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Noël de Tilly, Lynn

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From Rags to Wings: History of Menses Management Throughout the Ages

by

Lynn Noël de Tilly and Megan Wickett
Northern Ontario School of Medicine

Abstract

For years now, women have suffered from problems with their menstruation and have sought help from medical professionals. Historically, women who complained about their menses were viewed as crazy or “hysterical” and little if anything would be offered to alleviate their symptoms. More recently, extreme or extraordinary symptoms related to menstruation, such as heavy bleeding and pain, have been considered medically relevant and treatable.

In this paper, we will discuss the transition of medical thought and knowledge concerning menstruation through the ages. The transition of menstruation from a women’s problem to a medical problem has allowed menstruation to become more of a public topic and led to more acceptance of the topic in general; at the same time, it has been paralleled by a burgeoning industry replacing natural products with medical and pharmaceutical solutions. From mosses to rags to Kotex belts; from tampons to wings and now year-round oral contraceptive use to prevent periods altogether, the social and medical acceptance of menstruation as a legitimate illness category has rapidly medicalized menstruation in modern medical history.

Introduction

Five different time periods were considered to gain a better understanding of the shifting attitudes of society and of physicians towards menstruation. These periods are the ancient period from 1280 BC until the fourth century AD, the medieval period from the fifth century until the 15th century, the early modern period from the 16th century to the 18th century, the modern period from the 19th century until the beginning of the 20th century, and the postmodern period from mid 20th century until the present day.

Ancient Period

Famous physicians and philosophers from the ancient times were considered. In around 600 BC, Pythagoras felt that the menses were just a way for women to eliminate extra blood that they had accumulated (Deforest, 2008). Empedocles, around 500 BC, thought that the evacuation of blood was needed for a woman since her flesh was less dense than a man’s (Deforest, 2008). Parmenides thought that menstruation could be explained by a difference in temperature between women and men. He assumed that a “woman is hotter and consequently contains more blood which she must expel” (Deforest, 2008, p. 169).

Hippocrates believed that women could not sweat like men to get rid of impurities so it was hypothesized that menstruation functioned to purge women of bad humors. Interestingly, bloodletting or the ancient medical practice of "bleeding" a patient to health was modeled on the process of menstruation. Menstruation was necessary for a woman to maintain her health.

Hippocrates associated "hysteria" with menstruation. If the blood did not flow well monthly, it would back up and flood a woman's heart, cause numbness, which led to delirium or hysteria. The prefix of the word "Hysteria" is hyster, which means uterus (4). His solution to menstrual problems was simple: get married and have kids! Childbirth was seen as the cure for irregular or painful menstruation (Bonnet-Cadilhac, 1993).

In the third century BC, Aristotle's explained that woman was a "mutilated or incomplete man" (Deforest, 2008, p. 168). However, as she lacked vital heat, she was unable to ripen. Menstruation was compared to a man's ejaculation of semen. Due to her inability to ripen, her body could not transform the blood to semen, so her menses remained blood-like (ibidem). Heavy menstrual flow caused paleness and physical weakness (Dean-Jones, 1994).

In biblical times, women who were menstruating were considered unclean and the things that they touched were also unclean. They had to live apart from others during this time and, after seven days, they had to take a ritual "mikvah bath" to be purified (Duffin, 1999, p. 168). Sexual relations were absolutely forbidden during this time (Ben-Noun, 2003). The book of Leviticus 15:19 says, "And if a woman has an issue, and her issue in her flesh be blood, she shall be put apart seven days: and whosoever toucheth her shall be unclean until the even" (ibidem).

In the first century AD, Pliny the Elder or Gaius Plinius Secundus, a Roman officer and natural philosopher, felt that menstrual fluid was contaminating. A menstruating woman's touch could have devastating effects. Plants and fruit died, gleaming metals were dulled, a horrible smell filled the air and the taste of her blood drove dogs mad (Deforest, 2008).

Galen was a Greek physician in the second century. He put into motion a logical systematic approach to medicine and learned anatomy from dissecting animals. He believed menstruation came from blood in food that women could not digest and that menstruation permitted the elimination of juices which accumulated in idle housebound women (Deforest, 2008).

Medieval Period

During the Medieval Times, menstruation was regarded as malignant and unclean, stemming from imperfection (Net Industries, 2008). In the seventh century, it was believed that the reason the blood flow stopped during pregnancy was because it was now going into the fetus (Brault, 2007).

Early Modern Period

In the 16th century, open discussion of sexual and reproductive issues was discouraged. In her paper, Broomhall (2002) examined letters written between women in the Royal circle to shed some light on how they dealt with menstrual issues and with the world of medicine. She goes on to explain how national rivalry between the French and the Spanish was key in allowing women to contribute their knowledge on menstruation. Elizabeth of France, the eldest daughter of Henry II. (1519-1559), King of France was only thirteen years old when she married Phillip II. (1527-1598), King of Spain. As she did not have regular menstrual cycles yet, there was a question whether sexual relations were permitted and whether she would be able to make heirs to the throne. Both French and Spanish physicians paid much attention to her (Broomhall, 2002).

Spanish physicians, as most European medical doctors until the Renaissance, followed Galen's school of thought. Being educated medical men, they did not welcome women's advice on the matter. They suggested Elizabeth (1545-1568) take frequent hot baths to regulate her menstrual cycle. The French physicians believed that mothers knew best about dealing with menstruation. They supported a mother's natural role as caregiver and healer. Elizabeth's mother felt that diet was very important to maintain humoral balance and that her daughter should avoid spicy foods and alcohol (Broomhall, 2002).

In the 1500s, it was thought that women developed strangulation from the uterus due to its urge to cleanse, or expel the unclean, disease-causing blood within it (Stolberg, 2000). This theory of catharsis remained a popular notion until the 1650s, when the theory of plethora became predominant. A healthy woman accumulated a surplus of pure, unspoiled blood, which she needed to discharge in order to avoid a plethora of it. Around the same time, one doctor thought that physicians could acquire trust and fame by accurately predicting the arrival of women's periods by their bodily symptoms (ibidem, 2000).

In the theory of fermentation, it was believed that menstruation resulted from the fermenting or effervescing of blood, chyle, or serum from within the uterus. This theory was felt to better explain the abrupt onset of premenstrual symptoms because the fermentation occurred rapidly, whereas according to plethora, the symptoms should have gradually increased over the whole length of the cycle (Stolberg, 2000).

The theory of irritable uterus postulated that the accumulation of blood irritated the sensitive uterus and the uterus then irritated the body with a host of premenstrual and menstrual symptoms like "menstrual colics" (ibidem).

Also, around this time, the idea was starting that male and female bodies were different and complementary in nature. This led to more attention being paid to the function of vital organs, and menstruation came to be seen as a specific function of the uterus (Martin, 1991). It was believed that men got hotter than women did and they could sweat out the impurities in them, whereas women didn't get as hot, so they had to menstruate. Menstruation was seen as health-maintaining; not menstruating was a sign of disease (ibidem).

Around this time, there were more linkages made between menstruation and mental disturbances, psychological disorders, and emotional problems (Brockington, 1998; Facchinetti, Demyttenaere, Fioroni, Neri and Genazzani, 1992)

Treatments included abortifacients, which were given to restore menstrual flow, not necessarily to abort a fetus. Home remedies with various teas and concoctions were given. Hot baths were recommended (Martin, 1991).

Modern Period

With the modern period came a more scientific approach to menstruation. Factors related to menstruation expanded to include the whole body, not just the uterus and the ovaries. Sex hormones were isolated in the 1920s, leading to support for endocrine control of menstruation (Martin, 1991)

In the 1930s, some landmark studies came out. Frank presented to a group of New York physicians on what he called “premenstrual tension” (Stolberg, 2000). Horney also published a major paper about “premenstrual mood swings” (ibidem). Climate and diet were found to influence age at onset of menstruation (Bojlen and Bentzon, 2002).

Menses was seen as a sign of weakness, a sickness, and a monthly wound that the women had to recover from. The medical community referred to it as female weakness, woman problem, and female troubles (Deforest, 2008).

In the years between the world wars, the English Women’s Medical Federation did a lot of research into menstruation. They focused on educating women about their bodies and encouraged viewing menstruation as a minor event that shouldn’t inhibit a woman’s activity (Brookes, 2006) Also, due to changing patterns of workforce at this time, menstruation had to be increasingly managed in a public context (ibidem). “Menstrual etiquette” referred to boundaries around a woman’s behaviour concerning menstruation (O’Flynn, 2006).

During the First World War, “war amenorrhea” was thought to be due to a lack of proper nutrients in the diet. With the Second World War, it was realized that there were emotional contributors to the lack of menstruation in some women during this time (Facchinetti, Demyttenaere, Fioroni, Neri and Genazzani, 1992).

The American neurologist Silas Weir Mitchell (1829-1914), already in the 19th century, had created the “Rest Cure” for hysteria and other complaints. This cure, which became highly popular, consisted of removing a woman from her home, enforcing strict bed rest, feeding bland food, and only talking with nurses and doctors (Pearce, 2004).

Abortifacients were still used. They included tansy tea, rue, and blue and black cohosh. Emmenanogues were given for any delay in menstrual flow. They largely consisted of botanical products like ergot, buckwheat, chamomile, and cherries (Deforest, 2008).

With all of this attention being paid to premenstrual complaints and menstruation, there was a divide in the feminist community. Some were happy that women’s issues were finally getting more attention, whereas others felt that it was unnecessarily medicalizing the female body and could have negative influences on women’s careers and social lives (Stolberg, 2000).

Postmodern

The World Health Organization (WHO) did a multi-country study on meaningful characteristics of menstruation during this time. They examined the beliefs that women held surrounding menstruation, including hair washing, sickness, femininity, dirtiness, and intercourse. It was the first time that an international health organization explored these beliefs on such a large scale (Severy, Thapa, Askew and Glor, 1993).

Mental health issues continued to be examined, with some studies finding a higher prevalence of menstrual problems amongst the mentally ill (O'Flynn, 2006; Facchinetti, Demyttenaere, Fioroni, Neri and Genazzani, 1992). Another study found that there were more calls to suicide prevention centres within the first four days of a women's cycle (Mandell and Mandell, 1967). Another study that examined sexually transmitted infections found that the transmission rates of gonorrhea went up during the first five days of the menstrual cycle. (McCormack and Reynolds, 1982). Medical textbooks began to mention the need to treat mental health aspects associated with menstruation and other reproductive issues (Smith, 1979).

Medical diagnoses surrounding menstruation became more clearly defined. They included "primary dysmenorrhea," "functional hypothalamic amenorrhea" and "late luteal phase dysphoric disorder," although "menstrually related disorder" is preferred over the latter (Facchinetti, Demyttenaere, Fioroni, Neri and Genazzani, 1992). Dysmenorrhea (cramps and pain related to menstruation) is now known to be common, underdiagnosed, and undertreated (O'Flynn, 2006).

Treatments include many medications: diuretics, progesterone, oral contraceptives, antifibrinolytics, nonsteroidal anti-inflammatory drugs, COX 2 inhibitors, and other analgesics. Alternative therapies include heat, thiamine, magnesium, and vitamin E (French, 2008; Proctor and Farquar, 2006; Lethaby and Farquhar, 2003).

With the support of several studies, some women are taking oral contraceptives continuously to limit the frequency of menstruation to 1 to 4 times a year (Stotland, 2004). Some women are undergoing surgical sterilization as a means to treat certain menstrual-related disorders, as well as to avoid menstruation altogether. The frequency of this has been found to decrease when women are presented with education, support, and appropriate representation of the benefits and risks of other treatment options (Smith, 1979).

A newer product to the market, Mirena is a levonorgestrel releasing intrauterine system which decreases the frequency and severity of periods, sometimes stopping them altogether (Proctor and Farquar, 2006). Medical doctors, researchers, and other authors have been questioning the need to menstruate as frequently as we do, with some suggesting health benefits of decreasing menstrual frequency (Stotland, 2004; Coutinho and Segal, 1999).

Conclusion

I would like to end with a quote from Norma O'Flynn (2006):

The social pressure to maintain concealment of menstruation is a strong influence on women's health-related behaviour in relation to menstrual concerns. Women's choices may be better understood if attention is paid to the social context in which they live.

Researching the history of medical management of menstruation has impressed upon us the importance of having a patient-centred approach to dealing with menstrual issues.

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