

# Faulty Bodies, Faulty Women: The Rise of Endometriosis, 1861-1949

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## Introduction

This project investigates medical research from the 17th century to the early-20th century, with a particular emphasis between the years of 1860-1949. Several famous surgeons and pathologists at the time, including Carl Rokitansky, Friedrich von Recklinghausen, Thomas Cullen, and John A. Sampson, proposed theories and ideas as to the cause of endometriosis, ranging to faulty embryonic development to defunctive uteruses. During the rise of endometriosis research in the US, pain was presumed as the main symptom of this condition. However, a physician by the name of Joe Vincent Meigs gave way to the belief that to cure endometriosis is to marry and procreate early in a woman's life. His research influenced further endometriosis studies in the US, particularly during the 1940s and 1950s as a result of increased medical funding during World War II, as well as the first popular culture portrayals of the disease in 1948. By investigating infertility due to endometriosis at a time when women were earning their liberation, Meigs inevitably linked the disease to traditional gender norms and household duties. Infertility is thus framed as a "failure of being a woman," as her ovaries and uterus were being destroyed by this new "enigmatic" disease. A feminist disability studies investigation of infertility questions issues of stigma, impairment, and ability, which has historically placed the burden on women over men. Infertile women are thus pathologized as having dysfunctional bodies and are thus seen as lesser women when analyzing endometriosis in relation to women's political stature in the late-19th to early-20th century.

## "A Healthier Race": Joseph Vincent Meigs and Endometriosis as Punishment

While previous researchers focused on the pain resulting from endometriosis, the Boston physician Joseph Vincent Meigs theorized the implications of infertility and the status of women due to the disease. The chair of the gynecology department at Harvard Medical School and an instructor of surgery, Meigs would single-handedly change how physicians treated endometriosis throughout the remainder of the 20th century up until today. While much of his research and practice were devoted to hysterectomies for cervical cancer, Meigs was heavily involved in the research of endometriosis from the 1920s to the 1950s. Meigs saw private patients at various clinics as well as public patients at Boston General Hospital. As a gynecologist, Meigs was noted for his hospitality and generous bedside manner. To him, endometriosis was a "riddle" that needed solving. However, his views toward women and the causes of endometriosis directly contradicted what first-wave feminism fought so hard for only a few years earlier.

Meigs was greatly concerned about the future of the white race. First-wave feminism, he theorized, caused the decline in white birth rates as women became more educated and gained some agency of their reproductive choices. According to Meigs, the most "superior minds" of the nation came from white, upper-middle-class families engaging in traditional gender roles for women. "It is our duty to reproduce ourselves, for according to many investigators only an occasional man or woman of large intellectual stature springs from the uneducated and supposedly not so intelligent class. It is from us, the really educated, that most of the superior minds develop" (Meigs, "Treatment" 2). The fault of endometriosis was placed on the women who were diagnosed with the disease, as Meigs contended endometriosis was a form of punishment for delayed childbearing.

Meigs believed that in order to solve the "riddle" of endometriosis—a riddle that confounded gynecologists who treated women in pain—feminist lifestyles had to be abandoned not only for the health and wellbeing for the women who suffered from it, but also the wellbeing of a nation on the conclusion of war. The future generations were dependent upon women's abandonment of education and their careers in favor of early and frequent childbearing. Meigs stated,

"The importance of endometriosis is in its accompanying infertility among those who by their training and education attempt to plan their marriages on the basis of security from financial worries, and their child-bearing [sic] not upon biologic laws but the rules set down by the society in which they live. To these people conformity with the 'Joneses' is more important than the production of the best children of the nation." ("Treatment" 2)

Meigs not only blamed feminism and women's education for the increasing rate of endometriosis among private patients, but also alcohol and tobacco, restrictive diets, self-interest, economic conditions, the instability of marriage, and the "corruption of children" ("Treatment" 2). Earlier proposed theories for the causes of endometriosis, such as menstrual regurgitation and the Wolffian theory, did not explicitly argue that women's lifestyle choices caused the growth of these lesions. Meigs' research, however, was the first to posit that women's agency was the cause for their suffering and that they did, indeed, deserve to be punished.

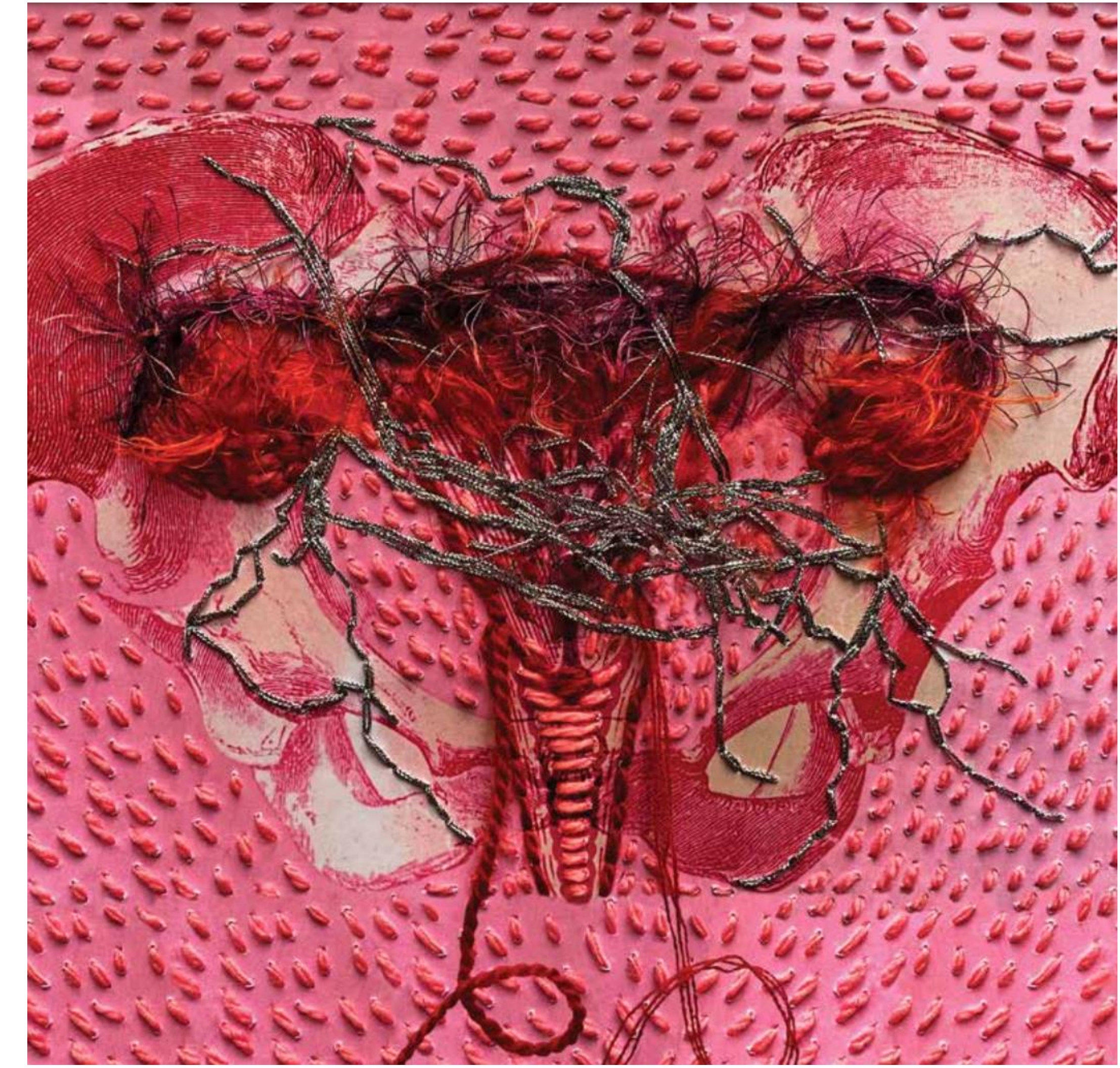


Image description: Red and pink artwork detailing barbed wire wrapped around a uterus. Photo courtesy of *The Pain Dictionary* (Project V, 2021).

## Normalizing a Uterus: Endometriosis and First-wave Feminism

From the belief that dysmenorrhea was a symptom of hysteria to the theory that feminism and education for women caused infertility, endometriosis is undeniably tied to women's citizenship and sociopolitical roles in the U.S. When analyzing the history of dysmenorrhea and endometriosis, along with Meigs' white genocide theory, endometriosis functions at a unique point where infertility dictates the social roles that were available to these women. At a time when "unwanted" populations within the US, such as African Americans, immigrants, and women, were being regulated through misogynist, racist, and ableist tactics, endometriosis was used to further marginalize and subjugate women who did not meet these Western patriarchal norms. In this sense, diagnoses of endometriosis also functioned as a backlash against the rise of first-wave feminism during the early-20th century. Women with endometriosis were therefore not seen as individuals with their own political agency, but rather belonged to the category of "moral children," as physicians like Meigs assumed that women were wholly responsible for their pain and suffering. Endometriosis exists at a unique point where infertility dictates the social roles that were available to these women. At a time when unwanted populations within the US were being regulated through racist and ableist tactics, endometriosis functioned as a backlash against the rise of first-wave feminism.

Endometriosis disrupts how infertility, womanhood, and disability are linked through the medical history of the disease from the late-19th century to the early-to-mid-20th century. Throughout Western history, women with endometriosis and dysmenorrhea were seen as "hysterical," "malingering," "neurotic," and "anxious" by both patriarchal gynecologists and psychiatrists. In terms of women's rights at the turn of the 20th century, first-wave feminism challenged these patriarchal notions of gynecology, which emerged from centuries of male control over gynecological health. While surgeons who dealt exclusively with the disease were becoming aware of the immense suffering and pain it caused, Meigs and physicians who were inspired by his work reversed the progress of their predecessors. Due to Meigs' work, endometriosis was now seen as the fault of the individual woman who delayed family life in favor of her education and career. Unfortunately, Meigs' narrative of the cause of endometriosis left millions of women to suffer for decades.

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