

**"SHE DID NOT SUFFER FROM DYSMENORRHOEA AND USED TO BE UNWELL FIVE DAYS IN ALL": MENSTRUATION IN AUSTRALIA, 1890-1915**

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In 1912, Dr L.M. McKillop of Blackall, Queensland, discussed the menstrual experiences of Mrs O. in the *Australasian Medical Gazette*. He reported that she had been married at fourteen and had commenced menstruating at fifteen. At twenty-nine she had had six children but had not menstruated since her first pregnancy. He noted that during her "brief menstrual life she did not suffer from dysmenorrhoea and used to be unwell five days in all" (58). Whilst Mrs O.'s "unusual" menstrual history is significant, it is the way in which McKillop described her experiences of menstruation that is important here. He referred to menstruation as being "unwell" and noted the absence of menstrual pain, or dysmenorrhoea. During the late nineteenth and early twentieth centuries, medical writers described menstruation as a state of ill-health. Women experienced "symptoms" of menstruation and it was known as being "unwell" both in medical texts and popular health manuals, as well as in every day language.

This article will examine "understandings" of menstruation during the period 1890 to 1915. It will consider how these "knowledges" constructed ideas about femaleness and femininity. Medical discourse existed within social relationships, and medical knowledge reflected and participated in the production of ideas about women. Reproductive differences were fundamental to definitions of sex and gender and, at the turn of the century, femininity was naturally and biologically determined by femaleness.<sup>1</sup> Menstruation was understood in relation to the social norms of women as wives and mothers. These norms of femininity were described in contradictory ways within medical and other discourses about menstruation and health. On one hand, menstruation was essential for healthy womanhood, and on the other, it was a state of ill-health. It was both normal and abnormal, both healthy and unhealthy.

Contradictory meanings of menstruation were found in medical texts and popular health manuals. But what of the women themselves? How did women

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<sup>1</sup> In this article, I use the terms "femaleness" and "femininity" in ways which are historically specific to late nineteenth and early twentieth-century Australia. For a discussion of the "naturalness" of femininity, see Jordanova Chapter 2.

understand menstruation in the early twentieth century? Did they consider themselves unwell during menstruation? This paper argues that women, as well as medical writers, were engaged in the production of meanings about menstruation. The significance that they attached to their experiences of menstruation were affected by their age, class, ethnic background, education, and religious beliefs. Women's understandings about menstruation were also affected by their exposure to medical knowledge, either through seeking assistance from medical practitioners or, perhaps more commonly, through the use of popular health manuals. In late nineteenth and early twentieth-century Australia, then, competing knowledges existed concerning menstruation, and women's bodies were the sites of these contested understandings.

I will examine both medical knowledge and women's understandings of menstruation. There is, however, a dearth of material written by women about their menstrual experiences in early twentieth-century Australia, which reflects the ways in which menstruation was a highly restricted and private matter. Lynette Finch argues that at the turn of the century it was difficult to speak about menstruation in every day language since during the eighteenth and nineteenth centuries, "the language of the flesh" was gradually removed from the vocabulary. Instead, medical scientists claimed the right to speak about the body, especially the menstrual cycle (Finch 126). According to Joan Jacobs Brumberg, increasing "secularisation and medicalisation" made it harder for women to talk about menstruation because they had no knowledge of the specialised language (109); non-medical public discussion about menstruation was silenced in the every day lives of women. This silence is also apparent in women's private lives. Thus it is not surprising that although there is a large amount of medical literature about menstruation, there is little written evidence of the personal experiences of women on the subject.

First, I will describe examples of women's experience and understanding of menstruation. The range of this material will be limited by the availability of written records and the age group of the women concerned. Second, I will examine understandings of the physiology of menstruation within the medical discourse. Third, I will consider the ways in which menstruation was presented in the medical and popular medical discourses as both healthy and normal and as a state of ill-health. Through my discussion of these understandings of menstruation, I will tease apart inherent ideas about being a woman in late nineteenth and early twentieth-century Australia and how these notions constructed ideas about femaleness and femininity.

How did women experiencing menstruation between 1890 and 1915 understand it? Women say that they knew very little about menstruation and that it was not to be talked about, except when absolutely necessary. American and British experiences are similar to those of Australian women. In the United States, Brumberg notes a "cultural pattern" of "not talking" about menstruation which is apparent from the mid to late-nineteenth century (107). In England, Elizabeth

Roberts suggests that there was "virtually a total ban on the discussion of sexual matters." However, women could not ignore menstruation. Roberts argues that the way in which mothers ensured that their daughters had some information without discussing it openly or at length, was to tell their eldest daughters "the basic facts" when they began their periods. Eldest daughters in turn informed any younger sisters (16-17). Hence, some talk did occur, but it was restricted, private, and took place amongst close female relatives.

Australian women interviewed in oral history projects relate similar stories of not knowing, or knowing very little, about menstruation prior to menarche, and often after its commencement as well. Mothers, sisters, aunts, other girls and young women were the sources of the limited information that was provided. Many women interviewed for the New South Wales Bicentennial Oral History Project stated that they had received little information about menstruation at menarche. For example, when asked "did you get any sex education in those days?" Sally Murray, who was born in Mittagong in 1899, replied: "Not at all, things just happened, and when we were growing up, as soon as we had our periods, well our clothes were stained and somebody just told us about it, my older sister told me about it when I got up one morning, nobody ever mentioned sex much."

The prohibition against speaking about menstruation could be extremely strong. It was not only that women did not have the language to speak about it, as Finch suggests, but that discussion was actively silenced. The silencing of discussion about menstruation is a recurring theme in women's comments about menarche: "A girl I went to school with told me one day that her sister had started her monthlies. Later I asked Mother about it, but she wouldn't tell me, and forbid (sic) me to play with my friend anymore" (Haggart 132). This young woman was informed that the discussion of menstruation was considered crude. Women were expected to maintain discretion and modesty about menstruation. The view that it was morally wrong to discuss menstruation was also reinforced by Kathleen Baxendale, born near Cobar in 1896, who explained that talk about "sex" and "the facts of life" was "dirty talk." When asked whether this was common at the time in families, she replied, "I think so. I don't think mothers ever talked about such things."

Although young women received limited physiological information, they had to be told about the practicalities of menstruation. Mothers told girls about the material realities of menstruation, or "the rags procedure," but very little else (Haggart 132, Reiger 111-13). They might also be advised of acceptable behaviour during menstruation. Beatrice Geddes, born in Balmain in 1902, explained that menstruation was never discussed in her family, not even amongst her sisters. Instead, she was told she "had to be careful" and that she "shouldn't go swimming or anything like that."

Because of the secretive and private nature of menstruation in the early twentieth century, women often described their first experience of menstruation as

a shock or at least a surprise. At the onset of menstrual bleeding, a common response amongst girls was to think that they were going to die. T.M., interviewed in the New South Wales project, and born in Jervis Bay in 1894, described her experience. Her periods started without her having any knowledge about them:

I thought I was going to die. It happened to me quite suddenly one afternoon and I rushed where my mother and father were sitting and I said to them "I'm bleeding from between my legs" . . . . My father got up and walked out and my mother turned round and started working on the sewing machine and after a while she said to me "this is going to happen to you every month" she said "wear these" and that's all she said . . . I was only twelve I think or only just twelve.

T.M. had been given no explanation about what had happened, neither from her parents, nor at school; nor did she discuss it with her sister. She found out about these "facts of life" only when she studied zoology at university.

A reason why mothers may not have given their daughters information on the physiology of menstruation may have been because they did not know themselves. However, evidence suggests that some women may have had different understandings from the contemporary medical and scientific knowledge. When I interviewed Elaine Turner, born in Northampton, Western Australia, in 1923, she asked: "Why do we have to have it anyway? I wonder why? I don't know why that happens. . . . Why would women have to lose all this blood every month? Is it a cleaning out process?" Elaine Turner had not acquired medical knowledge about menstruation as a young woman, and in her early seventies, still remained puzzled. This understanding of menstruation as a cleaning-out process was common in earlier centuries and highlights the longevity of particular ideas.<sup>2</sup> The idea that menstruation was a way of purifying women's bodies was promulgated by popular health manuals at the turn of the century. Popular health writers, Hartland Law and Herbert E. Law, stated that menstruation was "the greatest health-preserver and life promoter that can be secured, the normal function throwing away diseased products and acting as a safety valve to the system" (357). Elaine Turner, however, could not recall ever consulting a book to learn about menstruation. Her testimony reveals that Turner's knowledge of menstruation may reflect that of her mother, born in 1892, and also her grandmother: "My grandmother, I'm sure, she would never have said anything like that. You couldn't have, because I think Mum would have said it to us. You know, that's how it goes down I think. Probably those poor girls got it like I did and thought they were going to die, and were treated just the same as I was treated." Elaine Turner thought that her mother would have known less than she did about the

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<sup>2</sup> For further discussion of earlier knowledges about menstruation, see Crawford (47-73), and Shuttleworth (47-68).

contemporary scientific explanations of menstruation. She had been told nothing about the physiology of menstruation and assumed this was because her mother did not know herself.

Later in life, women found out more medical knowledge about menstruation. Prior to marriage, some women were provided with "sex education" by a range of people including mothers, aunts, women friends, work colleagues and older sisters. This may have included information about menstruation, ovulation, conception and pregnancy within a contemporary scientific framework. During marriage, their husbands and popular health manuals may have been other sources of information. Oral history evidence suggests that by the time women were married, they knew that menstruation, or rather the absence of it, was connected with pregnancy. In retrospect, women say that menstruation was important to them because it meant they could have children.

In the late nineteenth and early twentieth centuries, women were engaged in the production of meanings about menstruation. At this time, medical writers claimed that both physical and mental changes occurred at menarche. Physical changes, such as the developing "rounded and attractive" contour of the body, were considered to be aspects of a developing femininity (Hart and Barbour 94). While there were visible external changes to the young woman's body, there were also internal changes such as the maturation of the uterus and ovaries and the commencement of ovulation. In addition to these physical changes, mental changes also occurred. Menarche produced "wonderful changes of character and disposition," according to English gynaecologist, W. Blair Bell: "mentally she becomes more shy and reserved—the 'Tom-boy' disappears into the Juliet; modesty takes the place of innocence . . . . The mysterious changes that are taking place in her spread their shadow over the whole range of her life" (68). Although it is now possible to identify these alterations as changes in sex and gender, or femaleness and femininity, it is apparent that, in the medical discourse of the early twentieth century, these changes in social characteristics were seen as biologically determined and "natural," in that menarche caused particular changes in attitudes, behaviour and demeanour in young women.

Popular health manuals also emphasised the physical and mental changes that occurred at menarche and the fact that they were strongly linked to ideals of heterosexuality, marriage and motherhood. In an Australian popular health manual from the 1880s, George Black echoed the sentiments of the medical writers from the same period:

The change which menstruation works upon the girl is great. Her frame becomes rounder and fuller, the hips broaden, fat becomes deposited in various parts of the body, the breasts enlarge, and in her manner she becomes more retiring. It seems as if a great mental change had come over the girl, and there had

begun to dawn upon her mind the consciousness of that important mission she was destined to fill. (772)

Both medical and popular medical writers described menarche as a positive event for young women. Menarche was essential for healthy womanhood and the fulfilment of women's expected life experiences. Clearly, women's recollections of their experience of menarche were very different from the medical knowledge that was available. Medical knowledge was concerned with physiological and psychological changes and their implications for marriage and maternity. This contrasts markedly with women's recollections of their experiences of menarche, when they were concerned with not knowing about menstruation prior to its commencement, and the material realities of dealing with the loss of menstrual blood.

Medical understandings about menstruation were closely linked to beliefs about women's reproductive capacity. Ovulation was understood physiologically to be the release of the ovum from the ovaries and it occurred so that women could become pregnant. Menstruation was the shedding of the lining of the uterus. Medical writers described menstruation as a "miniature abortion" and it occurred as the result of a "missed pregnancy" (Sutton and Giles 36-37). These ideas were clearly based on a model of reproduction which insisted that the primary focus of women's lives was to bear children.<sup>3</sup>

During the early twentieth century, there was considerable conjecture regarding the physiological and anatomical explanation for menstruation. Medical writers agreed that the physiology of menstruation was not understood accurately or comprehensively. At times, this lack of understanding was described as a mystery of womanhood, beyond any comprehension. In 1904, the American gynaecologist, Barton Cooke Hirst, stated that "the cause of menstruation is one of the many life-phenomena at present beyond human comprehension" (374). Despite these acknowledged gaps in understanding, certain beliefs about the physiology of menstruation were commonly held by medical and popular medical writers at the turn of the century. They believed that the nervous system influenced the process of menstruation and that menstruation and ovulation occurred simultaneously. Cooke Hirst argued that ovulation and menstruation were both caused by "the periodic nervous excitation and congestion due to an impulse from the sympathetic nervous system" (379).

Medical writers compared the process of menstruation to the oestrus, heat or rut of animals. This centuries-old model compared the physiology of the human female to that of female animals.<sup>4</sup> In 1904, Cooke Hirst stated categorically that menstruation was "obviously what rut is in the lower animals" (374). While the "lower animals" did not bleed, he explained that women bled as a result of their

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<sup>3</sup> See Martin (Chapter 3), where she examines menstruation as a metaphor of failed production.

<sup>4</sup> See Laqueur for a discussion of ideas comparing the oestrus of animals to the menstrual cycle (210-27).

"erect posture and the pelvic congestion." These ideas were echoed in popular health manuals and further connections were made between women's sexual availability, fecundity, ovulation and menstruation. According to this theory, women would be most likely to be desirous, sexually active and fecund at menstruation. These ideas show the ways in which theories about menstruation were closely tied to ideas about reproduction and the normalisation of women as mothers.

Although the medical discourse of the late nineteenth and early twentieth centuries believed menstruation to be healthy, normal and essential for the fulfilment of womanly duties, it was also seen as a state of ill-health. This literature promulgated the idea that women's bodies were abnormal while the male body was normal and healthy. There were two main pieces of evidence for this reasoning. First, the bleeding of male bodies was associated with injury and was considered to be abnormal and unhealthy.<sup>5</sup> Therefore, because female bodies bled, women were abnormal and menstruation was unhealthy. Second, women's bodies were abnormal because they were endlessly changing and unstable as demonstrated by the critical phases of menarche, childbirth and menopause, and also the monthly menstrual changes. In these ways, medical writers constructed a particular conception of women's bodies: one associated with illness and abnormality. These states were represented in the language used to describe menstruation. During the early twentieth century, menstruation was popularly named the "courses" and the "monthlies," as well as in language specifically referring to it as states of ill-health, such as "being unwell," "illness" and "sickness." These expressions were not restricted to popular usage. Medical writers also employed this language, as the introductory comments by McKillop suggest.

Not only did doctors use the language of ill-health to name menstruation, they also constructed menstruation as an illness in their text books. During the early twentieth century, many doctors believed that most, if not all, women were ill when menstruating. Australian gynaecologist, J.A.G. Hamilton claimed that all women, "even in good health, have some discomfort at the menstrual period" (396). Menstruation was itself problematised, despite also being considered a "natural" and "normal" part of being a woman. In 1911, English gynaecologist Thomas Watts Eden stated that menstruation, "though a natural process, is one which readily passes the borderline and becomes abnormal" (78).

Menstrual pain was a key consideration in discussions concerned with the normality and healthiness of menstruation. Opinions regarding the degree of pain consistent with health varied, but many medical writers agreed that some pain was normal. Australian gynaecologist, George Horne, stated that pain "is such a constant accompaniment to menstruation, that it is regarded almost as a normal condition" (77). If menstruation was normally painful, it confirmed medical ideas

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<sup>5</sup> See Lupton. For detailed discussion of menstrual discharge as blood "out of place," see Buckley and Gottlieb (3-50).

that menstruation was unhealthy and women were unwell at this time. But only certain levels of pain were accepted as normal.

Pain was defined not only according to medical knowledge concerning women's nervous and reproductive systems, but also according to the social context of women's lives. Pain was a particularly difficult medical symptom because the doctor relied heavily on women's subjective experience. Some pain could be accounted for by the sensitivity of women's nervous systems, but Hamilton argued that this sensitivity complicated the doctor's ability to diagnose the severity of menstrual pain:

The various changes, especially the congestion which occurs during the normal process of menstruation, must give rise to a certain amount of pelvic and general discomfort. The sensitiveness of the nervous system in woman varies so much that what is described as "discomfort" is in others a "pain," whilst many describe their sufferings as "agonizing" but the difficulty arises in estimating fairly the suffering of the individual, and in determining when the disorder has ceased to be physiological and become pathological. (396)

Doctors questioned women's judgements, especially in relation to pain. Medical writers assumed that at least some of the pain was "in women's minds" due to the sensitivity of their nervous systems and their inability to tolerate pain. Hence, doctors believed that if they reassured women, their health would improve. Treatment could merely consist of reassurance by the doctor, as American gynaecologist, Howard Kelly, recommended: "Often the mere assurance that there is nothing serious the matter will send the patient rejoicing on her way ready to take plenty of exercise, to live in the open air, to take her food with relish, and to enter once more into natural home relationships. Such is the discipline of the mind over the feelings" (31).

The healthy, natural environment of the family home was the cure for women's menstrual pain. Indeed, doctors commonly recommended marriage and motherhood as a cure for severe menstrual pain in the late nineteenth and early twentieth centuries. Medical writers believed that dysmenorrhoea was more common amongst unmarried women and women without children. In a social context where it was normal, healthy and expected of women to be wives and mothers, marriage and maternity were considered by medical practitioners to be a cure for dysmenorrhoea. At the same time, elaborate physiological explanations were constructed to explain how this cure took effect:

It can be readily understood why marriage and maternity so often cure dysmenorrhoea. Coitus and pregnancy stimulate the development of the uterus. Labor removes any mechanical



obstacle to the escape of the discharge. The exfoliation of the decidua and evolution of a new endometrium in the puerperium may replace a hyperaesthetic with a normal mucosa. (Cooke Hirst 386)

Clearly, norms for womanhood were established in the medical and discourse. Marriage and motherhood ensured that women would experience healthy, regular and painless menstruation.

In the process of constructing norms, medical writers advanced their own theories over the lived experiences of women. The process of the normalisation of menstruation and its disorders illustrates the clash between women's subjectivity and the authoritative knowledge of the gynaecologist. As suggested in their oral accounts, not only did women have limited medical knowledge of menstruation, medical literature shows that their subjective experience of menstruation was largely unacknowledged or questioned. Doctors portrayed women as untrustworthy, unstable and, because of their nervous sensitivity, likely to exaggerate their menstrual discomfort and pain. In this context, women's understandings of menstruation appeared irrelevant and made little contribution to the medical knowledge of the day. Thus women were effectively silenced in this site of gendered exchange.

### Works Cited

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- Baxendale, Kathleen. Interview. 1987. NSW Bicentennial Oral History Collection, NLA. Oral Trc. 2301. Int. 122, 1987.
- Blair Bell, W. *The Principles of Gynaecology*. London: Longmans, 1910.
- Black, George. *Everybody's Medical Adviser and Consulting Family Physician*. Sydney: Dobell, 1887.
- Brumberg, Joan Jacobs. "'Something Happens to Girls': Menarche and the Emergence of the Modern American Hygienic Imperative." *Journal of the History of Sexuality* 4.1 (1993): 99-127.
- Buckley, Thomas, and Alma Gottlieb. "A Critical Appraisal of Theories of Menstrual Symbolism." *Blood Magic: The Anthropology of Menstruation*. Berkeley: U of California P, 1988. 3-50.
- Cooke Hirst, Barton. *A Text-Book of Diseases of Women*. Philadelphia: Saunders, 1904.
- Crawford, Patricia. "Attitudes to Menstruation in Seventeenth-Century England." *Past and Present* 91 (May 1981): 47-73.
- Eden, Thomas Watts. *A Manual of Gynaecology*. London: Churchill, 1911.

- Finch, Lynette. *The Classing Gaze: Sexuality, Class and Surveillance*. Sydney: Allen, 1993.
- Geddes, Beatrice. Interview. 1987. NSW Bicentennial Oral History Collection, NLA. Oral Trc. 2301. Int. 65, 1987.
- Haggart, Jennifer. *Australian Colonial Medicine*. Adelaide: Rigby, 1979.
- Hamilton, J.A.G. "Dysmenorrhoea." *Medical Journal of Australia* 1 (1914): 395-98.
- Hart, D. Berry, and A.H. Freeland Barbour. *Manual of Gynecology*. 5th ed. Edinburgh: Johnston, 1897.
- Horne, George. *Practical Gynaecology: A Manual for Students and General Practitioners*. Melbourne: Little, 1911.
- Jordanova, Ludmilla. *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries*. Hemel Hempstead: Harvester, 1989.
- Kelly, Howard A. *Medical Gynecology*. London: Appleton, 1908.
- Laqueur, Thomas. *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge: Harvard UP, 1990.
- Law, Hartland and Herbert E. Law. *Viavi Hygiene for Women, Men and Children*. Sydney: Australian Viavi Hygiene, 1903.
- Lupton, Deborah. *Medicine as Culture: Illness, Disease and the Body in Western Societies*. London: Sage, 1994.
- M.T. Interview. 1987. NSW Bicentennial Oral History Collection, NLA. Oral Trc. 2301. Int. 2301, 1987.
- McKillop, L.M. "Unusual Absence of Menstruation." *Australasian Medical Gazette* (20 July 1912): 58.
- Martin, Emily. *The Woman in the Body: A Cultural Analysis of Reproduction*. Milton Keynes: Open UP, 1987.
- Murray, Sally. Interview. 1987. NSW Bicentennial Oral History Collection, NLA. Oral Trc. 2301. Int 34, 1987.
- Reiger, Kerreen M. *The Disenchantment of the Home: Modernizing the Australian Family, 1880-1940*. Melbourne: OUP, 1985.
- Roberts, Elizabeth. *A Woman's Place: An Oral History of Working-Class Women, 1890-1940*. Oxford: Blackwell, 1984.
- Shuttleworth, Sally. "Female Circulation: Medical Discourse and Popular Advertising in the Mid-Victorian Era." *Body/Politics: Women and the Discourse of Science*. Ed. Mary Jacobus, Evelyn Fox Keller and Sally Shuttleworth. New York: Routledge, 1990. 47-68.
- Sutton, J.Bland and Arthur E. Giles. *The Diseases of Women: A Handbook for Students and Practitioners*. London: Rebman, 1897.
- Turner, Elaine. Interview by Suellen Murray. 1994. Audiotape in possession of author.