

The French Elaboration of Ideas about Menopause, Sexuality and Ageing 1805-1920

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This article considers a range of moral views about sexuality and menopause espoused both by doctoral candidates and mature clinicians in France throughout the long nineteenth century. While the English physician John Fothergill was the first to author an article on the cessation of menses, it was French doctors who invented the word *la ménopause*, and who elaborated it profusely throughout the nineteenth century, while other medical cultures remained largely silent on the matter until the early twentieth century. The phenomenon of women living beyond reproductive age was not historically novel in this time, and anthropologists note that even in subsistence hunter-gather societies, more than thirty per cent of women live old enough to undergo menopause.¹ Rising life-expectancies in France from the end of the eighteenth century reflected improved infant survival, particularly following the introduction of the small-pox vaccine in 1810, rather than most adults living any longer.² So the sudden appearance of a medical literature on menopause around this time certainly warrants explanation. In another paper, I consider some of these broader questions at greater length.³ Here, I focus on how the French medical elaboration of menopause treated matters of sexuality. In perusing nineteenth and early twentieth-century French medical sources on women's sexuality and reproductive function, it is striking how absent one particular, familiar trope of our own time is from texts of this period: the notion of a linear decline in sexual desire with ageing. That idea is, of course, not the only current attitude to ageing and sexuality, but it has become a persistent one nonetheless since the last decades of the twentieth century. The renowned American urologists Jennifer Berman and James A. Bassuk have claimed that female sexual dysfunction is an "age related, progressive and highly prevalent"

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¹ Sievert, "Anthropology and the study of menopause," 1152.

² Blayo, "Mouvement naturel de la population française de 1740 à 1829."

³ Moore, "Conceptual Layers in the Invention of Menopause in Nineteenth-Century France."

phenomenon.⁴ A recent book about attitudes to ageing by the Australian feminist Lynne Segal notes a growing trend of British women stating that they are “giving up” on sex after menopause.⁵ Nineteenth-century French doctors by contrast, certainly worried about the nefarious effects of sexual stimulation on ageing bodies — a curious concept in itself. But they also commonly considered that post-menopausal women were likely to be nymphomaniacs, and that they — and indeed men in the “critical age” also — tended more than ever toward sexual perversions.

Might it be safe to conclude that the concept of menopause perversion that appeared in this time reflected primarily conceptual pressures relating to other modern moral ideas about sexuality?⁶ Certainly nineteenth-century doctors espoused strongly moral views about how women should behave in the demise of their reproductive capacities, and about how their bodily desires and functions should be managed.⁷ These ideas reflected a neo-Hippocratic fixation on the uterus as the governing organ of women’s physiology and psychology, as well as the new degenerationist frame that appeared in accounts of sexual pathology in the final decades of the nineteenth century. But doctors also appeared to be reporting a wide array of symptoms of which elite women complained, and they posed legitimate questions about whether such experiences of the end of menses were inevitable and ancestral, or a product of new bourgeois lifeways. Indeed, the very invention of the word *la ménopause* appeared grounded in an insistence on the non-pathological character of the fact of menses ending. There are very few female-authored works that discuss menopause in the nineteenth-century, but as American medical historian Nancy Theriot notes, we can sometimes read past women’s voices through male doctors’ accounts of them by attending to the different modes of speech in medical sources.⁸ The anthropologist Joel Wilbush remarked that the concept of menopause appeared in its first iteration as a set of symptoms which doctors claimed women had reported to them.⁹ As such, we need to consider that it was not only a concept that was informed by prevalent medical preoccupations but may also reflect women’s bodily experiences in this time. In this paper, I attempt to approach it from both these different angles, accounting for the sexual ideas as the top-down component of doctor’s views about women and desire, while considering other somatic symptoms to reflect challenges in the corporeal lifeways of nineteenth-century French women.

In the first part of this paper, I consider a range of moral views about sexuality and menopause espoused both by doctoral candidates and mature clinicians between 1812 and 1920. Here it is most apparent that prevalent nineteenth-century concepts of uterine determinism and degenerationism were at play. In the second part of the paper, I consider the symptomology of menopause detailed by these same doctors and propose that here we have a more complicated form of concept that may indeed reflect physiological changes associated with the rise of industrial modernity. Nineteenth-century French doctors clearly absorbed and reiterated popular moral tropes about sexuality, but they also responded to and reflected the symptoms women reported to them, even when these contradicted the non-pathological insistences embedded in the modern scientific concept of menopause. Medical works in the period from the beginning of the nineteenth century until just after World War I were overwhelmingly the work of clinicians and doctoral candidates reflecting on patient observation (in most cases doctoral training involved

⁴ Berman and Bassuk, “Physiology and Pathophysiology of Female Sexual Function,” 111.

⁵ Segal, *Out of Time*, 118-19.

⁶ A wider range of such conceptual pressures are fully explored in Moore, “Conceptual Layers in the Invention of Menopause in Nineteenth-Century France.”

⁷ Théré, “Âge de retour et retour d’âge,” 72.

⁸ Theriot, “Women’s Voices in Nineteenth-Century Medical Discourse.”

⁹ Wilbush, “What’s in a Name?,” 5.

internships in hospitals, asylums and clinics). Consequently, their writings must be read on several different levels, both as reflections of other medical views about sexuality and women, but also as conversations with menopausal women themselves. From the interwar period onwards, this began to change as more medical professionals occupied the status of researchers not necessarily embedded in clinical practice.

The story of *la ménopause* began with Charles-Paul-Louis de Gardanne's doctoral dissertation defended at the Paris *Faculté de Médecine* in 1812, which argued the case for a modern scientific neologism that bore no pathological implication, referring merely to the fact of menses ending.¹⁰ This, he argued, was preferable to the alternative terms circulating at that time such as the "critical age" (*l'âge critique*) and the "turn of age" (*l'âge de retour*), both which suggested a period of crisis, or a moment of physical vulnerability in the transition between life-cycles that might prime women to worry more about the change than was necessary. By 1824, the term *la ménopause* appeared in the *Abbreviated Dictionary of Medical Sciences* (*Dictionnaire abrégé des Sciences Médicales*), a few years after the publication of Gardanne's 1821 book based on the 1812 thesis.¹¹ Henri Marie Joseph Desruelles, in reviewing the book for the *Universal Journal of Medical Sciences*, (*Journal universel des sciences médicales*) remarked that Gardanne's term was preferable precisely because menopause, "sometimes occurring without any noticeable change in a woman's health, is inaccurately designated the 'critical age'".¹² The new word then was clearly intended to reassure women that the cessation of menses was nothing, per se, to be concerned about, and yet Gardanne's work, like that of many doctors who followed him, included dire warnings of the negative symptoms that might occur in women's ageing if they did not submit to an appropriate set of hygienic measures. Menopause was thus from its beginning, both a de-pathologizing concept and a prescriptive hygienic one.

I.

One of the recurrent moral themes in menopause texts throughout the nineteenth century concerned the management of sexual desire. Even before the invention of the new word, the 1805 doctoral thesis of L.J.S. Jallon had claimed that many of the diseases that emerged in women during the "critical age" were a product of both the abuse of, or the abstinence from sexual pleasure. He appeared more concerned about abstinence than excess, remarking, "I merely add that the celibate life is, more than we imagine, the source of serious pain that afflicts women in their critical age".¹³ P.N. Glinel in 1818 warned that more lascivious women should especially avoid past lovers, as well as erotic paintings, books or conversations.¹⁴ By 1827, Jacques-Philippe Labarraque began leaning slightly more toward dire concern about excess. He too considered that both "the abuse or the deprivation of sexual pleasure" (*l'abus ou la privation des plaisirs de l'amour*) could trouble a menopausal woman's physiology, along with "*les chagrins*" and tumultuous passion.¹⁵ But he devoted much longer discussion to the problem of "debauchery".¹⁶

¹⁰ Gardanne, *Dissertation sur les avis à donner aux femmes*.

¹¹ Arnaud, *La ménopause à travers l'histoire*, 17.

¹² Desruelles, "*De la ménopause ou l'âge critique des femmes*", 171.

¹³ "Je jouterai seulement que la vie célibataire est, plus qu'on imagine, la source des maux graves qui affligent les femmes à leur retour d'âge." Jallon, *Essai sur l'âge critique des femmes*, 37-38.

¹⁴ Glinel, *Sur l'âge critique des femmes*, 17.

¹⁵ Labarraque, *Aperçu physiologico-pathologique sur la menstruation*, 15.

¹⁶ *Ibid.*, 16.

Love can bring the greatest disturbance to the nervous system; the practice of coitus which follows from it cannot be too moderated at this time of life; and if there is illness, it must be scrupulously prohibited...Women who are born with a temperament inclined toward lasciviousness, should avoid all thoughts and conversations on these themes, avoid rude paintings and books, and especially avoid men with whom they have had intimate ties.¹⁷

Auguste Nicaise reiterated a mechanistic account of how sex could be nefarious for women in menopause in his thesis of 1838, adding that even erotic thoughts could be source of “disorders of the nervous system”.¹⁸ Jean-Baptiste Nosely’s doctoral thesis of 1848 recommended that women in *l’âge critique* should avoid both abstinence from sex and also excess, enjoying only “untroubled pleasures, emotion without convulsion, activity without bother”.¹⁹ Whereas Louis Chandelux in 1850 alarmingly advised that menopausal women “abstain as much as possible from the pleasures of love”, since “repeated coitus, at this age, is considered a cause of cancer”.²⁰

A more moderate tone was adopted by the mature clinician Alex Mayer in 1875. He denied that women lost their capacity for love as they aged but considered that they must become less “carnal”. He advised women approaching menopause to avoid sex because of its capacity to irritate the nervous system, but added that once the menses had definitively stopped, it was safe to resume moderate activity. Nonetheless, it was most “important to establish limits” on coitus “so as not to permit any pretext for its abuse through a derangement of the senses”.²¹ These ideas had striking durability, and we find a similar proscriptive view proposed even in a vulgarizing pseudo-medical work on *Menstruation in the Critical Age* of 1909 by a doctor Rhazis (one of the many pseudonyms of infamous pornographer Jean Fauconney).²² After making a series of hygienic recommendations to women approaching menopause, which included having “the courage to renounce coitus”, Rhazis remarked that it would all, in any case, be useless if a woman had up until that time lived a life of libertinage.²³

The idea that sex might be bad for women approaching menopause appeared grounded in the common nineteenth-century belief that the uterus governed all of women’s physiology and psychology. Almost all French medical works on women’s health produced in the nineteenth century cited the ancient Galenic-Hippocratic expression “the uterus is the source of all women’s diseases” (*Propter uterum mulier tota est morbus*), or the even more radically reductive rendition of Hippocrates by the seventeenth-century Flemish physician Jan Baptist Van Helmont: “the uterus alone makes woman what she is” (*Propter solum uterum, mulier est id quod est*).²⁴ For much of the nineteenth century, it was thought that the mechanism of women’s loss of

¹⁷ L’amour peut porter le plus grand trouble dans le système nerveux; l’usage du coït qu’il entraîne ne pourrait, à cette époque de la vie, être trop modéré; et quand il se manifeste des accidens, les femmes doivent se l’interdire scrupuleusement...Les femmes qui sont nées avec un tempérament enclin à la volupté, doivent fuir les conversations et pensées qui ont trait à ce sujet, les peintures lascives et livres obscènes, et surtout les hommes avec lesquels elles ont eu des liaisons tendres.” Ibid., 21.

¹⁸ “Les idées érotiques sont encore une source de désordres dans le système nerveux.” Nicaise, *Essai sur l’âge de retour chez la femme*, 21.

¹⁹ “les jouissances sans secousse, les émotions sans convulsion, l’activité sans gêne”. Nosely, *Dissertation sur l’âge critique*, 27.

²⁰ Chandelux, *L’Age critique de la femme (ménopause)*, 27

²¹ “il importe de fixer la limite de ces droits, afin de ne laisser au dérèglement des sens aucun prétexte pour en abuser”. Mayer, *Conseils aux femmes sur l’âge de retour*, 254.

²² Cryle and Moore, *Frigidity, an Intellectual History*, 111.

²³ Le Docteur Rhazis, *La Menstruation et l’âge critique*, 87-88.

²⁴ Helmont, *Aufgang der Artzney-Kunst*, 85; Stohlberg, ‘A Woman down to her bones’, 289.

reproductive function was via a simple atrophy of the uterus, with the ovarian depletion model only becoming widely accepted after the 1880s, and understanding of sex-steroid hormones only emerging in the 1920s.²⁵ Consequently, because nineteenth-century doctors largely viewed the uterus as responsible for many of the symptoms women reported in menopause, they viewed sex (especially coitus) as inherently irritating to that organ.

But clearly at the end of the nineteenth, and up until the first decades of the twentieth century, there were also concerns about the direction in which ageing desires could turn. Numerous doctors, such as the Bordeaux clinician Emile-Joseph-Amédée Valleteau de Moulliac in 1907, considered that “perversion of the sexual appetite” was in fact one of the symptoms of menopause.²⁶ This idea had been elaborated at length in an 1871 article by the doctor Noël Guéneau de Mussy in the *Weekly Gazette of Medicine and Surgery*.²⁷ This doctor was writing to report numerous cases of what he called “erotism, or feminine satyriasis” in his observation of women approaching menopause (“*aux approches de la ménopause*”) who had up until this time “moderate erotic instincts”, but who now found themselves “tormented by an intolerable, violent, genital excitation” (“*tourmentées par des excitations génésiques violents insupportables*”), which he remarked was often aggravated by bedrest:

but at other times felt during the daytime, without any external provocation, or any work of the imagination, in circumstances even quite inappropriate for the expression of such urges. It happens among even family, around children, standing upright, in a car, or among strangers that these sensations afflict the sufferer, accompanied by lewd impressions. These erotic crises may be very short and can repeat themselves several times in a day; they can also endure for hours.²⁸

Louis Genest reiterated the claim in 1920, adding that “erotic delirium” was common in older married, widowed and celibate women: “One sees often the sudden irruption of strange ardors in women who up until then had been rather cold and for whom sexual relations had procured only a very relative pleasure”.²⁹ But this change was not unique to women: Some men too became obsessed with sexual pleasure at age fifty. “One sees them acquire a taste for all sorts of sexual perversions: they become debauched and furnish a sizable contingent of cases of delinquency for crimes against morals before the correctional tribunals.”³⁰ Genest had an elaborate explanation of how the weakening of reproductive desire produced a kind of frigidity characterised by “perpetual excitation” or “an amorous appetite that nothing can surpass, and which is moreover rarely satisfied”.³¹ This was a sort of “erotic spasm” that could lead to no peace. “Once a woman

²⁵ Medvei, *A History of Endocrinology*, 15.

²⁶ De Moulliac, *Contribution à l'étude de l'âge critique chez l'homme*, 18.

²⁷ De Mussy, “L'érotisme de la ménopause,” 591-595.

²⁸ “d'autres fois, elles se font sentir pendant le jour, en dehors de toute provocation extérieure, de tout entrainement de l'imagination, dans des circonstances mêmes qui sembleraient devoir écarter les aberrations sensitives. C'est au milieu de leur famille, de leurs enfants, debout, en voiture, au milieu des étrangers que ces sensations irrésistibles viennent chercher les malades, accompagnées ou suivies d'impressions voluptueuses. Ces crises érotiques peuvent être de courte durée et se répéter plusieurs fois dans la journée.” *Ibid.*, 593.

²⁹ “Le délire érotique s'observe aussi bien chez les femmes mariées, les veuves, comme chez les célibataires. On voit soudain flamber d'ardeurs étranges de femmes qui jusque-là étaient restées plutôt froides et auxquelles les relations amoureuses ne procuraient qu'un plaisir très relatif.” Genest, *Comment prévenir et guérir les maladies du retour d'âge*, 138-66.

³⁰ “on les voit prendre goût à toutes sortes les perversions sexuelles: ils se débauchent et fournissent aux tribunaux correctionnels un contingent sérieux de délinquants pour attentats à la pudeur.” *Ibid.*, 142-143.

³¹ Genest, *Comment prévenir et guérir les maladies du retour d'âge*, 21-27.

accepts the end of her amorous life, things go better in every respect since sexual relations after menopause are not without danger.”³² This view appears consistent with other interwar writings on frigidity in which, rather than representing it as an absence of desire, constructed it as another form of perversion in fixating on clitoral pleasure instead of coital receptivity.³³

The association of menopause with sexual perversion was also consistent with the widespread view that mental derangement in general was more likely to occur in a woman’s life during periods of abnormal uterine activity. As early as 1805 the doctoral student Jallon had considered hysteria to be one of the symptoms of the *âge critique* in women, along with “hypochondria, melancholy, mania and epilepsy”.³⁴ The 1837 thesis by Harreaux made a more explicit connection between hysteria and menopause, proposing that it was the same action of uterine nervous energy in hysterics that caused many of the symptoms of menopause. But because the menopausal woman had an atrophied uterus, this nervous energy produced melancholic symptoms and hypochondria rather than the convulsive symptoms of the hysteric.³⁵

The association of menopause with mental illness appeared throughout the nineteenth-century, persisting even long after the uterine-atrophy model of menopause was overturned. For Luys, in a book about psychiatric treatment published in 1893, puberty, pregnancy and menopause were all times that could give rise to “psychical troubles of the highest order, and require the special attention both of the doctor and of the family.”³⁶ “Puberty, menstruation, the critical age, pregnancy, childbirth and lactation often give rise to intellectual and psychotic troubles,” asserted Emmanuel Régis in an influential 1906 *Precis of Psychiatry*.³⁷ Vailleteau de Mouillac went a step further in 1907, citing both Luys and the Italian psychiatrist Angiolella in support of the view that “the end of the menstrual period signals the explosion of certain morbid predispositions which until then have remained latent”, adding that “decadence commences at the very moment when the reproductive functionality begins to decline”, and hence the madness of menopause was “an expression of the subject’s degeneration.” (“*une expression de la dégénérescence du sujet*”).³⁸

II.

Following from the analyses proposed thus far about the nature of nineteenth-century French medical claims about the past, and about sexual difference, it might seem safe to assume that the only thing that changed in the history of ideas about women’s sexual aging at this moment was the invention of a new moral concern about ageing libidos, and a new worrying about women’s ageing in general, pressuring women to seek medical care for normal processes of reproductive change. Such indeed has been the implicit assumption of much of the international historiography on this question published since the nineteen-eighties, with only two other scholars considering any possible biological explanations for the sudden historical emergence of a menopause

³² “Lorsque la femme accepte la fin de sa vie amoureuse, cela vaut mieux à tous les égards car les rapport sexuels après la ménopause ne sont pas sans dangers.” *Ibid.*, 28.

³³ See Cryle and Moore, *Frigidity, an Intellectual History*, 232-237.

³⁴ Jallon, *Essai sur l’âge critique des femmes*, 63.

³⁵ Harreaux, *Essai sur une variété d’hypocondrie particulière aux femmes de l’âge critique*, 5-16.

³⁶ Luys, *Le traitement de la folie*, 177.

³⁷ Emmanuel Régis, *Précis de Psychiatrie*, 37.

³⁸ “la cessation de la période menstruelle donne le signal de l’explosion de certaines prédispositions morbides qui jusqu’à ce moment étaient demeurés latentes”; “la decadence commence au moment même où la fonctionnalité reproductrice commence à diminuer”. De Mouillac, *Contribution à l’étude de l’âge critique*, 19, 49-50.

symptomology.³⁹ It is wise in general not take medical accounts of the nineteenth century as representative of past women's bodily experiences, as indeed these were doctors' views, not necessarily those of their patients. However, menopause was rather different to most other neological categories of pathology introduced in this time in that it was specifically symptom-based. As Nancy Theriot has shown in relation to American nineteenth-century medical accounts of women's nervous diseases, doctors' accounts are indeed problematic sources for our appreciation of what may have caused women of the past to find themselves being treated for such disorders; but they are also rich sources when deconstructed in relation to the discursive tensions that helped to produce their understandings.⁴⁰ While disease categories were undoubtedly the terrain of medical professionals, and reflected the struggles among different specialists for the authority to treat women, descriptions of symptoms were often quoted from the words of the patients themselves.

Clearly, the doctoral theses were less richly patient-informed than the accounts of mature clinicians. However, even these soon-to-be-doctors were exposed to women's complaints through their placements in hospital wards or specialist clinics. Louis-Marie Lafontaine-Margariteau had been an interne of the civil and military hospitals of Angers even before defending his doctoral dissertation in Paris; Jean-Baptiste Nosely held a placement in the hospitals of Paris during his training; Léon-Paul-Louis Lund was an intern in the Maréville asylum in Nancy while undertaking his doctorate there.⁴¹ Some, such as Charles de Gardanne, were the sons of medical clinicians with high exposure to patient populations from early in their upbringing.⁴²

The renowned South African/Canadian medical anthropologist Joel Wilbush, who conducted both French historical and cross-cultural research on menopause in the nineteen-seventies and eighties, remarked that "Climacteric disturbances are almost entirely confined to Western societies".⁴³ That claim has since been complicated by the emergence of increasing data on non-Western women's reports of menopausal symptoms, but the idea of these symptoms as related to urbanization and industrialization, as well as to the conceptual view of menopause as pathological remains consistent with anthropological comparisons.⁴⁴ As anthropologist Lynnette Leidy Sievert emphasizes, we should not underestimate "the extent to which the meaning of menopause...varies across populations".⁴⁵ And indeed, anthropological studies on menopause in Japan, Thailand, North Africa and Pakistan indicate a wide variety of ways that women appear to experience the cessation of menstruation.⁴⁶

Wilbush drew attention to the likely changes in both biological and cultural pressures on bodily experience in late eighteenth and early nineteenth-century France that may have caused women to feel differently about menopause and report symptoms to their doctors in new terms. He noted that most of the nineteenth-century French medical writing on menopause revolved around the definition of a symptomology, rather than being based on clinical observation or production of anatomical evidence about specific biological mechanisms. He remarked, "Symptoms are, by definition, the complaints of the patient. They are distinct from signs which

³⁹ Delanoë, *Sexe, croyances et ménopause*, 19-61; Wilbush, "La Ménopause," 145-151.

⁴⁰ Theriot, "Women's Voices in Nineteenth-Century Medical Discourse."

⁴¹ Lafontaine-Margariteau, *Conseils hygiéniques aux femmes depuis leur*, 1; Nosely, *Dissertation sur l'âge critique*, 1; Lund, *Contribution à l'étude des cénesthopathies*, 1.

⁴² Gardanne the elder was "Docteur en chirurgie; ci-devant Membre du Collège et de l'Académie de Chirurgie de Paris". Gardanne, *Dissertation sur les avis à donner aux femmes*, 1.

⁴³ Wilbush, "La Ménopause," 145.

⁴⁴ Lock, *Encounters with Ageing*, 105; Flint, F., "Sociology and Anthropology of the Menopause," 4-5.

⁴⁵ Sievert, "Menopause across cultures," 421.

⁴⁶ Jones, Jurgenson, Katzenellenbogen and Thompson, "Menopause and the influence of culture".

consist of the findings of the examining physician,” which is not to say that they are without foundation in physiology, but merely that they constitute “a means of communication...not data”.⁴⁷ Menopause was a category defined almost purely by symptoms, and while doctors’ descriptions of their patients cannot be read unproblematically as reflecting women’s experiences, they also cannot be ignored as indicators of what was happening in women’s bodies. Unlike other medical neologisms of the nineteenth-century that named sexual perversions such as nymphomania, sadism, masochism and sexual frigidity, and unlike the texts which warned of the dangers of masturbation or of degeneration, the development of the medical concept of menopause referred continuously to patient-reportage.⁴⁸ The symptomatology referred to a broad range of conditions that were also found in men and in young women, and which could not be explained as due to anything specific about the cessation of menstruation, ranging from constipation, abdominal bloating, uterine hemorrhages, leucorrhoea and edema to melancholy, madness, gout, fatigue, back-aches and gastric reflux.⁴⁹

As Wilbush noted, one of the recurrent “accidents” of the critical age which many of the early nineteenth-century medical theses referred to were uterine hemorrhages, which became less common in medical descriptions later in the nineteenth century, and which were notably rare among the complaints of menopausal women throughout the twentieth century.⁵⁰ He proposed that these may have been a product of the use of purgative medications that were so popular among the European elites from the end of the eighteenth century and into the first decades of the nineteenth, but which went relatively out of vogue after this time.⁵¹ Notably the physician John Fothergill, one of the earliest British essayists on the topic of the climacteric in women — in a 1774 text which inspired many of the early French authors — blamed primarily these medications for most of the complaints of women after the cessation of menstruation.⁵² Gardanne, in his doctoral thesis of 1812 also warned against the use of purgative formula-medications such as Rufus pills sold by French apothecaries.⁵³ Here then is one plausible physiological reason for the emergence of novel symptomatic experiences among menopausal women, to which both Fothergill and Gardanne were explicitly responding. But even as some doctors claimed that the cessation of menses was not a pathology per se, others viewed it as indeed inherently nefarious, asserting that if the blood did not exit, it must therefore accumulate in a condition of ‘plethora’. Such was the view of Henri Guimbail who was a medical intern in the insane asylum of la Roche-sur-Yon in the Vendée and wrote a book about menopausal madness published in 1884.⁵⁴ In this work, he described the menopausal woman as caught between two inevitable undesirable states: “either seeing her organs congested, or submitting to disastrous hemorrhages via a contrary mechanism” (“*ou voir ses organes congestionnés, ou subir des hémorragies, désastreuses par un mécanisme contraire*”).⁵⁵ It seemed there was no peace to be had.

The anthropological psychiatrist Daniel Delanoë has suggested another biological cause for the sudden emergence of menopausal complaints among women in the nineteenth century,

⁴⁷ Wilbush, “What’s in a Name?,” 5.

⁴⁸ On nymphomania see Groneman, *Nymphomania, A History*; on sadism and masochism see Moore, *Sexual Myths of Modernity*; on and sexual frigidity see Cryle and Moore, *Frigidity, An Intellectual History*; on masturbation see Laqueur, *Solitary Sex*, and on degeneration see Pick, *Faces of Degeneration*.

⁴⁹ Nicaise, *Essai sur l’âge de retour chez la femme*, 8.

⁵⁰ Wilbush, “La Ménopause,” 147.

⁵¹ Wilbush, “Menorrhagia and Menopause,” 5.

⁵² Fothergill, “Of the management proper at the cessation of the menses,” 204.

⁵³ Gardanne, *Dissertation sur les avis à donner aux femmes qui entrent dans l’âge critique*, 30-31.

⁵⁴ Guimbail, *De la folie à la ménopause*.

⁵⁵ *Ibid*, 18.

remarking in his 2006 book *Sexe, croyances et ménopause*, that these may have been due to the lower number of children typically born among the French aristocracy due to the popularization of coitus interruptus. Fewer births are thought by some current gynecologists to raise the likelihood of uterine fibroid growth, which in turn can produce hemorrhagic bleeding and abdominal pain.⁵⁶ This might be a credible speculation, except that French women at the beginning of the twenty-first century tend to have even fewer children than they did in the nineteenth century, with fibroid formation effecting around thirty per cent of women by the time they reach menopause, and yet the specific complaints of hemorrhagic bleeding and abdominal pain in menopause appear far less common today than they were 150 years ago. Fibroids may be entirely asymptomatic and need not result in abnormal bleeding. They are common too among women of mid-reproductive age, not merely those close to menopause, and current scientific consensus about what causes them remains divided among several hypotheses, which include pregnancy, but also genetics, infection-history, early menarche, stress, metabolic dysregulation, cadmium bioaccumulation, as well as caffeine and alcohol intake.⁵⁷

Other new physiological pressures may have caused women to experience symptoms of ageing differently among nineteenth-century elites. One of the recurrent themes in many medical works on menopause published throughout the nineteenth century was the comparative consideration of women's experiences in bourgeois versus peasant life. L.J.S. Jallon was a doctor from Orléans who defended one of the very earliest French medical theses on the "critical age" in women in 1805. He claimed to have personally consulted a great number of women in villages in the countryside, who all told him they had no notable health problems following the end of their menstruation.⁵⁸ He attributed their lack of difficulty to being "women who lived according to nature" (*femmes qui ont vécu suivant la nature*), defined as both having had children, and living an active and laborious life (*une vie active et laborieuse*). City women, by contrast:

develop these worrying, anomalous afflictions...that bring to their thoughts so much trouble, to their tastes so much bizarreness, to their spirit so much weakness, to their soul so much pusillanimity, to their actions so much capriciousness and inconstance; which sometimes condemn the remainder of their existence to pain and tears.⁵⁹

The main culprit, in his view was sedentary life (*la vie sédentaire*).⁶⁰ Peasant women were accustomed to the rigors of heat and cold, strengthened by hard work, eating only what restored their force, and sleeping only when their bodies were fatigued. For these reasons, their end of menses was barely noticeable. Urban women, by contrast, remained trapped inside their apartments, working only in petty occupations that only ever exercised their fingers; sleeping-in each day until the sun was high in the sky, "barely daring to take the occasional stroll". Hence, they were punished by a critical age full of limpness (*la mollesse*) and apathy.⁶¹ Joseph-François

⁵⁶ Delanoë, *Sexe, croyances et ménopause*, 28.

⁵⁷ Khan, Shehmar and Gupta, "Uterine Fibroids: Current Perspectives," 95-96.

⁵⁸ Jallon, *Essai sur l'âge critique des femmes*, 13.

⁵⁹ "se développent ces affections inquiétantes et anormales... qui portent dans leurs idées tant de trouble, dans leurs goûts tant de bizarrerie, dans leur esprit tant de faiblesse, dans leur âme tant de pusillanimité, dans leurs actions tant de caprice et d'inconstance ; qui condamnent quelquefois tout le reste de leur existence à la douleur et aux pleurs." Jallon, *Essai sur l'âge critique des femmes*, 12-13.

⁶⁰ Ibid, 36.

⁶¹ Ibid, 36.

Garnier in 1820 prescribed exercise for the alleviation of menopause symptoms, arguing that the internal organs were unable to function properly without this stimulus. But he also recommended that women prone to hemorrhages avoid vigorous activity, warning that too much exercise caused a “weakening of the economy” with nervous affections more likely to develop.⁶²

Charles Gardanne’s thesis of 1812 also recommended mimicry of peasant diets for the management of menopausal symptoms, since rural women appeared rarely troubled by the cessation of menstruation. He considered this to entail avoiding “foods that were too rich and heating, as well as the excitatory, opiate or purgative medications” (“*nourriture trop succulente et échauffante, ainsi que des médicaments excitants, opaciés ou purgatifs*”) and instead favoring “light foods, taken as much as possible from the vegetables, ripe fruits, citrus and berries” (“*d’alimens légers, pris autant que possible parmi les végétaux, les fruits mûrs, doux acidules, les fruit rouges*”) as well as moderate fish and white-fleshed meat.⁶³ Jacques-Philippe Labarraque’s 1827 thesis on menstruation argued that menopause was generally without danger “among women who had fulfilled nature’s wishes, who did some form of exercise and who lived without recourse to excesses” (“*chez les femmes qui ont rempli le vœu de la nature, qui font un certain exercice et qui ne se livrent à aucun genre d’excès*”), as was usually the case among women of the countryside. On the other hand: “rich city women” (“*les riches citadines*”), whose lifestyles were lazy and inactive, who breathed unhealthy air, and whose health was destroyed by “the fire and turmoil of passion, the profusion of delicacies, the abuse of perfumes and the use of liquor” (“*dont la santé est détériorée par le feu et le tumulte des passions, la profusion des mets, l’abus des parfums, l’usage des liqueurs*”), could expect to have a terrible “*époque critique*”, with much emotional suffering and disease.⁶⁴

The theme endured well into the mid-nineteenth century. Lafontaine-Margariteau’s doctoral thesis of 1835 drew a radical distinction between healthy, robust, hard-working peasant women, and “*les femmes des villes*” who were in general “feeble, raised for the most part in limpness and in bad habits” (“*chétives, trop élevées, pour la plupart, dans la mollesse et dans de mauvaises habitudes*”); “their food almost always bad, their habitations even more defective” (“*leur nourriture presque toujours mauvaise, leur habitation des plus défectueuses*”), especially on account of living in “low and humid places” (“*des lieux bas et humides*”).⁶⁵ Louis Chandelux in 1850 counterpoised the urban middle-class with the peasant lifeway similarly along an axis of active versus inactive, chaste versus libertine, sober versus intemperate, rich versus poor, indoor air of the salons and attics versus the outdoor air of the paddock. All these factors, he thought, “exerted a far too obvious influence over the important function of menstruation for them not to matter in its duration” (“*exercent sur l’importante fonction de la menstruation un empire trop manifeste pour qu’elles ne retentissent pas sur sa durée*”).⁶⁶

The ideal peasant theme has been remarked upon by most of the historians and feminist researchers who have considered French medical discourses about menopause. Joel Wilbush described it as a product of the romanticized views of agrarian life that emerged in the early nineteenth century, following Rousseau’s model of ideal natural humanity.⁶⁷ Gender historian Mary Lynn Stewart assimilates it to the late nineteenth-century declining birth rate that

⁶² Garnier, *Considérations sur l’âge critique*, 24-26.

⁶³ Gardanne, *Dissertation sur les avis à donner aux femmes*, 28-29.

⁶⁴ Labarraque, *Aperçu physiologico-pathologique sur la menstruation*, 13-14.

⁶⁵ Lafontaine-Margariteau, *Conseils hygiéniques aux femmes*, 6-7.

⁶⁶ Chandelux, *L’Age critique de la femme (ménopause)*.

⁶⁷ Wilbush, “Menorrhagia and Menopause,” 8.

preoccupied political elites, resulting in hygienists' celebration of mothers of numerous children.⁶⁸ Christine Théré has approached it as a reflection of male doctors' suspicion of the relative liberties for cultural entertainment, intoxication, exotic consumer goods, as well as opportunities for sociability and public life enjoyed increasingly by elite women in nineteenth-century urban centers.⁶⁹ Indeed, examples can be found of clearly moralistic views of menopausal symptoms among urban women who had apparently enjoyed too much of life's pleasures. Chandelux summarized this idea as follows:

Women who are used to all sorts of delights, all the pleasures of the senses, who have lived an unproductive life, feel far more than others the privations of this time...They are tormented by vapors and hysterical episodes: The passions of the past cost dearly. (*Beaucoup payent alors les anciennes passions.*)⁷⁰

But while there is no denying the moral elements in the discourse of decadent bourgeois menopause, it is also possible that these doctors were, in other respects, reflecting genuine differences in women's reported accounts of menopause at this time, which resulted from important changes in the experience of bodies moving from agrarian to urban (especially sedentary) lifeways. The influx of rural populations into the urban centers of France from the 1830s on, and the burgeoning of both the industrial working classes and of the leisurely middle-classes in this period, made new forms of sedentary work habits the norm for larger numbers of people than ever before.⁷¹ This may have disproportionately impacted women. As Susan Foley has noted, ideals of women's labor as appropriate only for sedentary pursuits along with the use of corsets among nineteenth-century elites meant that many women were more than ever subject to intense bodily restrictions of movement.⁷²

Medical works on menopause indeed often railed at length against corsets as one of the major causes of women's pelvic symptoms in the critical age.⁷³ Joseph-François Garnier in 1820 claimed that corsets caused the digestive disorders of which many women complained in menopause and noted that the restriction inhibited all the main functions of the viscera.⁷⁴ Jacques-Philippe Labarraque in 1827 recommended women in menopause to engage in light exercise, avoiding crowds, and to wear loose clothing without a corset.⁷⁵ Louis-Marie Lafontaine-Margariteau in 1835 claimed that corsets caused vaginal infections, which in turn caused many of the later symptoms of menopause.⁷⁶ Gustave-Adolphe Plihon in 1859 noted that corsets inhibited the function of the organs and hence were contraindicated for women approaching

⁶⁸ Stewart, *For Health and Beauty*, 132-133.

⁶⁹ Théré, "Âge de retour et retour d'âge," 54-55.

⁷⁰ "Les femmes habituées aux jouissances de toute espèce, aux plaisirs des sens, qui ont passé une vie oisive, sentent bien plus que les autres les privations de cet âge.... Elles sont surtout tourmentées par des vapeurs et des accès hystériques". Chandelux, *L'Age critique de la femme (ménopause)*, 18-19.

⁷¹ Harrison, *The Bourgeois Citizen in Nineteenth-Century France*, 135, 168.

⁷² Foley, *Women in France Since 1789*, 31.

⁷³ Labarraque, *Aperçu physiologico-pathologique sur la menstruation*, 18-19; Castan, *Hygiène de l'âge de retour*, 48-49; Gensse, *Les Quatres âges de la femme*, 112-121.

⁷⁴ Garnier, *Considérations sur l'âge critique*, 20-24.

⁷⁵ Labarraque, *Aperçu physiologico-pathologique sur la menstruation en général*, 18-19.

⁷⁶ Lafontaine-Margariteau, *Conseils hygiéniques aux femmes depuis leur naissance jusqu'à l'âge critique*, 15.

menopause.⁷⁷ Dr Castan, a urologist from Béziers at the turn of the twentieth century attributed all pelvic pain in menopause to the wearing of corsets.⁷⁸

But the most vociferous opponent of corsets was the singular female expert-writer on women's physiology at the fin-de-siècle, Mme A. Gense, about whom little is known. Her 1899 book on the *Four Ages of Woman (Les Quatres âges de la femme)* cited a vast medical literature on the negative effects of corsets on the function of women's organs, detailing which types of stays were the worst culprits in restricting blood flow, crushing the intestines, and promoting the atrophy of the abdominal musculature.⁷⁹ Gense considered gastro-intestinal disorders to be among the primary complaints of women in the critical age, which might explain the special place she gave to condemnation of corset-wearing among menopausal women.⁸⁰

Many nineteenth-century doctors considered alcoholic consumption to be a major aggravating factor in women's menopause symptomology. It appeared among the list of things to avoid in menopause in the works of Gardanne, of Labarraque, of Nicaise and of Genest.⁸¹ Guimbail remarked that the dyspeptic symptoms many women were reporting in menopause were entirely a product of their common abuse of alcoholic beverages for the alleviation of physical ailments, and complained that they were often even prescribed such beverages by their physicians.⁸² Indeed, Gustave-Adolphe Plihon's doctoral thesis of 1859 recommended that anemic women eat a rich diet with meats and alcoholic liqueurs.⁸³ As the social historian Thomas Brennan showed, the development of railways in the nineteenth century resulted in tremendous growth in wine distribution throughout France, with official tax records indicating a three-fold increase in wine consumption between the 1830s and 1890s. New forms of more potent alcohol appeared in this period too — France had long produced concentrated spirits for export but historically had low patterns of consumption mainly for medicinal usage. But in the nineteenth-century, spirit beverages became popular recreationally among the elites, often distilled from grain or beets.⁸⁴ As Brenner noted, much of what is known about the history of French alcohol consumption concerns urban populations, and they were probably significant local variations according to the prevalence of viticulture in specific regions. An 1850 survey cited by Eugen Weber indicated that most peasants drank no wine at all though some occasionally drank spirits.⁸⁵ In any case, the doctors who wrote about menopause noted no substantial alcoholic consumption among peasant women, whereas they worried greatly about urban women's consumption of liquors in menopause.

Undoubtedly too, many French urban women in this time indeed lived far more indoors than outdoors, engaged in far less physical activity than peasant women; and among the elites, consumed more food in general, with less fresh produce and a greater proportion of their calories deriving from refined carbohydrates as well as alcoholic beverages.⁸⁶ In 1825 the gastronome

⁷⁷ Plihon, *De la ménopause (âge critique)*, 22-30 ; Sauvé, *Réflexions sur l'âge critique*, 3; Castan, *Hygiène de l'âge de retour*; Valleteau de Moulliac, *Contribution à l'étude de l'âge critique chez l'homme*, 31.

⁷⁸ Castan, *Hygiène de l'âge de retour*, 48-49.

⁷⁹ Gense, *Les Quatres âges de la femme au point de vue physiologique*, 112-121.

⁸⁰ *Ibid.*, 104-5.

⁸¹ Gardanne, *Dissertation sur les avis à donner aux femmes*, 27; Labarraque, *Aperçu physiologico-pathologique sur la menstruation*, 14, 18; Nicaise, *Essai sur l'âge de retour chez la femme*, 20; Genest, *Comment prévenir et guérir les maladies du retour d'âge*, 152.

⁸² Guimbail, *De la folie à la ménopause*, 63.

⁸³ Plihon, *De la ménopause*, 31.

⁸⁴ Brenner, "Toward the Cultural History of Alcohol in France," 73-74.

⁸⁵ *Ibid.*, 77. Weber, *Peasants into Frenchmen*, 144-46.

⁸⁶ Stearns, *Fat History*, 153-154; Macmillan, *France and Women 1789-1914*, 27; Chevalier, "The Queen's Coffee and Casanova's Chocolate," 191-208.

Jean Anthelme Brillat-Savarin described the emerging problem of the over-consumption of flour and starch-based foods, particularly sweets and pastries, among the elites, noting that “obesity is never found among savages nor in the classes of society where one works to eat and where one only eats to live”.⁸⁷ Numerous doctors writing on menopause, particularly in the late nineteenth and early twentieth century, described it as a period of increased obesity, noting the tendency for sedentary women to thicken around the waist in the critical age.⁸⁸

It is also likely that many bourgeois women were compromising their sleep quality increasingly due to the introduction of street lighting in urban centers, nightlife activities among the bourgeoisie (balls, banquets, restaurants), and the use of electric lamps in the final decades of the nineteenth century. A very successful Parisian clinician Sébastien Guyétant writing in 1870 considered “worldly women” (“*les femmes du monde*”) to be suffering from greater emotional stress and physical discomfort in menopause than “simple peasant women” (“*les simples paysannes*”) largely as a result of their greater time spent awake at night and consequent loss of sleep.⁸⁹

All of these lifestyle changes may indeed have contributed to a novel physiology of menopause bodily experience. Recent biomedical research has continued to name both hypercaloric low-fiber diets, lack of exercise, and obesity as implicated in menopausal symptoms and in increased markers of ageing generally.⁹⁰ Chronic sleep deprivation has been found to have a profound impact on inflammatory biomarkers, obesity, hormonal regulation and mental health.⁹¹ And a growing body of research has shown improvements in the health and subjective experience of sedentary women in menopausal transition with the introduction of regular exercise alone.⁹² Chronic sedentary behaviors have of course been found to compromise metabolic and cardiovascular health in general, which is now considered one of the major culprits of accelerated ageing in people whose work entails all-day sitting.⁹³ French doctors at the beginning of the nineteenth century were undoubtedly often influenced by normative ideas about appropriate gender behavior and a morally conservative suspicion of novel forms of consumption and feminine independence. But they may also have been witness to a relatively sudden shift in the corporeal lifeways of women in the development of urban intensification and socioeconomic change. They should not globally be taken as examples of “the stupid nineteenth century” (*le stupide dix-neuvième siècle*).⁹⁴ Nor should we assume that the new menopause symptomology

⁸⁷ “L’obésité ne se trouve jamais ni chez les sauvages ni dans les classes de la société où on travaille pour manger et où on ne mange que pour vivre.” Brillat-Savarin, *Physiologie du Goût*, 44.

⁸⁸ Genest, *Comment prévenir et guérir les maladies du retour d’âge*, 104-112; Menville, *Conseils aux femmes à l’Époque de l’âge de retour*, 14-15; Pauchet, *L’Automne de la vie*, 29.

⁸⁹ Guyétant. *L’Âge de retour et la vieillesse*, 217-18

⁹⁰ Dormire and Howharn, “The effect of dietary intake on hot flashes,” 255; Brończyk-Puzoń, Piecha and Nowak et al, “Guidelines for dietary management of menopausal women with simple obesity,” 48.

⁹¹ Leproult and Caüter, “Role of sleep loss in hormonal release and metabolism”; Beccuti and Pannain, “Sleep and obesity”.

⁹² Gao, Gao and Zhang, “Effects of walking on body composition in peri-menopausal and postmenopausal women,” 928; Wang, Shan, and Li et al, “Tai chi exercise for quality of life in a peri-menopausal women organization,” 294; Conti, Brito Jde, Bernardes et al, “Positive effect of combined exercise training in a model of metabolic syndrome and menopause”.

⁹³ Katzmarzyk, Church, Craig and Bouchard, “Sitting time and mortality from all causes,” 998; Edwardson, Gorely and Davies et al, “Association of sedentary behaviour with metabolic syndrome,” e34916; Hamilton, Hamilton and Zderic, “Sedentary behaviour as a mediator of type 2 diabetes,” 11; Füzéki, Vogt and Banzer, “Sedentary behaviour and health,” 148.

⁹⁴ Daudet, *Le stupide dix-neuvième siècle*.

was purely a constructed medical imaginary with no contribution from subjective patient experience. In developing menopause as a cluster of ill-defined patient-reported symptoms, rather than as a top-down mechanistic theory, French medical ideas about reproductive ageing may actually better indicate to us something of the experience of nineteenth-century bodies than do other gendered medical constructs of this same time. The nineteenth century was a dramatic time both for the elaboration of new medical concepts, but also for significant changes in the corporeal lifeways of French women. It seems likely that their experience of the end of menstruation was influenced by both.

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