their experiences of menstruation, discussed their experiences of menstrual management products and their disposal in these decades. The evidence from Mass Observation uncovers the context for the creation of the surveys produced by the Federation, and the conclusions they came to. One respondent, a retired secretary who began menstruating in 1929,

---

[101] 'Supply and disposal of sanitary towels in schools', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 925.

[102] Education Act, 1944, https://www.legislation.gov.uk/ukpga/Geo6/7-8/31/contents/enacted [Date Accessed: December, 2022]; 'Supply and disposal of sanitary towels in schools', Wellcome Library, London, Collections and Archives, SA/MWF/B/4/5, p. 926.

[103] C. Mørk Røstvik, '"Feminine waste only!" A history of the UK sanitary bin in the 20th century' in *Society for the History of Technology*, http://www.technologystories.org/feminine-waste-only/ [Date Accessed: Tuesday 24th May].

[104] C. Pascoe, 'A 'Discreet Dance': technologies of menstrual management in Australian public toilets during the twentieth century' in *Women's History Review* (2015) Vol. 24, No. 2, p. 238.

remembered the home made towels given to her by her mother when she began menstruating.[105] She described the chafing and discomfort of these towels, and how the discomfort caused difficulties for the women in her work as an 'elite typist' in a local government office between 1933 and 1938.[106] This respondent went on to say that she and her colleagues 'gradually moved over' to disposable towels, purchased from 'the uniformed nurse at Boots' in the late 1930s.[107] Another respondent, also a secretary in her youth, began menstruating at fourteen in 1941.[108] When her period arrived her mother 'disappeared and returned with a with a square of soft material with two loops on it', she discovered later that her mother made these pads with 'old sheets sewn into a double square'.[109] These pads were attached with three pieces of elastic, one around each loop and one around the waist.[110] This woman remembered swapping to disposable towels when she got married 'thus doing away with the enamel bucket you had to put soiled ones in to soak and then boil thoroughly'.[111] Throughout these responses many women, and in fact several men referred to pads as 'STs' or 'S.Ts', likely an initialism for 'Sanitary Towel'.

These stories from the United Kingdom align with Freidenfelds' description of the slow transition from reusable to disposable pads after the first disposable pads came onto the market in 1921 in the United States.[112] This slow adoption is theorised to have been because of the high price of these products, for example one Kotex pad in 1921 has been suggested to have cost the same as a loaf of bread. [113] To high prices, were added difficulties in

[105] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [B1261, retired school secretary, Cheltenham].
[106] Ibid.
[107] Ibid.
[108] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [A1733, retired secretary, married].
[109] Ibid.
[110] Ibid.
[111] Ibid.
[112] L. Freidenfelds, *The Modern Period: Menstruation in Twentieth-century America*, Baltimore, MD: Johns Hopkins University Press (2009); C. Pascoe, 'A 'Discreet Dance': technologies of menstrual management in Australian public toilets', p. 238.
[113] Ibid p. 238.

advertising the new products due to 'public sensibilities'.[114] In combination with these factors, a lack of communication about menstruation may have led to young girls relying on the methods their mothers used, rather than being exposed to new products or ideas. Kissling labels this a 'communication taboo', a social factor which prevented girls from accessing accurate information about their changing bodies and how to manage them, caused by a culture in which talking about menstruation either between adults and children, or amongst the children themselves, was still deemed to be improper.[115] The disposable towels which these women were switching to were commonly made of 'cotton wool or cellulose', and while markedly more comfortable and absorbent than those made at home, they still caused painful chafing if left on for too long.[116] There are references to this chafing throughout the Federation literature, but it does not describe the issue in any great detail, likely because it was familiar to women at the time. One Mass Observation respondent who began menstruating at fifteen in 1942 described it evocatively as feeling like 'razor blades' describing how 'when they [the shop bought pads] got wet and compressed they could cut along your legs'.[117] She described how she would put strips of sticking plaster along her thighs to protect them as she got older. This shows the way women and girls were having to come up with 'do it yourself' solutions to problems as they went along, and that the 'modernisation' of products wasn't universally problem solving.

As disposable pads became more popular, more affordable and more accessible from the mid 1940s, the issue of efficient disposal became critical. This was the climate in which the Federation's 1949 survey was completed. The Federation reinforced the notion that

---

[114] Ibid p. 238.

[115] E. A. Kissling, '"That's just a basic teen-age rule": Girls' linguistic strategies for managing the menstrual communication taboo' p. 292.

[116] 'Supply and disposal of sanitary towels in schools', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 930.

[117] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [C2618, retired teacher, rural dweller].

supply and disposal of pads in council day schools was a relatively new issue in 1949, as until fairly 'recently' it was far more common, especially amongst the working classes, to use reusable 'Turkish towelling pads or rags' which- should a girl continue to attend school after menarche- were taken home and washed.[118] For girls in independent boarding schools, according to the MWF, reusable pads were likely washed with the laundry, and thus were not theirs to be concerned with, and day pupils could either limit their attendance or take their reusable pads home each day to be boiled. In the introduction to their report the Federation highlighted how important the issues of access to disposal facilities, access to private bathrooms and the availability of spare products were for school aged children when 'regularity was not yet established'.[119]

This issue was particularly critical to the Federation, because of their concerns for children who were not used to menstruating and whose 'shy' and 'prudish' attitudes on the topic of menstruation, caused them intense debilitating anxieties 'lest the soiling of underwear should become the staining of outer clothes'.[120] The Federation wrote that insufficient access to menstrual infrastructure to support these girls' needs in their place of education was inexcusable.[121] The provision of methods of disposal was particularly prominent at this time as women serving in the army in World War Two and those helping with the war effort at home had caused what was described as a 'hygienic crisis' due to lack of education and facilities for disposal.[122] Their struggles mirrored those experienced by schoolgirls, but in a far more visible, public way. This likely drew more urgent attention to the issue. The problem of women in the N.C.O.S. wedging used towels behind the toilet

[118] 'Supply and disposal of sanitary towels in schools', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 925.
[119] Ibid p. 925.
[120] Ibid p. 929.
[121] Ibid p. 929.
[122] C. Mørk Røstvik, 'Feminine waste only! A history of the UK sanitary bin in the 20th century' in *Society for the History of Technology*, http://www.technologystories.org/feminine-waste-only/ [Date Accessed: Tuesday 24th May].

pipes, into drawers or into the cisterns led those in charge of them to request the MWF to create a leaflet specifically for women in the workplace explaining how to properly dispose of their products.[123] It seemed that unfortunately the 'immensely improved' facilities referenced in 1931 did not go far enough to solve this issue of disposal, perhaps partially due to the continued issue of insufficient education. The problems faced by adult women serving in the war effort were a direct echo of the difficulties faced by schoolgirls at the time. Menstruating women were struggling to come across as capable in the workplace when they were provided with no education about their bodies, inadequate access to products to manage their bleeding and no suitable places to dispose of their used pads.

In 1947 the Federation formed a Committee on Menstrual Hygiene, with the intention of acquiring the 'maximum information' possible from fifty or sixty schools' 'headmistresses, or where there is a headmaster from the senior mistress'.[124] The specific requirement that this information needed to come from a woman highlights the Federation's concern that a male head would simply not know about the provisions available. This committee was responsible for the survey of one hundred and twelve council schools, 'thought to be to a fair random sample', to assess their provisions for the supply and disposal of pads, and facilities to change them.[125] The results of this survey were published in a report in *The Lancet* in 1949. The committee found that of the one hundred and twelve council schools, forty-two had 'no facilities for the changing of towels', and seventy-five had 'no means of disposing of soiled towels'.[126] They contrasted these results with those returned from thirteen independent schools, all of which had some provision for disposing of used pads and some method of acquiring extra products if they were required. The Federation

[123] Ibid.
[124] 'Letters concerning the Menstrual Hygiene Committee', Wellcome Library, London, Collections and archives, SA/MWF/H.51/1.
[125] 'Supply and disposal of sanitary towels in schools', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 925.
[126] Ibid p. 931.

highlighted that with the raising of the school leaving age, and the 'displacement of the washable towel by one intended for immediate disposal', these numbers were unacceptable.[127] The Federation's focus on council schools catering to working-class girls for this second survey demonstrated that they did not share Sanderson Clow's belief that the working classes experienced less menstrual pain or discomfort, and therefor needed less attention. This was likely due to a combination of factors, including the slightly increased diversity of a larger group of women doctors, their experiences in the war working alongside people from all walks of life and the foundation of the NHS exposing doctors to the medical complaints of a larger variety of women.

The methods for disposal reported by the thirty-seven council schools who responded to the survey affirming that they 'had means of disposing of soiled towels' also aroused concern. The most common method was burning in the school furnace (or otherwise unspecified disposal method) performed by either the school nurse or cleaners.[128] Three schools reported that used pads were burnt on an open fire 'in the headmistress's or lady superintendent's room', with the Federation noting that no mention was made as to their disposal solution during the summer months, when there would be no fire.[129] In three other schools the wrapped towels were handed to the school nurses for disposal, and for the rest the disposal method was not specified. For the seventy-five schools which had no methods of disposal the Federation theorised that students would either not change their pad 'causing painful chafing' and acting as a deterrent to taking part in physical activities even amongst those 'anxious to take part', or they would take their pads home 'in an attaché case used for food and school books'.[130] The Federation remarked that this was not 'hygienically

[127] Ibid p. 926.
[128] Ibid p. 928.
[129] Ibid p. 928.
[130] Ibid p. 929.

desirable'.[131] They also made note of how shy and embarrassed most of these girls were about their 'reproductive functions', describing them as 'almost prudish', and highlighting that the methods of disposal arranged for them were particularly public, noting especially that the burning on an open fire in the headmistresses office was 'remarkable' and 'seem[ed] to combine the worst possible of all worlds'.[132]

This lack of privacy was not only present in the disposal methods arranged for the minority of girls who attended schools which made any kind of provisions, but also in the bathrooms which were available to the girls at the surveyed schools. The Federation noted with surprise that 'quite a number of schools' had no 'lavatories' with doors that locked, which meant that girls had no 'privacy in which to change towels'.[133] This was of particular concern to the Federation at schools with both sexes in attendance, combined with a broad age range. At these schools adolescent girls had to share bathrooms which only had 'swing doors', with 'small boys', which 'for the sensitive adolescent' was described as 'sheer cruelty' which 'should not be tolerated anywhere'.[134] The Federation presented these findings as highlighting an 'urgent' and 'easily remedied' need.[135] This survey demonstrated a common theme amongst this sample of schools, that the needs of the girls in attendance were not being met, contributing to discomfort, pain and embarrassment, all of which could be rectified with the implementation of simple measures. The lack of provision of relatively simple support for menstruating adolescents was undoubtedly reinforcing continued ideas about girls' incapacity, even amongst the girls themselves. These experiences were creating a generation of schoolgirls who were missing gym because of painful chafing rather than exercise prohibitions, and were being subjected to conditions which caused anxiety and

[131] Ibid p. 929.
[132] Ibid p. 930.
[133] Ibid p. 930.
[134] Ibid p. 930.
[135] Ibid p. 931.

embarrassment which shaped not only their perspectives of menstruation but also of their bodies. These logistical barriers to education were furthering the broader systemic and cultural barriers which prevented girls from receiving the same level of education as boys in the first half of the twentieth century.

The simple measures which could be put in place by schools to provide 'adequate bathroom facilities', which I have termed menstrual infrastructure, were articulated by the Federation in the 'discussion' and 'conclusion' sections their report. These were measures which would allow adolescent girls to access their education without being impeded by a lack of thought for their relatively simple access needs. The different methods of disposal commonly used at the time were outlined in brief, alongside the potential issues of implementing each of them in a school context. In many homes for nurses, factories and service units, individual incineration machines powered by gas or electricity had been installed in 'washrooms and lavatories'. These were small units in which one placed an individually wrapped towel to be immediately destroyed.[136] These units had been used in England since their invention in 1916, however the Federation expressed concerns about them being used in schools as they could 'easily be overloaded' thus rendering them useless and in need of constant maintenance. [137] Later descriptions of these incinerators in schools in Australia demonstrated the problems with them as a disposal method, they were loud, they smelled strongly of burning and they were often located in the communal area of bathrooms meaning that 'there was no real way of being private or discreet'.[138] This demonstrates that experiences of these disposal methods did not always correlate with the theoretical ideas being put forward by the Federation about what was best for girls. The Federation were

[136] Ibid p. 931.
[137] C. Mørk Røstvik, 'Do not flush feminine products!' The environmental history, biohazards and norms contained in the UK sanitary bin industry 1960-2020 in *Environment and History* (2021) Vol. 27, No. 4, p. 18; 'Supply and disposal of sanitary towels in schools', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 931.
[138] C. Pascoe, 'A 'Discreet Dance': technologies of menstrual management in Australian public toilets', p. 245.

concerned about privacy, but failed to note that the incinerators were loud and smelled strongly, signalling to all that a pad was being disposed of.

The other option for 'in bathroom' destruction was disintegration *via* caustic chemicals, which the Federation reported made 'many authorities… nervous' due to the risks associated with powerful chemicals being handled by untrained staff.[139] These were described as unsuitable for a school environment for this reason, with the Federation suggesting that these concerns about handling chemicals 'applied more forcibly to schools'.[140] This multitude of available disposal methods which were being ignored or overlooked by the majority of schools was described by the Federation as 'inexcusable'.

The last, cheapest and simplest solution for menstrual waste management suggested by the Federation was the placement of small covered bins in 'women's cloakrooms' to be emptied by staff 'at intervals' and placed by the cleaners in a 'furnace, boiler or incinerator'.[141] They saw this provision as 'simple' and accessible for all schools, and they deemed the other more expensive disposal methods inappropriate. Thus the recommendation for schools was to provide 'covered bins, wrapping paper' and an industrial incinerator, which they undoubtedly already had for their usual waste.[142] The Federation referenced the fact that schools were reporting a national shortage of this specific kind of bin, suggesting that this may have been one contributing factor to the lack of bins in schools. A writer for *The Medical Officer* called this 'a grotesque excuse for shirking what must be done' by the schools, in an article from 1949 praising the Federation's research.[143] This writer remarked that 'in the nearest ironmonger's shop' there would be 'enough receptacles to supply all the

[139] 'Supply and disposal of sanitary towels in schools', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5 p. 931.
[140] Ibid p. 931.
[141] Ibid p. 931.
[142] Ibid p. 931.
[143] 'Menstruation in Schoolgirls', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 15.

schools in the neighbourhood'.[144] Perhaps the reason that schools were failing to provide these 'simple provisions' was the crisis faced by schools in the post-war period, birth rates had increased, school leaving ages had increased and about one in five schools had suffered damage or destruction during the war.[145] This led to a need to create two million new school places between 1945 and 1961, an endeavour which was extremely costly, and likely took precedence over the provision of other 'additional' school requirements such as bins in bathrooms.

With this survey, the Federation demonstrated the distinct lack of 'menstrual infrastructure' in council schools and the simple, low-cost changes which were needed to ameliorate the issue and thus improve girls' experiences in education. This work drew attention to the relatively new issue of disposal in order to ameliorate the lack of infrastructure in schools which contributed to a reinforcement of ideas about universal menstrual incapacity. The woman doctors of the Federation implored authorities, teachers and headmistresses to remember the 'tribulations of their own childhood[s]', reminding them of 'the amount of discomfort and psychological unhappiness caused to the adolescent by inadequate provision'.[146] This reference reminds the reader that these women were once in the same position as the schoolgirls who they were studying, something which undoubtedly contributed to their interest in the problem. They ended the report with the invocation that 'schools must not be allowed to lag behind the progressive industrial and service practice' highlighting the fact that their intention with the survey was to direct attention to a 'serious but easily remedied deficiency' and the 'simplicity of the arrangements' required to ameliorate it.[147] The constant reiterations that their recommendations were 'simple' and

[144] Ibid p. 15.
[145] 'The Story of Post War School Building', Ministry of Education pamphlet No. 33, London: Her Majesty's Stationary Office, pp. 6-9.
[146] 'Supply and disposal of sanitary towels in schools', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 929.
[147] Ibid p. 931.

‘affordable’ reflect the political caution discussed earlier in this Chapter, they were trying to get girls’ bare minimum needs met without appearing too radical or ruffling feathers. The Federation used their collective power as an influential and well known group of women doctors to draw attention to these deficiencies in the British school system, with the intention of promoting change and improving access for girls. They suggested the most simple and cost effective method of disposal, rendering it accessible and achievable for the majority of schools and making it almost impossible for the schools to claim that the provisions were too hard to achieve.

The doctors of the Medical Women's Federation grew in number and authority throughout the first decades of the twentieth century. They used their influence to work towards ameliorating the lives of women, both socially and politically *via* their efforts to promote equality through campaigns such as securing equal pay and attempting to remove the marriage bar, and academically in their pioneering research into understudied elements of women’s health. This Chapter has explored the influence their research had on nascent constructions of the idea of menstruation as normal and natural. Doctors who had these beliefs about menstrual capacity sought causes for menstrual distress and ‘disability’ which were external rather than innate. The Federation began their research into normal adolescent menstruation in the mid 1920s, publishing the results of a large questionnaire-based survey in 1931, in conjunction with the Ling Association and the Headmistresses’ Association. This survey found that the narrative of incapacity which was prominent in the previous century did not appear to be due to menstruation being innately incapacitating or ‘disabling’, in fact they found that for the majority of the girls surveyed menstruation was not accompanied with major pain or distressing symptoms of any kind. The Federation suggested that universal menstrual incapacity was an inaccurate medical perception based on only studying

pathological menstruation, on prejudices, and on the lack of accommodations for menstruating women and girls. This lack of accommodation was blamed for causing 'disabling' discomfort in the form of chafing, and anxieties about leaking onto clothes.

The Federation furnished the medical community with a picture of a healthy British schoolgirl, whose periods largely did not impact her in any innate biological ways. They were able to use their influence as a large group of medical women to take the results of this survey and begin a campaign to work towards making menstruation more comfortable and more unremarkable for schoolgirls across the United Kingdom. This campaign spanned decades, encompassing not only their extensive leaflet publications, which will be covered in the next Chapter, but also a second survey which focused on drawing attention to the issue of infrastructure failings in state schools, with the intention of ameliorating menstrual experiences for adolescents by pressuring their schools to improve their facilities. The steps that the Federation took to ameliorate menstrual experience based on the results of their research helped to make theoretical menstrual capacity more of a reality by working to try and change the social circumstances which surrounded adolescent menstruation.

The Federation's research into normal adolescent menstruation was instrumental in the continuance of a new narrative of menstrual capacity in the first half of the twentieth century. The research they performed allowed them to promote the notion that normal menstruation was not inherently incapacitating to the medical community and beyond. As Chapter Three will demonstrate, the leaflets based on these surveys had a considerable impact on perceptions of menstruation. Although it is hard to quantify the success of the Federation's campaign for menstrual infrastructure, it is telling that the majority of brand leaflets from the mid to late 1950s and beyond reference the disposal methods suggested by the Federation as 'widely available', and none of them suggest that lack of facilities might be an issue schoolgirls should prepare to face. This Chapter demonstrates the influence that women in

medicine were able to have on understandings of women's bodies once they had gained access to the profession, and the influence they were able to have on the ways that women and girls were both treated and perceived.

Chapter Three

Knowledge, Myth and Etiquette: Leaflet campaigns and puberty education for adolescent girls 1925-1966.

"The most important new function to which the growing girl has to adapt herself is that of menstruation. A girl should be given some simple explanation beforehand of the approaching change, in order to avoid alarm. If her mother does not care to give the explanation herself, she should choose some other suitable person to do so, otherwise the girl may derive false impressions from the information obtained elsewhere".
-The Health of Adolescent Girls, A Medical Women's Federation pamphlet, n.d.. estimated c. 1937-1940. [1]

The dissemination of accurate and forthright menstrual education to young girls was a corner stone of the Medical Women's Federation's campaign to reframe perceptions and experiences of adolescent menstruation in the period after 1925. Using the information gleaned from their preliminary research, and later their surveys, they implemented a leaflet campaign which aimed to impart their findings to those in charge of adolescent girls from 1925 to the late 1950s. These leaflets aimed to explain to parents and teachers, and *via* them to the girls in their care, the basics of menstruation. The Federation included simple instructions concerning regular bathing, taking exercise and general encouragement for girls to take part in their daily activities as normal. This endeavour aimed to impart the idea that periods should not impact the lives adolescents wanted to lead, and that taking part in their usual activities while menstruating would not impact their health negatively. The literature emphasised the notion that sticking to normal routines would in fact likely make girls feel better than 'laying in', in contravention of common menstrual myths. In the context of the 1920s, this was particularly radical, providing information on a topic which was seeped in myth and not commonly discussed.

[1] *The Health of Adolescent Girls*, n.d.. estimated c. 1937-1940, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.

This Chapter will examine the content of these Federation leaflets closely, which will highlight the importance of a new type of girls' puberty education and the vacuum which it filled in interwar Britain. It will also examine the changing ideas and priorities within new menstrual education narratives, and the changing needs and perspectives of the young girls they aimed to furnish with information about their bodies. The rapid cultural shifts which occurred in Britain between the mid 1920s and the mid 1960s left the doctors of the Menstrual Leaflets' Committee, who had almost all qualified in the Edwardian period, struggling to provide information to new generations of girls. Throughout the period, the delicate balance between what the Federation, an increasingly old-fashioned organisation, perceived to be appropriate and what new 'teenagers' wanted and needed, became skewed. There were also generational conflicts within the Federation, between newly qualifying women doctors, and the older, more traditional founding members. The conservatism required of the pre-enfranchisement Association of Registered Medical Women (ARMW), and the doctors in the early years of the Federation, as discussed in the previous two chapters, was gradually becoming outdated. New cohorts of women doctors increasingly wanted to join organisations which did not highlight the differences between them and their male colleagues, and the younger doctors who joined the Federation pushed for change from within.[2] This led to conflict in terms of the content and structure of the leaflets between older and newer members of the Federation and its Leaflets' Committees as time progressed. Looking at the content of these leaflets with a critical eye facilitates an exploration of the ways that the Federation doctors framed the information they wished young girls to have, and what internal biases or generational conflicts may have been influencing their decisions. This leaflet campaign was the second element of the Federation's two-pronged approach towards

[2] K. Michaelsen, '"Union is strength": The Medical Women's Federation and the politics of professionalism, 1917-1930', in Cowman and Jackson (eds) *Women and Work Culture* (2005) p. 172.

changing experiences and perceptions of adolescent menstruation, alongside instigating the infrastructural changes discussed in Chapter Two.

The Federation's leaflets counteracted narratives of menstrual incapacity by working to stamp out commonly held myths which they believed made menstrual 'disability' more prevalent and disseminating accurate information rooted in research to a broad range of people, endeavouring to change popular narratives surrounding menstruation. This educational campaign also aimed to reduce the negative emotional experiences of girls who received no education about puberty and menstruation, which the Federation believed impacted them unfairly. While the publication of the Federation's surveys sought to better inform the medical profession, this new educational project was able to shape a fundamental change in the cultural narrative of menstruation in Britain by directly addressing mothers and teachers, and later the girls themselves. It taught significant numbers of individual girls and their mothers that they should not, if everything was going correctly, be intellectually or physically incapacitated by their bodies changing. These publications had a wide reach as recorded in the Federation's written accounts of their yearly publication income. The leaflets were circulated via their contacts in The Headmistresses Association, The Central Council for Health Education, The Scottish Council for Health Education, and by writing to individual schools.[3] The Federation charged 1*s* 8*d* (twenty pence with postage included) per one hundred copies, and they sold out of all ten thousand of the first edition of the 1925 leaflet demonstrating a tangible interest in this product from its conception.[4] The Federation's earnings for the leaflets published between 1925 and 1960, remained consistent at 'roughly twenty pounds per year', however by the first years of the 1960s they were charging 1*s* 8*d* per

[3] 'Various ephemera', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.
[4] *Advice regarding menstruation for the parents, schoolmistresses and others in charge of girls*, 1925, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

twelve copies, representing a significant drop off in sales.[5] By the 1960s, the Federation's failure to modernise their leaflet campaign led to a significant decline in its influence and after a consistent thirty-five years of sales and new publications, their endeavours were halted before their final leaflet went to print. This Chapter will explore how other companies were able to take the Federation's place in the market, representing a new kind of menstrual discourse marketed towards a new kind of menstruator.

Menstrual education in the twentieth century, and in particular, leaflets as a method of menstrual knowledge transmission, have not yet been widely studied within historical scholarship. The work of Julie Marie Strange on the Medical Women's Federation in Britain, and Lara Freidenfelds' work on 'modern' periods in the United States, however, have addressed the topic in nuanced and crucial ways. This Chapter will build upon their work. Strange's research focuses on the concept of the Federation's leaflets as 'teaching menstrual etiquette', grappling with the dichotomy inherent to the education provided by the Federation's doctors. These doctors were working to overturn a climate of perceptions of menstruating bodies as erratic and 'disabled', while still 'tied to a culture of menstrual discretion'.[6] This work frames the Federation's leaflets as emblematic of this contrast, articulating the ways that they both empowered and imbued shame in their audience.[7] Thinking about the Federation's doctors in this way situates them within the context of their era. This highlights the fact that, while radical in their pioneering teachings about menstruation, they were nevertheless women who came of age in the late Victorian and Edwardian periods, and the biases within their leaflets reflected that. This Chapter draws

---

[5] 'Minutes from an MWF meeting', 1965, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

[6] J. M. Strange, 'The assault on ignorance: Teaching menstrual etiquette in England, c. 1920s-1960s' in *Social History of Medicine,* Vol. 14, No. 2 (2001).

[7] Ibid.

upon Strange's idea of duality, taking it into consideration while examining the other broader cultural and social reasons for the slow downturn in leaflet sales as the century progressed. This work helps to contextualise the generational conflict which emerged in the Federation's Leaflets' Committees as the century progressed.

Lara Freidenfelds interrogates the 'century of efforts' which transformed the way that adolescent girls learnt about menstruation in the United States.[8] Friedenfelds traces the trajectory of menarche experiences from the 'shock and fear' common at the start of the twentieth century, to the 'efficient and effective' management which followed the 'reassuringly phrased scientific account' of menstruation given to almost all girls by the end of the century.[9] Freidenfelds highlights the role of the 'pamphlet' in this shift, specifically analysing the product focused leaflets published by Kimberly-Clarke from their entrance into the market in the late 1920s, and the way that this format of knowledge transmission 'contributed tremendously to a revolution in the availability of information about menstruation' in America.[10] This work highlights the huge importance of pamphlets and leaflets as a method of menstrual knowledge transmission in a society with a menstrual culture which called for both silence and shame. This Chapter rests upon similar British leaflets, which seem to have had an equally significant impact on the way that information about menstruation was taught and learnt.

In support of these ideas about educating adolescents about taboo topics, this Chapter draws upon the work of Kate Fisher and Simon Szreter, Sally Alexander and Hera Cook, concerning sex education in Britain in the twentieth century. While sex education and puberty or menstrual education were often, if not always, separate, examining menstrual education within this context gives an idea of the cultural conflicts inherent to educating young people

[8] L. Freidenfelds, *The Modern Period: Menstruation in Twentieth-century America*, Baltimore, MD: Johns Hopkins University Press (2009) p. 72.
[9] Ibid p. 72.
[10] Ibid p. 49.

about their bodies throughout this period. Fisher and Szreter's work examines sexual knowledge acquisition 'before the sexual revolution'.[11] They note that as there was 'no sex education at all' in elementary schools, and few pupils attended secondary school, the onus rested almost entirely on parents prior to the Butler Act of 1944.[12] This account also highlights the differences in boys and girls seeking information about sex. The women in their study engaged with the 'complex cultural accomplishment' of 'innocence and modesty', while the men reported being frustrated by a lack of education, and seeking information themselves.[13] Alexander provides a meaningful account of both the complete sexual naiveté required of girls in the first part of the twentieth century, and also the complex structures held in place by their families and communities which held these ideas in place. These accounts of a 'profound sense of powerlessness' which rendered women unprepared to participate in public life extended to knowledge of menstruation as well as sex and so this study helps to contextualise the menstrual ignorance experienced at the start of the century.[14]

Cook uses a case study of a teacher, Miss Outram, teaching her female students that pregnancy or 'being in the family way' led to the birth of babies, in Dronfield in 1914. The teacher was reprimanded heavily despite not mentioning sex explicitly, and making no reference to the sexual act. The parents of her students complained extensively that she had 'undermined their authority' by explaining that their accounts of storks bringing babies were just stories, and that she had caused 'mental deterioration' in their daughters by providing them with this 'sex instruction'.[15] This work illustrates the difficulties of Victorian mothers raising Edwardian daughters, and the conflict between their perceptions that total ignorance

[11] K. Fisher, S. Szreter , *Sex before the sexual revolution: Intimate life in England 1918-1963,* Cambridge University Press (2010) p. 81.
[12] Ibid p. 84.
[13] Ibid p. 82.
[14] S. Alexander, 'The Mysteries and Secrets of Women's Bodies: Sexual Knowledge in the First Half of the Twentieth Century', in M. Nava & A. O'Shea (eds), *Modern Times: Reflections on a Century of English Modernity* (1996) pp. 161-175.
[15] H. Cook, 'Emotion, bodies, sexuality, and sex education in Edwardian England' in *Historical Journal*, Vol. 55, No. 2 (2012), pp. 475-6.

of all sexual and bodily matters was required and evolving ideas about the benefits of some level of sex education. This account helps to contextualise the difficulties of older women teaching younger girls about taboo topics, because when attitudes began to shift, their ideas of what was radical, or taboo became outdated.

When, in the 1950s, the Federation's leaflets which were intended to dispel myth and spread new ideas about effective menstrual management fell out of popularity, they were replaced by leaflets produced by brands selling products. Studies of this process in the United States suggest fruitful ways to interpret similar trends in Britain. Elizabeth Arveda Kissling examines the gradual commodification of menstruation, and the way that brands aimed to 'capitalise' on 'the curse' of menstruation in the United States.[16] Kissling draws attention to the way that brands began to influence the sphere of menstrual education, providing instructional materials to girls and their mothers which represented menstruation as a 'hygienic crisis' which needed to be carefully managed with their products.[17] Kissling's isolation of menstruation as a key experience which was gradually being commodified throughout the twentieth century is relevant to the shift away from the Federation's leaflets and towards commercial publications examined in this Chapter. It also informs my detailed examination of the commercial leaflets in the Federation's archive, and the ways that they built on the research of the Federation while concurrently framing menstruation as a problem, and their products as the solution to that problem. Building on these existing analyses, this Chapter examines the changing purpose of menstruation education literature throughout the twentieth century and the subsequent shift in responsibility for menstrual education which began to move perceptions of menstruation away from the framework of health and vitality conceptualised by the Federation.

[16] E. A. Kissling, *Capitalizing on the Curse: The Business of Menstruation*, Lynne Rienner Publishers, (2006).
[17] Ibid p. 11.

Shifting ideas about girlhood and changing attitudes of the youth also underpin this Chapter. The period between the Federation's first leaflet in 1925, and the completion of their final unpublished leaflet in 1966 saw a vast shift in experiences and perceptions of girlhood, and thus what was required from an educational leaflet designed with girls in mind. These shifts will be framed *via* an exploration into constructions of girlhood in girls' magazines, examined by Penny Tinkler and Stephanie Spencer and ideas about the 'modern girl' and her new needs as a consumer as discussed by Katherine Milcoy. Tinkler examines girls' magazines from both 1920-1950 and 1957-1970, painting a picture of the 'asexual adolescent girl' of the early part of the period, who appeared in magazines with 'played down' breasts in images and scant references to the bodily changes of puberty or taboo topics like sex or menstruation.[18] The girls' magazines in the 1920s and early 1930s were 'constrained by resistant strains of Victorian domestic femininity' and focused on heterosexual relationships and 'cajoling' girls into their future roles as mothers.[19] In contrast the magazines from the 1960s referenced in Tinkler's work 'acknowledged, celebrated and promoted young women as individuals in their own right with different views and tastes' and aimed their features and adverts at these young women as consumers in their own rights.[20] This shift demonstrates the change from appealing to mothers and those in charge of girls, with a paired down and 'tasteful' portrayal of girlhood, to the teenager as consumer to be appealed to in her own right. Spencer's analysis of teen magazines highlights how 'the didactic tone of the advice offered [in magazines early in the period] contrasts with later teen magazines, which seek to collude with the reader using teenage language and phraseology'.[21] This same shift is

[18] P. Tinkler, *Constructing girlhood: Popular magazines for girls growing up in England 1920-1950*, Taylor and Francis (1995) p. 162.
[19] Ibid p. 71; Ibid p. 122.
[20] P. Tinkler, 'Are you Really Living? If not, 'Get with it!', The teenage self and lifestyle in young women's magazines, Britain, 1957-70' in *Cultural and Social History,* Vol. 11, No. 4 (2014) p. 602.
[21] S. Spencer, 'Be Yourself! *Girl* and the business of growing up in 1950s England' in (ed) K. Cowman, L. Jackson. *Women and Work Culture, Britain c.1850-1950*, Taylor and Francis (2016) p. 149.

reflected in the changes in language between the early Federation's leaflets and the increasingly popular brand leaflets which were emerging from the middle of the century in the United Kingdom. Milcoy examines the creation of the notion of the 'modern girl' and her growing independence in the interwar period, an independence which allowed her to make assertive choices about her 'public persona' and leisure time, and to start to become 'who she wanted to be' rather than who the adults in her life wanted her to be.[22] The 'modern girl' was not one single generation of girls but an ever changing amorphous concept, and as such the education about a 'modern period' which needed to appeal to their mothers, and later to them, needed to adapt continuously. As this Chapter will explore, a 'modern period' in 1926 and a 'modern period' in 1966 were vastly different, and examining shifts in girlhood throughout the century helps to contextualise this shift in perceptions of menstruation and requirements from the new sphere of published menstrual education. These works highlight shifts in the needs of girls throughout the period, and also the generational differences between the younger and older members of the Federation and what they perceived to be acceptable or crucial information to provide via their leaflets.

The primary source base on which this the bulk of this Chapter rests is the content of the leaflets published and drafted by the Federation's Menstrual Leaflets' Committee, and the leaflets published by brands and Health Councils which the Federation deemed important (or controversial) enough to keep in their archive. The main Federation leaflets were based on their own research and aimed to ameliorate the causes of 'menstrual disability' which they had identified in their surveys. These leaflets were redrafted roughly every decade in an attempt to keep their content up to date, and in line with the needs of the girls at the time. An analysis of their contents will furnish us with a better understanding of the way that the

[22] K. Milcoy, *When the girls come out to play: teenage working class girls leisure between the wars*, Bloomsbury Academic (2017) p. 58.

Federation curated this new method of menstrual education, which began at a time in which a simple written description of what happens to bodies during menstruation in leaflet form was exceptionally novel. The three published MWF leaflets were *Advice regarding menstruation to parents, headmistresses and others in charge of girls* published in 1925, *The Health of Adolescent Girls* published sometime between 1937 and 1940, and *Advice on the Monthly Periods* published in the later 1950s.[23] *Advice on the Monthly Periods* was published in conjunction with the British Medical Association's publishing arm, *The Family Doctor*. The final MWF leaflet was entitled *Signpost to womanhood*, and it was completed and ready for publication in 1966 but never went to print due to disagreements between the Federation and *The Family Doctor* over waning interest and high print costs.[24] In addition to these leaflets, the archives record two additional menstrual education leaflets written by Federation doctors, but published under their own names *Advice on the monthly period* published by Dr Alice Sanderson Clow in the mid 1920s, which was discussed in Chapter One and *Health and the periods* published by Dr Mona McNaughton in 1938.[25]

The Federation kept an extensive archive and within their own collection of menstrual education leaflets was a series of similar leaflets published by various brands, groups and organisations. It is unclear why the MWF kept these publications, but they constitute a valuable sample of alternative puberty education materials which help to demonstrate the ways that this method of education changed as time progressed. This subset of the leaflets in

---

[23] *Advice regarding menstruation for the parents, schoolmistresses and others in charge of girls*, 1925, Wellcome Library, London, Collections and archives, SA/MWF/B/4/; *The Health of Adolescent Girls*, n.d.. estimated c. 1937-1940, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5*; Advice on the Monthly Period,* n.d.. estimated c. late 1950s, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.

[24] *Signpost to Womanhood* illustrations, n.d.. estimated c. mid 1960s, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.

[25] *Advice on the Monthly Period*, n.d.. estimated c. early 1920s, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5; *Health and the Periods*, 1938, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.

the Federation's collection were published by brands or businesses like Boots, Kimberly-Clarke Kotex, Silcot and Feminax, and promoted various products from pads and tampons to 'pink-washed' pain killers.[26] These 'product focused' leaflets were written with evident advice or influence from the Federation and their research, but rather than intending to educate for the sake accurate knowledge transmission, they were written with the intent of selling product-based solutions to 'menstrual hygiene' concerns. In time leaflets from these outside brands filled the place of the Federation's own leaflets. Their leaflets were often, if not always, provided to schools and other groups free of charge, as in effect they constituted advertising material and thus were funded by product sales.[27] The fact that they were free likely contributed to the increasing popularity of such leaflets as they became available. In addition to this, they were more up to date and attractive. They boasted bright colours, informal language, images and text which was directly addressed to the girls they were designed for, not their mothers. The popularity of these product focused leaflets from the mid twentieth century onwards constituted a shift from menstrual management advice as governed by professionals like the women doctors of the Federation, to menstrual management advice as governed by commercial interests, in this case, brands promoting the sale of their own products. This shift will be explored in greater detail in the third section of the Chapter.

[26] The publication dates of all of these leaflets are estimates as many are undated, however within the context of the published research of the MWF, their survey dates and the content of the leaflets I believe them to be as accurate as possible.
[27] L. Freidenfelds, *The Modern Period: Menstruation in Twentieth-century America*, Baltimore, MD: Johns Hopkins University Press (2009) p. 52.

a) Teaching girls about sex, puberty and menstruation.

In 1925 when the Federation published their first leaflet *Advice regarding menstruation to parents, headmistresses and others in charge of girls*, formal (and informal) menstrual education in the United Kingdom was almost non-existent. As demonstrated in Chapter One, most girls appear to have reached menarche with little to no knowledge of periods, their biological function or how to manage in them in public or private. If girls did have mothers who felt able to break cultural codes in order to enlighten them, what they learned was often governed by myth and superstition or clouded by nineteenth-century medical opinions about the inherent incapacity of girls' reproductive bodies. The educational leaflets written and published by the Federation marked a shift in teaching about taboo topics for three key reasons: they circulated the findings of the MWF's research to those it impacted the most, they were intended as a tool to prevent menstrual 'disability' as caused by lack of education, and they sought to facilitate conversations about menstruation in a climate where this was far from the norm. This section will examine the climate of menstrual and puberty education for girls into which the Federation's leaflets began to be published, and its links with the controversies surrounding the development of a formal sex education movement. While this section will touch on some of the topics present within the Federation's leaflets to link them with ideas about sex education, the full content of the leaflets will be examined in greater detail in the next section.

Conventional late nineteenth-century narratives implied that ignorance of menstrual matters lay firmly at the feet of 'inadequate mothers' who failed to prepare their daughters for the bodily changes of puberty.[28] Joan Jacobs Brumberg's work however, frames mothers in

[28] J. J. Brumberg, '"Something happens to girls": Menarche and the Emergence of the Modern American Hygienic Imperative' in *Journal of the History of Sexuality*, Vol. 4, No. 1 (July 1993) p. 110.

the late nineteenth and early twentieth centuries as doing their best within a cultural framework which insisted on enforcing social taboos surrounding the discussion of menstruation, and a prevailing social environment which prioritised menstrual modesty and discretion.[29] She argues that the silence surrounding menstruation in the early twentieth century emerged with the 'decline of traditional communities' and the subsequent 'rise of a highly individualistic style of domesticity' throughout the nineteenth century.[30] This move away from traditional communities of 'age-heterogenous' women (cemented by the shift to corralling girls into age-specific communities at school), meant the loss of imagined (and tangible) spaces and the knowledge which was could be gained and shared within them.[31] With this loss came a progressive shift away from informal knowledge transmission about sex, pregnancy, contraception, birth, menstruation and breastfeeding amongst other things. Thus, girls in the first decades of the twentieth century usually had only their mothers to teach them about their changing bodies, mothers who had been brought up in a climate of menstrual discretion, and who believed keeping their daughters innocent was the only way to ensure they grew up into respectable and attractive young women.[32]

As with menstrual knowledge, at the end of the nineteenth-century mothers were blamed for a lack of sexual knowledge transmission by those who believed enforced modesty to be unfair on women. Dr Elizabeth Blackwell, one of the founding members of the Association of Registered Medical Women (ARMW), called the failure of mothers to prepare their daughters an 'imperfect fulfilment of parental duty' in 1882.[33] In the first decades of the twentieth century, debates about sex education, what adolescents should be taught and by

[29] Ibid p. 110.
[30] Ibid p. 106.
[31] Ibid p. 106.
[32] L. Freidenfelds, *The Modern Period: menstruation in twentieth-century America* p. 1.
[33] L. A. Hall, 'In Ignorance and in Knowledge: Reflections on the history of Sex Education in Britain' in L. D. H. Sauerteig, R. Davidson (eds), *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe,* Routledge (2009) p. 21.

who, were fraught. There was significant conflict between the 'extreme sexual ignorance' which was culturally normal, and new ideas about sex education as a helpful tool to protect children, prevent venereal disease, and avoid unmarried motherhood.[34] There was a kind of faux modesty instilled in girls who were born around the turn of the century, enforced by parents whose social mores dictated that any explicit mention of sexual matters not only lacked 'respectability' but was 'verging on the immoral'.[35] This enforcement of modesty characterised the limits on the acquisition of sexual and bodily knowledge in the first decades of the twentieth century, especially for young girls, across all classes.[36] In the late 1920s the climate began to change amongst the 'sexually progressive', who were usually middle-class, highly educated people, but a profound ignorance of sexual and bodily matters extended well into the inter-war decades for other groups.[37] This emphasis on 'modesty' was a rhetoric promoted in order to keep adolescent girls ignorant of their bodily functions and to preserve ignorance, within a paradigm that understood 'ignorance' as 'innocence'.[38] This 'innocence' was accomplished *via* a series of complex and intertwining roles played by adults and complied with by adolescents, in the pursuit of preserving 'purity'.[39] Girls complied with these narratives of innocence, by 'deliberately evading' people with sexual knowledge and asserting themselves as having little or no understanding of sexual matters, even when oral histories demonstrate that they had picked up some information.[40]

---

[34] H. Cook, 'Emotion, Bodies, Sexuality, and Sex Education in Edwardian England' in *Historical Journal*, Vol. 55, No. 2 (2012), p. 477.
[35] K. Fisher, S. Szreter*, Sex before the sexual revolution: Intimate life in England 1918-1963,* Cambridge University Press (2010) p. 65.
[36] J. M. Strange, 'The assault on ignorance: Teaching menstrual etiquette in England, c. 1920s-1960s' in *Social History of Medicine,* Vol. 14, No. 2 (2001) p. 251.
[37] H. Cook, 'English Sexuality in the Twentieth Century: Ignorance, Silence, and Gendered Sexual Cultures' in *The Long Sexual Revolution: English Women, Sex, and Contraception 1800-1975*, Oxford University Press (2005) p. 166.
[38] Ibid p. 87.
[39] Ibid p. 87.

[40] Ibid p. 87; K. Fisher, '"She was quite satisfied with the arrangements I made": Gender and Birth control 1920-1950' in *Past and Present*, No. 169 (2000) p. 168.

From the 1920s and the 1930s in Britain, there was a dichotomy between ideas of respectability as represented by naïve adolescent girls, and the burgeoning movement towards sex education books, leaflets and manuals both for adolescents and for married women. Even when leaflets were addressed to young women such as *Sex in Life* published by the British Social Hygiene Council (BSHC) in the early 1930s, they gently tiptoed the line between explicit sexual knowledge transmission, and effective education about disease prevention and the 'perils' of falling pregnant out of wedlock. This leaflet explained the biological process of reproduction, with lots of references to animals and birds and their reproductive processes, without explicitly describing *how* the sperm comes to meet the egg. Despite this kind of veiled education, the leaflet managed to effectively communicate the BSHC's strong views on 'sex relations outside of marriage', and the 'tragedies' it led to, with explicit descriptions of venereal disease and the 'handicap' placed on the children of unwed mothers.[41]

Other organisations, such as the Mothers' Union, a group of Anglican working- and middle-class mothers who formed in 1885 to 'protect family life' and uphold 'standards of morality', created sex education literature from an entirely different perspective.[42] Their pamphlet for mothers, *Telling our Girls*, likely published in the early 1950s, was written by author Lilias Edwards, who wrote adventure books for adolescent girls. Edwards framed teaching and learning about sex as passing on knowledge about 'the beauty, the joy, and the happiness that come from the correct use of our bodily powers' rather than the 'sad consequences or possible misuse or abuse'.[43] The Mothers' Union pamphlet focused far more on the privilege it was to teach your daughter about something as important as the 'wonder

[41] *Sex in Life*, British Social Hygiene Council, (1933), Wellcome Library, London, Collections and archives, SA/MWF/N.3/5, p. 25; Ibid pp. 17-20; Ibid p. 17.
[42] C. Beaumont, 'Moral Dilemmas and Women's Rights: the attitude of the Mothers' Union and Catholic Women's League to divorce, birth control and abortion in England, 1928–1939' in *Women's History Review*, Vol. 16, No. 4, (2007) p. 468.
[43] *Telling Our Girls*, Mothers' Union Pamphlet, n.d.. estimated c.1950-1965, Wellcome Library, London, Collections and archives, SA/MWF/N.3/5, p. 12.

and beauty… of the story of life' framing it as something which could only be compared to the 'story of God himself'.[44] The Mothers' Union also published leaflets on marriage and family life in the 1930s, aiming to promote 'equal partnership' and 'mutual respect' to try and make marriage breakdown and divorce less frequent.[45] The perspective of this kind of leaflet was to provide education without shame, possibly in an endeavour to promote positive views of matrimony and maternity in young conservative women. Beaumont examines the way that even women's groups with relatively conservative views can be placed in the wider framework of feminist women's groups working to help make women's lives better post enfranchisement.[46] Within the paradigms of both sex and menstrual education in the middle decades of the twentieth century there were similar concerns, some were worried about 'corrupting the innocence' of children by teaching them too early, and the 'unwillingness and/or inability of parents to provide' these teachings accurately.[47] These concerns about corrupting innocence were often held in conjunction with a burgeoning desire to provide 'clean, healthy and scientific knowledge' in the place of 'sordid or partial information picked up from a range of sources', in order to try and avoid various social perils.[48]

Information about sex became progressively more available between 1930 and 1950, as educational initiatives were created, improved and expanded, however oral history testimonies demonstrate that adolescents born in the early 1920s and reaching adolescence in the 1930s were often just as naïve as those born two decades earlier. [49] This is likely because parents, especially working-class parents still prioritised maintaining a level of naiveté, in particular in their *girl* children. This 'ignorance' about both sexual matters and puberty was

[44] Ibid p. 2.
[45] C. Beaumont, 'Moral Dilemmas and Women's Rights: the attitude of the Mothers' Union and Catholic Women's League', p. 468.
[46] Ibid p. 464.
[47] L. A. Hall, 'In Ignorance and in Knowledge: Reflections on the history of Sex Education in Britain', p. 21.
[48] Ibid p. 21.
[49] K. Fisher, S. Szreter, *Sex before the sexual revolution: Intimate life in England 1918-1963,* Cambridge University Press (2010) p. 110.

solidified with the culture of silence which permeated all aspects of public or private discussion or representation of intimate relationships or bodily changes.[50] In a more sexually liberal society, children and adolescents would be able to able to slowly and gradually acquire sexual and bodily knowledge by observing others, by watching their parents kiss or their mother purchase and use period products, by noticing a newspaper article about sexual desire or observing an 'explicit' (rather than implicit) advert for tampons or condoms in a magazine or newspaper.[51] In contrast to this, in pre-World War Two British society, children and adolescents would rarely have seen adults touch each other affectionately, or talk about topics such as sexual attraction, bodily awareness or nudity.[52] Questions about personal bodily changes like wet dreams, masturbation or menstruation were treated as 'bad behaviour' to be chastised, not to mention any curiosity about intercourse itself.[53]

Publications aimed at adolescents, while aware of their curiosity and desire for knowledge, maintained a fairly conservative line on references to sex and puberty until the late 1950s. Even throughout the 1950s, many girls were 'denied valid information about sex both in the home and at school' which was reflected in their anxious letters to various magazines.[54] Many magazines received letters and questions about sex and menstruation, but few of these letters were published.[55] Tinkler suggests that the schoolgirl papers 'experienced tension' between what their readers were asking for, and what they felt could be publicly catered to. She references the way that the magazine, *Girl,* suggested writing a letter to the editor which could be answered privately, if readers had questions about 'the facts of life' or

[50] H. Cook, 'English Sexuality in the Twentieth Century: Ignorance, Silence, and Gendered Sexual Cultures' in *The Long Sexual Revolution: English Women, Sex, and Contraception 1800-1975*, Oxford University Press (2005) pp. 168-9.
[51] Ibid pp. 168-9.
[52] Ibid pp. 168-9.
[53] Ibid pp. 169.
[54] J. Hemming, *The problems of adolescent girls*, William Heinemann Ltd (1960) p. 70.
[55] P. Tinkler, *Constructing girlhood: Popular magazines for girls growing up in England 1920-1950*, Taylor and Francis (1995) p. 162.

puberty.[56] This continued to reinforce ideas about sex and bodies private and inappropriate for public discussion amongst young people.[57] These factors came together to mean that it was much harder for knowledge about sex and bodies to be slowly and gradually absorbed, as though via osmosis, creating the kind of profound ignorance experienced by adolescents growing up in these decades.

The ideas which surrounded education about sex, extended to girls' puberty and menstruation, likely because education about menstruation fundamentally linked girls maturing bodies with the concept of reproduction. Victorian mothers viewed menarche as 'initiating their daughters sexuality' and believed that informing their daughters about menstruation was the first step 'on a slippery slope to loss of innocence' and they thus avoided it.[58] This link between menstruation and sexuality continued into the twentieth century informing the lack of menstrual instruction addressed in Chapter One. The influences of this cultural practice were wide and varied, extending far beyond sexual relations. Enforced naiveté about sex led not only to painful and scary first sexual experiences for women, but also unequal marriages, unwanted pregnancies and bodily trauma.[59] Alexander describes the practice of withholding information about sex from girls as promoting a 'profound sense of powerlessness' in women, a powerlessness which was also likely felt by adolescents who had menstrual information withheld from them.[60]

The Federation pushed back against the culture of enforced innocence with their first leaflet, in 1925, which aimed to facilitate menstrual education for young girls.[61] The Federation used their early leaflets to target mothers of adolescent daughters, providing them

[56] Ibid p. 162.
[57] Ibid p. 162.
[58] J. J. Brumberg, '"Something happens to girls": Menarche and the Emergence of the Modern American Hygienic Imperative', p. 110.
[59] S. Alexander, 'The Mysteries and Secrets of Women's Bodies: Sexual Knowledge in the First Half of the Twentieth Century', in M. Nava & A. O'Shea (eds), *Modern Times: Reflections on a Century of English Modernity* (1996), pp. 161-175.
[60] Ibid pp. 161-175.
[61] The content of which will be discussed in more detail in the next section of this Chapter.

with simple and easy to follow advice, which was scientifically accurate, but also did not draw any links between menstruation, sex, and reproduction. As this section has demonstrated, parents were often the ones enforcing ignorance and 'innocence' about bodies because of fears about sexual knowledge acquisition. It was those parents, usually mothers, who needed to be given a framework which they deemed 'acceptable' to follow so that they could educate their daughters about periods without tainting their perceived innocence. Within the context of the climate surrounding sex and puberty education for girls in the 1920s, this separation likely allowed more mothers to feel comfortable sharing the information contained in the leaflets with their daughters. While this may have helped mothers to talk to their daughters about puberty, especially in the early few years of the publications, it reflects the way that some tenets of enforced modesty still remained present within the Federation's educational literature.

As time went on and the leaflets were redrafted, this conservatism surrounding overtly linking sex and menstruation remained consistent. This reflects the Edwardian mores present throughout the Federation's literature, which will be a consistent theme throughout this Chapter's analysis of their leaflets. Their avoidance of references to sex, reproduction and its links to menstruation, adhered to the exclusion of 'all explicit references to sexual intercourse from both public and even private discourse' common at the start of the century.[62] The closest the Federation came to suggesting an overt link between menstruation and its links to reproduction in their published educational literature was the veiled reference to puberty preparing girls for 'child rearing' in their leaflet published with the input of *The Family Doctor* in the late 1950s.[63] As discussed in Chapters One and Two, the Federation consisted of women on the margins of a profession, who needed to be relatively conservative

[62] K. Fisher, S. Szreter*, Sex before the sexual revolution*, p. 63.
[63] 'Draft of the proposed leaflet', n.d. estimated c. early 1960s, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.

in order to glean respect in a male dominated field. Yet, while avoiding linking sex and reproduction in their leaflets did only constitute a partial education, it provided information about menstruation to mothers in a way they felt comfortable with, which was so radical at the start of their campaign that this may have been all that they felt able to include in the context of the time and their own precarity. In addition to this, from the late 1930s, their leaflets did include a 'further reading' section which recommended books for mothers and teachers about sex education. This allowed them to provide access to information about sex and reproduction, and how to teach young girls about these topics, without including these more controversial ideas in their menstrual education leaflets.

The women of the Federation's Leaflets' Committees also retained a relatively conservative view on the use of 'internal tampons'. This disapproval aligned with their general refusal to expose young girls to information or experiences which they perceived to be sexual in nature. The increased popularity of commercial tampons in the British market in the 1930s brought to the fore a perceived link between sexuality and menstruation which concerned doctors from the Federation and beyond.[64] These concerns revolved around the notion that inserting something into the vagina was inherently sexual in nature and that the use of a product which necessitated that act could have negative consequences for young women. A letter from a woman doctor to the *British Medical Journal* in 1938 referenced the 'obvious objections, both psychological and mechanical to its use in the virgin'.[65] Some doctors were also concerned that using a hand mirror to aid tampon insertion could have 'obvious psychological ill-effects' and that tampons may have been used as contraceptives and thus would encourage 'promiscuous intercourse'.[66] The Federation as an organisation had

[64] B. Brookes, '"The Glands of Destiny:" Hygiene, Hormones and English Women Doctors in the First Half of the 20th Century' in *Bulletin Canadien d'histoire de la Médecine/Canadian Bulletin of Medical History* (2006) p. 58.
[65] 'Letters, Notes and Answers' in *British Medical Journal*, Vol. 1084 (May 1938).
[66] B. Brookes, '"The Glands of Destiny:" Hygiene, Hormones and English Women Doctors in the First Half of the 20th Century', p. 58.

particular concerns about the risks of infection, 'possible psychological trauma' or causing 'injury during insertion'.[67] In a council meeting on the topic in 1948 the problems associated with 'the internal tampon' were addressed, in order to make decisions about the proposed content of a redrafted menstrual education leaflet, and the acceptability of inclusions of advertisements for tampons in their quarterly Journal.[68] In a short editorial referencing this meeting, Mary Heller wrote that it was 'generally recognised' that the use of the 'internal type' was inadvisable for unmarried girls because of both the 'obvious injury to the hymen' but also the 'psychological' issue of the 'undesirable stimulation' caused by inserting something into the vagina.[69] Adverts for tampons, specifically Tampax, began to slowly appear in the quarterly journal from 1949 onwards, suggesting a slow acceptance amongst the wider Federation. They began very tentatively, with suggestions not to recommend them to unmarried girls because they would be hard to remove.[70] By the mid-1960s almost every edition of the Federation's journal had a Tampax advert at the front or the back, and the adverts made broad claims about their suitability (which the Federation seem not to have opposed). These ranged from their acceptability for use by 'women and girls' both 'married and unmarried', to a suggestion that as pads 'constantly rub to and fro against the clitoris' they 'focused the attention on the genitals' whereas tampons were situated in the 'great silent area of the pelvis' and would not be felt.[71] This directly opposed the opinions stated by the Federation in the 1940s, and the inclusion of these adverts in their quarterly journal may represent the gradual acceptance of tampon usage amongst Federation doctors, and a lessening of links between tampons and virginity or sexuality as the decades progressed.

[67] Ibid p. 58.
[68] 'Journal of the Medical Women's Federation', (January 1948), Wellcome Library, London, Collections and archives, SA/MWF/B.2/14, p. 23.
[69] Ibid p. 25.
[70] 'Journal of the Medical Women's Federation', (April 1949), Wellcome Library, London, Collections and archives, SA/MWF/B.2/15, p. 57.
[71] 'Journal of the Medical Women's Federation', (July 1963), Wellcome Library, London, Collections and archives, SA/MWF/B.2/15, p. 186.

There was a brief mention of 'internal sanitary protection' in the Federation's final leaflet published in the late 1950s. It included three short sentences, stating that 'many married women' use these 'small pads made to be placed in the front passage' but that they were 'not advised for unmarried girls' because of being 'difficult to put in'.[72] The insistence from the Federation's Leaflets' Committee that only married women should use tampons, which continued into the early 1960s, reinforces the fact that their concerns were influenced by ideas about virginity and tampons breaking the hymen, as well as their stated concerns about infection and injury. This idea of tampon usage as potentially challenging a girl's purity was reflected in the Mass Observation responses to the 1996 directive on menstruation referenced throughout Chapters One and Two. One respondent who began menstruating in 1942, and began using tampons in 1947, recalls her grandmother telling her and her sister that no man would marry a girl who used tampons, as they would not be 'pure'.[73] Yet Tampax had been selling and advertising in the United Kingdom for nearly thirty years by the time the Federation's last leaflet was published, and by the 1950s, tampons were by no means an obscure or niche menstrual management method. The Federation's disapproval of tampon usage in unmarried girls, and their subsequent failure to provide advice concerning their use in their leaflets for adolescents by the late 1950s is indicative of the way that their leaflet campaign failed to move with the times, even when the wider Federation's opinions were shifting.

The Federation's leaflets were plain and simple, but they provided a starting point from which conversations about menstruation were able to grow, both between individual mothers and daughters, and across the country. The trauma of experiencing menarche when uneducated about menstruation likely imbued monthly bleeding with feelings of disgust and

[72] *Advice on the Monthly Periods*, n.d. estimated c. mid 1920s, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.
[73] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [C2618, retired teacher, rural dweller].

abjection for women's whole lives, dramatically influencing not only the ways they interreacted with their bodies but also they ways they spoke to any daughters they may have had about menstruation.[74] Analysis of these leaflets must be framed in this context, acknowledging that while they did emphasise discretion and etiquette, which will be discussed later in the Chapter, they were also being published into a climate of 'silence, ignorance and perceived disability'.[75] Taking the parallels between sexual education and menstrual education, and the limits on both in the early twentieth century into consideration, further contextualises the educational leaflet campaign undertaken by the Medical Women's Federation. For if a lack of sexual knowledge promoted 'a profound sense of powerlessness' which fundamentally altered women's relationships with sex and their bodies, so, no doubt, did a lack of menstrual knowledge.[76] This section has outlined the cultural climate surrounding sex and menstrual education into which these leaflets began to be published, and the ways that the 'precarious professionals' of the Medical Women's Federation worked to provide education which helped to teach young girls but was still acceptable to their mothers. The next section will go on to examine the content of the leaflets, and the way that they changed and developed over time as new members joined the Leaflets' Committee, new alliances were formed and the expectations and needs of adolescents slowly changed and shifted.

b) <u>The Federation's leaflets 1925-1966: The shift from radical to old fashioned.</u>

[74] These feelings of shame and disgust are discussed widely throughout the Mass Observation Spring 1996 Directive as referenced in the previous two Chapters, including in: Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [A1733, retired secretary, married].
[75] J. M. Strange, 'The assault on ignorance: Teaching menstrual etiquette in England', p. 251.
[76] S. Alexander, 'The Mysteries and Secrets of Women's Bodies: Sexual Knowledge in the First Half of the Twentieth Century', pp.161-175.

It was into this climate that perceived menstruation as both incapacitating and improper to discuss that the MWF sent their first leaflet entitled *Advice regarding menstruation to parents, schoolmistresses and others in charge of girls* in 1925.[77] The leaflet contained basic, professional advice to help to educate those in charge of young girls about their changing bodies.[78] It was very brief, consisting of only a page of basic instructions for 'those in charge of adolescent girls'.[79] The leaflet began by describing menstruation as a 'natural function rather than an illness', setting the tone of the Federation's public menstrual education campaign. Their insistence that menstruation was a 'normal and painless' function of puberty was particularly radical.[80] This became a consistent narrative throughout their publications, with almost all their leaflets, and those influenced by their research, describing menstruation using the term 'normal' in order to differentiate it from an illness or disability of some kind.[81] This was the kind of 'modern' menstruation represented by health and vitality which the Federation identified in their research and promoted throughout their leaflet campaigns, although as time went on and what it meant to have a 'modern period' shifted, as we will see throughout this section, their leaflets failed to adapt.

The Federation's 1925 leaflet contained instructions about washing as normal, stating that 'there is no risk to taking a bath at this time' and in accordance with Sanderson Clow's research included a contradiction of common exercise prohibitions, 'there is no risk to allowing a girl to take part in normal gymnastics and games', both of which were suggested as remedies for any mild period pain or discomfort.[82] It was however suggested that 'long

---

[77] *Advice regarding menstruation for the parents, schoolmistresses and others in charge of girls*, 1925, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p.1.

[78] 'Menstruation During School Life' in *British Medical Journal*, (October 2nd, 1920); 'Dysmenorrhoea in Young Women', in *British Medical Journal*, (September 27th, 1924).
[79] *Advice regarding menstruation for the parents, schoolmistresses and others in charge of girls*, 1925, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p.1.
[80] Ibid p.1.
[81] Ibid p.1.
[82] Ibid p.1.

expeditions or bike rides' and any competitive exercise which might encourage girls to 'exhaust the reserves of strength' should be indulged in with caution.[83] This suggested a level of caution within the Federation around recommending vigorous exercise prior to the completion and publication of their first survey. This aligned with the tentative approach to vigorous exercise for menstruating girls seen in responses to Dr Sanderson Clow's 1921 'Games for Girls' paper at the Medical Officer for Schools Association meeting.[84] The importance of 'regular action of the bowels' was also emphasised, but with no explanation as to why that was a crucial piece of information the Federation wished to convey to mothers of adolescent girls.[85] It is possible this was an alternate 'congestion' based explanation for mild period pain, and that with an absence of data the Federation were attempting to 'cover all their bases' in terms of preventing unnecessary period pain. This leaflet was simple in structure and message, but succeeded as a method of transmitting simple information to dispel the common myths the Federation had identified in their preliminary research. The leaflet provided clear and simple information in order to attempt to prevent these myths from exacerbating perceptions of menstrual incapacity. The leaflet was purchased by at least ten thousand mothers and teachers in just the first year, and as each of these women were likely in charge of multiple girls, the overall reach of the information inside it may have been far greater. The direct influence of this first leaflet cannot be accurately quantified, but, within the context of the parentally enforced modesty outlined earlier in this Chapter, it is easy to see how a simple and clear leaflet which explained menstruation to mothers without reference to sex or reproduction may have helped to facilitate new kinds of conversations between mothers and daughters, or teachers and students.

[83] Ibid p.1.
[84] 'Medical News' in *British Medical Journal*, (Oct. 1, 1921), Vol. 2, No. 3170), pp. 543-4.
[85] *Advice regarding menstruation for the parents, schoolmistresses and others in charge of girls*, 1925 Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p.1.

The Federation's second leaflet entitled *The Health of Adolescent Girls* (c.1937-40) was published after a Menstrual Leaflet Committee was created in 1937 to redraft the first leaflet.[86] The Committee consisted of six women doctors, who represented both the old and new faces of the Federation; Caroline Chisholm who was sixty-one, Leticia Fairfield who was fifty-seven, Doris Odlum who was forty-seven, Mona MacNaughton who was forty-three, Annis Gillie who was thirty-seven and Keren Parkes who was thirty-three.[87] The differences between Catherine Chisholm's medical education and career, which began in 1898 when she became the first female medical student at Owen's college in Manchester, and that of Keren Parkes, who graduated from Kings College London 1929 (which had been accepting women medical students for nearly fifteen years), were vast.[88] Chisholm's journey to medicine began in the Victorian period, at a time when women represented a tiny fraction of British doctors, and women doctors had to fight to be respected and accepted in their choice of career. In contrast Parkes began medical school after women's partial enfranchisement and the successes of medical women in the war, at a time when women's role in medicine was beginning to solidify. A marked generational conflict began to arise between the first generations of women doctors and those coming up behind them, sparked by the gradually increasing standing of women in the medical profession and the younger generation's belief that the older generation's 'feminine professionalism' was now *creating*

[86] 'Menstrual Leaflets Committee notes', c.1937-1938, Wellcome Library, London, Collections and archives, SA/MWF/A.4/5; Although *The Health of Adolescent Girls* was undated it had an address for enquiries at Clifford St. in W.1 printed on the reverse. This office was rendered 'unusable due to enemy action' in 1940, and so it is likely that the first edition of this redrafted (and re-titled) leaflet was published between 1937 when the new committee was formed and 1940 when the offices were closed and the headquarters moved to Bromley in Kent.

[87] 'Menstrual Leaflets Committee notes', c.1937-1938, Wellcome Library, London, Collections and archives, SA/MWF/A.4/5.

[88] D. Stevens, 'Pride, prejudice, and paediatrics: Women paediatricians in England before 1950' in *Archives of Disease in Childhood*, Vol. 91, No.10 (2006) p. 868; Obituary of K. I. Parkes, MD, FRCS in *British Medical Journal*, Vol. 307, No. 6907 (Sep. 25, 1993), p. 797; L. Jefferson, K. Bloor, A. Maynard, 'Women in medicine: historical perspectives and recent trends' in *British Medical Bulletin*, Vol. 114, No. 1 (2015) p. 7.

inequality where it no longer needed to exist.[89] The older doctors of the Federation were used to their role as women in medicine being so radical that they had to maintain a level of conservatism in their work, whereas doctors qualifying later in the period, into a professional climate which had seen women doctors thrive during the war and beyond, were able to push boundaries because of their increased security and cultural capital.

The climate in which this new leaflet was published also differed to that of its predecessor. Cook has described the late 1930s as a time when the 'considerable changes' following the First World War started to become apparent in public and private behavioural changes, and increased knowledge acquisition.[90] Attitudes were becoming more relaxed in terms of discussions of sex and bodies, especially amongst the educated classes. Sex manuals were becoming increasingly popular, sex and contraception could be mentioned in newsprint, 'contraception was used by all classes' and a 'recognisably modern sexual culture began to emerge'.[91] Alongside this, however, Fisher has shown that within working-class culture in Britain silence and gendered ignorance in terms of knowledge about sex and bodies was slower to equalise.[92] This reinforces the notion that experiences of menstruation and of bodies in general were distinctly classed in the first half of the twentieth century. Changes in sexual attitudes in the 1930s had an explicit influence on sexual attitudes and experiences, but also an implicit influence on attitudes to bodily functions such as menstruation as 'children growing up in this period had a very different experience of the body' to those in the earlier

[89] K. Michaelsen, '"Union is strength": The Medical Women's Federation and the politics of professionalism, 1917-1930', in Cowman and Jackson (eds) *Women and Work Culture* (2005) p. 172.
[90] H. Cook, 'English Sexuality in the Twentieth Century: Ignorance, Silence, and Gendered Sexual Cultures' in *The Long Sexual Revolution: English Women, Sex, and Contraception 1800-1975*, Oxford University Press (2005) pp. 184-185.
[91] Ibid pp. 184-185.
[92] K. Fisher, '"She Was Quite Happy with the Arrangements I Made": Gender and Birth Control in Britain 1920-1950' in *Past and Present,* No. 196 (2000) p. 164.

decades of the century.[93] This change in cultural context did not reflect a vast change in the content of the leaflet, despite the redraft, but there were still some notable changes.

It was while making enquiries for this redraft that the committee received a glut of requests for information about supply and disposal of period products which led to their second survey published in 1949, as discussed in Chapter Two.[94] *The Health of Adolescent Girls* was again addressed to mothers rather than to the girls concerned and began by outlining the Federation's position that it was critical for adolescents to have the basics of menstruation explained to them by their mother, or if their mother felt unable to do so, another trusted adult. This, the leaflet explained, was in order to prevent them from 'obtaining information elsewhere' from which they may 'derive false impressions'.[95]

In the committee meeting notes from 1937 the Federation discussed the idea of addressing a leaflet to the girls themselves, to be presented to them 'before the onset' of menstruation. The committee agreed 'unanimously' that it would not be possible to create a 'suitable' leaflet of this kind.[96] This is particularly notable, considering the disagreements with the Headmistresses Association referenced in the previous Chapter, in which the Federation doctors wished to present their first survey to all girls and the Headmistresses did not want it to be given to anyone who may not yet have begun menstruating. Some members of the Leaflets' Committee thought that a leaflet to be presented *at* the onset of menstruation 'might' be possible despite 'marked differences of opinion' within the committee, and asked Dr Mona MacNaughton to draft something to be presented at the next meeting.[97] The other members of the committee were 'doubtful' as to the 'advisability' of a leaflet such as this, but

[93] H. Cook, 'English Sexuality in the Twentieth Century: Ignorance, Silence, and Gendered Sexual Cultures', pp. 184-185.
[94] 'Supply and disposal of sanitary towels in schools', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5, p. 925.
[95] *The Health of Adolescent Girls*, n.d. estimated c. 1937-1940, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.
[96] 'Menstrual Leaflets Committee meeting notes', 1937, Wellcome Library, London, Collections and archives, SA/MWF/A.4/5.
[97] Ibid.

acknowledged that there was 'definite demand from outside the profession' for a leaflet addressed to the girls themselves.[98] When Dr MacNaughton presented a draft leaflet to the committee in 1938, internal conflicts about its suitability led to the decision that their committee was not an appropriate medium for such a leaflet to be discussed in, and it was passed it on to the to the Federation general council for approval, and eventual publication.[99] The committee doctors' reticence to even consider a writing leaflet designed to be given to pre-pubescent girls, and their veiled disapproval of Dr MacNaughton's leaflet addressed to girls '*at* the onset' of menstruation, despite the demand, demonstrated a reluctance within the committee to speak directly to menstruating girls, reflecting the Edwardian attitudes about menstrual education present at the Federation's foundation. By the late 1930s, attitudes were changing, even within the Federation, but there was still a solid foundation of more conservative older doctors making crucial decisions within the Menstrual Leaflets' Committee.

Health of Adolescent Girls was slightly more comprehensive than the Federation's previous publication. It comprised two pages, rather than one, and the information within was split into five key points pertaining to what the Federation referred to as the 'basics' of menstrual education. These basics fell into these four categories: Menstruation as a normal and natural function, the countering of myths about bathing and exercise, the various etiquettes of concealment, and product-based solutions to common menstrual problems. The leaflet began by explaining that menstruation was an 'easy natural function', and then instructing that 'a daily warm bath should be taken as usual' with a caution that 'there [was] no justification to the old idea which still survives that washing is harmful at this time'.[100] This demonstrated that, as in 1925, the Federation were still concerned that adherence to

[98] Ibid.
[99] Ibid; Where it was subsequently published under Dr Macnaughton's name.
[100] Ibid.

water myths was causing unnecessary menstrual discomfort in adolescents. The Federation then recommended that taking exercise daily would relieve pain, including games, dancing and 'free standing' exercises although caution was again given regarding taking part in 'matches and competitions'.[101] This was a relatively tentative recommendation, which aligned with the hierarchy of different exercises for girls who weren't menstruating seen in the wider physical culture movement earlier in the century. The recommendation did not, however, show the influence of Dr Sanderson Clow's ideas about the benefits of *all* exercise on the bodies and minds of girls, whether menstruating or not.

An emphasis was placed on paying careful 'attention' to avoid chafing by using 'suitable' towels, and ensuring they were changed regularly. There was no description of what kind of towel might be considered to be suitable, highlighting the fact that this period was a time which was in the midst of transition between reusable home-made pads and new disposable pads. The leaflet also cautioned the adult reader to ensure that their charges' clothes were 'so designed that girls can, without self-consciousness, take part in…[their] usual activities'.[102] This recommendation highlighted the way that young girls and those in charge of them were being implicitly taught that concealment while menstruating was critical, in this case to prevent 'self-consciousness'. This inclusion reinforced the idea that visible suggestions of menstruation were something which should be concealed. That this emphasis on concealment was coming from a group of doctors lent a professional credibility to the notion.

In the case of this leaflet's advice, the bulky reusable or disposable towels of the time, attached to a belt around the waist would protrude, especially on particularly slender or very young girls, which is likely why caution was advised in choosing clothes so as to

[101] Ibid.
[102] Ibid.

conceal this bulge. New fashions which were cut more closely to the body, with shorter hemlines, undoubtedly contributing to these concerns. While it made sense to implore the careful concealment of menstruation at a time where girls' bodies were a site so fraught with debate, reinforcing these ideas about hiding periods reinforced ideas of shame and abjection rather than working to contradict them. Vostral argues that menstruation is rendered more socially acceptable in a patriarchal society if a menstruator is able to 'pass' as non-bleeding, or menstruate invisibly. One effect, she contends, is that menstrual technologies have always been designed with the aim of concealing menstruation as thoroughly as technologically possible, thus allowing women to be treated as though they were not menstruating.[103] In this case, concealment of menstruation allowed the person menstruating to go about their lives without actively reminding those around them they were menstruating. Yet Freidenfelds critiques the discourse which surrounds this analogy, in particular Vostral's claim that 'passing' in this context was a new phenomenon and that women before the 1920s were not concerned with 'passing' as they usually remained in the home, which was not actually the case for the majority of working class and even middle class-women.[104] In addition, Freidenfelds suggests that the language of 'passing' does not quite fit this conversation about menstrual concealment, as passing in a racial or gendered context is fraught with risk, and often danger.[105] Exposing menstruation did not, indeed, present the same kinds of risk, but, in the context of perceptions of menstruating bodies in the first half of the twentieth century, concealment did allow women to menstruate without reminding those around them of cultural ideas which suggested they might be less physically or intellectually able. Drawing on Vostral ideas about 'passing' contextualises the Federation's concerns about concealing menstruation.

---

[103] S. L. Vostral, *Under wraps: A History of menstrual hygiene technology,* p.7.
[104] L. Freidenfelds, Review of: 'Sharra Vostral, *Under Wraps: A History of Menstrual Hygiene Technology'* in *Journal of Women's Studies* (2011) Vol. 40, No. 2, p. 230.
[105] Ibid p. 230.

The Federation was thus facilitating menstrual education and promoting the implementation of menstrual infrastructure while still underlining the idea of menstruation as a private and somewhat distasteful topic. This reinforced specific menstrual etiquette practices formed with the experiences and attitudes of a previous generation in mind. This meant that this kind of education may have imbued adolescent girls with attitudes to menstruation which were becoming out of date. The focus on concealment and discretion which their leaflets, posited as absolutely critical parts of menstrual education reinforced Victorian ideas about the impropriety of menstruation, potentially causing these ideas to continue to percolate beyond their natural expiration. While concealment may have seemed imperative to early generations of women doctors, its firm reiteration may have done more harm than good by the time the leaflet was published.

The leaflet as a whole contained factual advice on how to manage a period with an emphasis on the 'normal and painless' narrative promoted by the Federation, the denigration of ideas supported by myth and recommendations to seek medical attention for more serious menstrual issues. In contrast to the first leaflet, however, the Federation prioritised information about the necessities of bathroom availability and changing pads frequently to prevent chafing. This aligned with the tentative findings about this topic which came out of their 1931 survey, and the letters they had been receiving about supply and disposal of pads in the late 1930s. This demonstrated the way that the committee focused on updating the information contained in this educational outreach programme as the Federation's research into menstruation developed, but placed less importance on updating the format and content to align with the cultural understandings, needs or wants of the younger generation.

The next Federation leaflet, entitled *Advice on the Monthly Period*, was the final MWF menstrual education leaflet to be printed and distributed, although they drafted one more. They produced *Advice on the Monthly Period* in the mid-1950s in conjunction with

The Family Doctor, a monthly journal put out by the British Medical Association (BMA). The BMA was an organisation which represented the medico-political needs of the wider medical community, and was responsible for the publication of the *British Medical Journal*. Women were not allowed to join its ranks until the final decade of the nineteenth century, but by the first decades of the twentieth century the BMA had begun to campaign for the needs and rights of both medical women and medical men. The Federation had collaborated with them before in their campaign for equal pay in the 1920s, a collusion which lent 'the fledgling federation…force and prestige'.[106] As women gained standing within the profession, younger generations of women doctors no longer desperately needed the kind of separate female professional culture provided by the ARMW and the MWF. These younger doctors seem to have begun to seek organisations which would ignore the differences between them and their male colleagues, rather than centralising them.[107] The Federation was increasingly being seen as a 'backward' organisation by young women doctors and members such as a Dr Mabel Ramsey who suggested that the actions of the organisation were failing to represent the interests of its younger members and what she called 'their collective professional identity'.[108]

While the exact figures for the Federation and the Association memberships in the mid-1950s are hard to ascertain, in the late 1950s and early 1960s the BMA and the MWF undertook a large joint survey of their members to try and ascertain how to help married women doctors find work. The letters to and from members of the various regional groups of each organisation in reference to this survey reveal figures which show that large numbers of young women doctors qualifying post-1930 were not joining the MWF. For example in Manchester in 1957 there were 567 women on the medical register, of whom 119 were

[106] K. Michaelsen, '"Union is strength': The Medical Women's Federation and the politics of professionalism, 1917-1930', p. 167.
[107] Ibid p. 171.
[108] Ibid p. 170.

members of the Federation (sixty-nine who qualified before 1929 and fifty who qualified after 1930).[109] This left nearly 450 women doctors in Manchester who were not members of the Federation (149 of whom qualified before 1929 and 358 who qualified after 1930).[110] There are no BMA membership figures for Manchester listed in the letter from 1957, but six years later in 1963, there were 505 women BMA members recorded in Manchester in the official survey.[111] While this does not constitute concrete data, it seems to represent a trend away from membership of the Federation amongst younger women doctors, many of whom appear to have been joining the BMA. This suggests that the influence that the BMA had on the Federation's leaflets campaign *via The Family Doctor* was not the necessarily the input of an established male organisation trying to 'improve' the work of women doctors. Instead it was a collaboration which facilitated the influence of younger, and likely more liberal women doctors, on the leaflets campaign.

A typewritten note kept in the Federation's archives records *The Family Doctor* as contacting the Federation in November 1954 to suggest collaborating on educational leaflets as they - *The Family Doctor* - had a wider public audience. The Federation agreed and from then on, they split profits evenly.[112] This collaboration increased the reach of the Federation's leaflets, and perhaps increased their prestige as it had done in their campaign for equal pay, but it also seems to have led to their most significant modernisation in format and content thus far. *The Family Doctor* was a magazine which reached news-stands in 1951. It was designed to provide popular health information to the general public, in a Britain which now had a National Health Service (NHS), and a culture which appeared to have a 'thirst' for

[109] 'Letters between the BMA and the MWF', c. 1963-1964, Wellcome Library, London, Collections and archives, SA/MWF/C.143.
[110] Ibid.
[111] Ibid.
[112] 'Letters between the MWF and The Family Doctor', c. 1963-1966, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.

'trustworthy [medical] information' from the wireless and 'through television'.[113] The BMA aimed to put the 'mysteries' of medicine into the past, providing accessible information which would allow people to live a healthy life, and to co-operate with their doctors in times of need from a position of understanding.[114] *The Family Doctor* was publishing leaflets on other 'public health' topics from the early 1950s, and while it is unclear why they wanted to collaborate with the Federation on their menstruation leaflet, they may have wanted to provide the Federation's expertise to their audience without undermining the Federation's authority and competing with them by writing their own similar leaflet.

Two copies of this collaborative late 1950s leaflet were kept in the Federation's archive. The first, was headed *Monthly Period of the Adolescent*, and on the reverse was a small note 'published by the Medical Women's Federation' and their new post war address in W.1 for enquires and sales.[115] This appears to have been a draft which was produced before the collaboration with *The Family Doctor* was confirmed, and it was similar in format to their previous leaflets, designed to be given to the mother or teacher 'in charge' of an adolescent girl, addressed in the third person. The second copy of this leaflet in the archive contained almost identical copy and layout, however it was entitled *Advice on the Monthly Periods,* and was sub headed 'A Family Doctor Pamphlet, specially prepared by the Medical Women's Federation' with the address of *The Family Doctor* at the BMA headquarters in Tavistock Square on the reverse.[116] The crucial difference between the two versions of this leaflet was that the version created in conjunction with *The Family Doctor* was in the second person, which made it the first leaflet written by or with the Federation addressed specifically to the adolescent girl rather than to her mother or the teacher 'in charge' of her. The advice in the

[113] 'The Family Doctor' in *British Medical Journal*, Vol. 1 No. 4706 (March 1951) p. 571.
[114] Ibid p. 571.
[115] *Monthly Period of the Adolescent*, n.d.. estimated c. late 1950s. Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.
[116] *Advice about the Monthly Periods*, n.d.. estimated c. late 1950s, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.

two copies of this leaflet was identical aside from this grammatical change, with 'they' or 'the girls' swapped to 'you' throughout. This illustrates a move away from the original leaflet format, likely due to the outside influence of the younger generation of women doctors involved in the BMA and *The Family Doctor*. Addressing the girls themselves aligned with the kind of 'child centred' education which was becoming popular in the middle of the twentieth century.[117] This shows a shift away from the Federation's Leaflets' Committee in terms of relevance, as younger women doctors appear to have had more scope to align themselves with more 'modern' techniques and ideas, without the fear of delegitimising their entire profession by being perceived as too radical.[118]

While *Advice on the Monthly Periods* was the same length as the 1930s leaflet, its content was significantly altered (even before the collaboration), which is testament to the slow changes which were evidently beginning to happen within the Federation. It began with a scientific explanation of the exact function of menstruation, describing in direct terms the fact that 'every normal woman' experiences 'blood coming away from the front passage' on a monthly basis.[119] There was, for the first time, an explanation of the menstrual blood as the lining of the womb shedding in preparation to re-form and 'prepare for child-rearing'.[120] This language was euphemistic, and vague, but still much more descriptive than the previous leaflets which focused more on dispelling myths about menstrual behaviour rather than explaining the biological functions of a menstrual period. The implicit reference to sex, and the function that menstruation played in reproduction aligned with changing post-war ideas about sex-education discussed earlier in the Chapter. The other novelty of this leaflet was that there was more of a practical focus on *which* products to use, rather than just the advice to

[117] L. Tisdall, *A progressive education?: How childhood changed in mid-twentieth-century English and Welsh schools*, Manchester University Press (2020) p. 50.
[118] Ibid p. 51.
[119] *Advice about the Monthly Periods*, n.d.. estimated c. late 1950s, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5 p. 1.
[120] Ibid p. 1.

use ‘suitable’ products, with a section on how to select appropriate towels, how best to use them, and how to dispose of the different types correctly, which reflected the accessibility and popularity of disposable products rather than reusable products by this point in the century. This information about products was frank and helpful, with only a slight nod to the disapproval the Federation felt towards the use of ‘old fashioned’ reusable pads.

Yet, for all this departure from previous practice, *Advice on the Monthly Periods* covered all the key themes which were present throughout this whole series of leaflets: The idea of menstruation as normal and painless, the reinforcement of a particular kind of menstrual etiquette and concealment, dispelling of myths about water and exercise and advice about products. This new leaflet placed a particularly heavy emphasis on concealment, in fact to a far greater extent than the previous leaflets, specifically noting that the care girls were being taught to have for their bodies was ‘for the comfort of others’.[121] The girls the leaflet was addressed to were encouraged to make sure they disposed of their pads ‘without unpleasantness to others’, to wash thoroughly morning and evening- not to relieve pain, but to avoid ‘an unpleasant stale smell’, to change frequently to avoid an unpleasant smell to those around you’ and to avoid swimming, again, ‘for the comfort of others’.[122] This theme reinforced ideas about uncleanliness, and menstruation as something private and dirty, which was at odds with the picture of active and capable menstruation that the Federation seemed to be trying to curate. This reflects the continuance of Edwardian ideas about modesty within these leaflets. The dismissal of water and exercise myths were also mentioned briefly, with a reassurance that ‘bathing does no harm’ and an assertion that ‘the usual sports and exercise are a benefit to you’ and ‘the practice of going to bed for a day or two… should be discouraged’.[123] However, far less priority was placed on this dismissal of myth than in

[121] Ibid p. 2.
[122] Ibid p. 2.
[123] Ibid p. 2.

previous publications, demonstrating the way that these ideas were becoming common knowledge by the 1950s. The focus of the content of the leaflets was shifting to encompass different issues because there were more girls in school, new products to give advice on and the data from a new survey to share. Information about disposal and products was becoming more important than dispelling myths, which shows a modernising of content but the continued focus on concealment shows that the attitudes of the Federation Leaflets' Committee were still firmly Edwardian.

One final leaflet was written by the Federation in the early 1960s, but was never published. This leaflet was to be entitled either *Signpost to womanhood* or *About your periods*. It was intended to be the next edition of their series of menstrual education leaflets, however, despite more than three years of work, it was never disseminated because of a drop in demand. It would have been the first leaflet in the series whose copy would have been significantly influenced by the collaboration with the BMA, rather than the quick title and grammatical changes already seen in *Advice on the Monthly Periods*. *Signpost to Womanhood* was proposed to *The Family Doctor* in July of 1963 (approaching the forty-year anniversary of the MWF's first leaflet), with the intention of bringing the content 'up to date'.[124] This proposal was accepted, and *The Family Doctor* agreed to destroy all previous stock and begin distributing this new leaflet once it was completed. The archives contain a heavily annotated draft of the leaflet's proposed content, written by a Dr Shelia Duncan, entitled *About your periods* and separately, a copy of the proposed illustrations entitled *Signpost to womanhood* drawn by a Mrs Dawburn.

After significant internal disagreements the leaflet's text was finally completed, agreed upon and sent to *The Family Doctor* in July of 1965. Their representative replied,

[124] 'Letters between the MWF and The Family Doctor', c. 1963-1966, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.

nearly three weeks later, apologising for the tardiness of their response, and explaining that since 1963 there had been a significant drop in leaflet sales combined with an increase in printing and postage costs which made the menstruation leaflets 'really no longer possible'.[125] A sales record was included in this letter showing that takings for the leaflet had dropped by nearly twenty pounds between 1961 and 1965, from thirty-four pounds and two shillings yearly to fifteen pounds yearly. The spokesperson from *The Family Doctor* highlighted that the way the Federation were circulating their leaflets was a key issue, and that the cost of writing to schools to inform them was 'out of all proportion to the income [they] could obtain'.[126] This suggested that not only were the kinds of menstrual education the Federation were providing falling out of favour, their methods of distribution were too.

Negotiations appear to have gone on for over a year, and the final letter on the topic from *The Family Doctor* was received in the summer of 1966. This letter was more strongly worded: it explained that there was no longer *any* demand for the Federation's leaflets, as 'plenty of brands' now made 'adequate leaflets' as did the 'various' Health Councils, and that it would be in the Federation's best interests for this 'activity to be brought to an end'.[127] In response, the Federation began writing to schools asking them if they had any requirements for leaflets about menstruation for their girls students, likely in an attempt to demonstrate that there was still demand. The answers to these letters, however, had the opposite effect. Haberdashers, a private girls' school in Hertfordshire responded 'At the Haberdashers there has certainly never been any demand for it… one hopes their mothers could tell them'.[128] Roedean, a private school in Sussex responded 'I have never had any request for these… and I doubt they are necessary', going on to state 'I do not think it is required in the average girls'

[125] Ibid.
[126] Ibid.
[127] Ibid.
[128] Ibid.

boarding school'.[129] The answers from schools were all along these lines, not only declining the leaflets but declining them with a slightly incredulous tone. The notion that there may ever have been a need for leaflets of this kind as part of a girls' puberty education appeared to be a shock to the people in charge of these schools. This suggests that perspectives were indeed changing and communication taboos were lifting, likely caused in part by the very leaflets which were now deemed 'unnecessary'. As private girls schools were traditionally conservative, and had been the exact site of the first forays into this kind of menstrual education, this shift may demonstrate the success of the Federation's educational campaign, with it having become, paradoxically, a victim of its own success.

Yet, in amongst these responses from schools in the archive, there were tens of letters from doctors and individuals requesting copies of the leaflets, demonstrating that there was still some limited demand. Despite the Federation's final attempts, the rejection of this last leaflet by the publishing arm of the BMA marked the end of the Federation's leaflet campaign, scuppered by a congruence of factors, including internal debates concerning a modernisation of content, the positive influence their three-decade long information campaign had on perceptions of menstruation and the rise of leaflets published by brands. These branded, product focused leaflets will be the topic of the next section of this Chapter.

Despite not being published, the proposed content and the difficulties in reaching agreement as to what was going to be included in *Signpost to Womanhood* revealed the reluctance to change what the Federation perceived to be 'acceptable' information for adolescents. It also illustrated how internal conflicts were slowing them down, leading to the delays in sending a final copy to *The Family Doctor*. Internal correspondence between members of the Leaflet's Committee suggests that a version of the text for this leaflet was finished and circulated amongst the Federation in early 1964, feedback from this resulted in

[129] Ibid.

significant rewrites, and a second draft was then circulated in late 1964 or early 1965.[130] Dr Duncan wrote to the Federation's secretary, a Miss McCartan in the Spring of 1965, with a list of concerns about edits she had been asked to make on the second draft, specifically highlighting the fact that several of the newly proposed edits directly contradicted 'initial reactions' to the first draft of the leaflet.[131] In particular Duncan addressed the section entitled 'physiology of changes' which she had expanded at the behest of the Federation and the Headmistresses Association's responses to the first draft. The second draft included the function of menstruation and reproduction with references to sperm and ova, but comments on the second draft all suggested that the section should be omitted entirely.[132] Duncan highlighted the fact that this illustrated a 'difference in opinion as to the scope' of the content of the leaflet amongst different members of the Leaflets' Committee and the Headmistresses Association, indicating an increasing fragmentation in the organisations. While we cannot know who opposed what, from the themes explored throughout this Chapter it seems likely that these differences of opinion formed along generational lines, with older doctors perhaps wishing to include less references to sex, tampons and other topics they deemed to be controversial.

The proposed content of the *Signpost to Womanhood* leaflet really began to leave behind the Edwardian undertones of the Federation's previous leaflets. There was a big shift in the topics which were covered, the leaflet was far longer, and each topic was explained in a lot more detail. The previous three leaflets published by the Federation were all printed on plain paper with a small simple type face and no frills or illustrations, in contrast however, the updated re-draft proposed in the mid 1960s was to have illustrations, in simple black and white rather than colour in order to save on print costs, but illustrations nonetheless. This was

[130] 'Draft of the proposed leaflet', n.d. estimated c. early 1960s, Wellcome Library, London, Collections and archives, SA/MWF/H.51/2.
[131] Ibid.
[132] Ibid.

a huge step towards modernising the format of this method of knowledge transmission. The same key themes were present, with references to menstruation as a 'normal healthy process' and reminders to continue bathing and doing exercise and games, but these themes now intermingled with a whole new range of teachings which represented a changing culture surrounding adolescence, menstruation and girls' puberty.[133] These new inclusions may have been linked with the gradual rise of the 'teenager', and these changing notions of adolescence will be covered in the next section of this Chapter. The new topics in the leaflet draft included the inclusion of overt links between reproduction and menstruation, the advisability of tampon usage, body hair and its removal, breast development and weight management.[134] In the only draft of the text kept in the archive, which appears to be a revision of the second draft (which had been circulated to the entire Federation), there was a whole section on reproduction and the function of menstruation, including a description of ovulation and fertilisation with reference to 'a sperm from the father of the baby'.[135] This was in a section labelled the 'physiology of the changes' which in the written feedback some of the Federation deemed imperative, and asked Dr Duncan to expand, and others thought should be omitted entirely, demonstrating a continued conflict within the Federation concerning linking sex and menstruation in their educational literature. In the conclusion to the leaflet, Dr Duncan also explained to her reader that while menstruation meant that her body was ready 'for motherhood', a baby needed more than 'a womb to grow in' it also needed 'a home and parents trained for their role in life'.[136]

The section on products in *Signpost to Womanhood* extended to cover nearly a whole page, and went into detail about the different absorbencies of cotton wool or cellulose pad newly available, and the different methods of attaching them to the body (*via* a belt with clips

[133] Ibid.
[134] Ibid.
[135] Ibid.
[136] Ibid.

or a nylon 'little bikini-type garment' with a 'special place for pads to fit').[137] This constituted the first reference to the kind of pads with different levels of absorbency which are familiar to twenty-first century menstruators. For the first time there was no mention of traditional reusable pads, even to caution against them, suggesting that this method of menstrual management was no longer common enough for the Federation to be concerned with. There was also a full paragraph concerning the use of tampons, which was referenced in Dr Duncan's letter as one of the elements which was causing feedback which was 'in direct conflict', with some members thinking it was important to include information about tampons and some suggesting references to them should be omitted entirely. The paragraph concerning tampons which Dr Duncan included in the draft kept in the archives explained that tampons were a 'little cotton wool pad' which could be 'inserted into the vagina to absorb blood'.[138] The text cautioned that tampons should not be used by young girls because they were 'difficult to insert' but that girls in their 'later teens' could 'try the method' but should 'not persist' if there were any difficulties inserting them.[139] This leaflet also took care to explain carefully how pads and tampons should be disposed of, stating that incineration was the best method, followed by placing the used pad in a paper bag and putting it in 'the bin provided'.[140] Dr Duncan acknowledged that while 'every school or place of work should provide means of disposing of towels', there would probably be 'exceptional circumstances' in which a girl may have to wrap the pad up and take it home with her to dispose of.[141] That there were no annotations to this statement on the draft preserved in the archives suggested that most of the infrastructure issues which preoccupied the MWF a decade before had been ameliorated.

[137] Ibid.
[138] Ibid.
[139] Ibid.
[140] Ibid.
[141] Ibid.

In addition to providing more information about all aspects of periods, *Signpost to Womanhood* also referred briefly to the other bodily changes of puberty, with Dr Duncan addressing body hair, breast development and weight gain. This section suggested that underarm hair 'served no real purpose' and that girls would be more comfortable if they removed it with a safety razor, but that pubic hair should be left alone.[142] This aligns with the kind of information girls were getting from magazines about body hair, from the 1930s onwards. An advert for depilatory cream in *Poppy's Paper* suggested that hair on the limbs was 'masculine', that men found it 'repellent' and that this 'disfigurement' 'spoils… happiness and joy'.[143] Girls were cautioned not to eat too many cakes and buns to prevent becoming plump, and told to wear a professionally fitted 'dainty' brassiere when their breasts began to develop.[144] The inclusion of such material marks a significant change to previous leaflets which were framed as being entirely based on research and medical fact. It also showed that the Federation was beginning to acknowledge that what it meant to an adolescent was changing, and that the girls of the 1960s needed an updated set of menstrual practices and puberty education taught to them to align with these changes. These messages were, however, teaching girls to adhere to a kind of girlhood which prioritised traditional femininity and an attractive presentation in order to find 'love and fulfilment' through heterosexual love and marriage.[145] This was not necessarily Edwardian in nature, as it was common trend throughout girls and women's magazines through to the late 1950s, however the inclusion of it in puberty education literature lends the notion of a continued 'traditional femininity' a

[142] Ibid.
[143] P. Tinkler, *Constructing girlhood: popular magazines for girls growing up in England, 1920-1950* (London, 1995) p. 162.
[144] 'Draft of the proposed leaflet', n.d. estimated c. early 1960s, Wellcome Library, London, Collections and archives, SA/MWF/H.51/2.
[144] Ibid.
[145] P. Tinkler, 'Are you Really Living? If not, "Get with it!" The teenage self and lifestyle in young women's magazines, Britain, 1957-70' in *Cultural and Social History,* Vol. 11, No. 4 (2014) p. 598.

professional credibility, especially at a time when a new 'late-modern' femininity was emerging, which focused on 'choice, fulfilment and self-discovery'.[146]

Overall, the tone of the proposed text was that of 'big sisterly advice' rather than a professional medical pamphlet. This may have been intended to appeal the young girls it was going to be given to, reflecting the fact that it was designed and written with the girls in mind, unlike the previous leaflet which was written for mothers and only minimally changed just before publication. The Federation's comments on Duncan's first draft also suggested a simplification of the language for example the 'physiology of changes' section was renamed 'reason for periods' in a final draft of the text.[147] Ease of comprehension appears to have been a real concern with this redrafted leaflet, and the feedback from the Federation continually reiterated the need for short sentences and simple language. Throughout the typed draft in the archive are handwritten notes in blue biro, altering phrasing and clarifying terms. In the section where girls were cautioned against wearing pads for too long because of concerns they would 'become offensive', this description was crossed out and replaced with the word 'smell'.[148] In a description of methods to alleviate mild period pain 'heat applied locally' was changed to 'putting a warm hot water bottle' to 'the tummy'.[149] These changes to the language used in the leaflets were described by a Miss Dawkins of the Federation as moving away from scientific language to make the leaflet understandable for a girl of 'low average intellect'.[150] While this choice of descriptor may be distasteful to a contemporary audience, the actual changes marked a shift towards inclusivity for girls who were less educated, and for whom the academic scientific language used in previous leaflets might have caused

[146] Ibid p. 598.
[147] 'Draft of the proposed leaflet', n.d. estimated c. early 1960s, Wellcome Library, London, Collections and archives, SA/MWF/H.51/2.
[148] Ibid.
[149] Ibid.
[150] J. M. Strange, 'The assault on ignorance: Teaching menstrual etiquette in England, c. 1920s-1960s' in *Social History of Medicine,* Vol. 14, No. 2 (2001) p. 262.

confusion or a sense that the publication was not for them. It may be that this shift was influenced by a perception amongst the Federation that the more educated classes were becoming more accepting of educational information about sex and bodies, but that the working classes were slower to alter their perspectives, signalling increased need for such a leaflet amongst a different group of people. This would align with how twentieth century historians have assessed classed understandings of changing perspectives towards sex education in the middle of the century.[151] The founding of the NHS would also have meant that the Federation doctors were increasingly interacting with women and girls from a more diverse range of backgrounds, which may have influenced their desire to make their leaflets more accessible.

While there was debate amongst the Federation doctors about the scientific terminology used throughout this leaflet, it is notable that there was a lot more explicit or overt language being used throughout. Most significantly the term 'vagina' was used for the first time, in conjunction with the colloquial term 'the front passage' which they had been using previously.[152] This goes some way to demonstrate the slow but very real changes which were occurring throughout the mid-twentieth century in terms of the acceptability of the use of overt bodily language. In contrast even the Federation's own published medical papers concerning menstruation in the 1930s and 1950s did not use the word vagina.

The same issues which were causing debate and disagreement within the Federation concerning their final leaflet were reflected in the issues that Federation were highlighting internally about the leaflets published by other brands and Health Councils referenced in the *Family Doctor's* rejection letter. These criticisms largely revolved around explicit acknowledgements that menstruation was linked to sexual intercourse and conception, and to

[151] H. Cook, *The Long Sexual Revolution: English Women, Sex and Contraception*, *1800-1975* (2004) p. 184.
[152] Ibid.

the use of tampons for young girls. When Silcot, a pad brand, sent them their new leaflet 'You're becoming a woman' in 1963, a Federation doctor had annotated various passages with the word 'meaningless' in blue biro, particularly those referring to the vagina as a 'birth canal', this Federation doctor had also crossed out whole passages including a line stating 'you're capable of having children of your own now'.[153] This demonstrated the way that the Federation had traditionally prioritised menstrual education while avoiding highlighting its explicit links to reproduction. Many of the later product-based leaflets which will be explored later in this Chapter also contained the suggested that the onset menstruation symbolised a body physically ready to have babies. The frequent links between menstruation and reproduction, specifically with reference to intercourse, contained in non-Federation menstrual education literature likely contributed to the Federation's perceptions that despite other publications being available, theirs were still needed.[154]

The secretary of the Federation also wrote a letter to the Scottish Health Council about their leaflet *6 Hints to Adolescent Girls* published in 1963 criticising their lack of clarity regarding the use of tampons, and their failure to highlight the importance of hand washing and frequent changing when using them, asking them to edit their publication.[155] Commercial tampons had been available since 1929 in Britain, although the use of 'internal protection' using wool, papyrus or other soft absorbent materials dates back as far as records of menstrual management technologies. The Federation had significant concerns about tampon usage in young girls, and did not recommend their usage in any of their published leaflets, despite their increasing popularity (due to being small, discrete and easy to carry) from the Second World War onwards, as discussed in the first section of this Chapter.

[153] 'Letter from the Federation to the Scottish Health Council', n.d. estimated 1963-1964, Wellcome Library, London, Collections and Archives, SA/MWF/N.4.
[154] 'Letters and ephemera', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.
[155] 'Letter from the Federation to the Scottish Health Council', n.d. c. post 1963, Wellcome Library, London, Collections and Archives, SA/MWF/N.4.

The issues which the wider Federation were grappling with and struggling to agree upon with respect to the content, language and tone of their final leaflet caused delays which ultimately meant that *Signpost to Womanhood* would never go into circulation. These major differences in opinion concerning teaching young girls about the way menstruation fit into the bigger picture of the ways their body worked, and continued concerns about the use of tampons appear to have been the main factors which prevented this leaflet from being published closer to its proposed date in 1963, when sales were still consistent. These debates highlighted the way that the some of the members of the Federation continued to maintain perceptions of, and teachings around, menstruation which remained firmly situated in early twentieth century thinking, and highlighted the issues of generational difference between the early Federation doctors, their younger colleagues and the young women doctors who had joined the BMA. This section has shown how the Federation continued to put forward a specific model of menstrual education which was particularly sanitised. This kind of education was radical at the start of their campaign, but almost obsolete by the 1960s when they began to be surpassed by other organisations who were not rooted in the conservatism inherent to the precarity experienced by early women doctors. The next section will show the way that brand leaflets rose to the challenge of catering to a new kind of adolescent girl, through the lens of changing notions of both 'modern girls' and 'modern periods'. It will examine the ways that narratives surrounding menstruation shifted from the vitality and capacity present in the Federation's literature, to menstruation as a 'problem' to which menstrual management products were a solution.

c) <u>Puberty education leaflets: From knowledge transmission to thinly veiled advertisement.</u>

As the popularity of commercial menstrual management products rapidly expanded, the brands which produced these products began to become the go-to experts for menstrual education, following the same trend seen in the United States from the 1920s.[156] The commodification of menstruation and its various management products led to this change in authority, spurred on by the Federation leaflets failing to move with the times, and the rapid and fundamental shifts in the lifestyles of young girls from the 1950s. Menstrual education was no longer being exclusively produced by a well-meaning group of female doctors, fastidiously publishing simple and plain leaflets which provided information drawn from research, and mailing them out to schools. It was now also provided by brands who produced period products, and used leaflets and pamphlets as thinly veiled advertising, distributing them widely and at low, or no cost. These new leaflets were designed to appeal to a new generation of young female consumer. A girl who was somewhat distanced from her mother and the home, and felt she should be addressed as a person, and a consumer, in her own right. While in the 1920s frank advice about how to educate their daughters on the topic of menstruation, given to mothers, was a radical novelty, by the late 1950s and early 1960s girls increasingly expected to be treated as individuals. This shifting model of girlhood will be addressed in this section, alongside the commercial leaflets designed to appeal to this new generation of girls, and the different kind of menstrual paradigm they were selling.

Girls in the 1950s and 1960s have been described as 'harbingers' of social change, and teenage magazines from the late 1950s onwards reflected this in their representations of teenage lifestyles as 'attractive, empowering and potentially potent'.[157] Stories for girls shifted from those which addressed girls as future mothers and housewives, to a new focus on

[156] L. Freidenfelds, *The Modern Period: menstruation in twentieth-century America* (2009), Johns Hopkins University Press, p. 72.
[157] P. Tinkler, 'Are you Really Living? If not, "Get with it!"', p. 598.

'expressing oneself, having fun, independence, experience and embracing opportunities, especially for work and travel' in other words 'fulfilling one's potential'.[158] As young single girls and women emerged as a distinct market in the late 1950s, their desires and needs became important, because they represented a new, consumer mass market which companies could market and sell to.[159] Post war, young people as a whole were increasingly becoming significant actors in the consumer market, teenagers were making money and had disposable income which made them appealing to brands wishing to market products.[160] A distinct 'youth culture' had emerged for young girls during the interwar and war years, allowing for more freedoms from their parents and greater financial independence.[161] Promoting specific menstrual management products as the solution to all menstrual problems to young girls on the brink of puberty, could create a lifelong customer for Boots, Silcot, Kotex or Feminax. This is because personal 'hygiene' products, alongside other products that people were less likely to discuss and compare experiences with others about throughout their lives, it was often the case that 'once a customer, always a customer'.[162] At the same time, the increasing prevalence of new brand leaflets, which were colourful, and illustrated, written directly to the girls in friendly and companionate language and given out at no cost to schools and organisations, likely contributed significantly to the downtick in orders for the Federation's leaflets in the early 1960s.

Menstrual product brands began producing advertising material in the form of menstrual education leaflets that conceptualised menstruation as a 'hygienic crisis'.[163] The

[158] Ibid p. 615.
[159] Ibid p. 598.

[160] B. Osgerby, '"Well, it's Saturday night an' I just got paid": Youth, consumerism and hegemony in post-war Britain' in *Contemporary British History*, Vol. 6. No. 2 (1992) p. 296.
[161] L. Abrams, 'Liberating the Female Self: Epiphanies, Conflict and Coherence in the Life Stories of Post-war British Women in *Social History* (2014) Vol. 39, No.1, p. 15.
[162] E. A. Kissling, *Capitalizing on the Curse: The Business of Menstruation,* Lynne Rienner Publishers, (2006) p. 11.
[163] Ibid p. 11.

leaflets which fell into this category within the Federation archive drew significant influence from the leaflets published in the first half of the century by the Federation. Despite appearing similar in content on the surface, the intentions behind these publications differed significantly. This may have had an effect on the girls who were being taught about their bodies in this way, which will be developed below. As this Chapter has demonstrated, the Federation's leaflets aimed to cut through a climate of silence and myth to furnish adolescents (*via* their mothers at first) with accurate and measured information about managing periods, based on research. Their intentions were to improve menstrual experiences by solving the problems caused by silence and myth surrounding menstruation and thus promoting a narrative of 'menstrual capacity'. In contrast these new leaflets, created in conjunction with menstrual management product brands, were devised with the intention of selling a product. While the Federation framed mild menstrual discomfort and unhappiness or 'disability' as a problem caused by a lack of knowledge, which could be solved by spreading accurate information, these companies conceived of menstruation as a problem within itself, which could only be solved by whatever product they were promoting.[164] These product leaflets sold shame and modernity hand in hand, and promoted a new kind of menstrual culture as acquired through purchasing products to prevent the shame or embarrassment which they framed as inherent to menstruating. *Very personally yours* published by Kotex in 1946, *The modern way* published by Boots Ltd in the early 1950s, *You're becoming a woman* published by Silcot in the 1960s, and *Pain and your period* by Feminax published sometime in the late 1960s, all conformed to this model. These leaflets were all addressed to the girls concerned, illustrated and printed in colour featuring girls in fashionable clothes and written in a friendly and familiar tone, a format which was likely designed to appeal to adolescents.

[164] Ibid pp. 11-2.

The Federation's leaflets contributed to this shift towards the commercialisation of menstruation. In all their leaflets, there was a steady focus on recommending newer commercial disposable products instead of 'old-fashioned' reusable pads. This followed the trajectory isolated in Chapter Two which showed that there was a slow adoption of commercial menstrual management products between the 1920s and the mid 1940s. The slow pace of this adoption was likely due to a combination of communication taboos preventing information about disposable pads reaching their audience, and prohibitively high costs. These newer disposable pads were usually recommended for reasons of cleanliness, and comfort. In particular Dr Mona McNaughton of the Federation wrote in her leaflet *Health and the Periods* published in 1936 that 'washable [pads] are old-fashioned and difficult to make really clean', and an article in *Woman* written by the Federation in 1937 stated that 'the soluble kind is better from every point of view'.[165] The denigration of old fashioned products and the promotion of more efficient and discreet commercial products contributed to a new menstrual culture in which menstrual product companies began to become the authority in every aspect of menstruation, from education to product development.

These recommendations to use new menstrual technologies in the middle years of the twentieth century made perfect sense from a comfort standpoint, and also in the promotion of menstrual capacity in young girls, as they prevented girls having to carry used pads around with them at school or work. From a social perspective it is important to note that many girls may not have been choosing to use reusable towels because they were ill-informed but rather because that is what they had available to them. The later leaflets aimed at selling disposable period products, took the same stance as the Federation, but instead of promoting disposable

---

[165] *Health and the periods*, 1936, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5; 'Woman Article', 1937, Wellcome Library, London, Collections and Archives, SA/MWF/N.4.

pads for reasons of comfort or the promotion of menstrual capacity, they were recommending their own specific products. These leaflets made overt brand recommendations which (whether intentionally or unintentionally) referenced the reasons the Federation recommended disposable pads. For example *Very personally yours* a Kotex leaflet from 1946 answered its own question 'How shall I know which ones [pads] to use?' with the response 'You'll want one that gives comfort for one thing. Kotex towels…etc'.[166] Silcot's *You're Becoming a Woman*, from 1963, did the same, asking 'Don't you think that it would be a good idea to choose a sanitary towel that would be comfortable? Of course you do'.[167] This Silcot leaflet went on to list the 'comfort' elements a girl 'already knew she wanted', and that her 'wants had been anticipated' with Silcot Santowels.[168] These examples demonstrate the way that this new kind of leaflet adopted the familiar format of the Federation's education leaflet, but shifted its role from one of education for education's sake to advertisement in the guise of education.

Product-based brand leaflets echoed some of the focus in the MWF leaflets on menstrual etiquette and concealment, but they took the theme in new directions. In their leaflets, the Federation promoted concealment with the intention of helping the adolescents they were educating to function in a society which problematised menstruation. Strange highlights how these female doctors were in some ways reinforcing the attitudes of the nineteenth century in their leaflets, specifically in terms of their insistence on secrecy.[169] They explained the importance of concealing menstruation for the comfort of others in terms of limiting certain activities, adhering to specific codes of behaviours or dressing in a certain way. This included directions avoid swimming in public baths for 'obvious reasons' and 'for

[166] *Very personally yours*, 1946, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.
[167] *You're becoming a woman*, 1963, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5.
[168] Ibid.
[169] J. M. Strange, 'The assault on ignorance: Teaching menstrual etiquette in England, c. 1920s-1960s' in *Social History of Medicine,* Vol. 14, No. 2 (2001).

the sake of others'.[170] While this was not likely the intention, these constant reiterations of the importance of concealment framed menstruation as something shameful and private to the mothers and daughters receiving these leaflets. The product-focused leaflets published by Kotex and Silcot used these already prevalent concerns about concealment to highlight how *their* products should be used to optimise concealment. This was because they would not cause 'embarrassing bulges' and 'really won't show!'.[171] Product leaflets also made references to the use of their products to prevent leaks which could reveal that a girl was menstruating claiming things like, 'Kotex for absolute safety'.[172] This perhaps demonstrates the continued influence of the more negative aspects of the Federation's literature, although in these leaflets the etiquette of concealment and promotion of shame was being harnessed for commercial gain. This is in contrast to the Federation who used these methods to try and conceal menstruation in a culture which framed menstruating women as incapable of functioning in society. Despite the differences in intent, the outcome was the same. Adolescents were being taught that periods needed to be hidden.

The leaflets published by the Federation made specific recommendations to their readers to wash more during menstruation, highlighting that keeping clean was *even* more important than usual. These recommendations were again echoed in the product-based Leaflets. They also referenced the 'smell' of pads which were worn for too long, and recommended changing frequently to avoid smells and chafing. The brand leaflets placed even more emphasis on this idea of smell. Silcot's 1963 leaflet stated that one should:

> "keep… [oneself] especially clean during a period as you may perspire more freely and menstrual fluid may develop a fairly strong odour. [One should] follow the usual

---

[170] *The approach to womanhood*, n.d. estimated c. 1929-69, Wellcome Library, London, Collections and archives, SA/MWF/N.4; *Very Personally Yours*, 1946, Wellcome Library, London, Collections and Archives, SA/MWF/N.4.

[171] *You're becoming a woman*, 1963, Wellcome Library, London, Collections and Archives, SA/MWF/N.4; *Very Personally Yours*, 1946, Wellcome Library, London, Collections and Archives, SA/MWF/N.4.

[172] Ibid.

> rules of being 'nice-to-be-near' but also make sure to change your pad frequently or you will undo all that good because of the rather unpleasant odour". [173]

The Kotex leaflet in the Federation's archive also reiterated that changing pads frequently was the only way to avoid an odour developing, reminding readers 'Do not forget, change often and bathe often to keep yourself really fresh'.[174] Ideas about concealment of the visual and olfactory elements of menstruation were present in the Federation's leaflets and the branded leaflets, demonstrating the way that the shame and biases implied in the Federation doctors teachings about menstruation were shifted into a 'problem' which could be used to promote purchasing and using more menstrual products as a solution. This continual reinforcement of the idea that menstrual blood smelled bad, and that the odour must be avoided by staying very clean reinforced the notion that menstrual blood was abject and that periods were inherently dirty, something that it was not in menstrual product brand's best interests to counter.

The influence of the Federation's approach is suggested in the descriptions of menstruation as a 'natural function' or 'natural process', which appeared not only in all of the Federation's leaflets, but also all of those published by brands held in their archive. Each specified that menstruation was a process which should not be looked upon as being unwell, poorly or ill in any way. Two leaflets from the middle of the century stood out, taking this idea further and overtly criticising the older women in families for perpetuating the 'invalid narrative'. *Menstruation, A Natural Function* published by Boots (then Boots Pure Drug Co. Ltd) in the late 1940s proclaimed that the notion of being 'more or less an invalid who went to bed for a few days' was one of a list of 'silly ideas' passed down from ones 'grandmothers

---

[173] *You're becoming a woman*, 1963, Wellcome Library, London, Collections and Archives, SA/MWF/N.4.

[174] *Very Personally Yours*, 1946, Wellcome Library, London, Collections and archives, SA/MWF/N.4.

times'.[175] In a similar vein, *Very Personally Yours*, published by Kotex in 1946 answers the question 'why do they call it a sickness?' with 'This term is leftover from the time of our grandmothers, when people looked upon menstruation as an illness… For girls today, the word sickness does not apply'. [176] This explicit denigration of colloquial knowledge passed down from older female family members in both the Federation leaflets and the product promoting leaflets contributed to the erasure of traditional family narratives of menstruation. This positioned adolescents in a difficult spot in the first half of the twentieth century, between 'new notions of rational hygiene' and the 'diametrically opposed traditional beliefs of their mothers'.[177] Brumberg suggests that this kind of denigration of familial knowledge transmission may have caused mothers to feel less able to educate their daughters about puberty, as they felt unable to give an adequate 'scientific explanation' of menstruation.[178] This may have unintentionally furthered some of the silence surrounding discussions of menstruation.

Throughout the published materials of the MWF and these other organisations on the topic of menstruation, we see the constant reinforcement of the idea that menstruating was not only 'normal', but more often 'normal and painless'. This was beneficial, and at the start of the period, necessary, as it countered Victorian ideas of incapacity and universal pain and began to curate a picture of menstruation which championed ability rather than disability. Yet this 'normal and painless narrative' also erased negative experiences, which could have made people with heavy or painful periods feel invalid or abnormal, and caused those in charge of

---

[175] *Menstruation: a Natural Function*, n.d.. estimated c. 1947, Wellcome Library, London, Collections and Archives, SA/MWF/N.4, p. 1.
[176] *Very Personally Yours*, 1946*,* Wellcome Library, London, Collections and Archives, SA/MWF/N.4.
[177] J. M. Strange, 'The assault on ignorance: Teaching menstrual etiquette in England, c. 1920s-1960s', p. 261.

[178] J. J. Brumberg, '"Something happens to girls": menarche and the emergence of the modern American hygienic imperative' in J*ournal of the History of Sexuality*, Vol. 4,No. 1 (Jul 1993) pp. 99-127.

them to take them less seriously or provide less accommodations or assistance, as discussed in Chapter Two.

Commercial organisations also sought to address, and profit from, the management of discomfort. The leaflet *Pain and your Periods* published by Feminax in the late 1960s conceptualised period pain in a way that reflected both the old ideas of the Federation and menstrual capacity, and the new ideas of menstrual education as brand promotion. The leaflet referenced similar gentle yogic exercises to those promoted by Sanderson Clow, including almost identical diagrams, and two identical movements. This suggested that the author may have read the Federation's leaflets in preparation for production. Feminax recommended the continuation of normal activities promoted by the Federation to alleviate pain. Seemingly in direct conflict with all this advice, it also suggested 'keeping warm and taking a tablet specifically formulated for this kind of pain' as the solution to period pain.[179] This showed a congruence of the aims of the original Federation leaflets, and those written by brands but influenced by the Federation's research, in one leaflet. This Feminax leaflet used the narratives of capacity promoted by the Federation and their language and recommendations surrounding alleviating pain with exercise, 'avoiding constipation' and keeping on with normal activities while concurrently promoting their medication for period pain. The leaflet described period pain as unnecessary, if a girl was healthy and moved her body, and took warm baths, but in conflict with this it conceptualised period pain as a problem which could be solved by taking their tablet. This showed the shifting priorities of the menstrual education sector in conflict with one another. *Pain and your Periods* was also the earliest leaflet in the collection which referenced mood swings or changes as caused by the menstrual cycle, a topic which will be covered in detail in Chapter Four. The original Feminax medication was

[179] *Pain and your Periods*, n.d.. estimated c. late 1960s, Wellcome Library, London, Collections and Archives, SA/MWF/N.4.

not just an anti-inflammatory, as it now is in the twenty-first century, it also contained an unnamed ingredient to 'lift depression', which explained this reference to the mood changes increasingly ascribed to the menstrual cycle from the late 1950s. The content of this leaflet in particular highlighted the way that the contrasting aims of the Federation's research and the brands' desire to sell products came together within these advertisement-cum-advice leaflets in a way that created a conflicting narrative. These leaflets were framing menstruation as normal and natural, and promoting keeping on with normal activities, while also emphasising the need for their products. The promotion of these products as solutions to menstrual problems directly challenged the notion of inherent menstrual capacity which just needed to be brought out by improved infrastructure and education as promoted by the Federation.

In the middle decades of the twentieth century, these new, free, product-focused leaflets which contained friendly casual language and colourful pictures, likely appealed to adolescents and those in charge of them, which may have contributed to the slow decline in demand for the Federations leaflets. Each of the brand leaflets in the Federation archive included information falling under the same umbrella of categories as the Federation's leaflets: menstruation as a 'normal' and natural process, the dispelling of myths about water and exercise, the promotion of a particular kind of menstrual etiquette including prioritising the comfort of others and the product recommendations. These themes were heavily influenced by the research and work of the Federation, and their repetition demonstrates the wide reach and influence of their work, even after they stopped producing leaflets. This demonstrated the influence the Federation's research and publications had on this new method of menstrual knowledge transmission, and how the themes present within the Federation's literature were translated into this new kind of advertising material.

This new kind of leaflet built upon the recommendations for correct menstrual behaviour as represented by the Federation, such as the denigration of reusable pads, the

enforcement of menstrual etiquette and the repetition of the idea than menstruation should be 'normal and painless' and used these to create a narrative that their product alone would allow for that correct menstrual behaviour. The way that brands have used shame, feminine ideals and constructions of menstruation as a 'hygienic crisis' to sell their products via adverts throughout the second half of the twentieth century and now the twenty-first century has been the topic of significant research.[180] My research links the beginnings of this kind of 'problem solving' menstrual product advertising with the end of the Federation's leaflet campaign, and the overlapping content of these different forms of menstrual education leaflet. The shift towards these advertisement leaflets also signalled a shift in menstrual culture in Britain, one which will be explored in the next Chapter.

The first menstrual education leaflet published by the Federation was released into a Britain which prioritised a 'mock modesty' in its young girls, giving rise to menstrual ignorance and contributing to perceptions of universal menstrual incapacity. The leaflet provided a framework which mothers could use to teach their daughters without referencing topics which were controversial such as the links between menstruation and reproduction. The content of the MWF leaflets changed slowly, and they began to include more overt information as the decades went on, perhaps influenced by their partnership with *The Family Doctor*. Yet, the MWF nonetheless failed to modernise its publications at a speed which matched the needs of their audience. They also reinforced menstrual shame and stigma, which continued to be influential in commercial campaigns.

[180] See: E. A. Kissling, *Capitalizing on the Curse: The Business of Menstruation;* D. Merskin, Adolescence, Advertising and the Ideology of Menstruation in *Sex Roles*, Vol. 40, Nos. 11/12; K. Kane, 'The Ideology of Freshness in Feminine Hygiene Commercials' in *Journal of Communication Inquiry* (1990) Vol. 14, No. 1, pp. 82-92.

In the 1920s the Federation's leaflets were radical publications: they addressed specific concerns which were influencing menstrual distress, and inhibiting menstrual knowledge transmission. Two factors which were creating and reinforcing a cultural image of menstruation as physically incapacitating. The Federation sought to create a cultural narrative of menstrual capacity by providing information to mothers which separated sex and menstruation allowing those who may have been reticent to teach their daughters about menstruation in fear of spoiling their innocence a pathway to navigate difficult conversations. In addition to this they aimed to dispel myth and superstition to prevent outdated practices which were furthering negative menstrual experiences. Providing this information to people in charge of adolescent girls' lives contributed to a significant cultural shift in terms of perceptions of menstruation, contributing to a situation in which a majority of people began to see menstruation as a normal and non-disabling, if a little distasteful, element of womanhood.

By the 1960s, as demonstrated by the interaction between the Federation and *The Family Doctor*, the Federation's own leaflets were less in demand. The Federation were not able to change fast enough to keep up with changing attitudes and practices due to generation conflict between younger doctors and the original members. The draft of *Signpost to Womanhood* - the leaflet which they were preparing for publication in the 1960s - did show a significant changes in format, and content, but internal disagreements stymied its chances of success. In the 1920s, mothers, doctors and teachers needed to be educated about 'normal periods', exercise, bathing and new disposable products because none of these things were common knowledge. By the 1960s times had changed, young girls were gaining independence, their mothers likely had a greater understanding of 'modern' menstrual practices, disposable products were the norm and it was now the 'teenagers' themselves who expected to be given frank advice about their changing bodies and new modern ways to

manage them. It seems that these teenagers were increasingly learning from the modern, colour printed, and illustrated leaflets which were published by Boots, Tampax, Silcot and Kotex and represented a new kind of 'modern menstruation' rather than the now 'old fashioned' image created in the Federation leaflets addressed to their mothers.

It is impossible to analyse the direct impact of the MWF leaflets on individual adolescents. Yet, the evidence of their wide sales, and the ways in which by the 1960s, responses to proposals for a new leaflet were met with incredulity on the grounds that what was covered was common knowledge suggests that they succeeded in facilitating knowledge transmission and provided a step in the right direction towards combatting deeply entrenched communication taboos and myth-based beliefs. However, as the needs of adolescent girls changed, the Federation leaflets failed to change fast enough, and their final leaflet which was the most modern and overt in its content caused significant internal conflict which ultimately took up so much time that the decline in demand for such leaflets became apparent to their publishers. Part of this decreased need was due to a new kind of product-based leaflet produced by brands from the mid 1940s onwards, These were significantly more accessible, more attractive with colour printed pictures and designed to be read by the girls themselves. They represented a new kind of 'modern menstruation' which was appealing to their audience, but also were heavily influenced by the research and theories of the Federations doctors over the previous twenty years. These new branded leaflets represented a shift away from the Federation's constructions of menstruation as normal and natural to menstruation as problem which needed to be fixed with specific consumer products.

Chapter Four

Shrews, Bitches and their Poor Husbands: The gradual emergence of new narratives of pre-menstrual incapacity in Britain, 1931-1970.

"Slowly and painstakingly, evidence is accumulating which reveals the effects of menstruation on different aspects of a woman's life. The more this evidence is appreciated, the more sympathetically can we regard the vagaries of womanhood, with the inequalities thrust upon her by hormonal variations of the menstrual cycle." -*Dr Katharina Dalton, 1960.*[1]

"Once a month, with monotonous regularity, chaos is inflicted on over a million British homes as premenstrual tension and other menstrual problems recur time and time again with a demoralizing repetition." - *Dr Katharina Dalton, 1978.*[2]

This chapter will focus on the idea of a pre-menstrual tension, or a pre-menstrual syndrome (PMS), as a pathological entity. PMS discourse challenged the idea of menstruation as a normal and unremarkable part of life which we saw being carefully built through Chapters One to Three of this thesis.[3] It was a new medical explanation of women's bodily incapacity, which emerged at a unique moment in British history. This Chapter will situate the uptake of PMS theorising within the cultural climate in Britain between 1953 and 1970, examining the way that this time period constituted an ideal environment for the widespread acceptance of what I term 'Daltonian PMS theorising'.

PMS was largely made famous by the work of a single doctor, Dr Katharina Dalton, whose work will be the focus of this chapter. Born in London in 1916, Katharina Dalton, née Katharina Kuipers, was trained as a chiropodist, working in chiropody for twelve years, and publishing a book on the topic entitled *Essentials of Chiropody for Students* which was used

[1] K. Dalton, 'Effect of menstruation on schoolgirls' weekly work' in *British Medical Journal,* Vol. 1, No. 5169 (January, 1960) p. 326.
[2] K. Dalton, *Once a month: The Original Pre-menstrual Syndrome Handbook*, Hunter House, London (1978) p. 13.
[3] K. Dalton, 'Effects of menstruation on schoolgirls' weekly work', p. 326.

as a text book from 1938 to 1970.[4] She was widowed with a young son during the war, and began to re-train as a doctor, working in the evenings and studying at the London Medical School for Women (LSMW, renamed the London Royal Free Hospital medical school in 1948) during the day.[5] Dalton qualified as a medical doctor in 1948 at the age of 32 and, after coining the term PMS in a jointly published paper with her supervisor, Dr Greene, went on to publish a huge body of academic articles and trade books on the topic.[6] Her work was readily accepted by the British public, and after she was an expert witness in two murder trials in the early 1980s, it became influential in the United States.

The links between Dr Dalton's work and the Medical Women's Federation are opaque, although she appears to have been a member of the Federation, at least for some of her career. Her research was referenced several times in their journal in the 1950s and 1960s, and she spoke at their London Regional Association meeting in 1963, indicating at least a provisional support at the start of her career.[7] As time went on - and her work became progressively more radical - the Federation stopped referencing her work in their Journal. This may have been because her ideas about pre-menstrual incapacity did not align with the federation's views on women's bodily capacity.

In the previous three Chapters, this thesis has demonstrated how conversations about menstruation, and menstrual research, became both more visible and more acceptable throughout the first decades of the twentieth century. This gradual change came *via* the work of pioneering female doctors working alone and in groups to alleviate menstrual stigma and

[4] K Dalton, *Essentials of Chiropody for Students*, Faber and Faber (1959); K Dalton, *The PMS Bible: The guide to treating and understanding PMS*, Vermillion (1999) p. xi.
[5] K Dalton, *The PMS Bible: The guide to treating and understanding PMS*, Vermillion (1999) p. xi.
[6] I Oransky, Obituary: Dr Katharina Dorothea Dalton in The Lancet, Vol. 64, No. 9445 (October 2004) p. 1576
[7] 'Journal of the Medical Women's Federation', (October 1953), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/17, p. 58; 'Journal of the Medical Women's Federation', (April 1959), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/20, p. 108; 'Journal of the Medical Women's Federation', (April 1963), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/23; 'Journal of the Medical Women's Federation', (July 1963), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/23, p. 137.

improve menstrual experience, infrastructure and education. The research of these female doctors contributed to a climate of relative menstrual capacity, in which a significant section of the medical profession and wider society began to see menstruation as a 'normal' or 'unremarkable' event which did not prevent women from taking part in their daily lives as normal. This was represented by the gradual acceptance of ideas about exercise and bathing while menstruating, and by increased education about menstruation and gradual menstrual infrastructure changes in schools and workplaces. This normalisation of menstrual experience promoted by Dr Alice Sanderson Clow and the Medical Women's Federation constituted a step towards the de-pathologisation of female bodily experience, albeit a small one. A step which not only supported young girls, but also reinforced the legitimacy of medical women (and other professional women) and their bodily capacity to function in the world of work. In parallel to these new narratives of menstrual capacity, and perhaps partly as a consequence of them, as menstruation became more visible various problems associated with menstruation, both social and somatic came to the forefront of the cultural imagination. This was explored briefly in Chapter Three in reference to the gradual commodification of menstrual experience and the generational differences in opinion on combining sex and menstruation education and on tampon usage, between older members of the Federation, and newly qualifying women doctors.

The studies and publications authored by Katharina Dalton are an example of a body of menstrual research performed by a woman doctor which was not overtly progressive or feminist in nature. This was a body of research which was starkly in contrast to the work of the Federation discussed in the previous two Chapters. This demonstrates the way that new narratives about women's bodily capacity, as suggested and reinforced by professional women in the twentieth century, were by no means universal. 'Daltonian PMS theorising' constituted a shift away from the narratives of capacity shaped by the first generations of

women doctors in the twentieth century, and towards a new framework which focused on the 'unique' biologies of women's bodies and how they may have been preventing them from functioning in society.

Dalton was a different kind of doctor to those of the ARMW and the early MWF, she qualified at a time when women were almost completely accepted within the medical profession and quotas existed to ensure they were not being kept out of medical schools. This may have made it easier for her to express views of women's bodies which did not specifically focus on capacity. She could publish articles about how women's bodies prevented them from existing as equals to men, without necessarily undermining her own position within the profession. Pre-menstrual syndrome became a popular idea from the 1950s onwards, becoming a scapegoat for any menstrual discomfort or symptom of cyclical hormonal change and crucially, contributing to new ideas of pre-menstrual incapacity *via* a conceptualisation of women as rendered less psychologically, intellectually and physically in control of themselves and their bodies during this late luteal or 'para-menstrual' phase.

The theory of PMS was based on scientific methods and conclusions which have not only been widely questioned since, but were also questioned at the time. The widespread and rapid acceptance of the idea of PMS demonstrated that the notion that women's bodies were rendered incompetent by their unique biology, was by no means a thing of the past by the mid-twentieth century in Britain, despite decades of work by the Federation and their members. These new ideas pathologised women's reproductive bodies and created new narratives of menstrual incapacity which echoed Maudslian late-Victorian conceptualisations of menstruation and of women's bodies. As such, they were reinforcing the very ideas which the Medical Women's Federation had been trying to counter via their research and publications since the 1920s.

The cultural narrative of PMS, understood as being irritable or irrational and experiencing an array of emotional and physical symptoms *prior* to bleeding is now ingrained in contemporary western culture. It is referenced broadly in popular culture, in films, television programmes and books, as a comedic aside, or as an explanation for women's uncharacteristic behaviour so frequently that it has become an unremarkable idea, something beyond interrogation. However, the idea that those who menstruate were 'not themselves' pre-menstrually because of a distinct pre-menstrual *syndrome* only emerged in the middle of the twentieth century, and predominantly in the global north.[8] The term 'pre-menstrual' only became part of common anglophone parlance in the mid twentieth century, suggesting that not only was the idea of a pathological pre-menstrual period novel, but also, that isolating this late luteal phase as socially or somatically relevant enough to have a label, was new. The various somatic 'problems' of the pre-menstrual moment began to be explained by doctors who sought to cure them from the 1930s onwards, originally called a 'pre-menstrual tension'.

This chapter will analyse the content of Dalton's published papers and books for a general audience, interrogating the ways that their content reinforced ideas about women's inherent physical, intellectual and psychological incapacity. Each paper which this Chapter examines concluded without nuance that unacceptable behaviour was more prevalent in the eight days of the para-menstruum (the last four days of the cycle and the first four days of bleeding). As the decade progressed, the pre-menstrual moment was blamed for an escalating series of behaviours in Dalton's work, culminating in its infamous blame for two women committing manslaughter in 1981. It will also examine the influence that this construction of PMS had on wider perceptions of women's capacity from the publication of Dalton's first solo study in

[8] J. M. Ussher, 'PMS as a process of negotiation: Women's Experience and Management of Premenstrual Distress' in *Psychology and Health*, Vol. 28 (2013).

1959 to her role as expert witness in the two murder trials in 1981 which led to its emergence in the American consciousness.

The history of women's roles and bodies in the post war period, moving through to the 1960s have been studied extensively and these works provide a valuable starting point from which to explore conceptualisations of women's bodies and perceptions of their capacity within the context of the development of ideas of a pre-menstrual incapacity. Helen McCarthy frames understandings of women's shifting life course in the post-war period as intrinsically linked with a new female led social scientific movement which sought to explain women in the workplace as a 'fundamental feature of advanced industrial societies'.[9] Pat Thane's discussions of the duality between women's work lives and home lives *via* the exploration of the movement for equal pay, allows for a further understanding of women's perceptions of their own lives, and men's perceptions of women during this period, specifically of their wives and employees.[10] Understanding the duality of women's roles in this moment facilitates a more productive understanding of the women who were being diagnosed with PMS, and the nuance and conflict inherent to the inner workings of their lives. It also helps to outline the unique cultural moment which allowed for this diagnosis to become a cultural norm.

The histories of women's bodies, and their relationships with their bodies through the 1960s have been largely focused on sex, with the advent of the pill being one crucial element of this. The contraceptive pill placed control of fertility firmly into women's hands, and Lara Marks conceptualises its advent as revolutionising women's lives by separating sex and reproduction, framing its popularity as demonstrative of changing attitudes to sexuality,

[9] H. McCarthy, 'Social Science and Married Women's Employment in Post-War Britain' in *Past & Present*, Vol. 233, No. 1, (2016) p. 270.
[10] P. Thane, 'Towards Equal Opportunities? Women in Britain since 1945' in T. R. Gourvish, *Britain since 1945* (1991) p. 185.

rather than as the single thing that caused these shifts.[11] Marks highlights how the pill facilitated further medicalisation of women's reproductive bodies, with a whole swathe of healthy young women now under the care of gynaecologists, and taking daily hormonal medication. These developments were happening in parallel to the uptake of Daltonian PMS, and are particularly critical to discussions of PMS in the context of the re-medicalisation of women's reproductive bodies, and the pharmaceutical revolution which facilitated the use and promotion of hormonal medications within gynaecological and reproductive medicine. Dr Hera Cook frames these conversations surrounding women's bodies and sexuality as fundamentally linked to women's autonomy. With women's autonomy directly reflecting women's experience of sexuality, and by extension their experiences of their bodies. Autonomy in this context is described as 'what freedom…[women] have to: develop bonds with other people, to move about and to interact with the outside world… to obtain information and use it… for making decisions… [and] control of economic resources'. [12] This framework of autonomy helps to contextualise women's decisions to be medicated for PMS symptoms, within the context of the time, their access to information about their bodies and broader perceptions of women and their roles. Within this context, women's behaviours which were perceived to be outside the norm, and impacting their home and work lives, could be seen as pathological, and thus requiring medical intervention or treatment.

There has been limited historical analysis of the uptake of ideas about pre-menstrual syndrome in the United Kingdom, perhaps due to a reticence to cast an historic critical eye on the diagnostic legitimacy of PMS as a bio-medical construct. Elizabeth Arveda Kissling, however, examines PMS, and the contemporary diagnosis which emerged from it in 1985, pre-menstrual dysphoric disorder (PMDD) within the context of the gradual commodification

[11] L. Marks, *Sexual chemistry: a history of the contraceptive pill*, Yale University Press (2010) p. 3.
[12] H. Cook, *The Long Sexual Revolution: English Women, Sex and Contraception, 1800-1975* (2004) p. 4.

of menstruation in the United States in the twentieth century. Kissling suggests that after its labelling by Dalton, PMS was 'poised to become the disease of the 80s', with a glut of self-help books being published.[13] These diagnoses became culturally significant in the United States in the 1980s after Dalton's court cases, and again in the 2000s with the release of 'Sarafem', an anti-depressant marketed for the treatment of PMDD.[14] Kissling critiques PMS as the medicalisation of women's ordinary bodily experience, examining the vague diagnostic criteria of both PMS and PMDD and the various medical and feminist critiques of both diagnoses. In addition to this Kissling links the medicalisation of pre-menstrual experience with the pharmaceutical industry, within her broader narratives about the commodification of menstruation. Kissling refers to the 'dangerous implications' of the 'fuzzy diagnostic criteria' outlined by someone who was a 'public opponent' to the inclusion of pre-menstrual diagnoses in the DSM in the 1980s.[15] These implications included women being perceived to be less capable by employers and by custody courts.[16] This chapter will examine the British context, in which PMS narratives were becoming entrenched culturally and academically well before the 1980s, demonstrating the way that the research and publications of Katharina Dalton influenced this entrenchment prior to the cultural moment Kissling isolated in the 1980s in the United States. The impact of Dalton's PMS research in the United Kingdom does not fit into Kissling's commercialisation narrative quite as neatly as later PMDD narratives, as progesterone was not under patent, and thus pharmaceutical companies did not stand to profit from it. However the commercialisation of menstruation in the twentieth century as a whole did make periods significantly more visible. This may have contributed to

[13] E. A. Kissling, *Capitalizing on the Curse: The Business of Menstruation*, Lynne Rienner Publishers, (2006) p. 37.
[14] Ibid, p. 37.
[15] Ibid p. 45.
[16] Ibid p. 45.

a climate wherein menstruation was more visible as a matter of public interest and concern, which meant that PMS narratives were more able to be taken up by society.

Freidenfelds examines the absorption of PMS as a concept, again in the United States, after the widespread media coverage of Dalton's role as expert witness in the two British manslaughter court cases. Within Freidenfelds' wider construction of the idea of a 'modern' American period, PMS management represented a shift in perceptions of how a period should be experienced and discussed.[17] Her work examines the way that 'modern menstruation' in the middle of the century was represented by effective management and crucially, by concealment of both bleeding and discomfort.[18] In contrast to this by the 1980s with the rise of the cultural concept of 'PMSing' in the States, a woman's experience of 'modern menstruation' increasingly began to mean expecting 'sympathy, even assistance' from her partner in 'managing discomforts [she] could not erase on [her] own'.[19] This was alongside the idea of 'PMSing' being blamed for 'bitchy' behaviour or having an 'attitude' both by women and their male friends and family.[20] While the rise of the concept of PMS did represent a shift in what constituted a 'modern period' in the United Kingdom, it did not necessarily happen in the same way. Dalton's research changed how the media and the cultural imagination perceived women's bodily capacity in relation to their menstrual periods decades earlier in the United Kingdom, than in the United States, however it is unclear if this also represented a shift in what women in heterosexual relationships expected in their relationships with men and their periods.

There has been a significant body of work pertaining to political, feminist critiques of PMS as a *diagnosis*, in particular between the 1980s and the mid 2000s. These works frame

[17] L. Freidenfelds, *The Modern Period: menstruation in twentieth-century America*, Johns Hopkins University Press (2009), p. 119.
[18] Ibid p. 119.
[19] Ibid p. 119.
[20] Ibid pp. 117-119.

PMS symptoms and experiences as created by women's social environment rather than a distinct pathology. Inherent to most of these frameworks of PMS is the notion that the experience can be both discursively constructed and evident in lived experience. This is to say that 'women experience[ing] embodied and psychological change, accompanied by an increased sensitivity to emotions, or to external stress, during the premenstrual phase of the cycle' does not necessitate a pathological cause, and vice versa, a lack of pathological cause does not negate the reality of these experiences.[21] This Chapter supports such a thesis, arguing that while women, undoubtedly, do experience cyclical changes in their bodily experience, this cyclical change does not necessarily legitimise Daltonian PMS, and the arguments about psychological, intellectual and physical incapacity which it represents.

The work of these academics does not show us why PMS was accepted so readily into anglophone culture, or what the impacts of Dalton's work were, however, they do provide alternate explanations for the (as yet) unproven claims of some of Dalton's papers. Social scientist and feminist activist Laws' argued that PMT was a diagnosis which was at root 'a political construct'.[22] This is supported by the presentation of a series of social and medical arguments including an analysis of the dichotomy between acceptable and unacceptable female behaviour and these behaviour's impacts on perceptions of a behaviour as pathological. Jaqueline Zita's work highlights the problem with perceiving cyclical mood and behavioural changes as inherently disadvantaging rather than contextually disadvantaging.[23] This body of work describes how female behaviour can only be problematised within a medical system, and a cultural system, which prioritises male physiology as an implicit norm.[24] Lisa Cosgrove approaches the issue from a medical perspective, using quantitative

[21] Ibid pp. 132–50.
[22] S. Laws, *The Sexual Politics of Pre-Menstrual Tension*, Basingstoke: Macmillan (1990) p. 24.
[23] J. N. Zita, 'The Premenstrual Syndrome: "Dis-easing" the Female Cycle' in *Hypatia*, Vol. 3, No. 1 (1988) p. 89.
[24] Ibid p. 81.

and qualitative data to look at PMS as both a lived experience, and as a social construction concurrently. This perspective allows for an interrogation into the social construction of the syndrome without invalidating peoples personal experiences of what she terms 'menstrual distress'.[25] While also construing PMS as a social construct, Jane Ussher's slightly later body of work interrogates narratives of pre-menstrual symptomology *via* Foucauldian theories of self-policing and a critique of heteronormative gender roles. Ussher supports Cosgrove's theory of PMS as both an embodied experience and a construction, hypothesising that distress was exacerbated further by the subjugation of women in traditional heterosexual relationships.[26] This argument describes PMS as negatively conceptualising women's bodies by pathologising their innate cyclicity. This body of work provides an alternate explanation for Dalton's findings which suggests that women's bodily cyclicity does not need to be pathologised to be understood.

The key primary texts on which this chapter rests are a series of academic papers published between 1959 and 1970. In these papers Dr Katharina Dalton, a British doctor who spent her career surveying groups of women, attempts to provide a clinical basis for her PMS theorising. Dalton ascribed increasingly deviant behaviour to the somatic and psychological symptoms experienced by a percentage of all women during their pre-menstrual period, not just sufferers of her new syndrome. Dalton studied groups of women and girls in formal settings to ascertain whether anti-social behaviour coincided with being 'pre-menstrual'. Dalton's academic papers articulated, in turn, that a woman or a girl in her para-menstrual period had an increased likelihood of psychiatric hospital admission, worsened school-work and behaviour at school, increased accident proneness, a higher likelihood of committing crimes, behaving badly in prison, worse exam results, and an increased chance of their *child*

[25] L. Cosgrove, 'Constructions of Femininity and Experiences of Menstrual Distress' in *Women and Health*, Vol. 38, No. 3 (2003) p. 37.
[26] J. M. Ussher, J. Perz, 'PMS as a Gendered Illness Linked to the Construction and Relational Experience of Hetero-Femininity' in *Sex Roles*, Vo. 68 (2013) p. 135; Ibid pp. 132–50.

being admitted into hospital.[27] Dalton's work focused on schoolgirls, but also on older women, effectively pathologising women's behaviours and experiences throughout their whole lives. The medical profession's definitions and theories run deep through our own understandings of bodily experience, impacting both personal subjective experience and broader cultural conceptions, and PMS discourse constitutes a significant example of this. The impact and influence of Dalton's work can be seen in references to her and her work in countless newspaper articles, in legal cases, in the opening of the first NHS PMS clinic, in the creation of PMDD, and in the continued prevalence of the notion of PMS within global anglophone culture . The significant influence of Dalton's papers demonstrates that the shift back to ideas of menstrual incapacity were not just a minor blip represented by the work of one person, but rather a demonstrable cultural shift. While critiques of PMS have often pinpointed the 1980s as a key point at which the ideas became culturally entrenched, this chapter will argue that the 1960s were significant in Britain, with the frequent publication of Dalton's papers and their uptake by the media.

These studies relied on questionable statistics, they lacked control groups and they relied heavily on self-referencing Dalton's own work, often as sole support to their conclusions. The primary structural difference between the published papers of Katharina Dalton and the papers we saw published by the MWF in Chapter Two of this thesis was Dalton's failure to use an external, trained statistician, likely significantly impacting her results, which often lacked nuance. The Federation were far more likely to suggest several alternatives for what their data could mean, including social and environmental factors without making hard and

[27] K. Dalton, 'Menstruation and acute psychiatric illnesses' in *British medical journal*, Vol. 1, No. 5115 (1959) pp. 148-9; K. Dalton, 'Effects of menstruation on schoolgirls' weekly work' in *British Medical Journal,* (Jan 30, 1960) Vol. 1, No. 5169, pp. 326-328; K. Dalton, 'Menstruation and accidents' in *British medical journal*, Vol. 2510 (1960) pp. 1425-6; K. Dalton, 'Menstruation and crime' in *British Medical Journal*, (Dec 30, 1961), Vol. 2, No. 5269; K. Dalton, 'Menstruation and examinations' in *The Lancet*, (1968); K. Dalton, 'Children's hospital admissions and mother's menstruation' in *The British Medical Journal*, 1970, Vol. 2, No. 5700 (1970), pp. 27-28.

fast conclusions despite the large number of girls across a broad range of social settings included in their surveys. In contrast Dalton had small sample sizes, a limited range of women e.g. all from one school, or prison, or exam cohort, and made hard and fast conclusions with little room for nuance, without the assistance of an external statistician. In fact in a 1999 reprint of her book on PMS, Dalton's daughter Wendy Holton, described spending 'many holidays or Sunday afternoons', doing the statistics for her mother's papers 'while still in school'.[28] She described it as a 'kind of Happy Families game' in which she 'collated the information for statistics' by 'sorting into groups the point in the menstrual cycle in which incidents occurred'.[29] This method of collating statistics was highly irregular for published scientific papers, and while they were undoubtedly checked, it represents a difference in professionalism between Dalton and the Federation. While the Federation's papers were similar to social surveys, Dalton's papers had a veneer of scientific method which lent them credibility, but without a statistician, placebos or double-blind controls. This meant that they fell into a kind of middle ground, using scientific language, but not the accepted scientific methods of the time. This is significant because it shows that to try and prove women's capacity, and challenge more conventional understandings of femininity, the Federation needed rigorous and concrete evidence. In contrast, in the second half of the twentieth century, British society and the medical community were willing to accept tenuous and unsubstantiated evidence about women's bodily incapacity as fact.

Dalton also published several books for a general audience on the topic of PMS, in which her language was far more certain and her discourse of incapacity and pathologisation more acute. The first, *Once a Month* was published in 1978, and by 1999 it was in its sixth edition. The back cover of the 1999 edition claims that the book had sold over three hundred

[28] K. Dalton, *The PMS Bible*, Vermillion (1999) p. xii.
[29] Ibid p. xii.

thousand copies worldwide, demonstrating the significant reach of these ideas to lay audiences. In framing PMS as 'the commonest disease in the world' Dalton's books medicalised the experiences of the majority of women, conceptualising broad swathes of the population as sick and needing to be medicated for their cyclical emotional and physical changes. Dalton underlined this cyclicity frequently in her books, and how it influenced women's abilities to compete with men. The solution offered within her work was to medicate her patients who 'inflict[ed] chaos' on their homes once a month with 'demoralising repetition'.[30] These books were 'ghost written' by her husband who Dalton thanked 'for taking my incoherent notes and making them intelligible for all'.[31] Dalton's books contained significantly more of her perspectives of ideal femininity than her academic papers and this was the information about PMS and pre-menstrual experience that was most available to the general public. The books were filled with personal details and anecdotes, and adopted a far more authoritative voice that has been described by feminist critiques as 'distinctly masculinist'.[32] The papers and books authored by Dalton between 1953 and 1999 both reinforced and reflected cultural ideas of menstrual incapacity and thus, of women's unreliability, because of their physical, psychological or emotional instability.

a) <u>The construction of a syndrome: pre-menstrual theorising.</u>

The discovery of female sex hormones oestrogen and progesterone in the late 1920s, led to the first published description of a *pre-menstrual* illness as caused by a psychological or biological aberration. The specific medicalisation of emotional experience in the late luteal

[30] K. Dalton, *Once a month,* p. 13.
[31] Ibid p. 2.

[32] J. N. Zita, 'The Premenstrual Syndrome: "Dis-easing" the Female Cycle' in *Hypatia*, Vol. 3, No. 1, Feminism and Science 2 (1988) pp. 77-78.

phase was described for the first time as a 'pre-menstrual tension' in 1931 by both feminist psychoanalyst Dr Karen Horney in Germany and separately by gynaecologist Dr Robert Frank in the United States.[33] These descriptions came just three years after the discovery of the sex hormone oestrogen, which provided a physical basis for pre-existing ideas about the pathology of women's reproductive bodies.[34] Dr Horney, a psychoanalyst, described a broad list of – predominantly intangible – symptoms consisting of 'a feeling that everything is too much, a sense of listlessness or of being slowed down, and intensities of feelings of self-depreciation to the point of pronounced feelings of oppression and of being severely depressed', also feelings of 'irritability or anxiousness'.[35] These symptoms were hypothesised to be psychological rather than pathological, and Horney posited they were caused by 'anxieties and fantasies associated with pregnancy'.[36] Horney's thesis suggested that this collection of experiences did not constitute an illness, as otherwise healthy women often experienced some or all of them, rather she supposed that the experience was caused by the societal expectations placed on women. Rather than implying that women were weaker or less efficient than men due to a syndrome that needed medical intervention, which became the conventional narrative as characterised by Dalton, Horney believed that the women who suffered with these symptoms, did so because their idea of womanhood was 'fraught with great inner conflict' due to societal assumptions and constructions of femininity.[37] This psychoanalytic theory of late-luteal symptomology was not taken up by the mainstream medical profession, and was largely ignored until its uptake by early twenty-first century feminist theorists such as Ussher.[38]

---

[33] R. Frank, 'The Hormonal causes of Premenstrual Tension' in *Archives of Neurology and Psychiatry,* Vol. 26, No. 5 (1931) p. 1053; K. Horney, *Premenstrual tension in Feminine Psychology* (Edited and translated by H Kelman) Routledge and Kegan Paul, London (1967) p. 106.
[34] J. M. Ussher, *The Madness of Women: Myth and Experience*, Routledge (2011) p. 21.
[35] Ibid p. 99.
[36] J. M. Ussher, *Managing the Monstrous feminine: Regulating the reproductive body*, Routledge (2006) p. 25.
[37] K. Horney, *Premenstrual tension in Feminine Psychology,* p.106.
[38] J. M. Ussher, 'Managing the Monstrous feminine: Regulating the reproductive body', p. 25.

Also in 1931, in the United States, Dr Robert Frank described a 'pre-menstrual tension' as a set of mostly emotional symptoms experienced by a 'large number of women' causing 'intense personal suffering' including restlessness and irritability which surpassed the normal levels of 'discomfort' he associated with the menstrual cycle.[39] This is where the similarities with Horney end. Frank hypothesised that these symptoms were pathological, caused by an excess of oestrogen due to renal dysfunction.[40] This specific aetiology was not taken up by the medical profession, however it was *via* these publications that the notion of a pathological pre-menstrual illness as a distinct entity which could thus be treated or cured, was born into formal medical discourse.[41] Drs Greene and Dalton referenced Frank's thesis in their first paper on the topic of a pre-menstrual syndrome, published in 1953.[42] The links between the hypotheses of Dr Frank and Dr Dalton's pre-menstrual theorising are evident not only in their creation of a broad framework of diagnosis for a pathological pre-menstrual phase and their reliance on the newly discovered sex hormones to support it, but also in their use of language. We will see later in this Chapter that Dr Dalton often used judgemental and cruel language when referring to her PMS patients, referring to them as 'bitches' in the pre-menstrual phase and lamenting for their poor husbands, and Dr Frank did this also, describing his patients as 'shrews' and their husbands as men 'to be pitied'. [43] Alongside this, many of Dr Frank's list of symptoms have been described as 'value judgements on improper, or undesired, female behaviour' rather than descriptions of physiological experiences.[44] This aligns with arguments about patriarchal medical diagnoses as a tool of female oppression or

[39] M. Stolberg, 'The monthly malady: a history of premenstrual suffering' in *Medical history*, Vol. 44, No. 3 (2000), pp. 301-22.
[40] R. Frank, 'The Hormonal causes of Premenstrual Tension', p. 1054.
[41] G. Abraham (ed L. K. McNall), 'The premenstrual tension syndromes' in *Contemporary Obstetric and Gynecologic Nursing,* (1980) p. 170.
[42] R. Greene, K. Dalton, 'The premenstrual syndrome' in *British medical journal* (1953) p. 4818.
[43] K. Dalton, *Once a month*, p. 84; R. Frank, 'The Hormonal causes of Premenstrual Tension'.
[44] S. King, 'Premenstrual Syndrome and the Myth of the Irrational Female' in (eds) C. Bobel et al, *The Palgrave Handbook of Critical Menstruation Studies*, Palgrave Macmillan (2020) p. 289.

control, often seen in discussions of hysteria. [45] Throughout the 1930s and 1940s interest in this pre-menstrual moment increased, and several papers were published on the topic of pre-menstrual symptomology.[46] This included two papers which explicitly linked the pre-menstrual moment with criminal behaviour, one in 1945 and one in 1952.[47] It is significant that the sex hormones oestrogen and progesterone were discovered just three years before these discussions of pre-menstrual tension, suggesting that scientific breakthroughs concerning the structure of the body played a significant role in offering a tangible biological cause for menstrual experience which had been pathologised previously, but not ascribed specifically to the pre-menstrual period.

Katharina Dalton's interest in the pre-menstrual moment as pathologically relevant is often explained with reference to the pre-menstrual migraines she is said to have experienced, which ceased to occur when she was a pregnant medical student in 1948. The story goes on to explain that as a medical student she knew progesterone increased during pregnancy, and so her hypothesis about decreased progesterone causing pre-menstrual symptoms emerged. Her obituaries all reference this piece of information, as do many 'interest' pieces concerning her work on various websites. [48] Dalton did not, however, reference it in any of her books or papers, so it is unclear where this story came from, and whether it was true. If it was, then her knowledge of the hormonal changes of pregnancy likely sparked her interest in progesterone as a treatment for similar experiences. As soon as Dalton graduated, her treatment of pre-menstrual symptoms began, and she refers to herself as having 'successfully treated' two cases of pre-menstrual asthma, two of pre-menstrual epilepsy and one of pre-menstrual

[45] J. M. Ussher, 'Managing the Monstrous feminine: Regulating the reproductive body', p. 26.
[46] R. Greene, K. Dalton, 'The premenstrual syndrome', p. 4818.
[47] Ibid p. 4818.
[48] References to Dr Katharina Dalton's migraines are present in many descriptions of her work including but not limited to: 'The premenstrual syndrome (1953) by Raymond Greene and Katharina Dalton, https://embryo.asu.edu/pages/premenstrual-syndrome-1953-raymond-greene-and-katharina-dalton [Date accessed: Wednesday 31st August 2022], 'A Tribute to Dr Katharina Dalton', https://www.womensinternational.com/blog/tribute-to-dr-katharina-dalton/ [Date Accessed: Wednesday 31st August 2022].

migraine with progesterone supplementation, in the first month after she qualified as a doctor.[49] This framework of treating various symptoms which appeared in the late-luteal phase with progesterone was entirely novel at this time, and there had yet to be any published research on its efficacy. The nature of prescribing high doses of progesterone to women for various symptoms ascribed to the pre-menstrual moment was so unusual that Dalton was called to the first ever NHS tribunal on 'over prescribing' in 1958.[50] This came after Dalton was warned three times that she was over-prescribing progesterone, with the tribunal calling to attention one month in which she prescribed progesterone to thirty-five patients.[51] The tribunal did not fine Dalton, but she was told that if all doctors prescribed progesterone at the same rate that she was, the NHS spending on progesterone would 'equal the annual defence budget'.[52]

Dr Katharina Dalton qualified as a doctor in 1948, at the age of 32, exactly forty years after Dr Alice Sanderson Clow graduated from the same medical school, the LSMW, at the age of 34. Although their perspectives on menstruating bodies and capacity were in conflict, their career paths do have many similarities, not least their vast bodies of work on women's behaviours in relation to their menstruating bodies. While the comparisons between Dalton and Sanderson Clow are evident, the links between Dalton and the Medical Women's Federation are not entirely clear-cut. The Federation published lists of their members infrequently, and in the relevant time periods they published one in 1936, prior to Dalton starting medical school, and then not again until the 1950s.[53] Dalton's name was not included in the Federation's published lists from 1953 or 1956, and the Federation did not record any

[49] K. Dalton, *Once a month* p. 13.
[50] K. Dalton, *The PMS Bible: A Guide to understanding and treating PMS*, p. 3.
[51] Ibid p. 3.
[52] Ibid p. 3.
[53] 'Lists of members, arranged under their local associations', 1936, Wellcome Library, London, Collections and Archives, SA/MWF/B.5/14; 'Lists of members, arranged under their local associations', 1953, Wellcome Library, London, Collections and Archives, SA/MWF/B.5/15; 'Lists of members, arranged under their local associations', 1956, Wellcome Library, London, Collections and Archives, SA/MWF/B.5/16.

later lists of members.[54] Dalton was also not included in the lists of new members recorded in the back of the Federations quarterly Journal, however the October 1948 Journal did not include a list of new members, so it is possible that she registered then, just after she qualified, and her name was therefore not recorded.[55] This data is unclear, and it would be easy to assume she was never involved, however there was some suggestion that she was, at some point, a member. In both 1953 and 1958, her papers on the topic of PMS were referenced in the lists of published works by members included at the back of the Federation's Journal, and in the early 1960s she spoke at both a symposium they held concerning progesterone (the content of which was recorded in the Journal) and at a London Association programme meeting.[56] It is significant that despite the increasing publicity surrounding Dalton and her work, the publications of her many books and popularity in the press, the Federation did not mention her, or PMS again after 1963. Her papers and books were never included in any more lists, articles or book reviews, suggesting that perhaps, after their initial interest in her work on menstruation and girlhood, the Federation no longer supported the way that her ideas about women's bodies were developing.

Dalton was studying at the LSMW in the period immediately before the foundation of the National Health Service, at a time in which women were still in the minority of students at medical school in Britain. In 1942, however, the British had government partially accepted a proposal from the 'Goodenough' committee which outlined a new framework for co-educational medical schools, to 'plan the scale and form' for medical education of doctors

[54] 'Lists of members, arranged under their local associations', 1953, Wellcome Library, London, Collections and Archives, SA/MWF/B.5/15; 'Lists of members, arranged under their local associations', 1956, Wellcome Library, London, Collections and Archives, SA/MWF/B.5/16.
[55] 'Journal of the Medical Women's Federation', (October 1948), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/14.
[56] 'Journal of the Medical Women's Federation', (October 1953), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/17, p. 58; 'Journal of the Medical Women's Federation', (April 1959), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/20, p. 108; 'Journal of the Medical Women's Federation', (April 1963), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/23; 'Journal of the Medical Women's Federation', (July 1963), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/23, p. 137.

who would go on to be employed by the NHS.[57] This proposal stated that women students should be a 'reasonable proportion of the whole' body of students and that 'the grudging admission of a few women' was unsatisfactory, and alongside the admission of more women, all classes should be co-educational as well.[58] This co-education was proposed so that women doctors could have 'proper status and position' within the medical profession.[59] This new plan meant that by 1948 when the NHS began, all medical education in Britain was supposed to be co-educational. Although in some of the single sex schools, such as the nine male-only medical schools in London, 'this was not welcomed', they had all admitted at least on student of the opposite sex by 1948.[60] Despite the fact that women doctors were not yet on an equal footing to men, Dalton's professional authority was undoubtedly less precarious than that of the early Federation doctors. This likely allowed her to perform research into women and menstruation causing incapacity, without directly undermining her own professional authority.

Dalton was one of the last medical students in Britain to attend an all-women's medical school, a concept which was fast becoming a hangover from of a previous generation of medical women. Woman medical students who attended medical schools outside of the LSMW prior to 1948 rarely represented more than twenty percent of students at the school.[61] This meant that even in the 1940s, Dalton's education as a woman at medical school surrounded only by other women was unusual. It is possible that this 'all women' environment influenced Dalton's research interests and goals, focusing her expertise on women's bodies in particular. It is also possible that her research fits into the paradigm

---

[57] M. A. C. Elston, *Women Doctors in the British Health Services: A Sociological Study of Their Careers and Opportunities*, PhD thesis, University of Leeds (1986) p. 102.

[58] Ibid p. 102.
[59] Ibid p. 102.
[60] Ibid p. 103.
[61] Ibid p. 116.

discussed in Chapter One, wherein women doctors had to carve niches for themselves within an already established profession by focussing on topics which were perceived to be more suited to women doctors. As we have seen throughout this thesis, women's increased entry into the medical profession in the United Kingdom over the course of the twentieth century led to an increased focus on the study and research of menstruation, and it is possible that a medical education at a women's only medical school influenced Dalton, in the same way it may have influenced Sanderson Clow.

While Dalton's coinage of the term PMS evolved from the pre-existing discourse of what I have termed 'menstrual incapacity', its aims were significantly different. The Maudslian menstrual incapacity theories which characterised late nineteenth-century perceptions of menstruation framed women as inherently inferior, and their menstruating bodies as representative of that. In contrast Daltonian pre-menstrual incapacity framed women as 'potential' equals who were being hampered in their endeavours by their hormonal and menstrual bodies. Dalton's work emerged from a real desire to help women and to alleviate the 'unpleasant' and 'incapacitating' list of 86 symptoms described in her first paper on the topic, published in 1953, co-authored by her former teacher, endocrinologist Dr Frank Greene.[62] In this first description PMS was theorised to have been caused by a combination of water retention and a lack of progesterone, and treatments all aligned with the ideas of dehydration, or supplementing with addition progesterone, implemented with what Dalton described as 'partial' efficacy.[63] This first paper gave an overview of the symptoms of 84 women, who presented at her surgery with 'attacks of various symptoms, which occurred during the premenstrual phase, during menstruation or ovulation, or at the time of a missed period, and all cases were symptom-free at other times', with most symptoms occurring in the

[62] R. Greene, K. Dalton, *The premenstrual syndrome* p. 1018.
[63] Ibid p. 1013.

'final week or so' but some similar symptoms at 'monthly intervals at other points in the cycle'. [64] Greene and Dalton extrapolated from this that 'a large number' of women suffered silently on a monthly basis, postulating the idea of a specific pre-menstrual *syndrome,* the first time this term was used in formal scientific literature.[65]

For a set of somatic experiences to constitute a medical *syndrome* there must be a discreet set of symptoms, caused by a distinct physical abnormality.[66] This was not the case with PMS, as over the life span of this vague diagnosis Dalton ascribed over 150 symptoms to PMS or PMT, some of which directly contradict one another (for instance loss of libido and nymphomania). [67] In addition to this, in her research, Dalton never conclusively demonstrated a clear physical aetiology. Greene and Dalton stated in this first paper that 'pre-menstrual syndrome' was not perfect terminology, but that as 'full elucidation of its cause' came to light a more 'accurate nomenclature' may present itself.[68] The previously used term 'pre-menstrual tension' was cast aside because not all the patients they encountered who suffered pre-menstrually experienced pre-menstrual 'tension' within their symptomology. Despite Dalton's early reticence the term *syndrome* was taken up in medical discourse, and in the media, and has come to be used widely, though not exclusively, to refer to all pre-menstrual, and often menstrual, experience both in medical literature and public and private discourse across the English speaking world. Although this first 1953 paper recognised that the experience Dalton had identified did not fit the criteria for a syndrome, e.g. it did not have a distinct aetiology nor a distinct symptom list, her continued use of the term in books for the general public and lack of further critical engagement with the term led to a cultural pathologisation of a set of very broad experiences.

---

[64] Ibid pp. 1008-1013.
[65] Ibid p. 1009.
[66] J. T. E. Richardson, 'The Premenstrual Syndrome: A Brief History' in *The Journal of social science medicine*, Vol. 41, No. 6 (1995) p. 764.
[67] S. Laws, *The sexual politics of pre-menstrual tension*, p. 24.
[68] R. Greene, K. Dalton, '*The premenstrual syndrome',* p. 1018.

After Dalton's 1953 paper, which proposed PMS as a concept, she went on to publish over one hundred papers, articles and chapters in medical books over the course of her career, a significant proportion of which either focused entirely on PMS, or referenced it as supporting evidence to a conclusion or thesis.[69] There have been a range of critiques of her scientific methods, in small numbers at first, and in more significant numbers in the 1980s and 1990s. In particular the lack of control groups has been criticised, and the way that groups of participants were selected. These methodological concerns were even mentioned in her obituary in the *Lancet* .[70] Dalton wrote about her scientific methods in her books for general audiences, criticising the way she perceived that medicine was shifting towards being a science rather than an art.[71] This, Dalton outlined, meant that people were focusing far too much on the 'placebo-controlled double-blind study' and failing to acknowledge the power of 'anecdotal medicine'.[72] Dalton believed that this new kind of 'evidence based medicine' did not work for PMS trails, as recruiting average sufferers and not 'abnormally obsessive and introverted women' was impossible.[73] This was because she believed the average sufferer would not be able to adhere to the requirements of a clinical trial for the six months necessary to 'prove' that progesterone therapy worked. This focus on anecdotal medicine was not in line with best-practice medical ideas at the time. Sloane, writing in 1980, referred to Dalton's conclusions as 'specious and inconclusive' and she was not alone in this thinking. Despite these concerns, Dalton's theories had a broad reach both in professional and private contexts, as will be demonstrated in greater detail in the final section of this Chapter which will cover the content of her books and research papers in greater detail and the influences they had on cultural perceptions of women in Britain.

---

[69] As listed in the 'other publications by the author' section of: K. Dalton, *The PMS Bible: The guide to treating and understanding PMS*, pp. 287-293.
[70] Ibid p. 1564; J. N. Zita, 'The Premenstrual Syndrome: "Dis-easing" the Female Cycle', p. 81.
[71] K. Dalton, *The PMS Bible: The guide to treating and understanding PMS,* p. 276.
[72] Ibid p. 276.
[73] Ibid p. 276.

Dalton's conceptualisation of the pre-menstrual moment as pathological was not purely theoretical, it led to real world medical treatments for a significant number of women over the course of thirty years at a PMS clinic which she opened, and countless other women she saw as a GP or whose doctors were influenced by her ideas.[74] Dalton's NHS treatment clinic was opened in the early 1960s at University College Hospital in London. At this clinic, the first of its kind, Dalton prescribed her unorthodox, and un-proven treatment plan to an, as yet, unknown number of women. It has even been suggested that Sylvia Plath's physician, Dr Horder, referred Plath to Dalton's clinic in January of 1963, just a month before she tragically died by suicide.[75] Dalton confirmed this appointment in an interview in 2000, posthumously diagnosing Plath based on the evidence presented in a 1990 article, written by a student, which aimed to track Plath's menstrual cycle and link it with her moods to suggest a PMS diagnosis. These links were drawn *via* her heavily edited diaries, published by Ted Hughes. Dalton is recorded as saying 'There is quite a lot of evidence. Oh yes I think she [Plath] had it'.[76]

In December of 1977 alone, Dalton recorded 132 women were under her care at this PMS clinic. In addition to the women treated at the clinic in person, the suggestions in her books and papers on the topic undoubtedly contributed to the treatment of countless more women by other doctors.[77] In the concluding chapter of her 1978 book, Dalton urged the reader to consider the 'great need' for more pre-menstrual syndrome clinics in order to decrease the number of untreated 'sufferers' of her proposed syndrome.[78] Dalton suggested that the general practitioner must be at the helm of these clinics as 'he' (throughout her publications doctors are always referred to with masculine pronouns) was the only kind of doctor who

[74] K. Dalton, *Once a* month p. 17; K. Dalton, 'Should Premenstrual Syndrome Be a Legal Defence?' In B. E. Ginsburg, B. F. Carter (eds) *Premenstrual Syndrome,* Springer, Boston (1987).
[75] K. Moses, 'The Real Sylvia Plath' in *Saloon* (2000).
[76] Ibid.
[77] K. Dalton, *Once a month* p.15.
[78] Ibid p. 207.

could appreciate the whole range of symptoms, and their influence on the family.[79] Dalton prioritised recognising, treating and managing this new syndrome in order to achieve a 'fairer future', suggesting that as all of the 'menstrual miseries' associated with PMS could now be managed with hormonal treatment, this should be the priority of the general practitioner.[80] This urgency to medicate more women with hormones in order to fix their 'monthly miseries' underwrites the majority of Dalton's writings, which emphasised her understandings of the late luteal phase as a 'problem' which needed to be fixed with medication.

Dr Dalton's treatment plan for PMS consisted of the daily injection of *natural* progesterone 'deep in the fatty tissue of the buttocks', or the daily insertion of a vaginal progesterone suppository for the second two weeks of each menstrual cycle.[81] The doses which she prescribed were described as 'very generous' by her critics, as Dalton believed that there was 'no unsafe dose' of progesterone.[82] For reference the first marketed contraceptive pill in the United Kingdom Enavid contained 10mg of synthetic progesterone with side effects including 'vomiting, dizziness and headaches', and Dalton prescribed 'up to four 400mg suppositories per day'.[83] Dalton specified that treatment had to be with natural rather than synthetic progesterone, because of her belief that only synthetic progesterone caused side effects- a notion which achieved 'cult status'.[84] Dr Ellen Grant a peer of Dalton's - who personally tried to persuade her not to prescribe 'progesterone therapy' because of the side

[79] Ibid p. 208.
[80] Ibid p. 206.
[81] K. Dalton, *The Menstrual Cycle*, P. 72; C. Peterson, 'A tribute to Dr Katharina Dalton' https://Katharina.womensinternational.com/blog/tribute-to-dr-katharina-dalton/ (Date Accessed: 1st December 2021).
[82] C. Peterson, 'A tribute to Dr Katharina Dalton'.

[83] Edavid, and the relationship between PMS and 'the pill' will be explored in the next section of this Chapter; E. Mears, 'Clinical Trials Of Oral Contraceptives' in *British Medical Journal*, (1961) Vol. 2, No. 5261, p. 1179; K. Dalton, *Once a month* p. 197.

[84] E. C. G. Grant, 'Rapid response to Katharina Dorothea Dalton' https://Katharina.bmj.com/rapid-response/2011/10/30/katharina-dalton-and-progesterone-dangers (Date Accessed: 1st December 2021); K. Dalton, *The Menstrual Cycle*, p. 72.

effects it caused - wrote to the *BMJ* suggesting that the amount of progesterone being prescribed would not only cause 'depressive mood changes', 'irregular bleeding and vascular headaches' but also had significant links to the development of breast cancer.[85] Dr Diana Dell wrote that 'none of the rest of us [obstetricians and gynaecologists] have found progesterone as helpful as the data Dr Dalton presented, but she really was quite influential', these opinions were supported by a double-blind controlled progesterone study in 1979 showing that progesterone had no more effect on pre-menstrual symptoms than a placebo.[86] Knaapen, describes how this progesterone therapy model fit into the 'pharmaceutical revolution' of the post-war period in which hundreds of new products came to market, and pharmaceutical treatments became the first step in treatment for many ailments and illnesses.[87] Despite concerns from other doctors, and the fact that her suggestion of progesterone therapy as a treatment for a wide range of pre-menstrual symptoms was not universally accepted, her work had a significant impact not only on conceptualisations of menstrual capacity, but also on individual women's lives.[88]

The status of pre-menstrual pathology as new, and in particular, as made a household topic by the work of Dalton from the 1950s onwards, is reinforced by the scant references to it in the 1996 Mass Observation directive concerning menstruation in the first half of the 20th century. Many respondents did not answer the suggested point of interest, 'please say if you have suffered from Pre-Menstrual Tension and give any general observations you have on

[85] E. C. G. Grant, 'Rapid response to Katharina Dorothea Dalton'.
[86] A. O'Connor, 'Katharina Dalton, Expert on PMS, Dies at 87', https://Katharina.nytimes.com/2004/09/28/science/katharina-dalton-expert-on-pms-dies-at-87.html (Date Accessed: 1st December 2021).

[87] L. Knaapen, G. Weisz, 'The biomedical standardization of premenstrual syndrome' in *Studies in History and Philosophy of Biological and Biomedical Sciences*, Sci. 39 (2008) p. 124.

[88] I. Oransky, 'Obituary: Dr Katharina Dorothea Dalton' in *The Lancet*, Vol. 364, No. 9445 (October 2004) p. 1564.

PMT'.[89] Those who did refer to it mostly skimmed the topic, stating that 'PMT' did not exist in their time, or that they had only heard of it in recent years, now that they were post-menopausal. One response which is characteristic of the majority of the references to PMS in this directive came from a respondent who began menstruating in the 1930s. She said 'If we did suffer from premenstrual tension we were not aware of it. It was unknown. There was no such wording'.[90] Another respondent who began menstruating in the mid 1930s stated that 'I have NEVER suffered from PMT. I don't recall it being discussed until the past few years'.[91] She was particularly concerned that 'PMT theories' gave rise to 'mad woman stories' which highlighted behaviour which was 'NOT typical of the majority'.[92] The capitalisations were her own, and seem to reflect the strong feelings she had towards the idea of PMT or PMS. One respondent, who began menstruating in the 1940s, did suffer cyclical symptoms including migraines, and a swollen stomach and breasts. She referenced the varied and conflicting advice which was given to her in the 1960s. She was told to 'have hot baths, don't have hot baths, have an aspirin, have a diuretic, do this, do that'.[93] This respondent referenced the fact that in her work in a hospital, both male and female doctors said there was 'no such thing' as PMT in the early 1960s, but by the late 1960s when 'PMT started to receive publicity, more research ensued and now it is an accepted condition'.[94] These responses are just a small sample, which reflect the general consensus of the responses to this part of the directive. Responses align with what we see developing throughout this Chapter, the idea that

[89] 'Part Two: Women's sanitary products and menstruation', Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex.
[90] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [D2092, Female, Retired, Daughter of a nurse].
[91] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [B86, Female, Volunteer at a charity shop, widow].
[92] Ibid.
[93] Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [D2589, Female, Married, Retired].
[94] Ibid.

a pathological late-luteal phase emerged in the mid-twentieth century, and began to grow in popularity from the 1960s onwards with the glut of papers published by Dalton.

The work of Dr Katharina Dalton evolved from and drew upon a new discourse of a *pre-menstrual* incapacity which emerged in the 1930s. These ideas reflected medical perspectives towards menstruation, femininity and incapacity characteristic of late nineteenth-century medical attitudes, with a new focus on the pre-menstrual period rather than on bleeding. The intentions behind this framing of women's bodies as incapable were different, but the influence was very similar. This new conceptualisation of menstrual incapacity reflected scientific discoveries of the early twentieth century, such as reproductive hormones and ovulation, which gave a more nuanced image of women's reproductive bodies, and highlighted that while bleeding was the only visible cyclical demonstration of fertility, in fact women's bodies were constantly in flux.

This section has demonstrated that Dalton's ideas and theories had significant 'real world' impacts, despite PMS not having a concrete aetiology, symptom list or proven treatment. Cosgrove suggests that presenting a distinct 'cure' for these vague symptoms prevented women from being able to 'exam[ine] the context their symptoms appear[ed] in'.[95] The idea that these symptoms, which often amounted to what feminists have retroactively described as normal 'cyclical feminine behaviours' were caused by biological aberrations provided a solution as to why women's bodies presented differently to 'masculine physiology'.[96] This did not allow for any investigation into the social factors which were contributing to the pathologisation of certain types of 'unfeminine' behaviours and the model of passive femininity they relied upon.[97] In fact, the medicalisation of these cyclical experience

[95] L. Cosgrove, B. Riddle, 'Constructions of Femininity and Experiences of Menstrual Distress' in *Women and Health*, Vol. 38, No. 3 (2003) p. 39.
[96] Ibid p. 39.
[97] J. N. Zita, 'The Premenstrual Syndrome: "Dis-easing" the Female Cycle' in *Hypatia*, Vol. 3, No. 1 (1988) p. 89.

delegitimised conversations about the social and societal factors that may have caused these 'symptoms' or experiences. As referenced in the introduction to this chapter, Laws describes PMT as 'at its root as a political construct' urging people to separate medical conceptions of PMT from 'a pre-menstrual state which is part of women's continuous experience of cyclic change'.[98] In this paradigm PMS is conceptualised as a social process rather than a specific biological syndrome and the somatic experience is not de-legitimised, but rather the social model into which it fits is interrogated. This section has interrogated the way that PMS emerged into the medical sphere in the United Kingdom, *via* the work of Katharina Dalton. The next section will examine the unique cultural climate in Britain which allowed for the rapid and widespread uptake of these ideas.

b) The duality of women's roles in the post-war period.

Theories of a bio-medical, treatable, pre-menstrual incapacity had particular reach in the mid-twentieth century due to a unique set of scientific and social circumstances. The discovery of sex hormones had two distinct influences on PMS theorising. Firstly, the discovery of oestrogen and progesterone and their influence on the menstrual cycle contributed to the understanding of women's bodies as cyclical in nature. This allowed for the pathologisation of specific moments of a cycle. The discovery of these hormones also led to their eventual therapeutic use in in gynaecological medicine. Various oestrogen based medications were advertised in the Federation's Journal from the late 1940s, such as 'Ovendosyn' for menopausal disorders and prostate cancer.[99] Oestrogen and progesterone were used from the mid-1950s for a host of menstrual disorders including 'pre-menstrual

[98] S. Laws, *The sexual politics of pre-menstrual tension*, p. 20.
[99] 'Journal of the Medical Women's Federation', (October 1947), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/14.

tension' under the brand name Enavid.[100] Enavid was approved for use in the United Kingdom for gynaecological disorders in 1957, after human trials in 1956, which were performed under dubious conditions on women in Haiti, Puerto Rico and the United States.[101] It was marketed as a means of giving women's bodies a 'rest' from ovulation to improve their chances of conceiving or for the alleviation of the symptoms of menstrual disorders including 'amenorrhea, dysmenorrhea, menorrhagia and endometriosis'.[102] Enavid was advertised in the medical Women's Federation Journal from 1960, as a medication for 'menstruation advancement [or] postponement'.[103] Despite doctors knowing that it could prevent pregnancy, it was not approved as a contraceptive until 1960, however it is likely that prior to this it was prescribed for its 'off-label' qualities, as a contraceptive.

Enavid had a transatlantic twin, Enovid, and the two drugs were identical in all but name. While there are no detailed figures for the volume of Enavid prescribed to treat menstrual disorders in particular, we know that Enovid, which was marketed in the United States, was incredibly popular, with best estimations suggesting over 200,000 women had taken it by 1960, prior to its 'on-label' use as a contraceptive.[104] Marks suggests that between the mid 1950s and the publication of her book on the topic over two hundred million women had swallowed this 'lifestyle drug'.[105] Its popularity amongst women doctors, even the relatively conservative doctors of the Federation, is represented in the fact that by the late 1960s each quarterly Journal contained at least one, and sometimes up to three adverts for different brands of contraceptive pill. Once 'the pill' was approved for contraceptive purposes the Federal Drug Administration and World Health Organisation recommended a pelvic

[100] 'Journal of the Medical Women's Federation', (October 1958), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/19.
[101] Ibid p. 124.
[102] Ibid p. 126.
[103] 'Journal of the Medical Women's Federation', (October 1960), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/20.
[104] Ibid p. 127.
[105] L. Marks, *Sexual Chemistry: A History of the Contraceptive pill*, Yale University Press (2001) p. 3.

examination before prescribing it, and thus gynaecological check-ups became part of the lives of many healthy young women in the 1960s.[106] This was a new phenomenon. This normalisation of hormone therapy and gynaecological intervention may have contributed to a more hospitable climate for theories of progesterone therapy as a treatment for PMS.

While there is no direct link between the prescription of hormone therapy for menstrual issues we see in the development of the contraceptive pill and Dalton's PMS theorising and treatment plans, the similarities between the two cases are significant. They were happening in conjunction with one another in the late 1950s and throughout the 1960s, and relied heavily on the new science of reproductive hormones, and the medicalisation of young, otherwise healthy women of childbearing age. Dalton speaks at length her book *The Menstrual Cycle* about how being 'on the pill' would not help with the treatment of PMS, however, she did support the use of the pill for other menstrual disorders and family planning, speaking with interest and excitement in 1969 about new developments such as a 'male pill' and the 'morning- after pill'.[107] The comparisons to be drawn between progesterone therapy for PMS and the contraceptive pill are nuanced, with the creation and slow acceptance of the pill normalising the use of hormonal therapy for menstrual disorders, and the medication of otherwise healthy young women.[108] In addition to this, some of the criticisms from Dalton's medical colleagues, who disapproved of using large doses of progesterone in the treatment of PMS, may have been linked to worries about medication being given to women of child-bearing age after the effects of thalidomide came to light in

[106] A. Tone, 'Medicalizing Reproduction: The Pill and Home Pregnancy Tests' in *The Journal of Sex Research,* July-August 2012, Vol. 49, No. 4, The Medicalization of Sex, p. 323.
[107] K. Dalton, *The Menstrual Cycle* p. 84
[108] 'Today's Drugs' in *British Medical Journal*, Vol. 1, No. 5226 (Mar. 4, 1961), p. 667.

1961.[109] This was also a concern being played out in discussions surrounding the contraceptive pill at this time.[110]

In parallel to these scientific advancements, other social and political factors contributed to the uptake of PMS theorising in Britain. The creation of the NHS, which was 'born' on the same day in 1948 that Dalton qualified as a doctor, contributed to a climate in which the physical and emotional experiences of menstruation were undoubtedly more visible to medical professionals. The change in healthcare infrastructure which came with the creation of the NHS, meant that healthcare shifted to become a 'universal right' in post-war Britain. This was in contrast to the decades before in which the middle classes had consistent access to reliable healthcare for both mundane and emergency matters and the working classes had unreliable access based on charity funding or the kindness of individual practitioners .[111] The framing of healthcare as a 'universal right' has been described by Worth as contributing to women's sense of self-worth in post-war Britain, as they were able to prioritise seeking care for their bodies.[112] Working class narratives surrounding healthcare before the NHS focused on the detrimental influences of lack of access on people's lives with Worth's oral histories describing death and suffering as commonplace when emergency treatment was financially out of reach.[113]

In spite of this there was often *some* provision for emergency healthcare before the foundation of the NHS, however in terms of medical care for ailments or issues which were not life-threatening, there was significantly less access. These 'quotidian health needs' seem to have been overlooked or 'neglected' in the inter-war years, when it was 'harder to justify

---

[109] E. Mears, 'Clinical Trials Of Oral Contraceptives' in *British Medical Journal*, Vol. 2, No. 5261 (Nov. 4, 1961), pp. 1179-1183.
[110] S. White Junod, L. Marks, 'Women's Trials: The Approval of the First Oral Contraceptive Pill in the United States and Great Britain' in *Journal of the History of Medicine and Allied Sciences* (2002) Vol. 57, No. 2, p. 121.
[111] E. Worth, *The Welfare State Generation: Women, Agency and Class in Britain since 1945*, Bloomsbury Academic (2022) p. 17.
[112] Ibid p. 17.
[113] Ibid p. 18.

spending money on them'.[114] In the literature, this is described with reference to a 'pent up demand' for glasses and dentures, represented by queues outside dentists and opticians in the summer of 1948.[115] The expansion of access to treatment for conditions and issues which were not life threatening represented an improved 'day-to-day quality of life' in post-NHS Britain.[116] While menstrual health has not been examined in the context of the foundation of the NHS, these 'quotidian health needs' undoubtedly extended far beyond teeth and eyes. Dalton's descriptions of her first few months of practice, treating women who were coming into her surgery with pre-menstrual epilepsy, asthma and migraines, perhaps reflected this extension of healthcare access in 1948. While the 'pent up demand' for dentures and glasses was noted by social policy scholar Titmuss, perhaps the invisible queues for help with period pain, heavy bleeding, and pre-menstrual symptoms were a silent but still significant element of this extension of healthcare.[117]

In her 1999 book, *The PMS Bible*, Dalton referenced the fact that doctors had been too expensive for the patients in the north London suburb where she began practicing in 1948, and that residents had relied on pharmacists who 'did the best they could without examining, or even seeing, the patient'.[118] Dalton implied that the foundation of the NHS brought patients to their GP with menstrual problems which would have previously been ignored, or treated by a pharmacist. Within the context of the uptake of PMS theorising, this expansion of healthcare placed a lot more women under the regular care of a GP, which facilitated increased diagnoses and treatment plans for a range of 'menstrual health' issues. This also placed these women in a position where they could be diagnosed with and treated

[114] Ibid p. 18.
[115] Ibid p. 18.
[116] Ibid p. 18.
[117] Ibid p. 18.
[118] K. Dalton, *The PMS Bible: The guide to treating and understanding PMS,* p. 2.

for PMS symptoms, which likely would not have been presented to doctors in the decades before the NHS.

There were significant socio-cultural elements unique to post-war Britain which made the idea of a *treatable* pre-menstrual illness so widely appealing. In post-war British society, women were increasingly represented in formal workplaces, their experiences of menstruation and how these experiences impacted productivity and capacity in the workplace began to be of more interest British employers.[119] McCarthy outlines how married women flooded the job market in the post war period, specifically in the 1960s with 39% of married women working in 1961 and 49% a decade later in 1971.[120] In contrast to the 10% of married women in 'formal employment outside the home' in the inter-war period this was a significant change.[121] This was symbolic of a shift in expectation in terms of women's life-course, to a new norm which encompassed working outside the home both before and after the birth of their children, rather than resigning upon marriage. By the 1960s it became culturally 'normal' for women to work until their first child was born, and return to work once their youngest child reached school age, and while there have been many historical and sociological arguments about the benefits of this on women's emotional and psychological lives, its influence on the visibility of menstruating bodies has yet to be explored.[122] This shift meant that there were now far more women contributing economically in a more visible way than traditional care-work, and that these women were in workplaces for a much longer time. In this context the idea of a treatable menstrual incapacity as characterised by PMS theorising

[119] L. Freidenfelds, *The Modern Period: menstruation in twentieth-century America*, p. 84.
[120] H. McCarthy, 'Social Science and Married Women's Employment in Post-War Britain' in *Past & Present*, Vol. 233, No. 1, (November 2016), p. 269.
[121] Ibid p. 269.

[122] V. Klein, *Britain's Married Women Workers*, Routledge and Kegan Paul (1965) p. xii; P. Thane, 'Towards Equal Opportunities? Women in Britain since 1945' in T. R. Gourvish, *Britain since 1945* (1991) p. 185; H. McCarthy, 'Social Science and Married Women's Employment in Post-War Britain', pp. 269-305.

may have been more desirable than traditional ideas of menstruation as fundamentally rendering women less physically and intellectually capable. While it could be argued that the increasing economic productivity of women would support arguments of bodily capacity rather than vice versa, in a society where there were still a significant number of proponents of the idea that menstruation was fundamentally incapacitating, a treatable pre-menstrual incapacity was more appealing in a moment when women were contributing significantly to the economy. Narratives shifted from ignoring menstruation, to facilitating menstruating bodies in workplaces by implementing new infrastructure for women's access needs, as demonstrated in the work of the MWF, to a more capitalist approach which focused on women as efficient or inefficient tools of the workforce. Therefore PMS became an idea which was attractive to those who employed women because of its treatability, thus preventing 'menstrual issues' from impacting productivity (something which, alongside menopause, and pregnancy was often raised as a concern in debates about equal pay and equal contributions).[123]

This increase in married women working represented a new duality of women's roles in the post-war period, they were represented more in formal workplaces, but this was not a direct departure from established gender roles. Within this duality women's roles were extended, but there was not a significant shift in men's engagement in the domestic sphere. This likely signalled an increase in women's stress, which correlated temporally with Dalton's observations of PMS symptoms. While their marriages were more egalitarian than those of their parents before the birth of their children, once her first child was born, a wife's role was often cemented as a mother and housekeeper, entirely financially dependent on her husband until her children reached school age.[124] In the time they were at home with their

[123] P. Thane, *Towards Equal Opportunities? Women in Britain since 1945*, p. 205.
[124] J. R. Gillis, *For Better, For Worse: British Marriages, 1600 to the Present,* Oxford University Press (1985) p. 316- 317.

children, a new level of 'professional housewifery' was increasingly required, and their role as housewife now extended to encompass being 'arbiters of lifestyle, and controllers of taste'.[125] This meant that women in the home were no longer 'simply' charged with maintaining domestic order, and warm, fed and content progeny, they were now required to cook meals with culinary flair and furnish the home with originality.[126] This post-war 'glorification of the housewife' is described by Giles as 'celebrated in women's magazines' and Pugh describes these magazines as 'promot[ing] the hegemony of middle-class domesticity.[127] The 'atmosphere' of the home was also now the responsibility of the housewife.[128] McCarthy describes a magazine article which suggested that while the husbands role was 'king of the castle' the wife now needed govern the households' 'moods with her moods'.[129] This 1957 article urged the housewife not to forget that her households behaviour was her responsibility, as it was up to her to 'set the pattern'.[130] This represents what McCarthy calls an 'immersive domesticity' which was entirely at odds with new social expectations on women to have a work life outside the home, likely creating conflict between the requirements of these dual roles.[131] In addition to this conflict, the idea of the housewife as responsible for the 'mood' of the home directly contributed to ideas about the prevalence of PMS within the paradigm of Daltonian PMS theorising.

Dalton wrote extensively about women being unable to handle the housework and 'spoiling everyone's day' by waking late and failing to accomplish domestic tasks on time when suffering from PMS, with an emphasis on the elements of this story in which the

[125] H. McCarthy, *Double lives: A History of Working Motherhood*, Bloomsbury (2020) pp. 102-103.
[126] Ibid pp. 102-103.
[127] J. Giles, 'Good Housekeeping: Professionalising the housewife 1920-1950' and S. Spencer, 'Be Yourself! *Girl* and the business of growing up in 1950s England' in (eds) K. Cowman, L. Jackson, *Women and Work Culture, Britain c.1850-1950*, Taylor and Francis (2016) p. 78, p. 141.
[128] H. McCarthy, *Double lives: A History of Working* Motherhood pp. 102-103.
[129] Ibid pp. 102-103.
[130] Ibid pp. 102-103.
[131] Ibid pp. 102-103.

woman's behaviour impacted her family.[132] Women's incapacity to maintain the home's delicate equilibrium when in their late luteal phase was highlighted because of the way it affected their children and husbands causing friction in their days at school and at work. Almost all the symptoms and problems described in these books were conceptualised in reference to their impacts on *others,* and in the context of women being less useful and helpful in the domestic setting. For example; they were slower making sandwiches meaning that their husband was late for work, or they had an emotional outburst which distressed their children.[133] These books were aimed at those who suffered from PMS, but also at those who lived with them and loved them, 'partners, mothers, daughters etc' and they frequently focused on how mothers and wives were disrupting the household.[134] Dalton's authoritative claims included the statement that sufferers of PMS changed from their 'husband's 'darling little love bird' into 'an angry, argumentative, shouting, abusive, bitch'.[135] In her extensive references to the domestic setting, Dalton's proposed cure was always to medicate the woman rather than to change the structure of the household. Professionals were looking for causes for the phenomenon of domestic discontent and the notion which emerged with the women's liberation movement that patriarchal societal structures needed to be fundamentally altered was not yet available as an explanation, which led to various pathologisations of women's behaviour including the uptake of Daltonian PMS theories.

There is a significant discourse surrounding this psychopathology of female experience in relation to housewifery which stemmed from the diagnosis of housewives with a 'suburban neurosis' as caused by the social isolation and technological advances of

---

[132] K. Dalton, *Once a month* pp. 85-86.

[133] Ibid pp. 85-86
[134] Ibid pp. 85-86.
[135] K. Dalton, *Once a month* pp. 85-86

suburbia in the 1930s.[136] The emotional toil of this 'traditional' housewifery continued to be highlighted throughout the middle of the twentieth century, made famous in the United States by Betty Freidan's 'The Feminine Mystique', and in the UK by 'The Split-Level Trap' written by Richard and Katherine Gordon and Max Gunther and 'The Captive Wife' written by Hannah Gavron. [137] These works, and the new field of women-centred sociology which preceded them, outlined a depression felt by young married mothers due to their position in society. This depression was theorised by sociologists in the field to be caused by a society which was created by men for men, with women in a secondary or supporting role.[138] It was exacerbated by increasingly mobile families, who were, in the post-war period, now likely separate from their kinship networks.[139]

In the 1960s alternate explanations for these feelings which were biological rather than sociological came to light, such as the role of anxiety in housewife's depression, and the role of PMS in women's inability to maintain the role of caretaker to the entire family indefinitely without error. This was, in part, due to what has been described as a 'pharmaceutical revolution' which led to a vast increase in prescribed medication for a huge array of ailments.[140] One key example of this is the development and use of benzodiazepines in the 1950s and 1960s, often referred to as 'mother's little helper'. While the 1970s are often seen as the time of the 'Valium craze', especially in the United States, the links between the prescription of tranquilising medication and motherhood emerged in the 1950s.[141] Psychopharmaceuticals have been described as 'coming of age' in the post-war 'consumer

[136] S. Taylor, 'The Suburban Neurosis' in *The Lancet* (1939) p. 759.
[137] B. Freidan, *The Feminine Mystique*, Penguin Modern Classics (2015); R. E. Gordon, K. K. Gordon, M. Gunther, *The Split-Level Trap*, Dell (1964); H. Gavron, *The Captive Wife (1975).*

[138] A. Oakley, *Women Confined: Towards a Sociology of Childbirth*, Schocken Books (1980) p. 72.

[139] H. McCarthy, *Double lives: A History of Working Motherhood*, pp. 103-104.
[140] L. Knaapen, G. Weisz, 'The biomedical standardization of premenstrual syndrome' in *Studies in History and Philosophy of Biological and Biomedical Sciences,* Sci. 39 (2008) p. 124.
[141] J. Metzl, '"Mother's little helper": The crisis of psychoanalysis and the Miltown resolution' in *Gender and History*, Vol. 15, No. 2 (2003) p. 241.

culture, intimately concerned with the role of mothers in maintaining… communal peace of mind'.[142] Post-war developments in psychiatric medicine have also been described as a 'biological revolution' wherein organic explanations for mental illness emerged, and thus biomedical and pharmaceutical treatments began to overtake the psychoanalytic treatments prevalent in the previous decades.[143] These two 'revolutions' came together in post-war Britain, creating a climate in which biological causes were increasingly being ascribed to psychological symptoms, and in turn, those biological causes were increasingly being medicated. The role of pre-menstrual syndrome in causing women's unhappiness with their domestic situation, or their inability to handle their home-making responsibilities is referenced extensively in Dalton's books for a general audience. The use of medication to ameliorate this situation creates a distinct parallel between the medicating of mothers with benzodiazepines, and Dalton's treatment of PMS sufferers with high doses of progesterone.

The majority of the scientific studies concerning PMS undertaken by Dalton were completed and published in the 1960s, a time period often characterised in the cultural imagination and by some historians by shifts in family relationships, values, morals and material conditions, alongside a new youth culture.[144] This perception of the decade as one of 'increased freedoms and liberal attitudes' seems in direct contrast to this resurgence of ideas about women being incapacitated by their menstruating bodies.[145] Despite the dominant discourse of a 'swinging sixties' in Britain, revisionist historians since the late 1990s have demonstrated that this idea was mostly myth, and that while attitudes were in some ways shaped by the more 'liberal and permissive' ideas of the decade, 'older, more conservative attitudes and behaviours' continued to influence people's daily lives, and there was little real

[142] Ibid p. 241.
[143] A. Tone, 'Listening to the past, History, Psychiatry and Anxiety' in *Canadian Journal of Psychiatry* (2005) Vol. 50, p. 373.
[144] H. Mills, 'Using the personal to critique the popular: women's memories of 1960s youth' in *Contemporary British History*, (2016) Vol. 30, No. 4, p. 464.
[145] Ibid p. 464

inter-generational conflict.[146] Throughout the 1950s and into the 1960s there was push back against the relative emancipation that women had experienced during war time, particularly in reference to working and motherhood. The 'rebuilding' of Britain required women in the home, birthing and raising children and creating a 'sense of future' for young couples 'wearied by the war years of separation and anxiety'.[147] Women's place in the home was supported by new social policies and the welfare state, demonstrated in the 'practices… of post-war welfarism' which 'embodied essentially traditional ideas about… motherhood', for example the implementation of a Family Allowance to 'put money in housewives purses' and deter working motherhood.[148] The 'government, church and censors' 'ceded little ground' to permissiveness throughout the 1950s.[149] While the 1960s did represent a 'growth in liberal values and individual freedom' for some, with huge political changes occurring during Wilson's time in office from 1964, there was pushback against a society which was perceived to be increasingly permissive, which cemented conservative beliefs about women in the home from some areas of society.[150] This push for women in the home likely exacerbated the psychopathology of housewives discussed earlier in this section.

Concerns about decreasing birth-rates also led to push from certain elements of society for a return to a more traditional family structure, in which 'respectable' women were situated firmly in the home.[151] The increase of married women in the workplace exacerbated these concerns particularly in reference to concerns about 'absent mothers' and the impact they may have on the creation of 'delinquent children', which was another post-war fear.[152] John Bowlby, a figurehead of psychological thinking in terms of mother-child relationships

[146] Ibid p. 464
[147] J. Giles, 'Good Housekeeping: Professionalising the housewife 1920-1950', p. 82.
[148] A. Haggett, *Desperate Housewives, Neuroses and the Domestic Environment*, p. 31.
[149] A. Bingham, 'The K-Bomb: Social Surveys, the Popular Press and British Sexual Culture in the 1940s and 1950s' in *Journal of British Studies*, Vol. 50, No. 1 (2010) pp. 170.
[150] S. Pomiès-Maréchal, M. Leggett, 'The Abortion Act 1967: a Fundamental Change?' in T. A. Le V. Harris and M. O'Brien Castro (eds), *Preserving the sixties: Britain and the 'decade of protest'* (2014), p. 51.
[151] P. Thane, *Towards Equal Opportunities? Women in Britain since 1945*, p. 192.
[152] D. Riley, *War in the Nursery: Theories of the Child and Mother*, Virago (1983) p. 109.

in the post-war era argued that the main cause of childhood delinquency was the threat of a loss of maternal affection.[153] Despite critiques of his conclusions, the popular understanding of 'Bowlbyism' became 'the intense concentration on the married mother permanently in the home' to prevent juvenile delinquency and raise psychologically sound children.[154] Bowlby's work was used to coerce women to remain in the home, with the threat of mal-adjusted children if they did not concede, which was particularly powerful in the post-war period when concerns about the fabric of society were rife .[155] Angela Davis shows that many mothers were acutely aware of these theories of 'maternal deprivation' and their supposed impacts on children, even if they had not heard of Bowlby and these ideas helped to encourage the return to more traditional family structures. [156] Dalton's theories fit neatly into these narratives because they reinforced the idea that there were biological reasons rendering women more suited to life in the home, as their 'unpredictable' bodies made them unreliable employees. In this sense the uptake of ideas about PMS and its effects on women's bodies and their capacity reinforced the same ideas about menstrual incapacity which tried to keep women out of public life in the late nineteenth century.

These social and political factors were all at play in conjunction with the gradual commodification of menstruation which was explored at the end of the previous Chapter. When menstrual management product companies began to co-opt menstrual education programmes, and menstrual product advertisements began to be more mainstream, the ideas of universal menstrual capacity framed by the MWF slowly began to fade. They were replaced by new paradigm in which menstruation, and various menstrual experiences, were problematised, and could thus be 'solved' by their products. These products ranged from

[153] B. Mayhew, 'Between Love and Aggression: The Politics of John Bowlby' in *History of the Human Sciences* Vol. 19, No. 4 (2006) p. 24.
[154] Ibid p. 24.
[155] A. Haggett, *Desperate Housewives, Neuroses and the Domestic Environment*, p. 31
[156] A. Davis, *Modern Motherhood: Women and Family in England*, Manchester University Press (2012) pp. 122-123.

those which focused on concealment like more absorbent pads to prevent leaks and scented pads to prevent discovery *via* smell, to medications designed to ameliorate menstrual experiences, both somatic and emotional. The Feminax advice leaflet *Pain and your periods* published in the late 1960s, which was discussed in Chapter Three, frames periods as a problem to be solved with their new product. This product was a medication which alleviated menstrual pain, but also claimed to alleviate menstrual 'mood changes' by lifting 'depression'.[157] This leaflet, and the product which it advertised, directly linked the shift in perceptions towards menstruation as a 'problem' with the uptake of ideas about medication for the mood changes which were newly becoming associated with menstruation within this new narrative of PMS. This problematisation of menstrual experience, in conjunction with the other social and political factors described in this section, contributed to a paradigm in which a 'problematic' pre-menstrual moment which needed medicating was taken up as medical and social fact.

Rather than focusing on the science which contributed to Daltonian PMS theorising, it is the unique social context which is truly remarkable in this history. While during the pursuit of truth in the scientific community it is not uncommon for incorrect ideas to be believed or correct ideas overlooked throughout the course of theorising and experimentation, the crucial element of this story is why this particular set of ideas was able to become so firmly entrenched in Western conceptualisations of women's bodies and capacity. This unique cultural moment incubated a climate which was ready to, almost without question, accept the idea of a biological, treatable, menstrual incapacity in the form of PMS as a bio-medical entity. This section examines the cultural climate into which ideas about PMS were being published, providing context which illustrates some of the reasons that these ideas were taken

[157] *Pain and your periods*, n.d.. estimated c. late 1960s, Wellcome Library, London, Collections and Archives, SA/MWF/N.4.

up so entirely. This interrogation of the particular context into which these ideas became understood to be truths demonstrates the way that Dalton's ideas reflected rather than created cultural narratives about women's bodies. The next section of this Chapter will investigate how the specific research Dalton was undertaking reinforced ideas about menstrual incapacity in three key ways. These theoretical ideas had widespread reach- influencing how women and their bodies were conceptualised in the second half of the twentieth century and beyond.

c) A pre-menstrual syndrome vs the pre-menstrual moment.

Between 1959 and 1970 Dalton published prolifically on the topic of a bio-medical pre-menstrual incapacity in the *British Medical Journal* and *The Lancet*, and each of these papers fit a distinct model. Each paper was based on studies of deviant or potentially deviant women and girls situated in formal settings, namely: hospitals, prisons and schools.[158] Within these formal settings women's behaviours were analysed by Dalton to ascertain whether problematic behaviours or rather those which failed to adhere to social conventions were caused by, or at least worsened during, specific points in the menstrual cycle.

The behaviours problematised in these papers were largely not blamed specifically on a *premenstrual syndrome*, but rather on the physical and psychological effects of being in the eight days which Dalton had identified as the time in which women experienced most intensely the 'mental dullness' and 'vagaries[,] of womanhood'.[159] Writing retrospectively in 1987 Dalton suggested that the women studied in her published papers may have been

[158] S. Laws, *The sexual politics of pre-menstrual tension*, p. 25.
[159] K. Dalton, 'Effects of menstruation on schoolgirls' weekly work' in *British Medical Journal*, Vol. 1, No. 5169 (1960) p. 326.

suffering from 'pre-menstrual distress' rather than pre-menstrual syndrome.[160] This para-menstrual distress theory was unique in that all women could be accused of it. Throughout these papers it was not a case of women presenting with symptoms to a clinic or doctor, and being diagnosed with PMS, but rather it was a case of Dalton perceiving women's behaviours as fitting into a cyclic pattern within the parameters of her study. While this may have been intended to include a broad range of experiences and thus help more women, it actually contributed to a cultural shift which invalidated women's behaviours, emotions and autonomy both in their pre-menstrual period, and more generally at any time when their behaviour was perceived to be 'un-feminine' when they could now be accused of suffering from PMS and thus dismissed as irrational, or out of control. These papers provided the medical profession and the general public (*via* the media) with published scientific proof that many, if not all, women were rendered less competent a certain points in their cycle, even if they had not been diagnosed with PMS. In the cultural imagination there was no delineation between Dalton's descriptions of pre-menstrual distress, or pre-menstrual syndrome, potentially pathologising the behaviour of any and all women. Although Dalton published more papers after 1970, some of which were significantly more alarming in their conclusions, the bulk of the papers which constructed her unique idea of pre-menstrual bodies and their limited capacity in various formal settings, were published in the 1960s.[161] These papers form the basis of ideas about pre-menstrual incapacity which permeated the cultural narrative in Britain and later the United States *via* the news-media.

Throughout Dalton's published papers the language was descriptive and loaded, describing 'endless' taboos, to which they contribute by describing pre-menstrual experience as a 'mental dullness', by speaking of 'the vagaries of womanhood' and the lamenting the

[160] K. Dalton, 'Should Premenstrual Syndrome Be a Legal Defence?' In B. E. Ginsburg, B. F. Carter (eds) *Premenstrual Syndrome,* Springer, Boston (1987).
[161] For example this paper in which Dalton blames PMS for a case of infanticide. K. Dalton, 'Progesterone prophylaxis used successfully in Postnatal Depression' in *The Practitioner (*1985) Vol. 229, pp. 507–508.

'inequalities thrust upon [the pre-menstrual woman]'.[162] Dalton stated that she intended her research to provide those interacting with women the capacity regard them with more sympathy.[163] This notion, which was both patronising and allowed little space for women's autonomy, reinforced ideas that women's unique biology rendered them less able than men's and that in order to function in society they needed specific allowances to be made. Dalton suggested that further research into menstruation allowed a broader appreciation for the negative effects of menstruation on 'the different aspects of a woman's life'.[164] Dalton did not aim to disprove or dispel these perceptions of menstruation as incapacitating, as did the work of earlier female doctors who focused on the topic, but rather to publicise the incapacity she perceived and thus 'free' women from the shackles of having to perform as equals in society. Within this narrative women could never hope achieve equality with their male counterparts, in the home, at work or in any other setting, as their para-menstruum incapacitated them and necessitated adaptations and allowances to allow them to participate fully in the world at large without being medicated.

The impact of Dalton's conceptualisation of the pre-menstrual moment on cultural perceptions of menstruation was significant, as these papers legitimised ideas of physical, emotional, psychological and intellectual incapacity which went far beyond the realm of medical journals and theory. Daltonian PMS theorising impacted society outside the frame of medical academia, most notably *via* the reliance on her research and expert evidence in legal cases pertaining to incapacity as caused by PMS, the huge quantity of newspaper articles referencing her research and the many reprints and widespread praise of her books for general audiences or 'anyone in a position to make judgements on [women]', and the evolution of the diagnosis 'PMDD'.[165] The longer term impacts are all around us in contemporary society,

[162] K. Dalton, 'Effects of menstruation on schoolgirls' weekly work', p. 326.
[163] Ibid p. 328.
[164] Ibid p. 326.
[165] K. Dalton, *The Menstrual Cycle*, p. 72

PMS has become so ingrained in our understandings of women's bodies that it is referred to often and interrogated rarely.

The notion of 'menstrual incapacity' had traditionally been conceptualised in terms of the bodily experience of menstrual bleeding rendering women either intellectually, psychologically or physically incapacitated, or some combination of these factors. For example Maudslian menstrual incapacity conceptualised menstruation as draining finite physical energy, leaving less energy available for intellectual or sporting pursuits and thus rendering women physically, and intellectually less competent than their male peers.[166] Daltonian pre-menstrual incapacity narratives are no different, as women's incapacity to function on a par with their non-menstruating counterparts is split into three distinct categories and each of the papers published on the topic reinforces a different kind of incapacity narrative. This shift to narratives of 'pre-menstrual incapacity' could have provided nuance to antiquated ideas of menstrual incapacity, by suggesting that women were only incapacitated at certain times of the month rather than universally, which seems to have been the intent of the research and subsequent publication of these ideas. Dalton's papers, however, directly contradicted the narrative of capacity curated by the Medical Women's Federation and reinforced specific ideas about female incapacity in a time where women were experiencing more freedoms than ever before. With the para-menstrual period being conceptualised as incapacitating in three distinct ways, intellectual, psychological and physical, and a very broad diagnostic criteria for pathological pre-menstrual symptomology, there was room for a reinforcement of broader narratives of female incompetence. Each of these types of pre-menstrual incapacity will be outlined in this section, then examined within the context of Dalton's published work, and its influence on wider society.

---

[166] H. Maudsley, 'Sex in mind and education' in *Popular Science Monthly*, Vol. 5 (1874) p. 199.

c. (i) Intellectual incapacity

Formal medical perspectives of menstruation have historically been intertwined with claims of women's intellectual inferiority. Within this paradigm there are clear links between Daltonian PMS and the supposed intellectual incapacity it caused, and the arguments surrounding education and menstruation in the latter part of the nineteenth century proposed by doctors Edward Clarke and Henry Maudsley. Daltonian PMS theorising reinforced these antiquated ideas which we saw being refuted by Dr Garret Anderson, Dr Alice Sanderson Clow and the MWF in the first three Chapters of this thesis. With her papers outlining pre-menstrual intellectual incapacity Dalton aimed to show that being in the para-menstrual period caused girls to achieve poorer outcomes in school and in exams with the intention of allowing girls to take exams at different times to prevent them from being impacted unfairly by their bodies.[167] While this appears to have come from a desire to help give women a more equal chance, in reality these ideas simply reinforced the idea that women were rendered less capable by their biology and needed special allowances to be made for them. This conceptualisation of the pre-menstrual moment as intellectually incapacitating is the primary focus of two of Dalton's papers, published in the 1960s.[168] The 1960s in particular represent a time when women were finally being seen as more valuable members of intellectual society, represented significantly more in universities, in medicine, and in higher ranking jobs and positions of power, and more broadly in the workplace for longer periods of time- rather than just between school and marriage. In linking women's bodies to intellectual incapacity

[167] K Dalton, Effect of menstruation on schoolgirls' weekly work in *The British Medical Journal,* (Jan. 30, 1960) Vol. 1, No. 5169, pp. 326-328.

[168] K Dalton, Effect of menstruation on schoolgirls' weekly work in *The British Medical Journal,* (Jan. 30, 1960) Vol. 1, No. 5169, pp. 326-328; K Dalton, Menstruation and examinations in *The Lancet*, (1968) p. 1387.

Dalton may have damaged these burgeoning freedoms. More significantly, the way that these ideas were accepted demonstrates the fact that the general public was ready to believe that women's bodies made them less intellectually or academically able.

Dalton's study of schoolgirls weekly work includes a disparaging note to the 'zealots' who pushed for equality in the sexes, stating that as 'nature refuses to grant equality even in one sex' equality was impossible. [169] This paper, published in 1960, took into consideration the menstrual data of three hundred and fifty two children ages eleven to seventeen attending a public girls' boarding school during one twelve week term.[170] The data was collected without the knowledge or consent of the girls or their teachers, and while information about three hundred and fifty two girls was collected, over a hundred of these girls did not menstruate during the term. The menstrual data was collected by examining the date book which the students recorded their menstrual periods in when they collected towels from matron. This method did not account for the fact that it's possible (and likely) that some students bought their own pads from home, used tampons, borrowed from friends or recorded their period a few days early to plan ahead for a busy week or a few days late after using towels left from last month or from a trip home. Dalton's conclusions as to whether schoolgirls' weekly work was impacted by their position in their cycle, which she used to support broader conclusions about women experiencing a loss of attainment and capacity in their pre-menstrual week, were based on three hundred and forty two periods recorded by two hundred and seventeen students across a four month time period.

At this school the custom was to give each student weekly mark from ten to one, as an average across her seven to twelve subjects. With this information Dalton aimed to assess whether students' pre-menstrual weeks' mark was lower than average, or in the case of

[169] Ibid p. 328.
[170] K. Dalton, 'Effect of menstruation on schoolgirls' weekly work' in *British Medical Journal,* (Jan. 30, 1960) Vol. 1, No. 5169, pp. 326-328.

subjects in which grades were based on work learned the previous week, whether their menstrual weeks' mark was lower.[171] Dalton identified a drop in weekly mark in twenty seven percent of students during their pre-menstrual week, which Dalton extrapolated as meaning one in four students experienced a drop in their weekly mark. These figures don't necessarily correlate to a quarter of students as some students experienced significantly more periods than others during the term as demonstrated by significant incidences of amenorrhea reported in the data, which is and was normal for young teenagers. Of the three hundred and forty-two menstrual periods taken into account, a quarter were pre-empted by a drop in weekly attainment. In contrast seventeen percent of the weekly marks rose during the pre-menstrual week, thus of three hundred and forty-two menstrual periods, a fifth were pre-empted by a rise in attainment.

There is a secondary conclusion that Dalton made at the end of this paper, noting that she had made 'personal observations' at a different girls' boarding school. At this school each dormitory of twenty-four where the girls' were given a mark from A-D for tidiness, there was a reoccurrence of lower marks at twenty one to thirty day intervals. Dalton suggested that this could demonstrate that 'carelessness' was caused by pre-menstrual tension (the dates of menstruation were not recorded for these girls, so this is an inference).[172] Perhaps, rather than in the pre-menstrual weeks it is in the weeks in which the girls' were actively bleeding they had to take more time to dress, find a pad, secure a menstrual belt, ensure they washed to prevent the odour rumoured by advice leaflets and perhaps even changed their sheets, all things that took time before breakfast and would account for a slightly messier living space, rather than a pathological carelessness caused by pre-menstrual tension. A lack of education pertaining to menstruation and puberty, a lack of access to appropriate period products, and

[171] Ibid p. 327
[172] K. Dalton, *The Menstrual Cycle* p. 328.

taboos and shame leading to fears surrounding leaking, smells and not 'passing' as non-bleeding, could and would have shaped the experiences and behaviours of menstruating schoolgirls.[173]

These conclusions were firm, but rested on particularly tenuous data. The focus on young girls at school is significant, however, as it echoes the work of the MWF, and came only a decade after their last survey. In contrast to the work of the Federation this paper aimed to demonstrate that school children were, in fact, significantly impacted by their bodily cyclicity and that menstruation was not a normal and unremarkable event of adolescence. The title of Dalton's paper 'Effect of menstruation on schoolgirls' weekly work' sounded very similar to the Federation's first paper, 'Menstruation in school life', but intended to demonstrate almost the exact opposite point. In addition to this, the paper made an additional point about pre-menstrual intellectual incapacity in regards to the teachers involved in teaching these pupils. Dalton stated that while it was not relevant in the study as each student's weekly mark was an average across many subjects and teachers, it was important to consider that perhaps teachers marks during their own para-menstrual period would be unreliable.[174] This casual re-enforcement of Dalton's thesis of premenstrual intellectual incapacity is significant in that it helps to legitimise her conclusions, but also because it shows how broad the outcomes of this characterisation of the pre-menstrual moment could be. If it was impacting female student's work and their capacity to be 'tidy' and their female teachers reliability in terms of marking, then the premise was beginning to significantly contribute to an understanding of women as people who couldn't be relied upon.

Dalton's thesis of pre-menstrual intellectual incapacity was further reinforced by her 1968 study 'Menstruation and examinations' which was based on the results of sixty eight

[173] The idea of 'passing' is borrowed from S. L. Vostral, *Under wraps: A History of menstrual hygiene technology*, Lexington books (2008).

[174] K. Dalton, 'Effect of menstruation on schoolgirls' Weekly Work', p. 326.

students' A-level exam results, (half boys, and half girls) and ninety one girls' O-levels results. Dalton identified a five percent decrease in attainment for girls' when the exam fell in their para-menstrual period, with this impacting girls' with a longer menstrual period, and/or a longer cycle more significantly.[175] This represented the first, and only time in Dalton's published work that a control group of non-menstruators was used. Dalton notes that there was a 'striking similarly' between the grade variations between the boys' and girls' results, however she did not suggest that this means that grade variation was normal and not therefor caused by female cyclicity.[176] In in this paper Dalton recognised for the first time in her published work that stress could impact the menstrual cycle, specifically bringing on an early period, or causing temporary amenorrhea stating that this had 'long been recognised by gynaecologists and lay women'.[177] The significance of the data collected in her other studies in regards to women being more likely to be in the para-menstrual period when committing crimes and subsequently being caught, being admonished for bad behaviour at school, and being hospitalised for major psychological disturbances, shifts in meaning when it is viewed through this lens. Afterall a menstrual period brought on by the stress of being caught doing something wrong, or being hospitalised, must therefore by definition not have been preceded by a normal pre-menstrual moment- certainly not a pre-menstrual moment which caused the behaviour which then brought on the early period. This paper was taken up by the British media with articles in the newspapers entitled variations upon the theme 'How menstrual stress makes girls fail their exams'.[178]

---

[175] K. Dalton, 'Menstruation and examinations' in *The Lancet*, (1968) p. 1387.

[176] Ibid p. 1388.
[177] Ibid p. 1387.
[178] A. Byrne, 'Medical Correspondent "How pre-menstrual strain makes girls fail their exams"', *Sunday Times*, (29 Dec 1968); 'Girls- Exam theory', *Birmingham Daily Post*, (12 Sept 1969) p. 34.

In Dalton's popular book, *The Menstrual Cycle* published in 1969 there was a chapter on 'women at work' which explored this perceived 'influence on mental ability' after women left school and throughout their working lives.[179] In this chapter Dalton claimed that British industry lost '120 million working days per year because of the menstrual problems of 60 million employees' suggesting that 'menstrual influence' affected women at all levels of employment, causing 'hasty decisions, errors of judgement' and loss of 'drive and initiative'.[180] This figure '120 million days a year' was also widely quoted in the media.[181] Dalton emphasised the ease with which she believed these issues could be solved with 'correct administration of hormone therapy'.[182] The popularity of this book illustrated the broad reach of these ideas about intellectual incapacity and the ways that Daltonian PMS theorising characterised women as rendered intellectually incapable, once a month, throughout their lives. The emphasis on intellectual incapacity in women as caused by a bio-medical aberration which could be treated with new pharmaceutical advancements, causing a preventable loss to the British economy was significant in the 1960s as demonstrated in the discussion about increased female employment earlier in this Chapter.

c. <u>(ii) Physical incapacity</u>

The next category of pre-menstrual incapacity examined in Dalton's papers was the notion of physical incapacity, in which incapacity was conceptualised within the framework of women being less *bodily* capable because of their hormones. The idea that women's reproductive bodies, or menstrual cycles rendered them weaker, more vulnerable, more fragile or less able

[179] K. Dalton, *The Menstrual Cycle* p. 129.
[180] Ibid p. 129.
[181] L. Dyson, 'The Dangerous Days', *Birmingham Daily Post*, (26 May 1966) p. 6.
[182] Ibid p. 132.

physically was not by any means a novel idea. These ideas refer back to the Victorian beliefs about menstruation that the MWF tried so hard to disprove, for instance the idea that women couldn't or should not expend excess energy while menstruating. This new version of physical incapacity was slightly different. Rather than being concerned with exercising making women less fertile or injuring their delicate reproductive systems, the pre-menstrual physical incapacity of Daltonian PMS theorising framed the pre-menstrual moment as causing women's bodies to be less physically able to do the things a modern woman might do, like drive, compete in professional sports or operate machinery. There were studies at the time which refuted these ideas, and a Dr Marrian, gave a detailed overview of them in 1964, suggesting that any physical impacts of the pre-menstrual period on exercise were likely related to distraction only, and that Dalton's claims of 'a loss of physical efficiency and mental drive and stability' were stymied by 'conflicting evidence'.[183] The significance of these papers was that there were other ideas being published at this time, but the notion that gained traction in the public eye, and especially in the media was Dalton's which framed women as less able. Dalton's ideas of physical incapacity were popular and referenced in pamphlets from the Society for the Prevention of Accidents, and in a significant number of newspaper articles.

'Menstruation and Accidents' was published in 1960 in *The Lancet*. It was a short paper, studying only eighty-four women who had been hospitalised for accidents *and* who had menstruated in the previous twenty-eight days at four London hospitals. Dalton theorised that pre-menstrual lethargy and irritability which she considered to be the 'diseases of menstruation' may have contributed to a slowed reaction time, and a loss of sound judgement, thus making accidents requiring hospitalisation more likely in the pre-menstrual

[183] J. Marrian, 'The Effect of Psychological and Motor Changes During The Menstrual Cycle on Women Athletes' in *Bulletin - British Association of Sport and Medicine*, Vol. 1, No. 3-4 (1964) pp. 54–61.

phase.[184] Dalton referenced Whitehead in this paper, whose work on women pilots is in some ways a textbook example of patriarchy in medicine. The supportive data Whitehead relied on to demonstrate that menstruation made women more accident prone was that, of the women involved in serious aviation accidents in the past six months 'some' had been menstruating.[185] This failed to take into consideration that of any group of women between menarche and menopause, 'some' will likely be menstruating at any given time. Dalton's paper on accidents concluded that in this small study, forty-four percent of the eighty-four women who had accidents in the workplace and at home were in the pre-menstruum or menstrual period, which Dalton identified as statistically significant. This result was not focused upon in the conclusion of the paper as it supported the hypothesis that Dalton was already working with, that women were less physically and emotionally capable of functioning in society while in the para-menstrual phase of their cycle. Dalton instead used the conclusion of the paper to question the legitimacy of prescribing tranquilisers for 'premenstrual tension', rather than the progesterone therapy which she favoured. Dalton suggested that the practice of prescribing tranquilizers may have been contributing to the exacerbation the symptoms which caused accidents. There was no suggestion that the results of the study may have been caused by women taking tranquilizers during their pre-menstrual and menstrual phases and that this was causing them to be more accident prone. The paper avoided reference to a specific pre-menstrual syndrome causing these effects, focusing instead on the idea that it was an issue which could affect any and all women, fundamentally conflating cyclicity and pathology. [186]

Dalton devoted one chapter of her book *The Menstrual Cycle* (1969) to 'accidents or coincidences', in which women's pre-menstrual capacity, or lack thereof was outlined in predominantly physical terms. This chapter outlined the findings of the paper about

[184] K. Dalton, 'Menstruation and accidents' in *The British medical journal*, Vol. 2, No. 5210 (1960) pp. 1425-6.
[185] Ibid p. 1425.
[186] J. N. Zita, 'The Premenstrual Syndrome: "Dis-easing" the Female Cycle', p. 89.

menstruation and accidents, expanding them by concluding that even in accidents where the woman seems to not have been at fault, for instance if she was the passenger in a car accident, the pre-menstruum was still culpable. In this story, 'an alert passenger' would brace herself and 'cover her head' avoiding major injury, and a 'dull' woman with slower reaction times, as caused by the her position in her cycle would not take these precautions, resulting in major injury which required hospital admission.[187] Women's 'mental dullness' was also blamed for a range accidents in the domestic sphere such as while 'making tea and pouring the boiling water', this description of the pre-menstrual moment making these everyday tasks 'dangerous' highlights the way that Daltonian PMS theorising rendered women a risk to themselves even while doing basic activities.[188] This reinforced the thesis that women were less capable of more significant physical pursuits during the pre-menstrual phase. In the press, the idea that women were physically less able to do things while pre-menstrual was taken up, and related to ideas about women's capacity to be trusted in all walks of life. In particular the idea that driving was more dangerous, and that perhaps driving insurance should be invalid in the para-menstrual period. These ideas about women's physical incapacity made their way into leaflets published by the royal society for the prevention of accidents, who in 1979 issued advice (in a pamphlet authored by Dalton) that women should avoid driving for the eight days of the paramenstruum.[189]

These ideas directly contributed to opinions about what women should, and should not be allowed to do. Dr Afred Byrne wrote in the *Sunday Times* in 1969 that Dalton's work showed that half of women of 'reproductive age' were suffering from PMS symptoms and that this 'moon-madness' was having 'devastating effects'.[190] Byrne went on to suggest that Dalton's

[187] K. Dalton, *The Menstrual cycle* p. 134.
[188] Ibid p. 134.
[189] E. Sloane, 'Dispelling Myths about Female & Potential' in *The Science Teacher*, Vol. 47, No. 7 (1980), p. 16.
[190] A. Byrne, 'LOOK! Pre-menstrual Tension' in *Sunday Times* (September 14th 1969) p. 54.

theories should draw to attention the fact that women pilots and drivers might be less capable for one week out of every month.[191]A female journalist- speaking about jet pilots in 1974- made reference to Dalton's work on PMS, writing that while 'a woman may have been into space, I don't want to be flown by someone with raging PMS'.[192] Linda Dyson, a reporter for the Birmingham daily post cautioned women to 'avoid potential dangers in their everyday life on their off days', until the 'syndrome is acknowledged and women are helped out of the dark-ages'.[193] The influence of Daltonian PMS theorising on wider perceptions of women's bodily capacity was significant, and its rapid popularity in the press suggested that these ideas were not a huge leap from what people already believed about women and their bodies.

The chapter of Dalton's book about accidents also frames physical incapacity in relational terms, discussing the effects of pre-menstrual physical incapacity on other members of the family, not just the menstruating woman. Dalton references a study which at the time of her book publication, had not been completed, and seems never to have been published. In this study a two year old with a broken leg presented at the hospital with his mother, Dalton analysed the case and suggested that as the mother was menstruating at the time of the accident, it is likely that the accident was caused by her failing to alert the child of the possible dangers of walking on a floor she was scrubbing, and that had she been quicker to react, she could have caught him before he fell.[194] The relational elements of this diagnosis refer also to members of the immediate family outside the household. Dalton investigated the idea that the hospitalisation of 'aged and chronically sick' patients was often directly caused by pre-menstrual physical incapacity.[195] This was described in terms of the care work that the women of the family were often, if not always, responsible for. Dalton speaks of the

[191] Ibid. p. 54.
[192] J. Elliott, 'Still pigging it', *Sunday Telegraph*, 28 July 1974, p. 12.
[193] L. Dyson, The Dangerous Days, *Birmingham Daily Post*, (26 May 1966) p. 6.
[194] K. Dalton, *Once a Month* p. 137.
[195] Ibid p. 137.

'daughter or daughter-in-law' who is usually a loving nurse to her 'geriatric' relative, and 'suddenly-and it is always suddenly- the days comes when the amateur nurse can manage no longer'.[196] Dalton relays to her readers that a 'discreet enquiry' at the moment of hospital admission inevitably reveals that the 'amateur nurse' was about to start her period and suggested that by the following week she would feel like a new woman, but not because she was 'eased of her nursing burdens', rather because she was 'now in her post-menstruum'.[197] The way that Dalton conceptualised women and their bodies as culpable for not only their own accidents but also for the accidents and illnesses of their families demonstrated how entrenched these ideas of female care-responsibilities were both in her work, and in British society at the time. This book was re-printed at least four times, with Fontana Press, Penguin, Pantheon Books and Warner Books, and sold all over the world from Canada to New Zealand, highlighting the way that these ideas spread around the English-speaking world.

These ideas about physical incapacity and accident-proneness were also applied to women in sport, and the way that their bodies may have impacted their sporting careers at different points throughout their cycle. These ideas were popular in the press, with articles referencing them over a decade after Dalton's original paper on the topic.[198] This particular focus on women in sports, and their menstruating bodies rendering them less capable, was in such stark contrast to the work of the MWF, and Dr Sanderson Clow's 'Games for girls' which were explored throughout the previous Chapters of this thesis, that they constitute a key moment to demonstrate the way that narratives of menstrual capacity ebbed and flowed throughout the twentieth century.

In an article in The Sunday Times written by Robert Lacey in 1971, his opinions about the rarity of consistency in 'feminine champions' were articulated, and Dalton's work was

[196] Ibid p. 138.
[197] Ibid p. 139.
[198] R. Lacey, 'What weighs against women in sport' in *The Sunday Times* (7 Feb 1971) p. 18

cited extensively.[199] Dalton herself was interviewed for this article about the 'tensions' which caused the accident-proneness outlined in her book, and she was quoted as saying that 'in a sporting context these tensions may be revealed in a momentary loss of concentration which may be the difference between defeat and victory'.[200] A rise in 'inter-ocular pressure' during the pre-menstruum was also blamed for its influence on female athletes vision, especially in golf, badminton and tennis.[201] The newspaper article blamed a 'well-meaning but obstinate prudery' surrounding conversations about menstruation and PMS, which had been framed as an 'unmentionable' topics, for confusing the quest for a separation of fact and myth on this topic.[202]

This was not the same set of myths referenced throughout the work of the MWF, who worked to dispel myths which framed women as less able due to their menstruating bodies. In contrast the myths referenced in this article seem to have been myths about women's bodily consistency and sporting capacity. This perception of a significant pre-menstrual influence on physical capacity and thus sporting ability was framed as particularly injurious to girls' in schools, with a quote from Dalton stating that 'pre-menstrual tension' was creating 'a huge barrier that cuts many girls off from sporting activity at school'.[203] This barrier was suggested to be leading to an unfair situation in which only the girls who did not suffer pre-menstrually were able to be able to 'creamed-off' for special attention, and so able to be in with a chance of becoming professional athletes.[204] Lacey suggested that there may be a 'vast reservoir' of sporting talent in British schools, which could be tapped into only with medical assistance.[205] This suggestion that women's bodies were rendering them fundamentally less able in sporting

[199] Ibid p. 18.
[200] Ibid p. 18.
[201] Ibid p. 18.
[202] Ibid p. 18.
[203] Ibid p. 18.
[204] Ibid p. 18.
[205] Ibid p. 18.

pursuits, but that this was something which could, in some cases, be fixed with medical intervention fits into the notion of PMS which has been articulated throughout this Chapter. That PMS is located in a temporal situation wherein women were still perceived as physically less than men, but that was no longer a fixed notion, and solutions were being sought. In this case medical and pharmaceutical intervention.

c. (iii) Psychological incapacity

Dalton's published papers on the topic of PMS also conceptualised the pre-menstrual moment as *psychologically* incapacitating. This notion has a long diagnostic history with significant intersections between medical opinions of madness and menstruation in the nineteenth century. In the Victorian era 'anomalous' female behaviour was often considered to be synonymous with hysteric behaviour.[206] Many thousands of women were placed in asylums throughout the Victorian period due to hysteria diagnoses. The normal functions of female biology were often considered to be symptomatic of hysteria, in a way that fundamentally links hysteria with PMS. The Victorian alienist Dr Anstie wrote that 'disorder of the sexual apparatus' was a factor in almost all cases of hysteria.[207] Upon entering an asylum women were questioned about their menstrual history and that of their kin 'paying attention to' menarche, 'regularity of periods, the duration of the period and the quantity of blood lost'.[208] These details were used to describe the cause and character of the women's mental illnesses. Amenorrhea was also frequently tied into discourses of female madness,

[206] Such as 'fainting, shortness of breath, anxiety, insomnia, irritability and disinterest in sex'; J. O'Brien (ed*), Encyclopedia of Gender and Society: Vol. 1*, Sage publications (2001) p. 448; Other symptoms included loss of appetite, loss of sex drive, masturbation and crying fits; F. C. Skey, *Hysteria: Remote causes of disease in general*, Reader and Dyer (1867) p. 53.

[207] F. E. Anstie, *Lancet* (14th December 1872) pp. 839-842.

[208] J. M. Strange, 'I believe it to be a case depending on menstruation: Madness and menstrual taboo in British medical practice, c. 1840-1930' in (eds) G. Howie, A. Shail*, Menstruation: A Cultural history* p. 106.

however the 'rationale informing the role of suppressed, scanty or irregular periods in the decline of mental health' was never fully articulated. [209] The monitoring of women's menstrual periods both in terms of frequency and character in the asylum enabled alienists to 'interweave' menstrual health with 'narratives of [mental] health or deterioration'. [210] In 1900 British gynaecologist Mcnaughton Jones outlined his belief that gynaecology and psychology were on 'common ground' and that it was imperative to acknowledge that 'hystero-psychoses' were almost universally rooted in uterine dysfunction.[211] The links between hysteria diagnoses and PMS diagnoses are significant, with feminist critiques of PMS highlighting the similarities between the two proposed conditions. Even Dalton used the term hysteria in an interview with *The Sunday Times* in 1981.[212]

Dalton framed the pre-menstrual moment as rendering women psychologically incapacitated throughout her published papers, setting out to prove theories that women were more likely to be hospitalised for severe psychological disturbance in their para-menstrual period, were more likely to commit crimes they would not otherwise commit, and were more likely to be emotionally unable to care for their sick children (leading to their children's admission to hospital). The ideas of psychological incapacity outlined in this set of papers reinforced and affirmed ideas about women's sanity, highlighting the links between women's reproductive bodies and their psychological wellbeing. This is particularly relevant in the context of the psycho-pathologisation of housewives outlined in the previous section of this Chapter, with the inclusion of a paper pertaining to women being 'unfit' mothers while in the paramenstrual period. When taking into consideration Dalton's perceptions of women and their role in the home, her theorising that the pre-menstrual moment caused them to be less

[209] Ibid p. 107.
[210] Ibid p. 107.
[211] H. Macnaughton Jones in *The Lancet* (11th August, 1900) p. 446.
[212] O. Gillie, 'Hormones and Hysteria', *The Sunday Times* (Nov 15 1981) p.15.

capable as mothers, not only in work, school or public life, demonstrates how insidious she perceived these issues to be. This work had significant reach outside of the world of academic papers and medical journal articles, as PMS was entering the zeitgeist as a defence against women's antisocial behaviour. Dalton was called as an expert witness in at least two murder trials in the 1980s, and her work and theories were used as evidence in several more legal cases in England, Canada and the United States, ranging from child battery to bankruptcy. These cases usually resulted in reduced charges due to perceived psychological incapacity as caused by PMS. Freidenfelds contributed these trials to the uptake of the notion of PMS in the United States, in conjunction with a 'backlash against feminism' which argued that women's 'biological limitations' would always prevent them from achieving equality.[213]

The first paper in this group, published in 1959, concerned menstruation and hospital admissions for acute psychiatric illness. Dalton wrote that this investigation was prompted by identifying and 'successfully treating' PMS in 1953, however the study does not pertain to PMS specifically, rather it measured the prevalence or likelihood of patients being within the para-menstrual period when admitted for urgent psychiatric inpatient treatment.[214] The study found that there was a significant increase in *admissions* during days one to four of the cycle, a moderate increase during the pre-menstruum and a slight increase during ovulation. Dalton concluded that as forty-six percent of admissions occurred during the eight-day para-menstrual period, this must be caused by a significant link between the 'onset of acute psychiatric episodes' and the para-menstrual period.[215] This link was implied to be purely physical rather than being influenced by the social or psychological impacts of menstruation within its cultural context in the 1950s. Dalton also regularly reminded the reader of her

[213] L. Freidenfelds, *The Modern Period: Menstruation in Twentieth-century America*, Baltimore, MD: Johns Hopkins University Press (2009) p. 111.
[214] K. Dalton, 'Menstruation and acute psychiatric illnesses' in *British medical journal*, Vol. 1, No. 5115 (1959) pp. 148-9.
[215] K. Dalton, 'Menstruation and acute psychiatric illness' p. 149.

certainty that 'pre-menstrual tension' (in an un-explained return to this previously cast aside term) could be successfully treated with progesterone, regardless of whether the hormonal elements of menstruation caused or 'trigger[ed]' acute psychiatric episodes.[216] It was unclear whether Dalton was suggesting that sufferers of a specific condition e.g. 'PMT' accounted for the increased rate of psychiatric admissions during days one to four of the cycle, or whether it was simply all women were more vulnerable to psychiatric symptoms at this point in their cycle.

Rather than at the immediate onset of symptoms there is often a social trigger that prompts help-seeking behaviour, this is discussed by Laws in her discourse on menstruation and the social process of illness.[217] Laws presents illness or rather various symptoms which could be perceived as illness as a near constant state for adults, with the decision to present at hospital or the doctors' surgery being based on the way these symptoms impacted a specific social trigger rather than their innate seriousness.[218] Thus it could be argued that the most significant increase in prevalence of psychiatric admissions demonstrated in Dalton's on paper, in days one to four of bleeding, could be explained by the societal pressure placed on a person menstruating within a culture framework of incapacity, shame and stigma, with bleeding being the 'final straw'. In addition to this the cultural narrative of being psychologically incapacitated menstrually, and increasingly pre-menstrually, could be seen to contribute to these figures in a self-fulfilling prophecy, rather than hormonally or biologically causing or exacerbating psychological symptoms. It is important to note that while Dalton claims several times to have found a cause and a cure for these symptoms, progesterone therapy was still in its infancy and had not been shown to have any more effect than a

[216] Ibid p. 149.
[217] S. Laws, *The sexual politics of pre-menstrual tension* p. 23.
[218] Ibid p. 23.

placebo.[219] Regardless of the cause of the slight increase in admissions for acute psychiatric illness seen in this particular hospital during the para-menstrual period, narratives such as this one helped to reinforce ideas about women's sanity which were damaging to their burgeoning freedoms in the world of work. The idea that being in the para-menstrual period caused women to be more likely to experience acute psychiatric illness which would need hospitalisation reinforced the theories of menstruation as psychologically incapacitating, and thus of women being less capable of being psychologically reliable for at least eight days a month, as caused by their reproductive bodies.

Dalton's paper 'Children's hospital admission and mother's menstruation' was published in the *British Medical Journal* in 1970.[220] Dalton's final paper of the decade was perhaps the most overt in its suggestion that the impact of the pre-menstrual phase could cause women to actively cause harm to other people, rather than the less serious (but still significant) anti-social behaviour, physical or intellectual influences of PMS represented in earlier papers of the decade. This suggestion reinforced the idea that those who suffered from pre-menstrual symptoms were actively destructive to societal norms. The paper described eighty-two mothers who presented at a North London hospital with an ill child, who was then admitted into hospital. Dalton concluded that forty-nine percent of these children had mothers who were in the paramenstrual period at the time of their admission. [221] Throughout this paper, Dalton's certainty that these women were 'in the throes of paramenstrual depression' which must significantly impact their capacity to parent- although they were not asked about any pre-menstrual symptoms, or whether they had been diagnosed with a pre-menstrual syndrome or tension- is significant.[222] This loaded language was demonstrative of Dalton's perception

[219] I. Oransky, 'Obituary: Dr Katharina Dorothea Dalton' in *The Lancet*, Vol. 364, No. 9445 (October 2004) p. 1576.
[220] K. Dalton, 'Children's Hospital Admissions And Mother's Menstruation' in *British Medical Journal*, Vol. 2, No. 5700 (1970), pp. 27-28.
[221] Ibid p. 27.
[222] Ibid p. 28.

of these women- who had not been diagnosed, nor had they claimed any pre-menstrual symptoms, and the way that their bodies must be letting them down. While the paper did not go as far as to claim that mothers being pre-menstrual *caused* children to be admitted because their mothers were actively harming them, it made claims about mothers being less maternal, less able to parent and thus less able to care for a sick child when pre-menstrual. In this case Dalton surmised that these women resorted to bringing their child to hospital because they were 'incapable of accepting further responsibility'.[223] Dalton used the word 'haggard' to describe these mothers, saying that these children were often admitted because of the way their pre-menstrual mother presented, while a sick child with a mother who looked 'calm and reliable' may have been sent home for observation.[224] This unintentionally reinforced the feminist arguments which began later in the decade which conceptualised PMS symptoms being a physical manifestation of the unfair division of household labour.[225] Women's role in the home, being solely responsible domestic labour and child rearing meant that perhaps a sick child was simply one thing too many. The significance of Dalton highlighting the idea that mothers were less able to parent their children effectively if unmedicated and pre-menstrual was particularly hard hitting. PMS discourse within later feminist critiques is often presented as a feminine/unfeminine behaviour dichotomy- and what was more fundamentally un-feminine at this time than being perceived to be a negligent mother. This paper also highlighted the significance of PMS symptoms as relational, in this context the way that PMS psychologically impacted other members of the family was highlighted. Women were therefore not just responsible for their own psychological and physical health but also for that of their families.

[223] K. Dalton, 'Children's Hospital Admissions And Mother's Menstruation', p. 27.
[224] Ibid p. 28.
[225] J. M. Ussher, J. Perz, 'PMS as a Gendered Illness Linked to the Construction and Relational Experience of Hetero-Femininity' in *Sex Roles*, Vol. 68 (2013) p. 135.

Perceptions of women's criminality and the links between women's crimes and their bodies or internal morality were different to perceptions of male criminals throughout most narratives of crime and punishment from the eighteenth century onwards. Crime in women throughout the nineteenth and early twentieth century in particular was most often conceptualised in terms of a failing of morality which could be remedied *via* 'moral regeneration'.[226] Explanations for crime which hinged on moral or psychological ineptitude or incapacity continued for far longer for women than for men, with Lucia Zedner describing female criminals as more likely to be perceived as 'mad' than 'bad'.[227] In the second half of the twentieth century these ideas surrounding 'mental inadequacy' and crime were 'commonplace' in Britain.[228] Ideas about the links between women's criminal behaviour and the pre-menstrual moment became increasingly visible throughout the 1970s and 1980s, however 'Menstruation and Crime', published in 1961 seems to be Dalton's first link between these ideas. Dalton stated in this paper that a 'gradual recognition' in the literature of 'the social significance of menstruation on various aspects of a woman's life' led to this new paper concerning menstruation and crime.[229] In outlining this literature Dalton only references her own papers, stating:

> "It has been shown that during menstruation a deterioration occurs both in a schoolgirl's work and in her behaviour (Dalton, 1960a, 1960c), and it is also at this time that women are most liable to be involved in accidents (Dalton, 1960b) or to be admitted to hospital with an acute psychiatric illness (Dalton, 1959)".[230]

This paper on crime followed a similar format to the previous papers (and those which followed it), with heavy statistical analysis of the criminal patterns of the one hundred and fifty-six prisoners charged over a six month period in one London prison. These women were identified as menstruating regularly and as having committed their offence within the

[226] L. Zedner, 'Women, Crime, and Penal Responses: A Historical Account' in *Crime and Justice*, The University of Chicago Press (1991) Vol. 14, p. 325.
[227] Ibid p. 307.
[228] Ibid p. 350.
[229] K. Dalton, 'Menstruation and Crime' in *British Medical Journal* (Dec 30, 1961), Vol. 2, No. 5269.
[230] Ibid.

previous twenty-eight days. Dalton concluded that forty nine percent of the crimes (categorised broadly into: theft, alcoholism and prostitution) occurred within the four days of the pre-menstruum and the first four days of bleeding, which was identified by Dalton as being statistically significant. Dalton theorised that while this could have been because the lethargy, dullness and slow reaction time she perceived to be experienced in the pre-menstrual moment might have made women suffering from menstrual distress more likely to be caught committing crimes, in the case of PMS hormonal changes caused women to be more likely to commit crimes they would not otherwise commit. While the first set of factors were largely physical factors which made the concealment of perpetual crime from authorities harder, Dalton placed an emphasis on the fact that women who suffered from PMS were acting out of character due to the physical influence of the syndrome on their hormones and thus their psychological stability.

In the context of criminality with a biological cause, these women could thus be medicated in order to prevent criminal behaviour. An example of this in Dalton's later work is an unnamed 47-year old housewife who was caught shoplifting, successfully blamed PMS in court after providing a symptom diary via the PMS clinic, and was released without charge after agreeing to progesterone therapy.[231] Laws outlined her thesis that PMT/PMS was a diagnosis which was at root 'a political construct' 1983.[232] This was supported with a series of social and medical arguments including an analysis of the dichotomy between acceptable and unacceptable female behaviour and its impacts on the perception of specific elements of female behaviour as pathological.[233] Laws suggested that this diagnosis existed as an 'excuse' for female behaviour which fell outside of the standards of decorum expected of women, for instance a woman could blame seemingly aggressive or irrational behaviour on a hormonal

[231] K. Dalton, 'Should Premenstrual Syndrome Be a Legal Defence?' In B.E. Ginsburg, B.F. Carter (eds) *Premenstrual Syndrome,* Springer, Boston (1987) p. 288.
[232] S. Laws, *The sexual politics of pre-menstrual tension* p. 24.
[233] Ibid p. 25.

shift rather than acknowledging that she simply did not fit the category of 'good woman' prescribed for her by society.[234] Although this was superficially a 'win' wherein women could 'get away' with behaviour which would not be traditionally acceptable for them, the splitting of a woman into 'good' and bad' in which the 'bad element is caused by an external factor (e.g.: hormones)' is a concept which was fundamental to patriarchal opinions of womanhood.[235] Within this context Dalton's analysis of the premenstrual moment and its relation to women committing crimes is significant, as rather than acknowledging that women could commit crimes, or behave in a way that was socially unacceptable for a variety of complex reasons, just as men could, and thus treating the sexes as equals, the paper suggested that these behaviours in women were pathological and could thus be cured, to return women back to their original state as 'good women'. Treatment was offered to all the prisoners in Dalton's paper who reported 'premenstrual tension' (in this paper defined as: mood changes, tiredness, bloatedness and mastitis) and had committed their crime during their paramenstruum.[236] In the conclusions of the paper Dalton suggested that a 'simple test for the presence of premenstrual tension' would be vastly beneficial to the criminal justice system, but that treatment for pre-menstrual tension should be continued after the prison sentence if 'improvement in criminal tendency is to be expected', suggesting a system of probation based on submitting to medical intervention.[237] This proposed supervision does not seem to have come to fruition, but when taking into consideration the sketchy data and the widely criticised survey methods which led to these conclusions, this level of proposed intervention was concerning in its reflection of an historic precedence for the un-consensual policing of women's bodies, especially women on the margins.[238]

---

[234] Ibid p. 25.
[235] Ibid p. 26.
[236] K. Dalton, 'Menstruation and Crime', p. 1752.
[237] Ibid p. 1752.
[238] H. Ryan, *Women's House of Detention: A Queer History of a Forgotten Prison*, Hachett Book Group (2022).

This new narrative of psychological pre-menstrual incapacity became a 'public issue' rather than an individual issue in the early 1980s when two British murder cases were widely publicised in which the defendant claimed 'diminished responsibility' due to PMS.[239] This is also the moment Rittenhouse argues that PMS 'emerged' into the public imagination in the United States, although this chapter argues it had become fully cemented in the cultural imagination in the United Kingdom.[240] Dalton was an expert witness in both of these trials, and went on to be involved in the defence of over 50 criminal cases, in which she argued the defendant's crimes to be cyclical in pattern. In these cases Dalton believed that the criminal should not be culpable for her actions, as her behaviour was caused by PMS.[241] The only 'proof' of PMS available to be used for these court cases were personal diaries and menstrual calendars, and even within this context women's capacity was policed, it was suggested by Dalton that husbands or fathers should keep records of menstruation in order to legitimately link these behaviours with cyclical criminal behaviour.[242] The first two cases in the United Kingdom were significant as they were amplified by the British media, making 'front-page headlines, talk-shows and medical and legal journals', with one headline in *The Sun* claiming that 'Monthly Miseries Saved the Killer Mistress'.[243] The 'considerable publicity' generated by these cases contributed to debates by 'prosecutors, defence attorneys, doctors and feminists' about PMS as a legal defence, and thus about PMS as causing psychological incapacity which could contribute to lessened blame.[244] News articles from all over the world reported on these women and their 'raging hormones', a term used widely, with several

[239] C. Peterson, 'A tribute to Dr Katharina Dalton'.
[240] C. A. Rittenhouse, 'The emergence of premenstrual syndrome as a social problem' in *Social Problems*, Vol. 38, No. 3 (1991) p. 412.
[241] Ibid p. 20.
[242] K. Dalton, 'Should Premenstrual Syndrome Be a Legal Defence?' p. 288.
[243] P. Easteral, 'Women and Crime: Premenstrual issues' in *Australian institute of Criminology, Trends & Issues in Crime and Criminal Justice* (1991) Vol. 31, p. 1.
[244] E. Meehan, K. MacRae, 'Legal implications of premenstrual syndrome: a Canadian perspective' in *CMAJ : Canadian Medical Association journal, journal de l'Association medicale Canadienne*, Vol. 135, No. 6 (1986) p. 601.

making direct comments about how these cases invalidated the claims of 'feminists [who for years] have been fighting the notion that women are biologically delicate'.[245] The feminist fight for equality of the sexes in the early 1980s, in conjunction with their desire not to invalidate women who were experiencing real detrimental physical symptoms led to an interesting dichotomy within these debates.[246]

Elizabeth Holtzman was the defence attorney in charge of a case in Brooklyn in 1981 in which a woman, Shirley Santos, received a reduced sentence for beating her four year old child so badly that the child was in hospital for two weeks.[247] Holtzman stated that there was no place for this syndrome, or its symptoms in a court of criminal law, and that 'allowing women to plead some kind of special insanity because of their menstrual cycle was…dangerous to the legal rights of all women'.[248] Shirley Santos' lawyer has been quoted as being 'inspired' by the legal cases in the United Kingdom and Canada in which Katharina Dalton was an expert witness.[249] It was later suggested by a sympathetic academic that perhaps the *symptoms* of PMS rather than the syndrome itself should be what was used as a legal defence, if PMS was going to be used in this way, as the symptoms were easier to prove and could, theoretically, be experienced by anyone.[250] The successful use of PMS as a legal defence both in the UK the US and Canada not only demonstrates the perceived legitimacy of PMS as a diagnosis at this time, but also demonstrated the real-world influences of Daltonian PMS on people's lives, in very serious and significant situations. The widespread press coverage of these cases, and many others like them, may have drastically impacted how people perceived women's capacity.[251] It reinforced ideas like those voiced by D.C physician

[245] 'Premenstrual Syndrome: Do Raging Hormones Lead to Crime?' in *The Hastings Center Report* (1982) Vol. 12, No. 4, p. 2.
[246] P. Easteral, 'Women and Crime: Premenstrual issues' p. 8.
[247] C. Boorse, 'Premenstrual Syndrome and Criminal Responsibility', p. 81.
[248] Ibid p. 82.
[249] Ibid p. 82.
[250] K. McArthur, 'Through Her Looking Glass: PMS on Trial' in *University of Toronto Faculty of Law Review*, Vol. 47, Supplement, (1989) pp. 826-73.
[251] Ibid p. 82.

referenced in ‘the science teacher’ who spoke about how the US could never have a female president because women were too governed by their ‘raging hormonal influences’.[252]

The use of PMS as a legal defence skyrocketed the idea of women’s pre-menstrual incapacity into the cultural zeitgeist in Britain and the United States. Many feminists saw PMS as a ‘device to deny women the status of responsible adults’ which would ‘consign women to second-class citizens in the eyes of employers, the law and the public’.[253] Feminist critiques of the diagnosis began to emerge after these legal cases, and throughout the 1990s and into the 2000s.[254] These feminist responses argued that PMS was not a syndrome or disease, but rather the medical profession medicalising and pathologising the normal and inherent cyclicity of women’s bodies, highlighting the fact that there was still no known aetiology, or distinct list of symptoms.[255]

PMS was not, however, completely disregarded by the women’s movement, particularly in Britain. Throughout the 1970s and 1980s Dalton’s research and theories about PMS featured several times in the only national feminist newspaper, *Spare-Rib*.[256] This fit into the focus on demystifying women’s health which was inherent to the early women’s movement.[257]Alongside raising awareness about abortion care, contraception, sex, and women’s bodies, the publication shared information about Dalton in line with their aim of ‘mediating and shaping its readers’ experiences of their bodies’.[258] The coverage included a four page editorial about Dalton’s work, several letters to the editor about Dalton’s

[252] E. Sloane, ‘Dispelling Myths about Female & Potential’ in *The Science Teacher*, Vol. 47, No. 7 (1980), p. 16.
[253] C. Boorse, ‘Premenstrual Syndrome and Criminal Responsibility’, p. 81.
[254] J. N. Zita, ‘The Premenstrual Syndrome: "Dis-easing" the Female Cycle’ in *Hypatia*, Vol. 3, No. 1 (1988); S. Laws, *The Sexual Politics of Pre-Menstrual Tension*, Basingstoke: Macmillan (1990), J. M. Ussher, *Managing the Monstrous feminine: Regulating the reproductive body*, Routledge (2006).
[255] E. A. Kissling, *Capitalizing on the Curse: The Business of Menstruation*, Lynne Rienner Publishers, (2006) p. 44.
[256] *Spare Rib*, Issue 24, June 1974; *Spare Rib,* Issue 26, August 1974; *Spare Rib,* Issue 47, April 1976; *Spare Rib,* Issue 67, February 1978.
[257] Z. Strimpel, ‘*Spare Rib*, The British Women’s Health Movement and the Empowerment of Misery’ in *Social History of Medicine*, Vol. 35, No. 1, (February 2022) p. 217.
[258] Ibid p. 217; p. 221.

appearances on television and references to PMS in an editorial about the biology of menstruation entitled, *PERIODS.*

The editorial on Dalton's work, which was *Spare Rib's* first mention of PMS, cautioned the reader against both interpreting Dalton's work as meaning that 'we [women] are biologically unfitted to hold decision making positions' or as meaning that 'PMS is natural and so we should ignore it'.[259] The writer suggested instead that a 'clearer medical understanding' was needed.[260] These feminist responses to PMS, both tentatively supportive and firmly against, exemplify the dichotomies inherent to the idea of PMS. Raising awareness about new research which furnished women with information about their bodies was exactly what the Federation were doing, and made perfect sense in the context of helping women to understand their bodies. However, when the research pathologised the experiences of the majority of women, and suggested that they were not in control of themselves or their actions, it did portray women as 'second class citizens'.[261] Blanket narratives of capacity did not help those who did experience pain, menstrual disorders and distressing cyclical symptoms, but equally, blanket narratives of physical, intellectual and psychological incapacity contributed to long-standing perceptions of women as 'less than'.

Kissling argues that the development of pre-menstrual dysphoric disorder as a diagnosis in 1985, and its subsequent inclusion in the diagnostic and statistical manual on mental health disorders (DSM) reflected the medical profession's failure to accept PMS as women's innate cyclicity, effectively making PMS a psychological condition.[262] PMDD emerged from PMS, and was conceptualised as 'severe PMS as mental illness', with narratives surrounding PMDD 'blurring the lines' between the two diagnoses.[263] There was significant pushback

[259] *Spare Rib,* Issue 24, p. 10.
[260] Ibid p. 10.
[261] C. Boorse, 'Premenstrual Syndrome and Criminal Responsibility' p. 81.
[262] E. A. Kissling, *Capitalizing on the Curse: The Business of Menstruation*, p. 46.
[263] Ibid p. 37.

from a variety of people about the inclusion of PMDD in the DSM. This included gynaecologists who saw PMS as a biological condition rather than a mental one, a PMS researcher who thought the research done by the DSM was 'misrepresenting evidence' and 'distorting science' and the chair of the APA committee of women, who thought the inclusion had the 'potential to stigmatize all women' and that there was 'inadequate' scientific data.[264] Despite this, PMDD was included, and the drug industry in the United States was then able to market its 'cure'.[265] Despite widespread criticism, PMS narratives were used as evidence to create a new diagnosis, PMDD, further expanding the influence of Daltonian PMS theorising in the United States. This new condition not only pathologised women's bodies, but conceived their cyclicity as psychologically problematic, opening up a new market for PMS and PMDD specific anti-depressants.

The visibility of menstruation after the research of the Medical Women's Federation had the effect of making menstruation more available as a subject of discussion, critique or blame and this, in conjunction with the other scientific and social factors seen throughout this Chapter came together to create a favourable environment for the uptake of PMS as a concept. The discovery of sex hormones and their use in medicine led to a normalisation of the treatment of perceived menstrual problems with hormones in the late 1950s and the 1960s. This, alongside the development of 'the pill' and the WHO's recommendations for gynaecological examinations medicalised healthy young women's bodies in a far broader sense than had been seen before. Concurrently women were expected to work outside the home for longer periods of time, while also to be more present in the home for their children to prevent delinquency and promote secure attachment. The inherent contradiction of these

[264] Ibid pp. 45-47.
[265] Ibid p. 50.

opposing expectations led to conflict and confusion, which we see played out in the depression and anxiety described by 'house-bound' women at this time. This conflict was described by emerging female sociologists and the proposed solutions were predominantly social in nature. After the pharmaceutical revolution which began immediately post-war, these problems began to be medicated with benzodiazepines, otherwise known as 'mothers little helper', which perhaps contributed legitimacy to the medication of the similar symptoms of PMS. The effects of PMS described in Dalton's books were often conceptualised in relational terms, specifically how they impacted husbands and children and home-making, demonstrating how firmly women's role in as a home-maker was entrenched in these ideas of a treatable pre-menstrual syndrome.

As a lens through which to view the non-linear discourse of menstrual capacity and incapacity throughout the twentieth century PMS is unique. Dalton's research and publications framed women's bodies as intellectually, physically and psychologically incapacitated by their late-luteal phase, and these ideas were widely popular in the British press. Dalton's role as an expert witness in two murder trials led to the sudden visibility of PMS as a concept in the United states, contributing to the further medicalisation of women's bodies via the creation of PMDD as a mental disorder, despite widespread feminist criticism. This demonstrates the influence and impact of Daltonian PMS theorising, which came to prominence in Britain due to a unique set of cultural circumstances, and subsequently spread across the world. Daltonian PMS theorising represents a dichotomy between evolving female medical authority and the continued popularity of ideas about female bodily incapacity. Conversations around PMS popularised and legitimised the voice of one female doctor, facilitating the visibility of menstruation and menstrual health within a large body of publications. In conjunction with this Daltonian PMS theorising constituted a moment in which there was significant reinforcement of ideas around the incompetence of women's

bodies and the need for medicating female bodies, with the pharmaceutical treatment of a bio-medical aberration promoted in order to ameliorate these perceived incapacities. Dalton's work was only able to reach the level of influence which it did because of the work of earlier generations of women doctors, who fought to legitimise women's position in the profession, and helped to bring the topic of menstruation into the public consciousness.

Conclusion

'I want to stretch out my hands and reach through the fibres of time. I want to find Alice's hands and tell her, from one Alice to another, about all the PE teachers who echo her words to generations of girls in draughty gym halls. They might not know her name, but they know a brisk walk will help. They know that a note from your mother isn't the kindness she thinks it is. I want to tell her that she was right about us, that our bodies can't stop us from doing whatever we want to do. That she was right that the biggest obstacle to overcome was them telling us we couldn't. Alice, I am using my voice to echo yours. To remind people that the biggest disservice we can do to girls is to tell them they can't, or that they shouldn't. You wouldn't recognise this world, but I think you'd be happy about the PE teachers. I think you'd be happy that people still care about making girls lives easier. I think you'd be happy that even as professionals we're allowed to be loud about our feminism now, and sometimes, people listen.'
– Alice Billington, unpublished poem.

The research and publications of Alice Sanderson Clow and Katharina Dalton bookend the period covered by this thesis; their differing perspectives of menstruating bodies and what these two women reveal about how the work of medical women contributed to demystifying those bodies, exemplify the many factors shaping an historical study of twentieth century menstrual research. These histories reveal generational differences of opinion which were influenced by cultural and educational experiences, changes in the work of medical women, their working conditions, and shifts in the cultural climate in which their individual research was published, which in turn influenced what the public were willing to believe about women's bodies.

This thesis has sought to understand how women's entry to the medical profession influenced the way that menstruation was understood by doctors and laypeople alike, what kind of menstrual research medical women performed, why and how they performed it, and what impact their research could have. These questions have been answered in a multitude of ways, demonstrating in a nuanced and multifaced manner, how women holding authority as doctors were able to influence other women's care, an argument which highlights the

importance of representation in professional spheres. In the Chapters above, I have shown the ways that the work of these medical women fit into the non-linear ebb and flow of narratives of menstrual capacity and incapacity which I have identified as running through the twentieth century, and how societal and cultural expectations of women and understandings of femininity influenced the popularity of different elements of their menstrual research at different moments in the time period. For example, Sanderson Clow's research had to be academically rigorous to be accepted, but Dalton's was accepted despite being vague and unsubstantiated because society was ready to agree that women needed help to have any chance of performing at the same level as men.

The significant influence which medical women were able to have on research into menstruation arose due to a congruence of crucial factors. At the beginning of the period, women began to find space for themselves in an established medical profession, alongside this new populations of girls in schools emerged as sites where normal adolescent bodies could be studied, women were being increasingly needed in public life with the war effort, and they were needed in active capable bodies (which was also influenced by the physical culture movement). These factors came together to create a climate in which women doctors could begin to produce larger scale research projects, focused on girls' schools, which worked to demonstrate that contrary to the opinions of the male medical elite of the previous century, women and girls were not rendered intellectually or physically incapacitated by their reproductive bodies. The first places that all these women doctors looked to as a testing ground for their theories, were girls schools, from Sanderson Clow's research into bathing and exercise alleviating menstrual pain, to Dalton's work which aimed to prove that girls behaviour and exam results were negatively impacted by their position in their cycle.

Women were able to influence the field of menstrual research, first, by fighting to be included in the homo-social sphere of medicine, then, by creating their own 'feminine

professionalism' which helped them to carve space within the profession, drawing on the idea of separate spheres and creating a niche in the medical care of women and children. I have shown the way that women doctors' focus on the topics of women's health and children's health led to real tangible changes in menstrual practice, with Sanderson Clow and the MWF helping to shift understandings of menstruation out of the shadowy sphere of myth and silence and towards a more clinical and concise Edwardian understanding. This new framework had its limitations, including reinforcing ideas about concealment and failing to move with the times as the century progressed, but it also had a demonstrable positive influence in promoting the idea of exercise while menstruating and banishing prevalent myths about water, alongside the development of a significant public health campaign and fighting for increased menstrual infrastructure in schools. I have also shown how internal conflicts within the profession influenced menstrual research and outreach programmes, with the discourse shifting work of the Federation coming to a swift halt because of generational differences of opinion concerning conflating sex and puberty education, and the recommendation of tampons. In Chapter Four I examine the way that the increased professional status gained by women doctors in the early twentieth century allowed for the rise to prominence of Katharina Dalton and her ideas about pre-menstrual incapacity. By the 1950s, women's status in the profession, and in society, was more secure, and so a woman doctor could afford to publish research about women's bodies which argued they might be less capable without undermining her own status in the profession. While Dalton's work seems to argue the polar opposite to the work of the women covered in Chapters One to Three, she still sought to improve women's lives, and to demonstrate that menstrual incapacity was not an inarguable fact of womanhood - it could be solved.

The influences of the work of Sanderson Clow, the Medical Women's Federation and Dalton are enmeshed in twenty first century anglophone menstrual culture and practices.

From P.E teachers' eternal recommendations of a brisk walk to help with period pain to conservative critiques of Clinton's presidential campaign which suggested that women's hormones make them unfit to run a country.[1] The viewpoints of Sanderson Clow and the Federation, and Dalton represent a binary in which menstruation could either be completely insignificant and irrelevant physiologically, or so catastrophically impactful that exams should be moved and criminal sentences lessened.

These binaries are still a prominent part of the way that we understand menstruation today. Arguments for menstrual and menopause leave, which in some ways reflect Dalton's ideas about women needing special allowances to be made, are becoming increasingly prominent in the media, alongside 'hormone balancing' diets, recommendations to eat and exercise in line with your cycle, and specific vitamins or supplements marketed towards the luteal phase.[2] These attitudes represent a Daltonian 'special treatment' kind of menstrual understanding in which menstruating bodies have the potential to perform equally to non-menstruating bodies but only with certain allowances. In contrast to this there is the 'lean-in' feminism kind of attitude to menstruation, in which menstruation is portrayed as so normal and natural and unremarkable that it should not influence life at all. In that model, menstrual or menopausal leave should not be required and cyclical changes in mood or experience are an irrelevance. Thinking in these kinds of binaries did not allow for the nuances of bodily experience in twentieth century menstrual research, and nor do they today.

Some middle ground between the two likely represented - and represents - the experience of most menstruators. Catastrophic period pain, endometriosis, and menorrhagia all cause menstruation to be a time which is far from manageable for some, while cyclical

[1] L. Ryan, 'State of the Uterus', in *The Cut* (October 2016), https://www.thecut.com/2016/10/letter-to-the-editor-worries-about-hillary-clintons-period.html [Date Accessed: February 24th 2023]
[2] N. Masih, 'Need time off for period pain? These countries offer "menstrual leave"', in *The Washington Post* (February 2023), https://www.washingtonpost.com/world/2023/02/17/spain-paid-menstrual-leave-countries/ [Date Accessed: February 24th 2023]; 'Menopause trial rejected by ministers', in *BBC News*, https://www.bbc.com/news/uk-politics-64381216 [Date Accessed: February 24th 2023].

ebbs and flows in hormones have little or no effect on others. This thesis will help to shed light on the history behind these current perceptions, perhaps prompting questions about whose research they are based on, why they are being taken up by the media, and what influences they may have on experiences of, and perceptions of, menstruation.

This thesis has shed light on women doctors whose names had been largely lost from the public consciousness, but whose research is visible all around us when we stop to examine the context of our menstrual culture and practices. The history of menstruation is still a very new field, and there is so much work to be done to uncover the way that menstruation and perceptions of menstruation have shaped people's lives. In this thesis I have asked and answered some crucial questions, but there is still much to discover and interrogate. Further research into the ways that the Medical Women's Federation and its doctors influenced research into other women's health care - such as their work on abortion and their influence on the start of the cervical smear campaign - will add to the history of the ways that these women doctors influenced research into women's health in the twentieth century.

Images



Figure 1 Dr Alice Emilie Sanderson Clow, date unknown. Naudin (London, England). Portraits of British Women Doctors. non-projected black and white photograph photomechanical, n.d.. (circa 1870-1930). JSTOR, https://jstor.org/stable/community.18136839. [Date Accessed: Thursday 10th November 2022]



Figure 2 The students at Cheltenham Ladies College in 1912, the year Dr Alice Sanderson Clow, Née Alice Emilie Sanderson, began teaching. CLC Archive, https://twitter.com/CLCArchive [Date Accessed: Sunday 22nd May 2022]

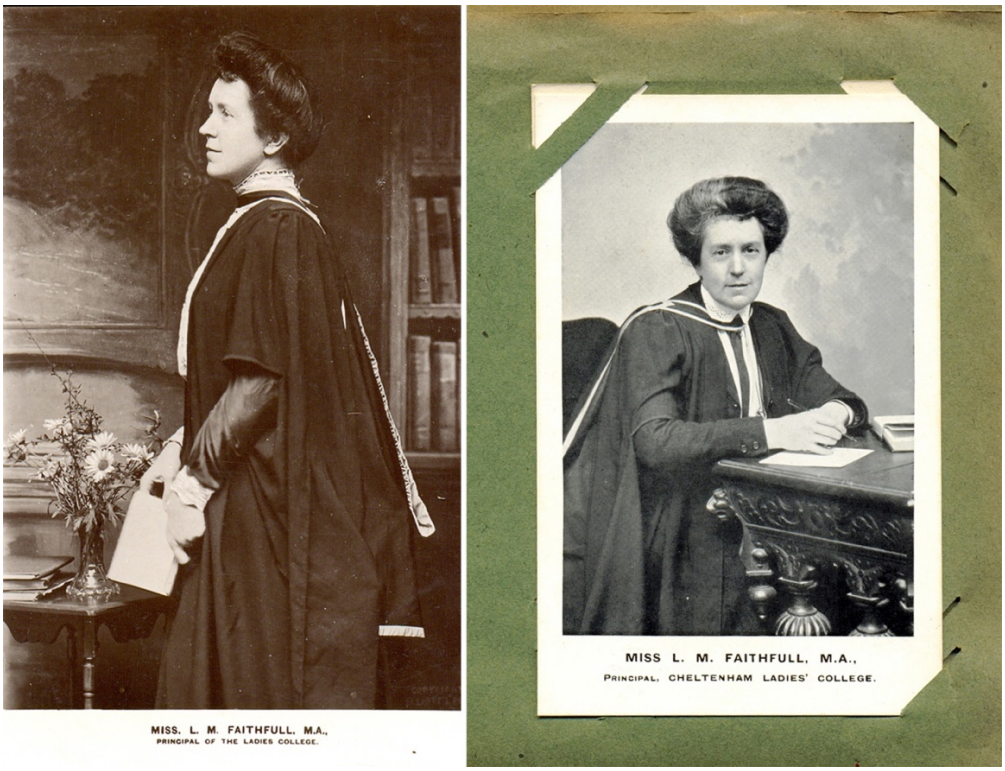
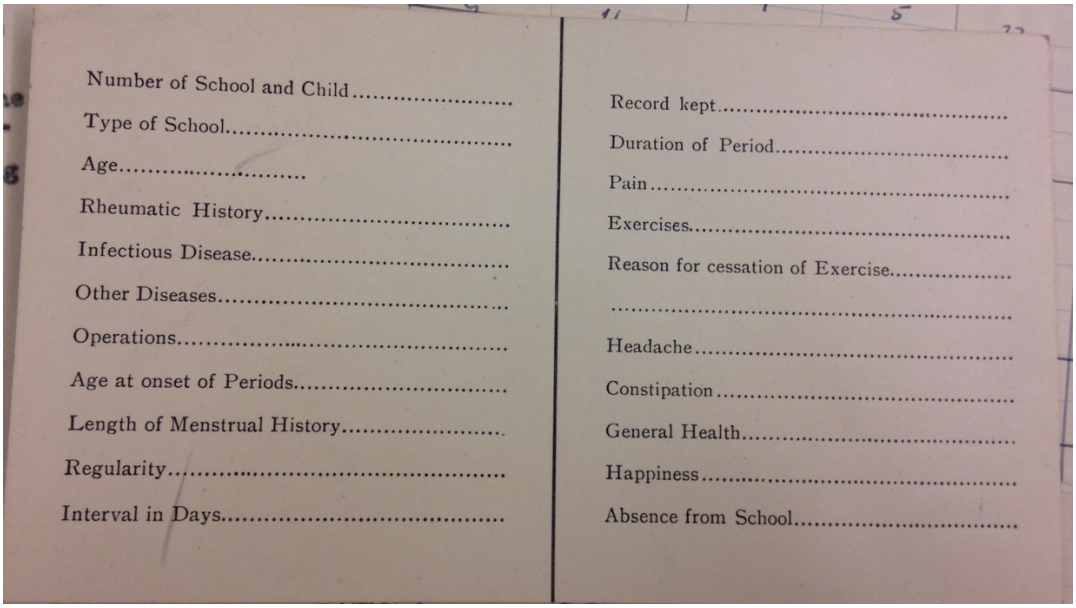


Figure 3 Miss L M Faithfull M.A. CLC Archive, https://twitter.com/CLCArchive [Date Accessed: Sunday 22nd May 2022]



Figure 4 Officers in the RAMC outside Spinola Hospital in Malta 1916/1917. The woman in the photo is a doctor although her name is unknown. Alice Sanderson Clow was working at this hospital at this time, and this was definitely one of her colleagues, and it may even have been her. Note that she is the only one not in uniform. The Royal Army Medical Corps and the Medical Garrison, https://www.maltaramc.com/regsurg/rs1910_1919/rmo1916.html [Date Accessed: 21st May 2022]



Number of School and Child.....
Type of School.....
Age.....
Rheumatic History.....
Infectious Disease.....
Other Diseases.....
Operations.....
Age at onset of Periods.....
Length of Menstrual History.....
Regularity.....
Interval in Days.....

Record kept.....
Duration of Period.....
Pain.....
Exercises.....
Reason for cessation of Exercise.....
.....
Headache.....
Constipation.....
General Health.....
Happiness.....
Absence from School.....

Figure 5 A copy of the note cards given to the schools, found in the Medical Women's Federation archives in 2017, photo authors own. Wellcome Library, London, Collections and Archives, SA/MWF/N.4

Bibliography

Primary Sources

Manuscripts and Archives

Medical Women's Federation Archive, Wellcome collection:

Sex in Life, British Social Hygiene Council, 1933, Wellcome Library, London, Collections and archives, SA/MWF/N.3/5

'Menstrual Leaflets Committee notes', c.1937-1938, Wellcome Library, London, Collections and archives, SA/MWF/A.4/5

Telling Our Girls, Mothers' Union Pamphlet, n.d.. estimated c.1950-1965, Wellcome Library, London, Collections and archives, SA/MWF/N.3/5

'Letters between the BMA and the MWF', c. 1963-1964, Wellcome Library, London, Collections and archives, SA/MWF/C.143

Advice on the monthly period, n.d. estimated c. mid 1920s, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

Advice regarding menstruation for the parents, schoolmistresses and others in charge of girls, 1925, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

'Association of Registered Medical Women (ARMW)', Wellcome Library, London, Collections and Archives, SA/MWF/C.74-85

'Childbirth: Effects of Gymnastic training', Wellcome Library, London, Collections and archives, SA/MWF/D.14

'Constitution of the Association of Registered Medical Women', Wellcome Library, London, Collections and Archives, SA/MWF/C.74

'Bowden R. E. M, 'The Medical Women's Federation 1917-1987, its antecedents, past, present and future' in *Medical Woman* (Winter 1987) Wellcome library, London, Collections and archives, SA/MWF/B.2/73

'Discussion on Dysmenorrhoea [sic] in young women: Its incidence, prevention and treatment', Opening paper for the ninety second annual meeting of the British Medical Association, Section of Obstetrics and Gynaecology [sic],1926, Wellcome library, London, Collections and archives, SA/MWF/M.1/6-8

‘Handwritten graph’, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

Health and the Periods, n.d.. estimated late 1930s, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

‘Introduction to a discussion on games for girls’, (typewritten with handwritten notes and corrections), Wellcome Library, London, Collections and Archives, SA/MWF/M1/7

‘Journal of the Medical Women’s Federation’, (January 1948), Wellcome Library, London, Collections and archives, SA/MWF/B.2/14

‘Journal of the Medical Women’s Federation’, (April 1949), Wellcome Library, London, Collections and archives, SA/MWF/B.2/15

‘Journal of the Medical Women’s Federation’, (July 1963), Wellcome Library, London, Collections and archives, SA/MWF/B.2/15

‘Leaflets produced by MWF and other bodies on menstruation’, Wellcome Library, London, Collections and archives, SA/MWF/H.51/2

‘Letters and ephemera’, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

‘Letters between the MWF and The Family Doctor, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

‘Letters concerning the Menstrual Hygiene Committee’, Wellcome Library, London, Collections and archives, SA/MWF/H.51/1

‘Menstruation during school life’, Wellcome Library, London, Collections and Archives, SA/MWF/M1/7

‘Menstruation in schoolgirls: A survey based on answers to a questionnaire’, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

‘Menstruation- a natural function’, Wellcome Library, London, Collections and Archives, SA/MWF/N.4

‘Minutes from a MWF meeting’, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

‘Monthly Period of the Adolescent’, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

‘Discussion of the Hygiene of Menstruation’, Ninety-fifth annual meeting of the British Medical Association, Opening paper of the Obstetrics and Gynaecology section, SA/MWF/B.1

Pain and your periods, n.d.. estimated c. late 1960s, Wellcome Library, London, Collections and Archives, SA/MWF/N.4

'Quarterly News-letter of the Medical Women's Federation', (September 1920), Wellcome Library, London, Collections and Archives, SA/MWF/C.8

'Quarterly News-Letter of the Medical Women's Federation', (January 1919), Wellcome Library, London, Collections and archives, SA/MWF/B.2/1

'Quarterly News-Letter of the Medical Women's Federation', (July 1921), Wellcome Library, London, Collections and archives, SA/MWF/B.2/1

'Scope and opportunities of the school health service in relation to schoolgirls' in *The Lancet* (January 1950), Wellcome Library, London, Collections and Archives, SA/MWF/M1/7

'Signpost to Womanhood illustration', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

'Supply and disposal of sanitary towels in schools', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

The Health of Adolescent Girls, n.d. estimated c. 1938-1940, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

The Medical Women's Federation, https://wellcomecollection.org/works/rjdt9j3h [Date Accessed: August 23, 2022]

'Typed notes', Wellcome Library, London, Collections and archives, SA/MWF/H51.1

'Various ephemera', Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

Very personally yours, 1946, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

'Woman Article', n.d., Wellcome Library, London, Collections and Archives, SA/MWF/N.4

You're becoming a woman, n.d. estimate c.1963, Wellcome Library, London, Collections and archives, SA/MWF/B/4/5

'Journal of the Medical Women's Federation', (October 1953), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/17

'Journal of the Medical Women's Federation', (April 1959), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/20

'Journal of the Medical Women's Federation', (April 1963), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/23

'Journal of the Medical Women's Federation', (July 1963), Wellcome Library, London, Collections and Archives, SA/MWF/B.2/23

‘Lists of members, arranged under their local associations’, 1936, Wellcome Library, London, Collections and Archives, SA/MWF/B.5/14

‘Lists of members, arranged under their local associations’, 1953, Wellcome Library, London, Collections and Archives, SA/MWF/B.5/15

‘Lists of members, arranged under their local associations’, 1956, Wellcome Library, London, Collections and Archives, SA/MWF/B.5/16

Manchester Medical Collection:

Catherine Chisholm, 1878-1952, Manchester Medical Collection: Biographical Files A-G. University of Manchester Library, GB 133 MMC/2/CHISHOLMC

Mass Observation Directive Responses:

Part Two: Women’s sanitary products and menstruation, Question sheet for the 1996 Spring Directive, Part two ‘Menstruation’, Mass Observation Archive, University of Sussex

Responses to the 1996 Spring Directive, Part two ‘Menstruation’, Mass Observation Archive, University of Sussex [B736, Female, retired publican, four children]

Responses to the 1996 Spring Directive, Part two ‘Menstruation’, Mass Observation Archive, University of Sussex [C2570, Female, florist and typist, two grown up daughters]

Responses to the 1996 Spring Directive, Part two ‘Menstruation’, Mass Observation Archive, University of Sussex [H1731, Female, retired civil servant]

Responses to the 1996 Spring Directive, Part two ‘Menstruation’, Mass Observation Archive, University of Sussex [C1405, Female, referred to having ‘domestic servants’ as a child, three daughters and four granddaughters]

Responses to the 1996 Spring Directive, Part two ‘Menstruation’, Mass Observation Archive, University of Sussex [B1261, retired school secretary, Cheltenham]

Responses to the 1996 Spring Directive, Part two ‘Menstruation’, Mass Observation Archive, University of Sussex [A1733, retired secretary, married]

Responses to the 1996 Spring Directive, Part two ‘Menstruation’, Mass Observation Archive, University of Sussex [C2618, retired teacher, rural dweller]

Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [C2618, retired teacher, rural dweller]

Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [D2092, Female, Retired, Daughter of a nurse]

Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [B86, Female, Volunteer at a charity shop, widow]

Responses to the 1996 Spring Directive, Part two 'Menstruation', Mass Observation Archive, University of Sussex [D2589, Female, Married, Retired]

Printed Primary Sources

'Child Assault' in *The Vote*, (July 24 1925)

'Girls- Exam theory', *Birmingham Daily Post*, (12 Sept 1969) p. 34.

'Letters, Notes and Answers' in *British Medical Journal*, Vol. 1084 (May 1938) p. 1126

'Macnaughton Jones, H.' in *The Lancet* (11 August, 1900) p. 446

'Medical News' in *British Medical Journal*, Vol. 2, No. 3170 (Oct 1, 1921) pp. 543-544

'Medical Officers Of Schools: Their Duties And Uses' in *British Medical Journal*, Vol. 2, No. 1335, (1886) pp. 217-218

'Medical Women in the Post Office' in *The Vote*, (17 May 1929)

'Medical Women's Federation' in *The Vote*, (August 5 1927)

'National Union for Societies of Equal Citizenship' in *The Women's Leader, (*September 15 1922)

'National Union for Societies of Equal Citizenship' in *The Women's Leader*, (December 13 1929)

'Obituary of Alice E. S. Clow, B.Sc., M.D' in *British Medical Journal*, Vol. 2, No. 5148, Educational Number (Sep 5, 1959) p. 372

'Obituary of Dr Katharina Dorothea Dalton' in *The Lancet*, Vol. 364, No. 9445 (October 2004) p. 1576

'Obituary of K. I. Parkes, MD, FRCS' in *British Medical Journal*, Vol. 307, No. 6907 (Sep 25, 1993) p. 796

'Premenstrual Syndrome: Do Raging Hormones Lead to Crime?' in *The Hastings Center Report* (1982) Vol. 12, No. 4, p. 2

‘Today’s Drugs’ in *The British Medical Journal*, Vol. 1, No. 5226 (Mar 4, 1961) pp. 613-617

‘Women and the board of control’ in *The Vote,* (July 24 1925)

An Act to regulate the Qualifications of Practitioners in Medicine and Surgery, Medical Act 1858, Chapter 90, 2nd August 1958, Available at: https://www.legislation.gov.uk/ukpga/Vict/21-22/90/enacted [Date Accessed: Wednesday 15th June 2022]

Bell, F. E. E. O., *At the Works: A Study of a manufacturing town*, E. Arnold London (1907)

Blackwell, E., *Laws of Life*, Sampson, Low & Company (1859)

Boorse, C., ‘Premenstrual Syndrome and Criminal Responsibility’ in Ginsburg, B. E., Carter, B. F. (eds) *Premenstrual Syndrome*, Springer (1987) pp. 81-124

Byrne A., ‘LOOK! Pre-menstrual Tension’ in *Sunday Times* (September 14th 1969)

Byrne, A., 'How pre-menstrual strain makes girls fail their exams', *Sunday Times*, (29 Dec 1968)

Chisholm, C., ‘Menstrual Molimina’ in *Journal of Obstetrics and Gynaecology*, Vol. 23 (1913) pp. 389-395

Clark, E. H., *Sex in Education; or A Fair Chance for the Girls*, James R. Osgood and Company (1873)

Dalton, K., ‘Children's Hospital Admissions and Mother's Menstruation’ in *British Medical Journal*, Vol. 2, No. 5700 (1970) pp. 27-28

Dalton, K., ‘Effect Of Menstruation On Schoolgirls' Weekly Work’ in *British Medical Journal,* (Jan. 30, 1960) pp. 326-328

Dalton, K., ‘Menstruation and Accidents’ in *British Medical Journal*, Vol. 2, No. 5210 (1960) pp. 1425-1426

Dalton, K., ‘Menstruation and Acute Psychiatric Illnesses’ in *British Medical Journal*, Vol. 1, No. 5115 (1959) pp. 148-149

Dalton, K., ‘Menstruation and Crime’ in *British Medical Journal*, (Dec 30, 1961), Vol. 2, No. 5269, pp. 1752-1753

Dalton, K., ‘Menstruation and Examinations’ in *The Lancet*, (1968) pp 1386-1388

Dalton, K., ‘Progesterone prophylaxis used successfully in Postnatal Depression’ in *The Practitioner* (1985) Vol. 229, pp. 507-508

Dalton, K., *Essentials of Chiropody for Students*, Faber and Faber (1959)

Dalton, K., *Once a month: The Original Pre-menstrual Syndrome Handbook*, Hunter House, London (1987)

Dalton, K., *Once a month: The Original Pre-menstrual Syndrome Handbook*, Hunter House, London (1978)

Dalton, K., Should Premenstrual Syndrome Be a Legal Defence? In B.E Ginsburg, B.F Carter (eds) *Premenstrual Syndrome,* Springer, Boston (1987)

Dalton, K., *The PMS Bible: The guide to treating and understanding PMS*, Vermillion (1999)

Dyson, L., 'The Dangerous Days', *Birmingham Daily Post*, (26 May 1966)

Education Act 1944, https://www.legislation.gov.uk/ukpga/Geo6/7-8/31/contents/enacted [Date Accessed Monday July 27th 2022]

Education Act, 1944, https://www.legislation.gov.uk/ukpga/Geo6/7-8/31/contents/enacted [Date Accessed: Monday 5th September 2022]

Elliott, J., 'Still pigging it', *Sunday Telegraph*, (28 July 1974)

Frank, R., 'The Hormonal causes of Premenstrual Tension' in *Archives of Neurology and Psychiatry,* Vol. 26, No. 5 (1931) pp. 1053-1057

Freidan, B., *The Feminine Mystique*, Penguin Modern Classics (2015)

Gavron, H., *The Captive Wife: Conflicts of Housebound Mothers*, Routledge and Keegan Paul (1966)

George, A., Murcott, A.,'Monthly Strategies for Discretion: Shopping for Sanitary Towels and Tampons' in *The Sociological Review* (1992) Vol. 40, No. 1, pp. 146-162

Gillie, O., 'Hormones and Hysteria', *The Sunday Times* (Nov 15 1981) p. 15.

Gordon, R. E., Gordon, K. K., Gunther, M., *The Split-Level Trap*, Dell (1964)

Green, R., Dalton, K., 'The Premenstrual Syndrome' in *British Medical Journal*, Vol 1. No. 4118, (1953) pp. 1007-1014

Horney, K., *Premenstrual tension in Feminine Psychology* (Edited and translated by H Kelman) Routledge and Kegan Paul, London (1967)

Hunter, W., 'Postponement of Menstruation' in *British Medical Journal*, (Feb 27, 1960), Vol. 1, No. 5173, p. 643

Joffe, N. F., 'The Vernacular of Menstruation' in *Word,* Vol. 4, No. 3 (1948) p. 181-186

Klein, V., *Britain's Married Women Workers*, Routledge and Kegan Paul (1965)

Lacey, R., 'What weighs against women in sport', The *Sunday Times* (7 Feb 1971)

Mackinnon, A. G. (Chaplain Major), *Malta: The Nurse of the Mediterranean*, Hodder and Stoughton (1916)

Marrian, J., 'The Effect of Psychological and Motor Changes During The Menstrual Cycle on Women Athletes' in *Bulletin - British Association of Sport and Medicine*, Vol. 1, No. 3-4 (1964) p. 54-61

Maudsley, H., 'Sex in Mind and Education' in *Popular Science Monthly*, Vol. 5 (1874) pp. 466-483

Mears, E., 'Clinical Trials Of Oral Contraceptives' in *British Medical Journal*, Vol. 2, No. 5261 (Nov 4, 1961) pp. 1179-1183

Medical Act Amendment Bill (Foreign Universities), Bill 36, https://api.parliament.uk/historic-hansard/commons/1876/jul/05/second-reading-1 [Date Accessed Monday June 27th

Normanton, H., 'An Obsolete Prejudice' in *The Woman's Leader*, (September 19 1924), p. 275.

Oakley, A., *The sociology of Housework*, Pantheon (1974)

Oakley, A., *Women Confined: Towards a Sociology of Childbirth*, Schocken Books (1980)

Patterson, E. T., Hale, E. S., 'Making Sure: Integrating Menstrual Care Practices into Activities of Daily Living' in *Advances in Nursing Science* (1985) Vol. 7, pp. 18-31

Pierson, W. R., Lockhart, A., 'Effect Of Menstruation On Simple Reaction And Movement Time' in *British Medical Journal* (1963) Vol. 1, No. 5333, pp. 796-797

Skey, F. C., *Hysteria: Remote causes of disease in general*, Reader and Dyer (1867)

Spare Rib, Issue 24, June 1974

Spare Rib, Issue 26, August 1974

Spare Rib, Issue 47, April 1976

Spare Rib, Issue 67, February 1978

Taylor, S., 'The Suburban Neurosis' in *The Lancet* (March 1938) pp. 759-762
The Story of Post War School Building, Ministry of Education pamphlet No. 33, London: Her Majesty's Stationary Office. (1957)

Secondary Sources

Abrams, L., 'Liberating the female self: epiphanies, conflict and coherence in the life stories of post-war British women' in *Social History* (2014) Vol. 39, No. 1, pp- 14-35

Alexander, S., 'The Mysteries and Secrets of Women's Bodies: Sexual Knowledge in the First Half of the Twentieth Century', in Nava, M. & O'Shea, A. (eds), *Modern Times: Reflections on a Century of English Modernity* (1996) p. 160-175

Barkely, K., 'Performing the self: women's lives in historical perspective' in *Women's History Review* (2013) Vol. 22, No. 2, pp. 177- 181

Bartrip, P., 'A long way from Worcester' in *The British Medical Journal* (2007), Vol. 335, No. 7610, pp. 72-73

Beaumont, C., 'Moral Dilemmas and Women's Rights: the attitude of the Mothers' Union and Catholic Women's League to divorce, birth control and abortion in England, 1928–1939' in *Women's History Review*, Vol. 16, No. 4, (2007) pp. 463-485

Beaumont, C., 'What do women want? Housewives associations, activism and changing representations of women in the 1950s' in *Women's History Review*, Vol. 26, No. 1 (2017) pp. 147-162

Benagiano, G., Brosens, I., 'The History of Endometriosis: Identifying the Disease' in *Human Reproduction*, Vol. 6. No. 7 (1991) pp. 963-968

Berg, D. H. and Coutts, B. L., 'The Portrayal of the Menstruating Woman in Menstrual Product Advertisement' in *Health Care for Women International*, (1994), Vol. 14, pp. 179-91

Berridge, V., 'Construction of women and smoking as public health problem in Britain 1950s-1990s' in *Gender & History* (2001) pp. 328-348

Bingham, A., 'The K-Bomb: Social Surveys, the Popular Press and British Sexual Culture in the 1940s and 1950s' in *Journal of British Studies*, Vol. 50, No. 1 (2010) pp. 156-179

Blake, C., *The Charge of the Parasols: Women's Entry to the Medical Profession,* Women's Press (2009)

Bobel, C., *New Blood: Third Wave Feminism and the Politics of Menstruation*, Rutgers University Press (2010)

Botelho, L. and Thane, P., *Women and Ageing in British Society Since 1500,* Routledge (2001)

Brooke, S., 'A New World for Women? Abortion Law Reform in Britain during the 1930s' in *American Historical Review*, Vol. 106, No. 2 (2001) pp. 431-459

Brooke, S., 'Bodies, Sexuality and the "Modernization" of the British Working Classes, 1920s to 1960s' in *International Labor and Working-Class History* (2006) Vol. 69, pp. 104-122

Brooke, S., ‘Gender and working class identity in Britain during the 1950s’ in *Journal of Social History* (2001) Vol. 34, No. 4, pp. 773-795

Brookes, B., ‘“The Glands of Destiny:” Hygiene, Hormones and English Women Doctors in the First Half of the 20th Century’ in *Bulletin Canadien d'Histoire de la médecine/Canadian Bulletin of Medical History* (2006) pp. 49-67

Bruley, S., ‘Consciousness-raising in Clapham: women’s liberation as lived experience in South London in the 1970s’ in *Women’s History Review* (2013) Vol. 22, No. 5, pp. 717-738

Brumberg, J. J., ‘“Something happens to girls": Menarche and the Emergence of the Modern American Hygienic Imperative' in *Journal of the History of Sexuality*, Vol. 4, No. 1 (July 1993) pp. 99-127

Brumberg, J. J., ‘Chlorotic girls, 1870-1920: A historical perspective on female adolescence’ in *Child Development* (1982) Vol. 53, pp. 1468-1477

Buckley, T., Gottleib, A. (eds), *Blood Magic: The Anthropology of Menstruation*, University of California Press (1988)

Bullough, V., ‘Age at Menarche: A Misunderstanding’ in *Science, New Series*, Vol. 213, No. 4505 (1981) pp. 365-366

Bullough, V., ‘Women, menstruation and 19thc medicine’ in *Bulletin of the History of Medicine*, (1973) Vol. 47, pp. 66-82

Cody, L. F., *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons,* Oxford University Press (2005)

Cook, H., *The Long Sexual Revolution: English Women, Sex, and Contraception 1800-1975*, Oxford University Press (2005)

Cosgrove, L., Riddle, B., ‘Constructions of Femininity and Experiences of Menstrual Distress’ in *Women and Health*, Vol. 38, No. 3 (2003) pp. 37-58

Crane, S. A., ‘Historical Subjectivity: A Review Essay’ in *The Journal of Modern History*, Vol. 78, No. 2 (June 2006) pp. 434-456

Davies, K., ‘Capturing women’s lives: A discussion of time and methodological issues’ in *Women’s Studies International Forum*, (1996) Vol. 19, No. 6, pp. 579-588

Davis, A., ‘Oh no nothing, we didn’t learn anything: sex education and the preparation of girls for motherhood, 1930-1970’ in *History of Education*, Vol. 37, No. 5 (2008) pp. 661-677

Davis, A., *Modern Motherhood: Women and Family in England*, Manchester University Press (2012)

Delamont, S., Duffin, L. (eds) *The Nineteenth-century Woman: Her Cultural and Physical World*, Routledge (1978)

Delamont, S., *The Contradictions in Ladies' Education* in Delamont S and Duffin L (eds) *The 19th Century Woman: Her culture and Physical World*, Croom Helm (1978) pp. 125-155

Delaney, J., Lupton, M. J., Toth, E., *The Curse: A Cultural History of Menstruation*, University of Illinois Press (1988)

Delaney, J., *The Curse: A Cultural History of Menstruation*, University of Illinois Press (1988)

Digby, A., 'Women's biological straitjacket' in Mendus S, Rendall J (eds) *Sexuality & Subordination,* Routledge (1989) pp. 188-227

Dillaway, H. E., 'Menopause is the 'Good Old': Women's Thoughts about Reproductive Aging' in *Gender and Society* (2005) Vol. 19, No. 3, pp. 398-417

Doan, L., 'Marie Stopes's Wonderful Rhythm Charts: Normalizing the Natural' in *Journal of the History of Ideas,* Vol. 78, No. 4 (2017) pp. 595–620

Dyhouse, C., 'Driving Ambitions: Women in Pursuit of a Medical Education, 1890–1939' in *Women's History Review* (1998) Vol *7*, No 3, pp. 321-343

Easteral, P., 'Women and Crime: Premenstrual issues' in *Australian institute of Criminology, Trends & Issues in Crime and Criminal Justice* (1991) Vol. 31, pp. 1-9

Eggington, H., Thomas, Z., (eds) *Precarious Professionals: Gender, Identities and Social Change in Modern Britain,* University of London Press (2021)

Fisher, K., '"She Was Quite Happy with the Arrangements I Made": Gender and Birth Control in Britain 1920-1950' in *Past and Present,* No. 196 (2000) pp. 161-193

Fisher, K., Langlands, R. (eds), *Sex, Knowledge and Receptions of the past*, Oxford University Press (2015)

Fisher, K., Szreter, S.*, Sex before the sexual revolution: Intimate life in England 1918-1963,* Cambridge University Press (2010)

Forster, L., 'Spreading the Word: Feminist print cultures and the Women's Liberation Movement' in *Women's History Review*, Vol. 25, No. 5 (2016) pp. 812-831

Foxcroft, L., *Hot Flushes, Cold Science: A History of the Modern Menopause*, Granta (2011)

Francis, M., 'The Domestication of the Male? Recent Research on Nineteenth- and Twentieth-Century British Masculinity' in *The Historical Journal*, Vol. 45, No. 3 (2002) pp. 637-652

Freidenfelds, L., Review of: 'Sharra Vostral, *Under Wraps: A History of Menstrual Hygiene Technology'* in *Journal of Women's Studies* (2011) Vol. 40, No. 2, pp. 229-231

Freidenfelds, L., *The Modern Period: Menstruation in Twentieth-century America*, Baltimore, MD: Johns Hopkins University Press (2009)

Gagnier, R., *Subjectivities: A History of Self-Representation in Britain,* Oxford University Press (1991)

Garrett Anderson, E., 'Sex in mind and education: A reply' in (eds) Leighton, M. E., Surridge, L., *A broadview anthology of Victorian prose 1832-1901*, Broadview Press (2012) pp. 200-203

Geddes, J. F., 'The Doctors' Dilemma: medical women and the British suffrage movement' in *Women's History Review* (2009), Vol. 18, No. 2, pp. 203-218

Gillis, J. R., *For Better, For Worse: British Marriages, 1600 to the Present,* Oxford University Press (1985)

Ginsburg, R., '"Don't tell dear" the Material culture of tampons and napkins' in *Journal of Material Culture* (1996) Vol. 1, No. 3, pp. 365-375

Gleadle, K., 'The imagined communities of women's history: current debates and emerging themes, a rhizomatic approach' in *Women's History Review*, Vol. 22, No. 4 (2013) pp. 534-540

Glew, H., *Gender, Rhetoric and Regulation: Women's work in the Civil Service and London County Council 1900-55*, Manchester University Press (2016)

Haggett, A., *Desperate Housewives, Neuroses and the Domestic Environment,* Routledge (2012)

Hall, L. A., 'In Ignorance and in Knowledge: Reflections on the history of Sex Education in Britain' in Sauerteig, L. D. H., Davidson, R. (eds), *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe,* Routledge (2009) pp. 18-32

Harrison, B., 'Women's Health and the Women's Movement in Britain: 1840–1940' in C Webster (ed) *Biology, Medicine and Society 1840–1940,* Cambridge University Press (2009) pp. 15-72

Hasson, K. A., 'Not a "real" period? Social and Material Constructions of Menstruation' in *Gender and Society* (2016) Vol. 30, No. 6, pp. 958-983

Haynes, D. J., 'Identity, the Body, and the Menopause: A Personal Introduction' in *Frontiers, a journal of women's studies*, (1998), Vol. 1, No. 19, pp. vi-x

Heggie, V., 'Women doctors and lady nurses: class, education and the professional Victorian woman' in *Bulletin of the History of Medicine,* Vol. 89, No. 2 (2015) pp. 267-292

Heilmann, A., *Neo-Victorian Biographilia and James Miranda Barry: A Study in Transgender and Transgenre*, Palgrave (2018)

Hemming, J., *The problems of adolescent girls*, William Heinemann Ltd (1960)

Howie, G., Shail, A*., Menstruation: A Cultural history,* Palgrave Macmillan (2005)

Jefferson, L., Bloor, K., Maynard, A., ‘Women in medicine: historical perspectives and recent trends’ in *British Medical Bulletin*, Vol. 114, No. 1 (2015) pp. 5-15

Jenkins, B., ‘Gender, embodiment and professional identity in Britain c.1890-1930’ in *Cultural and Social History,* Vol. 17, No. 4 (2020) pp. 499-514

Jensen, K., ‘Volunteers, Auxiliaries, and Women’s Mobilisation: The First World War and Beyond (1914-1939)’ in Hacker, B., Vining, M. (eds), *A Companion to Women's Military History*, Brill (2021) pp. 189-223

Jones, C. G., ‘Women, Science and Professional identity c. 1860-1914’ in Eggington, H., Thomas, Z., (eds) *Precarious Professionals: Gender, Identities and Social Change in Modern Britain,* University of London Press (2021) pp. 63-86

Kane, K., ‘The Ideology of Freshness in Feminine Hygiene Commercials’ in *Journal of Communication Inquiry* (1990) Vol. 14, No. 1, pp. 82-92

Kelly, L., ‘“The turning point in the whole struggle”: the admission of women to the King and Queen's College of Physicians in Ireland’ in *Women's History Review* (2013) Vol. 22, No. 1, pp. 97-125

Kelly, L., ‘“The question is one of extreme difficulty”: The Admission of Women into the British and Irish Medical Profession C. 1850-1920’ in Jones, C. G., Martin, A. E., Wolf, A. (eds) *The Palgrave Handbook of Women in Science since 1600*, Palgrave MacMillan (2022) pp. 529-549

King, S., ‘Premenstrual Syndrome and the Myth of the Irrational Female’ in Bobel, C. et al, *The Palgrave Handbook of Critical Menstruation Studies*, Palgrave Macmillan (2020) pp. 287-302

Kingsley Kent, S., *Making peace: The reconstruction of gender in interwar Britain,* Princeton University Press (1993)

Kissling, E. A., ‘“That's just a basic teen-age rule”: Girls’ linguistic strategies for managing the menstrual communication taboo’ in *Journal of Applied Communication Research,* Vol. 24, No. 3 (1996) pp. 292-309

Kissling, E. A., *Capitalizing on the Curse: The Business of Menstruation*, Lynne Rienner Publishers, (2006)

Knaapen, L., Weisz, G., ‘The biomedical standardization of premenstrual syndrome in *Studies in History and Philosophy of Biological and Biomedical Sciences*, Vol. 39 (2008) pp. 120-134

Lamont, T., ‘The Amazons Within: Women In The BMA 100 Years Ago’ in *British Medical Journal*, Vol. 305, No. 6868 (1992) pp. 1529

Lander, L., *Images of Bleeding: Menstruation as Ideology*, New York: Orlando Press. (1988)

Laws, S.*, Issues of Blood: The Politics of Menstruation,* Basingstoke: Macmillan (1990)

Leneman, L., ‘Medical women at war 1914-1918’ in *Medical History*, (1994) Vol. 38, pp. 160-177

Lewis, J., *Women in Britain Since 1945,* Blackwell (1992)

Marks, L., *Sexual Chemistry: A History of the Contraceptive Pill*, Yale University Press (2010)

Marland, H., *Health and girlhood in Britain, 1874-1920*, Palgrave Macmillan (2013)

Martin, E., *The Woman in the Body: A Cultural Analysis of Reproduction*, Beacon Press (2001)

Mayhew, B., ‘Between Love and Aggression: The Politics of John Bowlby’ in *History of the Human Sciences* (2006) Vol. 19, No. 4, pp. 19-35

McArthur, K., 'Through Her Looking Glass: PMS on Trial' in *University of Toronto Faculty of Law Review*, Vol. 47, Supplement, (1989) pp. 825-853

McCarthy, H., ‘Parties, Voluntary Associations and Democratic Politics in Interwar Britain’ in *The Historical Journal*, Vol. 50, No. 4 (2007) pp. 891-912

McCarthy, H., ‘Social Science and Married Women’s Employment in Post-War Britain’ in *Past & Present*, Vol. 233, No. 1, (November 2016) pp. 269-305

McCarthy, H., *Double lives: A History of Working Motherhood*, Bloomsbury (2020)

McCrone, K., ‘Play up! Play up! And play the game: Sport at the Late Victorian Girls' Public School’ in *Journal of British Studies* (1984) Vol. 23, No. 2, pp. 106-134

Meehan, E., MacRae, K., ‘Legal implications of premenstrual syndrome: a Canadian perspective’ in *CMAJ: Canadian Medical Association journal, journal de l'Association medicale Canadienne*, Vol. 135, No. 6 (1986) pp. 801-608

Merskin, D., ‘Adolescence, advertising and the ideology of menstruation’ in *Sex Roles*, (1999) Vol. 40, Nos. 11/12, pp. 941-957

Metzl, J., ‘“Mother’s little helper”: The crisis of psychoanalysis and the Miltown resolution’ in *Gender and History*, Vol. 15, No. 2 (2003) pp. 228-255

Michaelsen, K., ‘“Union is strength”: The Medical Women’s federation and the politics of professionalism, 1917-1930’, in Cowman and Jackson (eds) *Women and Work Culture* (2005) pp. 153-169

Milcoy, K., *When the girls come out to play: teenage working class girls leisure between the wars*, Bloomsbury Academic (2017)

Mills, H., ‘Using the personal to critique the popular: women’s memories of 1960s youth’ in *Contemporary British History*, Vol. 30, No. 4, (2016) pp. 463-483

Mitchinson, W., *Body Failure: Medical Views of Women, 1900-1950*, University of Toronto Press (2013)

Morantz Sanches, R., *Sympathy and Science*, University of North Carolina Press (2000)

Mørk Røstvik, C., '"Do not flush feminine products!" The environmental history, biohazards and norms contained in the UK sanitary bin industry 1960-2020' in *Environment and History* (2021) Vol. 27, No. 4, pp. 549-579

Mørk Røstvik, C., '"Feminine waste only!" A history of the UK sanitary bin in the 20th century' in *Society for the History of Technology*, http://www.technologystories.org/feminine-waste-only/ [Date Accessed: Tuesday 24th May]

Moseley, K. L., 'Slimming One's Way to a Better Self? Weight Loss Clubs and Women in Britain, 1967–1990' in *Twentieth Century British History*, Vol. 31, No. 4 (2020) pp. 427–453

Moulds, A., 'The 'Medical Women Question' and the Multi-vocality of the Victorian Medical Press 1869-1900' in *Media History*, Vol 25, No. 1 (2019) pp. 6-22

O'Brien, J. (ed)*, Encyclopedia of Gender and Society: Vol. 1*, Sage publications (2001)

Osgerby, B., '"Well, it's Saturday night an' I just got paid": Youth, consumerism and hegemony in post-war Britain' in *Contemporary British History*, Vol. 6. No. 2 (1992) pp. 287-305

Pascoe, C. A., "'Discreet Dance": Technologies of menstrual management in Australian public toilets during the twentieth century' in *Women's History Review* (2015) Vol. 24, No. 2, pp. 234-251

Pascoe, C., 'Silence and the history of menstruation' in *Oral history association of Australia Journal*, Vol. 29 (2007) pp. 28-33

Pomiès-Maréchal, S., Leggett, M., 'The Abortion Act 1967: A Fundamental Change?' in Harris, T. A. Le V. and O'Brien Castro, M. (eds), *Preserving the sixties: Britain and the 'Decade of Protest'* (2014) pp. 51-73

Poovey, M., '"Scenes of an indelicate character": The medical "treatment" of Victorian women' in *Representations* (1986), Vol. 14, pp. 137-168

Prior, J. C., Konishi, C., Hitchcock, C. L., Kingwell, E., Janssen, P., Cheung, A. P., Fairbrother, N., Goshtasebi, A., 'Does Molimina Indicate Ovulation? Prospective Data in a Hormonally Documented Single-Cycle in Spontaneously Menstruating Women' in *International Journal of Environmental Research and Public Health*, Vol. 15, No. 5, (2018) p. 1016

Renwick, C., 'Completing the Circle of the Social Sciences? William Beveridge and Social Biology at London School of Economics during the 1930s' in *Philosophy of the Social Sciences* (2014) Vol. 44, No. 4, pp. 478-496

Richardson, J. T. E., 'The Premenstrual Syndrome: A Brief History' in *The Journal of social science medicine*, Vol. 41, No. 6 (1995) pp. 761-767

Riley, D., *War in the Nursery: Theories of the Child and Mother*, Virago (1983)

Rittenhouse, C. A., 'The emergence of premenstrual syndrome as a social problem' in *Social Problems*, Vol. 38, No. 3 (1991) pp. 412-425

Roberts, E., *A woman' s place: An oral history of working class-women 1890-1940*, Basil Blackwell (1984)

Roper, M., 'Slipping out of View: Subjectivity and Emotion in Gender History' in *History Workshop Journal*, Vol. 59 (2005) pp. 57-72

Rosenwein, B., 'Worrying about Emotions in History' in *American Historical Review*, (2002) Vol. 107, No. 3, pp. 821-845

Ryan, H.*, Women's House of Detention: A Queer History of a Forgotten Prison*, Hachett Book Group (2022)

Scott, J. W., 'Women's history: The Emergence of a New Field' in P Burke (ed.) *New Perspectives on Historical Writing*, University Park (1989) (Chapter Three)

Scott, J., 'Gender: A Useful Category of Historical Analysis' in *American Historical Review* (1986) Vol. 91, No. 5, pp. 1053-1075

Sheridan, D., 'Damned anecdotes and dangerous confabulations: Mass-Observation as Life History' in *Mass-Observation Archive Occasional Paper No. 7*, University of Sussex Library (1996)

Showalter, E., Showalter, E., 'Victorian Women and Menstruation' in *Victorian Studies*, The Victorian Woman, Vol. 14, No. 1 (Sept 1970) pp. 83-89

Showalter, E., *The Female Malady: Women, Madness and English culture 1830-1980,* Virago (1987)

Sloane, E., 'Dispelling Myths about Female & Potential' in *The Science Teacher*, Vol. 47, No. 7 (1980)

Spencer, S., 'Be Yourself! *Girl* and the business of growing up in 1950s England' in (ed) Cowman, K., Jackson, L., *Women and Work Culture, Britain c.1850-1950*, Taylor and Francis (2016) pp. 141- 158

Stanley Holton, S., 'Challenging Masculinism: personal history and microhistory in feminist studies of the women's suffrage movement' in *Women's History Review* (2011), Vol. 20, No. 5, pp. 834-5

Stevens, D., 'Pride, prejudice, and paediatrics: Women paediatricians in England before 1950' in *Archives of Disease in Childhood*, Vol. 91, No. 10 (2006) pp. 866-870

Stolberg, M., 'The monthly malady: a history of premenstrual suffering' in *Medical history*, Vol. 44, No. 3 (2000) pp. 301-322

Strange, J. M., 'I believe it to be a case depending on menstruation: Madness and menstrual taboo in British medical practice, c. 1840-1930' in (eds) Howie, G., Shail, A.*, Menstruation: A Cultural history* Palgrave Macmillan (2005)

Strange, J. M., 'Menstrual fictions: Languages of medicine and menstruation 1850-1930' in *Women's History Review*, Vol. 9, No. 3 (2000) pp. 607-628

Strange, J. M., 'The assault on ignorance: Teaching menstrual etiquette in England, c. 1920s-1960s' in *Social History of Medicine,* Vol. 14, No. 2 (2001) pp. 247-265

Strimpel, Z., '*Spare Rib*, The British Women's Health Movement and the Empowerment of Misery' in *Social History of Medicine*, Vol. 35, No. 1, (February 2022) pp. 217-236

Thane, P., *Towards Equal Opportunities? Women in Britain since 1945* in Gourvish, T. R., *Britain since 1945* (1991)

Tinkler, P., 'Are you Really Living? If not, 'Get with it!' The teenage self and lifestyle in young women's magazines, Britain, 1957-70' in *Cultural and Social History,* Vol. 11, No. 4 (2014) pp. 597-619

Tinkler, P., *Constructing girlhood: Popular magazines for girls growing up in England 1920-1950*, Taylor and Francis (1995)

Tisdall, L., '"What a Difference it was to be a Woman and not a Teenager": Adolescent Girls' Conceptions of Adulthood in 1960s and 1970s Britain' in *Gender & History*, (2021) Vol. 34, No. 2, pp. 495-513

Tisdall, L., 'Education, parenting and concepts of childhood in England, c. 1945 to c. 1979' in *Contemporary British History* (2017) Vol. 31, No. 1, pp. 24-46

Tisdall, L., *A progressive education?: How childhood changed in mid-twentieth-century English and Welsh schools*, Manchester University Press (2020)

Tone, A., 'Listening to the past, History, Psychiatry and Anxiety' in *Canadian Journal of Psychiatry* (2005) Vol. 50, pp. 373-380

Tone, A., 'Medicalizing Reproduction: The Pill and Home Pregnancy Tests' in *The Journal of Sex Research*, July-August 2012, Vol. 49, No. 4, pp. 319-327

Ussher, J. M., 'PMS as a process of negotiation: Women's Experience and Management of Premenstrual Distress' in *Psychology and Health*, Vol. 28 (2013) pp. 909-927

Ussher, J. M., *Managing the Monstrous feminine: Regulating the reproductive body*, Routledge (2006)

Ussher, J. M., *The Madness of Women: Myth and Experience*, Routledge (2011)

Vostral, S. L., *Under wraps: A History of menstrual hygiene technology*, Lexington books (2008)

Vostral, S., *Conspicuous menstruation: The history of menstruation and menstrual hygiene*

products in America, 1870–1960, Washington University Press (2000)

Webb, A., 'Constructing the gendered body: Girls, health, beauty, advice, and the Girls' Best Friend, 1898-99' in *Women's History Research* (2006) Vol. 15, No. 2, pp. 253-275

Whaley, L. A., *Women's history as scientists: A Guide to the debate,* ABC-CLIO (2003)

White Junod, S., Marks, L., 'Women's Trials: The Approval of the First Oral Contraceptive Pill in the United States and Great Britain' in *Journal of the History of Medicine and Allied Sciences* (2002) Vol. 57, No. 2, pp. 117-160

Worth, E., *The Welfare State Generation: Women, Agency and Class in Britain since 1945*, Bloomsbury Academic (2022)

Zedner, L., 'Women, Crime, and Penal Responses: A Historical Account' in *Crime and Justice*, The University of Chicago Press (1991) Vol. 14, pp. 307-362

Zita, J. N., 'The Premenstrual Syndrome: "Dis-easing" the Female Cycle' in *Hypatia*, Vol. 3, No. 1 (1988) pp. 77-99

Zweiniger Bargielowska, I., 'The Making of a Modern Female Body: Beauty, Health and Fitness in interwar Britain' in *Women's History Review*, Vol. 20, No. 2, pp. 299-31
Zweiniger Bargielowska, I., *Managing the body: Beauty, health and fitness 1880-1939,* Oxford University Press (2010)

Websites:

'Menopause trial rejected by ministers', in *BBC News*, https://www.bbc.com/news/uk-politics-64381216 [Date Accessed: February 24th 2023]

41 Alice Emilie Sanderson, Lady Doctors of the Malta Garrison, MALTA RAMC, https://www.maltaramc.com/ladydoc/s/sandersonae.html [Date Accessed: Tuesday 31st May 2022]

A Tribute to Dr Katharina Dalton, https://www.womensinternational.com/blog/tribute-to-dr-katharina-dalton/ [Date Accessed: Wednesday 31st August 2022]

Grant E C G, Rapid response to Katharina Dorothea Dalton https://Katharina.bmj.com/rapid-response/2011/10/30/katharina-dalton-and-progesterone-dangers [Date Accessed: 1st December 2021]

Joyce R, Women Doctors in WW1: Fighting to do their bit, Women's History Network Blog, https://womenshistorynetwork.org/the-mystery-of-isabella-and-the-string-of-beads-a-woman-doctor-in-ww1/#_ftn2 [Date Accessed: Wednesday 29th June]

Masih N., 'Need time off for period pain? These countries offer "menstrual leave"', in *The Washington Post* (February 2023), https://www.washingtonpost.com/world/2023/02/17/spain-paid-menstrual-leave-countries/ [Date Accessed: February 24th 2023]

O'Connor A, Katharina Dalton, Expert on PMS, Dies at 87 https://Katharina.nytimes.com/2004/09/28/science/katharina-dalton-expert-on-pms-dies-at-87.html [Date Accessed: 1st December 2021]

Peterson C, A tribute to Dr Katharina Dalton https://Katharina.womensinternational.com/blog/tribute-to-dr-katharina-dalton/ [Date Accessed: 1st December 2021]

Ryan L., 'State of the Uterus', in *The Cut* (October 2016), https://www.thecut.com/2016/10/letter-to-the-editor-worries-about-hillary-clintons-period.html [Date Accessed: February 24th 2023]

The premenstrual syndrome (1953) by Raymond Greene and Katharina Dalton, https://embryo.asu.edu/pages/premenstrual-syndrome-1953-raymond-greene-and-katharina-dalton [Date accessed: Wednesday 31st August 2022]

Unpublished PhD Theses:

Dudley, Shotwell G., *Empowering the Body: The Evolution of Self-help in the Women's Health Movement*, PhD thesis, Faculty of The Graduate School at The University of North Carolina at Greensboro (2016)

Elston, M. A. C., *Women Doctors in the British Health Services: A Sociological Study of Their Careers and Opportunities*, PhD thesis, University of Leeds (1986)

Carvalho, N., *The social construction of menstruation: A historical study of menstrual product advertising*, PhD thesis, University of Manitoba (1997)

Patterson, E. T., *Making sure: Integrating menstrual care practices into activities of daily living*, PhD thesis, The University of Alabama at Birmingham (1984)