

Final Prescriptions: Menopause, Old Age and Exercise for Nineteenth Century Women

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The importance placed by Victorian doctors upon honing the female reproductive process and preserving the health and strength of women for maternity was bound to affect their attitude toward the significance of menopause and old age. ‘The most peculiar features of a woman’s life are hers for a limited period only,’ said Dr. Napheys, “and once this epoch draws to a close her main function is over.”

Attitudes toward the aging female body in the late nineteenth century were profoundly influenced by the machine paradigm of the body and the idea that an old and less efficient apparatus was of little use to society. It followed that representations of the menopause made to women often equated that period of transition from fertility to infertility as the passage to becoming an “unperson.” Since menopause marked the end of fertility, attitudes toward that event reflected the status of women in society and the value attached to their reproductive capacity. For a woman, the physical stigma of aging were often seen as, not only the harbingers of the cessation of fertility, but the end of social usefulness. Partly as a consequence of such attitudes, female old age, notes Stearns, still remains as unheeded in the historical literature as it may be in life.

Studies examining the ways in which medical theory and practice have functioned as a social force to shape and limit the options and roles available to late nineteenth century women have tended to focus upon medical advice for girls and young mothers. Less is known about those women “beyond reach of sexual storms,” women whose thirty-year pilgrimage of potential childbearing was over. A large reason for this is probably due to the fact that only fifteen per cent of women lived beyond their fertile years. For those who did, however, medical advice about appropriate physical behaviour, including exercise, embodied social ideas about the aging body and the decreasing physical usefulness to society of women as they grew older.

Women who survived beyond forty often believed that menopause marked the beginning of a period of depression, of heightened disease incidence and of early death. In line with the understanding that disorders of the reproductive system were the source of almost every female disease, physical and mental, some establishment physicians blamed most of the diseases associated with aging upon the menopause. Thus, physical decline, bodily and mental disorders and diminished functions came to be emphasized as the general characteristics of the onset of menopause. There simply were no great expectations for women whose vitality was viewed as having already largely ebbed away with the menses, and repeated pregnancies and childbirths. When a woman’s usefulness was seen to be ended, she was described as “less of the woman she was than a man is a man at the same time of life.” Sometimes described in the medical literature as a terminal illness, menopause came to be viewed as the “death of the woman in the woman.”

To physicians in the latter half of the nineteenth century, the perceived disorders of menopausal women, whether childless or not, as well as changing ways of viewing old age, rendered the aging woman a challenging candidate for medical attention. Systematic treatment was seen to be required for the general sufferings of all women at the change of life, and it was the duty of physicians to give considerable attention to such problems. Their increased attention to the medical care of the elderly

was in part due to extensive medical discussion about the negative aspects of male senescence which had been stimulated by Quelelet. His work and that of pathologists in the Paris School of Medicine revealed specific disease entities of old age and suggested that senescence was more than just a last gasp of energy before the vital force was finally spent. If disease was a discrete condition of the old, the entire stage of senescence then became a distinct phase and a medical problem for women as well as men, requiring constant physician care. In terms of caring for the elderly, the physician thus assumed the role of expert and every aspect of the senescent's routine became subject to this approval.

American and English physicians appeared to agree with the French experts that the climacteric and senescence required considerable medical attention, but they retained a strong belief in the nature of old age as a depletion of vital energy about which you could do very little if it had already been spent. "The energy of life," said Jacques, "is in inverse ratio with its duration" and this notion tended to inform the late nineteenth century physician's daily interactions with the senescent.

If some doctors questioned why athletes often lived longer than the very inactive despite having "spent" so much energy or why the very young were able to demonstrate less energy than those in early adulthood, such inconsistencies did not appear to cause most establishment physicians to abandon the vital energy theory. They continued to believe that the weakness of old age was the result of one's life energy having been already spent. Drained of energy, the perceptions of the senses dimmed, motor skills weakened, and debilitation and disease inevitably followed. Thus the more wisely people spent their final portion of energy, the more likely they would be to resist disease and maintain a healthy senescence.

This was the reasoning that establishment physicians used in advising aging females, regardless of their present state of health. Where lifestyle habits were discussed, activity, foods, and occupation were all considered valid professional questions, and diet and exercise were particularly prominent among the medical therapies offered. A correct regimen worked to make the body less susceptible to the senile illnesses and gentle exercise for menopausal women was considered useful to redirect the blood supply, and activate the natural tendencies of the body to prolong health and equilibrium. Certainly, a continuation of a life-long habit of moderate exercise was seen to be conducive to mental and physical well-being, if not postponing indefinitely the infirmities and deformities of old age. Ultimately, however, it was agreed that these could not be diverted.