The Girl in the Medicine

Gender, Youth and Illness in Sweden 1870-1930

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Introduction

In the late nineteenth-century, the poor health of girls was a popular topic in Swedish medical discourse. Like in countries such as France, Germany and United States, numerous articles, talks and addresses about the health of girls were published in medical books and in medical and sanitarian journals. It was a well-established opinion that a substantial number of Swedish girls suffered from various diseases and ailments. “The girls are sick, weak and overstrained,” one physicians claimed. One of the most common diseases among female adolescents in the latter half of the nineteenth-century was chlorosis. The causes of chlorosis were disputable, but most doctors agreed that sex, heredity, age and status were factors that could be considered. In addition, conditions of life such as mental strain, badly ventilated rooms, inactive and idle lives, nutrient-poor or too little food and unhealthy, tightly laced clothes were seen as contributing factors. Girls from the middle and upper classes were believed to be the primary victims of chlorosis.

The poor health of girls was not only discussed within the medical profession. A lively debate took place among Swedish politicians and educators, hence the topic was up for discussions in the Swedish Parliament and in annual meetings with the teachers’ association. The professional interest in the health of girls and all children and youths, should be seen in the light of major transformations in society as well as in the gender order. The woman question is familiar to most historians. In the last decades of the nineteenth-century, there were more single women between the ages of twenty and forty than ever before, which obviously caused worry and confusion over how all these women should be provided for. Women also fought for civil rights and gradually gained access to higher education, attained majority and the right to vote. The public sphere became more accessible to girls and women, thus the gender order was threatened and would successively alter. In addition, educational reforms followed the onset of industrialization. More children were going to school for a longer period of their lives. Mass-

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coeducation was under debate and the question was whether girls could be educated as and together with boys. What would the health consequences be?

Directing its gaze toward children gathered at schools, the medical profession became increasingly interested in the impact of schools and schooling on children’s health. In particularly they searched for differences in the health between girls and boys. Physicians expressed their direct interest in defining the organization of schools and successfully, in consensus with other experts of society, gained control over the screening of children’s health. This is but one example of the significance of the medical profession’s authority in various social questions. Indeed, physician’s opinions and notions of gender, youth and health would deeply implicate several parts of Swedish society in general, and the rights and possibilities for girls especially.

The main purpose of this thesis is to study and analyze how concepts of childhood and adolescence were constructed in scientific medicine during the period 1870 to 1930. Scientific knowledge is not independent of social and cultural contexts and a point of departure in this thesis is that, conceptions of illness and gender are changeable and created in certain historical and social contexts. Since girlhood, as well as womanliness, is defined in relation to boyhood and manliness, neither can be understood without the other. In trying to reach an understanding of how these norms and notions of gender and youth were created, I will study, if, and how they altered around the time at the turn of the century. Yet, the variability of the concepts and the categories created by the doctors complicates or even makes a comparison of this type of diffuse sickness impossible.

Medical historians have mostly focused on how the medical science in the late nineteenth-century constructed two different sexes – woman and man – with biologically based different roles and tasks in life. They have also explained how this system, built on a male norm and a separation of the sexes into two spheres, had implications in a societal perspective. Medical arguments were for example used to legitimize women’s subordination and prevent them from access to higher education and high status professions. Whether children and youths were subjected to these gender stereotypes – as weakly, sickly and fragile women or powerfully and healthy men – has not yet been thoroughly explored. Most attention within medical history has been paid to the nineteenth-century medical concentration on the sickly woman. Others have also implied how male doctors medicalized women’s bodies and declared women biologically unfit for a life in the public sphere. Thus, medical arguments were used to prevent female emancipation. Finally, several researchers have pointed out an improvement in female health after the turn of the century. Changing roles for women in society, a scientific development with new methods and treatments and more women physicians who questioned contemporary conceptions of womanhood and the female sex, are some common explanations. That there should have been a specific “need” for sick girls and women before the turn of the century but not after,
is a peculiar contradiction. In addition, very little has been written about conceptions of boys in medicine and of their specific health issues. Therefore, I intend to focus on the medical discussions about girls and boys during the period studied. I believe the only way to reach a better understanding of girls’ diseases, is to also examine boys’ diseases. A discourse analysis is central in this thesis and discourse is understood as a collection of statements, concepts and notions of a reality, which shows what is possible, or not, to express. Discourses exist through words and practices. Consequently, in this thesis, printed texts and performed medical examinations have been studied. Source materials consist of medical books and journals for professionals and lay public, published health studies on schoolchildren and, to some extent, case records from two Swedish spas.

The sick girl 1870-1900

The present study is divided into two major parts, each with three empirical chapters. The focus in the first part is to study the sick girl as a stereotype in 1870-1900. It is here shown that children, and in particularly adolescents, were defined as gendered creatures with the same characteristics as adult women and men. Puberty was defined as a precarious phase in life. Pubescent girls were seen as most vulnerable to external stress such as mental strain (from studies) and physical demands (home chores and sedentary work). Physicians claimed that ill health inevitably followed when girls were educated in the same way as boys. The discussion of the sickness of girls must be seen in the light of the coeducation debate which was going on in many European countries and in the United States. Those opposing higher education for young women stressed the severe effects of the mental strain like direct illness, loss of feminine characteristics and a threat to their reproductive function as future mothers.

However, the discussion about how schools and schooling were destroying the health of the pupils was not only about the sick girls. It was about the dangers of schools as physical places and schooling as potentially hazardous processes, and the educational system posing a threat to all children and adolescents. In fact, in the School Hygienic movement, boys and their health were discussed too. Boys did also become overworked and sick from spending long days in unhygienic schools and, like girls, they suffered from headaches, chlorosis, nose bleeding, near-sightedness, disordered digestion and fatigue. The collective disease entity was referred to as school diseases. Nevertheless, it was girls, not children in general, who occupied the interest in the medical discourse and in popular medicine specifically.

Late nineteenth-century ideas about the pubescent girl and the concern about the widespread sickness of girls, made physicians increasingly interested in finding out more about the real numbers of the sick. Substantive investigations were still scarce. The first ones
were performed in the 1870s when schoolgirls were studied and examined in order to understand how, and to what extent, they were affected by education. However, it was not until the 1880s, when a large-scale study based on physical examinations of more than 11,000 schoolchildren was carried out, that doctors would get a greater insight in the health of both boys and girls. The results were used in order to understand the relationship in sickness and health between boys and girls and between children from different social classes.

According to the investigative Committee, Swedish pupils were in a bad condition indeed. This large-scale physical examination showed that more than 60 percent of all female students in some way were sick or in a bad condition. In comparison, 45 percent of all boys were not well. The most common ailments for both girls and boys were overstudy, anemia, headaches and disordered digestion. It was also shown, that poorer children were substantially inferior in weight as well as in height. Using categories of supposed widespread illnesses and symptoms of ill-health, the doctors also found what they were asking for. If other categories had been chosen and other diseases categorized in the studies, the results may have been different. This means that these studies from the past should and can only be seen as products of a particular period and not necessarily as reliable statistics or fair images of the real health status of children. In addition, had masturbation, commonly described as a boys’ disease, been included in the forms, the sick ratio between girls and boys probably would have been different.

Chapter seven focuses on common themes in the texts on girls’ health and girl’s diseases – overstudy, chlorosis and dress reform. It was the coeducation debate that spurred a lively interest in the effects of schooling on girls. Would they be overstrained by intellectual work and would it mean it could be harmful to their reproductive organs, the doctors wondered. The questions were many and revealed what doctors knew – and did not know – about female (and male) biology. Intellectual (from demanding studies) or physical (from sedentary work or bad posture) exhaustion was equally alarming for the girls. With a stronger body and a better biological starting position, boys were not as exposed to overstrain as girls were. However, too much physical activity, like sports and competitions, could do a great deal of harm to the young male body.

Chlorosis as a disease, common characteristics and victims and its disappearance in early twentieth-century, has already been paid a great deal of attention within research. As a rather one-dimensional phenomenon, “The sick girl” has appeared in medical historical research. She has pretty much been presented in the same way as nineteenth-century doctors depicted her – middle-class, white, pubertal, weak, chlorotic and sick. Although not all historians have claimed that this picture was representative, few have actually questioned whether “the sick girl” corresponded to most, some or few girls in reality. As Marion de Ras suggested, perhaps late nineteenth-century discussions about the girls were
primarily a medical construct – an epidemic in discourse? My suspicion initially was that a more diverse picture of the girl and of chlorosis could emerge, if using a greater variety of sources.

Although chlorosis appeared mainly as a girls’ disease in medical books and in most medical and sanitary journals, health studies for example showed that chlorosis could also be a boys’ disease. In the large-scale examination of schoolchildren in the 1880s previously mentioned, slightly more than eleven percent of all boys were categorized as chlorotics. Even though girls were found to be sicker, it is a stunning fact that sick boys were rarely spoken of in medical discourse. In case records of patients treated at Swedish spas, chlorosis emerged as a wider diagnose than just applicable to girls. Many women, some of them older women, a few boys and a very small number of men, were diagnosed as chlorotics. My study thus challenges the so-called true nature of the disease.

Dress reform was another feature in late nineteenth-century discussions on the woman question. It was believed that many health problems among girls and women resulted from bad clothing. The corset was the doctors’ primary target. Tight lacing caused problems with digestion, menstruation, fainting and sometimes even chlorosis. Not to mention the pain and trouble with walking and sitting comfortably. It was also believed to threaten the reproductive health and in medical texts it was often expressed how tight lacing may pose a threat to future generations. What if these young women would be harmed and not be able to produce children? However, dress reform was not only a medical issue. Feminists also demanded an improved wardrobe for women and girls. In Sweden, like in many European countries, they were inspired by American dress reform movements and started their own associations. Unlike the doctors, they put the question of emancipation first. Unhealthy and physically inactive women could not take place in society competing with men in the public sphere.

Medical opinions on over study, chlorosis and dress reform could be interpreted as a concern for unhealthy girls as future mothers of the nation. However, it is not my intention to advertise doctors as vicious oppressors, as opponents of female emancipation. They did not intentionally describe girls as sicker than they really were. They did not only stress biological factors for girls’ illnesses. Instead, they often pointed out social factors and unequal circumstances of childhood and adolescence for girls and boys. While boys had more freedom and could play and run on their spare time, girls were assigned more chores and were bound to an indoor life. In my opinion many doctors showed a genuine interest for the well-being of the girls. One should not overlook the fact that the girls discussed in medical discourse were mostly middle class and could have been their own daughters. It is also evident that many of the doctors pointed out different conditions for girls and boys.
The new girl 1900-1930

In early twentieth-century, the scientific opinion of girls by professionals such as psychiatrists, doctors and social workers changed. Earlier research has also shown that medical theories of female inferiority from the previous century were challenged by new ideas of the female sex. More often, women were now represented as capable of mental and physical work. Thus, in the 1920’s, the ideal woman as she appeared in popular and medical literature, differed greatly from Victorian notions of womanhood. The new woman was not weak and ill but rather healthy and active. In its time, this change was stated and has also much later received a lot of attention in historical research. My point of departure was to study this claimed change of ideals and improvement in health from various sources.

According to articles in popular medicine, there was an obvious improvement in the health of girls and women. “The girls are bigger, stronger and better,” one doctor wrote. Many tended to agree. Physicians described how girls in the new century enjoyed an active life style, wore healthier clothes and no longer suffered from chlorosis. However, not all doctors shared this opinion. A dividing line between those who claimed the weakness of girls and those who emphasized the new, healthy girl became more evident after 1900. In this thesis, this disparity is discussed in terms of popular medical discourse and scientific medical discourse. In the latter, girls were still described as more sensitive and more frail than boys and as unfit for higher education and strenuous schoolwork. However, there was some opposition. For example, one of the first doctors to question the weakness of girls was Sweden’s first practicing female physician, Karolina Widerström. Like her American counterpart, Clelia Duel Mosher, she claimed there was no proof of an obvious gender difference neither in health, nor in capacity and aptitude for studies. But the importance of female doctors in this matter is complicated. Not all shared these new ideas about gender equality and girls as fit as boys for higher education.

Nevertheless, in scientific medicine the opposition to Widerström and those who shared her opinion was considerable. Even though “the sick girl” was mostly stressed within the School Hygienic discussion, which can be linked to the debate about co-education, the physicians in scientific medicine still maintained the differences between the sexes and the otherness of the girl. Actually, “the new girl” hardly appeared at all. Hence, the new girl – vivid, healthy and equal to the boy – was above all a construction in popular medicine, while the weak and sensitive girl as a stereotype prevailed in scientific medicine. The uniform medical discourse on girls from the late nineteenth-century thus dissolved.

In historical research the decline of chlorosis in the early twentieth-century, has been attributed to improvements in lifestyles, clothing and new options in society for women. Often based on popular sources, it has been assumed that the disease disappeared uniformly all over Europe and in the Unites States in just a few years. A close study of the Swedish medical discourse on chlorosis in the first decades of the twentieth-century reveals two
opposite views of the matter. On the one hand, the disease was on the decline or already extinct. For some doctors it was an obsolete disease, perhaps transformed into anemia, but for others it was still present and an urgent medical question. Doctors described the girls as healthier and health studies were no longer as focused on finding chlorosis, in some it was no longer even a category. On the other hand, chlorosis did not disappear in the medical reality over one night. Still in the 1920s and 30s, some physicians wrote about it as a frequent ailment among girls and sometimes even boys.

To find out more about girls’ diseases in the beginning of the twentieth-century, I examined health studies from the period. A number of changes in the medical discourse on sickness and health of girls and boys during in this period occurred. First, concepts of sickness and health were modified over time. What was defined as illness in late nineteenth-century was not necessarily interpreted as such a few decades later. In addition, fewer schoolchildren were considered sick which could be explained by new ways of defining illness. For example, former school diseases like headaches or nose bleeding were no longer at the center of the medical interest. In its place, contagious diseases and more distinctive and measurable conditions such as tuberculosis, caries, chronic conditions and defects on vision and hearing, took place as main categories in the health studies. If children really became healthier is on the other hand hard or impossible to establish since these health studies are not comparable. Secondly, a shift toward an interest in schoolchildren from lower social classes took place. Middle class girls were not in the center of attention as before. The nineteenth-century conviction that the use of mind posed threat to other organs and that over study for girls could have pathological consequences, were seriously undermined. Finally, in the beginning of the period studied, girls were sicker than boys were, but in the end, in the 1930s, there was no obvious gender difference. Both sexes seemed equally sick (or healthy).

Conclusions

To sum up the results of this thesis, the historical debate on youth, gender and sickness and specifically girls’ diseases, strikingly resembles discussions of sick girls, anorexia nervosa and eating disorders in our own time. According to feminist writers, psychologists, physicians, sociologists and journalists, there has been an epidemic of eating disorders, of anorexia nervosa and bulimia nervosa in the Western world. Most seem to believe that the phenomenon is modern, bound to female puberty and caused by a combination of biology and social circumstances. However, modern experts are as helpless as doctors of nineteenth-century were in the search for causes, explanations and treatments.

The main purpose of the thesis was to study how experts constructed concepts of children and youths in the Swedish medical discourse at the turn of the century. Since the
construction of gender, not girls, is the primary issue here, medical ideas of girls and boys have been studied. Swedish physicians took part in a wide-ranging public discussion that focused on the effects of schools and schooling on children’s health. As they emphasized the universal nature of adolescence and conceptualized puberty as a traumatic and risky stage of life, they also tended to focus on middle-class girls. These gendered notions persisted all through the period studied, but more and more some doctors, Karolina Widerström, for example, began to question them. In a gender perspective, it is obvious how medical opinions interplayed with societal interest in keeping the sexes apart and maintain the male norm. As Kathleen Alaimo put it: “Scientific and clinical analysis was incorporated into social commentary.”

Nevertheless, by the turn of the century, the former uniform discourse on sick girls dissolved. The disappearance of chlorosis and the entry of new and healthy girls in popular medicine are shown as examples of a greater diversity of opinions within the medical profession. While some historians have argued for the disappearance of the sick girl as a stereotype in medical discourse or even claimed that girls became healthier, this thesis shows that the change was neither all embracing, nor actual on all sides among the professionals. In the School Hygienic debate, co-education was still a burning question, and medical experts continued to label girls as the weaker sex, as unfit for higher education. In doing so, medical arguments of female weakness and physical inferiority, would reinforce women’s particular place in society, as wives and mothers. Over all, the medical interest in searching for sex specific differences diminished. In health studies for example, more attention was paid to social class or poverty as risk factors and in some studies, girls and boys were no longer separated in different categories.

Concerning the sickness of girls in the late nineteenth-century, most historians have seen it as real and widespread even though statistics are scarce and not comparable over time. In my view, it is not the question of whether chlorosis was prevalent among female adolescents or whether girls were sicker than boys were. It was a more complex issue than that. By studying the medical discourse and the arguments for the supposedly radical shift of ideals and descriptions of girls, it was evident that different sources gave different answers. Popular medicine first abandoned the stereotype of the sick girl, nevertheless she was still ideologically important in the School Hygienic co-educational debate in the first decades of the twentieth-century. The fact that boys’ diseases were rarely spoken about, even though they were also found to be sick and subjected to the same diseases as the girls, reveals that there was no political or ideological interest in stressing their illness or the weakness of male adolescents. Thus, the male norm could be maintained.

Several combining developments altered the medical discourse after the turn of the century. Surely, improvements in the conditions of life for women, more rights and possibilities, an emphasis on the social question and a more diverse and specified medical
science with new actors and techniques, were contributing factors. In addition, some women doctors, but not all, who entered the medical profession at the turn of the century made efforts to change the medical notion of girls. Even if girls actually became healthier, or if “the new girl” merely reflected a changed medical discourse, the gender order, as well as the power structure, was after all unaltered.

Finally, constructions of gender and illnesses changes over time and have to be seen in a cultural and social context, as Joan Jacobs Brumberg and Karin Johannisson and others have already stressed. It is hence relevant to question the present-day medical opinion about a “genetic component” in anorexia nervosa. If this genetic vulnerability of girls would exist why then did girls in the beginning of the twentieth-century gradually become healthy? Why did the gendered difference in illness vanish and why did the medical discourse on female adolescence finally dissolve? Many questions remains and deeper understanding would demand studying the medical discourse on children and youths from a gender perspective during the twentieth-century – that is in times of no epidemics of girls’ diseases.