

ABSTRACT

Title of Document: THE MEDICALIZATION OF MENOPAUSE:
FRAMING MEDIA MESSAGES IN THE
TWENTIETH CENTURY

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This dissertation analyzes print media language in three newspapers (the *Washington Post*, the *New York Times* and the *Los Angeles Times*) and five magazines (*McCall's*, *Good Housekeeping*, *Ladies Home Journal*, *Reader's Digest* and *Time*) during the twentieth century to determine how menopause was "framed" and to what extent these news media contributed to its medicalization. A critical reading showed that these media reflected and solidified society's negative notions about menopause and contributed to the approach by the medical profession of regarding menopause as a hormone deficiency disease. While the news media are not all-powerful, they do contribute ideas over time, contributing to the formation of societal attitudes and practices. Historically, the heavy print media concentration of negative ideas about menopause, followed by a flood of information about the wonders of hormones – first, on aging, then on health and longevity – both mirrored and amplified public perceptions about women,

menopause, and aging, and contributed to its medicalization. The negative language often used imagery describing menopause as a time of wasting and non-productivity, and likened this normal stage in a woman's life to a siege of bad weather, or a cruel accident of nature. Along with negative metaphors, print media messages also conveyed that menopause was a hormone deficiency disease whose ravages could be erased with drugs, and that hormones could turn back the clock. The print news and feature media frequently relied upon male physicians as sources to bolster this view, a practice that reinforced the power of medical authority and supported a patriarchal view of women as patients. Important studies raised questions about the risks of hormone replacement therapy during this period, and were reported by the news media; however, the coverage of these potential dangers was dwarfed by the sheer volume of articles that conveyed the message that hormones were a good thing for women to take. This study shows how the print media used language to communicate ideas about menopause and aging.

THE MEDICALIZATION OF MENOPAUSE:
FRAMING MEDIA MESSAGES IN THE TWENTIETH
CENTURY

By

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DEDICATION

Dedicated To:

My children, Barra and Ben, who keep me strong.

The memory of my mother, Clara Bromberg Cimon, who never spoke of menopause, never took hormones, and lived 100 years.

The memory of the two Michaels in my life, Michael Rubin and Michael Gurevitch, who – separated by a half-century – showed me how teachers can change lives.

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CHAPTER 1: INTRODUCTION, BACKGROUND AND THEORETICAL CONTEXT

On Oct. 30, 1948, the *Washington Post* ran the tragic story of Mrs. Brownlee Nealy Peake.¹ Mrs. Peake, 38, an employee of the Woodward & Lothrop department store, plunged to her death from an eighth floor window, an act that police ruled a suicide. For most readers, this incident would have served as no more than a piece of routine albeit tragic news save for the observations of her husband, Keith C. Peake, a ladies' shoe salesman in the same store. He told police that his wife had been going through the menopause and had not felt well for several months, a personal speculation as to what prompted her actions that was dutifully included by the reporter who covered the story. At no point did the newspaper story address any other possible reasons for Mrs. Peake's apparent depression, nor did it raise the question of why Mrs. Peake might be experiencing menopause at such a young age (although one possible explanation is that women nearing 40 in 1948, when life expectancy was less than it is today, were regarded as "older.") The story simply conveyed the message – apparently without challenge from *Post* editors – that menopause was so awful it might well drive a woman to kill herself.

News media stories such as these raise important questions about the extent to which such notions about menopause represented (and contributed to) the predominant thinking of the time in American culture, and how they evolved and developed in the years that followed, ultimately leading to the perception of menopause as a scourge of

¹ "Women Leaps from Store's Eighth Floor," *Washington Post*, 30 October 1948, sec. A, p.7.

middle-aged women, and a hormone deficiency disease in need of treatment. To be sure, the symptoms of menopause can be horrible to the extreme for some women; at the same time, menopausal side effects for many can be minimal to quite benign.

The Power of Language

Language can hurt and language can heal; the media long have had a significant role in the dissemination of ideas through language. In this way, explicit or implicit messages circulated through the media, particularly ways in which ideas and subjects are framed, can contribute to creating events and forming opinions, values and goals, and also can come to stand for a body of ideas and concepts. James W. Carey, a leading advocate of cultural studies in mass communications research, wrote – reflecting the gender bias of the time – in his 1974 *Journalism History* article, *The Problem of Journalism History*:

When we study the history of journalism we are principally studying a way in which men in the past have grasped reality. We are searching out the intersection of journalistic style and vocabulary, created systems of meaning, and standards of reality shared by writer and audience. We are trying to root out a portion of the history of consciousness.²

Althiede et al. write that the mass media are major contributors to social definitions and loom large in searching for clues to public perceptions of social problems, issues, and routine, everyday concerns.³ Stempel, Weaver, and Wilhoit declare that journalism is “a vital source of the language that people in the past used to

² Guido H. Stempel, III, David H. Weaver and G. Cleveland Wilhoit, *Mass Communication Research and Theory* (Boston: Allyn & Bacon, 2003) citing Carey, “Problem of Journalism History,” 376. See also Eve Stryker Munson and Catherine A. Warren, *James Carey: A Critical Reader* (Minneapolis: University of Minnesota Press, 1997).

³ David L. Altheide, Barbara Gray, Roy Janisch, Lindsey Korbin, Ray Maratea, Debra Neill, Joseph Reaves, and Felicia Van Deman, Arizona State University, “News Constructions of Fear and Victim: An Exploration Through Triangulated Qualitative Document Analysis,” *Qualitative Inquiry* 7 (2001): 3, 307.

construct their social reality.’’⁴ Moreover, Walter Lippman in his classic 1922 *Public Opinion*, in a chapter about stereotypes, wrote:

For the most part, we do not first see, and then define, we define first and then see. In the great blooming, buzzing confusion of the outer world we pick out what our culture has already defined for us, and we tend to perceive that which we have picked out in the form stereotyped for us by our culture.⁵

Historians point out that ideas spread through the media have, in fact, contributed to popular notions and public responses about important and prevailing social issues. Stempel, Weaver, Wilhoit write:

David Waldstreicher, for example has described the interaction between political reading and popular street demonstrations and celebrations during and after the American Revolution. Thomas Leonard has explored the physical settings in which people read newspapers in the early American republic, suggesting how news reading shaped and was shaped by family and community life. Ronald and Mary Zboray have shown how newspapers helped to build political communities among women readers in antebellum Boston.⁶

If newspapers (and other media, such as magazines) influence ideas about politics and community building, it logically follows that they similarly would contribute to societal climate of attitudes and notions – whether factually accurate or not – about women, middle age and menopause. The importance of studying ideas and imagery specific to women is described by Carolyn Kitch, a former editor at *Good Housekeeping*, one of the magazines studied here, as one of several important approaches in studying women and media.

⁴ Stempel, Weaver, Wilhoit, 377.

⁵ Walter Lippman *Public Opinion* (London: George Allen & Unwin, Ltd., 1922) chapter VI, “Stereotypes,” available from <http://xroads.virginia.edu/~Hyper2/CDFinal/Lippman/ch06.html> accessed January, 2006.

⁶ Stempel, Weaver, Wilhoit, 377.

Many scholars, including this one, believe that it is still possible and necessary to point to the use of media stereotypes in the past to limit real-life women's options, and to consider the emergence and meaning of alternative imagery as well.⁷

Gaye Tuchman, in her important essay about female stereotypes, "The Symbolic Annihilation of Women by the Mass Media," contained in a 1978 collection of writings about women and the media, makes the point that prevailing attitudes about societal issues are mirrored within the media, pointing out that the mass media "with some culture lag... reflect dominant values and attitudes in the society. Second, they act as agents of socialization."⁸

Antonio Gramsci, an Italian (1891-1937) and prominent Marxist thinker, used the term *hegemony* to describe the predominance of one social class over others, not only through political and economic control, but also because of the ability of the dominant class to apply its own views of society and the world upon the underlings so that they accept it as "common sense" and "natural" – the way it is. Certainly menopausal women in this society could be said to be victims of hegemony since, for many years, attitudes about them came largely from the male-dominated power elite who prescribed and marketed hormones, and who for many years defined menopause – first as the beginning of a woman's deterioration into old age and later as a medical condition in need of treatment. Hegemony also could be said to work in the media with its traditionally male newsroom and editorial hierarchy, in which mostly male editors

⁷ Carolyn Kitch. "Changing Theoretical Perspectives on Women's Media Images: The Emergence of Patterns in a New Area of Historical Scholarship," *Journalism and Mass Communication Quarterly*, 74 (Autumn, 1997): 486.

⁸ Gaye Tuchman, Arlene Kaplan Daniels, and James Benet, *Hearth and Home: Images of Women in the Mass Media* (New York: Oxford University Press 1978), 37.

made decisions for years about how to cover and “play” stories about menopause, middle age and, later, the use of hormones.

Looking back, there is evidence that negative ideas about menopause were at work in American society more than a century ago. In the nineteenth century, women were living long beyond what was commonly referred to as the “change of life,” and had to confront its manifestations, real or imagined. For example, in 1881, a presumably well-meaning relative of Mary S. Logan (1838-1923), wife of Civil War General – and later Senator – John Alexander Logan, warned her in a letter:

...you are approaching a time of life when great changes take place in the female system; when it is necessary to carefully keep away tendencies to congestion of the brain, which are always imminent when natural discharges cease.⁹

Moreover, Jane Ussher, in her book *The Psychology of the Female Body*, added further credence to the historical presumption that menopause could prompt symptoms of mental illness, citing an 1848 work: “The... ‘change of life,’ as it is commonly called, frequently leads to periods of insanity...because certain functions then cease, and the constitution is thereby always more or less deranged.”¹⁰ In *Tokology, a Book for Every Woman*, Alice B. Stockham, M.D., acknowledged that menopause is “one of the scapegoats of physicians and bugbears of patients.” She wrote:

If any lady from thirty-five to fifty-five years of age is afflicted with dyspepsia, neuralgia, rheumatism, consumption or any other ailment, the doctor, not being able to cure her, pronounces it the menopause or ‘change of life,’

⁹ C.A. Logan to Mary S. Logan, November 27, 1881, container 6, John Alexander Logan Family Papers, Manuscript Division, Library of Congress cited at Library of Congress website, American Memory, American Women at URL http://memory.loc.gov/ammem/awhhtml/awmss5/science_med.html; accessed April 2005.

¹⁰ A. Morrison, *Outlines of Lectures on the Nature, Causes and Treatment of Insanity* (London: Longmans, Brown, Green and Longmans, 1848) 292; quoted in Jane M. Ussher, *The Psychology of the Female Body* (London and New York: Routledge, 1989), 104.

and that time alone can bring relief. Most women plan and expect to give up from eight to ten years of the best part of their lives to this climacteric period. They consider themselves of little account for business or social duties. They must be petted and nursed, and have every passing whim gratified.¹¹

Yet Stockham, who may have been ahead of her time, pointed out that there was no physiological reason for women to be controlled by these symptoms.

Convince yourself that there is no actual need of any indisposition connected with the 'change of life.' Forget all the traditions and teachings upon this subject, and learn that nature creates no pathological conditions, and that if you live according to her laws you can by no possible means experience suffering.¹²

The media landscape has been riddled with the diminution of women over the years, even in subtle ways, and from the most well intentioned of sources. Catherine L. Covert, for example, declared that journalism history long has been interpreted primarily through the lens of half the American population, namely men. Challenging these patterns, she maintained, requires an intellectual breakthrough to recognize many of these unconscious premises.¹³ Such blind spots can be found even among the most visionary and open-minded of theorists and journalists, both male and female, who, for example, persist in using *men* as a generic term (such as James Carey in his aforementioned quote) when what they really mean is *people*.

¹¹ Alice B. Stockham, M.D., *Tokology, a Book for Women* (Chicago: Alice B. Stockholm & Co., 1889), 276.

¹² *Ibid.*, 281.

¹³ Catherine L. Covert, "Journalism History and Women's Experience: A Problem in Conceptual Change," *Journalism History*, 8 (Spring 1981): 1, 2.

More recently, feminist media studies, using agenda setting as a theoretical context, have argued that media have the power to act as agents of change, or stasis.¹⁴ This has been especially true in the case of women's health, a subject that has drawn the attention of numerous action-oriented feminist researchers. Virginia L. Olesen, in a feminist declaration written for a 1975 conference on women's health, and reprinted in Denzin and Lincoln's book on qualitative research, argued that "rage is not enough," and called for "incisive scholarship to frame, direct, and harness passion in the interests of redressing grievance problems in many areas of women's health."¹⁵

Moreover, some researchers pointed out that the perspective of menopause as perpetuated by the media was not only consistent with the medical literature, but with a patriarchal ideology in which women were determined by their biology, i.e., their hormones, and that they were *diseased*. Gannon and Stevens wrote:

The experience that transforms women from being fertile and 'sexy' to being infertile and elegantly aged, is labeled as sick, bad and abnormal; and the cure for this illness is one that increases the profits of a favored patriarchal institution – the medical-pharmaceutical industry.¹⁶

They also argued that media presentation of medical and scientific information is generally "not the product of journalists trained in medicine reviewing medical research documents, but more typically, the repackaging of pre-packaged material."¹⁷

They noted that today, in our culture, women are regarded as inferior to men, dominated by biology, and that elderly women are regarded "as nuisances who unfairly

¹⁴ Oliver Boyd-Barrett, and Chris Newbold, *Approaches to Media, a Reader* (London: Arnold, 1995) "Feminist Studies of the Media," 388.

¹⁵ Virginia L. Olesen, *Feminisms and Qualitative Research into the Millennium* in *The Landscape of Qualitative Research*, ed. Norman K. Denzin and Yvonna S. Lincoln, (Thousand Oaks: Sage Publications, 2003), 332-333. See also: "Rage is Not Enough," *Women and their Health: Research Implications for a New Era* (DHEW Publication No. HRA-3138, 1975)

¹⁶ L. Gannon and J. Stevens, "Portraits of Menopause in the Mass Media," *Women & Health* 27 (1998): 3, 12.

¹⁷ *Ibid.* 12

use up valuable resources. Such values within the context of a highly medicalized society are consistent with elderly women being labeled, either implicitly or explicitly, as diseased.’’¹⁸ Gannon and Ekstrom described the medicalization of menopause as ‘‘medical imperialism’’¹⁹ because women and the elderly are easy targets for physicians and drug companies. Bell agreed, arguing that medicalization strengthens the cultural authority of medicine with the underlying message ‘‘that all menopausal women should seek medical help.’’²⁰

Women as ‘‘Diseased ‘‘

During the period between 1865 and 1920, two distinct classes of American women developed: upper class women, and working-class women. It was a period of rapid industrialization, urbanization and class polarization, with the industrial working class providing the labor that created the upper class wealth.²¹ The affluent class of women was regarded as ‘‘too weak and delicate for anything but the mildest pastimes, while working-class women were believed to be inherently healthy and robust.’’²² This industrial revolution period of American history – based on the exploitation of working people, women and young children included – enabled the wealthy man of the time to ‘‘afford a totally leisured wife,’’ one who became a ‘‘social ornament that proved a man’s success.’’²³

¹⁸ Ibid.

¹⁹ L. Gannon and B. Ekstrom, ‘‘Attitudes Toward Menopause, the Influence of Sociocultural Paradigms,’’ *Psychology of Women Quarterly*, 17 (1993) : 276

²⁰ S.E. Bell, ‘‘Changing Ideas: The Medicalization of Menopause,’’ *Social Science & Medicine* 24 (1987): 6, 539.

²¹ Barbara Ehrenreich, Deirdre English, *Complaints and Disorders, the Sexual Politics of Sickness* (Old Westbury, N.Y.: The Feminist Press, 1973), 11.

²² Ibid., 12.

²³ Ibid., 16.

Such boredom and confinement of affluent women spawned a climate of hypochondria or “female invalidism” that began in the mid-nineteenth century and did not completely disappear until the late 1910s.²⁴ Victorian society dictated that women be “chaste, delicate, and loving,” but acknowledged that beneath that exterior lay a complex network of reproductive organs “that controlled her physiology, determined her emotions, and dictated her social role.”²⁵

To be sure, women during this era, unlike men, *did* share certain health risks repeatedly throughout their lives from pregnancy and childbearing. Little was known about contraception or the importance of prenatal care, and obstetric techniques were far less advanced than they are today. A pregnant woman was “indisposed,” and male doctors, who had a stake in women’s illness, lobbied against the use of midwives “on the grounds that pregnancy was a disease and demanded the care of a doctor.”²⁶ Menopause was the “final, incurable ill.”²⁷ Attitudes of the time held that sickly women were feminine.²⁸ Women were urged to conserve their energy to protect their biological processes, and all female functions were viewed as “inherently sick.”²⁹ In this vein, the lifestyle most frequently advocated for young women past puberty was a routine of domestic tasks, such as bed-making, cooking, cleaning and child-tending; physicians believed this “would provide the best regimen for the full and proper development of her maternal organs.”³⁰

²⁴ Ibid., 17.

²⁵ Carroll Smith-Rosenberg, *Disorderly Conduct, Visions of Gender in Victorian America* (New York and Oxford: Oxford University Press, 1985), 183.

²⁶ Ehrenreich, English, *Complaints and Disorders*, 21.

²⁷ Ibid., 21.

²⁸ Ibid., 22.

²⁹ Ibid., 20.

³⁰ Smith-Rosenberg, *Disorderly Conduct*, 187.

Evolutionary Wisdom or Evil Villain?

Interestingly, some anthropologists have seen evolutionary advantages to menopause, attributing vast importance to “grandmothers” in society who help provide food for the younger members of society, including the younger mothers in need of support -- and who turn to the elder women, rather than to their mates.³¹ The word *crone*, for example, has come to mean something very different today than it did historically, one more example of how language influences ideas. In ancient times, when a woman did not bleed for a year and did not bear a child, people believed she held onto her “wise blood.” At that time, this crone became a respected elder, judge, teacher, healer, and leader. Her community respected her as a powerful and loving wise person who honored and cherished life.³²

But that was then, many centuries before older women became disposable and decrepit, then hormonally deficient, and the word *crone* took on a new, undesirable meaning. In recent history, the older woman often is synonymous with unpleasantness, even evil. Mother-in-law jokes are the staple of older male comedians. Some popular mainstream films, “The Graduate,” for example, cast older women as desperate and manipulative. Children’s literature and films – fairy tales such as “Hansel and Gretel,” “Cinderella,” “Sleeping Beauty,” even as recently as “The Little Mermaid,” – are rife with older women as villains, while heroines are young and pretty. In the film

³¹ Kristen Hawkes, and Nicholas Blurton Jones “Human Age Structures, Paleodemography, and the Grandmother Hypothesis,” in Eckhart Voland, Athanasias Chasiotis & Wulf Shiefenhovel (ed.) *Grandmotherhood: The Evolutionary Significance of the Second Half of Female Life* (chapter 6) (New Brunswick: Rutgers University Press, 2005) at URL http://books.google.com/books?id=sviHW7ftk7wC&pg=PA118&lpg=PA118&dq=kristen+Hawkes+and+Nicholas+Blurton+Jones+Human+Age+Structures&source=web&ots=8D5D_ZJk5W&sig=K9i144_iuJZgKjO4ePb6t4Ik3kQ&hl=en#PPA119,M1; accessed December, 2007.

³² J. Poppink, “Wise Blood to Wisdom Menopause: a New Awakening,” *Selfhelp Magazine* at URL <http://www.selfhelpmagazine.com/articles/women/awaken.html>, accessed September 8 2007.

classic ``The Wizard of Oz,’’ Dorothy’s nemesis , the Wicked Witch of the West, is an old ugly woman, while the wicked witch’s good counterpart, Glinda – the Good Witch of the North – is young and beautiful. Prior to the eighteenth century, in Europe, there is evidence that real women accused of being witches were, for the most part, older than 50, an age considered much older than it is today.³³

The Patriarchal Society

Gerda Lerner, who has chronicled men’s sexual, economic and political subordination of women, and the development of the patriarchal society, wrote that ``as long as both men and women regard the subordination of half the human race to the other as `natural,’ it is impossible to envision a society in which differences do not connote either dominance or subordination.’’³⁴ Lerner is a pioneer in creating an historical fabric of women, their stages of life and the value of their place in this society. William Henry Chafe, who has studied the history of women in the twentieth century, wrote that the principal assumption of sexual inequality was ``rooted within the social structure itself,’’ with the assignment of different responsibilities to each gender, men and women.³⁵ He wrote:

In tradition and in practice, most societies have developed an elaborate and segregated network of roles for each sex, with little interaction or exchange between the two. The division of labor, in most cases, has led to a division of authority as well. The expectation that males will make ``major’’ decisions is related directly to the activities carried out by men and women and the connotations attached to those activities. There may be no inherent difference between the value of holding a job and the value of keeping a house, but one has clearly been accorded greater weight and prestige than the other. Thus the very

³³ Gendercide Watch: European Witch-Hunts at URL http://www.gendercide.org/case_witchhunts.html, accessed June 18 2008.

³⁴ Gerda Lerner, *The Creation of Feminist Consciousness, from the Middle Ages to Eighteen- Seventy* (New York, and Oxford: Oxford University Press, 1993), 229.

³⁵ William Henry Chafe, *The American Woman, Her Changing Social, Economic, and Political Roles, 1920-1970* (New York: Oxford University Press, 1972), viii.

existence of different sets of activities for men and women has been a means of maintaining and reinforcing an imbalance of power between the sexes.³⁶

Historical Perspective

Throughout the nineteenth and twentieth centuries, health care was an important dynamic of the women's movement, largely because the medical system in the United States was dominated by men. Male doctors guarded reproductive technology and the means to safe pregnancy and childbirth. To be sure, a few women became doctors – Elizabeth Blackwell, for example, entered Geneva Medical College in 1847, opposed by most of the faculty, but supported by other students.³⁷ Throughout the next two decades, supporters of women in the medical profession founded several women's medical schools in New England, Pennsylvania and New York, including Blackwell's own Women's Medical College of the New York Infirmary in 1868.³⁸ But women physicians fell far short in numbers compared to their male counterparts. The 1920 American Medical Association directory, for example, listed only 40 of 482 general hospitals that accepted women interns, and from 1925 to 1945, American medical schools placed a quota of 5 percent on female admissions.³⁹ Training schools for nurses, on the other hand, flourished.⁴⁰ Moreover, in many ways, the physician/nurse relationship ``replicated the domestic sexual division of labor, placing authority in the hand of the male doctor and subordinating the nurturing roles of women.''⁴¹

³⁶ Ibid.

³⁷ Sara M. Evans, *Born for Liberty, A History of Women in America* (New York: the Free Press, a division of Macmillan, Inc. 1989), 105.

³⁸ Ibid., 106.

³⁹ Chafe, *The American Woman*, 60.

⁴⁰ Evans, *Born for Liberty*, 142.

⁴¹ Ibid., 142.

Women Reformists

Women's efforts to reform health care and medical education during the nineteenth and twentieth centuries occurred in concert with growing reform movements in other important areas. Women organized and participated in drives to improve education, to initiate prison reform, to ban alcohol, to gain the right to vote and, during the pre-Civil War period, to free the slaves.⁴² Between 1848, when feminists gathered at Seneca Falls, N.Y., and 1918, a time of war and increasing urgency for women to gain the right to vote, the women's movement had developed from an "isolated fringe group" into a "moderate reform coalition."⁴³ Women were deeply involved in social welfare causes, such as the establishment of settlement houses that offered social services to the urban poor. Many middle-class women joined women's clubs, a growing phenomenon that also "caught the contagious spirit of reform."⁴⁴ The women's clubs developed a variety of services, including fighting to open specialized schools to women, and sponsoring alternative medical facilities that providing training and jobs for women physicians and medical care for poor women.⁴⁵ Yet, for all the stirrings of the women's movement, there seemed always to be forces at work seeking to thwart them.

The "new bourgeois" woman and the era of the "flapper."

The late nineteenth century spawned the "new bourgeois woman" who was "confident and independent, a self-created urban expert," who "began to demand

⁴² Women's International Center, "Women's History in America," at URL <http://www.wic.org/misc/history.htm> accessed 24 June 2008.

⁴³ Chafe, *The American Woman, Her Changing Social, Economic, and Political Roles, 1920-1970*, 4.

⁴⁴ *Ibid.*, 16.

⁴⁵ Smith-Rosenberg, *Disorderly Conduct*, 175.

equality in education, in employment and in wages.’’⁴⁶ Many decided to forego marriage; nearly half of all college-educated women in the late nineteenth century never married, and those who did married later and bore fewer children.⁴⁷ Yet they were barred from traditional male fields; as a result, they moved into female professions such as teaching and nursing.⁴⁸ These ‘‘new’’ women also began to demand the vote, a process that men ‘‘began to view with alarm.’’⁴⁹ It was, therefore, not surprising that men of the period – and the male medical profession in particular – focused their efforts at ‘‘sexually regulating and socially controlling these seditious female figures.’’⁵⁰ The ‘‘new woman’’ of the nineteenth century was followed in the 1920s by the ‘‘flapper,’’ the young woman who ignored the achievements of her mother and grandmother, and only wanted to have fun.⁵¹ The nation was emerging from war and depression, and the sensuality of the flappers ‘‘marked a powerful current of behavioral and ideological change in American culture.’’⁵² Although still revolutionary, the notion of female sexuality was gaining public acceptance. At the same time, however, middle class culture continued to reinforce the ‘‘traditional goal’’ of marriage and family.’’⁵³

Womanliness developed a growing commercial dimension; marketing experts used female sexuality to sell all types of products, and magazines tutored women on how to have an attractive personality, continuing to stress traditional values of home and family. In 1921, the Miss America Beauty pageant introduced beauty as

⁴⁶ Ibid.

⁴⁷ Evans, *Born for Liberty*, 147.

⁴⁸ Ibid.

⁴⁹ Smith-Rosenberg, *Disorderly Conduct*, 176.

⁵⁰ Ibid., 181.

⁵¹ Evans, *Born for Liberty*, 175.

⁵² Ibid., 176.

⁵³ Ibid., 177.

competition, but emphasized that the ideal woman was not only feminine, but also could handle the responsibilities of homemaking and motherhood.⁵⁴

World War II and beyond: changes and challenges.

Before World War II, the woman's place was in the home. Her job was to cook and clean, tend to the children and keep her appearance attractive. Employment outside the home was seen as unseemly. World War II changed that attitude profoundly. When the United States entered the war at the end of 1941 – and millions of American men left to go overseas and fight – it became clear that America needed women to work wartime jobs. It became a national priority. World War II, unlike previous wars, was based on production. Millions of women were told it was their “patriotic duty” to join the labor force – and they did. Almost seven million women went to work for the first time; three out of four of them were married.⁵⁵ They helped build the airplanes, tanks and ships that were needed to fight Nazi Germany and the Japanese. “Rosie the Riveter” became a popular and familiar symbol of their efforts.

When the war ended, most expected these women to leave their jobs and return to their homes. But many women decided to keep working. With time, the number of employed married women continued to grow, partly as a response to inflation and increasing family needs, but also because of “a desire by many women to establish an identity beyond the home.”⁵⁶ Women did not want to give up their jobs to returning men and return home. Nor did they want to trade their wartime jobs for low-status sales and clerical positions. While their husbands were gone, many realized they could work, balance a checkbook and run the household, much as their husbands had done earlier.

⁵⁴ Ibid., 178-179.

⁵⁵ Chafe, *American Woman*, 246.

⁵⁶ Ibid., 246-247.

They felt more confident and less dependent on their husbands, an attitude that bothered many returning men. As a result, government and businesses campaigned publicly on radio and television for women to give men their jobs back. They framed it as women's "patriotic duty." Throughout the late 1940s and 1950s women were urged to resume their roles as homemakers and mothers. This campaign was successful to a point, but millions of married women in the 1950s still continued to work, and millions more entered the labor force in the 1950s and 1960s.⁵⁷

The war, in short, was a catalyst which broke up old modes of behavior and helped to forge new ones. As a result, work for middle-class married women has become the rule rather than the exception, and the content of women's sphere has been permanently altered.⁵⁸

By the early 1960s, many married women were increasingly unhappy with the contradictions they saw in their lives. They heard messages telling them that good mothers and wives did not work, yet many had to work to make ends meet. They were told that satisfaction and happiness came from enjoying their families and their femininity, yet many felt frustrated and unfulfilled – and they felt guilty about feeling that way. In 1963, Betty Friedan's book, *The Feminine Mystique*, prompted them to question the social and cultural messages touting their traditional roles. Friedan urged them to discover their own strengths and identities. The next wave of the women's movement had begun.

⁵⁷ "The Cold War and American Women in the 1950s" at URL <http://www.colorado.edu/AmStudies/lewis/2010/fifties.htm#Any> accessed 26 June 2008.

⁵⁸ Chafe, *American Woman*, 247.

Women's Health Reform

The efforts to reform women's health can trace their roots to the pre-Civil War era with so-called Popular Health Movement of 1830's and 1840s, a broad-based social movement that aimed to educate individuals about their health and how to prevent disease. The movement particularly targeted women, because they were seen as the caretakers of their families and communities.⁵⁹ Thus, it focused on health education and the promotion of healthy lifestyles, emphasizing such things as proper diet, exercise, dress reform – to eliminate tight-binding corsets – and sexual abstinence in marriage to limit family size. The Popular Health Movement also encompassed a backlash against formally trained physicians who promoted heroic treatments. Lay practitioners, including midwives, tried to return some degree of control to women as domestic healers and those who could provide “gentler” treatments.⁶⁰ Women formed societies that gave talks on health and hygiene, and promoted alternative health clinics, such as those that offered the “water cure.”⁶¹

During the post-Civil War period, with the growing women's clubs and associations and the establishment of several medical colleges for women, an increasing number of women went to medical schools. They ultimately made up six percent of all physicians in the United States, a small percentage to be sure, but one that would not be equaled again until recent years.⁶² These new women doctors challenged the notion that women were perpetually fragile, and that it was essential to “protect”

⁵⁹ Department of Health and Human Services, “The History and Future of Women's Health,” at URL <http://www.4woman.gov/owh/pub/history/2centuryc.htm> accessed 24 June 2008.

⁶⁰ Ibid., accessed 24 June 2008.

⁶¹ Ibid.

⁶² Ibid.

their reproductive organs by, for example, limiting the amount of formal education they received.⁶³ Since female physicians generally were not allowed to train and work in mainstream hospitals, they founded new women's hospitals, where both female physicians and nurses could be trained and employed.⁶⁴

Interestingly, the post-Civil War period also prompted a successful campaign to legally prohibit contraception and abortion. While often viewed as a campaign dominated by male physicians, it was in fact widely supported by women's clubs, associations, and female physicians who saw contraception as a way to encourage male promiscuity and the sexual exploitation of women. Moreover, abortion was regarded as an act of "lapsed women."⁶⁵ In fact, the success of the anti-contraception/abortion effort was framed as an advancement of women's status.

During the Progressive era, the birth control movement spearheaded by Margaret Sanger, fought to legalize contraception, and her establishment of the first American birth control clinic in Brooklyn in 1916 prompted a series of court decisions that ultimately led to the legalization and medical acceptance of contraception.⁶⁶ At the same time, a second women's health movement during the Progressive period paralleled the birth control movement, but held a fundamentally different view of women's roles and women's health. The maternal and child health movement was launched by public health professionals, women from the settlement movement, and a network of women's clubs. Rather than trying to prevent pregnancies, they promoted the notion of healthy motherhood by campaigning for improved and expanded prenatal

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid., accessed 11 May 2008.

care and child health services. This group successfully pushed for the establishment of the Children's Bureau as well as the first governmental support in this country for women's and child's health services through the Shepard Towner Act of 1921, legislation that significantly expanded the availability of prenatal and child health care.⁶⁷ Opponents tried but failed to kill the legislation by calling it "federal mid-wifery," and "official meddling between mother and baby which would mean the abolition of the family"⁶⁸ *Good Housekeeping*, one of the magazines included in this study, responded to the opposition with an article documenting the tragic toll in human life caused by maternal and infant illness, and obtained endorsements for the measure from thirty-four governors.⁶⁹

During the 1960s and early 1970s, as the next wave of feminism began to grow in the United States, a new theme emerged that focused on women, both as recipients of health care and professionals in the system. Baby Boomers clamored for sexual freedom, access to contraception and increased authority in making their own reproductive decisions, including the right to have an abortion. Feminists began to ask hard questions both about the quality of care that women received, and the roles they played as deliverers of health care in a profession long dominated by men. Lurie, et al. in a *New England Journal of Medicine* study, for example, concluded that women were more likely to receive the specialized care they required, such as Pap smears and mammograms, if they saw a woman physician, rather than a male.⁷⁰ "There is a

⁶⁷ Ibid. accessed 24 June 2008.

⁶⁸ Chafe, *American Women*, 27.

⁶⁹ Ibid., 27-28.

⁷⁰ N. Lurie, J. Slater, P. McGovern, J. Ekstrum, L. Quam, and K. Margolis "Preventive Care for Women: Does the Sex of the Physician Matter?" *New England Journal of Medicine*, 329, no. 7 (1993):478-482.

growing and substantial body of evidence that for a long time women's health issues have not received enough attention," Lurie told a *New York Times* reporter in the fall of 1993 after her study was published.⁷¹ Meanwhile, those same Baby Boomers who demanded reproductive freedoms in the 1970s would – 30 years later, as they themselves approached menopause – campaign for increased respect and "liberation" for older women, including a new openness and positive attitudes about the change of life.

Women as Research Subjects and the Women's Health Initiative

Women's health care activism in recent years also has zeroed in on women as research subjects. Traditionally, most medical research was conducted on men and extrapolated to women—if it could be extrapolated at all. Slowly, the medical establishment began chipping away at these restrictions. In 1990, the National Institutes of Health established its Office of Research on Women's Health, and began making the first real efforts to ensure that women were included in government-funded research.⁷² In 1993, the Food and Drug Administration removed a restriction that excluded women of reproductive age from human studies. The rule, in place since 1977, was established out of fear that women subjects might become pregnant, or that fluctuating hormones, menstruation, or the use of oral contraceptives or other hormones might confound study results.⁷³ More recently, gender differences in responses to medicines also have been recognized as an important area of study, and researchers have been encouraged

⁷¹ Elizabeth Rosenthal, "Is Women's Health Harmed by Medical Specialization?" *New York Times*, 13 October 1993, sec. A, p. 1.

⁷² National Institutes of Health (1993) Revitalization Act, from <http://www4.od.nih.gov/orsh/revitalization.pdf> accessed November, 2004.

⁷³ R.B.Merkatz, R. Temple, S. Subel, K. Feiden, D.A. Kessler, working group on women in clinical trials. "Women in clinical trials of new drugs. A change in Food and Drug Administration Policy," *New England Journal of Medicine*, (1993) 329(4):292-6.

(although not required) to include analyses of these differences in research results.⁷⁴

There was little attention paid to the health research needs of midlife women until April 19, 1991 when, in a watershed moment, Dr. Bernadine Healy, a heart specialist who was then director of the National Institutes of Health, told Congress that the federal government would conduct the most sweeping health study of women's health problems ever.⁷⁵ The study she described, to be focused entirely on women in midlife and older, would become the Women's Health Initiative (WHI), a pivotal women's health study of the effects of hormone replacement therapy (HRT). The first results of the WHI were released on July 9, 2002. On that day, officials from the National Institutes of Health called an early halt to the nationwide study because the preliminary results were so compelling – and so potentially harmful – that scientists believed it was unethical to continue. They immediately recommended that study participants stop taking the drugs.⁷⁶ The study described what researchers termed a small but significant risk of invasive breast cancer, as well as a similar increase in the chances of developing coronary heart disease, stroke, and pulmonary embolism among healthy study participants who were taking the medication – a combination of estrogen and progestin – compared to those randomly assigned a placebo.⁷⁷ The study did note some benefits from the drugs, including fewer cases of hip fractures and colon cancer, but declared that these benefits were vastly overshadowed by the risks. The WHI

⁷⁴ Cimon, Marlene, "Scientists Study Gender Gap in Drug Responses," *Los Angeles Times*, 6 June, 1999, sec. A, p. 1.

⁷⁵ Cimon, Marlene, "US Plans \$500 Million Women's Health Study," *Los Angeles Times*, 20 April 1991, sec. A, p.1.

⁷⁶ National Institutes of Health press release, Bethesda, Md. 9 July 2002.

⁷⁷ J.E. Rossouw, G.L. Anderson, R.L. Prentice, A.Z. LaCroix, C. Kooperberg,, M.L. Stefanick, R.D., Jackson, S.A. Beresford, B.V. Howard, K.C. Johnson, J.M. Kotchen, and J. Ockene, writing group for the Women's Health Initiative investigators; "Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the Women's Health Initiative randomized controlled trial." *Journal of the American Medical Assn.* (2002) 288(3):321-33.

confirmed what prior studies had raised about a relationship between hormones and breast cancer. Earlier studies, many of them in prestigious medical journals, already had suggested such a link.⁷⁸ At the same time, other research failed to show a relationship.⁷⁹ This contradiction further complicated an already confusing picture.

Post-WHI Uproar

Despite a history that suggested a link between HRT and breast cancer, the WHI results seemed to take everyone by surprise – and, at the time, were treated by the media as the final word. By any measure, media coverage of the WHI results was explosive, with prominent page one stories and countless follow-up features. Millions of women who had been taking hormone replacement therapy to relieve menopausal symptoms and to protect themselves from a range of health problems had to absorb the unexpected news that the risks from breast cancer, stroke – even heart attacks –

⁷⁸ L. Bergkvist, H.O. Adami, I. Persson, R. Hoover and C. Schairer "The Risk of Breast Cancer after Estrogen and Estrogen-progestin Replacement," *New England Journal of Medicine* (1989) 321:293-297. See also: G.A. Colditz, S.E. Hankinson, D.J. Hunter, W.C. Willett, J.E. Manson, M.J. Stampfer, C. Hennekens, B. Rosner, and F.E. Speizer, "The Use of Estrogens and Progestins and the Risk of Breast Cancer in Postmenopausal Women," *New England Journal of Medicine*, (1995) 332:1589-1593; J.L. Stanford, N.S. Weiss, L.F. Voight, J.R. Daling, L.A. Habel, M.A. Rossing, "Combined estrogen and progestin hormone replacement therapy in relation to risk of breast cancer in middle-aged women," *Journal of the American Medical Association*, (July 12, 1995) 274(2):137-42; F. Grodstein, M.J. Stampfer, G.A. Colditz, et al. "Post-menopausal hormone therapy and mortality," *New England Journal of Medicine*, (1997) 336:1769; A.Z. LaCroix, and W. Burke, "Breast Cancer and Hormone Replacement Therapy," *The Lancet*, (1997) 350, 9084:1042-1043; C. Schairer, J. Lubin, R. Troisi, S. Sturgeon, L. Brinton, and R. Hoover, "Menopausal estrogen and estrogen-progestin replacement therapy and breast cancer risk," *Journal of the American Medical Assn.*, (2000) 283:485.

⁷⁹ P.A. Wingo, P.M. Layde, N.C. Lee, G. Rubin, and H.W. Orv, "The risk of breast cancer in postmenopausal women who have used estrogen replacement therapy," *Journal of the American Medical Association*, (January 9, 1987) 257(2):209-15. See also: M.A. Cobleigh, R.F. Berris, T. Bush, N.E. Davidson, N.J. Robert, J.A. Sparano, D.C. Tormey, and W.C. Wood, Breast Cancer Committees of the Eastern Cooperative Oncology Group, "Estrogen replacement therapy in breast cancer survivors. A time for change," *Journal of the American Medical Association*, (August 17, 1994) 272(7):540-5; J.L. Stanford, N.S. Weiss, L.F. Voigt, J.R. Daling, L.A. Habel, M.A. Rossing, "Combined estrogen and progestin hormone replacement therapy in relation to risk of breast cancer in middle-aged women," *Journal of the American Medical Assn.*, (1995) 274(2):137-42; T. Bush, M. Whiteman, and J. Flaws, "Hormone Replacement Therapy and Breast Cancer: A Qualitative Review," *Obstetrics & Gynecology*, (2001) 98:498-508

appeared greater than the benefits. The story dominated the headlines for weeks, with features that explored the painful dilemma that women on hormones suddenly faced over whether to continue to take the drugs. Much of the coverage in the immediate aftermath of the release of the study results cited the opinions of numerous experts. Additional stories prominently featured the personal narratives of individual women who were struggling over what to do, and physicians who were urging them to remain calm.

Stories that followed the initial coverage continued to reflect a dramatic public reaction to the study results. These included attacks on the media for allegedly overstating the risks of hormone replacement therapy, and pieces critical of the press for having been taken in earlier by the aggressive marketing of drug companies and by the advice of physicians who had prescribed the drugs to millions of women.

One journalism review article authored by two former women's magazine editors took a harsh look at their own past behavior in accepting without challenge claims made by drug companies regarding the purported benefits of hormone replacement therapy. This article, which appeared in the *Columbia Journalism Review*, "The Wonder Drug that Wasn't," described how drug companies, especially Wyeth Ayerst, the maker of top-selling Premarin, Prempro and Premphase, routinely supplied women's magazine editors with information that overstated the benefits of the drugs, and ignored the risks.⁸⁰

The authors, former health editors at *McCall's* and *American Health for Women*, said they were provided with a steady stream of sources who described HRT's

⁸⁰ H.M. Felgran and A. Hettinger (2002) "The Wonder Drug that Wasn't," *Columbia Journalism Review*, available from <http://www.cjr.org/issues/2002/5/voice-felgran.asp?printerfriendly=yes> accessed October, 2004.

alleged heart benefits as if they had been established, and dismissed studies indicating that the medication might actually contribute to heart disease. They also wrote that these same experts downplayed HRT's breast cancer risk, and failed to reveal their own financial ties to the drug companies. The authors also pointed out numerous instances where articles in women's magazines simply stated the cardiac benefits of HRT as if they were a given. The belief that hormones protect against heart disease, a notion largely based on epidemiologic evidence, became an accepted benefit that found its way into many magazines without attribution to a source, or statistic, they wrote.⁸¹ Epidemiology is the study of the distribution of diseases in populations and of factors that influence the occurrence of disease, an important public health methodology. However, it is not an approach typically used to study the efficacy of drugs, which usually involves randomized controlled clinical (human) trials.

The late Marjorie Williams, writing on the op-ed page of the *Washington Post* the following fall, condemned the mainstream media for stressing the risks of HRT and minimizing the miseries of menopause. She singled out the *New York Times* – as well as the doctors quoted in one major story – for belittling the symptoms of menopause, and asked why the quality of life issue was so easily dismissed by the press.⁸² However, at the conclusion of her column she acknowledged her personal bias by describing a difficult menopause she endured resulting from the side effects of cancer chemotherapy. When one already is struggling with an invasive form of cancer, the risk of developing breast cancer in five years is not a priority, she wrote.

⁸¹ M.J. Stampfer, G.A. Colditz, W.C. Willett, J.E. Manson, B. Rosner, F.E. Speizer, C.H. Hennekens, "Postmenopausal estrogen therapy and cardiovascular heart disease," *New England Journal of Medicine* (September 12, 1991) 325 (11): 756-62.

⁸² Marjorie Williams, "Minimizing Menopause," *Washington Post*, 20 November, 2002 Sec. A, p. 25.

On the other hand, another personal tale, also in the *Washington Post*, described the writer's anger at discovering she might be among those statistics cited in the WHI results because of the failure of the medical community to adequately identify and warn her of the potential dangers.⁸³ Judy Openheimer, the author, had been diagnosed with breast cancer in August 2001. Prior to the WHI study results, she had no known risks for breast cancer – or so she had thought. With the release of the WHI, she discovered a heretofore-unknown risk factor: fourteen years on hormones.

After Robert Essner, the chief executive officer of HRT manufacturer Wyeth Pharmaceuticals, criticized the media for its coverage of the July study, Sheila Gibbons of *Women's ENews*, an online news service for women, examined the coverage by five major dailies and concluded there was little bias.⁸⁴ The newspapers' reporting closely followed the National Institutes of Health news release, quoting much of it word for word, Gibbons wrote, adding that she saw nothing in the material to confirm Essner's complaint of distortion. She found little hyperbole or hysteria among those quoted, or in supporting material reporters developed – if anything, there was clinical detachment, according to Gibbons. Considering the potential impact, Gibbons actually felt it would have been acceptable if the articles actually had a little more ``heat.’’⁸⁵

My own unpublished research of a half-century of *Washington Post* coverage of hormones found that the newspaper responsibly covered earlier studies of the potential breast cancer risk associated with HRT use, although it continued to deliver mixed

⁸³ Judy Openheimer, ``A High Price for HRT, ‘’ *Washington Post*, 13 August, 2002, Sec. F, p. 1.

⁸⁴ Sheila Gibbons, ``Drug Maker Should Take Chill Pill,’’ *Women's Enews*, (2002) at URL <http://www.womensenews.org>; accessed October, 2004.

⁸⁵ Ibid.

messages about the benefits and risks of hormones.⁸⁶ Despite the early reporting of the breast cancer risk, the *Post's* overriding message seemed to be that the alleged health benefits of HRT – protection against heart disease, osteoporosis, cognitive deficits, among other things – far outweighed the dangers. While mention of health risks began to appear increasingly in *Post* stories of the 1980s and 1990s, this same time span also marked growing coverage of HRT's purported health benefits.⁸⁷

In the aftermath of the WHI coverage, a *Nieman Reports* article explained that most of the earlier studies describing HRT's protective effects against heart attack and Alzheimer's disease were observational, a distinction that weakened their conclusions. Nevertheless, press accounts of these studies did not characterize them as such.⁸⁸ This is likely why the WHI, a National Institutes of Health-designed clinical trial with a large number of participants and controls, produced evidence journalists found convincing, and gave prominent coverage.⁸⁹

Immediately after the release of the WHI, columnist Ellen Goodman predicted “when they write the history of hormone therapy, you can bet they’ll begin with Robert Wilson,”⁹⁰ a reference to the gynecologist whose book, *Feminine Forever*, launched the widespread use of estrogen during the 1960s. Goodman offered a serious and responsible helping of her usual humor and good sense. Implicit in her language was the message that it was time for women to reject the notion of medicalization imposed

⁸⁶ Marlene Cimons, “Hype or Hope: Washington Post Coverage of Hormone Replacement: 1950-2004,” (2004) unpublished, also accepted Association for Education in Journalism and Mass Communication convention, Summer 2004.

⁸⁷ Ibid.

⁸⁸ Melinda Voss, “Why reporters and editors get health coverage wrong,” *Nieman Reports* (Spring 2003) 57 (1): 46.

⁸⁹ Ibid.

⁹⁰ Ellen Goodman, “Hormones Should Have Been Taken with a Dose of Skepticism,” *Washington Post*, 12 July 2002, sec. B, p. 15.

upon them by others and should rely, instead, on their own best asset – their collective wisdom.⁹¹

We have come far since Wilson declared that ‘all post-menopausal women are castrates.’ This generation of middle-aged women invented ‘post-menopausal zest’ and boasts, ‘These aren’t hot flashes, they’re power surges.’”

But most of us, I suspect, are still vulnerable to fears of aging, to hopes and hype for health. What we can take from this stunning chapter is that other side effect of age: experience. And with it a healthy dose of skepticism.⁹²

In the years since the initial 2002 study results, the media have continued to cover the hormone replacement therapy debate, further clouding an already murky picture by describing often conflicting or changing results.

Additional important reflections came with time. A month after the WHI was released, a lengthy piece in the *Washington Post’s* Outlook (opinion) section by David Brown⁹³ tried to put the results into perspective, specifically into the context of the changing world of medicine. He wrote:

In ordinary life, you don’t lose a lot of bets when you assume that things that look like ducks, walk like ducks and quack like ducks are ducks. And it’s a good thing, too, for it would be a tedious world if you have to prove the case for every broadbilled thing that waddled by.

Medicine, though, isn’t ordinary life. The experience of the Women’s Health Initiative study of hormone use proves that. In one blow, the experiment felled an idea that sounded so good, made so much sense and had so much duck-like evidence on its side that it had penetrated American medical practice to a virtually unprecedented degree. In the mid-1990s—the last time a good national estimate was made – 38 percent of post-menopausal women were using hormone replacement therapy. Many of them – the exact fraction isn’t known – were taking the medicine not because it made them feel better, but because their physicians advised them that it would help prevent disease, especially heart attacks, the leading cause of death for American women. The Women’s Health Initiative study of estrogen and progestin, however, found that on balance the hormones did more harm than good.

⁹¹ Ibid.

⁹² Ibid.

⁹³ David Brown, “First, Do the Trials. Then, Do No Harm,” *Washington Post*, 4 August 2002, sec. B, p. 1.

That such a huge piece of conventional wisdom was overthrown by a single medical experiment is a signal event that in the long run will be as important as the study results themselves. It is the latest triumph of 'evidence-based medicine,' a movement that may eventually transform medicine in the 21st century as profoundly as the discovery of antiseptics transformed it in the 19th century and the development of antibiotics did in the 20th.

Unlike those two revolutionary developments, evidence-based medicine isn't a specific insight or family of discoveries but an approach to knowledge and a strategy for improving performance. In a nutshell, it holds that medical treatments and disease-prevention strategies should be based on objective and unambiguous evidence – such as randomized controlled trials – to the greatest degree possible. Equally important, its advocates say, is the need to teach individual physicians to evaluate this evidence on their own. This is part of a general 'Question Authority' attitude very much outside the traditional culture of medicine, which has always put great emphasis on conformity and deference to experts.

With the recent study – and everything it's stirred up – there's a chance this subtle but immensely important movement may finally be coming to public attention. And not a moment too soon.⁹⁴

Women have always outlived men, even when their life spans were considerably shorter than they are today. A white female born in 1900, for example, could expect to live 48.3 years, while her male counterpart had a life expectancy of 46.3 years.⁹⁵ In contrast, a white female born in 2005 can expect to live 80.4 years compared to her male counterpart, 75.2 years. When women live that long, menopause is inevitable.

To understand the dramatic reaction to the WHI results as reflected in media coverage, it is necessary to examine the history of menopausal medicalization in this country, a trend that includes attitudes that encouraged the routine and widespread use of hormone replacement therapy for millions of American women experiencing

⁹⁴ Ibid.

⁹⁵ Centers for Disease Control and Prevention, National Center for Health Statistics, *Health, United States, 2007*, Table 27: 'Life expectancy at birth, at 65 years of age, and at 75 years of age, by race and sex: United States, selected years 1900–2005,' 175 at URL <http://www.cdc.gov/nchs/fastats/lifexpec.htm>, accessed June 18 2008.

menopause. It is also important to understand the history of women in this country, and their relationship to the health care system, and to society as a whole.

In the early 1900s two divergent opinions about menopause began to emerge, and persisted throughout the twentieth century.⁹⁶ “The first opinion has been that menopause is an illness, bringing a breakdown of body and mind. The second has been that menopause initiates a time of strength for women...”⁹⁷ Banner wrote, adding: “After World War I, however, although the optimistic sentiments were still to be found, they were overwhelmed by a cacophony of voices asserting that menopause equaled illness.”⁹⁸

Historically, the media have conveyed messages and themes that contribute to society’s attitudes and beliefs about various issues, in this case menopause and aging. HRT had been promoted by drug companies and the medical establishment since the early 1960s as a way of “curing” menopause, prolonging youth, and later protecting against heart disease and other ailments. Before the twentieth century, menopause was framed as a physiological crisis that could cause disease under certain conditions.⁹⁹ But in the twentieth century menopause began being defined as a deficiency disease, and its symptoms were attributed to estrogen deficiency.¹⁰⁰

The medicalization of menopause actually began before hormones were the subject of media attention.¹⁰¹ Bell’s examination of the medical literature between 1938 and 1941 showed that physicians began thinking of menopause as a disease

⁹⁶ L.W. Banner, *In Full Flower* (New York: Alfred A. Knopf, 1992), 274.

⁹⁷ Ibid.

⁹⁸ Ibid.

⁹⁹ Susan Bell, “Sociological Perspectives on the Medicalization of Menopause,” in *Annals of the New York Academy of Sciences* (New York: The New York Academy of Sciences, 1990), 173-178.

¹⁰⁰ Ibid.

¹⁰¹ Bell, “Changing Ideas: The Medicalization of Menopause,” *Social Science & Medicine*, 24 (6) (1987) :535-542.

during that period, not coincidentally the same time scientists began to realize that synthetic estrogen could relieve menopausal symptoms.¹⁰² At the time, there was no direct advertising to patients, or television promotion of drugs, as in recent years. There were, however, magazines, including those specifically targeted to women, as well as newspaper stories, columns and advertisements.

Hormones, Dr. Wilson and *Feminine Forever*

The medical and scientific communities were aware of the existence of natural women's hormones as early as the 1920s. In 1932, estrogen sulfate esters were extracted from pregnant mare urine. Since the early 1940s, commercial preparations from this material were available, although they did not come into widespread use until the 1960s. When Robert A. Wilson, MD, a practicing gynecologist, published his book *Feminine Forever* more than four decades ago, it unleashed the popular commercialization of estrogen and heralded the drug's reputation as an elixir of youth for menopausal women.¹⁰³ *Feminine Forever* chronicled the complaints of miserable husbands and their equally miserable wives, compared postmenopausal women to cows, and promised that hormones would be the answer to these afflictions. Throughout the 1950s and 1960s women had been told to fulfill their roles as loving wives and mothers, and men expected them to continue to do so. All of a sudden, as women confronted the changes in their bodies, their husbands confronted the changes in their wives. The messages from Dr. Wilson were as much to men as they were to women.

¹⁰² Ibid.

¹⁰³ Robert Wilson, *Feminine Forever*, (New York: M. Evans and Company, Inc, 1966).

“...Menopause must at last be recognized as a major medical problem in modern society,” Dr. Wilson wrote. “Women, after all, have the right to remain women.”¹⁰⁴ Menopause is when a woman’s body “ultimately betrays her” and “destroys her womanhood during her prime.”¹⁰⁵ It is when “...the very basis of her selfhood... crumbles in ruin.”¹⁰⁶ He added: “But now, at last, medicine offers a practical escape from this fateful dilemma.”¹⁰⁷ Paradoxically, in light of what was to come, he also declared that estrogen therapy, “far from causing cancer, tends to prevent it.”¹⁰⁸ Inviting all women to share in the new biological destiny offered by estrogen, Dr. Wilson predicted “they will never suffer menopause. Instead of being condemned to witness the death of their own womanhood during what should be their best years, they will remain fully feminine – physically and emotionally – for as long as they live.”¹⁰⁹

Dr. Wilson’s book solidified the medicalization of menopause, a process that already had been underway and growing for many years. Rather than accept and support the notion that menopause is a natural (albeit, for some, temporarily miserable) milestone in a woman’s life, it reaffirmed the belief that menopause should be treated with drugs, a “cure” that supposedly would free women from its symptoms forever.

Medicalization

Medicalization describes a process by which non-medical conditions become defined and treated as medical problems. This includes both so-called deviant behavior,

¹⁰⁴ Ibid., 25.

¹⁰⁵ Ibid., 51.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

¹⁰⁸ Ibid, 158.

¹⁰⁹ Ibid, 15.

as well as natural life processes.¹¹⁰ The medicalization umbrella has grown to encompass numerous conditions, including those that could prompt future health problems (such as high blood pressure, elevated cholesterol, obesity, bone loss, colonic polyps) as well as behavioral, developmental, addiction and/or lifestyle issues, among them attention deficit hyperactivity disorder, impotence, loss of libido, smoking, alcoholism and other chemical dependency. Laura Purdy pointed out that one reason many of these conditions have come to be medicalized in recent years is the growing unwillingness of insurance companies to pay for care that is not “medically necessary.”¹¹¹ Thus, she wrote, “non-disease states that could benefit from medical treatment are either medicalized or unreimbursed.”¹¹²

Medicalization has become part of the sociology of medicine, which draws together the two fields of medicine and social work¹¹³ and also has given rise to the emergence of yet another field, that of bioethics.¹¹⁴ Fox wrote that health, illness and medicine “have become media through which we are collectively struggling with issues that are integral to the value and belief systems of American society.”¹¹⁵

Bloom¹¹⁶ described medical sociology as a “specialized field of learning that applies the concepts and methods of sociology to the systematic study of medicine as a social institution, the fabric of the health system, and problems of health and illness.”

¹¹⁰ Peter Conrad. “Medicalization and Social Control,” *Annual Review of Sociology*, (1992) 18:209-32.

¹¹¹ Laura Purdy “Medicalization, Medical Necessity, and Feminist Medicine,” *Bioethics*, (2001) 15(3):248- 261.

¹¹² *Ibid*, 258.

¹¹³ A. B. Hollingshead, “Medical Sociology: A Brief Review,” *The Milbank Memorial Fund Quarterly. Health and Society*, 51, No. 4, (Autumn 1973) 531-542.

¹¹⁴ R.C. Fox, “Reflections and Opportunities in the Sociology of Medicine,” *Journal of Health and Social Behavior*, (March 1985) 26:6-14.

¹¹⁵ *Ibid.*, 11.

¹¹⁶ S.W. Bloom “Institutional Trends in Medical Sociology,” *Journal of Health and Social Behavior*, 27 (September, 1986): 265-276.

¹¹⁷ To be sure, medicine has, in fact, become a major institution of social control, replacing the functions traditionally imposed by law and religion. ¹¹⁸ Zola wrote:

It is becoming the new repository of truth, the place where absolute and often final judgments are made by supposedly morally neutral and objective experts. And these judgments are made, not in the name of virtue or legitimacy, but in the name of health. Moreover, this is not occurring through the political power physicians hold or can influence, but is largely an insidious and often undramatic phenomenon accomplished by 'medicalizing' much of daily living, by making medicine and the labels 'healthy' and 'ill' relevant to an ever increasing part of human existence. ¹¹⁹

Fox told us that the great power that the medical establishment, and the individual physician, 'is assumed to possess and jealously and effectively to guard is another component of the society's medicalization.'¹²⁰

In the many allusions to this medical 'power' that are currently made, the organized 'autonomy' and 'dominance' of the profession are frequently cited, and, in some of the more critical statements about the physician, these attributes are described as constituting a virtual 'monopoly' or 'expropriation' of health and illness. The 'mystique' that surrounds the medical profession is part of what is felt to be its power: a mystique that is not only spontaneously conferred on its practitioners by the public but, as some observers contend, is also cultivated by physicians themselves through their claim that they command knowledge and skills that are too esoteric to be freely and fully shared with lay persons. ¹²¹

Such power comes, in part, from the fact that the status of physicians has been institutionalized within a system of standardized education and licensing. ¹²²

The establishment of such a system reproduces authority from one generation to the next, and transmits it from the profession as a whole to all its individual members. Before the profession's authority was institutionalized in the late nineteenth and early twentieth centuries, physicians might win personal

¹¹⁷ Ibid., 265.

¹¹⁸ I.K. Zola, 'Medicine as an Institution of Social Control,' *Sociological Review*, 20 No. 4 (1972) 487-504

¹¹⁹ Ibid., 487.

¹²⁰ R.C. Fox, *Essays in Medical Sociology* (New York: John Wiley & Sons. 1979), 469.

¹²¹ Ibid.

¹²² Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books., 1982).

authority by dint of their character and intimate knowledge of their patients. But once it was institutionalized, standardized programs of education and licensing conferred authority upon all who passed through them...Authority no longer depended on individual character and lay attitudes; instead it was increasingly built into the structure of institutions.¹²³

Physicians began prescribing estrogen widely during the 1960s to make women feel youthful, improve their moods and enhance their sexuality, as well as relieve the physical discomforts of menopause, such as hot flashes. Later, physicians and medical advisory panels, largely based on observational studies, began recommending hormone replacement therapy for otherwise healthy asymptomatic women to prevent heart disease and osteoporosis.¹²⁴

Yet very few studies during this time examined either the true clinical benefits of taking estrogen, or the risks. Moreover, it was later revealed that Dr. Wilson and the foundation he created had been bankrolled by the leading manufacturer of hormones, a fact that cast suspicion upon all of his conclusions.¹²⁵

In 1975, research began to appear linking estrogen use to an increased risk of endometrial cancer¹²⁶ although today we know that combining estrogen with progesterone virtually eliminates the risk.¹²⁷ By the early 1980s, hormone replacement therapy, this time in combination, was again in widespread use among millions of

¹²³ Ibid., 19-20.

¹²⁴ National Institutes of Health, Consensus Development Conference on Osteoporosis, 1984. See also:

American College of Physicians, "Hormone Therapy to Prevent Disease and Prolong Life in Postmenopausal Women," *Annals of Internal Medicine*, (1992) 117:1016-1037.

¹²⁵ George Lardner, Jr., "FDA Investigates Doctor Who Wrote *Feminine Forever*," *Washington Post*, 15 August 1966, sec. A, p. 12.

¹²⁶ H.K. Ziel, W.D. Finkle, "Increased Risk of Endometrial Carcinoma among Users of Conjugated Estrogens," *New England Journal of Medicine*, (1975) 293(23):1167-70.

¹²⁷ National Institutes of Health website (2002) accessed November, 2004 from <http://www.cancer.gov/cancertopics/wyntk/uterus/page4>

menopausal and postmenopausal women – but still with little evidence of efficacy beyond anecdotal stories and observational studies. Nevertheless, physicians wrote millions of prescriptions for hormones, while drug companies continued to promote their purported health benefits. Despite several studies raising the breast cancer connection, HRT's popularity continued unabated until the summer of 2002.

Looking to the Past

It is worth looking back to see how we got to a place in 2002 where the WHI results seemed so stunning and unexpected, when many women responded in its aftermath with shock, confusion, fear, anger, even defiance, and the medical community seemed to scramble in its efforts to defuse the situation.

Often we can achieve a better understanding of the present by studying the past. It is instructive to have a clear sense of the messages about menopause and middle age delivered to previous generations because these beliefs often are carried over to the present. Historically, societal assumptions, values, and ideas about menopause were the underpinning for the dramatic tone of the media coverage of the 2002 study results, and for the public and media reaction that followed.

Understanding how the mainstream print media contributed to prevailing attitudes about menopause and hormones is important because the media continue to serve as critical sources of health information for the public. In recent years, women's health issues have become an increasing focus of attention, with indications that many women, including older women, use the media to learn about conditions that may affect them. One survey found that 80 percent of women between the ages of 45 and 64 rely

on the general media (television, newspapers, and magazines) for information about health issues.¹²⁸

For communications scholars, the considerable publicity about the wonders of estrogen beginning in the 1960s, followed by the prominent and widespread coverage of the WHI's report on HRT's dangers, raise compelling and still largely unanswered questions about how the media ``frame'' medical issues, including medical research results, and the power of the medical establishment – and the extent of their influence on women's health decisions. History is important to this process; when it comes to health, as with many issues, public attitudes, and beliefs about wellness and illness no doubt influence the decision-making process. It is critical to understand the media's role in all of this.

Studies indicate that women turn to numerous sources of information, including the news media, when making decisions about whether to use HRT, among them, health care providers, medical journals, friends, family members, and others.¹²⁹ The WHI, in fact, has become the demarcation line for HRT – the *before* and *after*. To be sure, future medical research may yet again alter this view, but, for now, the WHI is considered the pivotal study of older women's health; moreover, its findings contained news that was impossible for the media, physicians, and consumers to ignore.

It seems beyond the scope of coincidence that the rise and fall of HRT paralleled, respectively, positive and negative trends in print media coverage. Studies

¹²⁸ National Council on the Aging ``Myths and Misperceptions about Aging and Women's Health,'' survey and report, 1997, executive summary, 2.

¹²⁹ C. Clinkingbeard, B. Minton, J. Davis, and K. McDermott, ``Women's Knowledge about Menopause, Hormone Replacement Therapy (HRT) and Interactions with Healthcare Providers: an Exploratory Study,'' *Journal of Women's Health & Gender-Based Medicine*, (1999) 8 (8): 1097-1102.

have shown that consumers receive health news and information from the media.¹³⁰ Studies also have shown that women receive health information from other sources they regard as just as important, if not more important, than the media.¹³¹ McIntosh and Blalock suggested that women might first get their information from the media, and then turn to their physicians for confirmation and further advice before making their decisions. The important point is that the media *do* play a role in some fashion.

We can assume that women hear the information about HRT that they receive from the news media – the public response to the dramatic coverage of the WHI left little doubt as to that – but questions remain as to exactly how they use it and what additional factors play a role. It does not appear that women’s health decisions start and stop with the news media alone. Nevertheless, the news media *are* important: HRT use enjoyed great popularity during the years when the news media portrayed the drugs as the solution to the horrific side effects of menopause, and, later, the route to a longer, healthier life. After the WHI told us otherwise – with extensive news media coverage – HRT use dropped dramatically. Between 2001 and 2003, the number of visits to physicians for menopausal hormone prescriptions fell from 26.5 million to 16.9 million.

¹³² Moreover, women responded with unusual speed to the clinical findings; many

¹³⁰ National Council on the Aging, 1997. See also: L.C. Andrist, “The Impact of Media Attention, Family History, Politics, and Maturation on Women’s Decisions Regarding Hormone Replacement,” *Health Care for Women International*, (1998) 19(3):243-260; Clinkinghead, et. al, 1999.

¹³¹ J. McIntosh, J. and S. Blalock, “Effects of Media Coverage of Women’s Health Initiative Study on Attitudes and Behavior of Women Receiving Hormone Replacement Therapy,” *American Journal of Health-System Pharmacy* 62, no. 1(2005): 69-74.

¹³² Esther Hing and Kate M. Brett, “Changes in U.S. Prescribing Patterns of Menopausal Hormone Therapy, 2001–2003,” *Obstetrics & Gynecology*, 108 (2006) 33-40. Also at URL <http://www.greenjournal.org/cgi/content/full/108/1/33>; accessed March 15, 2008.

decided to quit therapy without first consulting their physicians.¹³³ Additional studies have shown the same – that the WHI results affected women’s decisions regarding HRT and may be responsible for diminishing trends in HRT use.¹³⁴ Furthermore, at least one recent study showed a big decline in promotional (advertising) spending by drug companies for HRT in the aftermath of the WHI, which also could account for the continuing decline of hormone use and in doctors’ prescribing practices.¹³⁵ The news media almost certainly have played a significant role in the fate of HRT, in concert with other important influences. But trying to understand the impact of current news media coverage of this issue cannot be accomplished in isolation from the past. We must connect the dots from *there* – the historical framing of menopause by the print media and the resulting trend of medicalization – to *here*, where menopause is regarded as a disease with a now very risky treatment.

Framing Theory

Framing is one of the most suitable theoretical perspectives for examining these issues. The framing concept holds that the way in which something is presented –

¹³³ Ibid.

¹³⁴ E. Levens, R.S. Williams, “Current opinions and understandings of menopausal women about hormone replacement therapy (HRT), the University of Florida experience,” *American Journal of Obstetrics and Gynecology* (2004) 191(2):641-6. See also: C..A. Barber, K. Margolies, R.V. Luepker, and D.K. Arnett, “The Impact of the Women’s Health Initiative on Discontinuation of Postmenopausal Hormone Therapy: the Minnesota Heart Survey (2000-2002),” *Journal of Women’s Health*, (2004) 13(9):975-85; J. Ness, W.S. Aronow, E. Newkirk, D. McDanel, “Use of Hormone Replacement Therapy by Postmenopausal Women After Publication of the Women’s Health Initiative Trial, *Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, (2005) 60, (4): 460-2; B. Ettinger, D. Grady, A.N. Tosteson, A. Pressman, J.L., Macer, “Effect of the Women’s Health Initiative on women’s decisions to discontinue postmenopausal hormone therapy,” *Obstetrics Gynecology*, (2003) 102(6):1225-32; M.A. Schonberg, R.B. Davis, C.C. Wee, “After the Women’s Health Initiative: Decision-Making and Trust of Women Taking Hormone Therapy,” *Women’s Health Issues*, (2005) 15(4):187-95.

¹³⁵ S.R. Majumdar, E.A. Almasi, R.S. Stafford, “Promotion and prescribing of hormone therapy after report of harm by the Women’s Health Initiative,” *Journal of the American Medical Association*, (2004) 292(16):1983-8.

particularly its language – influences how audiences perceive specific issues, particularly within their own experiences. Robert Entman wrote:

Framing essentially involves *selection* and *salience*. To frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described. Typically frames diagnose, evaluate and prescribe...¹³⁶

Framing is language at its most powerful. Language *is* power. It is the way in which we define the world. The use of language is a way of understanding and looking at the world – an expression of our specific culture. It is a way to convince and persuade, a means of “constructing” reality, and of attaching labels to things. The way in which we “frame” issues and ideas through the use of words contributes to the formation of attitudes, assumptions and behaviors. Language is what reaches and defines the core of our culture.

George Lakoff also wrote about ways in which the use of language contributes to frames. His scrutiny of the hidden meanings of words is especially eye opening. He declared, for example, that such loaded terminology as “tax relief,” “progressive,” “pro-life,” is strongly suggestive, and conveys pointed ideas and positions:

On the day that George W. Bush took office, the words “tax relief” started appearing in White House communiqués. Think for a minute about the word *relief*. In order for there to be relief, there has to be a blameless, afflicted person with whom we identify and whose affliction has been imposed by some external cause. Relief is the taking away of the pain or harm, thanks to some reliever. This is an example of what cognitive linguists call a “frame.” It is a mental structure that we use in thinking. All words are defined relative to frames.¹³⁷

¹³⁶ Entman, R.M. “Framing: Toward Clarification of a Fractured Paradigm,” *Journal of Communication*, (1993) 43(4): 52.

¹³⁷ G. Lakoff, “Framing the Dems,” *The American Prospect*, (2003) 14(6) accessed 2 October, 2005 from <http://www.prospect.org/print/V14/8/lakoff-g.html>, para 1-2.

Conrad noted that the ways in which problems are portrayed in the public eye have “much to do with how we act on them.”¹³⁸ More significantly, he added: “How we frame a problem often includes what range of solutions we see as possible.”¹³⁹ In addressing the role of science reporting, he added: “For most people, the reality of science is what they know from the press.”¹⁴⁰ He cited the example of the term “gay gene,” which was embraced by the media and established the public frame that a gene for homosexuality had been discovered – when, in fact, only a possible “marker” – a genetic road sign to a possible gene – had been identified. Yet, the media picked up the term and consistently used it in reporting about possible genetic links to homosexuality. “Clearly terms like ‘gay gene’ are catchy and adopted as journalistic short cuts – easier than saying, more accurately, a marker for a gene associated with homosexuality,” he wrote, adding: “As yet, ‘the gay gene’ is more a social construction than a biological reality. Nevertheless, its designation influences the public image of homosexuality, and may affect how we think about homosexual orientation and how we treat people who are gay.”¹⁴¹

Agenda setting

Agenda setting, in addition to framing, also figures heavily. This theory holds that the news media create public awareness of – and concern over – issues they believe are important. Further, agenda setting prescribes that the media do not necessarily reflect reality, but rather filter and shape it. When the media focus on a few issues, or repeatedly on the same issue, the public begins to regard these issues as more important

¹³⁸ Peter Conrad, “Public Eyes and Private Genes: Historical Frames, New Constructions and Social Problems,” *Social Problems*, (1997) 44 (2): 139-154.

¹³⁹ Ibid., 140.

¹⁴⁰ Ibid., 142.

¹⁴¹ Ibid., 147.

than other issues. We have seen this numerous times, especially in the realm of women's health. A proliferation of news media stories about breast cancer in recent years, for example, has created a prevailing but inaccurate perception that this type of cancer is the leading cancer killer of women. It may be the cancer that women fear more than any other, but it doesn't kill as many women as lung cancer. Similarly, a case can be made that news and feature media language of menopause through the last century was pervasively negative, helping to first frame a widespread menopause model of inevitable deterioration and aging, and then a medical model holding that menopause was a treatable disease. Moreover, in the case of menopause, medicalization was likely a responsibility shared by the media and outside stakeholders – this included the then-mostly male medical establishment, who prescribed the drugs, and the pharmaceutical industry, which aggressively and unabashedly promoted them.

Research Questions

Based on the belief that print news and feature media portrayals of menopause and aging helped form societal attitudes, this study examines print media content relating to menopause during the twentieth century to determine to what extent it portrayed menopause as a medically treatable condition, rather than a natural life event. Through critical reading, this study analyzes three newspapers (the *Los Angeles Times*, the *Washington Post* and the *New York Times*), three mainstream women's magazines (*Good Housekeeping*, *Ladies Home Journal* and *McCall's*), one weekly newsmagazine (*Time*) and one general interest magazine (*Reader's Digest*) to examine the role of the media in the medicalization of menopause, which ultimately led to the high-impact coverage of the WHI. This study asks the following:

1. How did the print news and feature media's framing of menopause change throughout the twentieth century, and what affect did it have on American women?

2. How did the print news and feature media report the potential risks and benefits of hormone therapy?

3. Did print news and feature media coverage frame (and thus reinforce) the power and ``mystique'' of the medical establishment in a way that encouraged the American public, women in particular, to accept without question this growing medicalization trend?

CHAPTER 2: REVIEW OF THE RELEVANT LITERATURE

Media messages

Scholars have devoted little attention to the print media's role in medicalization. Brandeis sociologist Conrad, however, made a case for what he calls the "gendered nature" of medicalization, which is characterized by medical products targeted to each gender, for example, Viagra for men and cosmetic surgery for women.¹ Furthermore, Conrad believes that publications in the 1980s medicalized numerous "forms of deviance and natural life processes," and "it is abundantly clear that women's natural life processes (especially concerning reproduction) are much more likely to be medicalized than men's, and that gender is an important factor in understanding medicalization."²

McCrea traced the evolution of attitudes about menopause from a time of sin and decay, then neurosis, followed by that of a deficiency disease, but attributed the changes to politics, rather than media messages.³ McCrea listed four themes that characterized the medical definitions of menopause, that women's potential and function are biologically destined, that women's worth is determined by attractiveness, that rejection of the "feminine role" will bring "physical and emotional havoc," and that "aging women are useless and repulsive."⁴

¹ Peter Conrad, "the Shifting Engines of Medicalization," *Journal of Health and Social Behavior*, 46 (March 2005): 3-14.

² Conrad. "Medicalization and Social Control," 221-222.

³ Frances B. McCrea. "The Politics of Menopause: The 'Discovery' of a Deficiency Disease." *Social Problems*. 31 no. 1 (October 1983): 111.

⁴ Ibid.

My own research on historical media messages on menopause published in *American Journalism*, serves as a “pilot” study for this dissertation.⁵ This smaller study examined three women’s magazines (*Good Housekeeping*, *the Ladies Home Journal*, and *McCall’s*) and one newspaper, *the Washington Post* from the start of the twentieth century through the 1970s, and concluded that the three women’s magazines and one newspaper, the *Washington Post*, all reflected and solidified society’s notions about menopause and contributed to the growing approach by the medical profession of regarding menopause as a disease of hormone deficiency. During the first half of the twentieth century, the women’s magazines ignored menopause, but applauded middle age – even though, in doing so, they might have unintentionally reinforced some of women’s worries about aging. Later, in the 1960s, they encouraged women to replace their natural missing estrogen with the synthetic version, telling them “they now didn’t have to age at all, thanks to hormones.”⁶ The newspaper, on the other hand, implied throughout the century that menopause was a stage of life to dread and, later, that its ravages could be erased with drugs.⁷

Several studies have pointed to media portrayal of menopause as a medical condition requiring treatment. One 1998 study examined all articles indexed under “menopause” in the *Readers’ Guide to Periodical Literature* in 1981, 1982, 1985, 1986, 1989, 1990, 1993, and 1994.⁸ Gannon and Stevens found that, although there had been an increase in the frequency of articles on menopause in the last 15 years, the

⁵ Marlene Cimon, “Menopause: Milestone or Misery? A Look at Media Messages to our Mothers and Grandmothers,” *American Journalism*, 23 no. 1 (2006):63-94.

⁶ *Ibid.*, 88.

⁷ *Ibid.*

⁸ L. Gannon and J. Stevens, “Portraits of Menopause in the Mass Media,” *Women & Health*, 27 no. 3 (1998):1-15

media's portrayal of menopause was problematic in several respects. They reported that information on menopause was minimal and insufficient, and that almost all representations focused on menopause as a negative experience or disease and in need of medical treatment. They concluded:

...that the media provide, almost exclusively, a medical perspective on menopause as evidenced by the portrayal of menopause as deterioration and disease and as a condition to be treated by drugs. The implications of these results are that the disease model of menopause presented by the media generates negative attitudes and expectations, and such attitudes lead, inevitably, to negative experiences. Furthermore, the importance of diet, stress, poverty, racial discrimination, access to health care, physical activity, knowledge of health promotion – all of which become increasingly important with age in maintaining functional living – are ignored or trivialized. And, finally, women are deprived of any optimism emerging from the anticipation of physical, psychological, occupational, and social *benefits* (emphasis theirs) associated with the end of reproductive vulnerability and process of aging.⁹

Interestingly, Gannon and Ekstrom pointed out that feminists have suggested an alternative paradigm, that menopause be considered a natural transition, much like the onset of puberty.¹⁰ As with menopause, puberty is associated with unpleasant symptoms, such as skin problems and emotional distress, but no one has ever suggested that hormone production be suppressed in order to relieve them. Similarly, the symptoms that accompany menopause should be dealt with “as problems associated with normal and expected transition rather than as indicative of a disease process.”¹¹ Buchanan, Villagran and Ragan, in a 2001 study that examined pervasive miscommunication about menopause, wrote that women generally are misinformed or unknowledgeable about menopause and its related issues and suggested that

⁹ Ibid., 13.

¹⁰ Gannon and Ekstrom, “Attitudes Toward Menopause, the Influence of Sociocultural Paradigms,” *Psychology of Women Quarterly*, 17 (1993):275-288.

¹¹ Ibid., 277.

“climacteric” – which means “major turning point in life” would be a less value-laden term to use in describing this period in a woman’s life.¹²

Another study, conducted in Australia, looked at 302 items from two daily newspapers and four women’s magazines, and found that print media in the latter part of the twentieth century reinforced notions of illness, medical management, and fear when discussing menopause. The study urged greater awareness that menopause not become synonymous with dysfunction.¹³ A third study, although not directly connected to the media’s coverage of the issue, attributed the increasing medicalization of menopause to cultural assumptions and gender biases in the United States where menopause had been constructed as an estrogen deficiency disease.¹⁴

A paper from Canadian researchers also discussed the medicalization of menopause, arguing that medicine had taken over and redefined the normal processes of women’s health.¹⁵ The article was written five years before the WHI results were released, and during the time when hormone replacement therapy was still immensely popular. The authors compared the visual images of the menopausal woman as portrayed in the pharmaceutical literature and in the mass media in the 1970s with those in the 1990s. They stated that the earlier portrayals were of depressed and sickly looking women, whereas the 1990s woman was depicted as fit and with well-maintained teeth, hair, and skin. The latter versions seemed too healthy to break her

¹² Merry C. Buchanan, Melinda Morris Villagran, Sandra L. Ragan, “Women, Menopause, and (Mis.)Information: Communication about the Climacteric.” *Health Communication* 14 no. 1 (2001): 99-119.

¹³ A. Shoebridge, and L. Steed, “Discourse About Menopause in Selected Print Media,” *Journal of Public Health*. no. 5 (1999):475-81.

¹⁴ V. Meyer, “Medicalized Menopause U.S. Style,” *Health Care for Women International*, (2003) 24 no. 9 (2003):822-30.

¹⁵ P.A. Kaufert and M. Lock, “Medicalization of Women’s Third Age,” *Journal of Psychosomatic Obstetrics and Gynaecology*, 18 no. 2 (1997):81-86.

bones or have a heart attack, or to suffer from dementia. These kinds of images determine how menopausal women see themselves and how they are seen in the wider society, according to the authors.¹⁶ These studies examined the trend of medicalization, including the role of certain media in delivering messages about menopause before and after the introduction of hormones, but – other than my 2006 *American Journalism* study – lack historical context, that is any scrutiny of media language and messages about women earlier than the 1970s.

Framing

Framing theory has served as a useful tool with which to study news media coverage of public health issues. A 2003 study declared that women older than 40 had been largely absent from media imagery.¹⁷ The researchers used content analysis to examine how magazines had framed menopause since the 1980s. They analyzed the genders of authors and their sources, as well as topics and photographs, in articles about menopause in seven news and women's magazines. The researchers used a computerized content-analysis program to determine how the magazines framed menopause. Women's magazines provided a broad range of topics to help women prepare and cope; news magazines reported scientific developments, particularly in fertility. The women's magazines provided more in the way of descriptions of symptoms and effects, compared to news magazines. Female authors included menopausal women as sources, but males did not. Photos of menopausal women appeared in a small portion of articles, and the women shown were predominantly white. The researchers pointed out, however, that the limits of computer analysis can

¹⁶ Ibid.

¹⁷ S.J. Hust, J.L. Andsager, "Medicalization vs. adaptive models? Sense-making in magazine framing of menopause," *Women & Health*. 38 no. 1 (2003) :101-122.

result in misleading conclusions, adding: “Of particular importance for future research is the need to study how audiences – male and female, old and young – interpret menopause through these media lenses. Though media are only one venue for information, they are a powerful means of transmitting ideas and shaping thought.”¹⁸

Another study examined news coverage of the obesity epidemic; its authors concluded that the news media dramatized their stories to a level more than the studies upon which they were based. Moreover, the news outlets were more likely than the scientists to target individual blame for excess weight. The researchers said this was due to the news media’s tendency to single in on the most “alarmist” and individual-blaming scientific studies.¹⁹

Another study, an examination of *New York Times* and *Washington Post* coverage of tobacco issues in the United States between 1985-1996, concluded – based on how the newspapers framed tobacco issues – that the tobacco control movement had failed to develop a consistent, powerful and compelling message that could combat the influence of the tobacco industry.²⁰ Winett and Wallack talked about the overall importance of framing the appropriate messages to advance public health goals in their discussion of effective strategies for using the mass media. They wrote:

...the media provide ready-made, regularly attended venues through which millions of Americans can be accessed at any given moment, they also provide powerful resources for advancing public health goals. However, using the mass media to improve public health can be like navigating a vast network of roads

¹⁸ Ibid., 116.

¹⁹ Abigail C. Saguy, Rene Almeling, “Fat in the Fire? Science, the News Media and the `Obesity Epidemic,’” *Sociological Forum*. 23 no. 1 (2008): 53-83.

²⁰ Menashe C. L., Siegel M., “The Power of a Frame: An Analysis of Newspaper Coverage of Tobacco Issues-United States, 1985-1996,” *Journal of Health Communication*, 3 no. 4, (1998): 307-325.

without any street signs—if you are not sure where you are going and why, chances are you will not reach your destination.²¹

Women's Magazines

It is also worth mentioning the array of scholarship on the history of women's magazines from authors such as Nancy Walker, Mary Ellen Zuckerman, Ellen McCracken, and others.²² While their books examined the content of women's magazines historically, they did not discuss menopause, "change of life," middle age, or aging per se. Walker, however, in her look at the magazines of the 1940s and 1950s – and their impact on changes in cultural values related to American domestic life during and post-World War II – made an important point that also can be applied to the magazines' approach to menopause and middle age. ".. at no time during their histories have women's magazines delivered perfectly consistent, monolithic messages to their readers."²³ Myrna Blyth, in her 2004 book *Spin Sisters*, did not address menopause or hormones, but the former editor of the *Ladies Home Journal* attacked the tendency of the media to exploit women's worst fears surrounding health.²⁴

Hormones

There has not yet been much scholarly examination of the coverage of the 2002 WHI results. One recent study used coding and content analysis²⁵ to examine the language in seven magazine and newspaper articles that appeared shortly after the WHI

²¹ Liana B. Winett, Lawrence Wallack, "Advancing Public Health Goals Through the Mass Media," *Journal of Health Communication*, 1 no. 2 (1996): 173.

²² Nancy Walker, *Shaping Our Mothers' World, American Women's Magazines* (Jackson: University Press of Mississippi, 2000), see also: Mary Ellen Zuckerman, *A History of Popular Women's Magazines in the United States, 1792-1995* (Westport: Greenwood Press, 1998); Ellen McCracken, *Decoding Women's Magazines*, (New York: St. Martin's Press, 1993).

²³ Walker, vii.

²⁴ Myrna Blyth, *Spin Sisters: How the Women of the Media Sell Unhappiness -- and Liberalism -- to the Women of America* (New York: St. Martin's Press, 2004).

²⁵ S.P. MacDonald, "The Language of Journalism in Treatments of Hormone Replacement News," *Written Communication*, (2005) 22(3): 275-297.

ended to determine whether the reporting was sensationalized. The author concluded, in part, that word selection flavors the content of journalistic accounts because journalism ``achieves its human interest through using vivid and concrete nouns and verbs.’’²⁶ Using ``particular individual names makes its news more human-oriented and is better suited for increasing the narrative potential or emotionality of scientific news than for raising or adjudicating questions about its validity.’’²⁷ She also concluded that ``reactions to the WHI study suggest that people have a stake in understanding the ramifications of research science, but the conventions of journalism may stand in the way of getting reasoned reactions and providing sound bases for decision-making.’’²⁸

Additional research relating to HRT and media coverage was conducted *before* the 2002 announcement, including one important study by researchers at the University of Maryland School of Medicine’s department of epidemiology and preventive medicine that looked at how the media covered conflicting studies of the first suggested hints of the relationship between HRT and breast cancer.²⁹ Their objective was to assess whether scientific publications that do and do not support an HRT/breast cancer association were cited in the media in proportions similar to those with which they appeared in the scientific literature. Scientific publications reporting on the HRT/breast cancer association published from January 1, 1995, to June 30, 2000, were identified through a systematic Medline search. Media reports from newspapers, magazines,

²⁶ Ibid, 292.

²⁷ Ibid.

²⁸ Ibid.

²⁹ M.K. Whiteman, Y. Cui, J. Flaws, P. Langenberg, and T.L. Bush, (deceased) ``Media Coverage of Women’s Health Issues: Is there a bias in the reporting of an association between hormone replacement therapy and breast cancer?’’ *Journal of Women’s Health Gender Based Medicine* 10 no. 6 (2001):571-7.

television, and radio that reported on HRT and breast cancer were retrieved from an online database.

Investigators independently recorded characteristics of the scientific publications and media reports. A total of thirty-two scientific publications was identified: twenty, including the *Journal of the National Cancer Institute*, the *Journal of the American Medical Assn.*, *Lancet*, *New England Journal of Medicine*, among others, (62.5 percent) concluded there was an increased risk of breast cancer associated with HRT (positive), and twelve, including *Menopause*, *the American Journal of Preventive Medicine*, *Annals of Internal Medicine*, among others, (37.5 percent) concluded there was no evidence for an association (null). Nearly half (47 percent) of the scientific publications were not cited by the media. There were 203 media citations of scientific publications: 82 percent were of positive publications and 18 percent were of null publications, representing a significant excess of citations of positive publications. These included mentions in newspapers (predominantly), magazines and television and radio news.³⁰

The investigators collected information through a systematic search of Lexis-Nexis and transcripts from more than three hundred sources, including the top fifty in circulation listed in *Editor & Publisher Yearbook*. Wire stories appearing in more than one newspaper were counted as separate media reports each time they were published. Scientific publications were identified through a Medline search.

The researchers concluded that the news media selectively favor reporting “positive” associations for reasons that were unclear. (The word “positive” in the medical research context means that a relationship *was* found, in this case, between

³⁰ Ibid., 574.

hormones and breast cancer.) The researchers speculated that one reason might be that positive scientific studies are more likely to be published in “high-impact” journals that promote themselves aggressively.³¹

Media coverage of the HRT/breast cancer association can benefit women by providing them with information to which they might not otherwise have access, or by encouraging them to initiate discussions with their physicians. However, the manner in which the media covers [sic] this topic can also be detrimental to women. Basing reports on only a fraction of the body of research and overemphasizing positive studies give the general public and the scientific community a distorted view of the research results. Additionally, most press articles present only one scientific publication and fail to put current research in the context of past or concurrent work.³²

They added: “Both researchers and those in the press need to recognize the consequences of these practices and work collaboratively to improve the media reporting of medical research.”³³

In another study conducted before the release of the WHI results, the department of sociology and social policy of the University of Durham in the United Kingdom set out to identify women's perceptions of media coverage of hormone replacement therapy. They looked at the people influencing women's decisions about therapy and women's sources of information; their general practitioners' attitudes to therapy; and women's experiences with their primary health care team in relation to hormone replacement therapy.³⁴

The researchers sent a postal questionnaire survey in 1993 to 1,649 women aged between 20 and 69 years registered with eight general practices in Stockton-on-Tees. A

³¹ Ibid., 575.

³² Ibid.

³³ Ibid.

³⁴ F. Griffiths, “Women's decisions about whether or not to take hormone replacement therapy: influence of social and medical factors,” *British Journal of General Practice*, 45, no. 398 (1995):477-480.

total of 1,225 women (74 percent) returned questionnaires. Women said that the media portrayed mainly positive images of hormone replacement therapy. A substantial minority of women found the media information unhelpful, or felt that it was incorrect. General practitioners and their nurses were most frequently considered to be the most important people in helping women decide about taking therapy, but relatives and friends were also important; nearly half of women, however, named no one as having influenced them. The media, friends, and relatives were most commonly cited as the main sources of information about therapy.³⁵

Of the women who had discussed HRT with their general practitioner, nearly two-thirds said that their general practitioner was in favor of its use for relieving menopausal symptoms. They reported they had been given sufficient time and information to discuss hormone replacement therapy with their general practitioner and/or practice nurse.³⁶ Although women gathered information about therapy from sources other than their doctor, doctors have an important role, as providers of the therapy, in listening to women and helping them to make their own decision about whether or not to take hormone replacement therapy.³⁷

Another study conducted at Massachusetts General Hospital looked at the impact of media attention – as well as family history, politics and other factors – on decisions regarding HRT and concluded that media attention was “very influential” in women’s decision-making, particularly in conjunction with family history and what other family members were doing. The attention given to menopause and HRT in both the public media and professional journals was reflected in comments indicating that

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ibid.

readers cannot pick up a newspaper or magazine without finding some reference to the subjects.³⁸

Women's Health

Other articles have examined magazine coverage of women's health generally,³⁹ and of coverage of conditions specific to women, such as breast cancer, breast implants,⁴⁰ and osteoporosis.⁴¹ These did not focus on hormone replacement therapy, but on other health information aimed at women.

Kogan, Kellaway et al., for example, used a content analysis to examine health-related messages in nine women's magazines, building upon an earlier study conducted with similar goals.⁴² They looked at *Cosmopolitan*, *Ladies' Home Journal*, *Ms*, *Self*, *Shape*, *Woman's Day*, *Working Woman*, *Ebony* and *Essence*. They coded all the pages devoted to health-related topics for one year, August 1999 to July 2000. They limited their analysis only to full-length articles. Overall, they found little commonality between health-related information contained in the analyzed magazines and the leading causes of death among women. Cancer (breast and ovarian) received the most coverage, while lung cancer – the number one cancer killer of women – received none.

³⁸ L.C. Andrist, "The Impact of Media Attention, Family History, Politics, and Maturation on Women's Decisions Regarding Hormone Replacement." *Health Care for Women International*, 19 no. 3 (1998): 243-260

³⁹ L.R. Kogan, J.A. Kellaway, K.M. Rickard, and E.A. Borrayo, "Popular Magazines' Focus on Women's Health: Are they giving an accurate portrayal?" *Media Report to Women*, (Summer 2003): 4-13 See also:

C .A. Moyer, L.O. Vishnu, and S.S. Sonnad "Providing health information to women. The role of magazines," *International Journal of Technology Assessment in Health Care* 17 no. 1 (2001):137-45.

⁴⁰ J.L. Andsager, A. Powers, "Social or economic concerns: how news and women's magazines framed breast cancer in the 1990s," *Journalism and Mass Communication Quarterly* 76 no. 3 (1999): 531-550.

⁴¹ L.S. Wallace and J.E. Ballard, "Osteoporosis Coverage in Selected Women's Magazines and Newspapers, 1998-2001," *American Journal of Health Behavior* 27 no. 1 (2003): 75-83.

⁴² L.C. Weston and J.A. Ruggiero, "The Popular approach to women's health issues: A content analysis of women's magazines in the 1970s," *Women and Health*, 10, (1986): 47-62

Also, when compared to the earlier findings of Weston and Ruggiero, it appeared that the content of health information in women's magazines had changed little from that written in the 1970s.

The Moyer, et. al, study compared health coverage in U.S. women's magazines with articles contained in medical journals. The authors examined twelve issues of *Good Housekeeping* and *Woman's Day* and sixty-three issues of the *New England Journal of Medicine* and the *Journal of the American Medical Assn.* They also tallied the most common health questions of women who came to the University of Michigan's Women's Health Resource Center. They concluded that the topics addressed in women's magazines did not appear to coincide with those in leading medical journals, nor with women's primary health concerns or greatest health risks.

Other studies in recent years have tried to assess the impact of the WHI results on women's decisions regarding the use of hormones, as well as on the promotional practices of the drug industry in marketing their products.⁴³ The researchers' did not focus on the media influence, but rather on women's personal reactions to the news of HRT's potential harmful effects, regardless of where they received their information.

Science communication

It also is important to acknowledge the wealth of material by scholars such as Sharon Dunwoody, Sharon Friedman, Carol Rogers, Susanna Hornig Priest, and Robert J. Griffin, among others, who have examined the challenges of science communication,

⁴³ B. Ettinger, D. Grady, A.N. Tosteson, A. Pressman, J.L., Macer "Effect of the Women's Health Initiative on women's decisions to discontinue postmenopausal hormone therapy," *Obstetrics Gynecology*, 102 no. 6 (2003) :1225-32. See also: E. Levens, R.S. Williams, R.S. "Current opinions and understandings of menopausal women about hormone replacement therapy (HRT), the University of Florida experience," *American Journal of Obstetrics and Gynecology* 191 no. 2 (2004) :641-6; S.R. Majumdar, E.A. Almasi, R.S. Stafford, "Promotion and prescribing of hormone therapy after report of harm by the Women's Health Initiative," *Journal of the American Medical Association*, 292 no. 16 (2004):1983-8.

in particular, how science journalists select the news they write about and construct their stories; how scientists themselves communicate their findings; and the ways in which people use information to make decisions about health and the environment.⁴⁴ These communication scholars have focused heavily on how the media transmit risk information and other health and science issues in fields where knowledge, more often than not, is uncertain and vulnerable to future change. No studies by these scholars could be found that specifically target the coverage of hormones and menopause; however, many of their works examine how the media uses expert sources, insights that proved valuable in the arena of women and hormone replacement. Dunwoody, for example, wrote that “efforts to balance stories may confer legitimacy on individuals as well as on rhetorical claims.”⁴⁵ She was referring to science coverage in which reporters quoted experts widely regarded as mavericks – but quoted them nonetheless, “despite the fact that most scientists and journalists suspected they were wrong.”⁴⁶ This might well have applied to “experts” who served as medical sources during the height of hormone use.

Countless studies have examined coverage of various women’s health issues; however, no studies in the existing literature could be found that have examined the use of print media language historically in framing menopause. Most research about

⁴⁴ S. Dunwoody, “The Challenge for Scholars of Popularized Science Communication: Explaining Ourselves,” *Public Understanding of Science*, 1 (1992) :11-14. See also: S. Friedman, S. Dunwoody, and C. Rogers, *Scientists and Journalists, Reporting Science as News* (Washington, D.C.: American Association for the Advancement of Science, 1986); Friedman, S., Dunwoody, S., and Rogers, C. *Communicating Uncertainty, Media Coverage of New and Controversial Science* (Mahway, N.J., and London: Lawrence Erlbaum Associates., 1999); R. Griffin and S. Dunwoody, (2000) “The Relation of Communication to Risk Judgment and Preventive Behavior Related to Lead in Tap Water,” *Health Communication* Vol. 12, no.1, (2000):81-107; Susanna Hornig Priest, *A Grain of Truth, the Media, the Public and Biotechnology* (Lanham, Md.: Rowman & Littlefield Publishers, Inc., 2000)

⁴⁵ *Communicating Uncertainty*, 72.

⁴⁶ *Ibid.*

hormones and menopause, including media coverage of these topics, has focused on recent time periods. This study attempts to fill this gap.

CHAPTER 3: METHODOLOGY

To determine how the print news and feature media “framed” menopause and middle age during the twentieth century, leading up to the 2002 release of the WHI, I searched three popular women’s magazines (*Ladies Home Journal*, *Good Housekeeping*, *McCall’s*), one newsmagazine (*Time*), one family/general interest magazine (*Reader’s Digest*), and three newspapers (the *Washington Post*, the *New York Times* and the *Los Angeles Times*) using the terms “menopause,” “middle age,” “change of life,” “climacteric,” “hormones,” “estrogen,” “hormone replacement therapy,” “aging,” and “women’s health.” Occasionally, I read and cited stories beyond 2002 for additional perspective if they were relevant and could add to the discussion. For the magazines, I used *Readers’ Guide to Periodical Literature* searching from the magazines’ earliest dates of publication through 2002. Interestingly, and perhaps revealing of the importance – or lack of importance – magazines initially attached to the topic of menopause, *Readers’ Guide to Periodical Literature* did not give “menopause” its own separate listing during the first half of the twentieth century. In fact, menopause didn’t earn its own heading until 1955. Until then, the terms “menopause,” “change of life,” and “climacteric,” all were referenced under the general topic of “women’s health,” if they could be found there at all.

Using the same terms, I searched the newspapers’ online databases during the identical time periods. For the newspapers, I included news and feature stories, advice and how-to columns, as well as advertisements, to the extent these could be located. For the magazines, I examined feature stories, columns and, whenever possible (see study limitations), advertisements. More specifically: I conducted an intensive reading of 135

Washington Post articles between 1878 and 2002; 150 *New York Times* articles between 1926 and 2002, and 276 *Los Angeles Times* articles between 1899 and 2002. Similarly, I examined forty-one articles that appeared in *Time Magazine*, between 1950 and 2002; thirteen articles in *Reader's Digest* between 1939 and 1995; twenty-three articles in *McCall's* between 1965 and 1997; nineteen articles from the *Ladies Home Journal* between 1924 and 2002, and twenty-four articles in *Good Housekeeping* between 1913 and 2002. In some cases, I included newspaper articles that appeared in July 2002 in the weeks following the WHI, and in the case of *Good Housekeeping* and *Ladies Home Journal*, I included articles from November 2002, the earliest the magazines could respond to the WHI. (*McCall's* ceased publication in 2002, before the release of the WHI.) The starting of each time period above for the different print media varies because of the different times at which the mention of menopause or the other related search terms first appeared. Although the study focuses on the twentieth century, I did examine articles from the latter part of the nineteenth century if they were available and relevant.

In the advertising area, I was interested in material that appeared prior to the 1980s, particularly during the early 1900s when ads for "patent medicines" – the old snake oil remedies – flourished and were not subject to government regulation. I examined twenty-eight display advertisements from the *Los Angeles Times* that appeared between 1910 and 1984; ten display advertisements from the *Post* between 1893 and 1986; and forty display advertisements from the *New York Times* that appeared between 1944 and 1983. There were hundreds of ads that appeared in the three newspapers during this time period, and my goal was to examine a random

sample from the databases of the three newspapers. When going through the database results, I called up approximately every twentieth advertisement (noting that many were duplicates) and cited them when they were relevant. I did not attempt to search for magazine advertisements, since it was logistically impossible using the resources available; however, occasionally a relevant ad appeared in a magazine near an article under examination. If I felt it added to the discussion, I described it.

In the three newspapers, and in some cases in *Time*, many of the same authors were cited repeatedly, including both columnists and beat reporters. As is often the case with newspapers, the same writers continued to cover the same issues over a period of years. This also was true for medical advice columnists who appeared regularly in the *Washington Post* and the *Los Angeles Times* during the first half of the twentieth century. During that period, menopause was treated less as the subject of news and more as the focus of opinion and advice. Toward the second half of the twentieth century, these medical columns relied less on personal opinions and more on information obtained from medical experts who served as sources.

In my critical reading I examined (through a personal feminist lens of the present) the language used by these print media to describe menopause. The goal was to get a sense of how the news media portrayed this phase of a woman's life, thus influencing societal attitudes about menopause over time and laying the groundwork for its eventual medicalization. I sought to identify various messages that emerged from print media language describing menopause as a "change of life" to the earliest "models" of menopause to its most recent medical "disease" model. I wanted to see what values were attached to menopause a generation ago in newspapers and

magazines, and how these metaphors evolved and changed over time, if, in fact, they did, and whether the print news and feature media contributed over time to a climate that made it easy for medicalization to occur. My primary interest was historical, looking back in time to the beginning of the previous century, and leading up to the WHI. However, additionally, for background purposes only – essentially to get a feeling for the current climate related to menopause and hormones – I also read a selection of articles from the months and years that followed the release of the WHI. These included: fifty-four articles from the *Post* that ran between 2002 and 2006; forty-seven articles from the *LAT* that ran between 2002 and 2007; eleven articles from the *NYT* that appeared in late 2002; ten articles from *Time* that ran between 2003 and 2005; two articles from *Good Housekeeping*, both from 2004, and one from the *Ladies Home Journal*, which ran in 2003. (*McCall's* had already ceased publication by then.)

I did not attempt to analyze any of the material quantitatively; rather, my focus was to determine the messages, trends, and values conveyed by selected print media over time through language related to menopause.

Rationale for Print Media Selected

These print media were selected with the goal of providing as broad a range as possible in order to make comparisons and draw conclusions. Different types of magazines, as well as newspapers, perform a variety of functions geared to their own targeted audiences. Newspapers continue to fulfill a very different role from that of magazines. Women's magazines, in particular, seek to provide women with subjective user-friendly information geared specifically to them, whereas the major function of newspapers is to cover and report the news. Newspapers run advice columns dealing

with human-interest issues for their readers, as well as advertisements for products likely to appeal to target audiences of women. To be sure, feature stories and advice columns are less likely to be as objective as news reporting is supposed to be today or in the twentieth century. Newspapers now have sections geared to specific interests – health being one of them, including the sub-specialty of women’s health. Newspaper feature stories on this subject have proliferated in recent years as newspapers have added health sections and science/medical pages, a natural repository for stories on these subjects.

The *Los Angeles Times*, the *Washington Post*, and the *New York Times* were selected for this study because each has a national audience and is regarded as being among the nation’s most influential newspapers. Moreover, each newspaper over the years has developed a staff of specialists who cover medical and scientific issues – an indication newspapers now recognize the importance of these issues to the public – and each devotes considerable attention and space to these topics, including publication of special sections. The *Post*, for example, has published a weekly health section for more than two decades, and the *Los Angeles Times* launched its health section in 1997. Similarly, the *New York Times* publishes “Science Times” every week, a compendium of important developments in science and medicine, including personal health.

Popular women’s magazines also serve as an important source of health information for women, including the three selected for this study. All three, *McCall’s*, the *Ladies Home Journal* and *Good Housekeeping*, began to grow in popularity during the latter part of the nineteenth century. The *Ladies Home Journal* was founded in 1887

by Cyrus Curtis and by 1904 was the first magazine to reach one million circulation.¹ It was also an early instrument for social change, having led a crusade in the 1880s against potentially dangerous medicines. It was, in fact, the first magazine to refuse patent medicine ads.² *Good Housekeeping*, which made its debut on May 2, 1885, was another of several popular women's magazines founded in the 1880s and 1890s. *Good Housekeeping* provided information about running a home, a broad range of literary offerings, and opportunities for reader input. In 1911 it claimed a circulation of 300,000. The number had grown to 5.5 million by 1966.³ *McCall's* began publication in April, 1876 as *The Queen, Illustrated Magazine of Fashion*. It was created to market clothing patterns produced by James McCall and Company and continued for some time in that vein until evolving many years later as a handbook for the homemaker. By 1975, after its content expanded, *McCall's* readership was 7.5 million. Most of the women who read *McCall's* were married (70 percent) and more than half (63.8 percent) were older than 35.⁴

Time, a weekly newsmagazine, was founded in 1923 by Henry Luce and his Yale University classmate Briton Hadden. At its start, the two young men paid themselves \$30 a week and recruited their friends to write for the magazine.⁵ The first issue of *Time* covered the week's events in twenty-eight pages, minus six pages of

¹ Reader's Companion to U.S. Women's History accessed May 2005 at URL http://college.hmco.com/history/readerscomp/women/html/wh_021700magazines.ht

² Shirle70, y Biagi, *Media/Impact, an introduction to mass media* (United States: Thomson Wadsworth, 2005), 74.

³ Library of Congress American Memory accessed May 2005 at URL <http://memory.loc.gov/ammem/today/may02/html>

⁴ Sheila Silver, "Then and Now: Women's Roles In *McCall's* Magazine, 1964 and 1974." master's thesis. (1975) Philip Merrill College of Journalism University of Maryland, 26-27.

⁵ Biagi, 77.

advertising.⁶ It consisted of news condensed from the *New York Times*.⁷ Because the magazine operated on limited funds, at first it could not afford to pay for original reporting.⁸ “By 1930 a survey revealed that more American bankers read *Time* than any other magazine, and *Time* estimated that business people constituted the majority of its subscribers.”⁹ It has since broadened its appeal and grown to become one of America’s top-selling magazines, ranked after *People* and *Sports Illustrated* (both from the same publishing family as *Time*) and ahead of its rival in the newsmagazine market, *Newsweek*.¹⁰ *Reader’s Digest* is a general interest, family-oriented monthly publication known for its positive, conservative, and pro-American outlook. The first issue of *Reader’s Digest* was published on February 5, 1922, and it quickly became a commercial success. Like *Time*, the magazine is also one of America’s best-selling magazines. DeWitt Wallace and his wife Lila originally co-founded *Reader’s Digest* with the idea of publishing condensed articles from other popular magazines. As a young adult, Wallace had been an avid reader, and had developed the habit of making notes from his reading to retain ideas. He began wondering if his reading notes might be useful to others if published. This grew into the idea of condensing magazine articles and reprinting them in a digest magazine. For many years, however, the company has generated much of its own content, even though some of it has first appeared elsewhere with the understanding that it would be condensed in the *Digest*.

⁶ Ibid.

⁷ Donald A. Ritchie, *American Journalists, Getting the Story* (New York and Oxford: Oxford University Press, 1997), 209

⁸ Ibid., 211.

⁹ Ibid.

¹⁰ Biagi, 82.

The Qualitative Approach and Historical Methods

Qualitative study lends itself particularly well to communication scholarship, particularly when examining history. Exploring the social issues that often arise in journalism and mass media studies can be limited by the narrow confines of quantitative approaches, since numbers do not tell the whole story. Qualitative research, on the other hand, is interactive and humanistic. I chose a qualitative approach for this study, finding it especially suitable for examining the impact of language. Qualitative study also provides the flexibility to interpret themes and messages, using a personal lens. Studying the language can provide information rich in detail, descriptions, themes, quotes, and story telling – beginning with how ideas are “framed” using words. Sinclair said that “the starting point of the description of meaning in language is the word.”¹¹ Pauly said that “the topic of all qualitative research is the making of meaning,” and insisted that, despite some researchers’ beliefs that many such works are simply case studies, “qualitative research is also generalizable to the extent that some community of readers considers a particular study representative of a wider set of concerns.”¹² Using textual analysis, or critical reading, to study the portrayal of menopause within print publications can enrich public understanding of how the media contributed to society’s views on this stage of a woman’s life and, ultimately, to its medicalization.

Historical methods fit exceedingly well into this design. Journalism history is characterized by richness and interpretation, by story telling, and by the use of primary

¹¹ J. Sinclair, *Trust the Text* (London and New York: Routledge, 2004) 24.

¹² John J. Pauly, A Beginners Guide to Doing Qualitative Research in Mass Communication, *Journalism Monographs*, (1991) No. 125, 11.

sources. Historians, like qualitative researchers and practicing journalists, rely on those techniques in seeking answers. History is more than facts. It's an attempt to explain and interpret what happened in the past, even to reinterpret it. Gerda Lerner, for example, redefined the history of women by meticulously tracing the development of the ideals, symbols, and metaphors by which patriarchal gender relations became part of Western civilization and, essentially, giving the world a history of women where none existed before.¹³ Her works as an historian lend enormous credibility and knowledge to the current study of women's issues. It is, obviously, necessary to study the media's influence over a span of time in order to trace the development of ideas, beliefs, and notions held by society.

Study limitations

While advertisements were included in this study, they were secondary to editorial content because of the difficulty in searching for them. The volume of newspaper ads and their repetitive nature (many ads were run countless times) presented practical obstacles in terms of time and relevance, especially since this study was not quantitative in its approach. Also, most of the earliest copies of *Reader's Digest* – specifically those during a twenty-year span between 1973 and 1993 – were not available in hard copy or on microfilm at the University of Maryland's McKeldin Library to examine in their entirety. However, specific articles were obtained through special library request for individual issues. Using *Readers' Guide* as a starting point, I

¹³ Gerda Lerner, *Creation of Patriarchy* (New York and Oxford: Oxford University Press, 1986), see also: Lerner, *The Woman in American History* (Reading, Mass: Addison-Wesley Publishing Co., 1971); Lerner, *The Creation of Feminist Consciousness: From the Middle Ages to Eighteen-Seventy* (New York and Oxford: Oxford University Press, 1993); Lerner, *The Majority Finds its Past, Placing Women in History* (Chapel Hill: University of North Carolina Press, 2005)

recorded the relevant information – article name, author and date of publication – and used the university’s library electronic request system. The library emailed me the requested articles fairly quickly, often within 48 hours. This meant, however, that it wasn’t possible to examine the entire issue, i.e., advertisements. The same was true for several women’s magazines during certain latter time periods. The library collection of *McCall’s* ended in 1994, and, for *Good Housekeeping*, in 1993. As with *RD*, relevant articles were obtained through special request but, again, there was no opportunity to examine entire issues. When advertisements could be examined, and were relevant, they were included. It should also be noted that the *Digest* did not accept advertising until 1955. In the case of newspapers, the sheer volume of advertisements that were listed in the databases made it impossible to examine all of them, so ads were randomly selected for examination. The opposite was true in the case of the *Time* database where searches did not provide results that included advertisements, so no ads in *Time* were studied.

Also, because many of the articles that appeared in later years were obtained from an electronic database, it was not always possible to include the exact page number for specific passages that are quoted; in these cases, the beginning page number – the page on which the article starts – was used.

Not surprisingly, the key word “menopause” turned up numerous articles, many of them unrelated to hormones and/or medicalization. These were not considered in this study. For example, articles related to pregnancy-through-technology after menopause were excluded, as were articles addressing perimenopause – the time before actual menopause – begins, premature menopause, and any articles with references to

“male menopause.” I was looking specifically for articles in which menopause itself was a major focus, for example, in telling readers what symptoms to expect and how to cope with them. I was primarily interested in how language was used to describe menopause, that is, the values and messages the writers used in framing the topic. These criteria guided my selection of the vast majority of the articles that were studied and cited.

Although newspaper news and feature stories, medical and non-medical advice columns and ads were studied, editorials, op-ed pieces, letters-to-the-editor, book reviews, entertainment articles, etc. were excluded, largely because of time and space constraints. Some, but not all, articles that originated in newspapers other than the *Post*, *LAT*, and *NYT*, but were reprinted in them, were discussed. Decisions were made based on their relevance. The *Post* acquired the *Washington Times-Herald* in 1954¹⁴ and, as a result, some of the source listings referred to *Washington Post-Times Herald*. For the purposes of consistency and simplicity, dissertation footnotes cite only the *Washington Post*, even when earlier references used both.

Finally, several of the magazine articles were virtually unreadable because of extremely poor microfilm reproduction. These were either partially studied or omitted entirely. On rare occasions, parts of articles did not show up in the database or were missing from library bound volumes. This material too was either used in part or omitted entirely. Because these instances were extremely rare, I believe they had little if any impact on the quality of this study, or its conclusions.

¹⁴Washington Post Timeline at URL http://www.washpost.com/gen_info/history/timeline/frame_timeline.shtml accessed 10 February 2008.

Additional notes

Where words are italicized, all caps, or bolded within direct quotes, I have used the same emphasis as that of the magazine or newspaper being quoted, unless otherwise noted. There are other instances within quoted material where I have italicized certain words to stress a point. I have specifically noted these each time they occur.

Lastly, I have transposed to the best of my ability all quoted material as it appeared in the original publications. Despite every effort to check for accuracy, there may have been unintentional errors on my part resulting from the process. However, there are numerous instances where the original authors' grammar and/or syntax are incorrect. I did *not* correct these errors. There may be rare instances of my inadvertently adding an occasional comma – largely because of my computer's grammar and syntax checking function – but, for the most part, the authors' grammatical errors remain as they originally appeared.

CHAPTER 4: EARLY NEWSPAPER MEDICAL ADVICE

COLUMNS – THE WASTED WOMAN

Newspapers a century ago fulfilled (and continue to do so today) a very different role from that of most magazines. Women's magazines (and, to some extent, *Reader's Digest*) sought to provide women with subjective user-friendly information, whereas the major function of newspapers was (and still is) to cover and report the news. (*Time*, a weekly newsmagazine that does not have the immediacy of a daily newspaper, also has sought to put the news in context, offering interpretation and additional information to its news coverage.) During much of the first half of the twentieth century, however, as today, many newspapers also ran advice and medical columns, many of them syndicated, dealing with human-interest issues for their readers. To be sure, these were far less likely to be as objective as news reporting was supposed to be, and they did not always provide accurate information – by today's standards – to their audiences.

The approach to menopause by many of these columnists during the first half of the twentieth century had its roots in nineteenth century thinking that held that the cause of a woman's menopausal disease "lay in the violation of the physiological and social laws dictated by her ovarian system."¹ Many of their columns often reflected these attitudes. Education, attempts at birth control or abortion, undue sexual indulgence, a too-fashionable lifestyle, failure to devote herself fully to the needs of her husband and children, even involvement in causes such as women's suffrage "all

¹ Smith-Rosenberg, *Disorderly Conduct*, 192.

might guarantee a disease-ridden menopause.’’² Furthermore, menopausal problems as well as insanity also could come from ‘‘a momentary lack of judgment in old age – that is, engaging in sexual intercourse during or after menopause.’’³ Thus, for a trouble-free menopause, older women were told they must follow certain lifestyle choices before menopause, and then give up sex upon reaching it. ‘‘Doctors warned that women must treat menopause as the beginning of old age.’’⁴

In the medical literature, the menopausal woman often appeared as ludicrous or physically repulsive. Edward Tilt, for instance, claimed that she characteristically had a ‘‘dull stupid look,’’ was ‘‘pale or sallow,’’ and tended to grow a beard on her chin and upper lip. Doctors scoffed at women who, long sterile or just married at menopause, believed themselves pregnant. These women, doctors commented heartily, suffered from a little flatulence, somewhat more hysteria, and, most of all, obesity. Such a woman’s fantasied fetus, another doctor joked, was just her belly’s double chin. More critical were doctors’ comments about women who deliberately attempted to appear young after they had reached menopause. Menopausal depression – other physicians remarked – grew out of pique at no longer being considered young and attractive.⁵

Therefore, the medical newspaper columns that appeared during the first half of the twentieth century in the selected newspapers often referred to these medical beliefs, which were popular and widespread at the time. Male physicians who authored the columns were quite adamant (and often predicable) in expressing their opinions about menopause. [see Table 1]

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid, 193. See also: Edward John Tilt, *The Change of Life In Health and Disease*, 4rth ed. (New York: Bermingham & Co., 1882), 16, 39, 94-95.

Table 1

Early Newspaper Medical Advice Columnists

Columnist	Writing Period	Point of View
Philip M. Lovell (<i>LAT</i>)	1920-1930s	Didn't believe menopausal symptoms were real; said physical problems were payback for an ``abnormal'' lifestyle and believed that menopausal women underwent an atrophy of their bodies.
Lulu Hunt Peters (<i>LAT</i>)	1920s	Believed that obesity caused most menopausal problems – indeed most health problems generally – and advocated weight loss diets and exercise as a cure-all for most menopausal complaints.
W.A. Evans (<i>Post</i>)	1920s- 1930s	Believed women deteriorated during menopause to the point of insanity but predicted they would recover with emotional and physical rest.
Irving S. Cutter (<i>Post</i>)	1930s	Believed that women would be ``reborn'' once the horrific manifestations of menopause were behind them.

William Brady (<i>LAT, Post</i>)	1930s-1950s	Blamed women for being “uneducated” when it came to menopause, and often expressed pity for them. Was an early advocate of hormonal extracts, the rudimentary precursors to HRT.
Glen R. Shepherd (<i>Post</i>)	1940s-1950s	Said that women feared menopause because they did not understand it. Believed that women should regard menopause as normal. He opposed “sex hormone shots.”
Walter C. Alvarez (<i>LAT, Post</i>)	1950s-1960s	He said that women who had been emotionally stable prior to menopause could handle the change; women with a history of instability, however, might have problems. He also declared that women liked to blame menopause for their lack of sexual desire and, consequently, loss of their husbands. He advocated electroshock therapy to eliminate menopausal “blues.” Was an early advocate of synthetic hormones.

Theodore Van Dellen (<i>Post</i>)	1950s-1970s	Believed that menopausal women suffered because they dreaded growing old and blamed their problems on menopause instead of other factors, such as their fear of aging. Often used language comparing menopause to a siege of bad weather. . Advocated the use of stilbestrol for menopausal relief.

Health and wellness columnists, some written by physicians (mostly male, but occasionally female), as well as advice columns from wise “grandmotherly” types, were quick to use their public platform to soothe the ruffled feelings of beleaguered husbands baffled by the behavior of their suddenly grouchy wives, or to reassure menopausal women that all the awful things they were going through (and many of the columnists described these symptoms in excruciating detail) eventually would pass. These columns appeared several times a week, beginning in the early 1920s. Several columnists dominated for two decades, until the late 1930s, followed by others who began to take their place in the 1940s, some of whom appeared well into the 1970s. These writers did not attempt to back up their opinions with science-based evidence, although their stances did reflect medical opinion of the period. Furthermore, their language was not especially comforting to women who sought reassurance. Some of the

earliest columnists – specifically those who appeared between 1920 and 1950 – focused obsessively on certain topics, and their perception of them. For example, one longtime *Los Angeles Times* columnist, Philip M. Lovell, N.D., writing in the 1920s and 1930s, repeatedly used the word *atrophy* to describe the condition of menopausal women’s reproductive organs, evoking images of shriveled and dried up body parts, and insisted that hot flashes were not a *real* symptom of menopause, and occurred among menopausal women as payback for past *abnormal* lifestyle habits. Lovell was a naturopathic doctor, a discipline that uses such complementary approaches as homeopathy, acupuncture, herbal medicine and nutrition. Another *LAT* regular, Lulu Hunt Peters, M.D., regarded as a pioneer in weight loss theory because she was among the first to advocate calorie counting, wrote a column on diet and health. She repeatedly attributed menopausal symptoms to obesity and overweight. She advised menopausal women to shed their extra pounds by dieting and exercise (solid advice for anyone who is overweight, especially for that time period), and to stop blaming menopause for their weight gain. Other regular newspaper advice and/or medical columnists included Walter C. Alvarez, M.D., and William Brady, M.D., whose syndicated column appeared regularly in the *LAT* and occasionally in the *Post*, and W.A. Evans, M.D., Theodore R. Van Dellen, M.D. and Mary Haworth, also in the *Post*. The male newspaper columnists in this study frequently were patronizing, belittling, judgmental, and unsympathetic toward the women they supposedly were trying to help.

Newspaper health, how-to, and advice columns: stormy weather

Predominantly during the period between the 1920s and the 1950s, the messages within health and advice columns in the *Post* and the *Los Angeles Times* (the *New York Times* did not run health advice or how-to columns before the mid-1960s) were mixed. Medical columns, written for the most part by male physicians who never experienced these events themselves, advised menopausal women to be glad that their reproductive days were over, and urged them to welcome this new stage in their lives. They were not inclined to take women's complaints very seriously. Moreover, they often told women that they had too much of a tendency to blame, falsely, many of the problems they were experiencing on menopause. At the same time, however, they reinforced the most gruesome assumptions about menopause. Imagine how most women would respond to the following imagery – that of evolving from a grape into a raisin.⁶

The menopause, although uncomfortable for some, is not serious. But this concept was not always held, as many old-timers will agree. Up to the turn of the century the change of life was regarded as a dangerous and painful transition from youth to old age. It meant four or five years of suffering while the woman withered like a grape into a raisin... It is not the reduced activity of the uterus and ovaries that bothers women but the dread of growing old, the threat to stability, and the many other fears accompanying age. It is a happenstance that menstruation ceases at a time of life when the world looks glum and gray for other reasons.⁷

In 1899, the *LAT* ran its first reference to menopause in an un-bylined column entitled "Care of the Human Body," subtitled: "Valuable Suggestions for Acquiring

⁶ Van Dellen, "How to Keep Well: the Menopausal Transition," *Washington Post*, 2 July 1963, sec. B, p. 20.

⁷ Ibid.

and Preserving Health.”⁸ In one section, called “a critical period,” the writer described the travails of both men and women entering middle age. It is a rare example of an equal opportunity put-down. The column described how formerly cheerful and reasonable men began holding “cranky, unreasonable and pessimistic ideas” as a result of middle age.⁹ Furthermore, in women, “we have a pronounced nervous storm occurring in women about a certain age, the nature of which is wholly unknown, but upon which volumes have been written.”¹⁰ Note that the expression *women of a certain age* appeared as early as the nineteenth century. Also, here is an example of what will become a familiar – and frequent – metaphor, that of comparing menopause to an episode of bad weather, specifically a *storm*, a word that became a heavily used term to describe menopause. At no point did any media stories describe this stage of a woman’s life as *sunny, clear, breezy, warm, spring-like, or balmy*.

W.A. Evans, M.D.,¹¹ former Chicago public health commissioner and health editor for the *Chicago Tribune*, wrote a frequent syndicated health column for the *Post* during the 1920s and 1930s entitled “How to Keep Well,” (the same column some years later written by Van Dellen) where he addressed “the emotional disturbance incident to the change of life.”¹² His words were hardly reassuring

In her earlier years the woman has been anchored somewhat by her ambitions or hopes. It may be that the hopes were founded on daydreams that were wholly unreasonable—nevertheless, they anchored her. Then comes the change of life and a realization of the drabness of the future; or it may have been that the woman all her life has been overworked and perhaps disappointed in addition. At the menopause the life-long stimulation of ovarian secretion is no longer

⁸ “Care of the Human Body,” *Los Angeles Times*, 16 April 1899, sec. A, p. 22.

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ W.A. Evans, “How to Keep Your Health: Psychoses of Menopause,” *Washington Post*, 15 July 1923, sec. A, p. 32.

¹² *Ibid.*

available. The woman goes down. She reaches a state which the court calls 'insane.' The brain specialist says her gray has merely become a deeper gray or perhaps black—her lifelong mild psychosis has merely been exaggerated. Fortunately...a large part of this group recover [sic] under emotional and physical rest.¹³

On another occasion Dr. Evans shared the insights of Sir William Arbuthnot Lane (1856-1943), a British surgeon who specialized in intestinal disorders, but who nevertheless had his own opinions regarding the menopausal woman.¹⁴ Dr. Evans quoted him as saying that menopause was the time when past indulgences, such as over-eating, drinking, and smoking would catch up with a woman physically and her emotional problems would start to register upon her face—again, small comfort. "Sir Arbuthnot Lane says this is the time when a woman's sins against the laws of health find her out. So far as this world is concerned it is a woman's greatest judgment day..."¹⁵ Even its headline is revealing: "The Critical Age in Women." Further quoting Sir William, he wrote:

If they sinned in the manner of eating, they get fat and lose their figure. If they have indulged in liquor their physical coarseness becomes apparent and the nose may light up. If they have been smoking they get out of breath on slight exertion. If they have been self-indulgent as regards their intestinal functions they will get liverish, their complexions will coarsen, and they will become especially susceptible to germ diseases.¹⁶

Moreover, still attributing his information to Sir William, Dr. Evans described this "critical age" as one where a woman's mental and emotional signs appear on her face – in the form of wrinkles and a down-turned mouth – especially if she has heavily engaged in anxiety and sadness. This is when women experience hot flashes, dizziness,

¹³ Ibid.

¹⁴ Evans, "How to Keep Well: The Critical Age in Women," *Washington Post*, 7 December 1931, sec. A, p.13.

¹⁵ Ibid.

¹⁶ Ibid.

and “emotional storms.”¹⁷ For those without a history of unhealthy living, Dr. Evans recommended ovarian extract for their menopausal symptoms; for the other group, however, he lamented that “not much can be done by way of a cure,” because “the effect is too firmly rooted.”¹⁸ Finally, Dr. Evans declared:

We need a living manual for women of 50. When sent a stamped, addressed envelop and request I supply a booklet on the subject, but it is only a primer. We need a larger text.¹⁹

Irving S. Cutter, MD, former dean of the Northwestern University Medical School who also served as health editor of the *Tribune*, writing in a *Post* column entitled “Today’s Health Talk,” expressed a more optimistic—and by today’s standards, realistic—outlook. He cautioned, “nature acts slowly” and urged patience in dealing with the symptoms. He predicted that eventually the misery that women had endured during this period would transform into a new beginning.²⁰

It is true that nervous manifestations may be accentuated and symptoms may appear which are difficult to reconcile with the erstwhile disposition of the individual. These signs may be mistaken for actual disease, and it is sometimes hard to convince the patient that hot flushes, chills, cold sweats, insomnia, dizziness, intense headaches, and even mild melancholia are part of the general physical picture that leads to a rebirth.²¹

Lose weight.

Dr. Peters, on the other hand, who focused on weight and its impact on health, tended to blame extra pounds for the side effects of menopause, including arthritis and hot flashes. She shared these insights with readers of the *Los Angeles Times*, often

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Irving S. Cutter, “Today’s Health Talk,” *Washington Post*, 19 May 1936, sec. X, p. 13.

²¹ Ibid.

chiding her correspondents for blaming their maladies and other complaints on menopause, instead of excess body fat. References to weight appeared in virtually all of her comments regarding menopause, conveying the impression that aging and the change of life were intrinsically tied to getting fatter. She saw diet and health as her area of expertise, and wrote a book called *Diet and Health, with the Key to the Calories*, published in 1918 by Reilly and Lee Co., urging women to forego dangerous diet pills and count calories instead. She also advocated outdoor exercise, drinking milk, and eating green vegetables, fruit, and whole grain products. In many ways, Dr. Peters was ahead of her time. While not everyone would agree that menopausal symptoms were the result of weight gain, rather than the other way around, her weight loss advice – coming as it did during the 1920s – was surprisingly solid and on target. Much of her advice still stands today: count calories, exercise, eat fruit, vegetables and whole grains, and avoid diet pills. In 1924 she told one correspondent, who asked about hot flashes:

Hot flushes appear to be a rather common occurrence during the menopause. It has been found that overweight women suffer more from them than those of normal weight. Are you overweight? If so, reduce. Get plenty of outdoor exercises.²²

Interestingly – despite a reluctance to recommend pills for weight loss – she showed no such resistance to the idea of hormone therapy – then in very limited use – for hot flashes. Even in 1924, long before hormone use became popular and widespread, some media were already raising the possibility that these rudimentary extracts could bring relief. She wrote: “Sometimes the physicians prescribe tablets

²² Lulu Hunt Peters, “Answers to Correspondents, Diet and Health,” *Los Angeles Times*, 24 May 1924, sec. A, p. 7.

made from certain parts of animal ovaries, and they seem to be helpful in many cases. See your physician about these.’’²³ Dr. Peters also recommended weight loss to relieve the stiffness and joint pain that also arose at the time of menopause, knowing what her regular readers would expect her to say: ‘‘Treatment: you can guess it: Reduction of the weight. You know how to do that if you have been following the column.’’²⁴ This was another piece of good advice – rheumatologists today often prescribe losing weight as a way to relieve the pressure – and, as a result, the pain – on aching joints. There were times, however, when she departed from her usual subject of diet and health to discuss other topics, facial hair growth, for example, which, for women, ‘‘is a blemish that causes a great deal of unhappiness.’’²⁵ She cited menopause as one cause of excess facial hair among older women, although she reassured her readers that the problem was treatable.

Growth of a beard in women is the form of superfluous hair which causes the most unhappiness. As women grow older, especially after the menopause (change of life,) a slight mustache or a few straggling dark hairs on the other parts of the face often appear. These do not cause so much unhappiness because they are easily removed.²⁶

Have no fear

In the years before hormones became popular, additional *Post* and *LAT* health columns addressed what the writers described as the worst manifestation of menopause: fear. Women were frightened. By this time – and before Dr. Wilson told them they could restore their youth with estrogen – they feared growing old, becoming suddenly

²³ Ibid.

²⁴ Peters, ‘‘Arthritis (Inflammation of the Joints), Diet and Health,’’ *Los Angeles Times*, 2 February 1925, sec. A, p. 6.

²⁵ Peters, ‘‘Superfluous Hair – No. 1, Diet and Health,’’ *Los Angeles Times*, 7 July 1924, sec. A, p. 6.

²⁶ Ibid.

unattractive and suffering some of the worst symptoms that the change could heap upon them. Several columns, dismissing the specific physiological changes that were occurring in women's bodies – and borrowing a theme made famous by Franklin D. Roosevelt – declared that it wasn't menopause itself that was causing all the problems – it was fear – and that symptoms would disappear if women could learn to stay calm.

Dr. Peters tried to address this in one of her columns.²⁷ Speaking to "Mrs. W," one of her correspondents, Dr. Peters advised her to relax, look at menopause as a normal stage of life, and, of course, lose weight. But then she veered into the realm of mental illness, a detour that almost certainly raised more anxieties than it eased.

Don't worry about yourself at all. For the normal person there is no more danger of becoming insane at this period than there is at any other period. Of course, in any person mentally unstable who might go insane anyway, this change might precipitate it, but it does not always, even in these cases.²⁸

"Why Grow Old?" columnist Josephine Lowman also addressed fear, but – unlike the other columnists – she acknowledged that the symptoms of menopause were real and not imagined. On November 13, 1940, however, she wrote that fear could cause some of them – and almost certainly worsened others. "Remember this: the symptoms of menopause are greatly exaggerated and can even be caused by fear," she wrote.. "Knowledge will rid you of this fear."²⁹ Two days later, on November 15, 1940, she wrote:

About 60 per cent of the feminine world passes through this with little or no discomfort. Remember this: Mental attitudes have been found to exert a

²⁷ Peters, "Answers to Correspondents, Diet and Health," *Los Angeles Times*, 31 October 1925, sec. A, p.8.

²⁸ Ibid.

²⁹ Josephine Lowman, "Why Grow Old?" *Los Angeles Times*, 13 November 1940, sec. A, p. 6

direct influence on discomforts at this time. In all my reading I find that fear of menopause is one of the main reasons for its disabilities.³⁰

Similarly, Glen R. Shepherd, M.D., writing in his *Post* column, asked "...what causes the unpleasant, terrifying, and bewildering symptoms in some women during their forties? The answer is not simple but can be summed up in one word: fear."³¹

One wonders whether raising the likelihood of fear (not to mention insanity) in this instance and others only exacerbated it, or whether the authors' attempts to "normalize" this stage in a woman's life actually got through to readers. For decades, doctor-columnists advised women to stay calm and not worry about all the horrific things that could happen, in all likelihood solidifying their worst fears in doing so. The *Post's* Dr. Shepherd wrote:

Many women fear the menopause—the change of life—as they approach the 'fateful forties.' They fear it because they think it means the end of physical enjoyment or even indicates the end of life itself. Modern medical knowledge shows these fears to be entirely groundless... Women are afraid of the menopause because they do not really understand it. All they know about it has come from the 'they say' school—from their mothers and grandmothers and other women who don't understand how normal the menopause is. It need not be a 'change of life' from better to worse. It can and should be the beginning of real emotional maturity.³²

It's your fault

Somehow, the prospect of achieving "real emotional maturity" at the cost of what was almost certainly perceived as real physical deterioration might not have struck most women as terribly appealing. Also, in a sense, women were told it was their own fault if they couldn't handle the change. It seemed patently unfair that the same

³⁰ Lowman, "Why Grow Old?" 15 November 1940, sec. A, p. 9

³¹ Glen R. Shepherd, "Take Care of Yourself: Eradication of Fear Allays Symptoms of Menopause," *Washington Post*, 26 October 1949, sec. B, p. 7.

³² Shepherd, "Doctor's Notebook: Menopause Causes Baseless Fears," *Washington Post*, 9 March 1952, S10.

medical system that helped create the widespread notion of women as sickly now blamed the victims for their symptoms. Moreover, it didn't help for medical professionals writing these columns simply to attribute many of their side effects to a damaged psyche, or the result of an unhealthy past, even if that's what medical authorities believed at the time. Naturopathic doctor Lovell, who wrote a regular health column in the *LAT*, "Care of the Body," in the 1920s and 1930s, dealing with all aspects of health, almost certainly contributed to this angst. As previously noted, he, like others, believed that hot flashes were a form of payback for a woman's failure to live a healthy (and – in his view – traditional) life. He also believed that menopause signified a period of wasting – his favorite word was *atrophy* – and loss of productivity, and his columns repeatedly stressed those messages. In fact, these two consistent themes – atrophy and payback – repeatedly emerged in his writings when he discussed menopause. Here is what Dr. Lovell had to say on November 27, 1927, for example, about hot flashes to one reader who asked about their cause: (payback)

Hot flashes are not a normal part of the change of life period. The heat flashes, the shooting sensations, the high nervous tension, the quivering tenseness – these are not parts of the normal change of life or menopause period.

In ninety-nine cases out of one hundred of hot flashes, or burning sensations, or health spells, or the nervous tension of the change of life – and when I saw change of life I mean the period lasting about seven or eight years, usually between forty-four and fifty-one or two – there is generally a complication of chronic constipation, digestive troubles, lacerations, abnormal childbirths, fear and worry (one of the principal causes) and the typical hyperacidity of autointoxication.

There is no reason at all why a woman cannot be in perfect health during the change of life period if she will only follow sane, sensible rules of correct diet. That is all that is necessary and that is all it takes.³³

³³ Philip M. Lovell, "Care of the Body," *Los Angeles Times*, 27 November 1927, sec. L, p.26

On December 4, 1927, he told his women readers the following

(atrophy):

In the menopause period there is an atrophy, a shrinking of all the sexological structures. Compare the breasts of a woman past the change of life with those of a woman in the height of her productive period. The contrast is evident.³⁴

On December 18, 1927 (payback), Dr. Lovell informed his readers that hot flashes, spinal pain, nervousness and irritability during menopause were the result of past ``abnormal habits of living practice,’’ including sterility (not having babies), excessive childbirth (having too many babies), the ``vicious use’’ of contraceptives, and too much worrying. ``Most people are mentally sick,’’ he wrote. ``If you will only become calm, peace and tranquil! Worry doesn’t pay!’’³⁵

On February 19, 1928, in a nod to men too, he wrote: (payback):³⁶

The menopause, or change of life, as you may call it, is applicable to both men and women. It is really the final curtain in the drama of reproductive life. Then comes the `settling down’ process to the ripened fulfillments of old age.

It is then that our vices extract the highest payment. It is then that both men and women commence to suffer the cumulative effects of all the things they have done before. Their reserves are depleted.³⁷

On June 3, 1928, he wrote, in describing menopause (atrophy)³⁸ that ``the breasts tend to shrivel and the entire sexological apparatus undergoes either atrophy or functional degeneration.’’³⁹ In the same column, however, he assured women that

³⁴ Lovell, ``Care of the Body,’’ *Los Angeles Times*, 4 December 1927, sec. L, p. 26.

³⁵ Lovell, ``Care of the Body,’’ *Los Angeles Times*, 18 December 1927, sec. K, p. 26.

³⁶ Lovell, ``Care of the Body,’’ *Los Angeles Times*, 19 February 1928, sec. K, p. 26.

³⁷ *Ibid*, 30.

³⁸ Lovell, ``Care of the Body,’’ *Los Angeles Times*, 3 June 1928, sec. L, p. 26.

³⁹ *Ibid*, 30.

menopause ``need not deter one from marrying,’’⁴⁰ since marriage involved more than simple ``glandular secretion ’’⁴¹ and continued:

Freed from the typical excesses, marriage could be just as physiologically and psychologically happy after the menopause as it is in the first flush of youth. It has more chances of success for it is tempered with the wisdom of growing years. It is free from the tempestuous extremes to which more youthful couples tend to stray.⁴²

On April 5, 1931, Dr. Lovell wrote⁴³ that, upon menopause, a woman ``commences to suffer the end products of her years and years of wrong living,’’⁴⁴ (payback), and warned that the manner in which she goes through the change`` will determine whether she will live to a ripe old age or not or whether such old age will be loaded with sickness and pain.’’⁴⁵ Furthermore, for both genders, the menopause ``indicates that there is a degenerative change taking place in the sexual apparatus of both men and women.’’⁴⁶ (atrophy).

Lovell built his descriptions around an overall sense of degeneration and loss of function. Women going through menopause, in his view, experienced a transition from a productive stage of life to an inactive one; although he tried to reassure women that this stage of life was normal and should not have side effects, his approach was anything but comforting and non-judgmental. Like some of his *Post* counterparts, Dr. Lovell believed that women having a bad menopause had no one to blame but themselves.

⁴⁰ Ibid.

⁴¹ Ibid,

⁴² Ibid.

⁴³ Lovell, ``Care of the Body,’’ *Los Angeles Times*, 5 April 1931, sec. L, p. 19.

⁴⁴ Ibid., 20.

⁴⁵ Ibid.

⁴⁶ Ibid.

Dr. Lovell's columns continued to appear in the *LAT* throughout the 1930s. He used unsparingly harsh and unsympathetic language to describe menopause, primarily as a process of wasting away. At the same time, he stressed that it should be symptom-free for those women who earlier had conformed to his standards of appropriate lifestyle behaviors. The subliminal messages, using expressions like *depletion of old age*, especially when compared to the *vitality of youth*, for example, seemed bleak, depressing and full of blame, and conveyed a deep sense of loss. Imagine how women experiencing menopausal symptoms must have felt upon being told that nature's processes "are painless" and "free of distress," and that "pain is always the sign of disease."⁴⁷ Moreover, Dr. Lovell warned menopausal women to be especially vigilant regarding their health during this time because "It will determine whether she will live to a sweet old age or whether she will have a painful, nightmarish senility."⁴⁸

The main point I want to stress is that even though the woman has not paid any attention to herself – even though she has not disciplined herself dietetically – even though she has not sought to solve the chronic ailments of the preceding years – it is still not too late during the menopause.

She is midway between youth and old age. She usually has some of the vitality of youth while the depletion of old age has not yet fully visited her. There is generally ample reserve strength and vitality to build up.⁴⁹

He described menopause as "fraught with peril,"⁵⁰ a phrase that was hardly reassuring. To make matters even worse, however, he encouraged this universe of depleted women to rehabilitate themselves – and to believe that all was not lost.

Those of you reading this – who are at this epoch of existence – take stock. Also take heart. Youth does not possess all. Even the maturity of middle age can literally accomplish wonders in reconstruction.

⁴⁷ Lovell, "Care of the Body," *Los Angeles Times*, 5 June 1932, sec. H, p. 20.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.

The menopause should be the forerunner of a new phase of health, vitality and freedom from disease in the retiring years of life.⁵¹

On April 2, 1933,⁵² (atrophy) he wrote that women in menopause undergo “a sort of reverse gear” compared to the transition from “girlhood to womanhood.”⁵³ Furthermore – and take note of his word choice to label the direction menopause takes as *downward*, rather than onward or even upward – there is little else to feel cheerful about from his perspective. Again, the language is loaded with messages about decline and loss of productivity and value as a woman. As teenagers, women develop their reproductive systems, but “from the menopause downward we find a reversal of this process,” he wrote.⁵⁴ To further drive home his point about atrophy, he suggested that his readers contrast the breasts of a woman “in the productive period” with those of a woman in her sixties, presumably unproductive – and what do breasts have to do with productivity, anyway? “In the younger woman the breast are full and firm,” he wrote. “In the other they are shriveled and shrunken.”⁵⁵

He wrote on July 16, 1933 that if women behaved as they should during menopause, “old age would be a serene adjustment to a less vigorous environment.”⁵⁶

On January 14, 1934, again using language implying that women became *inactive* at menopause, he wrote (atrophy):

With the advent of the menopause there is a complete atrophy or senile change of all the sexological structures. The uterus, ovaries, tubes – everything – undergo a degenerative change. They shrink in size. They become relatively

⁵¹ Ibid.

⁵² Lovell, “Care of the Body,” *Los Angeles Times*, 2 April 1933, sec. H, p. 21.

⁵³ Ibid., 22.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Lovell, “Care of the Body,” *Los Angeles Times*, 16 July 1933, sec. H, p. 21.

functionless – at least for the purposes for which they are intended during the active period of life.⁵⁷

In a rare departure from his usual themes – but consistent with his natural approach – Dr. Lovell shunned the notion of drug taking during menopause. In the same July 16, 1933 column⁵⁸ he advised women: “One must not take drugs,⁵⁹ adding: “There is not a remedy on the market which can in any way cure the menopause symptoms.”⁶⁰ In this case, his was a lone voice against medicalization, but this was not surprising considering his orientation as a naturopath. Also, in the 1930s the medicalization of menopause was in its infancy and did not intensify until the mid-1960s with the publication of Dr. Wilson’s book. Rather, Dr. Lovell insisted that menopause would be effortless and asymptomatic if women followed an impeccable lifestyle. “This is the time when ‘the chickens come home to roost’ – the ‘chickens’ of *bad* diet, faulty elimination and drug-taking, he wrote.⁶¹ He suggested that women try to approach the onset of menopause “with the same robust freshness and vitality with which the child faces adolescence.”⁶²

On July 19, 1936, one reader asked Dr. Lovell about the relationship of menopause to thyroid function, and whether his wife’s symptoms were the result of a thyroid tumor or the change of life.⁶³ Dr. Lovell could not say, of course, not having directly examined the woman. But he insisted, as he always did, that menopause in

⁵⁷ Lovell, “Care of the Body,” *Los Angeles Times*, 14 January 1934, sec. H, p. 21.

⁵⁸ Lovell, “Care of the Body,” *Los Angeles Times*, 16 July 1933, sec. H, p. 21.

⁵⁹ *Ibid.*

⁶⁰ *Ibid.*

⁶¹ Lovell, “Care of the Body,” *Los Angeles Times*, 8 April 1934, sec. G, p. 21.

⁶² *Ibid.*

⁶³ Lovell, “Care of the Body,” *Los Angeles Times*, 19 July 1936, sec. A, p. 29.

women of good health ``ought to be painless and symptomless''⁶⁴ with no more disorders at this time than at any other period of life. But, echoing his payback message – his frequent references to balancing the books – he added, without explaining what he meant by ``expression:''

The menopause period may be compared with a sort of balancing of the books – like the annual inventory in a business. Nature makes a complete summation of the sex life of the woman: Has she been a mother? Has her expression been normal? Has she had surgery, miscarriages, or abortions? Has she nursed her baby?⁶⁵

In 1937 Dr. Lovell continued to insist that menopause would be symptom-less as long as women made the correct choices regarding their health. Although many of his ideas would be considered outdated today, in fact laughable if not outrageous, some of his advice actually was quite sound when applied to the overall notion of good health. For instance, he advocated against taking drugs and for a return to healthful habits such as pure food and exercise. Nevertheless, any such reasonable advice was overshadowed by its packaging. His strong views, for example, dismissing menopausal symptoms as nonexistent, except for those women who indulged in bad habits, validated the most gruesome assumptions about menopause. On November 28, 1937, he told his readers that a menopausal woman who was ``cross with her husband, irritable with her children, sleepless, fussy,'' and who complained of an ``all-around feeling of not being well,'' was inclined to blame menopause.⁶⁶ But, he declared: ``There is no such cause.'' ⁶⁷ Instead, he warned, she should put the blame where it belonged:

⁶⁴ Ibid., 30.

⁶⁵ Ibid.

⁶⁶ Lovell, ``Care of the Body,'' *Los Angeles Times*, 28 November 1937, sec. I, p. 21.

⁶⁷ Ibid., 22.

...the years that have gone before – that half a package of cigarettes per day, the occasional glass of beer or wine, the daily fried stuffs, the loads of coffee, the excessive sugars and sweets, the chronic constipation, the laxatives, the headache powders, the pain killers so sweetly warbled about over the radio, the sedentary occupation, the fretting and worrying about finances, jobs and so forth.⁶⁸

Nor, he wrote, should she rely on drugs. ``There is no magic hocus-pocus of giving the ovaries of a dead sheep or the pituitary gland of a dead calf! These are new miracles for the gullible.’’⁶⁹

Dr. Lovell was an opinionated man. Although he was a devotee of the natural way to health – shunning drugs and unnecessary surgery – many of his columns reflected uncompromising views about women’s roles, and the relationship of their past behaviors to health and well-being. Current medical thinking today accepts that menopausal symptoms are real. Moreover, it rejects the notion that such symptoms are imagined, or related to past behaviors, such as bearing or not bearing children, or contraceptive use. Reading this, one has to wonder how a woman could achieve the correct balance between not having children and having too many children without using contraception. It should be noted, however, that contraception had been the focus of highly charged national battles, and was just beginning to gain acceptance during this time. One also has to wonder how women could possibly approach midlife with ``freshness’’ and ``vitality’’ after being warned repeatedly that they were entering a period of degeneration, inactivity, physical atrophy and loss of function, and that they were to blame (because of prior lifestyle choices) for the hot flashes and other side effects they were experiencing?

⁶⁸ Ibid.

⁶⁹ Ibid.

These attitudes – that menopause signaled the onset of deterioration and that women themselves were to blame for whatever suffering they experienced – were not Dr. Lovell’s alone, and did not abate for many years. Syndicated medical columnist Van Dellen appeared regularly in the *Post* for several decades beginning in the 1950s. His column, “How to Keep Well,” like those of his counterparts, also reflected the belief that the problems women experienced during menopause were due to their inability to adjust to unpleasant aspects of aging, but – unlike Lovell – he acknowledged that the unpleasant physical and emotional symptoms experienced during this transition were real. The end of ovarian function, he wrote on March 24, 1954,⁷⁰ leads to a number of nervous and circulatory symptoms “that may be so minor as to go unnoticed, or so severe that the woman is incapacitated.”⁷¹ Dr. Brady, who wrote a column in the *LAT* from the 1930s until well into the 1950s, also blamed women for being “uneducated” about the realities of menopause. He wrote, on May 8, 1951, for example, that the “19th century concept of ‘change of life’ is still accepted as genuine by a great many ignorant women,”⁷² and declared “I feel sorry for these uneducated or badly educated women who dread the menopause as a ‘crisis.’”⁷³

Dr. Van Dellen insisted there was life after menopause, but he did it in a cloying and patronizing way. On June 14, 1954, for example, he encouraged women to consider the potential ahead of them – it is revealing that he recommended they find a new hobby, rather than a career – and urged their husbands to be patient.⁷⁴ He wrote:

⁷⁰ Van Dellen, “Keeping Well,” *Washington Post*, 24 March 1954, sec. A, p. 52.

⁷¹ *Ibid.*

⁷² William Brady, “Here’s To Health!” *Los Angeles Times*, 8 May 1951, sec. B, p. 2.

⁷³ *Ibid.*

⁷⁴ Van Dellen, “How to Keep Well: Middle Aged Blues,” *Washington Post*, 14 June 1954, sec. A, p. 33.

The woman's future need not be empty if she will acquire new attitudes and ways of living and if she will call on her inner resources. Many women profit by joining in community affairs, planting a garden or taking up an old hobby. After all, there is more to the body than the reproductive glands and a woman's life is not governed by the state of her ovaries. Personality and incentive are much more important.

It is essential for the husband to recognize the signs of a neurosis associated with the change of life. But he must not blame his wife's irritability, depression, restlessness, and self-criticism entirely on the menopause. It is better to go behind the scenes and encourage his spouse to find comfort and self-approval in new ventures.⁷⁵

Putting Women Down

The half-dozen male physicians who wrote columns reviewed in this study often expressed their views in a patronizing or flip tone, even when dismissing "old wives' tales" or even simply when they intended to correctly recognize that menopausal symptoms were real.

They could not seem to resist the opportunity to make a joke, belittle women, or raise some of the troubling negative notions long associated with menopause, such as aging and atrophy. They often talked about "fishwives" and "old wives," in dismissing the myths of menopause. They sprinkled their columns with patronizing references to women. Dr. Van Dellen, for example, upon occasion called women *old-timers*⁷⁶ and once used the term *milady*⁷⁷ to refer, generally, to menopausal women. Dr. Brady also, at various times, referred to women as "girls,"⁷⁸ "old women," and once described 45 as a "ripe old age."⁷⁹ He never gave women any credit for

⁷⁵ Ibid.

⁷⁶ Van Dellen, "How to Keep Well: the Menopausal Transition," *Washington Post*, 2 July 1963, sec. B, p. 20.

⁷⁷ Van Dellen, "Keeping Well," *Washington Post*, 24 March 1954, sec. A, p. 52.

⁷⁸ Brady, "Come, Come Girls, the Bogy is the Bunk, Here's to Health," *Los Angeles Times*, 12 June 1948, sec. A, p. 5.

⁷⁹ Brady, "Personal Health Service," *Los Angeles Times*, 30 March 1934, sec. A, p. 4.

understanding menopause, and often put them down for being ignorant and uneducated. He and others seemed to hold that only male physicians knew what was best. For example, on Aug. 8, 1951,⁸⁰ Dr. Brady spoke to the ignorance of most women of physiology and hygiene and denigrated them for worrying so much about the “crisis ahead – what fishwives call the ‘change.’”⁸¹ Brady, like his other male counterparts, believed that women deserved accurate information and could get it only from male physicians – himself, for example – whose knowledge far surpassed their own.

Dr. Alvarez, who wrote a medical advice column in the *LAT* starting in the mid-1950s, shared many of the same patronizing attitudes. In one 1955 column, for example, he wrote a litany of stereotypical descriptions of a variety of women patients who had made their way into his medical practice:

...the typical old maid, married or unmarried; or the fussbudget and perfectionist who is going unhappily through the menopause; or the stout, mannish woman with a man’s haircut, a tailored suit, woolen stockings and flat-heeled Oxfords.

One of the most important things that impresses me about some women in the office is that they do not listen to what I say. They may not listen even long enough so that I can finish a sentence. They may want to do all the talking themselves. As soon as I see this type of behavior I stop wasting my time. How can I hope to help such a woman when she will not listen long enough to hear what I want her to do?⁸²

Dr. Alvarez would almost certainly not fare very well in today’s climate of consumer activism, where patients – especially women – seek to control their personal health decisions and are not likely to sit in mute reverence while a physician speaks *at* them, rather than *with* them. In another column, he – as his other fellow columnists – predicted that women who were emotionally stable before menopause would have little

⁸⁰ Brady, “Pocketbook Pleaser,” *Los Angeles Times*, 8 August 1951, sec. B, p. 5.

⁸¹ *Ibid.*

⁸² W. C. Alvarez, “Dr. Alvarez Says,” *Los Angeles Times*, 29 March 1955, sec. A, p. 3.

difficulty. But pity to those women who entered menopause already uptight. It is hard to imagine that any medical columns today would offer the following advice such as Dr. Alvarez wrote on Nov. 23, 1953. (Note his use of the term *stormy*.)

As one would expect, the woman who has a stable nervous ancestry and has always been strong and well, good-natured, and mentally well-balanced, is likely to be the one who goes through the menopause without any symptoms.

The woman who always was highly sensitive, nervous and often jittery; who always was annoyed by many things, who easily got tired and tense, or who, perhaps, had sick headaches, is the one most likely to have a stormy time.

The woman whose mother or aunt or grandmother became melancholic and had to go once or twice to a mental sanatorium [sic], or the woman who throughout life has had moody spells or who has tended to become depressed with each period, can easily become depressed at the menopause.

This is especially true if, at that time, many hardships or sorrows come to her. Perhaps her husband gets a heart attack, or she has unhappiness with a son-in-law or daughter-in-law, or her children all marry and leave, and she joins the 'Nobody loves me club.'⁸³

He apparently liked throwing women into the 'nobody loves me club,' declaring that many become depressed, and feel unattractive and inadequate. He said that they worry about losing their looks and their husbands. All of this, he said, was their own fault and completely under their own control. Dr. Alvarez believed that 'mentally sound' women⁸⁴ would go through menopause effortlessly. 'Some women just stop menstruating and that's all there is to it,'⁸⁵ he wrote. But of others, he wrote:

Some women who have always had a tendency to sadness may get depressed at this time; only a few get so depressed that they cannot work and have to have electroshock treatments. Some just become unhappy. They feel that life for them has in a way come to an end and nobody needs them; their children do

⁸³ Alvarez, 'Dr. Alvarez Says, Women's Reactions Vary During Menopause,' *Los Angeles Times*, 23 November 1953, sec. A, p. 25.

⁸⁴ Alvarez, 'Dr. Alvarez Says, Women Needn't Worry about the Menopause,' *Los Angeles Times*, 22 December 1953, sec. B, p. 8

⁸⁵ Ibid.

not need them and their husband, they think, does not need them. They want to join the ``nobody-loves-me-club.'' Such women need to make an effort to stay social, and to cultivate their friends as they never did before.⁸⁶

Further, he wrote:

Many women fear that at the menopause they will get fat and unattractive and will get some hair on their chin. None of this is necessary. If a woman gets fat at the menopause it is because she eats much more than she needs, and then stores the excess food as fat. If she starts gaining weight, she should limit her diet largely to some meat or chicken or fish, plenty of vegetables, salads, and a little fruit. She should avoid fats, and sugars and foods made with much butter and sugar and cream.

Many a woman wonders if at the menopause she will `lose' her husband's love. Again, everything depends on the mental point of view. If a woman was affectionate and sexually attractive before the menopause, she can remain the same way for 20 years afterward.

She may please her husband as much as she ever did. Naturally, some women who never were very affectionate use the menopause as an excuse for calling an end to their sexual life.⁸⁷

Dr. Van Dellen seemed not to take the subject of menopause very seriously. For example, when one correspondent asked if there were doctors who specialized in menopause, he replied: `` Specialists in this field are found at bridge tables and over the back fence.'' ⁸⁸ This response may have seemed cute or funny at the time to some of his readers, probably the men in his audience, but showed a shocking lack of concern for his reader's question, and a denigrating attitude toward his questioner's sincere attempt to get help and/or information.

Similarly, Dr. Brady was accused by one of his readers of ridiculing ``old wives tales'' of discomfort from menopause, and responded ⁸⁹ by suggesting his readers send a self-addressed stamped envelope for advice. But he added, somewhat defensively: ``I

⁸⁶ Ibid.

⁸⁷ Ibid.

⁸⁸ Van Dellen, ``How to Keep Well,'' *Washington Post*, 30 August 1954, sec. A, p. 35.

⁸⁹ Brady, ``Personal Health Service,'' *Los Angeles Times*, 6 March 1933, sec. A, p. 7.

do not ridicule the discomforts any one [sic] suffers.’’⁹⁰ Dr. Brady essentially believed that there was no change of life, that life went on as long as women took proper care of themselves. On March 30, 1948, Dr. Brady published a query from a 43-year-old reader who was still having regular periods – but who had been told by her physician that she was undergoing menopause, and should take estrogen tablets. She asked for Dr. Brady’s opinion – and for a copy of his pamphlet on menopause. He responded thusly, insulting not only women, but children and the disabled – and, while probably accurate in his assessment of her doctor – apparently did not help her in the slightest, and probably made her feel much worse. It appeared under the headline: ‘‘There is no change coming, ladies.’’

My opinion is that you are far too gullible for this wicked world and you should find some useful work for your idle hands – such as raising children, your own or adopted children, or at least devoting yourself to helping in the care, education and training of crippled or spastic children. My opinion of the ‘doctor’ who is stringing you along, ma’am, is not fit to print. From the way you put it one might infer that ‘going through the menopause’ or the ‘change,’ as women of lower IQ call it, is a perilous adventure. A woman’s mental and physical health is not in the least affected by the circumstances of age – that is, no more so that a man’s mental and physical health is affected by his age. The pamphlet, ‘The Menopause,’ is available on written request if you enclose a stamped, self-addressed envelope.⁹¹

Despite Dr. Van Dellen’s stated belief that menopausal symptoms were real, he seemed not terribly sympathetic to the turmoil some women were experiencing. Again, he blamed women, inferring that both they – and their husbands – used menopause as an excuse for bad behavior. On January 21, 1956, for example, he declared that a

⁹⁰ Ibid.

⁹¹ Brady, ‘‘Personal Health Service,’’ *Los Angeles Times*, 30 March 1948, sec. A, p. 14.

woman even may unconsciously use her hot flashes ``as a weapon to get her own way.’’⁹²

Similarly, Dr. Alvarez often laid the blame for marital strife upon women – whom, he said, liked to blame menopause for their ``frigidity.’’ He wrote, on January 30, 1959 (as part of a series on how to get along with people) the following under the headline: ``How to Get Along: Marital Wreck Often Woman’s Fault:’’

In some cases I find the woman’s love left after she had a hysterectomy, and often I learn that it left after the menopause. Usually, I think a woman who becomes frigid after a pelvic operation or after the menopause never loved enough. As a result, she is glad of an excuse to keep her husband away from her.⁹³

Drs. Van Dellen and Alvarez, joining Dr. Lovell’s atrophy theme, also were unsparing in their language. Dr. Van Dellen referred to menopause as a time when the ovaries ``dry up and become inactive.’’⁹⁴ Dr. Alvarez devoted a column to the subject of hysterectomy, deriding women for mourning the loss of their reproductive functions, and included the following jewel of a description:

Women who have a hysterectomy and who worry about losing the ovaries after the menopause should be reminded that they have already lost them. After the change they atrophied down to little knobs of fibrous tissue without function. The uterus, also, had atrophied and lost its usefulness. Under such circumstances the only reason for wanting to keep these organs must be a sentimental one. Unfortunately, to many women, this sentiment is strong and very disturbing.⁹⁵

Dr. Van Dellen occasionally liked to quote other ``experts’’ in his column, although he did not always identify them beyond their names. For example, on May 5,

⁹² Van Dellen, ``How to Keep Well,’’ *Washington Post*, 21 January 1956, sec. A, p. 56.

⁹³ Alvarez, ``How to Get Along: Marital Wreck Often Woman’s Fault,’’ *Los Angeles Times*, 30 January 1959, sec. A., p. 2/

⁹⁴ Van Dellen, ``How to Keep Well: Don’t Blame the Change for Everything,’’ *Washington Post*, 12 January 1959, sec. B, p. 12.

⁹⁵ Alvarez, ``Dr. Alvarez Says, Surgeon Should Assure Women,’’ *Los Angeles Times*, 15 July 1953, sec. A, p. 27.

1957, in a column subtitled “Don’t Brood over the Menopause,” he quoted a Dr. James D. Hays, without credentials or other explanation.⁹⁶ There was again the theme of blame – that women themselves are responsible for the way in which they deal with menopause – and the usual references to aging and mental disorders. Moreover, Van Dellen – note the comparison of menopause to a *bitter pill* – also raised (and then dismissed) one of a woman’s worst anxieties associated with aging, that of losing her husband.

The mature woman makes terms with the menopause, when it comes, says Dr. James D. Hays. Those who suffer most are the least well adjusted emotionally; they find the process a bitter pill. But others look upon it as a normal phase of life; not as the first stage of senility but the first stage of maturity.

The change of life does not mean loss of the husband’s love or that the woman will be unable to maintain family responsibilities. The less the subject is mentioned the better. Nine husbands out of 10 would not know the difference; a man might ask his wife 10 years later when she expected to go through the change.

The added age associated with the climacteric should be taken in stride, too. There is no sense in dwelling upon the fact that one is growing older.⁹⁷

On August 1, 1958, in a column he called “Weathering the *Storm*,” (emphasis mine) Dr. Van Dellen essentially told women that the problems they experienced during menopause were due to their own inability to adjust to unpleasant aspects of aging – and he embellished upon this by describing, in morbid detail, the physical changes that came with menopause.⁹⁸ His views could send any woman into an emotional and psychological tailspin.

Many menopausal women add weight, usually in unflattering places. The skin loses its elasticity, wrinkles are more prevalent, and the hair grays and loses its

⁹⁶ Van Dellen, “How to Keep Well, Don’t Brood over the Menopause,” *Washington Post*, 5 May 1957, sec. D, p. 15.

⁹⁷ Ibid.

⁹⁸ Van Dellen, “How to Keep Well: Weathering the Storm,” *Washington Post*, 1 August 1958, sec. C, p. 16.

feminine growth patterns. Fatigue comes readily and joint and muscle pains remind these women their age is showing. Such physical changes are difficult to accept but there is no alternative.⁹⁹

Furthermore, he said that most women suffered psychological problems because of their ``inability to adapt to a new role in life.’’¹⁰⁰ By that, he almost certainly meant aging, because he added: ``The middle-aged gal finds it more and more difficult to compete with younger women.’’¹⁰¹ As a result, he said, some women ``worry about losing their mind or killing themselves.’’¹⁰² Then, almost as an afterthought, he added: ``Hormones will help hot flashes, but will not aid in adapting to changed circumstances. Prevention is the answer. The well adjusted woman who is prepared to accept her new role remains happy and content.’’¹⁰³

Interestingly, he dismissed the idea that hormone deficiency was responsible for physical changes, although he suggested hormone replacement as one way of coping. His column dealt excessively with all the ugly manifestations of aging, leaving no woman out, including those with or without husbands, and with or without careers. He failed to offer any wisdom for men on how to cope with their unfulfilled ambition (although he implied the loss is the woman’s fault) nor, for that matter, did he suggest how women supposedly facing sagging skin, empty nest syndrome, competition with younger women for their husbands’ affection, and thoughts of insanity or suicide, could adjust sufficiently and become happy and content at this stage of their lives. This theme emerged numerous times in his columns over the years. In the context of dismissing some of these depressing notions – physical deterioration, loss of a husband,

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ Ibid.

for example – he succeeded only in strengthening them. He sent a message to women that their fears were legitimate, and there was little hope. This is what he wrote on May 6, 1965.¹⁰⁴ Note the imagery. Here the writer abandons the stormy weather analogy and likens menopause to a “trigger” that launches a “bomb.”

The psychic aspects of the menopause are not entirely coincidental. The middle aged woman is entitled to be concerned about the appearance of gray hair and wrinkles. The children are leaving for homes of their own and she fears there is little enjoyment left in life. In addition, there are problems associated with aging, and the change of life triggers the button that sets off the bomb.

Women should concentrate on the good things associated with the menopause. It is not a disease, and symptoms are transient. They should be thankful to be relieved of the discomforts accompanying menstruation and concern about pregnancy.¹⁰⁵

On November 5, 1966, in a discussion of menopausal symptoms, he wrote:

All of these symptoms may develop plus psychological changes such as nervousness, depression and anxiety. There is no proof that these common emotional problems are associated with the glandular changes of the climacteric. The forties are a critical period especially when the children are gone, the figure and complexion are not what ‘they used to be,’ and there is fear of losing the husband’s affection.

A small percentage develop more serious mental problems especially those who have always been insecure and emotionally disturbed. The climacteric becomes another period of stress that triggers depression and frustration.¹⁰⁶

Even as late as 1975, when women already had begun to question the autonomy of doctors, Dr. Van Dellen continued to blame women – or, more specifically, their psychological state – for the extent of menopausal problems they were suffering. Like many of his columnist colleagues, he seemed to feel that the impact of menopause rested directly with the women themselves. On February 10 of that year, for example,

¹⁰⁴ Van Dellen, “How to Keep Well: Menopause Not All Bad,” *Washington Post*, 6 May 1965, sec. E, p. 11.

¹⁰⁵ Ibid.

¹⁰⁶ Van Dellen, “How to Keep Well: Menopausal Symptoms,” *Washington Post*, 5 November 1966, sec. E, p. 11.

he wrote that “many women who are stable and lead full and satisfying lives may experience slight or negligible symptoms during the menopause. High strung or anxious women have many more problems.”¹⁰⁷

Dr. Van Dellen also accused doctors of using menopause as a “diagnostic wastebasket” for 40-something women to account for a wide range of symptoms, including nausea, nervousness, headache, and sweating.¹⁰⁸ This, he wrote, was reckless and “may have serious implications when hormones are given, especially when the woman has another 10 years to go before the real menopause begins.”¹⁰⁹

Hormones

Medical columnists in the *LAT* and the *Post* intermittently raised the issue of hormones and other substances as “treatments” for menopause as early as the 1920s and 1930s, even though it would be at least another three decades before Dr. Wilson’s book was published and hormone replacement therapy would come into widespread manufacture and popular use. The hormone treatments of the 1930s and 1940s were quite rudimentary, untested and varied in potency and delivery, but scientists nevertheless believed that ovarian preparations likely had merit against the effects of menopause.¹¹⁰ The physician-columnists occasionally mentioned ovarian extracts and calcium, yeast and various vitamins, among other things, as relief-providing substances, up until the 1960s. Dr. Shepherd’s was a rare voice against the use of “sex hormone shots” as a way for either gender to prolong youth, although he was not beyond

¹⁰⁷ Van Dellen, “How to Keep Well: Manifestations of Menopause,” *Washington Post*, 10 February 1975, sec. B, p. 2.

¹⁰⁸ Van Dellen, “How to Keep Well: Don’t Blame the Change for Everything,” *Washington Post*, 12 January 1959, sec. B, p. 12.

¹⁰⁹ *Ibid.*

¹¹⁰ Nelly Oudshoorn, *Beyond the Natural Body: An Archaeology of Sex Hormones* (London: Routledge, 1994).

patronizing women in doing so. He also suggested – without citing a scientific source – that opposing hormones (that is, male hormones for women and female hormones for men) could be effective against certain cancers. On October 25, 1949 he wrote in a *Post* column:¹¹¹

The sex hormones have been much misunderstood, over-emphasized, and the need for their use in middle-aged people much exaggerated. Many women in their 40's demand weekly `shots' as their personal crutch and a social necessity because all the other girls are also getting shots. Some men in their 50's and older regard male hormone `shots' as the Fountain of Youth...¹¹²

He further wrote:

While there are a few men and women who benefit from treatment with sex hormones, the simple truth is that most people don't need them. The bewildering symptoms which many women have in their 40's during the so-called change of life or menopause usually can be relieved by other treatments...Although the use of sex hormones is not dangerous in the hands of doctors, who will observe certain precautions, they are expensive and are often used now because the woman patient insists that her doctor give her those wonderful `shots.'¹¹³

The next day, in another column, he wrote that ``doctors have found that most women do not need female sex hormone `shots' to cushion the discomforts during the change of life or menopause''¹¹⁴ and urged women to rely on their own natural charm to get through. Note his use of the term *weathering*.

By the time they reach their forties and fifties, many women have learned to be charming. Their interesting mature personalities more than make up for any alterations in physical appearance. There is just as much pleasure to be found without the risks. The secret of weathering the forties serenely is to avoid borrowing trouble and to maintain many active outside interests.¹¹⁵

¹¹¹ Glen R. Shepherd, ``Take Care of Yourself, Sex Hormone `Shots' Called Fad, Not Need,’’ *Washington Post*, 25 October 1949, sec. B, p. 6.

¹¹² *Ibid.*

¹¹³ *Ibid.*

¹¹⁴ Shepherd, ``Take Care of Yourself: Eradication of Fear Allays Symptoms of Menopause,’’ *Washington Post*, 26 October 1949, sec. B, p. 7.

¹¹⁵ *Ibid.*

In the 1950s, mentions of synthetic estrogens began to appear with increasing frequency. Although they were often mentioned with certain caveats, the overwhelming message from the columnists was that hormones almost certainly could do no harm – and likely could provide considerable help.

At least one physician, Dr. Alvarez, also believed in electroshock therapy.¹¹⁶ He repeatedly recommended electroshock treatments to help eliminate menopausal blues. In his November 23, 1953 column, for example, he wrote:

In those rare cases in which the woman becomes badly depressed so that she loses all interest in her home, her husband and her children, a few electroshock treatments, given by a psychiatrist, are likely to snap her out very quickly. This type of treatment has been very satisfying to those of my patients who needed it.¹¹⁷

In fact, he sometimes preferred electroshock to estrogen for “depressed” women, citing a Dr. Bennett –no first name given – as a source of expertise. He wrote on August 24, 1955:

The severe type of depression which occurs in the cases of some women at the time of the menopause is seldom much influenced by estrogens. As my friend, Dr. Bennett, the California psychiatrist, pointed out years ago, it is generally useless to go on giving these depressed women estrogens – what they need often are a few electroshock treatments. Such electroshocks may bring the patient right out of the depression, and when well given with a weak electric current, they do no harm.¹¹⁸

¹¹⁶ W.C. Alvarez, “Dr. Alvarez Says, Surgeon Should Assure Women,” *Los Angeles Times*, 15 July, 1953, sec. A, p. 27. See also:

Alvarez, “Dr. Alvarez Says, Women’s Reactions Vary During Menopause,” *Los Angeles Times*, 23 November 1953, sec. A, p. 25.

Alvarez, “Dr. Alvarez Says, Menopause Distress May be Given Relief, 24 August 1955, *Los Angeles Times*, sec. A, p. 30.

Alvarez, “Dr. Alvarez Says, Women Needn’t Worry about the Menopause, *Los Angeles Times*, 22 December 1955, sec. B, p. 8.

Alvarez, “Dr. Alvarez Says, Many Women Living with Fear Needlessly,” *Los Angeles Times*, 23 January 1957, A8.

¹¹⁷ Alvarez, “Women’s Reactions Vary During Menopause,” 25.

¹¹⁸ Alvarez, “Menopause Distress May be Given Relief,” 30.

Most importantly, underlying all of these suggestions was the growing belief and acceptance that menopause should be regarded as a disease and that certain treatments, however unproved, might be useful in easing its symptoms, both psychological and physiological. These preparations, estrogens in particular, seemed to gain credibility when medical doctors recommended them in print. It was especially powerful when these columnist physicians further declared – in their columns – that their own patients achieved relief using them. This growing attitude not only fueled women’s interest in using hormones, but also solidified the increasing authority of the then male-dominated medical profession in deciding what was best for menopausal women.

Dr. Brady recommended “a course of treatment with corpus luteum or the preparation called amniotin, which is administered by intramuscular injection.”¹¹⁹ It is unclear what these substances actually were, and what form they took in the 1930s as a treatment for menopause; however, the corpus luteum, which means *yellow body* in Latin, is what is left of the follicle after a woman ovulates, and amniotin is an extract of the fluids in which unborn children float. Dr. Brady referred to them as “modern endocrine remedies” and warned that they “are not specifics or sure cures, but will bring grateful relief in a large share of cases where women suffer much from hot flashes and associated disturbances of the menopause.”¹²⁰ On another occasion he called amniotin “the most effective treatment I know” for hot flashes.¹²¹ He also said that these injections, given semi-weekly or weekly, would provide “considerable

¹¹⁹ Brady, “Personal Health Service,” *Los Angeles Times*, 30 March 1934, sec. A, p. 4.

¹²⁰ *Ibid.*

¹²¹ Brady, “Personal Health Service,” *Los Angeles Times*, 9 July 1934, sec. A, p. 4

relief.’’¹²² Nevertheless, Dr. Brady urged caution in using ‘‘ovarian substances’’ – and told his readers, in response to one correspondent’s positive experience with these extracts:¹²³

Such hormone treatment as the correspondent received is sometimes quite happy in its effect, particularly in cases where hot flashes cause much distress. Again it proves disappointing. Perhaps this lack of uniformity in action is due to our inadequate knowledge of the hormone and the proper way to prepare it for medicinal use. The medicine is prepared from the ovaries of healthy young cows, sheep or pigs. It may be that the medicinal value depends on the age and condition of the animal and the time of the month or season when the animal is slaughtered.¹²⁴

Dr. Brady recommended taking vitamins B and D, and brewer’s yeast, saying that ‘‘the relief of hot flashes was due to the improved calcium metabolism brought by the increased intake of sunshine vitamin D.’’¹²⁵ Later, he also added calcium to his list of favorite remedies, saying it was good for a variety of ailments.¹²⁶

In the 1950s, Drs. Alvarez and Van Dellen began promoting synthetic estrogens as the road to relief – although with some caveats, for example, recommending that women limit their use to a short time and take a low dose – interesting that this mirrors the current recommendations of today in the aftermath of the WHI results. In fact, Dr. Alvarez repeatedly stressed that these drugs were not dangerous because they were recommended for a short duration – months, rather than years (as later became the practice with more sophisticated forms of hormone replacement.) He wrote on August 24, 1955 that hot flashes could be controlled with estrogens, but that they should be given in the smallest possible doses. He acknowledged, however, that some physicians

¹²² Brady, ‘‘Personal Health Service,’’ *Los Angeles Times*, 12 October 1937, sec. A, p. 4

¹²³ Brady, ‘‘Personal Health Service,’’ *Los Angeles Times*, 18 April 1936, sec. A, p. 4.

¹²⁴ *Ibid.*

¹²⁵ Brady, ‘‘Here’s to Health!’’ *Los Angeles Times*, 9 July 1938, sec. A, p. 5.

¹²⁶ Brady, ‘‘Menopause Relieved by Calcium,’’ *Los Angeles Times*, 21 December 1954, sec. B, p.4.

might be reluctant to prescribe these drugs because of a misplaced belief that they caused cancer.

I think they are wrong because I have examined all of the evidence available, and I can see no reason why such a drug, used for a year or two while the woman is suffering acutely, should ever produce cancer. A while ago some able research workers in England showed with animals that if the use of the estrogen is occasionally interrupted for a couple of weeks it will never produce cancer.¹²⁷

On December 22, 1955, he wrote, again quoting an expert with no first name or other credentials:¹²⁸

Many physicians refuse to give estrogens, such as stop the flushes [sic]. Because they remember a paper published years ago which indicate that in mice enormous doses of estrogen can produce cancer. Today, the best evidence indicates that the tiny doses of estrogen, such as are needed to stop flushes, will not produce cancer. In 20 years or more of using these drugs, I haven't seen any case in which I thought cancer had been so produced.

Recently, I heard Prof. Kimbrough of the University of Pennsylvania – a very wise man – say he thinks it best that the estrogen be given as a small pill every day by mouth rather than as an injection once or twice a week. The effect of the dosage by mouth is more even.¹²⁹

On January 28, 1957, Dr. Alvarez again sought to calm what he regarded as “unreasoning fear of some practically harmless drug.”¹³⁰ He was referring to “ovarian extract,” likely some form of estrogen. Regardless, using his imprimatur as a medical columnist, he tried to soothe any doubts about the drug’s safety. Interestingly, his logic sounds remarkably like the arguments we occasionally hear today in disputing animal studies that suggest a drug or other product may cause cancer. “Someone gave large

¹²⁷ Alvarez, “Dr. Alvarez Says, Menopause Distress May be Given Relief,” *Los Angeles Times*, 24 August 1955, sec. A, p. 30.

¹²⁸ Alvarez, “Dr. Alvarez Says, Women Needn’t Worry about the Menopause,” *Los Angeles Times*, 22 December 1955, sec. B, p. 8

¹²⁹ Ibid.

¹³⁰ Alvarez, “Dr. Alvarez Says, Fears About Ovarian Hormone Use Needless,” *Los Angeles Times*, 28 January 1957, sec. A, p. 28.

doses of the drug to some mice for the duration of their life, and some of the little animals got cancer,” he wrote. “This would be like giving a huge dose of the estrogen every day to a woman, from her girlhood to her old age.”¹³¹ Paradoxically, of course, we reached a point in the 1980s where hormones were recommended for postmenopausal women indefinitely – three or more decades – not, perhaps the same span as between girlhood and old age, but likely long enough to cause problems.

Drs. Alvarez and Van Dellen also suggested using a synthetic estrogen known as stilbestrol. “Some doctors are afraid of it,” Dr. Alvarez wrote on November 23, 1953, but in small doses “I have never seen it do any harm.”¹³² On December 8, 1960, Dr. Van Dellen wrote that there were no new remedies for treating menopause but that the “old standbys,” specifically stilbestrol, “are still good.”¹³³ Dr. Alvarez recommended stilbestrol for “flushing,” saying that his “favorite dose” was half a milligram daily.¹³⁴ He wrote that some doctors preferred to give more – as much as 10 milligrams – but warned that such larger doses “can cause discomfort and spotting, and if the woman spots she may have to be curetted to rule out cancer.”¹³⁵

We know today that stilbestrol *does* in fact cause cancer. At least one form of the drug, diethylstilbestrol, which, starting in the 1940s, was widely prescribed to prevent miscarriages, caused vaginal cancers in the female offspring of the women who took it.

¹³¹ Ibid.

¹³² Alvarez, “Dr. Alvarez Says, Women’s Reactions Vary During Menopause,” *Los Angeles Times*, 23 November 1953, sec. A, p. 25.

¹³³ Van Dellen “How to Keep Well, The Flashy Age,” *Washington Post*, 8 December 1960, sec. B, p. 14.

¹³⁴ Alvarez, “Paralysis of Face Laid to 7th Nerve,” *Los Angeles Times*, 18 July 1961, sec. A, p. 4.

¹³⁵ Ibid.

By 1965, Dr. Alvarez was recommending that every woman older than 50 take “female hormone,” and dismissed the notion that the drug was dangerous.¹³⁶ He still, however, recommended that the treatment should last only about six months, which he felt was both a safe and effective time period.

Toward the end of the same column, continuing the popular turbulent weather metaphor, he wrote that the administration of female hormone following a surgical menopause is especially desirable because “in such cases, the menopausal ‘storm’ is often usually severe – because of the sudden loss of almost all of the supply of female hormone. The poor woman has no chance to adjust gradually to the loss of ovarian function.”¹³⁷

In a July 6, 1969 column Dr. Alvarez again sought to calm the cancer-causing fears of menopausal women over hormones.¹³⁸ He wrote:

Will the giving of female hormone to a woman who has no sign of cancer anywhere cause a cancer to develop? For years I searched the literature to try to find some evidence that this happens, and I couldn’t find anything that satisfied me. For years I kept giving female hormone to many women in order to relieve them of the flushes and the sweats and the depressions of a bad menopause, but I never heard of one of them developing cancer.¹³⁹

From the mid-1960s through the mid-1970s, Dr. Van Dellen seemed to temper his enthusiasm for hormones, trying a more even-handed approach in his columns. While he devoted considerable space to discussing estrogen, he nevertheless attempted to present both sides of the question of whether or not women should take them. In

¹³⁶ Alvarez, “Dr. Alvarez Says, Medicine for Depression,” *Los Angeles Times*, 21 June, 1965, sec. C, p. 10.

¹³⁷ *Ibid.*

¹³⁸ Alvarez, “The Doctor Says,” *Los Angeles Times*, 6 July 1969, sec. J, p. 52.

¹³⁹ *Ibid.*

numerous columns¹⁴⁰ he laid out the pros and cons of estrogen use, whether for the long or short term. He recommended estrogen for hot flash relief, and seemed to favor short-term use. However, he was reassuring about estrogen's safety. This, of course, was before researchers established the relationship between estrogen-only treatments and the elevated risk of uterine cancer. He also pointed out that estrogen was likely the reason why women were about 10 years behind men in developing heart disease,¹⁴¹ although he stopped short himself of promoting its long-term use, saying:

...the end results are not always so rosy as they appear. Estrogens are not the fountain of youth, yet every little bit helps provided the continued use of these hormones is not harmful. They do not cause cancer but might hasten the growth of an existing malignancy.¹⁴²

By 1976, however, after studies showed that taking estrogen substantially raised a woman's chances of developing uterine cancer, Dr. Van Dellen wrote, on February 22, 1976:

As for the new studies linking estrogen therapy and cancer, these are by no means definitive, as the researchers themselves have stressed. They did find a greater incidence (5 to 14 per cent) of endometrial cancer among women who had had long-term estrogen therapy. This is a rare type of cancer affecting the lining of the uterus.¹⁴³

¹⁴⁰ Van Dellen, "How to Keep Well, Relief of Hot Flashes," *Washington Post, Times Herald*, 20 May 1964, sec. D, p. 12. See also:

Van Dellen, "How to Keep Well, Estrogen Therapy," *Washington Post*, 15 April 1965, sec. D, p. 13.

Van Dellen, "How to Keep Well, Estrogen and Aging," *Washington Post*, 8 December 1966, sec. F, p. 15.

Van Dellen, "How to Keep Well, Estrogen Replacement," *Washington Post*, 19 May 1967, sec. B, p. 11.

Van Dellen, "Health, Estrogen," *Washington Post*, 25 June 1969, sec. B, p. 6.

¹⁴¹ Van Dellen, "How to Keep Well, Estrogen and Aging," *Washington Post*, 8 December 1966, sec. F, p. 15

¹⁴² *Ibid.*

¹⁴³ Van Dellen, "Health, Using Estrogen," *Washington Post*, 22 February 1976, sec. A, p. 108.

On August 29, 1976, he responded to a reader's question about the cancer risks of estrogen, by acknowledging a possible relationship and saying that he would not prescribe the drug to women with a history of breast or uterine cancer. Ultimately, in language reminiscent of what we still often hear today, he said that "in the final analysis, the decision of whether to prescribe estrogens must be judged on an individual basis after a thorough medical evaluation."¹⁴⁴

Finally, the following September of that year he wrote:

"As for hormone therapy, I recommend it to relieve particularly distressful symptoms, such as frequent hot flushes or sweats. However, since there is some question about the increased risk of cancer in women who have long-term estrogen replacement therapy, I do not recommend it to be lifelong, or for women with minor or no symptoms."¹⁴⁵

Thus, by the 1960s and 1970s, hormone use had gained momentum among prescribing doctors and their menopausal patients. The early medical columnists studied here, with some caveats, supported the trend, often weighing in with their own personal opinions. Studies that linked estrogen to uterine cancer prompted a reassessment of the drug during the mid to late 1970s, but the popularity of hormones resumed shortly thereafter once studies indicated that estrogen combined with progesterone was safer. Starting in the late 1960s, these newspapers introduced medical columnists with a new approach. They offered "value neutral" medical advice. Their columns were, for the most part, free of the biases and patronizing attitudes that characterized their predecessors.

¹⁴⁴ Van Dellen, "Health, On Dealing with 'The Change of Life,'" *Washington Post*, 29 August 1976, sec. A, p.136.

¹⁴⁵ Van Dellen, "Health, Treating the Superior Vena Cava Syndrome," *Washington Post*, 26 September 1976, sec. A, p. 152.

CHAPTER 5: LATER NEWSPAPER COLUMNS – INFORMATION WITHOUT BLAME

In 1965, Jane Brody joined the *NYT* to cover medicine and biology and became its fulltime personal health columnist in 1976. Her column continues today. Also, during the 1970s and 1980s, the *LAT* ran regular medical columns authored by Neil Solomon, MD, a Johns Hopkins trained physician and former Maryland state secretary of health. (Solomon surrendered his medical license in 1993 after admitting to inappropriate sexual relations with at least eight of his female patients.) During the 1980s, the *Post* introduced its own doctor-columnist, Jay Siwek, MD, a family physician from Georgetown University. All three columns were a dramatic departure from their historical counterparts in tone and message. The three newspapers had changed their focus, and now offered advice based on information that was straightforward, non-judgmental, and confined to medical research findings, that is, what was known at the time. Unlike earlier columnists, there was little, if any, personal opinion – and no opinion that seemed tainted with misinformation. Moreover, attitudes towards such issues as birth control – and the increasing popularity of the Pill – and abortion began to shift, in part the result of decisions by the Supreme Court that made both legal. In 1965, the high court ruled that the right to privacy included the right to use contraception; in 1973, abortion became legal in all states. In the late 1960s and early 1970s, the Food and Drug Administration also developed the concept of the patient package insert – user-friendly information about prescription drugs that was designed for the consumer, an idea that served as the precursor to direct-to-consumer advertising. Moreover, drug companies were heavily promoting their products among

doctors, through free samples, as well as gifts, lunches, free trips to meetings, etc. Consumers wanted to learn more about the medicines they were taking and sought information from numerous sources, including the news media. At the same time, health journalism – much like the rules of science itself – had begun to rely increasingly on the verification of evidence, a standard that was reflected in medical columns appearing during the latter part of the twentieth century, as well as in news stories.

Siwek and Solomon: Q & A

Siwek and Solomon's columns were written in a question-and-answer format, while Brody's were more like feature articles in their tone and presentation. Siwek and Solomon answered typical questions about menopause. Some examples:

Solomon:

Question --I'd like to know if you think it's a good idea for a woman to take estrogens during menopause. Are they really dangerous?

Answer—There is definite evidence that prolonged use of estrogen during and after menopause does increase your risk of getting cancer of the uterus. On the other hand, estrogens are very effective drugs in helping women through a difficult period of life. So both the doctor prescribing estrogens and the patient will want to weigh risks against benefits.’’¹

Unlike his historical counterparts, Dr. Solomon did not suggest electroshock or other treatments for menopausal depression and, in fact, dismissed the connection entirely. One woman, in her late 40s, wrote to him describing an upbeat meeting she had attended with other women in her age group, all of whom seemed happy at their pending freedom and flexibility. She wondered whether this was typical, having expected women on the cusp of menopause to be depressed. Dr. Solomon told her that

¹ Neil Solomon, ``Weighing the Risks, Estrogens to Ease Menopause,’’ *Los Angeles Times*, 19 February 1978, sec. A, p. I15.

depression was not necessarily typical of menopause and that a number of studies had failed to show the connection.

For many years it was assumed women had a greater risk of depression during the menopausal period and the depression was considered a distinct clinical entity, labeled involuntional melancholia. Thinking in the field has been reversed to such an extent that the term will be excluded from the next edition of the diagnostic manual of the American Psychiatric Assn.²

Dr. Solomon on the reality of hot flashes:

Question: I am in my 40s and I'm beginning to think about the menopause and the hot flashes that I remember hearing my mother talk about. Is this something that all woman [sic] get, or is it only those (like my mother) who have a vivid imagination?

Answer: Hot flashes are real; they are not the product of a woman's imagination. It is estimated that up to 75% of women will experience hot flashes. Most will continue to have the symptoms for longer than one year, and many will have it for more than five years. However, the hot flashes seem to decrease in frequency with the passage of time and eventually disappear in the large majority of women.³

The *Post's* Dr. Siwek used a similar question/answer format to convey – for the most part – straight, non-judgmental fact-based information about menopause.

However, like many of his media colleagues at the time, he subscribed to the women-are-probably-better-off-taking-hormones-than-not-taking-them point of view. In an August 8, 1989, column, for example, he tried to put a Swedish study linking hormones with breast cancer into perspective by stressing that American women did not take the same type of estrogen as Swedish women, and stressing that hormones' benefits vastly outweighed their risks.

Estrogens also have beneficial effects on cholesterol levels, and appear to cut the risk of cardiovascular disease in half. Taken together, these beneficial

² Solomon, "Depression Unlinked, Menopause Out of Doghouse," *Los Angeles Times*, 28 March 1980, sec. F, p. 6.

³ Solomon, "Problem of Menopause, 'Hot Flashes' Not Just Imagination," *Los Angeles Times*, 28 October 1983, sec. F, p. 27.

effects will likely save many more lives than those lost to any increased risk of cancer of the breast or uterus.⁴

Jane Brody

Throughout the course of her ``Personal Health'' column, the *NYT*'s Brody sought to present current research findings and fact-based medical information in an effort to help women decide on their own whether post-menopausal hormones were appropriate for them. She never told them what to do – only what was known at the time. She discussed menopausal symptoms without finger pointing or, with few exceptions, without the use of patronizing language. She confined her comments to science, and not to stereotypes, nor her own views about lifestyle choices or behaviors, although occasionally she drew on her own personal experiences to make a point.

In a November 23, 1999, piece about how to cope with hot flashes without using estrogen, she wrote:

Hot flashes are a staple of menopause jokes, but there is nothing funny about them, and certainly nothing imaginary. They are experienced by at least 75 percent of American women at some point in menopause, including just before and just after.

.. hot flashes occur because the brain decides that the body is overheated. It sends out signals that dilate outer blood vessels and induce sweating, which results in heat loss. Skin temperature may rise as much as 8 degrees Fahrenheit. To a bed partner, a woman having a night sweat may feel like a radiator.⁵

⁴ Jay Siwek, ``A Doctor's Perspective on Estrogen Replacements,'' *Washington Post*, 8 August 1989, sec. A, p. 9.

⁵ Jane E. Brody, ``Ways to Tame Menopausal Hot Flashes, Without Estrogen,'' *New York Times*, 23 November 1999, sec. F, p. 7.

Brody wrote about alternatives to hormones,⁶ and of the toll that estrogen loss exerts on a women's sexuality.⁷ Early on, she warned women of the cancer risks of estrogen, that of the uterus and possibly of the breast.⁸

Research: Conflict and Contradictions

As early as 1977, Brody raised questions about the contradictions in medical results that kept appearing regarding hormones. Shortly after research began to connect estrogen with the risk of developing uterine cancer, she wrote a column strangely prescient of the questions the media would again pose in 2002. On October 23, 1977, in a piece about both birth control pills and post-menopausal estrogens, Brody asked:

“How did it come to this?”⁹ and further wrote:

In the last decade the hormones that were hailed as long-awaited miracles for womankind – able to prevent unwanted pregnancies with nearly 100 percent certainty and purported to keep women young and feminine – have fallen on difficult times.”

In the case of postmenopausal estrogens, it was a matter of overwhelming patient demand for the supposed miracle drug that at least one doctor proclaimed through a book and national magazine articles would keep women “feminine forever;” it was also a matter of physicians’ willingness to satisfy that demand.¹⁰

She ended the column predicting that “as long as there are drugs, there will be tales like the rise and fall of estrogens,”¹¹ which – of course – were destined to rise and fall yet again.

⁶ Brody, “Personal Health, Alternatives to hormone therapy after menopause.” *New York Times*, 20 May 1992, sec. C, p. 14.

⁷ Brody, “Personal Health, On menopause and the toll that loss of estrogens can take on a woman’s sexuality,” *New York Times*, 10 May 1990, sec. B, p. 15.

⁸ Ibid.

⁹ Brody, “Why Has Estrogen Fallen on such Difficult Times? Just a few years ago, it was hailed as a miracle for women,” *New York Times*, 23 October 1977, sec. E, p. 9.

¹⁰ Ibid.

¹¹ Ibid.

In 1979, Brody pointed out that there was no evidence that hormones protected against heart disease. On September 26, 1979, she told her readers that postmenopausal estrogen not only did *not* protect women from heart disease, but that high doses actually could increase the risk of death from cardiovascular disease.¹² But by 1990, she, like many other members of the media, was writing of HRT's protective effect against heart disease as if it were a given (emphasis is mine) – as if she had forgotten her previous articles, or that the new research presented a contradiction.

Hormone replacement has the added advantage of delaying bone loss *and helping to protect against heart disease*. But the studies show that women taking estrogen have a higher risk of uterine cancer. Although the findings conflict, some studies suggest that estrogen may promote the growth of an incipient breast cancer.¹³

As the medical evidence began to pile up – and contradict itself – she tried to sort through the confusion. In one column, where she laid out the pros and cons of hormone replacement based on an analysis from researchers at the New England Medical Center, she wrote the following – note that even Brody can slip into belittling language from time to time. The emphasis is mine.

Women of a certain age are justifiably confused. One day they hear that taking postmenopausal estrogen may cut their risk of Alzheimer's disease by more than 50 percent. The very next day, another study links the long-term use of postmenopausal hormones to a 50 percent decline in deaths from heart disease but also a 43 percent increase in breast-cancer deaths.¹⁴

Moreover, she told readers that the evidence thus far “has at least one clear message,” which was the decisions about postmenopausal hormones “must be based

¹² Brody, “Personal Health, Menopausal estrogens: benefits and risks of the ‘feminine’ drug.” *New York Times*, 26 September 1979, sec. C, p. 16.

¹³ Brody, “Personal Health, On menopause and the toll that loss of estrogens can take on a woman’s sexuality,” sec. B, p. 15.

¹⁴ Brody, “Personal Health, Estrogen after menopause? A tough dilemma,” *New York Times*, 20 August 1997, sec. C, p. 8.

on each woman's personal and family medical histories as well as her emotional comfort with taking or not taking the hormones."¹⁵

In another column four years before the WHI more definitively linked hormone use to the risk of breast cancer, Brody devoted her attention to the breast cancer connection, citing the breast cancer studies that already had been released during that period. She wrote:

Making an informed decision about whether to take replacement hormones during and after menopause is hard enough for women with no prior health problems. It is far more difficult for a woman who has had breast cancer or who has a strong family history of this most common cancer in women."¹⁶

Changes in Tone

These latter-day medical advice columns were a striking contrast to those of the earlier period. Medical columnists like Brody, who started covering medicine in the late 1960s, were not always physicians themselves. Instead, they relied on other medical experts as sources. Brody, in particular, began first as a reporter covering health and relied on experts, rather than on her own knowledge. When she began writing a column, she continued to use experts as her sources. Others who were physicians used their own medical training to dispense advice and information. But, unlike those of the earlier part of the century – Lovell, Van Dellen, Cutter, Alvarez, for example – they were non-judgmental, kept their opinions – for the most part – to themselves, and refrained from using language that was patronizing or belittling to menopausal women.

It is almost certainly no coincidence that these changes in tone and language among these print media during the late 1960s and throughout the 1970s and beyond

¹⁵ Ibid.

¹⁶ Brody, "Personal Health, Weighing the Pros and Cons of Hormone Therapy," *New York Times*, 8 September 1998, sec. F, p. 7.

paralleled the resurgence of feminism in this country. Prior to that, women found it difficult to get medical information for themselves, unless it was dispensed by doctors, most of them men. Much of the women's health activism that burgeoned during this time period involved reproductive issues – abortion and the Pill, for example, as well as gynecological “self-help” groups that sprang up in individual women's homes. This activism emerged as part of a social environment where women began to assume responsibility as consumers of health care, and sought to become full partners in decision-making involving their health. The era of feminism that developed during the 1970s sought to reach all aspects of women's lives – not just in the home and workplace – but even in spoken language and written word. Language is a social construction, and news media often influence the use of language.

Non-medical advice columns

It is also worth noting that occasionally women themselves also dispensed their own wisdom through “personal help” columns. These were not medical advice columns, but occasionally dealt with the emotional fallout of menopause – usually on other people. Mary Haworth, a popular advice columnist appearing regularly in the *Post* for about two decades starting in the 1930s, dealt with menopause on numerous occasions. “Mary Haworth's Mail” favored airing personal stories, especially complaints of both genders—and often tried to soothe her readers, particularly unhappy husbands who whined about their wives' behavior changes in middle age.

Dear Mary Haworth: Generally speaking, you land on the male of the species like a ton of bricks and probably he deserves it. But once in a while there might be justification for cracking down on the female of the species. Take my case: I have been married for over 20 years and have two children. Just now, my wife who heretofore had been the personification of loving-kindness, devotion and

thoughtfulness, is passing through that difficult transition which all women experience in middle life. Sympathizing with her ordeal, I have tried most sincerely to be patient and considerate. But life in our home has become a virtual hell on earth and her doctor tells me it will probably continue for months and gives me the absurd advice to pay no attention to it all. Always before a quiet and cheerful individual, my wife has become the opposite extreme. Nothing is right, nothing is bright, she is suspicious of everyone's word and act and particularly of mine. Being an ordinary man, I have made my share of mistakes and perhaps more. Every single one of these has been cast up to me and enlarged upon, time and time again and in the loudest tones at all times of day and night, so that our neighbors have complained more than once. They have been re-hashed in the children's hearing, in what seems a deliberate attempt to show what a terrible creature their father is.¹⁷

Haworth, in her response, did not even raise the possibility that the husband might be even partially at fault; instead, she cited a recent article about menopause and suggested the husband share it with his wife.¹⁸ She also advised him to find a medical specialist for his wife's ailments and offered to give him a specific referral if he would send her a stamped, self-addressed envelope.¹⁹ It is not known what advice she gave through the mail, or which physicians were on her referral list.

In a Nov. 7, 1950, column Haworth responded to a 42-year-old wife who was stressed because her husband Paul, also 42, had begun to eye other women for the first time.²⁰ "My health is affected by the fear and mental strain; and as I have been taking treatment for menopause," she wrote²¹ Haworth, while focusing on the husband's behavior, nonetheless admonished her correspondent for possibly "diluting Paul's affection for you, making yourself less attractive to him, by stewing plaintively about

¹⁷ Mary Haworth, "Mary Haworth's Mail," *Washington Post*, 30 July 1937, sec. A, p. 14.

¹⁸ *Ibid.*

¹⁹ *Ibid.*

²⁰ Haworth, "Mary Haworth's Mail," *Washington Post*, 7 November 1950, sec. B, p. 2.

²¹ *Ibid.*, 3.

symptoms of ill health that you impute to menopause.’’²² Furthermore, she, too, raised the specter of blame, again reinforcing the widespread belief that menopause equaled unattractiveness, prompting men to stray.

Maybe you’re having that experience, or maybe you are claiming it prematurely; but in any case, the less said about it, the less ‘consciousness’ paid it (as condition or theory) outside the doctor’s office, the better your chances of sustaining a good relationship with your husband that psychologically satisfies him.²³

Some years later, responding to another reader’s query about why a ‘matron in her late 40s, gray and stout, [would] suddenly go man-crazy?’²⁴ she suggested that perhaps the woman was suffering the byproduct of loneliness and a conviction of feeling unloved and unneeded. Then she went on to link a raft of undesirable attributes to the menopausal period. Who wouldn’t feel depressed with all this looming ahead?

This depression may be fostered by a blend of stresses – such as glandular or emotional imbalances linked to beginning menopause; by the family general neglect of her; by the emptiness of her domestic routine; with no children at hand anymore; and by her own feeling that time is running out, that she is getting older and less desirable, and none of her hopes of happiness have materialized.²⁵

In yet another column she attributed the fears of yet another wife, age 40, anxious because her 50-year-old husband had just hired a new young female secretary, to unhappy feelings about menopause – simply because the writer was middle aged! Rather than emphasize the positive and encourage her to be secure in her marriage – the husband, after all, had never at any time during their years together given his wife any reason to be suspicious – Haworth instead scolded the woman for her ‘hasty

²² Ibid..

²³ Ibid.

²⁴ Haworth, ‘‘Mary Haworth’s Mail,’’ *Washington Post*, 28 July 1961, sec. C, p. 4.

²⁵ Ibid.

conclusion,’’ and said it was ‘‘unworthy of you, doubtless born of menopausal age-dismay and insecurity feelings, that inflame your imagination without logical reference to the real character of the boss/secretary relationship, whatever it may be in this instance.’’²⁶

It is interesting to note, incidentally, the numerous references to menopause in discussions about women who are barely into their 40s – today hardly regarded as the ‘‘menopausal age.’’ The actual age of menopause has not changed over time – it has remained at the average age of 50 – but symptoms can begin years earlier, and menopause may seem longer because of women’s increasing longevity.

Finally, in a rare departure from what seemed to be the norm among columnists of the time (and earlier), leave it to ‘‘Dear Abby’’ – in a *Post* column²⁷ – to effectively put down both a doctor and a husband for their collective (and unfounded) gripes about menopausal women.

DEAR ABBY: What is your opinion of a doctor who says to a husband, who came to him seeking his advice on how to get along with a wife while she is going through her menopause, ‘Why do you think I am on my third wife? There is absolutely nothing you can do, so you might as well forget it.’ Don’t you think that husband should find himself another doctor? WAITING FOR YOUR REPLY

DEAR WAITING: Yes. And if he finds one with two couches, he should invite that doctor to be his guest.²⁸

²⁶ Haworth, ‘‘Mary Haworth’s Mail,’’ *Washington Post*, 20 August 1972, sec. G, p. 17.

²⁷ Abigail Van Buren, ‘‘Dear Abby,’’ *Washington Post*, 28 February 1965, sec. H, p. 5.

²⁸ Ibid.

CHAPTER 6: NEWSPAPERS CONFRONT MIDDLE AGE

For the most part, the newspapers examined for this study ignored the topic of middle age per se during the first half of the twentieth century, with only a few exceptions, although the *NYT* ran a spate of stories in the 1970s about older women who were trying to corner a piece of the resurging feminist movement. The *Post* did not treat the topic of middle age separately in any apparent pattern throughout much of the twentieth century, although the topic showed up occasionally in columns and, once in a while, a rare gem of a story about it appeared. One article from 1910, for example, proclaimed “Fascinating Forty-Five.”¹ It looked like a news story (and ran in the front section of the newspaper, on page 6) but read like a column. There was no byline, but it was credited to the Manchester (England) *Chronicle*. “The modern woman of 45 is a finished production, a triumph of nature and art; hence her wonderful fascination,” the article declared, and concluded: “A modern mixture of Minerva and Eros, she well deserves her power and popularity.”² This was a departure, however. The *Post* ran numerous stories that featured middle-aged women, but these stories were not focused on the subject of middle age per se. The newspaper did, however, devote prominent coverage to the suffrage movement, including front-page display to the suffragettes’ 1913 pageant and mass meeting in Washington.³ Also, many middle-aged women were receiving prominent attention at the time, accomplished women, including Jane Addams, Lillian Wald, Frances Perkins and Eleanor Roosevelt, among others. Yet both positive and negative attitudes towards

¹ “Fascinating Forty-Five,” *Washington Post*, 6 August 1910, sec. A. p. 6.

² Ibid.

³ “Suffragists Take City for Pageant,” *Washington Post*, 2 March 1913, sec. A, p. 1

aging existed through much of the twentieth century.⁴ Aging women were given access to new youthful behavior at the same time that they were attacked for their participation – for example, in the 1920s, “popular journalism created something of a scandal around aging women, old enough to be grandmothers, dancing with young male partners at afternoon dances.”⁵ Women were aging in a culture that had “developed a pride in youth into an obsession.”⁶

An Extract for Old Age

An *Associated Press* story⁷ which appeared in the *Post* in 1929 headlined “Vital Extract Presented as New Enemy of Old Age,” told of a French doctor, Dr. Casimir Funk, of Paris, who had isolated a male hormone and declared his intention to produce tablets “to be taken in ordinary fashion” that would rejuvenate men and appeared to be similar “to one of the female hormones which has been extracted successfully for some time.”⁸ The article, in language reminiscent of that frequently used to describe the effects of menopause on women, reported:

This masculine hormone has been sought for some years and there have been other reports of isolation of extracts containing it. A difficulty has been to get an effective extract, and Dr. Funk showed ...some remarkable pictures as proof of the power of his product.

The pictures first showed roosters whose combs had wilted and whose wattles had shriveled because of loss of masculinity. Then he threw on the screen the same fowl 10 days after receiving the hormone extract, and the pictures showed the combs erect and wattles filled out. These rejuvenation effects, he said, had required only a few days compared with weeks for the shriveling process.⁹

⁴ Banner, *In Full Flower*, 288.

⁵ *Ibid.*, 289.

⁶ *Ibid.*

⁷ “Vital Extract Presented as New Enemy of Old Age,” *Washington Post*, 24 August 1929, sec. A., p.2.

⁸ *Ibid.*

⁹ *Ibid.*

Equal Opportunity for Men.

The *Post* ran numerous stories that featured middle-aged women, but these stories did not focus specifically on middle age. The *Post* upon occasion discussed middle age in its early health and wellness and advice columns, sometimes with a brief reference to menopause, and also often referring to both women *and* men. For example, in 1956, Theodore R. Van Dellen, M.D., in his "How to Keep Well Column,"¹⁰ suggested that women often blamed menopause for their post-50 feelings of "uselessness" and "nervousness," rather than "fear of growing old."¹¹ He praised the middle years, but in the context of raising existing anxieties about aging. To his credit, he did not isolate women in this discussion; he makes a point of including men as well.

Such women are unable to adjust to the realization that time is flying and they no longer are members of the younger set. These negative attitudes can be overcome by glorifying the 50s as one of the primes of life.

After all, every age has its compensations and life can take on new meaning if we look forward to fresh experiences. No one wants to grow old, but it is devastating to dwell on this theme year after year. Men and women who despise old age will hate themselves when they reach the twilight years.

The mature individual takes each decade in his stride and adds zest to living by regarding each succeeding year as better than the last.¹²

He raised the topic of middle age – for *both* genders – again on August 6, 1957, saying that individuals who fret over aging allow themselves to become vulnerable to a range of medical problems, among them ulcers, high blood pressure, neuralgia, and palpitations.¹³ He offered little in the way of comfort.

¹⁰ Theodore R. Van Dellen, "How to Keep Well, The Best Years," *Washington Post*, 19 August 1956, sec. B, p.8.

¹¹ *Ibid.*

¹² *Ibid.*

¹³ Van Dellen, "How to Keep Well, Tempus Fugit," *Washington Post*, 6 August 1957, sec. B, p.16.

There comes a time when every individual realizes he no longer is young. Some go through this transitional period gracefully but others find it difficult to reconcile themselves to aging. They fight against impossible odds to preserve the illusion of youth.¹⁴

He went on:

The realization of the transition from youth to middle age occurs usually during the 40s and is hard to take because it appears so suddenly. Some specific incident such as a chance remark by a younger person or the inability to perform a task brings us up with a jolt. The episode is unimportant, but we are shocked because time has passed quickly and youth does not last forever.

Young people are able to treat failures and disappointments casually, as there is hope of a better tomorrow. The middle aged man or woman has lost this cushioning.¹⁵

In another Van Dellen column, on December 30, 1965, he described aging as a “relative process” – again, for both genders – that involved physiological, psychological, pathological, statistical and hereditary factors.¹⁶ Physiological aging occurs “when function of various tissues and organs wanes,”¹⁷ he wrote, while psychological aging “is concerned with how the person feels and acts. Many oldsters have made great contributions to science, industry, politics and literature. Experience and a storehouse of knowledge compensate for declines in physical, mental and sensory capacities.”¹⁸ Pathological aging “stems from injury done through repeated infections, strain and dissipation. Damage of this nature can age a man 10 years or more,” he wrote.¹⁹ Hereditary aging “is dependent upon our parents and grandparents,” he wrote. “The members of some families are old at 50, regardless of living habits.”²⁰

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Van Dellen, “How to Keep Well: Aging,” *Washington Post*, 30 December 1965, sec. D, p.14.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

We know today, of course, that his last statement is far from accurate; while no one can eliminate bad genes, there are, nevertheless, many steps people can take to mitigate a dangerous biological legacy. For example, a family history of breast cancer – or knowing through genetic testing that you carry a gene that increases the risk of breast and/or ovarian cancer – should prompt women into regular breast self-examination and mammograms, as well as scheduled physician visits in order to detect cancer at its earliest and most curable stage.

Dr. Van Dellen seemed eager to praise the middle and older years as happy and fulfilling. Unfortunately, his attempts to do so incorporated any number of negative references that reminded readers of why they might be feeling unhappy in the first place, and reinforced their doubts. For example, on April 11, 1968, he wrote: ²¹

After 50, there may be a feeling of uselessness, not being wanted, and nervousness. Often the menopause is blamed, rather than fear of growing old. Some women are unable to adjust to the realization that time is flying and they no longer are members of the young set. Negative attitudes such as these can be overcome by glorifying the fifties as one of the primes of life. ²²

No Turmoil

In more recent years, the *Post* Health section devoted occasional space to discussions of midlife, including one striking piece on April 20, 1999 that described a John D. and Catherine T. MacArthur Foundation funded study that dismissed the notion that the middle years were a time of turmoil and worthlessness. ²³ Rather, the *Post* said, middle age brought satisfaction, new challenges and psychological well-being. “The findings challenge the notion that middle age is automatically a time of slow decline or

²¹ Van Dellen, “How to Keep Well: Young at Heart” *Washington Post*, 11 April, 1968, sec. E, p.5.

²² Ibid.

²³ Sally Squires, “Midlife without the Crisis,” *Washington Post*, 20 April 1999, sec. Z, p. 20

fraught with angst and psychological discomfort,’’ reporter Sally Squires wrote.²⁴ Furthermore, a sidebar accompanying the story noted that even menopause ‘‘often characterized as emotionally taxing and physically stressful, also appears to be benign for most women,’’ she wrote.²⁵ The *LAT* (which has access to *Post* stories via the newspapers’ joint news service) ran the material six days later in its own Health section.

Occasional columns in the *LAT* addressed the topic of middle age, often in the context of discussing menopause. Josephine Lowman’s column, for example, provided an often upbeat view of midlife and menopause, a striking departure from that of her male counterparts. Lowman was optimistic about middle age, and realistic about the side effects of menopause. In a November 11, 1940 column, she encouraged women to develop their own interests throughout life, outside of their career or home, ‘‘but if they do find themselves at 40 wondering what it is all about, they should face facts and do something about it.’’²⁶

Life is still ahead...They are at the peak of their powers. I know two women who became well-known physicians after 50, many who have built successful business after 40, and numerous career women who adopted children.²⁷

In a November 13, 1940 column²⁸ subtitled ‘‘Woman’s Real Life May Begin at 50,’’ she wrote:

²⁴ Ibid.

²⁵ Ibid.

²⁶ Lowman, ‘‘Why Grow Old?’’ 11 November 1940, sec. A, p.7.

²⁷ Ibid.

²⁸ Lowman, ‘‘Why Grow Old? Woman’s Real Life May Begin at 50,’’ *Los Angeles Times*, 13 November 1940 sec. A, p. 6.

A woman can still be lovely at 50. She can still have vibrant health! She should be a connoisseur in life! Existence should still hold the same wallop, with an additional capacity for appreciation of rare flavor.

Why all this sighing for the 20's – why this feeling that life is over? Much of it comes from the untruths and half truths which have been broadcast about change of life. This transition period is as natural as puberty. It should have no direct influence upon a woman's life or happiness. Often women experience a second blooming of beauty after it is over.'

At this time the glandular balance of the body may be upset. Nature must be given time to adjust it. Some of the minor discomforts which women feel at this time can be entirely remedied by treatment which any well-informed physician can safely give.²⁹

Power to Older Women

Starting in the 1970s, not coincidentally during the resurgence of feminism, the *NYT* ran occasional feature stories about older women – their fight for increasing their worth, status and power. Menopause was mentioned in passing, but was not the primary focus. Judy Klemesrud, who died of breast cancer in 1985 at age 46, wrote many of them. Among the headlines: "Older Women – Their Own Cry for Liberation,"³⁰ "New Focus on Concerns of Older Women,"³¹ "For Women 45 to 65, a Group to Promote Their Causes,"³² "Improving the Self-Image of Older Women,"³³ "Growing Older: A Call for Self-Determination for Women"³⁴ and "A Gift Decade, Sixtysomething, No labels, no limits, no strings."³⁵ Most of the stories told of women who banded together to support one another in an effort to bolster their feelings of self-

²⁹ Ibid.

³⁰ Judy Klemesrud, "Older Women – Their Own Cry for Liberation," *New York Times*, 6 June 1972, sec. A, p. 34.

³¹ Klemesrud, "New Focus on Concerns of Older Women," *New York Times*, 13 October 1980, sec. C, p. 15.

³² Klemesrud, "For Women 45 to 65, a Group to Promote Their Causes," *New York Times*, 27 February 1981, sec. B, p. 6.

³³ Klemesrud, "Improving the Self-Image of Older Women," *New York Times*, 2 November 1981, sec. B, p. 9.

³⁴ Susan Heller Anderson, "Growing Older: A Call for Self-Determination for Women," *New York Times*, 14 January 1988, sec. B, p. 6.

³⁵ Sue Hubbell, "A Gift Decade," *New York Times*, 19 February 1995, sec. SM, p. 25.

esteem, discuss empowerment, and cope with the period of time ``that some have described as `that no woman's land between menopause and Medicare.'`³⁶

The lead of one such story told of the more than 500 women older than 30 who ``met here over the weekend to reassure each other that wrinkles, gray hair and the menopause do not automatically relegate a woman to the scrap heap,'`³⁷

Midlife crisis?

In 1989. the *NYT's* Kathleen Teltsch wrote of Dr. Gilbert Brim, a social psychologist doing research on the so-called ``midlife crisis,'` who claimed it was illusionary.³⁸ ``Almost everyone over 40 claims to have it, or knows someone who surely has it,'` she quoted him as saying. ``but I do not think more than one person in 10 is experiencing a genuine midlife crisis.'`³⁹

Indeed, recent literature on the so-called mid-life crisis has found that women ``more easily than men'' deal with the transition to later years, and some analysts have said that even the empty nest syndrome, ``a period of depression into which women presumably fall when their children leave home, has ceased to exist.'`⁴⁰

Don't Forget the Elderly

Middle age and menopause rarely made the news pages of the *NYT*. One notable exception occurred on November 14, 1954 with coverage of a conference on the problems of aging. One educator, Dr. David C. Wilson, chairman of the University of Virginia school of medicine's department of neurology and psychiatry, was quoted as

³⁶ Klemesrud, ``For Women 45 to 65, a Group to Promote Their Causes.``

³⁷ Klemesrud, ``Older Women – Their Own Cry for Liberation.'`

³⁸ Kathleen Teltsch, ``Midlife Crisis' Is Investigated by One who Doubts It's There,'` *New York Times*, 18 December 1989, sec. A, p. 16.

³⁹ Ibid.

⁴⁰ Banner, *In Full Flower*, 326.

predicting a ``catastrophic'' impact on society if the nation failed to address the problems of the elderly.⁴¹ It seemed prescient.

Dr. Wilson told the gathering that it was ``a normal tendency of all of us to grow somewhat more rigid and hostile to change and new ideas as we get older''⁴² and added that ``if this tendency toward rigidity is allowed to proceed unchecked the effect on the electorate will be catastrophic.'' ⁴³ Further, he said that, as a nation, ``we do not neglect our children, but we do tend to neglect our parents.'' ⁴⁴

The article further quoted him:

Older people are forced to retire, are unable to get re-employment, and there is a tendency to force them into a state of idleness, a feeling of uselessness and dependency on state and Government agencies. There is reason to look on approaching old age with fear of unhappiness, uselessness and despair.⁴⁵

Although the article largely focused on aging as it related to both genders, it did make one specific and direct reference to hormones, saying that ``female hormone therapy will prevent or reverse many of the severe physical and emotional changes over and above those of natural aging that occur in many women after their change of life, the conference was told.'' ⁴⁶

Like the *Post* and the *NYT*, the *LAT* devoted little space to the topic of middle age per se, although the tone of these rare stories was almost always upbeat. One 1970 wire story by *United Press International (UPI)* writer Gay Pauley⁴⁷ quoted from the reporter's interview with a British woman physician who described the middle years as

⁴¹ ``Set Ideas of Aged Elicit a Warning,'' *New York Times*, 14 November 1954, sec. A, p. 76.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid..

⁴⁶ Ibid.

⁴⁷ Gay Pauley, ``Middle Years Can be Joyful,'' *Los Angeles Times*, 10 August 1970, sec. F, p.10.

“a time when all new challenges are met with complete confidence and satisfaction.”⁴⁸

The stories that discussed middle age for the most part described growing efforts by women to enhance women’s value and self-image as they aged, rather than diminish them, again reflecting the social movement of the time. In contrast, medical advice columns, specifically those written by male physicians during from the 1920s through the 1950s, equated menopause, a function of middle age, with aging and loss of youth, wasting, non-productivity and worthlessness – all negative consequences that they linked to the deterioration of a woman’s *body*.

⁴⁸ Ibid.

CHAPTER 7: NEWSPAPER ADVERTISEMENTS – THE YOUNG AND THE WRINKLED

By 1910, companies were spending millions of dollars on advertising and public relations to stimulate consumer buying. Cigarettes and passenger cars were growing in popularity. In 1911, air conditioning was invented. That same year, a deadly fire swept through the Triangle Shirtwaist Factory in lower Manhattan killing 145 workers, most of them young girls. The eighteenth and nineteenth amendments to the Constitution – Prohibition and women’s right to vote – were less than a decade away. Women had begun to yield power in labor unions, particularly in the garment industry. Modern market research had begun and advertisers began targeting their pitches to specific audiences.¹ They recognized a great potential market in women. Ads encouraged the purchase and use of household products by playing on women’s anxieties about not doing enough for their families.² The right soap powder could help avoid “tell-tale gray,” while body soaps and mouthwashes curbed bad odors and, thus, social rejection.³ Ads emphasized sexual attractiveness, especially as a way to find or keep a husband. For older women, ads pitched the wonders of hormone creams, tablets, and other elixirs that ostensibly addressed the wide range of uncomfortable ailments that supposedly accompanied the “change.” Later, especially after the 1960s, there was a proliferation of ads for self-help books written by so-called experts, some of them physicians, claiming to help both men and women overcome numerous personal and health problems, including the effects of menopause.

¹ Duke University Libraries, “Emergence of Advertising in America,” at URL <http://library.duke.edu/digitalcollections/eaatimeline.html> accessed 26 June 2008.

² Evans, *Born for Liberty*, 201.

³ *Ibid.*

Patent Medicines and regulation

The stirrings of concern about the dangers of unregulated and often dangerous so-called “patent medicines” – and a growing demand for federal intervention – arose in part from the work of a few muckraking reporters who helped expose the fake testimonials and the “nostrums” filled with harmful ingredients and touting unfounded and worthless cures for cancer, tuberculosis, syphilis, narcotic addiction, and a host of other ailments, including menopause. The most influential work was probably a series by Samuel Hopkins Adams that began appearing in *Collier's* on October 7, 1905, entitled "The Great American Fraud," although *LHJ* had already decided earlier, in 1892, that it would no longer accept patent medicine advertising. Adams published ten articles in the series, which concluded in February 1906; he followed it up with another series on doctors who advertised fake clinics.⁴

These pieces ultimately inspired passage of the original federal Food and Drugs Act of 1906, which prohibited interstate commerce in misbranded and adulterated foods and drugs.⁵ Congress created the Federal Trade Commission (FTC) in 1914 to preserve fair competition among businesses, a mission that grew to include print advertising.⁶ In 1938, Congress toughened the forerunner of today’s Food and Drug Administration (FDA) – which was part of the Department of Agriculture until 1940 – by giving it, among other things, the power to require drug ingredients to be listed on the label and

⁴ Food and Drug Administration, Center for Drug Evaluation and Research, “The Patent Medicine Menace,” at URL <http://www.fda.gov/cder/about/history/gallery/galleryintro.htm> accessed 6 May 2008

⁵ Food and Drug Administration, “Chronology of Drug Regulation in the United States,” at URL <http://www.fda.gov/cder/about/history/time1.htm> accessed 6 May 2008.

⁶ Federal Trade Commission, “Federal Trade Commission: a History,” at URL <http://www.ftc.gov/ftc/history/ftchistory.shtm> accessed 9 February 2008.

to be safe (although not effective) before marketing. A separate measure passed the same year awarded the FTC oversight on advertising of all products, including pharmaceuticals.⁷ This meant that the FTC – not the FDA – had regulatory power at the time over the advertising of all drugs and products that made health claims.⁸

It is important to note that before 1951, there essentially was no drug prescribing process; in 1951 Congress defined the kinds of drugs that – because of safety issues – required medical supervision, and restricted their sale to consumers who obtained prescriptions from licensed practitioners. In 1962, amendments to the Food, Drug and Cosmetic Act transferred jurisdiction of prescription drug advertising from the FTC to the FDA, although over-the-counter (non-prescription) drug advertising oversight remained with the FTC, where it still is today. The 1962 legislation also gave the FDA the authority to require drug makers to prove that their products were effective for their stated purpose. Today, for products that do not require a prescription, the FTC essentially is responsible for claims made in advertising, while the FDA has jurisdiction over claims made on labels. Both have enforcement powers, although the FDA's penalties are stronger. The FTC, for example, is limited to imposing civil penalties to companies that violate its statutes, whereas the FDA has criminal authority and can actually seize misbranded and adulterated products.

But none of these regulations existed in the late nineteenth century as newspapers became increasingly advertising-supported. Until then newspapers had been for the most part controlled and funded by political parties, politicians and

⁷ Food and Drug Administration, "Chronology of Drug Regulation in the United States," accessed 6 May 2008.

⁸ Francis B. Palumbo and C. Daniel Mullins, "The Development of Direct-to-Consumer Prescription Drug Advertising Regulation," *Food and Drug Law Journal*, 57, no. 3 (2002), 426.

partisan groups.⁹ Editorial content became much less controversial with the move toward a more commercial press. Publications sought to attract rather than offend their readers, and wanted to reach them with ads. Oftentimes newspaper features supported accompanying ads.¹⁰ Croteau and Hoynes wrote that advertisements “became part of the daily newspaper at a time when the medium, because of its emerging financial base, sought new forms of news that would be both advertiser-friendly and entertaining for potential readers.”¹¹ Even today it is not surprising to find advertisements placed near articles written about a related subject, including menopause.

Coping with “The Change.”

Ads for hormones during their heyday (which were placed near articles about menopause or middle age) did not pitch specific drugs, but often urged consumers to call or write individual hotlines or mail addresses set up by drug companies. These ads were deliberately vague because drug makers did not want to comply with FDA rules requiring full disclosure of risks and benefits, and other information. As a result, prescription drug makers mostly promoted their products to physicians and other health care professionals, who were expected to interpret drug information for their patients, and prescribe the medications. Beginning in the late 1990s, however, the FDA eased its rules and drug manufacturers increasingly began targeting consumers due, in part, to the aging baby boomers and to the growing number of patients seeking to participate in

⁹ David Croteau and William Hoynes, *Media Society* (Thousand Oaks: Pine Forge Press, 2003), 69.

¹⁰ *Ibid.*, 70.

¹¹ *Ibid.*, 70.

their own health care decisions. Since then, direct-to-consumer advertising has become widespread.¹²

Newspaper advertisements throughout the twentieth century spoke to treating the ills of being a menopausal woman. Even at the end of the nineteenth century, ads spoke of menopause as a disease in need of therapy – even if the treatments were unproved, even quackery. At the turn of the nineteenth century into the twentieth, there were numerous “patent” medicine products from which to choose, judging from advertisements which appeared in the *Post* and the *LAT*. The *NYT* was notable for its lack of such advertising. Its policy historically (and today) is to reject ads that tout unsubstantiated claims for non-prescription drugs. However, it did run numerous ads over the years promoting self-help books for menopausal women. Often, the books were written by physicians, both male and female, enhancing the authority of the medical community and further contributing to the medicalization trend.

The years before the FTC and the FDA, and before the agencies grew in power, were an unregulated era – neither the advertisements nor the products themselves were under federal, state or local scrutiny – and most of these “cures,” not surprisingly, were of dubious value.

Patent medicines have had a long and ignominious history in the U. S., reaching their zenith in the late 19th century. As the population became more urban and somewhat more capitalized, a ripe target emerged for some post-industrial entrepreneurs, entrepreneurs who would thrive in a marketplace best characterized by the dictum, 'caveat emptor'. Communications had expanded, and the printed word became a crucial venue for the proliferation of patent medicines. The rise of advertising in America, not coincidentally, paralleled the

¹² Food and Drug Administration, The Impact of Direct-to-Consumer Advertising, at URL <http://www.fda.gov/fdac/special/testtubetopatient/advertising.html>, accessed 8 September 2007. See also: Francis B. Palumbo and C. Daniel Mullins, “The Development of Direct-to-Consumer Prescription Drug Advertising Regulation,” *Food and Drug Law Journal*, 57, no. 3 (2002): 423-442

rise of nostrums. At the same time, the biomedical sciences in this country were still in their infancy, and medicine was ill-equipped to deal with most diseases. An army of enterprising individuals were prepared to step in and alleviate the suffering.¹³

One ad, for example, which appeared in the *Post* on March 8, 1893, (but ran numerous times),¹⁴ declared that Radfield's Female Regulator:

...has proven an infallible specific for all derangements peculiar to the female sex, such as chronic womb and ovarian diseases. If taken in time, it regulates and promotes healthy action of all functions of the generative organs. Young ladies at the age of puberty, and older ones at the menopause, will find in it a healing, soothing tonic.¹⁵

The ad displayed sketches of both a young woman and a more mature-looking one presumably to appeal to all age ranges. It did not describe what substances were contained in the regulator. [See Appendix Fig.1.]

Advertisers often sought to pitch their products in person. There were numerous advertisements in 1907 in the *Post* that promoted free illustrated talks for women to learn more about how they could deal with the discomforts of menopause. In one, which appeared April 2, 1907, "Mrs. Martha Abbott Baughman, [of] the Eastern Viavi Company cordially invites your attendance for the purpose of intelligent investigation."

¹⁶ In another ad for the same speaker, on June 2 of that same year, Mrs. Baughman promised a 600-page free booklet "Viavi Hygiene," to every woman who showed up for her talk.¹⁷ Admission was free, although her products presumably were not. What

¹³ Food and Drug Administration, Center for Drug Evaluation and Research, "The Patent Medicine Menace," at URL <http://www.fda.gov/cder/about/history/gallery/galleryintro.htm>, accessed 7 May 2008.

¹⁴ *Washington Post*, display ad, 8 March 1893, sec. A, p. 7.

¹⁵ *Ibid.*

¹⁶ *Washington Post* display ad, 2 April 1907, sec. A, p. 4.

¹⁷ *Washington Post* display ad, 2 June 1907, sec. SM, p. 3.

was Viavi? Some believed it to be a medicine or vitamin supplement,¹⁸ but the American Medical Association, which conducted a study of it in 1912, concluded that the original Viavi product was a vaginal douche that was "masked or hidden" under the product names Viavi Liquid, Viavi Tablettes, Viavi Cerate and Viavi Royal and other 'Viavi' products.¹⁹

For women who perhaps preferred something stronger, one 1910 display ad in the *LAT* promised "The World's Best Medicine."²⁰ [See Appendix Fig. 2] The product was Duffy's Pure Malt Whiskey, guaranteed to get women through menopause, and both genders through just about anything.

There is no time in the life of man or woman when Duffy's Pure Malt Whiskey will not help. Mrs. Jennie Gardner, one of our patients, is passing through woman's most critical period and she is enjoying the best of health.

In her letter she says: "With pleasure I allow my name and testimony to be used for the benefit of those who know not the merits of Duffy's Pure Malt Whisky. I think it is the best medicine in existence. I am now passing through the most critical period of women's life (the menopause or change of life). I am enjoying good health, better than for years, and all through this wonderful change have suffered comparatively no inconvenience at all. This is remarkable, but nevertheless it is true. I could not do without Duffy's Malt. I expect to use it all my life."²¹

The ad went on to describe the whiskey as "one of the greatest strength builders and tonic stimulants known to science"²² and promised it could improve digestion and provide "tone and vitality" to every organ in the body.

It has been used with remarkable results in the prevention and cure of consumptions, pneumonia, grip, coughs, colds, asthma, low fevers, stomach

¹⁸ Historicana, Women's History at URL <http://www.historicana.com/general/women.html>. accessed May 2005

¹⁹ The Virtual Dime Museum, "The Viavi Treatment," at URL <http://thevirtualdimeuseum.blogspot.com/2008/05/viavi-treatment.html>, accessed June 19 2008.

²⁰ *Los Angeles Times* display ad 5, 10 November, 1910, sec. A, p. 13.

²¹ Ibid.

²² Ibid.

troubles and wall wasting and disease conditions. Recognized as a family medicine and prescribed by physicians everywhere.²³

“Glazier’s Perfected Gland Tonic” was another preparation widely advertised in the *LAT* during the 1920s. A 30-day course sold for \$5.00 with a positive guarantee. The ad²⁴ described the product as harmless and tasteless, but did not list its ingredients. In placing an order, consumers were asked to specify whether they were male or female. The ad pledged that “Upsets of the Menopause respond readily to its soothing, marvelous influence. It’s certain.”²⁵ Another *LAT* ad, under the headline “Gland Treatment,” [See appendix Fig.3] promised women the tonic would “revitalize” and “rejuvenate” them.²⁶ It said: “women receive special glandular treatments for sterility, neuroses connected with menopause and post-operative surgical shock.”²⁷ R.L. Dorsey, available between 2-4 p.m. for free consultations, was described as “the only physician in Southern California injecting the pure, actual Gland Substance in every treatment.”²⁸ It offered no details on what that “Gland Substance” was made of, its origins, or how it worked.

Paul C. Bragg, owner and director of Bragg’s Health Center in Los Angeles, was an early “health food” advocate who was pictured on numerous occasions in *LAT* ads²⁹ promoting a natural lifestyle, including pure water, exercise, and whole foods. While many of his ideas have achieved credibility and are embraced today, he nevertheless pushed a “wonder gland tonic” called Regenerex for men and women he

²³ Ibid.

²⁴ *Los Angeles Times*, display ad, 2 January 1927, sec. K, p. 27.

²⁵ Ibid.

²⁶ *Los Angeles Times*, display ad 13, 31 July 1924, sec. A, p. 8.

²⁷ Ibid.

²⁸ Ibid.

²⁹ *Los Angeles Times*, display ad 174, 6 May 1928, sec. L, p. 29. See also: *Los Angeles Times*, display ad 141, 1 July 1928, sec. K, p. 29.

claimed was effective against a variety of ills, including impotence, fatigue, menstrual distress, headaches, and the symptoms of menopause, among other things. The ads did not list or describe its ingredients. Suffering patients who came to his clinic emerged healthy again, according to the ads. The May 6, 1928 ad told of a woman in menopause “suffering from head to foot with hot flashes,” that brought her “intense pain.” After three treatments, “she was restored to perfect health.”³⁰

An August 7, 1936, *Post* ad – this one aimed at “women past 45” – promised they could “get relief from headaches, dizzy spells, flushes, “nerves” with two or three Zo-ak tablets taken three times a day.³¹ These pills “contain the hormone and other helpful substances often prescribed by physicians to relieve the misery of the menopause,” according to the ad, which went on to explain that the tablets were “recommended by all good druggists who will refund your money in full if you do not feel 100% better after taking Zo-ak as directed.”³² This same “misery of menopause ad” ran in the *LAT* on May 4, 1937.³³

Herbs and other substances also were popular menopause remedies in the 1930s. IOKELP tablets, containing iodine, were promoted in an *LAT* classified ad on Feb. 13, 1934, to encourage thyroid health, particularly during puberty and menopause when a woman’s thyroid “is under heavy strain.”³⁴ Another *LAT* ad, on March 13, 1932, promoted “a remarkable new preparation called Vesco – which is producing results that are simply amazing. It is composed entirely of green vegetable herbs grown

³⁰ *Los Angeles Times*, display ad 174.

³¹ *Washington Post*, display ad, 7 August 1936, sec. X, p. 18.

³² *Ibid.*

³³ *Los Angeles Times*, display ad 20, 4 May 1937, sec. A, p. 8.

³⁴ *Los Angeles Times*, classified ad 5, 13 February 1934, sec. A, p. 7.

...in California sunshine – contains absolutely no narcotics or harmful ingredients.’’³⁵

[See appendix fig.4.] The product description appeared under the headline ‘‘Hot Flashes,’’ and Nervous Disturbances of Menopause Relieved by Amazing Herb Remedy,’’³⁶

It is no longer necessary for women to suffer from the hot flashes, headaches, vertigo, indigestion, pains in the back, nervous disorders and other functional disturbances of the general health which usually accompany the trying period for women of middle age, generally known as the ‘change of life.’³⁷

Lydia Pinkham

Perhaps the most well known marketer of homemade products for female complaints was Lydia E. Pinkham. She began selling her vegetable compound tablets in 1875 for all women—from young menstruating girls and women to older women going through menopause. Much has been written about Pinkham, including at least three books and countless articles.³⁸ Pinkham’s company spent millions of dollars in advertising to persuade women that her herbal product was less expensive and safer than anything a doctor could provide.³⁹ In explaining the lure of Pinkham’s potion, Stage wrote that her ads ‘‘gave voice to sensational but frequently sound critiques of gynecology as it was practiced in the nineteenth and early twentieth centuries,’’⁴⁰ and to trace Pinkham’s advertising over time ‘‘is to view in microcosm changing attitudes

³⁵ *Los Angeles Times*, display ad 90, 13 March 1932, sec. J, p. 23.

³⁶ *Ibid.*

³⁷ *Ibid.*

³⁸ Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women’s Medicine* (New York: W.W. Norton & Company, 1979). See also: Robert Collyer Washburn, *Life and Times of Lydia Pinkham* (New York: G.P. Putnam’s Sons, 1931); Jean Burton, *Lydia Pinkham Is Her Name* (New York: Farrar, Straus and Co., 1949); Eric Jameson, *The Natural History of Quackery* (London: Michael Joseph, 1961); Stewart Holbrook, *The Golden Age of Quackery* (New York: The Macmillan Co., 1959).

³⁹ Stage, *Female Complaints*, 10.

⁴⁰ *Ibid.*

toward women and medicine.’’⁴¹ One August 5, 1932, ad in the *Post*, for example, depicted a photo of an obviously grumpy middle-aged woman—hands upraised in irritation at her concerned and solicitous husband— accompanied by the headline:

“Irritable, Grouchy Wives!’’⁴² The text, in part, read:

‘Don’t speak to me,’ she cries. ‘I’m all upset and want to be alone.’ Why is it... as soon as a woman’s nerve become excited she hurts the one she loves. [Sic] She has no patience with anybody. Everything seems to make her unhappy...despondent. No husband can understand the reasons why! What has changed her into a silent, moody woman...always grumbling and flying into a rage over a trifle?⁴³

The answer was superimposed on the photo: “Try Lydia E. Pinkham’s vegetable compound.’’⁴⁴

Pinkham advertised in the *LAT* as well, offering relief through all the stages of a woman’s life, starting with girlhood to menopause.⁴⁵

It will be through these three ordeals of life that the name of another woman, a great woman, will often pass her grateful lips in heartfelt thanks.

That woman’s name is known wherever humans dwell. It is Lydia E. Pinkham.

Lydia Pinkham knew the trials of womanhood. And she compounded with a kind, strong hand her vegetable compound. It has been written about. It has been sung about in jovial strain. Yet it has never been taken lightly by the millions of women to whom it brought such blessed relief during three long generations.

Lydia Pinkham was not a scientist. Yet science and medicine have acclaimed her prowess these many years – backed by more than a million letters that have come, all unsought by us, from women everywhere.⁴⁶

But Pinkham’s road to success was anything but smooth. By 1900, there were increasing demands for restrictions on the patent medicine industry, and opposition

⁴¹ Ibid.

⁴² *Washington Post*, display ad, 5 August 1932, sec. A, p. 4

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ *Los Angeles Times*, display ad 58, 6 December 1936, sec. D, p. 12.

⁴⁶ Ibid.

grew in some quarters to its advertising. The *Ladies Home Journal*, for example, which, upon its founding in 1887, sought advertising as a way to ensure its success, reversed itself regarding patent medicines several years later. Under the leadership of editor Edward Bok, the magazine announced it would no longer accept ads for patent medicines and joined forces with *Collier's* and the American Medical Association to encourage government restraints on the advertising of patent medicines.⁴⁷

Additionally, some state legislatures were clamoring for patent medicine regulation, a movement that panicked Charles Pinkham, one of Lydia's sons, who was running the company.⁴⁸ (Pinkham herself had died in 1883.) In 1938, for example, mindful it was under FTC scrutiny, the company responded by fortifying its compound liquid with vitamins and iron in order to support its advertising claim.⁴⁹ Since 1937 Pinkham's ads had urged women to go "smiling through" the difficult stages of life; the FTC objected to this, issuing a citation banning further use of the "smiling through" copy.⁵⁰ The company hired a lawyer and fought the FTC, and managed to convince the agency to allow its claims.⁵¹ Later, in the 1940s, the FDA, which has jurisdiction over label information, demanded that the company provide medical proof of its claims that the product contained hormones. A Pinkham researcher discovered vegetable estrogens in licorice root, a flavoring used in the compound, and submitted this as evidence.⁵² The FDA was skeptical; ultimately the agency did not mount a case against the company, but continued to watch it.⁵³

⁴⁷ Biagi, 203.

⁴⁸ Stage, 132-13.

⁴⁹ Stage, *Female Complaints*, 240.

⁵⁰ *Ibid.*, 241.

⁵¹ *Ibid.*, 242.

⁵² *Ibid.*

⁵³ *Ibid.*, 243.

Skin Creams

As early as 1930, ads began to appear promoting anti-aging skin treatments, playing to women's inevitable anxieties about getting older. One classified ad, on Oct. 5, 1930, in the *LAT*, asked:

Why Look Old

And have Saggy Muscles, Deep Lines and Wrinkles when by the use of our IMPORTED FRENCH OIL and MOUSER'S ELECTRIC FACIALS we can permanently eliminate and rebuild your face to give a youthful complexion and appearance.⁵⁴

It was coupled with a hot oil egg shampoo, promoted to banish gray hair, all part of the "Louvaine System."

The 1940s saw a proliferation of hormone skin cream advertisements in the newspapers. On August, 12, 1947, for example, Helena Rubenstein's Estrogenic Hormone Cream, promised in the *Post* "to help you retard the effects of aging, to achieve new beauty for your skin...Using just a precious half-teaspoon every night, massaging lightly but firmly, you can accomplish wonders for your complexion."⁵⁵ This cost \$4.20, a hefty price in those days. Playing to a woman's deepest fears about maintaining a youthful appearance, an ad, which ran in both the *LAT*⁵⁶ and in the *Post*⁵⁷ pitched Hormonex Beauty serum. [See appendix fig.5] The ad had a "byline" of Adrian Mitchum, who described the impact on a woman after only one-month's use.

As I write this article, I can look through the doorway and see a woman of 45 waiting in the outer office. The light is good and I see her clearly. She looks

⁵⁴ *Los Angeles Times*, classified ad 4, 5 October 1930, sec. C, p. 1.

⁵⁵ *Washington Post*, display ad, 12 August 1947, sec. A, p. 5.

⁵⁶ *Los Angeles Times*, display ad 35, 28 July 1958, sec. A, p. 10. See also: *Los Angeles Times*, display ad 23, 5 February 1967, sec. A, p. 33; *Los Angeles Times*, display ad 57, 15 July 1970, sec. D, p. 6.

⁵⁷ *Washington Post*, display ad, 9 March 1969, sec. A, p. 235.

10 years younger than she did a month ago. What brought about this amazing change? An estrogenic hormone serum.⁵⁸

It is certainly interesting to see that hormone creams were promoted as long as 40 years ago. In those days, however – without describing the origins of the hormones – the creams were marketed as the path to a youthful appearance. Today, creams containing hormones from plants and other sources are promoted (often on the internet and in menopause support groups) as an alternative to hormone replacement therapy, and as a “natural” way to counter the uncomfortable symptoms of menopause. While the FTC is supposed to monitor advertising for products such as these, that makes health claims, the sheer volume of product ads makes it difficult for the agency to stay on top of all false advertising. The FTC, like many government agencies with limited resources, practices a kind of triage, going after the most egregious ads, or those that could pose a threat to consumers.

Self-Help Books for the Menopausal Woman

The content of newspaper advertising, generally, is at the discretion of the publisher. The *NYT* chose not to run advertising for unproved menopausal medical therapies – or any other therapies, for that matter – but refused to censor book ads, even unproved self-help books. The newspaper published numerous ads promoting self-help books aimed at women undergoing the change of life, usually written by doctors, women – or women doctors. The language of the ads often focused on women’s existing anxieties about aging and illness – and, with frequent references to the medical expertise of its authors, solidified the growing notion that menopause was a medical

⁵⁸ Ibid.

condition and that doctors knew best. Many also hinted at the widespread hormone use to come.

For example, on May 21, 1950, the *NYT* ran an ad for the book *Change of Life, A Modern Woman's Guide* by F.S. Edsall, published by the Woman's Press YWCA, that posed the question "Are any of these fears worrying you? Loss of charm...your figure...your attractiveness to men? Danger of insanity...of cancer?"⁵⁹ The ad assured women that none of those fates necessarily awaited if they followed the author's advice. On September 17, 1950, the newspaper ran an ad for the book *You'll Live Through It*, by Miriam Lincoln, M.D., published by Harper & Brothers. She was the same physician featured in a *Time* news story the previous July, and the ad reflected much of the same attitude that Lincoln expressed earlier – that menopause was natural and normal, and need not be feared. "Unfortunately, moth-eaten superstitions and unreliable information have made change of life one of the most misunderstood subjects in the world," the ad read. "Now a competent, experienced doctor gives you clear, practical information and advice about this natural change that is, in effect, adolescence in reverse."⁶⁰ Similarly, an ad on February 25, 1951, for *Facts about the Menopause*, by Maxine Davis promised that the book "shatters taboos, dispels the myriads of superstitions and old wives' tales, debunks unscientific gossip," and would show readers "how this phase of life is distinctly not one to be dreaded or feared – that it may be looked forward to and welcomed."⁶¹

While many of the ads for books by female authors stressed the normalcy of menopause, others hinted at the medicalization that was slowly beginning to gain

⁵⁹ *New York Times*, display ad, 21 May 1950, sec. BR, p. 11.

⁶⁰ *New York Times*, display ad, 17 September 1950, sec. A, p. 214.

⁶¹ *New York Times*, display ad, 25 February 1951, sec. A, p. 228.

ground. On May 11, 1952, for example, a *NYT* ad for the book: *The Changing Years* by Madeline Gray, claimed that anyone who believed the “change” was a difficult or dangerous time was “out of touch with the very latest advances of the medical profession,” and that doctors had proved it to be “an easy matter for you to make the years during and after the menopause a healthy, happy time wherein you lose none of the vitality, beauty and enjoyment of your earlier years.”⁶² Similarly, on September 14, 1952, a *NYT* ad for the book *Women Needn’t Worry*, by Dr. Lena Levine, promised that “a distinguished gynecologist and psychiatrist” would provide information proving that menopausal women would not necessarily become cranky and irritable, lose their sexual desire and physical attractiveness, and that they can avoid the worst symptoms that occur during this stage of life.⁶³

Dr. Wilson and *Feminine Forever*

By the 1960s Dr. Wilson was giving interviews and public talks, and his views that menopause could be prevented were receiving increasing attention in the media through regular news coverage as well as advertising. After the publication of his book *Feminine Forever*, some newspapers – including the *LAT* – ran lengthy excerpts in their feature sections, blurring the line between editorial content and advertising. On August 28, 1964, the *NYT* ran a small box⁶⁴ that announced a public forum on “The Obsolete MENOPAUSE” hosted by the medical staff members of The Wilson Research Foundation. The talks, described as “a public service lecture for women of all ages and their families” were given monthly, and were free.⁶⁵ On Jan. 16, 1966, the *NYT* ran a

⁶² *New York Times*, display ad, 11 May 1952, sec. BR, p. 17.

⁶³ *New York Times*, display ad, 14 September 1952, sec. BR, p. 22.

⁶⁴ *New York Times*, display ad, 28 August 1964, sec. A, p. 34.

⁶⁵ *Ibid.*

full-page ad promoting the Wilson book.⁶⁶ The ad featured a picture of the book and a photograph of Dr. Wilson. The language was explosive, promising eternal youth and good health. What middle-aged woman wouldn't run out and buy this book? What woman wouldn't rush to her doctor for a prescription? It sounded too good to be true – and, of course, today we know that it was. The ad declared that no matter a woman's age, she could be feminine forever thanks to a new medical breakthrough that would prevent or reverse menopause. Dr. Wilson's "astounding new book" could tell her how to avoid menopause, "stay a romantic, desirable, vibrant woman as long as you live" and "grow visibly younger day by day until they are transformed into the exciting, vibrant females they were before the 'change.'⁶⁷ The ad promised that the information in the book would ensure that "your skin will stay younger looking, your breasts will never sag, nor will you suffer atrophy of the female organs,"⁶⁸ that women would never develop "dowager's hump," unbearable headaches, hot flashes, weakness, night sweats, loss of memory, insomnia, frequent urination, intolerable skin itch, hypertension, artery or heart disease, or the "almost unendurable *mental agony* that comes with the feeling that you have *suddenly* grown old, have lost your feminine romantic appeal and sexuality...your attractiveness to men...your alertness, ambition...your whole reason for living."⁶⁹

Stay Young Longer

Numerous ads mentioned menopause only in passing, but promoted books that played upon women's anxiety about aging, a fear inexorably tied into menopause. A

⁶⁶ *New York Times*, display ad, 16 January 1966, sec. BR, p.15.

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

January 21, 1962 *NYT* ad asked: “Are you over thirty and worried about getting old?”

⁷⁰ and – in a rare departure – was aimed at both women *and* men. It promised its readers would “Stay Young Longer:”

364 easy-to-read pages crammed full of secrets on ‘how to add years of enjoyment to your life,’ complied by writer, reporter, housewife, mother and grandmother, Linda Clark....This exuberant book brings help and inspiration to both *men* and *women* for it tells how the aging process, which begins early in little ways, can be prevented or even reversed.⁷¹

More than two decades later, books were still “selling” ways to stay young. In 1983, both the *NYT*⁷² and the *LAT*⁷³ ran nearly identical ads for a book by Elissa Melamed, Ph.D, entitled *Mirror Mirror, the Terror of Not Being Young*. The ad declared: “Men fear death. Women fear aging,” and offered “The brave promise of a new reality.” There was only a brief mention of menopause (“When a middleaged woman is upset, do you automatically blame it on menopause?”); the rest of the full-page ad was devoted to contrasting the differences in how society viewed aging in women, compared to men.⁷⁴

In our society, it is acceptable for men to age, but not for women.

Deep down most women equate self-worth with looking good. And looking good in our culture means looking young.

Now, in a book that shatters stereotypes with all the impact that *The Feminine Mystique* had in the 60s, psychologist Elissa Melamed takes the first in-depth look at how women have become the victims of an illogical and painful double standard of aging – and tells what every woman can do to liberate herself from it.⁷⁵

⁷⁰ *New York Times*, display ad, 21 January 1962, sec. A, p. 222.

⁷¹ *Ibid.*

⁷² *New York Times*, display ad, 22 May 1983, sec. BR, p. 8.

⁷³ *Los Angeles Times*, display ad, 26 June 1983, sec. K, p. 13.

⁷⁴ *Ibid.*

⁷⁵ *Ibid.*

TV News features

Finally, it is worth mentioning several ads that ran in the *LAT* during the 1970s promoting television features about menopause airing on Eyewitness News at 6 p.m. on channel 7. They are notable both for their language and their graphics. One such ad, on Nov. 10, 1974, features a manic-looking middle-aged woman, teeth clenched, above the words: “Menopause. The end of the myth.”⁷⁶ The rest of the ad read as follows:

Almost overnight, her family sees her become irritable, irrational and truly middle aged. She may lose her beauty...her sexuality...even her mind. All because of a natural, but inevitable change in body chemistry. This week, Eyewitness News Reporter Diana Lewis discusses menopause with women who’ve suffered its symptoms, and examines attempts to avoid its side effects.⁷⁷

Another ad, Feb. 1, 1976, featured a single word “Menostop.”⁷⁸ against a black background, with the following:

So many people don’t believe menopause is a pause. They’re convinced it’s the end.

We’re happy to say there’s no such word as ‘menostop.’ Even more important, no such phenomenon.

You see, if you know what to expect and how to handle it, menopause becomes simply that...a pause. A change. A transition.

Take the time tonight and let Eyewitness News reporter Diana Lewis put a stop to some of the misconceptions.⁷⁹

Endangered menopausal creature?

One book ad is worth mentioning, even though it was selling a self-help manual for the menopausal women. Nevertheless, the language was striking enough to deserve special attention. The ad, for a book called *The Case for Extinction, an answer to*

⁷⁶ *Los Angeles Times*, display ad, 10 November 1974, sec. O, p. 21

⁷⁷ Ibid.

⁷⁸ *Los Angeles Times*, display ad, 1 February 1976, sec. K, p. 17

⁷⁹ Ibid.

conservationists, by Morton Stultifer, in association with Richard Curtis, attempted to persuade consumers that there were some endangered species not worth saving, among them the “dugong,” a threatened ancient marine mammal. The ad promoting the book described the dugong as “the most vicious creature in the sea, at least during menopause.”⁸⁰ It is not known whether the dugong – a large marine mammal herbivore designated “threatened” – actually has a menopause, nor whether its mood at any time can be characterized. What *is* clear, however, is that the authors intended to equate menopause with a vicious temperament.

While there seemed to be no reluctance among newspapers to mention menopause in advertising and advice columns throughout the twentieth century, it was largely absent in news articles until the 1950s and later, when menopause became a disease with a scientific focus, rather than an unmentionable condition that provoked emotional strife and physical distress. Once menopause became “treatable,” hormones became a viable subject of news.

⁸⁰ *New York Times*, display ad, 2 December, 1970, 43.

CHAPTER 8: MENOPAUSE AS NEWS AND IN FEATURES

Unlike in their columns, the three newspapers that were studied largely ignored menopause as ``news'' until hormones began to receive increasing attention during the 1950s and 1960s. With a reason to run stories – particularly about substances that countered aging and maintained femininity – their silence ended. They began running numerous stories, first about the youth-preserving benefits of hormones, later about their purported contribution to health and longevity. Although there were some isolated news stories regarding hormones during the first half of the twentieth century, (they were mentioned more often in medical columns than in news stories), most of the coverage began in the 1950s and grew in the 1960s, in the aftermath of Dr. Wilson's book, and continued as hormones grew in popularity and menopause began being viewed as a medical condition that could be treated. Apparently menopause was not considered a serious topic of news stories in those days (unless, of course, it was incidental to events, such as the aforementioned suicide of Mrs. Peake as reported by the *Washington Post*), just as it was not regarded as a topic for general public discourse. As health columns began to transition in the 1950s from discussing menopause through an emotional lens (the horrors of aging and deterioration) to the first stirrings of medicalization (female sex hormones may be able to provide relief), the news pages of the *Post*, the *NYT* and the *LAT* also began to regard menopause as a science story in the context of hormone treatment, at first as a youth-prolonging remedy and later as a drug that conveyed a range of health benefits and longevity. Once the menopausal model had moved from emotional/deterioration/aging to the first of the medical models, various major themes emerged during the years related to menopause and hormones. Each often

provoked a spate of stories loosely grouped according to whatever theme was predominant at the time. These included the “hormones-as-the-fountain-of-youth” theme, inspired by Dr. Wilson’s statements about the anti-aging qualities of hormones. This was followed, briefly, by the “does estrogen cause cancer?” theme, when studies were published linking the hormone to the risk of developing uterine cancer. (This theme, of course, surfaced again when studies raised the possibility that HRT raised the chances of developing breast cancer.) Other themes emerged during the ensuing years that corresponded to the menopausal models previously noted: for example, combination hormone replacement therapy as a boon to the heart, bones, and life in general; HRT’s suggested relationship to breast cancer, and so on. Finally, in the 1990s leading to the WHI and after, stories focused on the theme of trying to sort out the confusion between the risks and benefits of hormones, including features appearing in the *Post* and *LAT* special weekly health sections, and the weekly science pages of the *NYT*.

Menopausal psychosis.

Also, occasional stories appeared throughout the century that did not fit into any of these categories, and were notable because they continued to draw upon old-style negative thinking about menopause, either in the subject matter or the way in which the newspapers presented the story – or both, perhaps an attitude holdover from the material put out earlier by so-called medical “specialists” who wrote columns, or from old advertising that promoted useless therapies. Insanity caused by menopause was a popular example – it is worth recalling the aforementioned suicide of Mrs. Peake whose

husband attributed her depressive behavior to menopause – a presumption that was not challenged by the reporter who wrote the story, or the editors who allowed it to run.¹ Similarly, the *LAT* ran a story on April 9, 1954, about a state senate race² and reported that one of the candidates – a Mrs. Hazel J. Younger – had been recommended for commitment to a mental hospital the previous year by the man who had entered her into the senate race – and who was a leader in her opponent’s campaign. The reason for her presumed commitment was described in the article as “menopausal psychosis.”³ Her husband apparently had filed an affidavit, which the newspaper quoted, in part:

She has overworked in church activities and on last Friday, while working with children at a church school, she suddenly became upset and went contrary to all rules governing the school. She gathered the children about her, apparently feeling a catastrophe was about to occur.

During the past week she has been fearful and nervous; she does not want to be left alone and follows me when I leave the house. She gets up at night and I must go find her. She talks constantly and sleeps little.⁴

The paper also reported:

Two physicians, C.W. Olser and G.N. Thompson, signed a certificate of medical examination which asserted that she was a victim of ‘involitional psychosis and paranoid type schizophrenia’ associated with the ‘change of life.’⁵

A 1957 *LAT* story⁶ again raised the issue of the psychological state of menopausal women, and quoted a gynecologist, Dr. Edson Nichols, suggesting that any

¹ “Women Leaps from Store’s Eighth Floor,” *Washington Post*, 30 October 1948, sec. A, p. 7.

² “Former Mental Patient in Race to Aid Tenney,” *Los Angeles Times*, 9 April 1954, sec. A, p. 1.

³ *Ibid.*

⁴ *Ibid.*, 2.

⁵ *Ibid.*

⁶ “Hobbies Urged to Help Women Meet Changes,” *Los Angeles Times*, 11 March 1957, sec. B, p. 30.

mental distress could be due to the woman's not having enough to keep her occupied.

The article read, in part::

``Many of the symptoms come along soon after the children are grown and when the mother has more leisure time, '' Dr. Nichols said. ``Mother needs to replace the void with some satisfying endeavor – a hobby like studying nursing, building houses, club work, whatever she wants to do.'' ⁷

While it was encouraging to read Dr. Nichols' suggestion that *mother* go out and build houses, or even study nursing (going to medical school would have been even better), why did he describe these pastimes as a hobby? Why not suggest a real job? In 1950, one of every three women was in the U.S. labor force, and the number continued to grow⁸ -- although it's not clear how many were building houses to keep themselves busy. Moreover, it would have been infinitely more appropriate for him to have referred to her as a *woman*, rather than the patronizing and stereotypical *mother*.

Raging Hormones

In 1970, all three newspapers reported extensively on the inflammatory comments made by Dr. Edgar Berman, an advisor to former Vice President Hubert Humphrey, who suggested publicly that a menopausal woman President would likely fail during a crisis because she was under the influence of ``raging'' hormones. This time, the media coverage was devoted to critics of Berman, who attacked his remarks. The controversy actually became public several months after the original event when then-Rep. Patsy Mink, Democrat of Hawaii, urged the Democratic National Committee during a policy meeting to give high priority to women's rights. Berman challenged this, arguing that menstrual cycles and menopause disqualified women for key

⁷ Ibid.

⁸ Department of Labor, Bureau of Labor Statistics, ``Changes in Women's Labor Force Participation in the 20th Century,'' at URL <http://www.bls.gov/opub/ted/2000/Feb/wk3/art03.htm> accessed June 19 2008.

executive jobs. It was not clear what took so long for the exchange to become public. Regardless, the coverage, when it came, was extensive and prolonged, fueled in part by the fury of the new 1970s feminists. The *NYT* reporter, Christopher Lydon, quoted Berman: “Suppose we had a President in the White House, a menopausal woman president who had to make the decision of the Bay of Pigs, which of course was a bad one, or the Russian contretemps with Cuba at the time?”⁹ Neither Berman, nor the reporter, for that matter, pointed out that this admittedly bad decision had, in fact, been made by a *middle-aged male*.

The *LAT* and the *Post* also reported on the controversy, including reaction and comments attacking Berman’s position.^{10 11} Each paper also ran follow-up stories, either in the ensuing days or later. On July 31, 1970, for example, the *NYT* proclaimed in a headline “Doctors Deny Woman’s Hormones Affect Her as an Executive,”¹² and quoted numerous medical experts dismissing Berman’s comments as “nonsense,” “out of date” and “a male put-on.” Berman later resigned his job with the Democratic National Committee’s national policy council as a result, blaming the women’s movement – rather than himself and his own ill-informed remarks – for his fall from grace. Later, in 1972, the *LAT* ran a feature on Estelle Ramey, MD, a Washington endocrinologist who, along with Mink, had publicly taken Berman on during the uproar.¹³ “It’s absurd to categorize men and women on the basis of their hormones

⁹ Christopher Lydon, “Role of Women Sparks Debate by Congresswoman and Doctor,” *New York Times*, 26 July 1970, sec. A, p. 35.

¹⁰ “Patsy Mink and Doctor Square Off,” *Los Angeles Times*, 30 July 1970, sec. A, p. 17.

¹¹ Nancy L. Ross, “The Leadership Potential of Women,” *Washington Post*, 29 July 1970, sec. B, p. 1.

¹² Marilyn Bender, “Doctors Deny Woman’s Hormones Affect Her as an Executive,” *New York Times*, 31 July 1970, sec. A, p. 38.

¹³ Cimons, “Hormonal Bias Is Her Battle,” *Los Angeles Times*, 21 February 1972, sec. G, p. 2.

when the overriding control of behavior lies in the brain,’’¹⁴ the article quoted her as saying.

Despite the enlightened women of the 1970s, who refused to let Dr. Berman have his say, unfortunate stereotypes continued to surface. On July 27, 1977, for example, the *LAT* ran a wire story with a Munich West Germany dateline about a 46-year-old actress who was sentenced to seven years imprisonment for the fatal shooting of her playboy lover.¹⁵ One wonders why a California newspaper – based in the capital of the country’s film industry – would care about a murder trial involving a German actress? Perhaps it was her novel defense: Ingrid van Bergen claimed that impending menopause had impaired her judgment. In fact, the subhead of the story read:

“Menopause Figures in Defense.”

Dr. Wolf Eicher, a gynecologist, testified that Miss Van Bergen’s emotional problems were typical of those suffered by women approaching menopause. He said the premenopause period is frequently marked by increases in despondency and crime.¹⁶

Early Medicalization

Before the 1950s, a few stories appeared that represented the earliest evidence of medicalization. For the most part, the three newspapers largely ignored menopause in the context of news during that time. The exceptions, however, were notable – and worth mentioning – if only to get a sense of what was known medically during this period, and to see how medical news was covered. On August 24, 1939, for example, the *NYT* ran an article¹⁷ that told of a Mount Sinai Hospital study, published in the

¹⁴ Ibid.

¹⁵ “Actress Gets 7 Years for Killing Lover,” *Los Angeles Times*, 27 July 1977, sec. A, p. 2.

¹⁶ Ibid.

¹⁷ “New Method Used in Rejuvenation,” *New York Times*, 24 August 1939, sec. A, p. 13.

Journal of Science, that used a “synthetic sex hormone” in ten women patients that resulted in “a method of indefinitely delaying all symptoms of the change of life in women, both the natural onset of the menopause and that induced artificially by surgical operations.”¹⁸ The headline said it all: “New Method Used in Rejuvenation. Symptoms of change of Life in Women Prevented by Synthetic Sex Hormone. It is Planted Under Skin. Report Made on Experiments with Ten Cases at Mount Sinai Hospital.”¹⁹

Some excerpts from the article follow:

The technique, which involves the implanting under the skin of minute crystals of a synthetic sex hormone, indicates an actual rejuvenation of the internal organs. The implanted crystals function slowly over a period of months in much the same way that normal female sex glands would function. The method seems to delay indefinitely the distressing symptoms that accompany the natural change of life, although it has no effect whatever on the functions that govern fertility...²⁰

The laboratory-produced chemical, known as alpha-estradiol benzoate, is implanted in a superficial cut made on the patient’s thigh. The hormone chemically resembles in structure that produced by the normal ovary. When implanted under the skin, under sterile conditions, it acts on the whole body almost exactly as a normal ovary would function...²¹

The report stresses that the experimental use of the hormone in the implanted method results not only in a diminishing of the symptoms previously suffered by the patient, but also in renewal of normal functions, such as secretions of the sexual organs, which had been absent for many years.

The implications of the experiments are that the technique seems to provide for women an indefinite extension of normal functioning of the sexual glands, except for fertility.²²

In 1942, the *LAT*, describing the successes of Pacific Coast scientists the previous year, told – without elaboration – that “inexpensive pills that relieve

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

symptoms of the menopause in middle-aged women were made available.’’²³ In the same paragraph, the author also declared that ‘‘California set the pace in the curing of insanity with insulin, metrazol and electric shocks. In one test, only 23 out of 139 insane persons failed to regain their sanity when treated with insulin shock at Camarillo State Hospital.’’²⁴ To be sure, this material was not related to menopause, but showed how reporters regarded scientific information: without challenge, without context, details, reaction from other scientists, or documentation. If it is obvious here that they were stretching the level of credibility, then information about menopause should have been regarded with the same skepticism.

In 1946, the *LAT* ran a story quoting a San Francisco scientist, Dr. S. Charles Freed, describing his successes using estrogen to treat menopausal women.²⁵ Dr. Freed told a meeting of the California Medical Association the following, according to the article:

This powerful and effective hormone is now available in unlimited quantities and can be applied by mouth or by injections by any medical practitioner...The results are better and much fewer doses are required than 10 years ago, when the treatment got general attention. The estrogens, formerly derived from animal fats, now are produced synthetically.

The treatment is effective in a wide variety of ovarian disturbances which until now women have tolerated as their fate in life. The menopause upsets the chemistry of the body, and we find that the estrogens supply the missing elements. The disturbances are nervous, psychic and circulatory.²⁶

A November 2, 1947, *AP* story which ran in the *Post*, told of a study conducted by Dr. Edwin F. Gildae of the Washington University medical school that

²³ William S. Barton, ‘‘New Weapons Hit Disease and War,’’ *Los Angeles Times*, 2 January, 1942, sec. A, p. 9.

²⁴ Ibid.

²⁵ ‘‘Doctors Meeting Here Get Reports on Glands,’’ *Los Angeles Times*, 9 May 1946, sec. A, p. 2.

²⁶ Ibid.

showed the male hormone testosterone to be of little help in treating men suffering from mental depression.²⁷ The article mentioned menopause in passing, rejecting it as a likely cause of depression among women, but not really explaining why. At the same time, in contradictory fashion, the article, by describing depression as occurring more frequently in women than in men – especially around the time of menopause – implied that there was, in fact, a connection.

Women suffer mental depressions three or four times as frequently as men, and most of their attacks occur before or after the menopause, Dr. Gildae said. He declared that the importance of the menopause in causing mental depression had been grossly exaggerated.²⁸

Early hormone experiments

Prior to the 1950s and 1960s, most of the information about menopause appeared in medical advice columns in the context of the previously noted emotional/deterioration model. To be sure, a few isolated news stories described early hormone experiments during that time and served as the bridge to the news stories of the 1960s when menopause was viewed within the context of a medical model, that of a hormone deficiency disease – like diabetes – and that drug treatment could replace the body’s missing substances, at first to thwart the aging process, and later to stave off heart disease, memory loss, brittle bones and death. During this time, predictably, the emphasis was on hormones’ ability to make women feel good and prolong their youthfulness. A page 1 *Post* story on Aug. 27, 1953, with no byline, for example, announced under the headline “Two Doctors Find Hormones Make Oldsters Bounce Back,” that sex hormones “can put a brake on aging, and even bring temporary

²⁷ “March of Science,” *Washington Post*, 2 November 1947, sec. B, p. 2.

²⁸ *Ibid.*

rejuvenation,” according to a small 90-day study conducted by two St. Louis physicians.²⁹ The researchers gave a mixture of male and female hormones twice weekly to women ranging in age from 64 to 89, and found that the hormones “dramatically perked up aged women, making them more alert, active and interested in life.”³⁰ The following paragraph suggests that it also probably made their nurses very happy:

Within 90 days, the women said they felt better, more vital. Most began taking more interest in personal appearance, helped nurses make beds and serve meals, so their nurses had less work. Their memories and ability to learn new things improved.³¹

Moreover, according to the article, the researchers predicted “the hormones could do the same for men.”³² There was no mention of risks, by the way, other than the possibility that too much testosterone could masculinize women—and the researchers predicted that the hormones would similarly rejuvenate men.

On April 19, 1956, a *Post* story suggested that “many older women and some men need daily tablets of sex hormones as much as they need bread and milk, Dr. Paul Starr of Los Angeles said today.”³³ The story continued:

The hormones help maintain health. They may help prevent arthritis, softening of bones, weakness, nervousness, obesity, diabetes, perhaps high blood pressure and heart attacks.

The sex hormones are needed by persons whose own production of sex hormones decline too much with age, Dr. Staff [sic], of the University of Southern California School of Medicine, told the American College of Physicians.³⁴

²⁹ “Two Doctors Find Hormone Make Oldsters Bounce Back,” *Washington Post*, 27 August 1953, sec. A, p. 1.

³⁰ Ibid..

³¹ Ibid.,

³² Ibid.

³³ “Doctor Says Many Aged Need Sex Hormones,” *Washington Post*, 19 April 1956, sec. A, p. 3.

³⁴ Ibid.

The newspaper allowed Dr. Starr (or Dr. Staff – it isn't clear which name is correct – the article uses both) to declare, without challenge or follow-up, claims about hormones that seemed too good to be true. When something in medicine sounds too good to be true, it usually is.

While the editors may have been well intentioned – hormones, after all, were continuing to make news with each new purported benefit – the implicit messages reinforced beliefs that, without hormones, the inescapable effects wrought by menopause would jump-start the aging process and middle-aged women would continue to feel miserable and unattractive

An excerpt from a book, *Facts about the Menopause*, by Maxine Davis, published by McGraw-Hill Book Co., was reprinted in the *Post* on April 22, 1951.³⁵ The article explained that physicians who decided to prescribe “replacement therapy” meant to eliminate the “disturbing symptoms” caused by the lack of ovarian hormones. Further, this absence of hormones was “upsetting the balance of the whole endocrine system.”³⁶ However, the book – which consistently referred to the prescribing doctor as “he” – nevertheless stressed that the physician would not attempt to replace all of the missing hormones because “after all, we are going to have to do without estrogens sometime or other; the endocrine system is going to have to readjust itself to balanced functioning without the contribution made by the ovaries.”³⁷

A Treatable Disease

Nevertheless, as time went on, the newspapers increasingly began to regard menopause as a treatable disease. As early as 1959, “sex hormone treatments” were

³⁵ “Replacement Therapy Eases the Tough Cases,” *Washington Post*, 22 April 1951, sec. S, p. 4.

³⁶ Ibid.

³⁷ Ibid.

reported to repair “broken or age-weakened bones.”³⁸ Also: “The theory that menopause is a disease and requires medical treatment was advanced yesterday by a Johns Hopkins University professor and physician,” read the lead of a *Post* story that appeared on October 14, 1963 under the headline: “Doctor Treats Menopause as Disease.”³⁹ The physician, Dr. Allan C. Barnes, chief of gynecology and obstetrics, compared the condition to diabetes, and suggested hormones as an antidote to fatigue, heart attack risk, and brittle bones. However, the paper quoted him as warning: “But this is no fountain of youth,”⁴⁰ and pointed out that the only argument against treating menopause medically was that it was a universal condition – all women would go through it. Still, he added, just because almost everyone’s eyes become dimmer with age did not provide sufficient reason for an ophthalmologist to refuse to prescribe eyeglasses.⁴¹

Turn Back the Clock

The language in the headlines above many *Post* stories during this time period often framed hormone therapy as a way to turn back the clock: “Two Doctors Find Hormones Make Oldsters Bounce Back,” in the *Post*;⁴² “Estrogen for Aged,” in the *Post*;⁴³ “Over-Fifty Spread Has a Pill, Too,” in the *Post*;⁴⁴ “Like Being a Girl?”

³⁸ Nate Haseltine, “Use of Sex Hormones Advised to Bolster Bones of the Aging,” *Washington Post*, 26 November 1959, sec. A, p. 3.

³⁹ Rasa Gustaitis, “Doctor Treats Menopause as Disease,” *Washington Post*, 14 October 1963, sec. A, p. 15.

⁴⁰ *Ibid.*

⁴¹ *Ibid.*

⁴² “Two Doctors Find Hormone Make Oldsters Bounce Back,” *Washington Post*, 27 August 1953, sec. A, p. 1.

⁴³ “Estrogen for Aged,” *Washington Post*, 29 August 1969, sec. B, p. 8.

⁴⁴ “Over-Fifty Spread Has a Pill, Too,” *Washington Post*, 14 September 1968, sec. E, p. 2.

Continue to Be One,’’⁴⁵ in the *Post*; “Pill Restores Youth, Michigan Doctor Says,’’⁴⁶ in the *Post*.

The medical intervention was good news, but the underlying themes were not: menopause will make you old and menopause will make you fat. In the “Over-Fifty Spread” story, for example, the physician was quoted thusly: “Estrogen, which administered in minimum amounts and with regular follow-up examinations, takes weight off the hips and gives you a feeling of being still young.’’⁴⁷ The physician, an obesity doctor, said the treatment worked only for women in menopause. To its credit, the story also raised legitimate questions about his scientific claims. “Asked how estrogen arrests the spread of the hips, Gruss replied: ‘I don’t know.’’’⁴⁸ Also, the story reported that the Maryland state medical society asked him to stop telling his patients that the treatment would reduce hip size because it was “not scientifically proven.’’⁴⁹ The physician said he had complied with the request – but added that that he nevertheless continued to use the treatment. Similarly, the “Like Being a Girl?” story quoted Dr. M. Edward Davis, a Chicago obstetrician who told a meeting that “sex pills do help older women retain the face and figure of their child-bearing years, and protect against their aging processes.’’⁵⁰ Moreover, replacement hormones “should be continued into old age to further give women the break nature has denied them.’’⁵¹ Estrogen is “what makes a girl a girl,” until menopause when “aging processes really

⁴⁵ Nate Haseltine, “Like Being a Girl? Continue to Be One,” *Washington Post*, 25 June 1965, sec. C, p. 2.

⁴⁶ William C. Harrison, “Pill Restores Youth, Michigan Doctor Says,” *Washington Post* 15 April 1965, sec. C, p. 3.

⁴⁷ “Over-Fifty Spread Has a Pill, Too.”

⁴⁸ *Ibid.*

⁴⁹ *Ibid.*

⁵⁰ Haseltine. “Like Being A Girl.”

⁵¹ *Ibid.*

begin,” and breasts “wither” and “droop,” and skin, hair and bones all undergo aging changes, the article quoted Dr. Davis.⁵² The article also was a harbinger of the developing “good health” model, as it also promised that the “sex pills” could prevent osteoporosis and atherosclerosis.⁵³ Finally, Dr. Davis said that it wasn’t enough to use estrogens to “relieve womanly complaints,” but that “long-term estrogen substitution” was “far more rewarding” and should be continued indefinitely to retard “wasting,” osteoporosis and atherosclerosis.⁵⁴ He concluded: “This is an exciting area of preventative medicine which will help our women retain their good health in their advancing years.”⁵⁵

The 1965 *Post* article on the comments of Michigan doctor Francis P. Rhoades, speaking at a scientific meeting in San Francisco, reported Rhoades’ claims that hormone replacement “can preserve the femininity of 17 million post-menopausal females in the United States.”⁵⁶ It will cost far less than a cocktail and do them a lot more good.”⁵⁷ He described one of his patients, a 70-year-old widow, as having been “reactivated” by the pills. “She looks much younger, has a sparkle in her eye and told me recently she’s looking for a mate,” he was quoted in the article as saying.⁵⁸ Here the underlying messages could be: without treatment, menopause will drive a woman to drink and she won’t care whether she ever finds a man. Dr. Rhoades suggested in the article that “post-menopausal women take the pills the rest of their lives.”⁵⁹

⁵² Ibid.

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Harrison, “Pill Restores Youth, Michigan Doctor Says.” .

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Ibid.

The article said the researcher insisted that undesirable side effects, such as withdrawal bleeding every 42 days, were a “small price to pay for the many benefits,” of taking hormones, adding there was “increasing evidence that they help prevent cancer, and they don’t cause masculinization.”⁶⁰

The *Post* story “Estrogen for Aged,” reported the results of a small study of elderly women in a Dallas nursing home – the Golden Acres Nursing Home for the Jewish Aged – who were given estrogen for three years, compared to a control group of elderly women who were not. Nurses at the home were asked to rate the women on their social and antisocial behavior; their ability to communicate, and their participation in activities. The researchers reported that the group receiving the hormone “was better off than they would have been. They participated in more things. They communicate more. They socialized more.”⁶¹ The women receiving estrogen “did not get more youthful,” the article quoted the researcher as reporting, but it “postponed their decline. By all rights they should have gone downhill at the end of three years.” The control group, on the other hand, “went considerably downhill,” in the absence of estrogen, the article quoted the researcher as saying.⁶²

Hormones to prevent heart disease – in men.

Paradoxically, menopause and women received short shrift when scientists discovered the possibility that the ever-popular hormones could prevent heart disease. Most of these first stories focused on the potential impact on *men*! Although much was made of the fact that women became prone to heart disease after menopause, fuller discussions about HRT’s role in preventing heart disease in women would come some

⁶⁰ Ibid.

⁶¹ “Estrogen for Aged.”

⁶² Ibid.

years later. These, of course, were the days when medical research was only conducted on men and rarely, if ever, extrapolated to women. On September 22, 1957, the *NYT* reported on the possibility that female sex hormones had a protective impact against heart disease⁶³ because heart attacks did not happen to women before menopause. Could the reason be hormones? The reporter wrote: "If hormones largely make the difference, possible means of using female hormones to treat men was suggested last week..."⁶⁴ and added further down in the story: "The result is a lead, at least, toward the discovery of compounds that will act like female hormones in lowering the blood cholesterol levels in ailing male heart-attack patients without the feminizing side effects."⁶⁵ In 1959, the *NYT* reported on a series of papers presented to the American Therapeutic Society at a meeting in Atlantic City which described encouraging results in a small group of postmenopausal women given "female" hormones "and suggested that it might also apply to men."⁶⁶ While this likely represented the first media inkling that hormones could help protect older women from heart attacks, the emphasis was nevertheless on the findings' impact on men, not entirely surprising considering that medical research at the time was conducted almost entirely on men. One of the studies described in the article involved the use of small daily doses of estrogen for male heart attack victims to lower fatty substances in their blood. The researcher involved "said that physicians had often hesitated to prescribe estrogen treatment for male patients and men have been reluctant to accept such treatment because large doses of the hormone

⁶³ Robert K. Plumb, "Experiments Suggest a New Approach to the Treatment of Heart Attacks," *New York Times*, 22 September 1957, sec. A, p. 201.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Harold M. Schmeck, Jr. "Report Finds Female Hormone Extends Cardiac Victims' Lives," *New York Times*, 6 January 1959, sec. A, p. 22.

had a feminizing effect on the patient,’’⁶⁷ among them enlargement of the breasts, loss of body hair and loss of libido. But the ongoing study showed that extremely small daily doses of the hormone ``could produce a maximal effect on the blood cholesterol and other substances without producing the unwanted side effects.’’⁶⁸

On January 26, 1961, the *LAT*⁶⁹ and the *Post*⁷⁰ both reported the results of a study conducted solely in *men* describing the benefits of female sex hormones in preventing heart attacks. Interestingly, the researcher was a woman, Dr. Jessie Marmorston, clinical professor of medicine at the University of Southern California School of Medicine. (Just a few days earlier, on January 18, the *LAT* had run a profile of the doctor – as part of its ``Times Women of the Year’’ promotion -- in which she discussed her theories about hormones and heart disease, expressing an interest in finding out whether these hormones could extend the lives of both men *and* women.)⁷¹

The lead of the *LAT* article read: ``Proof that small doses of female hormones will increase the life expectancy of men who have suffered one or more heart attacks was revealed here for the first time Wednesday by a Los Angeles woman physician.’’⁷²

Further down in the story, the author wrote:

Rationale for the treatment is based on the fact that premenopausal women have a far less incidence of heart attacks than men of the same age. There, she believes, there may be some relationship between the presence of female hormones and the absence of heart attacks.⁷³

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ Harry Nelson, ``Female Hormone Aid in Heart Cases Revealed,’’ *Los Angeles Times*, 26 January 1961, sec. A, p. 2.

⁷⁰ Nate Haseltine, ``Heart Patients Aided by Female Hormones,’’ *Washington Post*, 26 January 1961, sec. A, p. 10.

⁷¹ Nelson, ``Dr. Marmorston in Battle to Find Heart Attack Cause,’’ *Los Angeles Times*, 18 January 1961, sec. A, p. 1.

⁷² Nelson, ``Female Hormone Aid in Heart Cases Revealed’’ 2.

⁷³ Ibid., 12.

The *Post* story said:

The findings place the hormones as the only drug other than anticoagulants that has been shown to reduce the death rate from heart disease in men.

The life-sustaining product was identified as a preparation of coagulated equine estrogens trademarked Premarin. A combination of several female estrogens obtained from horses, it has been on the prescription market chiefly to relieve hot flashes (flushes) in women experiencing change-of-life⁷⁴

More than a year later, both the *NYT* and the *Post* ran stories on the results of a study that showed a dramatic reduction in the death rate among men who were treated with female hormones after having recovered from a heart attack. The *Post* declared in its lead: “Female sex hormones apparently can give many men extra years of life after a heart attack, a physician reported today.”⁷⁵ The *NYT* wrote: “Treatment with female sex hormones appears to cut in half the death rate among men who have recovered from heart attacks, a new five-year study disclosed yesterday.”⁷⁶ But in reporting this, neither paper mentioned that heart disease was (and still is) the leading killer of *women* as well as men. They simply reiterated that premenopausal women did not suffer heart attacks to the same degree as men, likely because they were protected by their own natural hormones. In 1964 another *LAT* story described the ongoing research – again, only in male heart attack victims.⁷⁷ By 1973, however, the newspaper reported that a nationwide study of estrogen as a heart disease preventive in men had been dropped after researchers concluded that there was no evidence that estrogen hormones had any

⁷⁴ Haseltine, “Heart Patients Aided by Female Hormones.”

⁷⁵ Alton Blakeslee, “Female Hormones Aid Males in Heart Attack,” *Washington Post*, 19 April 1962, sec. A, p. 7.

⁷⁶ Plumb, “Heart Toll is Cut in Hormone Tests,” *New York Times*, 19 April 1962, sec. A, p. 33.

⁷⁷ Nelson, “Hormone Study Seeks Link to Heart Attacks,” *Los Angeles Times*, 13 August 1964, sec. A, p. 2.

beneficial impact – and that there were suggestions that the hormones had produced some unpleasant side effects.⁷⁸

Dr. Wilson Catches On

Likely fueled by the popularity of the drug industry-funded Wilson book and growing sales, the newspapers' stories throughout the 1960s continued to describe hormones as an elixir of youth that would turn back the clock and ease the ravages of menopause. On March 16, 1969, for example, the *LAT* covered a talk entitled "Perpetual Youth" by Dr. James C. Caillouette, an obstetrician-gynecologist, who told a women's organization that he believed menopause was a deficiency disease, and there was no reason for women to go through "their later years unhappily."⁷⁹ A month later, on April 10, 1969, the *LAT* covered a talk by the aforementioned Dr. Marmorston, the USC heart researcher, on the topic of "How to Keep Your Husband Alive." As a sidebar to some of the main points in her discussion, she mentioned hormones as a medical wonder for women. "I have a message for you. Ask your doctors, but take estrogen anyway," the article quoted her. "The changes it works for women are beyond belief."⁸⁰

There was also more of "good health" messages that would steadily increase later. On October 27, 1962, the *NYT* ran a story about Dr. Wilson in which he suggested that women who took synthetic estrogen were "less susceptible" to breast cancer and other reproductive system cancers.⁸¹ His conclusions were based on an extremely small

⁷⁸ Nelson, "Estrogen as Heart Disease Aid Ruled Out," *Los Angeles Times*, 13 December 1973, sec. H, p. 7

⁷⁹ Mary Barber, "Mid Years Focus on Reality," *Los Angeles Times*, 16 March 1969, sec. SG B, p. 7.

⁸⁰ Barbara Riker, "Wife, Martini Prescribed for Longer Husband Life," *Los Angeles Times*, 10 April 1969, sec. SF, p. 4.

⁸¹ Robert Toth, "Cancer Curb Seen in Sex Hormones," *New York Times*, 27 October 1962, sec. A, p. 20.

sample of women – 304 women between the ages of 40 and 70 – who had been taking estrogen. None developed cancer. The methodology and specifics of the study were not described in detail, although the years of hormone use were cited in total number of patient years – not in the number of years each patient had taken them.

On this basis, Dr. Robert A. Wilson suggested that estrogens and progesterones be given to some women to keep them `endocrine-rich and, consequently, cancer-poor throughout their lives.'

``A consequence of this would be the elimination of menopause,’’ he wrote in the *Journal of the American Medical Assn.*

Other researchers agreed yesterday with Dr. Wilson’s important, if negative, first point: that estrogens do not induce cancer. But they tended to be cautious about his suggestion that the drugs be used prophylactically.

One expert said that Dr. Wilson `may have something’ but he questioned whether he had shown `rigid scientific proof’ that the drugs have cancer-protecting properties.⁸²

A few months later, on January 30, 1963, the *LAT* reprinted a New York *Herald Tribune* story about Dr. Wilson making the same points as the *NYT* did the previous October.⁸³ Like the *NYT* story, the *LAT* piece contained some caveats and, again, described the hormone use in total patient years, rather than individual patient use, or an average for each patient. The headline: ``Menopause Unneeded, Unhealthy, Doctor Says.’’ The article read, in part:

A Brooklyn gynecologist thinks the menopause is both unnecessary and unhealthy. He has eliminated the supposedly natural occurrence in 3,000 women, and he’s certain his patients are better off.

Dr. Robert A. Wilson, former chief of obstetrics and gynecology of Brooklyn’s Methodist Hospital, says women who don’t go through menopause won’t suffer as much cancer or heart disease or softening of the bones.

His convictions run head-on into some long-cherished medical opinions about replacing female hormones artificially when the ovaries no longer make enough of them. Doctors have worried about hormones encouraging cancer of the breast and reproductive organs. Dr. Wilson says the contrary is true.

⁸² Ibid.

⁸³ ``Menopause Unneeded, Unhealthy, Doctor Says,’’ *New York Times*, 30 January 1963, sec. J, p. 4.

But isn't the menopause a natural event in a woman's life? No, says the doctor. He calls the occurrence "nature's inexplicable accident."⁸⁴

Dr. Wilson received expansive treatment from the *LAT* in 1966. The paper excerpted his book in a series with at least eight parts and introduced him in glowing language, accepting – indeed, even praising – his credentials without question. On July 27, 1966, the newspaper announced the impending series thusly: "Feminine Forever," a fully documented series of articles on one of medicine's most encouraging developments, begins in Sunday's Times."⁸⁵

Fully documented? By whom? The paper didn't say. Moreover, who besides Dr. Wilson regarded this as one of medicine's most encouraging developments? The paper didn't say. Despite the growing popularity of hormones, Dr. Wilson's theories were never universally accepted by the medical community, but the *LAT* failed to note this in running this series. Apparently no one asked who designated Dr. Wilson one of the nation's leading obstetrician-gynecologists, or asked the source of his funding. Instead, the paper said:

In 'Feminine Forever,' Dr. Robert A. Wilson discusses his findings which prove that menopause is a hormone deficiency disease, curable and totally preventable.

One of the nation's leading obstetrician- gynecologists, Dr. Wilson tells why this body change is unnecessary, and how it can be prevented through the use of hormone therapy.⁸⁶

⁸⁴ Ibid.

⁸⁵ Dr. Wilson Series to Begin Sunday, *Los Angeles Times*, 27 July 1966, sec. C, p. 1.

⁸⁶ Ibid.

Several days later, the *LAT* again promoted Dr. Wilson and his book. The language was worshipful, calling Dr. Wilson an “eminent” Brooklyn obstetrician with “impressive” medical credentials,⁸⁷ language that almost certainly today would be toned down or edited out. Beginning on that day, the newspaper ran the first of at least eight installments from his book, touting his theme of “a new biological destiny for every human female”⁸⁸ and unabashedly promoting estrogen as the cure for all the ills of aging. His language, taken straight from the book, was effusive in describing the horrors of menopause and how these horrors could be eliminated permanently by replacing a woman’s missing hormones with synthetic ones. (The italicized emphasis is mine.) Dr. Wilson declared that a select minority of women were spearheading “a new kind of sexual revolution,” and “pointing the way to a *new biological destiny for every human female.*”⁸⁹

The women in this pioneer group are different in one vital aspect from any other woman since the beginning of the human race: They will never suffer menopause.

Instead of *being condemned* to witness *the death of their own womanhood* during what should be their best years, they will remain *fully feminine – physically and emotionally – for as long as they live.*⁹⁰

He described the signs of “this age-defying youthfulness” as “*a straight-backed posture, supple breast contours, taut, smooth skin on face and neck, firm muscle tone, and that particular vigor and grace typical of a healthy female.*”⁹¹ And – as if to imply that the following would not be possible without estrogen – he further observed

⁸⁷ “Dr. Wilson Studied Aging for 40 Years,” *Los Angeles Times*, 31 July 1966, sec. H, p. 8.

⁸⁸ Robert A. Wilson, *Feminine Forever: A New Biological Destiny?* *Los Angeles Times*, 31 July 1966, sec. H, p. 1.

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*

⁹¹ *Ibid.*

that these women at 50 who had discovered his secret ``still look *attractive* in tennis shorts or sleeveless dresses.⁹²

What middle-aged woman *anywhere* facing menopause wouldn't want to change her biological destiny after reading this? Dr. Wilson's language was grandiose and sweeping in its promises – and the media not only accepted it, but also helped promote it.

Additional excerpts continued to reinforce old destructive and horrific stereotypes about menopause and aging. On August 1, 1966, for example, the excerpt declared that modern women needed to be ``reasonably sexy'' in order ``to function effectively in a sex-dominated culture,’’ meaning ``confident of her feminine appearance and charm.’’⁹³ On August 2, 1966, he reinforced the notion that women were only as good as their bodies – and that estrogen would make their bodies (and therefore, their lives) good again.

Though modern diets, cosmetics and fashions make her outwardly look even younger than her husband, her body ultimately betrays her. It destroys her womanhood during her prime. At the very moment when she is most able and eager to enjoy her achievements, her femininity – the very basis of her selfhood – crumbles in ruin. But now, at last, medicine offers a practical escape from this fateful dilemma.⁹⁴

On August 7, 1966, the excerpt lamented the fact that a woman couldn't age ``gradually'' and ``gracefully'' as a man because ``nature plays a trick on her'' and delivers ``the end of her womanhood.’’⁹⁵

⁹² Ibid.

⁹³ Wilson, ``Era Places Premium on Femininity,’’ *Los Angeles Times*, 1 August, 1966, sec. C, p. 1.

⁹⁴ Wilson, ``Hormone Therapy Aid to Vitality,’’ *Los Angeles Times*, 2 August 1966, sec. C, p. 4.

⁹⁵ Wilson, ``Love Fulfillment Helpful,’’ *Los Angeles Times*, 7 August 1966, sec. H, p. 15.

To be suddenly desexed is to her a staggering catastrophe that strikes directly at those hidden – and perfectly normal – hopes and motivations that have supported her all along.⁹⁶

On August 8, 1966, he again extolled the joys of estrogen for restoring physical youth and beauty, adding that, psychologically, it also “brightened the outlook of most patients and restored their previous levels of vitality and interest in life.”⁹⁷

On August 9, 1966, the excerpt focused on sexual and marital discord and predicted that “there’s a good chance that the extra estrogen will, so to speak, push you over the brink in your lovemaking,”⁹⁸ raising the chances that a woman would experience orgasm.

August 10, 1966:

...men retain their sexuality until quite late in life. In contrast to untreated women, there is no sudden decline in middle life if the male is in good basic health and takes good care of himself. If a man has enough interest in life to sustain his spirit, his body will not let him down. He may still swim, fish, golf or hike, and his mind still welcomes new knowledge and ideas.⁹⁹

The inference, of course, was that women, having lost their natural estrogen, do not retain any of these attributes.

Bad News for Dr. Wilson

In 1966, the Food and Drug Administration launched an investigation of Dr. Wilson. All three newspapers ran stories, but the only staff-written original story appeared in the *Post*. The *NYT* ran an *AP* story, and, on the same day, the *LAT* ran the *Post* story, available from the two newspapers’ joint news service. On August 15, 1966,

⁹⁶ Ibid.

⁹⁷ Wilson, “Easy ‘Femininity Index’ Offers Reassurance,” *Los Angeles Times*, 8 August 1966, sec. C, p. 12.

⁹⁸ Wilson, “Love for Husbands Tested,” *Los Angeles Times*, 9 August 1966, sec. C, p. 7.

⁹⁹ Wilson, “Husbands, Wives and Sex Attitudes,” *Los Angeles Times*, 10 August 1966, sec. D, p. 6.

the *Post* story, by George Lardner, explained that the agency was looking into the possibility that Dr. Wilson's claims about hormones were excessive, and perhaps influenced by funding he had received from the drug manufacturer.¹⁰⁰ On November 17, 1966, the *NYT* ran a story that announced that the FDA had ruled Dr. Wilson's research "unacceptable," and also ruled him "unsuitable to test drugs in humans."¹⁰¹ The decision was based on a regulation "forbidding a drug sponsor or anyone in behalf of the sponsor from making promotional claims for a use for a drug that is under investigation."¹⁰²

Although the media messages about hormones were overwhelmingly positive during the 1950s and 1960s, the newspapers ran occasional articles quoting experts who urged caution and additional scientific proof. They believed estrogen's benefits were being oversold, and worried that estrogen's indiscriminate and prolonged use could result in problems. The *LAT* ran the following article¹⁰³ on November 22, 1967, quoting medical experts who raised doubts about estrogen's wonders. Under the headline: "Estrogen Discounted as Cure to Menopause Ills," the opening paragraphs read:

A panel of leading gynecologists agreed Tuesday that the disagreeable parts of the female menopause cannot be reversed in many cases with female hormone pills.

In so doing, they contradicted what the specialists said is a popular notion that a youthful complexion, sexual satisfaction and all-around femininity after menopause can be bought at the drugstore in the form of estrogen pills.

Some of the specialists also questioned the idea that estrogen prevents bone softening and heart attacks.

¹⁰⁰ Lardner, "FDA Investigates Doctor Who Wrote Feminine Forever."

¹⁰¹ "Birth Pill Research of Author Assailed," *New York Times*, 7 November 1966, sec. A, p. 30.

¹⁰² Ibid.

¹⁰³ Nelson, "Estrogen Discounted as Cure to Menopause Ills," *Los Angeles Times*, 22 November 1967, sec. A, p. 5.

An exaggerated notion of the value of estrogen therapy, the specialist believe, is due in large part to a book called 'Feminine Forever,' by a Brooklyn gynecologist, Dr. Robert A. Wilson, who was present to hear some of the panelists criticize some of his concepts.¹⁰⁴

The article quoted one Wilson critic as saying "The symptoms of menopause can be avoided but middle age cannot," meaning that "usually the hot flashes, the irritable vagina and the bone aches due to softening may be relieved, but very often the depression and fatigue cannot."¹⁰⁵

The last two symptoms as well as 'failing health,' middle-aged spread and an excessive or deficient sexual libido often cannot be helped, he said, because they are caused by situations far more complex to be either for or against than a deficiency of female hormones.

Taking estrogen will have no effect on symptoms resulting from the fact, for example, that a woman's husband is at the peak of his career and too busy to pay attention to her.¹⁰⁶

The article concluded with a strong undercurrent of anti-medicalization, a theme almost unheard of within the media during this time. "Dr. Ryan says he gives estrogen to many patients who show signs of needing it, but that 'life is not a disease for which medicine must be taken.'"¹⁰⁷

One interesting note: on February 14, 1969, the *LAT* quoted Dr. Robert Kistner, the Harvard University hormones expert, urging prudence in the use of estrogen because of undesirable side effects. Interestingly, Dr. Kistner five years earlier had been quoted in *McCall's* and *Time* as a proponent of hormones [see Chapters 9 and 11] Here, however, his views clearly had moderated; he declared that estrogen was used in many cases where it wasn't needed. "If they're taking it to get rid of flabby breasts or

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

wrinkles or because of a long list of reasons which are psychological rather than due to a shortage of estrogen, there's no justification," Dr. Kistner said.¹⁰⁸ There was no explanation as to whether he had changed his views, or whether his beliefs had been misrepresented earlier.

By the 1970s, the media continued to air messages favoring routine estrogen use among menopausal women. The *LAT*, for example, quoted Dr. Alfred Pasternak, a Century City, California, gynecologist, as favoring estrogen treatment for menopausal symptoms, saying that once a woman starts, she should never stop.¹⁰⁹

There is some debate among physicians about the use of estrogen replacement therapy to treat menopause symptoms. This uncertainty is a source of irritation to women who get one opinion from one doctor and a different one from the next.

Some doctors feel that prescribing estrogen interferes with nature.

But Pasternak says that "medicine is interference with nature. When you have acute appendicitis, nature intends to kill you. Medicine is intervention to help the patient."

Pasternak feels that once it is determined that a woman's symptoms are, indeed, the result of menopause, she should receive estrogen on an individualized basis for the rest of her life, barring complications.

Not all women need estrogen, but once a woman does she will need it for the rest of her life.¹¹⁰

Estrogen and Uterine Cancer

Bad news about estrogen was soon to come, although a *Post* story had hinted about the dangers more than two decades earlier. On September 9, 1951, the *Post* ran the first news of a possible link between long-term estrogen use and the risk of developing uterine cancer.¹¹¹ The article was an isolated one, appearing long before

¹⁰⁸ Nelson, "Women Urged to Limit Use of Birth Pill and Estrogen," *Los Angeles Times*, 14 February 1969, sec. K, p. 1.

¹⁰⁹ Riker, "'Change of Life:' Grieving Welcome," *Los Angeles Times*, 15 February 1975, sec. WS, p. 1.

¹¹⁰ *Ibid.*

¹¹¹ "The March of Science," *Washington Post*, 9 September 1951, sec. B, p. 2.

estrogen came into widespread use, and at least two decades before the relationship was confirmed and published in a medical journal. There was no indication in the brief *Post* story of whether the study reported had, in fact, been peer reviewed and published in a medical journal. The item read:

After change of life in women, too much female sex hormone for a longtime apparently can cause cancer of the uterus or womb. This is reported by Dr. James. M. Ingram of Duke University and Dr. Emil Novak of Johns Hopkins. They found much more cancer of the uterus in women who had a certain kind of tumor of the ovaries, causing production of the female hormone. Taking the hormone for a few months to overcome difficulties at change of life does not cause cancer, they said. But they warned against its prolonged use afterward, for a period of years.¹¹²

In 1975, the press began to discuss fully the uterine/endometrial cancer risk of long-term estrogen use. The *Post* ran a small *UPI* story on November 5, 1975, describing the worrisome statistics compiled by the California tumor registry indicating the connection.¹¹³ One month later, on December 4, 1975, all three newspapers reported the results of a study published in the *New England Journal of Medicine* that described the likely relationship between estrogen use and uterine cancer. All three were cautious in their language, and used caveats, saying that estrogen *might* be the cause of the cancer increase, and casting the relationship in terms of risk. For example, the *LAT* (which, understandably, made a point of mentioning in its lead that the study was conducted in Los Angeles) said that women taking estrogen have a five -to -14 times greater chance of developing uterine cancer than those not taking the drug.¹¹⁴ Unlike the *Post* and the *NYT*, both of which ran their stories on page 1, the *LAT* ran its article on D1, the front page of an inside section.

¹¹² Ibid.

¹¹³ ``Cancer, Estrogen Linked,`` *Washington Post*, 5 November,1975, sec. A, p. 6.

¹¹⁴ Nelson, ``Study Links Estrogen, Cancer,`` *Los Angeles Times*, 4 December,1975, sec. D, p. 1.

The *NYT* wrote:

The studies...do not prove that the hormones cause cancer. But they strongly suggest a causal relationship between a disease that has suddenly and dramatically increased in frequency and a drug whose use has widely increased in this country over the last decade.

The scientists who conducted the studies urged further research to define the relationship.¹¹⁵

The *Post* wrote:

Female sex hormone pills being taken by millions of women to ease the symptoms of menopause may be causing womb cancer and should be prescribed cautiously, if at all, a group of doctors warns in the *New England Journal of Medicine*, out today.¹¹⁶

All three papers described the widespread long-term use of the drug as likely the reason the rates of cancer had increased in recent years and reiterated its alleged youth-prolonging properties as part of the background. The *NYT*, for example, told of how estrogen was widely recommended in the 1960s “as a way to stay feminine forever and ward off the ravages of aging.”¹¹⁷ The *LAT* described the “sharp upsurge” in estrogen use “with the publication of a book called ‘Feminine Forever,’ “¹¹⁸ which “advocated that practically all women take estrogens after menopause.”¹¹⁹ The *LAT* did not, however, acknowledge how it might have contributed to this upsurge by running all those excerpts from Dr. Wilson’s book. It did, however, quote a member of the Kaiser Permanente Medical Center staff – where the study was conducted – as disparaging the fountain-of-youth theory:

Properly used, this drug is extremely valuable. The problems arise from excessive use. The notion that estrogen will keep women feminine forever must

¹¹⁵ “Estrogen is Linked to Uterine Cancer,” *New York Times*, 4 December 1975, sec. A, p. 1.

¹¹⁶ Victor Cohn, “Female Pill Danger Seen,” *Washington Post*, 4 December 1975, sec. A, p. 1.

¹¹⁷ “Estrogen is Linked to Uterine Cancer,” *New York Times*.

¹¹⁸ Nelson, “Study Links Estrogen, Cancer,” *Los Angeles Times*.

¹¹⁹ *Ibid.*

be discouraged. It's not the magic fountain of youth that everybody subconsciously wants.¹²⁰

The *Post* attributed the growing use of hormones both to doctors who ``strongly advocated them to modify hot flashes and discomfort in women in their 50s and 60s as well as more serious problems like dryness of vaginal tissues and bone deterioration,’’ and added: ``Other doctors have argued that the pills have been vastly overused, with the encouragement of Ayerst ads showing gray-haired but sexy-looking women attracting male admirers.’’¹²¹

One day after the results of the study were announced, the *NYT*'s Jane Brody polled a dozen gynecologists nationwide in what it described as a ``spot check,’’ and concluded that the research initially would have little impact on physicians' prescribing practices, writing:

Those doctors who have been liberal in their prescription of estrogens, giving them to virtually all menopausal women for indefinite periods, said that in their views the benefits of the hormones still outweigh the risks.

The doctors who traditionally have been more conservative in prescribing estrogens, restricting them to women with severe menopausal symptoms, for a period of one to four years, said that the drug is clearly useful for such women even if it may increase their risk of developing cancer of the endometrium, or lining of the uterus.¹²²

Her article used quotes that further solidified the medicalization trend and the notion that hormones needed to be ``replaced:’’

The sales of estrogens, which are prescribed to replace the hormones that the ovaries stop producing at menopause, have quadrupled since 1972. While some women take estrogens only to relieve such menopausal symptoms as night sweats, hot flashes, and insomnia or postmenopausal vaginal discomfort, others take the drug for years in

¹²⁰ Ibid.

¹²¹ Cohn, ``Female Pill Danger Seen,’’ *Washington Post*.

¹²² Jane E. Brody, ``Physicians' Views Unchanged On Use of Estrogen Therapy,’’ *New York Times* 5 December 1975, sec. A, p. 45.

the hopes of delaying the aging process. There is no proof, however, that estrogens can keep women youthful forever.

“I think of the menopause as a deficiency disease, like diabetes,” said Dr. Rubin Clay, a San Francisco gynecologist. “Most women develop some symptoms whether they are aware of them or not, so I prescribe estrogens for virtually all menopausal women for an indefinite period.”¹²³

What was especially disturbing about Dr. Clay’s comments was his perpetuation of the medical patriarchy by advancing the idea that otherwise healthy and asymptomatic women were in need of treatment – *whether they were aware of this or not* – and that physicians were making these decisions for them in the absence of patient input.

In 1978, the *Post* and the *NYT* ran an *AP* story describing the work of two Yale University professors who disputed the uterine cancer-estrogen connection theory, claiming the earlier studies were based on inaccurate research with a built-in bias toward finding cancer. The story, which ran November 17, 1978 in the *NYT* and the *Post*, said the researchers stopped short of saying estrogen did not cause uterine cancer – only that the earlier research had not proved it. The studies that suggested the relationship, however, were certainly enough to prompt the FDA to begin action to warn women of the risks.^{124 125}

During the next several years – in fact, until research showed that adding progesterone to the estrogen substantially reduced the uterine cancer risk – most of the media stories focused on regulatory developments, such as the FDA’s proposed warnings regarding estrogen use and uterine cancer that were contained within new patient brochures. Stories focused on the legal challenges against the FDA proposal that

¹²³ Ibid.

¹²⁴ “Studies on Cancer Called Inaccurate,” *New York Times*, 17 November 1978, sec. A, p. 17.

¹²⁵ “Estrogen Link to Uterine Cancer Hit,” *Washington Post*, 17 November 1978, sec. A, p. 7.

had been filed by the drug industry, the American College of Obstetricians and Gynecologists, the American Society of Internal Medicine and the National Assn. of Chain Drug Stores, an unusual coalition that argued that the government had no business interfering with the physician/patient relationship, and that the pamphlets ``may produce more fear in women taking the drugs than is necessary.’’¹²⁶

Interestingly, the FDA made a point of including statements in the new brochure declaring that there was no evidence that estrogen keeps skin soft, helps a woman to feel young, or should be taken for simple nervousness or depression.^{127 128}

Hormones’ Health Benefits and Risks

During the late 1970s, after fears of uterine cancer began to ebb with the promise of combination therapy’s safety, and increasingly into the 1980s, 1990s, and the beginning of the twenty-first century, a new focus permeated media coverage of hormones. Newspaper stories shifted away from HRT’s supposed ability to retard aging and began discussing its potential health benefits and, to a lesser extent, its possible risks. The newspapers reported each new piece of research, including studies about the possible association with breast cancer, but the predominant theme prevailed – that most experts believed that postmenopausal women generally were better off taking hormones than not taking them. This belief took a hit in 1989 with the release and extensive coverage of a small Swedish study,¹²⁹ the first to link hormones to the risk of breast cancer, but rebounded strongly in 1991 after the three newspapers reported the

¹²⁶ Cimons, ``Hormone Warning Sparks Controversy,’’ *Los Angeles Times*, 16 October 1977, sec. G, p.1.

¹²⁷ Ibid.

¹²⁸ ``F.D.A. Orders Warning on Estrogen Intake,’’ *New York Times*, 18 October 1977, sec. A, p. 16.

¹²⁹ L. Bergkvist, H.O. Adami, I. Persson, R. Hoover, and C. Schairer ``The Risk of Breast Cancer after Estrogen and Estrogen-progestin Replacement, ‘’ *New England Journal of Medicine*, (1989) 321:293-297.

results of the large Nurses Health Study,¹³⁰ writing that HRT had a marked protective impact against heart disease. With both studies, the three newspapers all noted the limitations of the research.

To be sure, other occasional cautionary stories appeared during this period, but they were dwarfed by the sheer volume of stories trumpeting HRT's health benefits. The language of most of these articles accepted without challenge claims that hormone replacement reduced the risk of heart disease, boosted memory and the ability to perform other tasks; cut the risk of colon cancer and Alzheimer's; and, overall, lengthened life. A few stories even kept the fountain-of-youth theme alive, writing that HRT helped maintain a soft and supple skin and made women look younger than their actual chronological age.

One story by *AP* writer Erich Smith, which ran in the *LAT* on December 28, 1997, described how women physicians favored HRT for themselves.¹³¹ "Women doctors are more likely to use HRT, perhaps because they are most likely to be aware of the benefits and the risks of HRT,"¹³² said Dr. Sally E. McNagney, an assistant professor of medicine at Emory and lead author of the study, he wrote, describing the study of 1,466 postmenopausal participants in the Women Physicians Health Study. The study found that 47.4 percent of them were using the drugs at the time of the survey in 1993 and 1994.¹³³

¹³⁰ M. Stampfer, G. Colditz G. "Postmenopausal estrogen therapy and cardiovascular disease. Ten-year follow-up from the nurses' health study." *New England Journal of Medicine* 325, no. 11 (1991):756-62.

¹³¹ Erich Smith, "Female Doctors Favor Hormone Therapy for Selves," (*AP*) *Los Angeles Times*, 28 December 1997, sec. A, p. 25.

¹³² *Ibid.*

¹³³ *Ibid.*

Witness the language in many of the headlines of the period, often on front-page stories. The stories consistently inferred that the benefits offered by hormones far outweighed their potential dangers. (Most of these stories were covered by all three newspapers but, for space reasons, not all are listed):

“Estrogen, Not Cost Effective, Still May be Worth Taking,” from the *Post*; ¹³⁴
“A Menopause Risk Said Eased,” from the *Post*; ¹³⁵ “Estrogen Linked to Lower Death Rates in Women,” from the *Post*; ¹³⁶ “NIH Panel Urges Older Women to ‘Consider’ Estrogen Therapy,” from the *Post*; ¹³⁷ “Data Back Estrogen Therapy,” from the *NYT*; ¹³⁸ “Female Sex Hormone is Tied to Ability to Perform Tasks,” from the *NYT*; ¹³⁹ .

To be sure, the newspapers also published stories about breast cancer studies, but the studies were conflicting and confusing. Some studies showed hormone use increased the risk of breast cancer, others showed a small risk – or no risk at all. Still others suggested that hormones were protective against breast cancer.

The *Post* had minimized its coverage of the first hint of a hormone/breast cancer link more than 30 years ago. The *Post* ran a story on January 22, 1976, that told of a report given to U.S. Senators describing the possibility that estrogen use could raise the risk of breast cancer. ¹⁴⁰ The story was played inside and received scant attention at the time, possibly because the reporter, Morton Mintz, was regarded as a maverick health

¹³⁴ “Estrogen, Not Cost Effective, Still May Be Worth Taking,” *Washington Post*, 7 August 1980, sec. A, p. 7.

¹³⁵ “A Menopause Risk Said Eased,” (UPI) *Washington Post*, 5 March 1981, sec. A, p. 14.

¹³⁶ Cohn, “Estrogen Linked to Lower Death Rates in Women,” 18 February 1983, *Washington Post*, sec. A, p. 16.

¹³⁷ Christine Russell, “NIH Panel Urges Older Women to ‘Consider’ Estrogen Therapy,” *Washington Post*, 5 April 1984, sec. A, p. 2.

¹³⁸ “Data Back Estrogen Therapy,” *New York Times*, 30 April 1987, sec. A, p. 25.

¹³⁹ Sandra Blakeslee, “Female Sex Hormone is Tied to Ability to Perform Tasks,” *New York Times*, 18 November 1988, sec. A, p. 1.

¹⁴⁰ Mintz, Morton, “Senators Told of Report Linking Drug and Cancer,” *Washington Post*, 22 January 1976, sec. A, p. 12.

reporter who had long been critical of drug industry practices and motives. Also, the article was about a report, rather than a published peer-reviewed study. Nevertheless, this was one of the earliest – if not the first – story that described a possible link between long-term estrogen use and breast cancer, and proved – many years later – to be prescient. A few months later, on April 1, 1976, the *Post* ran another article that outlined the work of a Nebraska cancer specialist, speaking at a seminar for science writers sponsored by the American Cancer Society, who said that giving American women a form of estrogen called estriol could prevent breast cancer by fooling the body into thinking it was pregnant.¹⁴¹ (Interestingly, the *NYT*'s Harold Schmeck Jr. covered this same story – the same claims from the same researcher – 11 years earlier at a similar ACS seminar for science writers).¹⁴² And on August 17, 1976 – that same year – the *NYT*'s Brody authored an article that discussed a study of nearly 2,000 postmenopausal women, published in the *New England Journal of Medicine*,¹⁴³ that showed hormone therapy did not protect against breast cancer.¹⁴⁴ In fact, she wrote, the study suggested that “a decade or more after women begin using estrogens, the risk of developing breast cancer may actually increase.”¹⁴⁵ Four years later, Mintz wrote of a *Journal of the American Medical Association (JAMA)* study¹⁴⁶ that said the long-term use of estrogens among postmenopausal women could double their risk of breast

¹⁴¹ Stuart Auerbach, “Sex Hormone Held Cancer Preventive,” *Washington Post*, 1 April 1976, sec. A, p. 28.

¹⁴² Schmeck, “Hormone Linked to Breast Cancer,” *New York Times*, 29 March 1965, sec. A, p. 16.

¹⁴³ Hoover, L.A. Gray, P. Cole, and B. MacMahon, “Menopausal estrogens and breast cancer,” *New England Journal of Medicine*. 295 (August 19, 1976), 401-405.

¹⁴⁴ Brody, “Estrogen After Menopause Held No Bar to Cancer,” *New York Times*, 17 August 1976, sec. A, p. 13.

¹⁴⁵ *Ibid.*.

¹⁴⁶ K. Ross, A. Paganini-Hill, V. R. Gerkins, T. M. Mack, R. Pfeffer, M. Arthur, B. E. Henderson, “A case-control study of menopausal estrogen therapy and breast cancer,” *Journal of the American Medical Assn.*, 243 (April 25, 1980) 1635-1639.

cancer.¹⁴⁷ Researchers found that “a woman who starts at age 50 to take the drug daily for three years increases her risk of getting the disease by age 75 from 6% to 12%,” he wrote.¹⁴⁸ His story, in providing some background on the history of hormone use, said:

Starting about 40 years ago, claims were made that regular taking of estrogen tablets not only wouldn’t cause breast or other forms of cancer, but would actually prevent it. The claims were based on studies that were later faulted by scientists as poorly controlled.

In the early 1960s, manufacturers, including Ayerst Laboratories, the American Home Products Corp. division that makes Premarin, began massive promotion of such claims to physicians. In addition, some doctors, particularly Brooklyn gynecologist Robert A. Wilson, helped by drug company funds, touted estrogens to the general public as drugs that would keep users “feminine forever.”¹⁴⁹

In 1987, the *LAT* reported a Centers for Disease Control and Prevention study¹⁵⁰ that said most women taking hormones do not face an increased risk of breast cancer.¹⁵¹ The *UPI* story, which was played inside on page 39, told of a study published in *JAMA* that said most women did not face an increased risk of breast cancer from estrogen. Two years later, on August 3, 1989, all three newspapers prominently played (on page 1) the aforementioned Swedish breast cancer study, regarded as the first credible research to suggest a relationship between HRT and breast cancer.¹⁵² In

¹⁴⁷ Mintz, “An Estrogen Use Found to Double Breast Cancer Risk,” *Washington Post*, 28 April 1980, sec. A, p. 3.

¹⁴⁸ *Ibid.*

¹⁴⁹ *Ibid.*

¹⁵⁰ P. A. Wingo; P. M. Layde; N. C. Lee; G. Rubin; H. W. Ory, “The risk of breast cancer in postmenopausal women who have used estrogen replacement therapy,” *Journal of the American Medical Assn.*, 257 (January 9, 1987) 209-215.

¹⁵¹ “Research Finds Little Breast Cancer Risk in Estrogen” (*UPI*), *Los Angeles Times*, 8 January, 1987, 39.

¹⁵² Michael Specter, “Hormone Use in Menopause Tied to Cancer; Common Treatments Risky, Study Shows,” *Washington Post*, 3 August 1989, sec. A, p. 1. See also:

Janny Scott, “Hormones May Increase Cancer Risk, Study Says,” *Los Angeles Times*, 3 August 1989, sec. A, p. 1.

Gina Kolata, “Menopause Hormone Linked to Breast Cancer,” *New York Times*, 3 August 1989, sec. A, p. 1.

their reporting, however, the three newspapers made the point – through their sources – that Swedish women had taken a formulation of hormones very different from that of American women, implying that the conclusions might not necessarily apply to women in this country. They quoted several medical experts who cautioned against prematurely stopping the drugs. However, the stories also included comments from experts who acknowledged the worrisome nature of the findings, and who suggested it might be time to rethink the routine use of HRT. The *Post* and the *NYT* both also quoted Cynthia Pearson, a women’s health advocate known for her opposition to the “medicalization” of otherwise healthy women. Scott’s story in the *LAT* used a local source, Dr. Jonathan S. Berek, then director of gynecologic oncology at the UCLA School of Medicine, as saying “This article hits at the heart of our philosophy that patients should be on estrogen and progestin. This questions the assumption that it is entirely safe, at least from the standpoint of the breast.”¹⁵³

All three articles also mentioned HRT’s beneficial impact on the heart, although the *LAT* and the *NYT* stories responsibly packaged the reference in very careful language. The *Post* reporter, on the other hand, treated the heart protection as a given. Here are the three examples: (emphasis mine). Keep in mind that this story appeared two years *before* the release of the nurses’ heart disease study described below.

LAT: Estrogen therapy *is believed by some* to reduce a woman’s risk of heart disease and stroke, in addition to its other benefits.¹⁵⁴

¹⁵³ Scott, “Hormones May Increase Cancer Risk, Study Says,” *Los Angeles Times*.

¹⁵⁴ *Ibid.*

NYT: More recently, *researchers have proposed* that estrogen can protect women against heart disease by increasing the levels of a type of cholesterol, HDL, that is associated with a lowered heart disease rate.¹⁵⁵

Post: The long-term use of estrogen replacement has been quite controversial for years, because while it relieves symptoms of menopause *and protects against heart disease and osteoporosis*, it also greatly increases the risk of developing uterine cancer.¹⁵⁶

The nurses' study

The 1991 release of the Nurses' Health Study was a pivotal story that seemed to establish HRT's beneficial impact on the heart: "Estrogen Found to Reduce Risk of Heart Disease" from the *LAT*;¹⁵⁷ "Estrogen After Menopause Cuts Heart Attack Risk, Study Finds," from the *NYT*¹⁵⁸ and "Hormone Found to Cut Heart Risks in Women," in the *Post*.¹⁵⁹

The stories, coming as they did in the aftermath of the release of the first breast cancer studies, downplayed the breast cancer risk in light of the new heart disease findings. Each of the stories, however, responsibly pointed out that the nurses' data could have been influenced by other factors and was not a randomized placebo-controlled study, that is, a clinical trial where one group of women randomly received estrogen and another group – used for control purposes – received a medically worthless placebo. This was a serious flaw on the part of researchers that almost certainly influenced the findings, and was one of the reasons behind NIH's decision to

¹⁵⁵ Kolata, "Menopause Hormone Linked to Breast Cancer," *New York Times*.

¹⁵⁶ Specter, "Hormone Use in Menopause Tied to Cancer; Common Treatments Risky, Study Shows," *Washington Post*.

¹⁵⁷ Scott, "Estrogen Found to Reduce Risk of Heart Disease," *Los Angeles Times*, 12 September 1991, sec. A, p. 1.

¹⁵⁸ Kolata, "Estrogen After Menopause Cuts Heart Attack Risk, Study Finds," *New York Times*, 12 September 1991, sec. A, p. 1.

¹⁵⁹ David Brown, "Hormone Found to Cut Heart Risks in Women," 12 September 1991, *Washington Post*, sec. A, p. 1.

launch the WHI. Nevertheless, the coverage likely led to the widespread unchallenged conclusion that HRT conveyed major protection against heart disease, the leading killer of women – and that taking it was well worth the smaller cancer risk. The stories all emphasized the scope of the study – that it was the largest and most comprehensive of its kind – and the striking nature of the results.

The lead of each heart disease risk story read as follows: (emphasis is mine)

LAT: Estrogen therapy after menopause appears to cut a woman’s risk of developing coronary heart disease *almost in half*, according to the *largest study of its kind* exploring the perplexing question of the risks and benefits of hormone replacement.

The findings appear to illustrate a *dramatic benefit* of estrogen against the leading cause of death in older women – a benefit that researchers said should be weighed against the *smaller cancer risk* that may be associated with estrogen replacement.’’¹⁶⁰

NYT: A *large-scale 10-year* study of nurses indicates that women who take the female hormone estrogen after menopause can cut their risk of heart disease *almost in half*.

Medical experts say the new findings should help answer a question that has troubled millions of middle-aged and elderly women: Are the benefits of estrogen worth the risks? Besides its effect on heart disease, the drug averts thinning of the bones, a serious disease in the elderly. But women have been concerned by evidence that taking estrogen can bring on cancers of the breast or lining of the uterus.¹⁶¹

Post: A woman who takes estrogen pills after menopause can cut her risk of a heart attack – the leading killer of women – by about 40 percent, according to the *most comprehensive study ever attempted* of the long-controversial topic.

The protective effect of estrogen holds regardless of whether a woman is at high risk for heart disease or at low risk, whether she has just passed menopause or is elderly. Even intermittent use of the female hormone offers some protection from heart disease, the study found.

A woman is about nine times more likely to die of heart disease than of breast cancer – perhaps the most feared cause of death among women. As a result, even modest reduction of the risk of heart disease – and the new research suggests *marked*, not modest reduction – would amount to *millions of saved lives*.¹⁶²

¹⁶⁰ Scott, “Estrogen Found to Reduce Risk of Heart Disease,” *Los Angeles Times*.

¹⁶¹ Kolata, “Estrogen After Menopause Cuts Heart Attack Risk, Study Finds,” *New York Times*.

¹⁶² Brown, “Hormone Found to Cut Heart Risks in Women,” *Washington Post*.

HRT-friendly language

The language in most of the stories during the 1980s and 1990s was decidedly HRT-friendly. The 1983 *Post* story, for example, “Estrogen Linked to Lower Deaths Rates in Women,” described how women on HRT lived longer – it described the impact of HRT as *sharply* lowering death rates and enhanced the researchers’ credibility by describing the study sites as *major*.

A national study of 2,269 women at 10 major medical centers suggests that women over 40 who take estrogen pills have sharply lower death rates and particularly low rates of heart disease, according to a preliminary finding.

The death rate among women taking the female hormone estrogen was only two-thirds that of similar women who were not taking the pills, according to a study at 10 major medical centers of women, aged 40 to 69, who were followed for an average 5.6 years.”¹⁶³

The *Post* story, “NIH Panel Urges Older Women to ‘Consider’ Estrogen Therapy,” on April 5, 1984, described the conclusions of an NIH advisory group that recommended that women older than 50 consider estrogen therapy to prevent osteoporosis, “despite a small risk of developing cancer,” and called the treatment the “most effective” way to prevent the bone-thinning disease. The panel acknowledged the “slight increase” in the uterine cancer risk but declared “the bulk of the evidence indicates that estrogens are not associated with breast cancer.”¹⁶⁴

A steady stream of additional stories appeared during the 1990s, creating the impression that hormones provided an unending supply of benefits. Among the

¹⁶³ Cohn, “Estrogen Linked to Lower Death Rates in Women,” *Washington Post*.

¹⁶⁴ Russell, “NIH Panel Urges Older Women to ‘Consider’ Estrogen Therapy,” *Washington Post*.

headlines: “Estrogen is Found to Improve Mood, Not Just Menopause Symptoms,” from the *NYT*; ¹⁶⁵ “Estrogen May Cut Rate of Alzheimer’s in Women” from the *LAT*; ¹⁶⁶ “Hormone Therapy Can Cut a Woman’s Heart Disease Risk,” from the *LAT*; ¹⁶⁷ “How Estrogen May Work to Protect Against Alzheimer’s,” from the *NYT*; ¹⁶⁸ “Restoring Ebbing Hormones May Slow Aging,” from the *NYT*; ¹⁶⁹ “Hormone Drugs for Women Halve Risk of Colon Cancer, Study Says,” from the *LAT*; ¹⁷⁰ “Estrogen Therapy Found to Cut Women’s Mortality Risk,” from the *LAT*; ¹⁷¹ “Estrogen Boosts Brain’s Abilities, Studies Show,” from the *LAT*; ¹⁷² “Estrogen May Help Prevent Osteoarthritis,” from the *NYT*; ¹⁷³ “Hormone Therapy Can Increase Bone Mass, New Study says,” from the *NYT*; ¹⁷⁴ “Estrogen Use Found to Cut Risk of Alzheimer’s” from the *LAT*; ¹⁷⁵ “Estrogen May Save Your Skin,” from the *LAT*. ¹⁷⁶

¹⁶⁵ Brody, “Estrogen is Found to Improve Mood, Not Just Menopause Symptoms,” *New York Times*, 1 January 1992, sec. A, p. 64.

¹⁶⁶ Thomas H. Maugh II, “Estrogen May Cut Rate of Alzheimer’s in Women,” *Los Angeles Times*, 10 November 1993, sec. A, p. 1.

¹⁶⁷ Shari Roan, “Hormone Therapy Can Cut Women’s Heart Disease Risk,” *Los Angeles Times*, 18 November 1994, sec. A, p. 1.

¹⁶⁸ Natalie Angier, “How Estrogen May Work to Protect Against Alzheimer’s,” *New York Times*, 8 March 1994, sec. C, p. 3.

¹⁶⁹ Brody, “Restoring Ebbing Hormones May Slow Aging,” *New York Times*, 18 July 1995, sec. C, p. 1.

¹⁷⁰ “Hormone Drugs for Women Halve Risk of Colon Cancer, Study Says,” *Los Angeles Times*, 19 July 1995, sec. A, p. 8.

¹⁷¹ “Estrogen Therapy Found to Cut Women’s Mortality Risk,” *Los Angeles Times*, 1 January 1996, sec. A, p. 22.

¹⁷² Robert Lee Hotz, “Estrogen Boosts Brain’s Abilities, Studies Show,” *Los Angeles Times*, 21 November 1996, sec. A, p. 1.

¹⁷³ Susan Gilbert, “Estrogen May Help Prevent Osteoarthritis,” *New York Times*, 2 October 1996, sec. C, p. 11.

¹⁷⁴ Brody, “Hormone Therapy Can Increase Bone Mass, New Study Says,” *New York Times*, 6 November 1996, sec. A, p. 19.

¹⁷⁵ Thomas H. Maugh II “Estrogen Use Found to Cut Risk of Alzheimer’s,” *Los Angeles Times*, 18 June 1997, sec. A, p. 1.

¹⁷⁶ Roan, “Estrogen May Save Your Skin,” *Los Angeles Times*, 19 March 1997, sec. E, p. 1.

Also: "Hormone Use Helps Women, a Study Finds" from the *NYT*; ¹⁷⁷
"Estrogen's Health Benefits Exceed Risk of Cancer, Researchers Find," in the *NYT*;
¹⁷⁸ "Say 'Aah' Study Finds Unforeseen Benefit of Estrogen," from the *LAT*; ¹⁷⁹
"Estrogen Aids Brain Activity, Tests Find," from the *LAT*; ¹⁸⁰ and "Estrogen May
Lower Risk of Heart Disease for Women," from the *LAT* ¹⁸¹(Nov. 20, 2000).

The *AP* story that appeared January 5, 1991, in the *NYT*, "Estrogen's Health
Benefits Exceed Risk of Cancer, Researchers Find," said:

Older women who take estrogen tend to live longer than other postmenopausal women, suggesting that the hormone's ability to prevent heart disease outweighs its risk of causing cancer, scientists say.

Earlier research indicated that estrogen pills increased the risk of breast and uterine cancer but helped prevent broken bones, heart disease strokes, hot flashes and other menopausal symptoms. ¹⁸²

The *NYT*'s Brody, in her 1992 article "Estrogen is Found to Improve Mood, Not Just Menopause Symptoms," wrote of a study that was published in the journal *Obstetrics and Gynecology* that showed "in addition to the established benefits of estrogen" for post-menopausal women, that the drug also improved mood and psychological functioning among healthy women who did not suffer from distressing menopausal symptoms. ¹⁸³

¹⁷⁷ Brody, "Hormone Use Helps Women, A Study Finds," *New York Times*, 19 June 1997, sec. A, p. 1.

¹⁷⁸ "Estrogen's Health Benefits Exceed Risk of Cancer, Researchers Find" (*AP*), *New York Times*, sec. A, p. 8.

¹⁷⁹ Maugh, "Say 'Aah' Study Finds Unforeseen Benefit of Estrogen," *Los Angeles Times*, 19 July 1999, sec. S, p. 2.

¹⁸⁰ Hotz, "Estrogen Aids Brain Activity, Tests Find," *Los Angeles Times*, 7 April 1999, sec. A, p. 3.

¹⁸¹ Maugh, "Estrogen May Lower Risk of Heart Disease for Women," *Los Angeles Times*, 20 November 2000, sec. S, p. 1.

¹⁸² "Estrogen's Health Benefits Exceed Risk of Cancer, Researchers Find," *New York Times*.

¹⁸³ Brody, "Estrogen is Found to Improve Mood, Not Just Menopause Symptoms," *New York Times*. See also: Edward C. Ditkoff, William G. Crary, Martha Cristo, Rogerio A. Lobo, "Estrogen Improves Psychological Function in Asymptomatic Postmenopausal Women," *Obstetrics and Gynecology*, 78 (December, 1991), 991-995.

Overall...estrogen replacement seems to `improve the quality of life' in postmenopausal women not solely because it relieves symptoms but also because it probably reduces stress and enhances a sense of well-being.¹⁸⁴
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In the 1999 ``Say Aaah' story, *LAT* writer Thomas H. Maugh II reported that ``along with its other well-known benefits, hormone replacement therapy with estrogen may be something of a fountain of youth for women, according to an informal study by German researchers.''¹⁸⁵ To reporter Maugh's credit (and to the researchers' credit as well) the story (and the scientists) pointed out that the research methods were less than rigorous:

In their admittedly unscientific survey, the researchers estimated the ages of 100 women upon seeing them for the first time at an outpatient clinic. They then compared the estimated and actual ages of the women and the level of estrogen subsequently measured in the women's blood. They found that they consistently underestimated the ages of women with the highest levels of estrogen...and overestimated the ages of those with the lowest levels.¹⁸⁶

In March 1997, Shari Roan of the *LAT* wrote in a feature section story:

The expanding list of reasons why post-menopausal women might take estrogen therapy now includes a cosmetic benefit: your skin might hold up better as you age. In a study today, UCLA researchers found that women who used estrogen were 25% less likely to have dry skin than women who didn't use estrogen.¹⁸⁷

Further, she wrote that ``the impact was even greater on wrinkles, with the study showing that estrogen users were 30% less likely to have wrinkles than non-users.''¹⁸⁸

Contradictions and balance

To be sure, there was bad news along with the good. The newspapers reported it, creating an often-contradictory climate. In the middle of countless stories about

¹⁸⁴ Ibid.

¹⁸⁵ Maugh, ``Say `Aaah' Study Finds Unforeseen Benefit of Estrogen,'' *Los Angeles Times*.

¹⁸⁶ Ibid.

¹⁸⁷ Roan, ``Estrogen May Save Your Skin,'' *Los Angeles Times*.

¹⁸⁸ Ibid.

estrogen's protective effect against Alzheimer's disease, for example, one 2000 study showed that estrogen was not useful at all.¹⁸⁹ The *LAT*'s coverage of this story quoted the study director, adding to the confusion, as saying: ``Several studies have suggested that estrogen helped improve the cognitive impairment of Alzheimer's disease...but we were surprised that over the long run, patients did not benefit from estrogen.''¹⁹⁰

On June 19, 1997, the *Post*'s David Brown wrote a page one story that presented a fairly balanced picture of the risks and benefits of hormones based on the results of yet another study.¹⁹¹ Still, women trying to make a decision about whether or not to take HRT still might find themselves bewildered after reading the following – not because the story was distorted, but because the research itself did not provide clear-cut answers:

Taking hormone supplements after menopause reduces a woman's risk of death for about 10 years, at which point its benefit is narrowed significantly because of the rising risk of breast cancer from the therapy, according to a new study.

Hormone replacement therapy may have many beneficial effects on older women, ranging from protection against broken bones to improvement in mood and mental acuity. However research published today in the *New England Journal of Medicine* suggests the therapy's effects on mortality vary over time, and from woman to woman.¹⁹²

During the period leading up to the release of the WHI, a constant publication of stories, often in conflict with one another, appeared in the newspapers about HRT and

¹⁸⁹ Peter M. Warren, ``Estrogen Doesn't Fight Alzheimer's, Study Says,'’ *Los Angeles Times*, 23 February 2000, sec. A, p. 3.

¹⁹⁰ *Ibid.*

¹⁹¹ Brown, ``Women's Use of Hormones Has Benefits, Risks,'’ *Washington Post*, 19 June 1997, sec. A, p. 1.

¹⁹² *Ibid.*

breast cancer; some articles reported studies that confirmed the connection, while others reported research that disputed it. Most of the smaller stories originated with wire services, which have to cover almost everything.¹⁹³ There was no real way at the time to know which studies were credible and which were not, although the use of wire stories typically implies that editors think that a story has minimal importance, but are afraid to *not* run it, just in case their initial judgment is later proved wrong. Major stories are generally staff written. Still, even when data from the long-running nurses' study confirmed the breast cancer link in 1990 and 1995, the newspapers minimized the danger. The three newspapers reported in 1990 that women who took estrogen after menopause increased their risk of developing breast cancer, but that the risk was small.¹⁹⁴ The *Post* and the *NYT* ran staff-written stories, while the *LAT* waited several days and ran six inches of wire material. The *NYT*'s Kolata wrote:

The largest study of its kind ever conducted has found that women who take estrogen after menopause run an increased risk of developing breast cancer.

¹⁹³ "Estrogen Therapy Linked to the Risk of Breast Cancer," (*UPI Los Angeles Times*, 17 April 1991, sec. A, p. 13. See also:

"Estrogen Study Discounts Risk (*AP Los Angeles Times*, 17 August 1994, sec. A, p. 12.

"Study Disputes Link Between Breast Cancer, Estrogen" (*AP Los Angeles Times*, 12 July 1995, sec. A, p. 17.

"Estrogen Can Help Bones, Studies Confirm," (*AP Los Angeles Times*, 6 November 1996. sec. A, p. 35.

"Estrogen Aid May Raise Cancer Risk," *Los Angeles Times*, 4 December 1996, sec. A, p. 17.

"HRT and Breast Cancer," *Washington Post*, 10 October 1997, sec. A, p. 2.

Denise Grady, "A Study Plays Down Estrogen Link to Breast Cancers," *New York Times*, 9 June 1999, sec. A, p. 24.

"No Link to Breast Cancer Found," (*AP Los Angeles Times*, 9 June 1999, sec. A, p. 25.

Roan, "Study Links Breast Cancer, Hormone Use," *Los Angeles Times*

26 January 2000, sec. A, p. 1.

Grady, "Study Backs Hormone Link to Cancer for Women," *New York Times*, 27 January 2000, sec. A, p. 17.

¹⁹⁴ Kolata, "Study Links Estrogen to Cancer, but Risk is Slight," *New York Times*, 28 November, 1990, sec. A, p. 18. See also:

Susan Okie, "Estrogen, an Aid Against Heart Disease, Raises Breast Cancer Risk," *Washington Post*, 28 November 1990, sec. A, p. 3.

"Estrogen, Breast Cancer Linked," *Los Angeles Times*, 3 December 1990, sec. B, p. 3.

But experts said the findings did not mean that post-menopausal women should stop taking estrogen. The benefits of the drug are great, they said, and the increased risk of breast cancer is relatively small.¹⁹⁵

The *Post's* Okie, herself a physician, wrote:

Women who take daily doses of estrogen after menopause have about a 36 percent greater risk of developing breast cancer than women not taking the hormone, but the excess risk disappears within a year or two if a woman stops the drug, according to a study published today.¹⁹⁶

Further down in the story, she wrote that “for most women the benefits of estrogen treatment probably outweigh the modest increase in breast cancer risk,”¹⁹⁷ according to one of the study investigators.

The *LAT*, which buried the story inside its metro section, emphasized that the risk was small, writing that “women using estrogen after menopause run a slightly greater risk of breast cancer,”¹⁹⁸ but the authors stressed that “the increased risk was modest and noted that estrogen therapy holds many benefits for post-menopausal women.”¹⁹⁹

In 1995, more data from the nurses’ study once again confirmed the risk, and the three newspapers ran stories.²⁰⁰ The *Post* and the *NYT* played their stories on page one, while the *LAT* again used material from wires and placed the story on page A29. The key difference between the updated in 1995 research and the 1990 data appeared to

¹⁹⁵ Kolata, “Study Links Estrogen to Cancer, but Risk is Slight,” *New York Times*.

¹⁹⁶ Okie, “Estrogen an Aid Against Heart Disease, Raises Breast Cancer Risk,” *Washington Post*.

¹⁹⁷ *Ibid.*

¹⁹⁸ “Estrogen, Breast Cancer Linked,” *Los Angeles Times*.

¹⁹⁹ *Ibid.*

²⁰⁰ Brody, “New Clues in Balancing the Risks of Hormones After Menopause,” *New York Times*, 15 June 1995, sec. A, p. 1. See also:

Brown, “Breast Cancer, Estrogen Link Affirmed,” *Washington Post*, 15 June 1995, sec. A, p. 1.

“Hormone Study Finds Higher Breast Cancer Risk,” *Los Angeles Times*, 15 June 1995, sec. A, p. 29.

be the addition of progesterone to the estrogen that the women had been taking. The hope had been that the combination would reduce the risk, which was not the case. The stories again stressed the benefits of HRT. The *Post* story used the term *circumstantial* to describe the breast cancer evidence. The *NYT*'s Brody pointed out that the study ``considered only the relationship between hormones and breast cancer, not the rather substantial benefits documented in previous studies.'' ²⁰¹ The *LAT*'s un-bylined version appeared to be the only one of the three that implied the risk/benefit equation might be changing:

Hormone replacement therapy's benefits may still outweigh its hazards for women who are at high risk of heart trouble and osteoporosis. However, for those whose risk of these problems is low, the study says the increased chance of breast cancer may make hormone supplements a significant gamble. ²⁰²

In March 2001, there were also suggestions that estrogen use increased the risk of ovarian cancer, although all the stories ²⁰³ stressed that ovarian cancer was rare and that estrogen users shouldn't panic. The *Post*'s story, however, also made the point that while rare, ovarian cancer is especially difficult to treat because it typically is not discovered until its latter stages of development. ²⁰⁴

This swinging pendulum of conflicting stories was enough to make menopausal women crazy, a state that would almost certainly have confirmed the widespread perceptions of many male physician columnists from the previous generation! To be

²⁰¹ Brody, ``New Clues in Balancing the Risks of Hormones After Menopause,'' *New York Times*.

²⁰² *Los Angeles Times*, ``Hormone Study Finds Higher Breast Cancer Risk,'' A29.

²⁰³ Grady, ``Study Links Estrogen Use to Cancer Risk,'' *New York Times*, 21 March 2001, sec. A, p. 21. See also:

``Study Links Estrogen Use of Risk of Ovarian Cancer,'' (*AP*) *Los Angeles Times*, 21 March 2001, sec. A, p. 20.

Okie, ``Estrogen, Ovarian Cancer Linked; Finding Toughens Choices on Post Menopause Hormone Use,'' *Washington Post*, 21 March 2001, sec. A, p. 1.

²⁰⁴ Okie, ``Estrogen, Ovarian Cancer Linked; Finding Toughens Choices on Post Menopause Hormone Use.''

sure, this was not the first time that biomedical research had prompted such seemingly contradictory results – and, in the case of HRT, it would not start and end with the danger of breast cancer. The same time period would bring conflicting data about hormones and heart disease as well.

As with breast cancer, there were earlier suggestions from studies reported in the media that estrogen might not protect against heart disease, although they attracted little attention. In 1976, for example, the *NYT* ran a little-noticed *United Press International* story²⁰⁵ rejecting the notion that estrogen was a boon to the heart. It told of a study published in *JAMA* that found that risks of cardiovascular disease might even increase for post-menopausal women who take estrogen. This finding would be reversed, and played by the media in a big way, by the 1991 nurses' study, and then reversed yet again in 1998 and 2000 by additional studies, and finally by the WHI itself. In between, there were smaller conflicting results from various studies. The newspapers reported all of them.

In 1994, for example, the results of the Post-Menopausal Estrogen/Progestin Intervention (PEPI) study suggested the post-menopausal women could significantly lower their risk of heart disease by taking hormone therapy. ``The results indicated that hormone therapy, when tailored to the individual, can indeed protect against heart disease without boosting the risk of cancer or other problems, ‘’ the *LAT*'s Shari Roan wrote²⁰⁶ Four years later all three newspapers carried stories about a *JAMA* study showing that women with existing heart disease were at risk of suffering a heart attack

²⁰⁵ ``Heart Risk Linked to Estrogen Drugs,’’ (*UPI*) *New York Times*, 24 February 1976, sec. A, p. 10.

²⁰⁶ Roan, ``Hormone Therapy Can Cut Women's Heart Disease Risk,’’ *Los Angeles Times*, 18 November 1994, sec. A, p. 1.

if they took HRT.²⁰⁷ All three papers played the story inside, and only the *LAT*'s was staff-written. The *Post* and the *NYT* ran *AP* wire versions. The *LAT*'s Monmaney used the words *unexpected* and *complex* to describe the findings and further wrote:

“I was stunned by the findings,” said Dr. Steven Kahn, a cardiologist at Cedars-Sinai Medical Center in Los Angeles, who participated in the study. “We were all very much surprised. You could hear a pin drop in the room when the data were first presented.”

Until now, the published evidence has consistently suggested that hormone replacement therapy benefited women with preexisting heart disease. At least five “observational” studies – comparing women in the community who happened to be taking the therapy to women who were not – have shown that it cut heart attack risk 35% to 80%²⁰⁸

Monmaney’s article quoted experts calling the new research more scientifically rigorous than previous studies because it contained both a treatment group and a control group, and he added the following additional perspective regarding the earlier studies:

Although those studies formed the basis of conventional wisdom in cardiology, they could not rule out the possibility that women who sought out hormone therapy did better because they were healthier and more conscientious than those women who chose not to be treated.²⁰⁹

Conflicting study results regarding hormone therapy and the heart continued to emerge in 2000, 2001, and 2002, leading up to the release of the WHI. In April 2000, the three newspapers reported on preliminary data from the WHI, which foreshadowed

²⁰⁷ Terence, Monmaney, “Women with Heart Disease Warned of Hormone Risk,” *Los Angeles Times*, 19 August 1998, sec. A, p. 3. See also: “Study Raises Doubt about an Estrogen Benefit: Older Women with Heart Disease Had More Attacks in 1st Year of Hormone Trial,” (AP) *Washington Post*, 19 August 1998, sec. A, p. 9; “Study Cast Doubt that Estrogen Cuts Women’s Heart Disease,” (AP) *New York Times*, 19 August 1998, sec. A, p. 20; Stephen Hulley, Deborah Grady, Trudy Bush, Curt Furberg, David Herrington, Betty Riggs, Eric Vittinghoff, for the Heart and Estrogen/progestin Replacement Study Research Group, “Randomized Trial of Estrogen Plus Progestin for Secondary Prevention of Coronary Heart Disease in Postmenopausal Women,” *Journal of the American Medical Assn.* 280 (19 August, 1998) 605-613.

²⁰⁸ Monmaney, “Women with Heart Disease Warned of Hormone Risk,” *Los Angeles Times*.

²⁰⁹ *Ibid.*

what would come two years later.²¹⁰ The *LAT* and *NYT* played their stories on the front page; the *Post* ran its story inside the front section, on page 8. All of the stories reflected surprise at the apparent turnaround of conventional wisdom. But all also quoted experts stressing that the data were preliminary, and urging no changes in current medical practice. The stories, more than before, began to reflect the uncertainties emerging about hormone use, although experts who were quoted continued to express the belief that the benefits of HRT would prevail. The *LAT*'s Roan, for example, wrote:

In a surprising reversal of prevailing medical wisdom, researchers conducting a nationwide study of women's hormone replacement therapy have warned subjects taking estrogen that they are slightly more likely to have heart attacks, strokes or blood clots during the first two years of use.

Researchers have long assumed that estrogen helps protect women from cardiovascular problems. But the new findings appear to cast doubt on that assumption.²¹¹

She quoted Marcia Stefanick, principal investigator of the portion of the study based at Stanford Medical Center, as saying: "It highlights how little we know about a subject that people think we know so much about," but said Stefanick and others maintained that hormones may still be beneficial over the long term.²¹²

The *Post*'s Okie described the finding as "startling," because most of the study's participants did not have heart disease, while the *NYT*'s Kolata wrote that "far

²¹⁰ Roan, "Slight Heart Risk Found in Estrogen Use," *Los Angeles Times*, 4 April 2000, sec. A, p. 1. See also:

Okie, "Hormone Replacement Study Finds Slight Rise in Heart Problems," *Washington Post*, 4 April 2000, sec. A, p. 8.

Kolata, "Estrogen Tied to Slight Increase in Risks to Heart, a Study Hints," *New York Times*, 5 April 2000, sec. A, p. 1.

²¹¹ Roan, "Slight Heart Risk Found in Estrogen Use," *Los Angeles Times*

²¹² Ibid.

from protecting the heart, as many researchers had assumed, the therapy may have put the women at a slightly higher risk of heart attacks and strokes.”²¹³

She implied further down in her story that earlier studies had been flawed, writing that “doctors and individual women say that one reason for estrogen’s popularity is that there is a widespread belief that it will prevent heart disease. But that hypothesis came from indirect evidence.”²¹⁴ Yet such “indirect evidence,” when it was released in 1991, was played by the three papers – including hers – in a very big way, even with the inclusion, deep in their stories, of qualifying language and caveats.

Kolata followed a day later with a news analysis, under the headline: “Estrogen Question Gets Tougher.”²¹⁵ The piece offered no clear-cut answers for women because – as the article pointed out – there weren’t any.

As soon as women approach menopause, their doctors often start asking when they will start taking hormone replacement therapy. And if the woman hesitates, her doctor will often explain that the hormones can protect her against heart disease, the leading killer of women.

But now, a huge federal study of hormone replacement therapy is calling that idea into question and doctors and individual women are trying to deal with the consequences. Phones rang in doctors’ offices throughout the country yesterday, and doctors braced themselves for the inevitable questions that would come up in every office visit with a postmenopausal woman.

Women taking estrogen wondered if they had done the right thing. Others who had refused the drug felt vindicated. But the real answer, for now, is that the estrogen question is still a work in progress.²¹⁶

She further wrote that the findings of study “brings to the fore one of the great conundrums of American medicine: a leading reason for using the best-selling drug in America has never been established and might well not be true.”²¹⁷

²¹³ Okie, “Hormone Replacement Study Finds Slight Rise in Heart Problems,” *Washington Post*. See also: Kolata, “Estrogen Tied to Slight Increase in Risks to Heart, a Study Hints,” *New York Times*.

²¹⁴ Ibid.

²¹⁵ Kolata, “Estrogen Question Gets Tougher,” *New York Times*, 6 April 2000, sec. A, p. 22.

²¹⁶ Ibid.

The confusion persisted. In November 2000 a small University of Southern California study presented at an American Heart Assn. meeting showed that estrogen protected women from heart disease.²¹⁸ The following summer, the American Heart Assn. recommended that HRT *not* be given to women solely for the purpose of preventing heart disease.²¹⁹ The *LAT*'s Mestel wrote: ``The suggestion from the nation's leading group of heart doctors adds another twist to the complex calculations faced by many of the 50 million American women over age 50 as they ponder whether to use hormone therapy.''²²⁰ In 2002, only days before the release of the WHI, another study confirmed the results of the 1998 research showing that hormone replacement did not prevent heart attacks in women with heart problems and could increase the risk of blood clots and gallbladder disease. The *NYT*, *the LAT* and the *Post* ran stories,²²¹ yet the *Post*'s was the only article to appear on page one.

The *Post*'s Okie wrote:

About 17 million women in the United States take hormones, which relieve the hot flashes, sleep disturbances and vaginal dryness that women commonly experience during menopause. Many experts have hoped, based on encouraging data from some studies, that hormones would also be shown to reduce heart attacks, fractures and Alzheimer's disease.

²¹⁷ Ibid.

²¹⁸ Maugh ``Estrogen May Lower Risk of Heart Disease for Women,'' *Los Angeles Times*, 20 November 2000, sec. S, p. 1.

²¹⁹ Rosie Mestel, ``Hormone Therapy May not Benefit the Heart,'' *Los Angeles Times*, 24 July 2001, sec. A, p. 1.

²²⁰ Ibid.

²²¹ Mestel, ``No Benefits Seen from Hormone Therapy,'' *Los Angeles Times*, 2 July 2002, sec. A, p. 13.

See also:

Grady, ``Hormone Therapy Study Finds Risk for Some,'' *New York Times*, 3 July 2002, sec. A, p. 21.²²¹

Okie, ``Doubts on Hormones, Heart Risk Bolstered; Study: Treatment Doesn't Aid Women With Heart Disease,'' *Washington Post*, 3 July 2002, sec. A, p. 1.

But a number of studies in recent years have cast doubt on those possible benefits, and some experts said the latest findings further deepen their uncertainty about the net benefit of long-term hormone treatment.²²²

Trying to Make Sense of the Research: Nearly Two Decades of Confusion

Throughout this period, beginning in the mid-1980s with the increasing emphasis on consumer-friendly health stories, the three newspapers, in addition to trying to cover the emerging research as news, took on the additional – and nearly impossible task – of trying to make sense of the conflicting research. The vast majority of these stories appeared in the papers' special feature or health/science sections, whose goal was to provide readers with "news-you-can-use" type articles. The aim throughout the two decades that preceded the release of the WHI was to try to offer some perspective on the risks and benefits of hormone therapy, often by interviewing and quoting experts willing to try to interpret whatever the research was saying at the time. Most of these articles reflected the continuing confusion over the constantly changing research regarding HRT's role in the development of breast cancer, and in protecting women against – or in raising the risk – of heart disease. The dilemma was often portrayed as an equation that every woman had to calculate for herself based on her own family health history. Many of the stories also attempted to present a more balanced picture of what menopause is – and isn't – in contrast to articles published earlier in the century.

The *Post*'s Sally Squires, for example, in a 1984 health section story entitled "Menopause: Beyond the Myths, Changing Views on the Change of Life,"²²³ offered some perspective based on the recent work of a Norwegian psychologist, Arne Holte.

²²² Okie, "Doubts on Hormones, Heart Risk Bolstered," *Washington Post*.

²²³ Sally Squires, "Menopause: Beyond the Myths," *Washington Post*, 24 October 1984, sec. D, p. 7.

Holte had concluded that many symptoms that occurred during the menopausal stage of life – while real – more likely resulted from other physical ailments or other lifestyle changes that occur during middle age. These, Squires wrote, included “everything from sleep disorders and crying spells to depression and the appearance of facial hair.”²²⁴

Moreover, many symptoms associated with menopause coincide with other “significant – and often jarring – mid-life changes,” she quoted the psychologist as saying.

Initial findings show that just three symptoms – hot flashes, sweating and vaginal dryness – are related directly to the biological changes of menopause and the years preceding it – a period of life known medically as the climacteric years, from the Greek word to ascend a ladder.²²⁵

The lead of the *Post* story of May 8, 1985, read: “Medical consensus about estrogen replacement therapy has gone from love to hate and back to love again in two short decades.”²²⁶ That same lead today probably would have continued: *and back to hate again*. In 1985, when this article ran, the Swedish breast cancer study had not yet been released, nor had the nurses’ heart disease data. The reporter inserted many caveats about what estrogen could and could not do, but also expressed the current thinking about hormones, which was that the cancer risks were small and the prospects of increased longevity were large.

Most experts now agree that estrogen probably does not significantly increase a woman’s cancer risk. Indeed, some go as far as to say it decreases the risk. One 1983 study, for example, found women on ERT had a reduced rate of death from all causes, including death from cancer.²²⁷

²²⁴ Ibid.

²²⁵ Ibid.

²²⁶ Robin Marantz Henig, “Estrogen, In and Out of Favor,” *Washington Post*, 8 May 1985, sec. H, p.

12.

²²⁷ Ibid.

Other headlines from the period similarly reflected the confusion: “Cancer Fears Throw Spotlight on Estrogen,” from the *NYT* on January 17, 1989;²²⁸ “Estrogen Therapy: Boon or Risk Factor?” from the *Post*, August 8, 1989;²²⁹ “Weigh Hormones’ Risk, Experts Urge,” from the *LAT*, August 4, 1989;²³⁰ “An Aging Generation Looks for Answers,” from the *NYT* October 9, 1994;²³¹ “Old Age Elixir” from the *LAT* on December 13, 1994;²³² “Making a Case for Estrogen Replacement,” from the *NYT* on June 8, 1997;²³³ “Hormone Replacement: Weighing Risks and Benefits,” from the *NYT*, February 1, 2000;²³⁴ “Estrogen on Trial,” from the *LAT*, March 27, 2000,²³⁵ “Hormone Replacement Therapy: Why They Do It or Avoid It,” from the *NYT*, September 5, 2000;²³⁶ “Weighing Risks and Benefits of Hormone Therapy,” from the *NYT*, April 30, 2002;²³⁷ and, “A User’s Guide for Those Who Choose Hormone Replacements,” from the *NYT*, June 23, 2002.²³⁸

The Swedish breast cancer study emerged in the summer of 1989, and the nurses’ heart disease study in 1991. The previous January the *NYT*’s Gina Kolata, in a

²²⁸ Kolata, “Cancer Fears Throw Spotlight on Estrogen,” *New York Times*, 17 January 1989, sec. C, p. 1.

²²⁹ Sandy Rovner, “Estrogen Therapy: Boon or Risk Factor?” *Washington Post*, 8 August 1989, sec. Z, p. 8.

²³⁰ Scott, “Weigh Hormones’ Risk, Experts Say,” *Los Angeles Times*, 4 August 1989, sec. 5, p. 1

²³¹ Charlotte Libov, “An Aging Generation Looks for Answers,” *New York Times*, 9 October 1994, sec. CN, p. 8.

²³² Roan, “Old Age Elixir,” *Los Angeles Times*, 13 December 1994, sec. E, p. 3.

²³³ Alex Boyle, “Making a Case for Estrogen Replacement,” *New York Times*, 8 June 1997, sec. CN, p. 3.

²³⁴ Brody, “Hormone Replacement: Weighing Risks and Benefits,” *New York Times*, 1 February 2000, sec. F, p. 1.

²³⁵ Roan, “Estrogen on Trial,” *Los Angeles Times*, 27 March 2000, sec. S, p. 1.

²³⁶ Laura Muha, “Hormone Replacement Therapy: Why They Do It, or Avoid It,” *New York Times*, 5 September 2000, sec. F, p. 7.

²³⁷ Grady, “Weighing Risks and Benefits of Hormone Therapy,” *New York Times*, 30 April 2002, sec. F, p. 5.

²³⁸ Grady, “A User’s Guide for Those Who Choose Hormone Replacements,” *New York Times*, 23 June 2002, sec. M, p. 4

lengthy discussion, tried to lay out all the potential benefits and risks of hormone therapy based on what was known at the time. Her lead described researchers as “dancing around points and counterpoints” when studying estrogen, but the language in her second paragraph contained no qualifications, which, in retrospect, probably was a mistake. At the time, the only well-established medical fact was that long-term estrogen use promotes uterine cancer.²³⁹

Estrogen can promote the growth of breast cancer. But it protects against heart disease. It contributes to cancer of the lining of the uterus. But it prevents osteoporosis, the crippling bone disease. Specialists inevitably find their views of estrogen colored by their medical interests.²⁴⁰

She quoted numerous experts, among them Dr. William Rossner, an endocrinologist at St. Luke’s-Roosevelt Hospital in New York. She concluded her article without offering any definitive advice, which, considering the data at the time, probably was the responsible thing to do. Rossner told Kolata that decision-making was easy in the extreme – that a thin white woman whose mother had osteoporosis and who entered menopause at age 35 would be a better candidate for estrogen therapy than an overweight black woman who entered menopause at 50, has no family history of osteoporosis, but a strong family history of breast cancer. “Unfortunately, Dr. Rossner said, most women do not fall into the extremes. ‘It’s the gray area in the middle that’s difficult,’ he said.”²⁴¹

In August, 1989, the *LAT* and the *Post* both tried to make sense of the Swedish breast cancer study in the days following its release. The *Post*’s Sandy Rovner summarized the current confusion, and perfectly captured a generation of frustration,

²³⁹ Kolata, “Cancer Fears Throw Spotlight on Estrogen,” *New York Times*.

²⁴⁰ *Ibid.*

²⁴¹ *Ibid.*, C8.

false hopes and failed promises. The new Swedish study ``has injected a new level of confusion into an already bewildering array of conflicting studies and scientific debate,’’ she wrote.²⁴² Additionally, it has created ``a major headache’’ for physicians who must advise women ``on the basis of incomplete and sometimes contradictory information,’’ and: ``of course, it has led to confusion – and some rage and near-panic – among women...’’²⁴³

.First, back in the ‘50’s and 60’s, they told women they could be young forever. Not only no more hot flashes (true), but no wrinkles (not true). Not only no more vaginal dryness (true), but increased libido (probably not true.) Not only no heart disease (true to some extent), but no menopausal depression or irritability (forget it – those symptoms are not even menopause-related). Not only no `dowager’s hump’ (true) but boundless energy (no way).

Estrogen replacement therapy (ERT) was billed as the fountain of youth, the magic pill that would counter what was perceived as the dirty deal that Mother Nature dealt women as they matured beyond child-bearing years.

It didn’t turn out that way.²⁴⁴

Rovner went on to explain how estrogen caught on in a big way among women and their doctors; physicians prescribed it to millions of women to counter menopausal symptoms and later to protect against osteoporosis and heart disease.²⁴⁵

That was the good news. It never did do anything for wrinkles, sexual appetite, continence problems or psychological states. That was just advertising hype.²⁴⁶

True – but it was media hype too, which she failed to mention. She wrote with an undercurrent of anger. Perhaps the middle-aged Rovner was among those who had been duped. The story went on to talk in detail about breast cancer studies, and the Swedish study in particular. Like other articles at the time, it too pointed out the

²⁴² Rovner, ``Estrogen Therapy: Boon or Risk Factor?’’ *Washington Post*.

²⁴³ *Ibid.*

²⁴⁴ *Ibid.*

²⁴⁵ *Ibid.*

²⁴⁶ *Ibid.*

possible flaws in the research, and the differences between the hormones taken by Swedish women and those consumed by Americans.

The *LAT*'s Janny Scott also wrote a story that sought to further explain the Swedish results.²⁴⁷ Her tone was decidedly more neutral than Rovner's; she too pointed out the same differences. Both stories quoted Cynthia Pearson of the National Women's Health Network, a Washington D.C. based advocacy group, and Elizabeth Barrett-Connor, MD, of the University of California San Diego School of Medicine. In the *Post* story, Barrett-Connor urged women to avoid combination therapy – that is, estrogen plus progestin, which was associated with a higher risk of breast cancer than estrogen alone. In the *LAT* story, she said that the study ``certainly should alert patients, doctors and researchers that all the answers are not in. These decisions must be made with the understanding that this is potentially not a totally innocuous drug.''²⁴⁸

In 1994, the *LAT* ran an article that explored why – after doctors were pushing hormones again in the aftermath of the nurses' heart disease study – women ``weren't buying it.''²⁴⁹ The *LAT*'s Shari Roan quoted several enthusiastic physician proponents of HRT who couldn't understand why women were resisting their recommendations. Roan recognized the growing self-advocacy of women in health care issues, and their increasing willingness to challenge the advice of their doctors. She wrote:

Is hormone replacement therapy the great elixir of old age for women? More than ever doctors – backed by a groundswell of new evidence – say yes.

Several prestigious medical groups, including the American College of Physicians and the American College of Obstetricians and Gynecologists, have released position papers saying post-menopausal women should seriously consider preventive hormone therapy for its benefits in reducing osteoporosis and heart disease – the two major scourges of old age in women.

²⁴⁷ Scott, ``Weigh Hormones' Risk, Experts Say,'’ *Los Angeles Times*.

²⁴⁸ Ibid.

²⁴⁹ Roan, ``Old Age Elixer,'’ *Los Angeles Times*.

The balance of evidence has tipped so far that a group of oncologists writing in the Aug. 17 issue of the *Journal of the American Medical Assn.* called for studies in hormone therapy in breast cancer survivors – long considered prohibitive because of a possible association between estrogen and breast cancer risk.

But in a steely display of consumer independence and – possibly – distrust in medicine, many American women are still saying no to hormone therapy.²⁵⁰

Some of the physician’s quotes from her story are worth repeating in light of what researchers believe today. Susan Love, MD, a longtime opponent of hormone use, said: “There is no free lunch. You’re not going to be able to take something and not pay the price.”²⁵¹ Morris Notelovitz, MD, on the other hand, the then president of the National Menopause Foundation in Gainesville, Fla., said: “Estrogen therapy is almost like women immunizing themselves for two of the most prevalent diseases that can affect menopausal women: heart disease and osteoporosis. When we look back in time to come, the intelligent use of hormone therapy will be one of the greatest boons ever to women’s health.”²⁵²

There were numerous “weighing-the-risks” stories in the three newspapers as the WHI results approached. “Should I or shouldn’t I?” began a Jane Brody story in the *NYT* in 2000.²⁵³

It’s a question millions of women ask themselves these days, as baby boomers near or recently past menopause try to decide whether to take hormone replacement. Joining them are millions of older women, many of whom have been taking estrogen or a combination of estrogen and progestin for years and wonder if it’s wise to continue, as well as many others who wonder if it’s wise to start.²⁵⁴

²⁵⁰ Ibid.

²⁵¹ Ibid.

²⁵² Ibid.

²⁵³ Brody, “Hormone Replacement: Weighing Risks and Benefits,” *New York Times*.

²⁵⁴ Ibid.

None of the stories could provide a definitive answer for women, because none really existed. What was notable and praiseworthy about many of the articles that appeared during this time frame – roughly the 20 years that preceded the release of the WHI – was the way in which menopause was portrayed. Unlike the language seen during the previous generation, menopause was framed in terms that respected what was known medically and scientifically at the time. Even though medicalization was firmly established, and even though women could not always find the answers they sought regarding hormones, many of the articles at least made a serious attempt to deliver information about menopause that was based on medical science and ongoing research, rather than personal opinion.

Increasing Doubts

On April 18, 2002, less than three months before the release of the WHI, the *NYT* ran a front page article about a new soon-to-be-released report that “casts doubts on long-standing claims that hormone replacement can prevent or treat a variety of ills in postmenopausal women, including heart disease, Alzheimer’s disease, severe depression, urinary incontinence and broken bones caused by osteoporosis.”²⁵⁵ It was another clear indication that the tide was turning for hormone replacement therapy.

The article, written by Denise Grady, quoted Vivian W. Pinn, M.D., director of the National Institutes of Health office of research on women’s health – and one of the report’s editors – as saying that many people, including physicians, had believed in hormone replacement’s ability to prevent heart disease and stroke, and help women live

²⁵⁵ Grady, “Scientists Question Hormone Therapies for Menopause Ills,” *New York Times*, 18 April 2002, sec. A, p. 1.

longer. But, she added, ``as we're learning more from long-term studies over the past few years, all these things we've thought about the wonders of hormone replacement may not be holding up under scrutiny.''²⁵⁶

The WHI shocks the medical system

In July, when the WHI unexpectedly was halted ahead of schedule, and the preliminary results showed a slight but significant increase in the risk of breast cancer, heart attacks, blood clots and strokes, the three newspapers placed the story on page one. This was not surprising, since it was an important story and deserved prominent treatment. However, the language in the stories in describing the results was unusually strong. Okie, writing in the *Post*, for example, described the study as *landmark* and the findings *stunning*. She said the results showed that giving menopausal women hormones *does more harm than good*, had over-turned *doctors' long-held beliefs about the treatment's benefits*, and had created *new uncertainty for millions of women*. She pointed out that ``a number of recent studies have cast doubt on the value of long-term hormone therapy, but the long-awaited WHI study is the first large clinical trial to measure the treatment's impact on healthy women.''²⁵⁷

Mestel, in the *LAT*, called the WHI a *critical* clinical trial, saying it was stopped early because of the findings' *medical importance*. She also wrote that the results deal a *serious blow* to the long-term use of hormone replacement therapy as a disease prevention strategy.²⁵⁸ The story said:

The authors concluded there is no longer any rationale for taking hormones for long-term protection of the heart. Despite a wealth of epidemiological

²⁵⁶ Ibid, sec. A, p. 18.

²⁵⁷ Okie, ``Hormone Treatment is Called Harmful; Menopause Study Cites Health Risks,'' *Washington Post*, 10 July 2002, sec. A, p. 1.

²⁵⁸ Mestel, ``Risks of Hormone Therapy Stop Study,'' *Los Angeles Times*, 10 July 2002, sec. A, p. 1.

evidence suggesting such protection, this more rigorous, placebo-controlled study failed to find it.²⁵⁹

She quoted Dr. Howard Judd, one of the study's principal investigators thusly:

“This is the study we've been waiting for, for years and years. The results should have profound effects on hormone replacement – or if they don't, they should.”²⁶⁰ And she responsibly noted that “the results of the study were not entirely surprising,”²⁶¹ in light of other trials in recent years that had shown heart disease danger among women with preexisting heart problems. She also looked back:

Scientists do not know why the earlier epidemiological studies should have led them to believe that hormones confer a significant protection against heart disease.

It has been suspected for some time that women who opt to take hormones and continue to take them may be different from those who either never take them or soon drop them. They may have healthier lifestyles, are richer and have better access to health care.²⁶²

Kolata's coverage in the *NYT*²⁶³ similarly noted that “the results of the study have been long awaited since it is the first and only large one to compare the effects of hormone replacement therapy with placebos in healthy women.”²⁶⁴ Kolata's language was more restrained in tone than the other two newspapers. Unlike Okie, for example, who wrote that HRT *does more harm than good*, Kolata said that overall *the drugs' risks exceed their benefits*. The reaction quotes she chose to include reflected the shock experienced by the medical community, and an unmistakable reversal of favor for

HRT.

²⁵⁹ Ibid.

²⁶⁰ Ibid.

²⁶¹ Ibid.

²⁶² Ibid.

²⁶³ Kolata, “Study is Halted Over rise Seen in Cancer Risk,” *New York Times*, 9 July 2002, sec. A, p.

1.

²⁶⁴ Ibid.

This is a bombshell,’’ said Dr. Wulf Utian, executive director of the North American Menopause Society, a nonprofit group that has long advocated hormone replacement therapy for women with a clear reason for taking it, like hot flashes or bone loss. ``I think there is a real danger of panicking literally hundreds of thousands, if not millions, of women.²⁶⁵

She also quoted Deborah Grady, MD, head of the University of California at San Francisco/Mount Zion’s Women’s Health Clinical Research Center, who said she would urge women who were taking hormone replacement therapy to stop. ``This is a dangerous drug,’’ she quoted Dr. Grady as saying.²⁶⁶ Nannette Wenger, MD, a cardiologist at Emory University, told Kolata that only reason for taking the hormone combination was for the temporary relief of severe menopausal symptoms, adding: ``I would not tell anyone to start taking it.’’²⁶⁷

In the immediate aftermath of the study’s release, the newspapers ran sidebars and follow-up features. The Post ran a question and answer format article to try to provide women with some preliminary answers about what to do.²⁶⁸ Other stories were more dramatic, with language that continued to reflect a strong reaction to the research. *Women and their doctors are reeling*, the *LAT* said, and *doctors’ phones have been ringing off the hook with calls from worried, confused and frightened women.*²⁶⁹ ``Patients are scared. There’s an uneasiness because they don’t know what to do,’’ the paper quoted a Houston obstetrician-gynecologist.²⁷⁰

``Hormone Replacement Study A Shock to the Medical System,’’ read the headline over a *NYT* story by Kolata and Melody Peterson that ran July 10, 2002, and

²⁶⁵ Ibid., sec. A, p. 18.

²⁶⁶ Ibid.

²⁶⁷ Ibid.

²⁶⁸ Okie, ``Now, More Hormone Questions,’’ *Washington Post*, 16 July 2002, sec. F, p. 1.

²⁶⁹ Mestel, Linda Marsa, ``Hard Look at Risks of Hormones,’’ *Los Angeles Times*, 11 July 2002, sec.

A, p. 1.

²⁷⁰ Ibid.

described the timeline of hormone use – its widespread popularity following the publication of Dr. Wilson's book, the heavy promotion by drug companies, the uterine cancer studies and the stream of research that emerged over the years that only added to the confusion.²⁷¹ They wrote, of the WHI:

It was a powerful scientific counterattack to years of strong promotion of hormone replacement. There were reams of scientific papers. Many fell short of absolute rigor, but in sum they pointed mostly in one direction, that of benefit. There were compelling marketing campaigns by drug companies. There was also the eager adoption of the drug combination by doctors and women who wanted to believe it worked.

The new study was different from the rest because it involved healthy women and had a control group, with half the women taking dummy pills. In addition, it looked for evidence of disease like heart attacks and cancer rather than indirect indicators like cholesterol levels, which can be misleading.²⁷²

Similarly, a July 14, 2002, piece written by the *LAT*'s Mestel, with a lead that declared "For many women, it felt like a slap in the face,"²⁷³ also tried to explain why science could have been so wrong for so long about hormones. First, she noted that new drugs were not tested as rigorously in the 1930s, when the therapy was first introduced. Then she added, summing up the situation very well:

Economics and sociology played their parts too. Pharmaceutical companies poured millions of dollars into marketing a product that could be used by tens of millions of women, who were receptive to a chemical that could relieve the distressing symptoms of menopause and perhaps help them ward off old age.

But a front-and-center player was the subtlety of the truths that science was trying to unearth and the very limitations of that science. For more than seven decades, scientists conducted thousands of studies to try to tease out what the hormones did – good and bad – to women's bodies. They accrued a wealth of information but were never able to mount a study big enough, long enough and controlled enough to find the truth.

²⁷¹ Kolata, Melody Petersen, "Hormone Replacement Study a Shock to the Medical System," *New York Times*, 10 July 2002, sec. A, p. 1.

²⁷² *Ibid.*, sec. A, p. 16.

²⁷³ Mestel, "Shift in Hormone Science Leaves Women in Lurch," *Los Angeles Times*, 14 July 2002, sec. A, p. 15.

The truth, as it turned out, amounted to eight extra cases of breast cancer, seven heart attacks, eight strokes and 18 more cases of blood clots each year per 10,000 women.

It is a subtle effect indeed, but enough to have upset the balance of risks and benefits that women have weighed for so many years.’’²⁷⁴

During the late 1980s and 1990s – when doubts were emerging about the safety of hormone therapy – the women’s movement was starting to pull menopause out of the ‘‘closet,’’ where it had been for a century – and the media were writing about it. Women finally were talking about menopause – and some said it was no big deal. Research backed them up.

In 1988 the *LAT*’s Elizabeth Mehren in a piece entitled ‘‘New Study Downplays the Effects of Menopause,’’²⁷⁵ quoted epidemiologist Sonja M. McKinlay, whose research found that ‘‘menopause is a small ripple in a woman’s life.’’²⁷⁶ McKinlay told the reporter that menopause ‘‘has been erroneously described as the cause of all the health problems of (midlife) women. For the majority of women [menopause] is not the major negative event it has been typified as. That is basic mythology.’’²⁷⁷ Jane Gross, writing in the *NYT* about a flood of new clinics, books, and workshops about menopause, declared: ‘‘As the baby boom generation approaches menopause, the once-taboo topic is provoking frank talk among women accustomed to raising their voices and getting their way,’’²⁷⁸ Furthermore, Sherry Angel wrote in the *LAT* on October 7, 1992, that menopause, ‘‘once a mysterious part of the female cycle that was seldom discussed among women and never mentioned in mixed company – is

²⁷⁴ Ibid.

²⁷⁵ Elizabeth Mehren, ‘‘New Study Downplays the Effects of Menopause,’’ *Los Angeles Times*, 14 June 1988, sec. 5, p. 1.

²⁷⁶ Ibid.

²⁷⁷ Ibid.

²⁷⁸ Jane Gross, ‘‘Menopause: The New Awareness,’’ *New York Times*, 17 May, 1992, sec. A p. 1.

becoming one of the buzzwords of the '90s, a hot topic for how-to books, TV talk shows and group therapy sessions."²⁷⁹

²⁷⁹ Sherry Angel, "A Change in Attitude About Menopause," *Los Angeles Times*, 7 October, 1992, sec. E, p. 1.

CHAPTER 9: THE WOMEN'S MAGAZINES – M IS FOR

MIDDLE AGE

Positive attitudes toward aging

Several trends emerged in the study of magazine content during the years from the early 1900s, when the women's magazines first raised the subject of middle age, through the 1960s. They virtually ignored the topic of menopause, while extolling the glories of middle age. This positive attitude toward aging was a product of an affirmative public response to the participation of aging women as members and leaders of voluntary and reform organizations.¹ Banner wrote that "These women displayed a vigor which both reflected the idea about superior postmenopausal performance and contributed to its genesis."² Progressive reform women and feminist leaders, such as Elizabeth Cady Stanton, Susan B. Anthony and Frances Willard remained active campaigners until they were well into their sixties.³ Jane Addams was 52 and still active at Hull House when she seconded Theodore Roosevelt's nomination as the Progressive Party presidential candidate in 1912.⁴ Julia Lathrop became head of the Children's Bureau that same year, at 54.⁵ Frances Perkins became Franklin Roosevelt's secretary of labor in 1933, when she was 52, and First Lady Eleanor Roosevelt's continued reform activities throughout her middle and later years were well documented.⁶

¹ Banner, *In Full Flower*, 282.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

The women's magazines in this study treated menopause separately from middle age or they simply decided that the subject was too distasteful to discuss within their pages. This is an interesting contradiction, as menopause is an inevitable consequence of aging. The magazines' avoidance likely was a reflection of the time, when public discussion of women's sexuality and reproductive functions was discouraged, and, in some cases, even punishable by law. A series of measures passed in the 1860s and '70's, known as the Comstock Laws, made it illegal to send "obscene, lewd, or lascivious" books, pamphlets, pictures, papers or other publications of an "indecent character" through the mail, a statute that was interpreted to include literature on birth control and also might have been extended to include menopause. The laws also covered abortion, banning from the mails any drug, medicine or article for abortion, as well as for contraceptive purposes. It forbade the advertisement of such items through the U.S. mail, and outlawed their manufacture or sale in the District of Columbia and the federal territories.⁷

At the same time, some of the magazines were cheerleaders for women's rights; as early as 1913, *Good Housekeeping (GH)*, for example, began running articles promoting women's suffrage, which featured middle-aged women who were leaders in the fight to win the vote.⁸ In the years immediately after passage of the Nineteenth Amendment, occasional articles lauded women's independence and defended the right of women to work. Yet, as Betty Friedan pointed out in *The Feminine Mystique*, a curious dichotomy existed among the major women's magazines during the twentieth

⁷ Smith-Rosenberg, *Disorderly Conduct*, 222.

⁸ Mabel Potter Daggett, "The New Chapter in Woman's Progress," *Good Housekeeping*, February 1913, 148.

century.⁹ In the 1930s and 1940s, the mass circulation magazines ran hundreds of articles about the “world outside the home,” but by the 1950s carried virtually no articles except those “that serviced women as housewives, or described women as housewives...”¹⁰ and concentrated on issues revolving around homemaking, raising their children and keeping their men happy. Moreover, she noted that even articles about successful women tended to focus on their domestic side, rather than on their cerebral accomplishments.¹¹

Chafe described this change within the women’s magazines as actually occurring somewhat earlier, during the late 1920s. A 1930 *Ladies Home Journal* editorial, he wrote, declared that women’s watchword was about to change from “smartness” – which it had been for the previous decade – to “charm.”¹² Women’s magazines began to urge a return to femininity, and constructed an ideology to support home and marriage. Homemaking, *LHJ* proclaimed in 1929, “is today an adventure – an education in color, in mechanics, in chemistry.”¹³ *McCall’s* claimed that no other job was so universally appealing, writing: “It exercises an even more profound influence on human destiny than the heroism of war or the prosperity of peace.”¹⁴ Both magazines urged women to think of homemaking as a profession, and to take advantage of labor saving devices. With the help of such devices, “a wife could devote herself to the more important job of creating happiness for her family.”¹⁵ To be sure, it was not surprising that *LHJ* and *McCall’s* would embrace such a stance; their readers, after all,

⁹ Betty Friedan, *The Feminine Mystique, tenth anniversary edition*, (New York: W.W. Norton & Company Inc., 1974), 33-68.

¹⁰ *Ibid.*, 51-52.

¹¹ *Ibid.*, 53.

¹² Chafe, *The American Woman*, 104.

¹³ *Ibid.*, 105.

¹⁴ *Ibid.*

¹⁵ *Ibid.*

all were women, and most, at the time, were housewives – but “the ideology presented in such journals helped to bolster prevailing opinion.”¹⁶

Try to Age Gracefully

The magazine articles about middle age implicitly acknowledged women’s anxieties about aging, but urged women to accept – and not fight – the inevitable. Many of the articles stressed attributes beyond the physical, sending some of the same messages about the value of older women that today have once again become the hallmark of the modern women’s movement. In 1913, for example, *GH* promoted “The Joy of Being Fifty,”¹⁷ saying that efforts to delay aging were self-destructive and counter-productive.

Everywhere, we see women growing old before their time by trying to keep young, for the pursuit of youth is a strenuous undertaking, made up of bitter self sacrifices and hard work and a mental concentration on one subject that is bound to tell on even the most robust physique.¹⁸

The article also insisted that trying to stay young for one’s husband was a fruitless endeavor.

Why cannot these poor, silly geese realize that by the time a man has been married to a woman for thirty years he either loves her for something a thousand fold better than a peaches and cream complexion and a lissome form, or else he doesn’t love her at all? If a man’s affection is a matter of his wife’s possessing mere physical beauty, no living woman of fifty can hold a candle to the least pulchritudinous girl in the back row of the chorus and she might as well save herself the wear and tear on her constitution by trying to rival the natural beauty of youth with the handmade beauty of age.¹⁹

¹⁶ Ibid., 107.

¹⁷ Elizabeth M. Gilmer, “The Joy of Being Fifty,” *Good Housekeeping*, April 1913, 535-538.

¹⁸ Ibid, 535.

¹⁹ Ibid, 537-538

Similarly, *LHJ* began its own campaign for tackling middle age with a positive but realistic outlook.²⁰

Growing old is a curious mixture of the physical and mental. Because this is so, the best two rules for meeting it in the right way are as paradoxical as possible. The first is: Don't let yourself feel old. Get the right mental slant and realize that your mental attitude toward life is one of the biggest factors in either staying and looking young, or in getting old much before your time. The second is: Understand that the years do bring certain changes in your inner as well as your outer physical makeup and ward these off by a sane and not too intensive care of your body.²¹

The author of this 1927 article, Dr. S. Josephine Baker, was a pioneering woman in the health field. She was the first woman to earn a doctorate in public health from New York University and Bellevue Hospital Medical College (later the New York University School of Medicine). Also, she was the first director of the New York City Bureau of Child Hygiene, the first such bureau in the country.²² Thus, her advice had weight and credibility. She urged women approaching 40 to hold back rather than push on, meaning that moderation in all areas of their lives was better than indulging to excess. She wrote: "There is no other time of life where the slogan of 'too little rather than too much' holds more of truth."²³ Her wisdom was sound, and consistent with standards of today. She wrote:

If it is fat that is bothering you, the only right way to banish it is by exercise, fresh air, and attention to your diet. The drugs that lure you with the hope of an effortless attainments of this end are always dangerous...the fresh air that you need will be furnished in a sufficient supply if you are following out the proper scheme of exercise. The diet is another matter, but no less important...we cannot, with safety, load our bodies with rich and heavy food unless we burn up this fuel with physical exertion and fresh air.²⁴

²⁰ S. Josephine Baker, "Facing the Forties," *Ladies Home Journal*, May 1927, 209.

²¹ Ibid.

²² Changing the Face of Medicine website accessed May 2005 at URL http://www.nlm.nih.gov/changingthefaceofmedicine/physicians/biography_19.html

²³ Baker, 209.

²⁴ Ibid., 215.

Throughout the 1930s and 1940s *Good Housekeeping* and the *Ladies Home Journal* ran numerous upbeat articles about middle age, encouraging women to embrace and enjoy this time in their lives. Middle-aged women were clearly held in high regard; there were no negative portrayals of mid-life women, and many were lauded for their impressive credentials and accomplishments. Starting in March 1931, for example, *GH*'s readers and a jury of "five eminent men" selected their choices for America's 12 "greatest women,"²⁵ all of them in or beyond mid-life. Among them were Jane Addams, then 71, and Willa Cather, Grace Coolidge, and Helen Keller, all of whom were in their fifties when the series of articles was published. The subject of menopause may have been ignored, but mid-life and older women were glorified: the clear message was that aging brought accomplishment and achievement.

Both *GH* and *LHJ* offered tips about how to deal with aging in constructive ways, for example, with exercise, cosmetics, massages and a positive attitude. In doing so, however, they continued to validate women's fears about getting older.²⁶

To be brutally frank, you'll have to stop asking yourself, when you meet an attractive man, 'does he want to kiss me?' Rather, you'll say, 'is he becoming interested in me?' And to make a man interest himself in you when you are forty, you will have to work much harder than you did at twenty, when kisses were a nickel a dozen. The women who live full lives after they cross the four-decade line are the ones who cultivate their minds and stand for something besides the eternal feminine.²⁷

The only discussion of menopause that could be found in the three magazines between the end of the nineteenth century and the beginning of the 1960s occurred in

²⁵ The Complete Roster of America's Greatest Women," *Good Housekeeping*, March 1931, 17.

²⁶ Rae Norden Sander, "Frankly Forty," *Ladies Home Journal*, April 1940, 29.

²⁷ Ibid.

1946. *LHJ* acknowledged the popular negative assumptions about menopause and, at the same time, encouraged women to challenge them.²⁸

This change...is an episode that may touch women of any age and be a source of much anxiety. Yet the change of life is not to be feared. Although the menopause—or climacteric, as doctors call it—should herald a new and fuller existence, its significance is so generally misunderstood that this perfectly normal period is dreaded by most as an era of discomfort, frustration—indeed, the end of useful living. Since a fearful expectancy of the menopause—entirely unwarranted—can spoil the years of its approach and magnify the severity of symptoms when it arrives, every woman should know the true meaning of this change in her life; and knowing it, have no more fear. She will then anticipate a different but no less happy and comfortable future.²⁹

The promise of hormones

However, presaging what was to come in the mid-1960s, this same article also raised the real possibility that replacement hormones (at the time in very limited use) could provide significant relief and that women need no longer worry about menopause. This may have represented the first stirrings of the “medicalization” of menopause in the women’s periodicals. Synthetic estrogen was manufactured during this time, and was slowly growing in popularity as many male physicians, including Dr. Wilson, began speaking publicly about their potential value for menopausal women. The estrogen craze began in earnest after the publication of *Feminine Forever* in 1966. Women’s magazines were quick to jump on the estrogen bandwagon and stayed there until the 1970s when the drug was linked to the development of uterine cancer.³⁰ All three women’s magazines apparently began writing about menopause because of estrogen’s growing popularity. Drug companies were eager to market the hormone and physicians were equally quick to prescribe it. Suddenly, menopause became an

²⁸ James Scott, “You Need Not Fear the Menopause,” *Ladies Home Journal*, March 1946, 33.

²⁹ Ibid.

³⁰ Ziel, Finkle, 1975.

acceptable subject for magazine readers. The magazines did not hesitate to tout the joys of estrogen (later to be given in combination with progesterone) as the path to prolonging youth, ensuring a cheerful nature, and eliminating uncomfortable hot flashes. Until the safety of estrogen was questioned, the magazines continued with their largely upbeat messages.

Implicit within them, however, were continuing negative associations with menopause itself. The only difference was that there was finally a “cure” available. Most of the magazine articles, for example, framed menopause as a distasteful disease, rather than as a natural passage in a woman’s life. They portrayed hormones as a way to turn back the clock, unlike magazine articles in the earlier part of the twentieth century, which urged women to accept aging with grace and patience. “It is perfectly natural for women to wish to slow up the aging process and to remain more attractive,” were the opening lines in a 1965 *LHJ* article³¹ about hormones. “They don’t hesitate to use contact lenses for failing eyesight, color rinses for drab-looking hair or caps for their teeth.”³²

The notion that the “cure” may be worse than the “disease” was rarely, if ever, considered. Moreover, male physicians, while not unsympathetic, appeared as patronizing figures, lamenting the physical deterioration suffered by women who age – without any recognition that men too are subject to physical deterioration as they age. Men, however, do not experience the same obvious demarcation as women. It seemed obvious that society’s cultural values as reflected in the magazines placed more importance on what physically happened to women during mid-life than to men.

³¹ Sherwin A. Kaufman, “The Truth about Female Hormones,” *Ladies Home Journal*, January 1965, 22.

³² Ibid.

Regardless, the availability of hormones seemed the perfect antidote to this process in women, according to numerous articles during the 1960s in the women's magazines. The articles often used physicians – mostly male – as their primary sources, reinforcing the mystique and power of the then patriarchal medical establishment. In October, 1965, for example, *McCall's* ran a book excerpt from *ERT: the Pills to Keep Women Young*, by Ann Walsh. The article was largely an interview in Q & A format with eight physicians (all male) about the use of estrogen by menopausal women.³³

The interviews were prefaced by a statement from a male physician representing the American College of Obstetricians and Gynecologists, and by an introduction with personal comments from the author herself. Many of the interview questions involved medical issues, but there was one overriding point of view consistently expressed by the doctors: that the cessation of the production of natural estrogen led to aging, and that estrogen replacement appeared to reverse the process. The physicians emphasized that estrogen was important for many things, including bone development, liver metabolism, the prevention of changes in skin tissue, and even the prevention of heart and blood vessel diseases. But they also stressed that estrogen could end the unattractive physical and mental side effects of menopause.³⁴

The physicians did not hesitate to describe the before and after physical effects of estrogen use.

I see these little old women walking along the street with the dowager's hump and the sagging jowls and the flabby musculature: all indications of a lack of estrogen," Robert Kistner, MD, of the department of obstetrics and gynecology of the Harvard Medical School was quoted as saying: "Also, estrogens produce a change in the deposition of fat in and around the abdomen, buttocks and in the upper thighs. I don't mean to say that the woman who has sagging breasts is

³³ Ann Walsh, "Pills to Keep Women Young," *McCall's*, October 1965, 166.

³⁴ Ibid.

going to have protuberant ones after estrogen therapy. But I have seen many patients who have noted a rather marked enlargement of the breasts when they were put on estrogens. I think this is a good therapy, not only for the body and specific metabolic processes, but also for the psyche—the way women feel about life and about living.³⁵

Philip Henneman, MD, then of Seton Hall College of Medicine, noted the mood altering effects of menopause: “Often when one asks a menopausal woman if she weeps, her eyes fill up with tears even before she replies,” he said.³⁶

Clearly, once the women’s magazines began discussing menopause routinely during the 1960s, they approached the subject from the “affliction and cure” perspective. Thus, even when articles sought to challenge the negative images associated with menopause by writing about the “cure,” they nevertheless sustained them. By the 1970s, medical researchers had discovered the connection between estrogen use and the risk of endometrial cancer, and women’s magazines devoted most of their coverage of hormones to this new development. Many of their articles during this time period discussed the relative risks and benefits of using estrogen. After scientists had shown that combining estrogen with progesterone virtually eliminated the risk, hormones returned to popularity.

Forget about aging gracefully: don’t age at all

Women’s magazines in the 1960s and beyond no longer isolated menopause from middle age in an obvious way. A search of “middle age” in the three magazines during the 1960s, 1970s, 1980s and 1990s found articles that dealt with middle age to be very different in tone from those of the earlier part of the century. The earlier message to women in articles was: it is okay to feel comfortable with your age. Articles

³⁵ Ibid.

³⁶ Ibid.

in the 1960s, however, urged women to turn back the clock with hormones to sustain their femininity, a tone consistent with, as Friedan put it, a woman's world ``confined to her own body and beauty, the charming of a man, the bearing of babies and the physical care and serving of husband, children and home.''³⁷

Be bold, be defiant

Articles in the 1970s and later, however, apparently influenced by the latest wave of feminism, reflected its messages to older women: be bold, even defiant. August 1970 marked the creation of the Gray Panthers, an activist group of older Americans – founded by Maggie Kuhn when she was 65 – seeking attention for the common problems faced by retirees, including loss of income, loss of contact with associates, and loss of jobs. They spoke out in behalf of numerous issues affecting their generation, as well as society as a whole, for example, their collective opposition to the Vietnam War, and respect for the aging. Magazine articles in the selected women's publications appeared that proclaimed the positive aspects of menopause, and declared that it was finally acceptable – desirable, in fact – to talk about the subject publicly, that doing so removed its stigma and turned menopause into a manageable condition that wasn't as bad as previous generations of women had believed. Women also were encouraged to talk back to their doctors, ask questions, and not be timid about challenging what they were told. The magazines urged women to not automatically accept what their doctors recommended and assured women that middle age and menopause did not mean an end to their sex lives. *LHJ*, for example, boasted of the pleasures of sex after the age of 40.³⁸ The authors wrote: "...there is no time limit to

³⁷ Friedan, *The Feminine Mystique*, 36.

³⁸ Sondra Gomey and Claire Cox, "Sex After 40," *Ladies Home Journal*, March 1973. 89.

female sexuality’’ for a postmenopausal woman and predicted that “in seeking fresh outlets for her energy, her interest in sexual activity may be heightened.”³⁹ They further said that many women hold “the mistaken notion that menopause is a punctuation mark ending femininity and sexuality. All the ‘change’ means is the end of reproductive years; it certainly does not signal the end of the enjoyment of sex.”⁴⁰ *McCall’s* celebrated middle age “for what it honestly and actually possesses. In the first place, power. We can act instead of wishing, and when we do, things happen”⁴¹ and drew a stark comparison with the past:

For women, today’s world offers a special bonus to the middle-aged. As women, we have been granted a freedom of choice that our grandmothers and mothers never knew. In the past, when women married, the pattern of their lives was set and their status determined by their husband’s abilities – or lack of them. They had made their beds and, from that point on, had only to go on making them. They could lose their husbands, their children, their looks, and their money. Then they learned to endure, grind on, and survive. But very seldom did women have a positive choice to make or a second chance to enlarge their lives in their thirties, forties, and fifties.

For women today, the world of the middle-aged includes the opportunity to succeed in a variety of trades and professions. It’s rare that such success benefits only the woman. Her increased experience and self-confidence also enrich her family and introduce her children to a world beyond the home.⁴²

A year later, *McCall’s* noted that the women’s movement also had inspired women on the other side of the demarcation line.⁴³ The magazine described how these women had begun to “build their own feminist movement,” adding that “many older women seem determined to be heard, and their voices may just be getting stronger and

³⁹ Ibid, 89.

⁴⁰ Ibid, 132.

⁴¹ Elizabeth Janeway, “In Praise of Middle Age,” *McCall’s* October 1971, 112.

⁴² Ibid, 174.

⁴³ “Older Women Seek Their Own Liberation,” *McCall’s*, September 1972, 30.

stronger.’’⁴⁴ Michael Drury (a woman) wrote in *LHJ* that middle age brings a new kind of freedom that is ‘‘a little staggering but pleasant.’’⁴⁵ and continued the upbeat messages about aging. At the same time, however, she introduced a disturbing new theme – that of putting down younger women. It wasn’t enough anymore to glorify middle age; women were also encouraged to laud it over their younger counterparts. Was this a new level of denial, or an overreaction to past portrayals? While baby boomers were approaching thirty – an age for which they had earlier declared their distrust – their mothers were celebrating middle age and their newly identified liberation – and making sure their children knew about it.

It seems to me in middle age I’m made of quite new stuff, as if I had exchanged my bones and sinews for some other substance, like the butterfly who sloughs off his caterpillar beginnings. Far from merely making up for depredation, this expanded self is so dazzling that one is inclined to beg young people’s pardon for being rich while they are still poor.⁴⁶

Similarly, another *LHJ* piece applauded middle age, ‘‘now often referred to with the more positive term ‘mid-life’’’⁴⁷ and denigrated youth with photo captions describing the various stages of a woman’s life. The language was quite unambiguous: ‘‘28 and frantic’’⁴⁸ ‘‘38 and frazzled,’’⁴⁹ and ‘‘48 and fantastic’’⁵⁰ and described the latter period in a woman’s life as one of ‘‘renewal and enhanced self-esteem,’’ adding: ‘‘That’s not to say that the renowned mid-life crisis has disappeared, but there’s the

⁴⁴ Ibid.

⁴⁵ Michael Drury, ‘‘This Glorious Feeling! Could It Be Middle Age?’’ *Ladies Home Journal*, May 1971, 86.

⁴⁶ Ibid.

⁴⁷ Nancy J. White, ‘‘Good News for Women, Now it’s Terrific to Be Over 40,’’ *Ladies Home Journal*, June 1982, 88.

⁴⁸ Ibid.

⁴⁹ Ibid., 89.

⁵⁰ Ibid..

growing sense that a person has something more to look forward to than Granny's rocker."⁵¹

The messages weren't all rosy, however. In 1981, *LHJ* returned to reality and acknowledged that middle age does have its downside – and even used the term “crisis” to describe it.⁵²

Although women of the baby-boom generation have more opportunities than ever before to shape their own lives and to find personal fulfillment, they also have never had so many chances to make *wrong* choices – and, hence, to be discontent. It's this very burden of choice that sparks women's midlife crisis, whether it comes at age thirty-five or fifty-five.⁵³

Praising Middle Age Yet Again

Interestingly, a *GH* column in the 1970s delivered much the same message as another of its writers had 60 years earlier – before hormones – that women should accept the aging process gracefully and not try to be something they are not.⁵⁴

...Eventually, the years must tell, and a woman who tries to look 20 years younger ends up merely pathetic or ridiculous. The truly fascinating older women are never those who ape the younger generation, but those who accept their age, carrying themselves with pride and that air of mystery and wisdom that only maturity can provide.⁵⁵

A 1981 *LHJ* article reminiscent of the *GH* series a half century earlier, paid tribute to the most visible accomplished middle aged women of the time, including actresses/performers as Shirley MacLaine, then 47; Rita Moreno, then 49; Ali

⁵¹ Ibid, 88.

⁵² “Women and the New Midlife Crisis,” *Ladies' Home Journal*, August 1987, 89.

⁵³ Ibid, 153.

⁵⁴ Brothers, Joyce “Fear of Approaching Middle Age,” *Good Housekeeping*, April 1972, 58.

⁵⁵ Ibid, 60.

MacGraw, then 42; Sophia Loren, then 47; and television newswoman Barbara Walters, then 50.⁵⁶ The caption under their photographs read, in part:

It doesn't take more than a quick glance to see that these five women (whom we all admire today) are truly at the prime of life – confident about their style, trim and physically fit, fulfilled by what they do, looking more radiant than ever at middle age...⁵⁷

Laughing to keep from crying

One surprising (and offensive) departure from the women's magazines' burgeoning feminist perspective came with a 1977 *McCall's* parody that used limericks and unflattering drawings to exaggerate many of the negative stereotypes associated with middle age, including gray hair and weight gain.⁵⁸ It also emphasized the different societal values regarding both men and women, and suggested that denial – regardless of age – was the order of the day. Presumably this was supposed to be funny.

Gray Matter

When hair starts to gray at the forehead,
A man tends to feel *distingué*
But a woman believes she looks horrid
And will to her dyeing day.⁵⁹

Statistic

Middle age is very difficult to chart
Since no one is quite sure when it should start
But a simple calculation gets
The figure down pat
It begins a decade later than
Wherever you're at.⁶⁰

⁵⁶ Middle Aged Marvels, *Ladies' Home Journal*, November 1981, 32.

⁵⁷ Ibid.

⁵⁸ Felicia Lamport, "A Middle-Aged Spread," *McCall's*, November 1977, 216

⁵⁹ Ibid.

⁶⁰ Ibid.

The Positive Side of Menopause

At the same time, the three magazines began to try to debunk the portrayal of menopause as the scourge of middle-aged women. Cole wrote in a *McCall's* column entitled ``The Positive Side of Menopause: ``Many women dread menopause as a time of life that will bring decreased vitality, physical discomfort, and loss of sexuality. According to psychologists and to women who have been through menopause, however, these expectations are more myth than reality.’’⁶¹ Furthermore:

Another common concern of premenopausal women is that their sexuality will be lost. However, according to surveys conducted by New York psychologists Bernard Starr and Marcella Bakur Weiner, many women remain sexually interested and active into their 80s, and many enjoy sex after menopause as much as or more than, they did when they were younger.

Psychotherapist Florence Perkill Hoffman says that any woman who has coped with other cycles in her life – menstruation, pregnancy, childbirth – can expect to pass through menopause with minimal, if any, physical or emotional discomfort.

There is no evidence, she says, to suggest that menopause negatively affects a woman’s sexuality or energy level, nor does it bring on depression or personality changes. However, it does come at a time when many other things in a woman’s life may be changing: children leaving home, parents becoming dependent, a husband making the transition from work to retirement. Feelings of anxiety may arise, but they are more likely caused by these factors than by physical changes brought on by menopause.⁶²

In trying to put down the myths, however, the magazines continued to reveal how deeply ingrained the stereotypes had become. A decade later, *McCall's*, still campaigning for a more positive image of menopause, wrote:

We’re finally learning to say the M-word out loud. Not marriage – that’s been back in style for a while. Not midlife – that’s become positively fashionable. Menopause.

In a world that’s gotten so frank about everything from sex to childbirth, women have been surprisingly silent about menopause. Think about the friends and relatives you’re closest to – the ones clearly old enough to have

⁶¹ Evelyn Cole, ``The Positive Side of Menopause, ‘‘*McCall's*, September 1981, 39.

⁶² Ibid.

been through it. How many of them, women with whom you've shared all kinds of secrets, yours and theirs, even mentioned menopause?

Now all of a sudden everyone's talking about it. Books and self-help groups abound, and more than 50 specialized menopause clinics have opened – the majority in the last three to five years. In 1990 the federal government funded its first major study on menopause...even Clair Huxtable reached menopause last fall on *The Cosby Show*.⁶³

GH continued up the drumbeat. In June 1997, the magazine ran "Learning to Love Menopause," in which "real women share their intimate stories."⁶⁴ Some of the discussion focused on the impact of menopause on working women of the baby boom generation – a theme that had largely been absent in the past, when many women did not work outside the home.

Social changes wrought by the baby boom and the women's movement make menopause even more complicated. A generation ago, far fewer women had to worry about how symptoms would affect their careers. Now, some working women joke with their colleagues about hot flashes while others, wary of the stereotype of a woman at the mercy of her hormones, say nothing. And the boomer propensity to postpone parenthood means that though some women in perimenopause are adjusting to an empty nest, others are still attending elementary school PTA meetings or even sitting beside the sandbox.⁶⁵

At the same time, from the late 1970s and beyond, indeed until the 2002 release of the WHI, all three women's magazines focused on menopause in the context of hormones and their mostly beneficial impact. By then – except for a few blips of resistance – the medicalization of menopause appeared to be complete. To the magazines' credit, many of the articles during this latter time were straight, fact-based (at least based on facts that were known at the time) non-judgmental discussions that tried to answer the major questions women had about the pros and cons of using

⁶³ Julia Kagan, and Jo David, "The Facts of Life, What Every Woman Over 35 Needs to Know about Her Body," *McCall's*, June 1991, 60-71.

⁶⁴ Span, Paula "Learning to Love Menopause," *Good Housekeeping*, June 1997, 81-83.

⁶⁵ *Ibid*, 81.

hormones. Many of the articles relied on physicians as their primary sources of information; some tried to soften menopause's negative images. *McCall's*, late to write about menopause initially, made up for it during the 1980s and 1990s. The *McCall's* articles included: "Estrogen: The Rewards and the Risks,"⁶⁶ written in the aftermath of studies that tied estrogen to uterine cancer; "Estrogen Therapy at Menopause: Weighing the Risks;"⁶⁷ "A New Look at Menopause;"⁶⁸ "Menopause, A Complete Medical Report"⁶⁹ a multi-page discussion of every aspect of menopause; "Hormone Replacement Therapy: Is it for You?;"⁷⁰ "The Estrogen Debate;"⁷¹ the already described "What Every Woman over 35 Needs to Know about Her Body;"⁷² "Estrogen: Deciding if it's right for You;"⁷³ "The Secret to Midlife;"⁷⁴ "Five Simple Ways to Ease Menopausal Symptoms,"⁷⁵ and "Should You Take Estrogen?"⁷⁶

No fountain of youth – but still beneficial

In many of these pieces, the magazines began to question the long-held belief that hormones were anti-aging wonders, although their messages were still decidedly in favor of the drugs. They had shifted, however, away from the idea that hormones would keep women young and instead embraced the belief that hormones would keep women

⁶⁶ Paul Weideger, Paul "Estrogen: the Rewards and the Risks," *McCall's*, March 1977, 74-79.

⁶⁷ William A. Nolan, "Estrogen Therapy at Menopause: Weighing the Risks," *McCall's*, May 1981, 59-60.

⁶⁸ Mary Accamo, "A New Look at Menopause, Ask the Specialist," *McCall's*, January 1986, 56.

⁶⁹ Pat Phillips, "Menopause: A Complete Medical Report," *McCall's*, November 1987, 89-95.

⁷⁰ Susan Mahler, "Hormone Replacement Therapy: Is it for You?" *McCall's*, October 1989, 149.

⁷¹ Jane Shiyen Chou and Wendy Murphy, "The Estrogen Debate," *McCall's*, October 1990, 157-158.

⁷² Kagan, David, 1991.

⁷³ Renee Asher, "Estrogen: Deciding if it's right for You," *McCall's*, February 1992, 28.

⁷⁴ Elizabeth Austin, "The Secret to Midlife," *McCall's*, May 1994, 58.

⁷⁵ "Five Simple Ways to Ease Menopausal Symptoms," *McCall's*, July 1995, 42.

⁷⁶ Deborah Kotz, "Should You Take Estrogen?" *McCall's*, February 1997, 64-66

healthy. One example: a news-you-can-use type column in *GH*, which appeared in a monthly section known as “The Better Way,” devoted a discussion to the “anti-aging” estrogen patch for women.⁷⁷ The headline reinforced the notion of estrogen as youth prolonging, but at least one section of the piece attempted to put this notion into perspective. It quoted Dr. Peter G. Hickox, at the time co-director of the Menopausal Studies Center at Baylor School of Medicine in Houston, Texas:

Youth elixir? Doctors dislike comparing HRT to the fountain of youth. Dr. Hickox emphasizes that it is not a miracle cure, saying, “HRT can’t restore a 60-year-old body to that of a 40 year old.” But by maintaining bone-mass levels, and eliminating physical discomforts as well as the mental anxieties that occur during menopause, HRT helps women be the best they can be. So it’s no wonder that many credit HRT for dissolving the myth that health and femininity decline with age.⁷⁸

Nevertheless, the magazines continued to accept without challenge (and promoted) the purported benefits of HRT, chief among them that hormones reduced the risk of heart disease and stroke, prevented osteoporosis (bone loss) and seemed to protect against colorectal cancer and Alzheimer’s disease. To be sure, the magazines did raise the breast cancer connection, although the tone remained reassuring. During this time (the mid 1980s to the early 1990s) most of the medical community still subscribed to the notion that the health benefits of hormones vastly outweighed any possible risks; most media accepted this, and essentially continued to send the message that most women were likely better off taking hormones than not taking them. Additionally, reports about the breast cancer risk often were contradictory at the time;

⁷⁷ Steffi Fields, “The Anti-Aging Patch for Women,” *The Better Way*, *Good Housekeeping*, February 1989, 163.

⁷⁸ *Ibid.*

some studies indicated a risk, others did not. When such conflicting results occur, health experts typically regard the risk as small. One *GH* article in Q & A format – a style increasingly in use during this time to convey HRT information – dismissed the risk as minimal, unless a woman already had an existing cancer.⁷⁹ The article warned that hormones appear to increase the danger of stimulating cancer growth when a woman already has a developing tumor, but also stressed that they did not seem to heighten the risk of developing breast cancer among women with normal breast tissue.

Yet a dozen years later, after additional studies once again raised the breast cancer association, *GH* provided its readers with these statistics and, without interpretation, left it to them to decide whether the risk was worth it.⁸⁰

The longer you take estrogen, the higher your breast cancer risk becomes. After 5 years of taking ERT, it rises by 30 percent. What that means: Your lifetime risk rises from 12 percent, or 1 in 8, to 1.3 in 8. After 10 years of taking ERT, it climbs by 50 percent, up to 1.5 in 8.⁸¹

Anti-medicalization

Some anti-medicalization sentiment began to surface during the late 1990s. Susan Love, MD, a physician and well-known critic of hormones, took on menopause and HRT in a *GH* article in 1997.⁸² In it, she discussed alternatives to hormones, and attacked the medicalization trend. Hers was one of the rare voices to challenge the widespread assumption that HRT reduced the risk of heart disease and osteoporosis; she pointed out that the scientific evidence was scarce and not well founded.

⁷⁹ “How Safe is Estrogen?” *Good Housekeeping*, January 1986, 191.

⁸⁰ Lisa Collier Cool, “The New Menopause Drugs,” *Good Housekeeping*, September 1998, 62.

⁸¹ *Ibid.*

⁸² Susan Love, “Estrogen Therapy, Should You or Shouldn’t You?” *Good Housekeeping*, February 1997, 98 – 101.

Moreover, she got to the heart of the language problem with the term hormone replacement therapy, clearly understanding the power and the influence of framing, and how word choice can have an impact on societal beliefs and behavior.

There has been such a strong tendency in our culture to see menopause as a disease that women are often startled to learn that, in fact, there are no well-defined treatments. That's because menopause isn't a disease – it's a natural stage in a woman's life. It often carries with it symptoms that range from mildly annoying to debilitating; coming as it does in midlife, it coincides with other signs of aging. Menopause is not `the' change, but `a' change – and your body is in flux for a few years. What's more, although various studies have suggested a possible link between hormone therapy and lower risk of heart disease and osteoporosis, we still don't have any solid scientific evidence that taking hormones prevents these conditions.

To discourage people from thinking of menopause as a disease, I refuse to use the popular phrase `hormone replacement therapy.' I refer to treatment with estrogen and/or progesterone as `menopausal hormone therapy,' or just `hormone therapy.' Because menopause is a natural stage, you're not replacing `lost' hormones any more than you're replacing something when you take aspirin for a headache.⁸³

The three women's magazines apparently backed away from the subject of hormones and menopause in the late 1990s and into the beginning of the next century, although (looking at the *Readers' Guide* listings) other magazines – *Prevention*, a health interest magazine, in particular – still considered it a hot topic. But everything changed with the release of the WHI in 2002. Both *GH* and *LHJ* jumped to run articles explaining the new evidence (*McCall's* ceased publication that year and, obviously, didn't run anything) and suggested possible safer alternatives for their readers. In November, 2002, both – hampered by a lead-time of three or more months – scrambled to address the shock and confusion experienced by millions of women and their physicians over the startling news – and tried to sort out what would happen next.

⁸³ Ibid., 99.

It must be good if women doctors take it

Furthermore, the magazines now recognized that *women* physicians were more credible to quote on this topic than male physicians, a striking change from the past, when the authority of male doctors dominated the discussion about hormones. It is probably not coincidental that this shift occurred during the climate of rising patient advocacy, particularly in the arena of women's health, including a backlash against medical authority, and what was perceived as a patronizing attitude on the part of male doctors. *GH*, for example, interviewed eight *women* physicians to find out what they were telling their patients – and what they themselves personally planned to do when it came to HRT.⁸⁴ The article took no position, but offered a range of expert opinions during a time of great confusion; readers were left to decide for themselves. Nevertheless, the information seemed clear and credible, even if the opinions were far from unanimous. Several of the doctors said they believed HRT was still useful for women with debilitating menopausal symptoms, such as hot flashes, and weren't ready to suggest that they quit. One, Elizabeth Lee Vliet, MD, the author of several books about hormones, told the magazine she had used an estrogen patch since a hysterectomy in the late 1980s – and intended to keep using it because it helped her concentrate. “There's no way I'll give it up. I need my brain,” she said.⁸⁵ On the other side, Anne McTiernan, PhD, MD, a clinical scientist at the Fred Hutchinson Cancer Research Center – and a researcher on the WHI – said she started taking HRT at age 42 because of a family history of osteoporosis, and “felt great” – but gave it up

⁸⁴ C. Fox “HRT: Yes or No? *Good Housekeeping*, November 2002, 78.

⁸⁵ *Ibid.*, 82.

after she became aware of the risks. “Before, we weren’t positive HRT could lead to breast cancer,” she said. “This trial puts that theory to rest.”⁸⁶

The same month, *LHJ* also tried to reassure its readers by discussing who should – and who shouldn’t – consider hormones in light of individual risk factors and information from the new study.⁸⁷ The magazine also ran a sidebar on new drugs in the pipeline with “a more acceptable risk-benefit profile than traditional HRT.”⁸⁸ Despite the disturbing new data on HRT, the magazine – by looking toward new drugs – apparently regarded menopause as still a disease in need of treatment.

Interestingly, however, the article *did* acknowledge mistakes of the past by recalling – and debunking – Dr. Wilson’s controversial 1966 book that started the estrogen craze. The story pointed out that Dr. Wilson had been funded by two drug companies and had based his conclusions solely on anecdotal evidence, never having conducted controlled clinical trials himself. The article reminded its readers of Dr. Wilson’s most publicized claim, that estrogen would help women “remain fully feminine – physically and emotionally – for as long as they live.”⁸⁹ and, with all the wisdom of hindsight, added: “**Now we know better.**”⁹⁰

Ads Geared to Women

It should be noted that most advertisements in these magazines – while obviously targeted to women – were not aimed specifically at menopausal women. Rather, there were numerous ads promoting products for a youthful appearance, such as

⁸⁶ Ibid.

⁸⁷ L. Laurence, “Putting the Brakes on Hormone Treatment,” *Ladies Home Journal*, November 2002, 123-126.

⁸⁸ Ibid., 126.

⁸⁹ Ibid.

⁹⁰ Ibid.

skin creams, although they were not age-specific. In fact, they more often featured younger women, rather than those who were middle-aged. Most of the ads were geared toward homemakers and mothers, pitching such products as vacuum cleaners, toasters and other home appliances, as well as a variety of cold remedies, and foods that would appeal to husbands and children. There also was an emphasis on products to encourage slimness, ads for girdles, for example.

While Food and Drug Administration regulations never disallowed prescription drug advertising directly to consumers, pharmaceutical manufacturers historically pitched their products to physicians, who made most medical decisions. However, as patients became more empowered about their own role in maintaining their health, drug companies recognized this trend, and a potentially new market, and so began advertising directly to consumers in magazines and newspapers in the 1980s, including targeting ads to middle aged women experiencing menopause. These ads stressed the unpleasantness of menopause and its symptoms, and reassured women that they did not have to endure this hated and feared stage of life without help, that a medical answer was available. For example, CIBA headlined a two-page spread with an immediate negative punch: “When it Comes to Menopause Your Body is 100 Years Behind the Times.”⁹¹ But that was just the beginning. The ad went on to confirm every middle-aged woman’s worst fears:

Your feelings and fears that menopause signals the onset of old age aren’t so farfetched. As recently as a hundred years ago, a woman had little chance of living more than a decade after menopause. But today you can expect to live thirty years more – well into your seventies or eighties. They can and should be vital, alive, and healthy years free from the distressing symptoms that can come with menopause....**You don’t look middle-aged. And you don’t have to feel middle-aged.** Today more women are staying vital and active well into their

⁹¹ *McCall’s*, October 1989, 140-141

menopausal years. A healthy life-style, good nutrition, and exercise can go a long way towards helping you feel good during this time of life. But if the symptoms of menopause are disrupting your life you should see your doctor because today there are new approaches to the treatment of menopausal symptoms. See your doctor and find out why now, the change of life doesn't have to change yours.⁹²

Interestingly, the advertisement did not specifically spell out the solution, i.e., hormone replacement therapy, apparently to avoid having to comply with FDA rules that required (and still require) prescription drug advertisements to spell out the *risks* of the product being advertised, as well as its benefits. The ad was sponsored by The Ciba Menopause Information Center – hardly an impartial source – and readers were encouraged to call its toll-free number to learn more about the latest treatments for menopause. Whose products would CIBA have promoted other than its own? Presumably most women, already primed to dread the onset of menopause, could not resist such a come-on. The language here was devastating, conjuring up depressing images of aging and exhaustion. Even though hormones were never mentioned and drugs were never explicitly described, it was an obvious pharmaceutical marketing promotion.

Women's magazines served (and continue to serve) an advertising function beyond paid promotions through their editorial content, which influences ideas and encourages women to use certain products. This was especially true after 1966 when hormone replacement came into widespread use. Croteau and Hoynes wrote that “even the ‘editorial advice’ provided by women's magazines is a form of covert advertisement, selling the consumer ideology.”⁹³ When women read about the

⁹² Ibid., 140.

⁹³ David Croteau and William Hoynes, *Media Society* (Thousand Oaks: Pine Forge Press, 2003), 188.

benefits of hormone therapy (or other consumer drugs or items) in magazine articles or columns, these pieces could not help but influence audience decision-making about these products.

CHAPTER 10: READER'S DIGEST – HELP IS ON THE WAY

Reader's Digest (RD) is an immensely popular general interest magazine that began publishing in 1922. Its small size, about 5.5 inches by 7.5 inches, allowed readers to carry it in a pocket or purse, and was considered an innovation among magazines at the time. The magazine has long been regarded as conservative in nature, traditional in its views of women, and – as one communication journal put it – unchanging in a changing world.¹ Even so, *RD* was ahead of the curve on many issues. The first edition of *RD*, for example, dated February 1922, contained 64 pages with a lead article by Alexander Graham Bell on the importance of self-education as a lifelong habit.² *RD* opposed cigarettes and alcohol early – and in fact published an article in 1952, “Cancer by the Carton,” describing the dangers of smoking – lung cancer and heart disease – some years before the 1964 landmark Surgeon General’s report.³ The first decline in cigarette smoking in twenty years occurred in the year following the article.⁴ *RD* did not feel the need to shield its readers from the topic of menopause, as other magazines initially did, largely prior to the 1960s, when hormones became popular.

¹ Ron F. Smith and Linda Decker-Amos, “Of Lasting Interest? A Study of Change In the Content of Reader’s Digest,” *Journalism Quarterly*, 62, no. 1 (1985):127-131.

² Answers.com online dictionary at URL <http://www.answers.com/topic/reader-s-digest?cat=biz-fin> accessed 30 June 2008.

³ CBC News Online, “Cancer by the Carton,” at URL <http://www.cbc.ca/news/background/smoking/cancer.html> accessed 30 June 2008.

⁴ Ibid.

Relentlessly upbeat and ahead of other magazines

RD not only tackled the subject for the first time in 1939 but also focused the discussion around a revolutionary new cure: sex hormones. Although the magazine was surprisingly before its time – no other magazines examined for this study were writing about hormones in the 1930s – this type of article was not entirely out of character for *RD*. This magazine has always favored stories about personal problems and how to solve them. Smith and Decker-Amos pointed out that *RD* is simplistic and relentlessly optimistic in nature. Its mission is to make things better for its readers. The researchers described a trend “toward stories giving advice on how to live a better life,” such as “How to Avoid Stress,” and “How You Can Care for Elderly Parents,” and cheerful articles on otherwise discouraging topics. The theme is always that “things are getting better or will get better; with effort, people can improve themselves.”⁵

What *was* startling, however, was that the magazine featured a subject that most other magazines, including women’s magazines, were avoiding at the time. Unlike the three women’s magazines, which wrote about middle age but did not mention menopause directly until the 1960s when hormones were in widespread use, *RD* provided its audience with prominent stories about both menopause and middle age. To be sure, the frame was still negative, that is, menopause can be a miserable period in a woman’s life – but it stressed that things didn’t have to be so bad if women heeded the magazine’s advice – and considered hormones.

⁵ Ibid., 129.

In this regard, the magazine got a jump-start on promoting hormones (and medicalization) decades before the publication of Dr. Wilson's book. During the 1930s, synthetic hormones were in limited use, expensive, and inconvenient (most were given by injection.) Nevertheless, in the competitive world of publishing, *RD* scooped its competitors by telling women that revolutionary new medical help was on the way.⁶

The chapter which biology inexorably writes into every woman's life when she is about 45 need no longer seem fearful. Common sense and a medical technique recently developed are lifting the shadow cast over many homes. No longer need a husband fear that the happiest days of his wife's partnership are to end in a baffling ordeal; no longer need sons and daughters dread the transformation of a healthy, active mother into a neurotic, complaining semi-invalid. Thanks to the increase use of female sex-hormone treatment, the worst phases of this trying period can now be controlled.⁷

On the surface, *RD* stuck to its consistently upbeat view of the world: this problem can be fixed. Still, in describing the fix, *RD* framed menopause within its darkest aspects. The language said it all: menopause is a *shadow* cast over previously happy homes, an *ordeal* during which a once *healthy, active mother* will morph into a *neurotic, complaining semi-invalid*. But with hormones, the *worst* phases of this *trying* period can be controlled

The article *did* point out that the majority of women go through menopause with minimal suffering. But the rest of the women ``undergo acute physiological and emotional crises. Such women are not `imagining' their difficulties; they *need* the relief that the new hormone treatment provides.'' ⁸ Even though the magazine italicized the

⁶ Lois Mattox Miller, ``Changing Life Sensibly,'' condensed from *Independent Women*, National Federation of Business & Professional Women's Clubs, Inc. *Reader's Digest*, October 1939, 101-103.

⁷ *Ibid.*, 101.

⁸ *Ibid.*

word *need* for emphasis, it is the word *relief* that truly stood out. Lakoff's⁹ interpretation of relief is worth repeating: in order to have relief, one needs a blameless person with whom we identify (in this case, a woman) whose affliction (menopause) has been imposed by some external cause (living long enough to go through it.) Relief is the taking away of the pain or harm, thanks to some reliever (hormones). The message for women here was that the ravages of menopause will not go away on their own, and that they will feel better if they take drugs.

The article – like many to come later in other magazines – medicalized menopause by stressing that it is a hormone *deficiency* disease, saying that “the science of endocrinology can supply the missing hormones.”¹⁰ Note the use of the word *relief* yet again, as well as other language that denigrates biological functions of the female body. (the italicized emphasis is mine):

The female sex hormone has recently been isolated and its chemical structure is known. Under the name of ‘estrogen,’ it is now manufactured commercially for use by physicians. In one New York hospital, patients are given a six-weeks course of injections. The *relief* obtained last from two to three months, when the symptoms gradually return. In such cases smaller ‘maintenance’ shots are administered by the patient’s own physician, once a week. Often this maintenance dose is administered in tablet form.

Sex-hormone therapy is expensive. But doctors point out that the majority of women do not require it. Physicians say that fears and misconceptions result in more suffering than menopause itself. Frequently these fears date from the time a well-meaning mother or grandmother explained menstruation to a young girl as a ‘*curse upon womanhood*’ which she will have to *endure*. This attitude toward a simple biological function causes many a woman to go through life *dreading and dramatizing the inconveniences* of her cycle, and finally believing that menopause is still another ‘*cross*’ women have to bear.¹¹

⁹ Lakoff, ‘‘Framing the Dems,’’ 2003.

¹⁰ Miller, 102.

¹¹ Ibid.

The language is heavy with negative implications, denigrating all women's biological functions from puberty to menopause. For example, saying that some "well-meaning" mother or grandmother described the onset of menstruation as a "curse" only validated the belief that young girls were conditioned early to regard the natural functioning of their bodies into maturity as something evil and disgusting – and that menopause was the last unavoidable phase of this process.

Menopause may be awful, but it's still normal

To *RD*'s credit, the magazine noted, and strongly, that menopause is a normal stage of life. But in doing so, it reiterated a woman's worst fears (anxiety, insanity, weight gain, among other things) and pushed medical intervention as the first-line response – and not just hormones. It recommended tranquilizers for anxiety, before suggesting safer, non-medical alternatives – although it did take a swipe at medical practices it viewed as quackery. Still, in debunking the negative aspects of menopause as unlikely for most women, it nevertheless suggested implicitly that these effects *can* and *do* occur:

The modern woman, happily, is accepting the menopause as a natural stage, unpleasant sometimes but nothing to become a martyr about. The whole business is quite bearable if one will cultivate a courageous mental attitude and make an extra effort to maintain a fair level of general health. "Hot flashes" will usually be neither as frequent nor as acute as the "front porch clinics" would have one believe. Nervous symptoms are likely to be controllable in the majority of instances. The wise employment of sedatives under medical supervision is helpful in calming overwrought nerves. A warm bath, massage, light exercise in the open air – or merely lying down in a quiet room – are all common sense aids.

Fear of insanity has been greatly exaggerated. An occasional psychoneurosis may appear during menopause, but the new routine of hormone treatment can offset this hazard in the vast majority of cases.

A dread of losing physical attractiveness obsesses some women during this phase. The tendency to obesity often is present, but this may be controlled

by dietary measures, exercise and glandular therapy under a doctor's supervision. The capacity for sexual enjoyment is not necessarily affected.¹²

In another nod to the power of modern (at the time) medicine, it said: ``It is reassuring to learn that some of the most brilliant results in the whole field of medicine are obtained in the female sex-hormone therapy.''¹³

The same article detoured from the magazine's usual stance on women's traditional roles (and in 1939 no less!). Smith and Decker-Amos wrote that *RD*'s traditional view of women remained unchanged over the years despite the growth of feminism and two-income families.¹⁴ This 1939 article proved an exception. In fact, it even blamed stay-at-home women for causing their own menopausal ills. This stance may be due, part, to the fact that the article was condensed from *Independent Woman*, a publication of the National Federation of Business & Professional Women, where it had appeared a month earlier. Even so, consider that there is something unrealistic – and ridiculous – about the suggestion that middle-aged women should fight menopausal symptoms by going out and finding a job. Even now, in the twenty-first century, midlife women still speak of how tough it is to enter the workforce.

Doctors have observed that business and professional women, absorbed in a variety of interests, are least given to self-pity during the change of life. Housewives and unoccupied women have too much idle time in which to worry about themselves. For this reason doctors strongly favor careers for women in middle life. Any activity outside the home will help during the dangerous lull in life when children have grown, the family has ceased to depend so largely upon her, and she is left with little to think about except herself.¹⁵

¹² Ibid.

¹³ Ibid., 103

¹⁴ Smith, Decker-Amos, 1985.

¹⁵ Miller, 103.

Do not speak of such matters

Finally, the piece urged silence. Unlike today, when women's magazines and women activists recommend frank and open discussions about menopause (and criticize previous generations for their reluctance to talk about it) *RD* advised its readers to remain quiet. Unlike now, when women try to support one another, *RD* told them not to listen. Today, we believe that sharing removes the stigma and lifts the burden. But in the 1930s, the underlying theme from *RD* reflected popular opinion at the time that society didn't speak about such intimate personal issues such as menopause, pregnancy, or other reproductive topics. Their take was that menopausal women should suffer alone. The message was, emphatically, that menopause was not an appropriate topic for discussion – and that talking about it would make things worse.

Above all, don't talk about your change of life, or listen to women who are eager to tell you about theirs. For generations this has ranked with operations as a prime topic of conversation for women among themselves. Discreet silence will do much to lay the ghost of an "affliction" which through education and medical progress has lost its aura of tragedy and suffering.¹⁶

It was 1948 before *RD* addressed menopause again, not unusual since *RD* is a general interest magazine, not one specifically targeting women. Again, the magazine was ahead of the field on hormones¹⁷ and, as before, in its well-intentioned attempt to provide information that could help women feel better, the magazine used language that only strengthened the supposed miseries of menopause and the power of hormones to ease them. Here, in the article's opening paragraph, the italicized emphasis is mine.

For 15 years the *melancholy sickness* that *blights* the happiness of some women at their change of life has been controllable by female hormones; yet most such women have gone on *suffering*. Until recently, hormones had to be given by cumbersome injections; there were doubts as to their safety; they were too

¹⁶ Ibid.

¹⁷ Paul de Kruif "New Help for Women's Change of Life," *Reader's Digest*, January 1948 11-14.

costly. But now at last they are ready to transfigure the *stormy afternoon of life*, in many cases, into a *time of serenity and vigor*.¹⁸

Blame and stormy weather, again

What woman wouldn't want to avoid the *stormy afternoon of life*? *RD* then declared that most women weren't smart enough to grasp what was happening to their bodies, nor did they have any idea of how to cope. The only solution was to turn to medical authorities for help.

Too few women have an intelligent understanding of what the menopause means and how it is likely to affect them personally. Ignorance of the facts, nurtured by a lot of old wives' tales, leads to the belief that change of life inevitably means a period of physical and mental torment, the end of satisfactory marital relations, and a swift decline into old age. Nothing could be farther from the truth! Ignorance, fear and worry themselves cause many of the worst "symptoms" of the menopause. Most women who approach the period intelligently, with confidence and common sense, weather the storm with surprisingly little distress.

Wise medical guidance during this period is important. For those women who need them, the doctor can administer hormones which control the more discomforting symptoms.¹⁹

The magazine pointed out that not all women go through a bad menopause. But when they do, it can be gruesome – and even the woman's fault.

When the condition is severe, they feel nervous, jumpy, trembly; sometimes they want to scream. Even mildly disagreeable news overexcites them; they're irritable at the noise of children playing. Formerly calm women sometimes become argumentative; some become intensely jealous of faithful husbands. They are likely to suffer gnawing headaches and vague abdominal pains.

Worst of all is the depression, the melancholy that haunts many women in this condition, so that they lose interest in life, cry for no reason at all, lie awake nights with anxiety that something dreadful is going to happen, begin to believe that the world and even their dear ones are against them.²⁰

¹⁸ Ibid., 11.

¹⁹ Ibid.

²⁰ Ibid., 12.

The article noted a series of medical experiments with hormone injections performed by August A. Werner, MD, that apparently had worked wonders for the women who took them. The writer, citing the *Journal of the American Medical Assn.* as the source of Werner's study (he did not give the date of publication), described the results as "astounding."²¹ "The patients' nervousness, hot flashes and headaches vanished. Their depression and crying spells disappeared. Their energy zoomed. Their married life again became natural and normal."²² Furthermore, "rarely has a medical discovery found such unanimous acceptance."²³

The writer also quoted Edward A. Doisy, MD, a researcher who years earlier had studied the impact of hormones in animals. His words were paradoxical – and, in a way, prescient – in light of what we know today about hormones:

Dr. Doisy points out that with every woman of 40 or so a prospective patient, an experiment of tremendous magnitude is in progress. Indeed, in sheer numbers of suffering people involved, it is probably the greatest medical experiment in history, extending to ages long and long after the period of the change of life. For endocrinologists and gynecologists are discovering other powers of these amazing female hormones.²⁴

Finally, the article included a warning about the possible dangers of hormones, urging medical supervision. It pointed out that hormones did not cause cancer but may provoke "unsuspected tumors to grow with dangerous rapidity."²⁵ It ended with a warning that women consult their doctors. The implicit messages were that hormones were a balm to women's troubled menopausal lives, and that the all-knowing medical establishment could help. "While estrogens are no cure-alls for the domestic conflicts

²¹ Ibid.

²² Ibid.

²³ Ibid., 13.

²⁴ Ibid., 14.

²⁵ Ibid.

of women in mid-life, they may bring harmony to many troubled homes. Whether estrogen therapy is needed at all is something that must be decided in each case by the doctor.’’²⁶

The magazine ran additional articles about menopause and hormones in the years that followed, always stressing the same themes: this time of life need not be as awful as women fear, and that estrogen was the answer. *RD* stayed true to one of its original missions – to be an optimistic guidepost offering help and advice to its readers. But, in stressing that menopause was not so horrible, *RD* only planted the notion that it was. Women who had not been worried about menopause before might well have started worrying now.

In 1958, for example, in a piece condensed from *Family Circle*, *RD*²⁷ noted that a minority of women – one in eight to ten -- ‘‘have considerable physical discomfort during the change-over’’²⁸ and described what happened during this ‘‘hard time.’’

The commonest symptom is the ‘‘hot flush’’ – a sudden rush of blood to the head and upper body. Many women find this embarrassing as well as uncomfortable. Other symptoms are less well-defined – headaches, backaches, fatigue or just a sense of feeling miserable.

The physical and emotional aspects of the ‘‘hard time’’ in menopause are curiously intermingled. The emotional consists of anxiety, depression and fear. A woman may worry that her relationship with her husband will be jeopardized. Some worry about their appearance. Many worry about the future.²⁹

The article suggested hormones as a remedy but – progressively for the time – recommended a non-medical intervention as even more important: ‘‘For the minority who experience distressing symptoms, medical science now has two remedies to offer:

²⁶ Ibid.

²⁷ Ruth and Edward Brecher, ‘‘Facts about the Menopause,’’ *Reader’s Digest*, July 1958, 78-80.

²⁸ Ibid., 79.

²⁹ Ibid.

hormones and reassurance. ‘Hormones are excellent,’ we were told by one gynecologist. ‘but reassurance is even better.’ ‘³⁰

Be patient, it won’t last forever

Finally, the article provided a refreshing dose of reality – remember that this is the 1950s – from an unidentified ‘sympathetic’ physician.

Women who are having hot flushes or other menopausal symptoms also need to be assured that these discomforts won’t last forever. Here the sympathetic physician often makes a telling point. It is true, he says, that for some women menopausal symptoms may be spread over a period of a year or more. But this does not mean a year of uninterrupted distress. There will be weeks and even months along the way when they will feel as healthy and vigorous as ever.

Then there is the general fact of aging and appearance. But aging begins, of course, on the day one is born; the menopause does not hasten the appearance of age, nor does it cause women to put on fat. During this period, as always, fat comes chiefly from eating too much.³¹

A reversal on hormones

Paradoxically, *RD* turned skeptical of hormones in 1966 – the year of Dr. Wilson’s book and when the commercial popularity of hormones was growing rapidly. *RD* bucked the trend followed by other magazines by not totally embracing the joys of hormones. In fact, the magazine challenged Dr. Wilson’s claim that estrogen was the fountain of youth. Others wrote about hormones as the antidote to aging, but *RD* was having none of it. The magazine, while acknowledging certain benefits to hormone use for *some* women, confronted Dr. Wilson’s anti-aging assertions, and trashed them. Further, the writer – Grace Naismith, then *RD*’s science editor – stressed that menopause was ‘a natural physical process,’ that hormone therapy was not without

³⁰ Ibid.

³¹ Ibid., 80.

risks – and urged caution in their use.³² Her article, while not completely opposed to the use of hormones, was balanced as to its risks and benefits and dismissed the notion that hormones were a veritable fountain of youth. This was a contrast to other magazine articles about hormones at the time.

No pill can make one young again. Nor can a pill make one feminine – either gentle and charming in the womanly, wifely, motherly sense, or “girly” in the sex-appealing, eye-appealing sense. The pill is not related to sexual activity, nor is it a cure-all for the strains and stresses of a woman’s life.

Yet thousands of women, mostly in middle age, have been caught up by the claims made for the estrogen pill. Wooed by enthusiastic articles and sensational advertisements, they have overwhelmed doctors with please to ‘make me young again.’

The trend is becoming a matter of concern to many reputable physicians.”³³

Psychosis

Three years later, however, the magazine ran a piece about a woman’s psychosis, likely brought on by menopause.³⁴ The chilling first-person account – by a professional writer and frequent contributor to the magazine – described a spiraling descent into a delusional state, culminating in institutionalization – ultimately fixed by drugs. Although the author made it clear that her experience was rare, it nevertheless symbolized to the extreme every woman’s worst nightmare about this stage of life.

The doctors told my husband, I later learned, that my trouble was an involuntal [sic] psychosis caused largely by an endocrine imbalance that was likely triggered by menopause. I was given the hormone Premarin, and two tranquilizers, Mellaril and Stelazine, together with small doses of Artane to counteract muscle stiffness or tremor, which are often side effects.

Under this treatment, life seemed to level out noticeably. I had to make none of the nagging little personal decisions that had seemed so burdensome at home. I was told when to eat, when to bathe, when to go to bed. Once a week a

³² Grace Naismith, “Common Sense and the Femininity Pill,” *Reader’s Digest*, September 1966, 99-102.

³³ *Ibid.*, 99.

³⁴ Kathleen Walker Seegers, “My Dark Journey Through Insanity,” *Reader’s Digest*, November 1969, 67-71.

bookmobile brought fresh books, and I read everything I could lay hands on. Gradually, my delusions began to vanish, my anxieties and suspicions to fall away.³⁵

Hormones: more mixed messages

In the ensuing years, *RD* continued to write about menopause and hormones, with decidedly mixed messages. A 1979 article, “The Myths of Menopause.”³⁶ scoffed at menopause as a disease, challenged the most common myths associated with menopause, and put down male physicians, in part, for fueling them. The article was an excerpt from a book, *Our Own Years: What Women over 35 Should Know about Themselves*, by Alice Lake, published by Random House in 1979.

Myths about menopause, in particular, die hard.

These myths are partly folklore, partly the creation of male physicians who have, with unscientific abandon, confused real physical symptoms with often unrelated psychological changes...these myths were taught in medical school and still lead to occasional misdiagnosis – as with the doctor who explained away a patient’s complaints of fatigue and dizziness as “just menopause” until tests revealed that she had developed diabetes.³⁷

By the 1990s, however, *RD* was running articles – along with everyone else – about the supposed health benefits of hormones. (These included reprinted articles from other magazines addressed in this study, including *Time*, for example.) There was no obvious explanation for the change, although women writers seemed to be more realistic in their assumptions about menopause. On the other hand, one article – to be sure, written by a man – described hormones as a possible “lifesaver” for many women, using several *women* physicians as sources.³⁸ The article included a

³⁵ Ibid., 70.

³⁶ Alice Lake, “The Myths of Menopause,” *Reader’s Digest*, October 1979, 145-148.

³⁷ Ibid., 145.

³⁸ David Reuben, “What Every Woman Needs to Know about Estrogen,” *Readers Digest*, July 1993, 60-64.

discussion of the risks. ``For many women, the news is good: hormone therapy not only can make life easier, but can actually protect against major health threats.’’³⁹ He quoted Trudy Bush, PhD., of the Johns Hopkins Medical Institutions in Baltimore: ``Nearly every postmenopausal woman should at least consider hormone therapy, but it’s not for everyone.’’⁴⁰ The article discussed estrogen’s positive impact on the heart and bones, although it did, in fact, note the breast cancer risk. One section pointed out that crude forms of estrogen have been used for thousands of years.⁴¹ In an interesting historical reference, the author mentioned one of the most famous and popular unregulated women’s health remedies – one advertised heavily during the twentieth century. (also addressed in this study)

Around the beginning of this century, Lydia E. Pinkham’s Vegetable Compound was one of our best-known patent medicines, used by millions for ‘female complaints.’ Among its ingredients: phytoestrogens, herbal derivatives that some believe have estrogen-like effects.⁴²

The tone mirrored the earliest *RD* articles, but was strikingly different from those only a decade or so earlier. In fact, it quite resembled what many women’s magazines were writing at this time. The writer concluded that hormones ``can enhance the quality of life for many women. ‘Life doesn’t have to end because of menopause,’ an energetic 60-year-old woman on hormone therapy says. ‘In fact, it can get even better.’’’⁴³

³⁹ Ibid., 60.

⁴⁰ Ibid., 60-61.

⁴¹ Ibid., 62.

⁴² Ibid.

⁴³ Ibid., 64.

Middle age, with humor

Only two *RD* stories could be found that talked about middle age in the absence of menopause. Peg Bracken,⁴⁴ a well-known humor columnist, in an excerpt from her book, *I Didn't Come Here to Argue*, published by Harcourt Brace & World in 1969, told her readers that the consensus about middle age is that ``it's a great time of life – probably the greatest – which you want to postpone as long as you can.’’⁴⁵ She added that ``one of the most relaxing things about Middle Age is the realization that so many problems aren't worth worrying about because they'll shortly be replaced by others, often more interesting.’’⁴⁶

Actress Gloria Swanson confronted middle age in 1955 with candor and the benefit of her own experiences.⁴⁷ She urged women to be honest about their age, unless they were applying for a job where they believed, rightly or wrongly, that being younger would help. In that exception, ``I do not hesitate to tell women: `To any employer so foolish as to ignore experience and proven ability, give any age you can get away with.’’’⁴⁸

If a woman feels she must lop off a few years to interest a man, she's making a grave mistake. Such a man isn't worth marrying in the first place. If the facts bother him, let him go his merry way, chasing the young, clinging things who haven't the fascination of older women.

In Europe, a woman isn't considered really interesting to a man until she is 40. More than a youthful figure and candy-box face, the European man wants to fineness of mind and spirit that maturity brings to a woman.

In the United States it's different – and it bothers the girls no end. Frankly, it hasn't bothered *me* one bit. I've never hidden my age, because I don't think it's a handicap. Just for the record, I was born March 27, 1899.⁴⁹

⁴⁴ Peg Bracken, ``Middle Age – for Adults Only,’’ *Reader's Digest*, December 1969, 86-88.

⁴⁵ *Ibid.*, 86.

⁴⁶ *Ibid.*, 88.

⁴⁷ Gloria Swanson, ``Should a Woman Tell the Truth about her Age?’’ *Reader's Digest*, January 1955, 91-92.

⁴⁸ *Ibid.*, 92.

⁴⁹ *Ibid.*

Like the articles that appeared in the women's magazines studied, also by women authors, Swanson's also associated beauty, wisdom and value with getting older.

CHAPTER 11: TIME – WOMEN OF A CERTAIN AGE

Time first published on March 3, 1923 as a news magazine that summarized and organized the news so that "busy men" could stay informed.¹ It was an era when the nation was still emerging from the propaganda-filled climate of war, and Henry Luce created a magazine that was intensely political and partisan.² The cover subject of the inaugural issue was Joseph G. Cannon, retiring Speaker of the House of Representatives. Most of the articles focused on politics, particularly Congress and the Presidency.³ During its first six months, most of *Time's* cover subjects, with few exceptions, were powerful and well-connected men – among them, Warren Harding, King Fuad of Egypt, German industrialist and politician Hugo Stinnes, Andrew Mellon, Texas political "kingmaker" E. M. House, Franklin D. Roosevelt, Mustafa Kamâl Atatürk, the founder and first president of Turkey, Montana Senator Burton K. Wheeler, Benito Mussolini, and John L. Lewis. One exception was Eleanor Duse – an Italian actress.⁴

The magazine was "born of the Wasp male ascendancy in a self-confidently patriarchal age" and "routinely used the word men to mean everyone."⁵ In 1929, Luce's partner at *Time*, his old classmate Britton Hadden, developed a strep infection and died, leaving Luce to carry on alone. The stock market crashed a few months later,

¹ History of Time at URL http://www.time.com/time/archive/collections/0,21428,c_time_history,00.shtml. accessed 14 August, 2007.

² David Halberstam, *The Powers that Be* (New York: Alfred A. Knopf, 1979), 49.

³ Ibid.

⁴ Ibid.

⁵ Lance Morrow, "The Time of Our Lives," at URL <http://www.time.com/time/magazine/article/0,9171,987916,00.html?internalid=ACA> accessed 30 June 2008.

and the years that followed brought the Great Depression, World War II and the Holocaust, Hiroshima, and the cold war.

The gravity of world news – especially the war – stimulated the magazine's reporting and its genius for packaging news. *Time* became an influence in millions of American lives. It inspired a competitor, Newsweek (which began publication in 1933).⁶

Luce described the magazine's voice as having three modes, "titillating or epic or supercurtly factual" It was *Time's* titillating voice that seem to apply most often to women, Italian actress Duse, for example, or when it named Wallis Warfield Simpson, the American woman for whom Britain's King Edward VIII abandoned the throne, "Woman of the Year" in 1936 – the same time that Hitler, Stalin, Mussolini and Mao were all gaining power, and FDR had been re-elected in a landslide.⁷

First mention of menopause

The subject of menopause did not appear in the pages of *Time* until July 17, 1950, when the magazine discussed a newly released book, *You'll Live Through It*, published in 1950 by Harper, written by Miriam Lincoln, MD, of Seattle.⁸ *Time* described Dr. Lincoln as "greying" and "50 herself,"⁹ credentials the magazine apparently believed made her especially qualified to write about the subject.

To *Time's* credit, the magazine focused on a topic not widely written about at the time and featured a *woman* physician – one who seemed to be as wise as Dr. Stockham had been a century earlier. Lincoln dismissed all the old wives' tales

⁶ Morrow, "The Time of Our Lives," <http://www.time.com/time/magazine/article/0,9171,987916,00.html?internalid=ACA> accessed 30 June 2008.

⁷ Ibid.

⁸ "Change of Life," *Time*, 17 July 1950, 45.

⁹ Ibid.

associated with menopause, and declared that “the change of life is most emphatically not the end of sex.”¹⁰

However, the magazine – while writing about the author’s views on menopause, which were decidedly reassuring – used patronizing language demeaning to women. For example, “The menopause (also called climacteric, but commonly known as change of life) is an experience every woman goes through, if she lives long enough.”¹¹ Even in 1950, most women already were living well beyond the average age of menopause, which is about 50. And this: “A Stendhal character once said of women that ‘there’s always something out of order in their machinery.’ Lincoln disagrees.”¹² Even in disavowing such outdated notions by quoting Lincoln, the magazine continued to air them.

The article gave an early nod to hormones, although Lincoln was quick to point out that most women didn’t need them – and that they probably carried some risks.

Until 20 years ago, a woman going through the climacteric suffered these symptoms as best she could. Today synthetic hormone shots or hormone pills can reduce the discomfort to a point close to zero. Author Lincoln is careful to point out that most women don’t need synthetic hormone treatments. The hormones, she writes, may be dangerous and sometimes produce unpleasant “side effects” such as “sore full breasts...dull aching or a kind of premenstrual congestion in the lower abdomen.”¹³

¹⁰ Ibid., 46.

¹¹ Ibid., 45.

¹² Ibid.

¹³ Ibid., 46.

Give them all pills and keep them around

A 1964 piece called “Durable, *Unendurable* (emphasis mine) Women”¹⁴ provided further evidence that the magazine accepted the medicalization of menopause as well underway (and – from the title – that menopausal women were intolerable).

The polysyllabic title in the American College of Surgeons program was obviously designed to be provocative: “What is Exciting in Gynecologic Endocrinology?” But his conferees suddenly sat up when Gynecologist [sic] Robert W. Kistner blurted: “We are keeping women around too long – they should all be dead soon after age 45.”

Then Dr. Kistner backtracked to explain: “Women are the only mammalian females to live beyond their reproductive usefulness. So it is, by that evolutionary standard that they live too long. But since we do keep them around, we should recognize that during the menopause they are living in a state of hormonal imbalance, and we should treat it. We should give them ‘the pills’ to control the uncomfortable symptoms that women have complained about for centuries.”¹⁵

Patronizing language (“...but since we do keep them around”) aside, the article quoted Kistner as describing women much older than 50 as no longer in hormone imbalance. However, according to Kistner, “many of them suffer from hormonal deficiency states.”¹⁶ Menopause is a disease and must be treated to prevent “such symptoms as ‘dowager’s hump,’ excessive wrinkles and osteoporosis (brittle bones). If a woman has these symptoms, she should get estrogen, not every day, but in cycles.”¹⁷

Kistner must have been a frequent and popular source on menopause during this period. As previously noted, he was prominently featured a year later in a 1965 *McCall’s* book excerpt describing the before (“saggy jowls,” “flabby musculature,”

¹⁴ “Gynecology, Durable, Unendurable Women,” *Time*, 16 October 1964, 72.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

``dowager's hump'') and after (``marked enlargement of the breasts'')¹⁸ effects associated with estrogens. In the *Time* piece, Kistner called estrogen a boon to sexually faltering marriages. Note the reference to aging *women*. It obviously did not occur either to Kistner or the magazine that husbands were almost certainly *aging* along with their wives. Presumably if hormones could preserve a woman's youth, then husbands would not be inclined to stray. What a change from the earlier women's magazine pieces that lauded the *inner* beauty of middle-aged women and derided the foolishness of men who preferred the younger ones! Eventually, Kistner became more prudent about the use of hormones – but he was a real cheerleader at this time.

It was not only because of female vanity that Dr. Kistner thought these aging women should have medical help. ``Another common consequence of their reduced output of estrogens,’’ he said, ``is that intercourse becomes painful. This leads to marital difficulties and is a factor in many cases of philandering by middle-aged husbands. If we can prevent or retard these changes of senescence, we can help to keep the women happier and their husbands as well.’’¹⁹

Dr. Wilson: pills to keep women young

In 1966, *Time* jumped full throttle on the estrogen bandwagon. On April 1 of that year, the magazine ran a big spread on Dr. Wilson and his book. The article was entitled ``Pills to Keep Women Young.’’²⁰

All over the U.S., women in their 40s and 50s are going to doctors and demanding `the pills that will keep me from growing old.' Women in their 60s and over are asking for `pills to make me young again.' In each case, what they are really asking for are doses of hormones to slow down or reduce the ravages of age.²¹

¹⁸ Ann Walsh, ``Pills to Keep Women Young,’’ *McCall's*, October 1965, 166.

¹⁹ ``Gynecology, Durable, Unendurable Women,’’ *Time*, 72.

²⁰ ``Gynecology, Pills to Keep Women Young,’’ *Time*, 1 April 1966, 50.

²¹ *Ibid.*

The article unabashedly promoted medicalization – it accepted as a given that menopause was a *disease* and put quote marks around the word *natural*, implying that it was anything but – and touted estrogen as a fountain of youth. Estrogens, the article declared (without attribution) “help to keep the breasts firm and the skin supple and relatively wrinkle-free”²² reduce the level of fats in the blood “and thus reduce the risk of heart attacks, and they help to keep the bones strong and hard.”²³ In the article, Dr. Wilson compared menopause to diabetes, “arguing that both are deficiency diseases,” and claimed (contradicting other physicians) that only 15 percent of women suffer little discomfort during and after menopause – and that the vast majority needed this wondrous hormone to feel good and stay young.²⁴

Interestingly, Dr. Wilson, in an oddly feminist tone, put down his male colleagues for their insensitivity to women. This, by itself, would be admirable – save for the fact that it came in the context of Dr. Wilson’s overall expressed belief that menopause turned women into cows, and their husbands into unfortunate and maligned victims of the process.

And still, Dr. Wilson complains, physicians generally dismiss post-menopausal changes as part of the ‘natural’ aging process. Their attitude, he suggests tartly, stems from the fact that ‘most doctors, being male, are themselves immune to the disease.’ As he sees it, the menopause is ‘castration,’ and he asks whether his colleagues would tolerate so casually a similar fate in themselves.²⁵

Hormones: harmless in the short term

Time pointed out that the “authoritative and conservative” *Medical Letter* (a publication started in 1959 by Arthur Kallet, the co-founder of the highly respected

²² Ibid.

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

Consumers Union, and Dr. Harold Aaron) ``grudgingly concedes that for women suffering the obvious and immediate discomforts of the menopause, estrogens are `relatively harmless' if given only a few months or a year or two at most, and may be helpful for emotional distress.'' ²⁶ But its (the *Medical Letter*) editors are still not convinced that estrogens help ``to preserve a youthful complexion or guard against heart attacks, dowager's hump or broken bones.'' ²⁷

Time raised the question of risks, but minimized the dangers. Pointing out that ``increasing numbers of reputable, middle-of-the-road gynecologists and other doctors have taken to prescribing estrogens – even though they may not accept Dr. Wilson's more extravagant claims,'' ²⁸ the magazine asked: ``How safe are hormones? Could they eventually cause cancer?'' ²⁹

The answers are surprisingly clear. If a woman takes only the prescribed dose – but no more – the hormones seem to be perfectly safe. The only patients for whom they emphatically should not be prescribed appear to be those who have already had cancer of the breast or uterus, those with liver disease, and (just possibly) those who have had endometriosis (abnormal growth of the lining of the uterus.) ³⁰

The article said that the *Medical Letter* agreed ``there is no evidence that hormones can cause cancer. In fact, there seems to be evidence that they guard against it.'' ³¹ Kistner, appearing again, claimed that progestins might be useful in treating endometrial cancer. Thus, in 1966, *Time* was telling its readers that hormones were not only safe, but could actually be protective, possibly against cancer.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid., 50-51

Hormones and breast cancer

No relevant articles on menopause or hormones appeared in *Time* for the next 23 years. But in 1989, the magazine suddenly reported doubts about the safety of hormones based upon new research.³² A small Swedish study was published in the *New England Journal of Medicine*, the first of several in the coming years to show a link between hormones and the risk of breast cancer.³³ *Time* tried to put the research into perspective by framing the news in the context of women's new dilemma: they must now weigh the potential risk of breast cancer against the (assumed at the time) protection against heart disease. The magazine was very cautious in its reporting, however, using words and information that led readers to doubt the data. For example, it pointed out that the type of estrogen used in Sweden was not the same as the estrogen most commonly used in the United States, and said: "Although the evidence is far from conclusive, a major study published in the *New England Journal of Medicine* suggests that at least some of the post-menopause medication may increase the risk of breast cancer."³⁴ Writing that the evidence was *far from conclusive*, using the term *suggests*, as well as the word *some* to describe the medication, saying it *may* increase all sent a subtle message that women didn't have to worry just yet. If that wasn't enough, the article quoted from a *New England Journal of Medicine* editorial written by Elizabeth Barrett-Connor, MD, of the University of California, San Diego, who declared that "the benefits of estrogen seem strongly established," adding: "In my opinion, the data are not conclusive enough to warrant any immediate change in the way we approach

³² John Langone, "Medicine, Hard Looks at Hormones," *Time*, 14 August 1989, 56.

³³ L. Bergkvist, H.O. Adami, I. Persson, R. Hoover, and C. Schairer "The Risk of Breast Cancer after Estrogen and Estrogen-progestin Replacement," *New England Journal of Medicine*, (1989) 321:293-297.

³⁴ Langone, 56.

hormone replacement.’’³⁵ Building upon her comments, *Time* introduced I. Craig Henderson, MD, of the Dana-Farber Cancer Institute in Boston, who stressed the difference between the Swedish and American hormones. ‘‘While women should not conclude yet that they are totally without risk, it is highly likely that the estrogen American women use may be safer for a longer period of time than the estrogen used in Sweden.’’³⁶

The article did not quote any of the Swedish researchers who could have defended their study, a failing that likely left *Time*’s readers further skeptical of the study’s conclusions. If women had been hoping for reassurance or a reason to stay with hormones in light of the worrisome new data, they found it here.

In 1992, there was only a brief reference to menopause in an article about women and heart disease.³⁷ The article made a powerful statement about natural estrogen’s protective properties – although the magazine responsibly described it as a theory, rather than as established fact.

What puts women at risk after menopause? The leading theory holds that they lose their protection against heart attacks because of a drastic reduction in the female hormone estrogen. That might result in the rapid buildup of plaque on artery walls where, until menopause, very little existed. ‘When estrogen levels drop, you’ve just lost your best friend,’ says Dr. William Castelli, director of the long-running Framingham Heart Study.³⁸

Bad news and good news

Three times in the next year *Time*, in its ‘‘Health Report’’ section, mentioned menopause in the context of estrogen – either in the ‘‘bad news’’ or ‘‘good news’’

³⁵ Ibid.

³⁶ Ibid.

³⁷ L. Jaroff and L. Emmerman, (1992, November 9), ‘‘The Biggest Killer of Women: Heart Attack,’’ *Time*, 9 November 1992, 72-73.

³⁸ Ibid., 72.

categories. The bad news: estrogen doesn't help prevent osteoporosis in women older than 75.³⁹ The good news: it seems to lessen the risk of Alzheimer's or decrease its severity⁴⁰ and helps boost a woman's mental and other skills, including reflexes, eye-hand coordination, and the ability to solve intellectual puzzles.⁴¹ These "Health Report" items continued through the coming years as a way of reporting, in brief and usually (but not always) without judgment, the latest evidence on hormones and health. These items, however, in most cases did not include specific citations or information about the researchers or where the studies appeared (scientific/medical journals, or scientific meetings, for e.g.) which made it difficult for readers to find additional information, or look up the originals.

Hormones for health

In between the Health Report items, *Time* ran several large takeouts and cover stories about hormones and women's health – the pros and the cons – an indication of the growing importance the medical establishment (and, in all likelihood, the public) now placed on women's health and the value (or at least the popularity) of hormone therapy. By now, the magazine no longer primarily focused on hormones as a way to stop aging, (although phrases occasionally crept into its copy alluding to HRT's youth-prolonging properties), but, rather, on the widespread acceptance of hormones as a way to maintain health, feel good, even live longer. Former First Lady Barbara Bush, in an interview⁴² with *Time*, expressed regret that she never took hormones when going

³⁹ E. Linden and E.A. Meers, Health Report, *Time*, 25 October 1993, 24.

⁴⁰ M. August and C.J. Farley, Health Report, *Time*, 22 November 1993, 27.

⁴¹ C.J. Farley and C. Gorman, Health Report, *Time*, 11 July 1994, 14.

⁴² M. Carlson, "The white gloves come off," *Time*, 26 September 1994, 40.

through menopause in 1976, an experience that she said caused her six months of depression. “Today, I would take chemicals to help me through,” she told *Time*.⁴³ Bush didn’t offer any reasons for her decision to not take estrogen, although – at the time she entered menopause – estrogen’s safety was under question because of its relationship to the risk of developing uterine cancer.

Following the 1989 Swedish study, and in the years leading up to the WHI, additional studies began to raise the HRT/breast cancer connection.⁴⁴ *Time* continued to report about the emerging studies about the breast cancer link, trying to present both sides of an increasingly confusing picture. Remember that HRT at the time was still regarded as protective against heart disease, the leading killer of women; thus, many of the articles portrayed women’s growing dilemma as a tradeoff between the risk of breast cancer and the protection offered against heart disease.

The wonders and perils of estrogen

In 1995, *Time* ran a huge package on the wonders – and possible dangers – of estrogen, both natural and synthetic.^{45 46} One sidebar on the evolutionary functions of estrogen described the hormone’s importance to brain function.⁴⁷ The main cover story outlined the tough decisions that menopausal women were now facing. In a surprising

⁴³ Ibid.

⁴⁴ G.A. Colditz, S.E. Hankinson, D.J. Hunter, W.C. Willett, J.E. Manson, M.J. Stampfer, C. Hennekens, B. Rosner, F.E. Speizer, “The Use of Estrogens and Progestins and the Risk of Breast Cancer in Postmenopausal Women,” *New England Journal of Medicine*, (1995) 332:1589-1593.

See also: J.L. Stanford, N.S. Weiss, L.F. Voigt, J.R. Daling, L.A. Habel, M.A. Rossing, “Combined estrogen and progestin hormone replacement therapy in relation to risk of breast cancer in middle-aged women,” *Journal of the American Medical Assn.*, (1995) 274(2):137-42; F. Grodstein, M.J. Stampfer, G.A. Colditz, et al. “Post-menopausal hormone therapy and mortality,” *New England Journal of Medicine*, 336, no. 25 (1997):1769-1776; A.Z. LaCroix, W. Burke, “Breast Cancer and Hormone Replacement Therapy,” *The Lancet*, (1997) 350, 9084:1042-1043; C. Schairer, J. Lubin, R. Troisi, S. Sturgeon, L. Brinton, R. Hoover, “Menopausal estrogen and estrogen-progestin replacement therapy and breast cancer risk,” *Journal of the American Medical Assn.*, (2000) 283:485.

⁴⁵ C. Wallis, W. Cole, “The Estrogen Dilemma,” *Time*, 26 June 1995 46.

⁴⁶ C. Wallis, A. Park, “A Tonic for the Mind,” *Time*, 26 June 1995, 53

⁴⁷ Ibid.

throwback to the 1960s, the article deemed estrogen as “indeed the closest thing in modern medicine to an elixir of youth – a drug that slows the ravages of time for women.”⁴⁸ At the same time, however, it provided a full discussion of its possible risks. In language both strong (*magic potion, truly marvelous benefits*) and foreboding (*dark side, increased risk of several forms of cancer*) it left menopausal women with an impossible choice.

It is already the No. 1 prescription drug in America, and it is about to hit its demographic sweet spot: the millions of baby boomers now experiencing their first hot flashes. What Wilson didn’t appreciate, but what today’s women should know, is that, like every other magic potion, this one has a dark side. To gain the full benefits of estrogen, a woman must take it not only at menopause but also for decades afterward. It means a lifetime of drug taking and possible side effects that include an increased risk of several forms of cancer. That danger was underscored last week by a report in the *New England Journal of Medicine* reaffirming the long-suspected link between estrogen-replacement therapy and breast cancer. Weighing such risks against the truly marvelous benefits of estrogen may be the most difficult health decision a woman can make. And there’s no avoiding it.⁴⁹

Time, which had assured its readers in 1966 that estrogen was not only safe but likely protective against several forms of cancer, apparently had reversed itself. Now the magazine had different – and more ominous – news about the cancer association. Even so, the magazine accepted what the medical community continued to insist: that the benefits still outweighed the risks.

While gynecologists acknowledge that there are risks to estrogen therapy, they tend to emphasize the pluses. ‘The benefits of HRT will outweigh the risks for most women,’ says Dr. William Andrews, former president of the American College of Obstetrics and Gynecology. ‘Eight times as many women die of heart attacks as die of breast cancer.’

Still, the specter of cancer continues to haunt HRT. With last week’s *New England Journal* report, hope faded that progestin would offer estrogen users protection against breast cancer, as it does against uterine cancer. In fact,

⁴⁸ Wallis, Cole, “The Estrogen Dilemma.”

⁴⁹ Ibid.

it appears that the combined hormones may put women at a higher risk for breast cancer than estrogen alone. This bad news came in the wake of an alarming report in May suggesting that long-term use of estrogen heightens the risk of fatal ovarian cancer.⁵⁰

This article was startling in several respects. Even though *Time* continued to buy into the notion that hormones provided numerous health benefits (reducing the risk of heart disease, making women feel better, keeping skin smooth and preventing osteoporosis, mental deterioration, and colon cancer) the article used language in discussing the dangers – *alarming* report, *fatal* ovarian cancer – that introduced a chill into a once upbeat medical picture. Furthermore, *Time* reported the existence of anti-medicalization sentiment among American women, a new development that ran counter to the popular notion that U.S. women were gobbling hormones without hesitation.

Even before these disturbing reports appeared, American women were distinctly less exuberant about estrogen than their doctors. A 1987 survey showed that 20% of women given a prescription for estrogen never even fill it. Of those who do begin taking the hormone, a third stop within nine months, and more than half quit within one year. Many others go on and off HRT. Some do it because they don't feel quite right on the medication, some because they hate taking drugs, many because they worry about cancer. "I feel like a guinea pig," complains a 52-year-old woman attending a women's discussion group in Minnesota. "In 10 years we'll all be saying 'We should have been on hormones!' or 'Damn it, why did we take those things?'"

For many women there is something fundamentally disturbing about turning a natural event like menopause into a disease that demands decades of medication. And there is something spooky about continuing to have monthly bleeding at age 60, a fairly common consequence of some types of hormone therapy. "Why fight vainly to remain in a stage of life you can't be in anymore, instead of enjoying the stage you are in?" asks Dr. Nada Stotland, 51, an HRT dropout. Stotland, a psychiatrist at the University of Chicago, says she is "extra skeptical, because there are powerful forces that aim one toward prescribed hormones, but there is no profit motive in not prescribing something."⁵¹

⁵⁰ Ibid.

⁵¹ Ibid.

Bad news and good news (continued)

At the same time – and in the ensuing years – the “Health Report” continued to roll out the good news and bad. The good: new research shows that women who take estrogen within five years of menopause significantly reduce their risk of bone fractures;⁵² women taking estrogen after menopause show higher levels of high-density lipoproteins (HDL, the good cholesterol) than those not taking hormones, one of the best defenses against heart disease;⁵³ a study of 9,000 women finds that older patients taking HRT for at least 10 years are 30 percent less likely to die from heart disease than untreated women⁵⁴ menopausal hot flashes are less severe in women who eat soy daily, offering a natural dietary alternative for women to consider;⁵⁵ estrogen prevents skin from becoming dry and wrinkly because it increase the production of collagen, which makes skin elastic;⁵⁶ and menopause – here’s a surprise – may actually ease emotional distress.⁵⁷ This last item reads: “HAPPIER AT LAST. Though menopause can seem like a cheerless event, it may actually alleviate emotional distress. The rate of women who suffer from anxiety or depression drops from 10.8% in women under 55 to 5.3% in those 55 and older.”⁵⁸ The bad news spoke to another cancer study that examined the risks of combination therapy: “Last month a study said taking estrogen and progestin raises the risk of breast cancer – but a new report says it doesn’t. Which is correct? Nobody knows.”⁵⁹

⁵² K. Adams and M. August, Health Report, *Time*, 16 January 1995, 20.

⁵³ K. Adams and M. August, Health Report, *Time*, 30 January 1995, 20.

⁵⁴ K. Adams and C. Gorman, Health Report, *Time*, 20 March 1995, 21.

⁵⁵ J.F.O. McAllister and J. M. Horowitz, Health Report, *Time*, 25 November 1996, 23.

⁵⁶ K. Adams and M. August, Health Report, *Time*, 31 March 1997, 27.

⁵⁷ K. Adams and J. Horowitz, Health Report, *Time*, 14 July 1997, 19.

⁵⁸ Ibid.

⁵⁹ K. Adams and N. Catoggio, Health Report, *Time*, 24 July 1995, 18.

In the seven years that followed, *Time* continued to report the latest medical research, including the growing body of studies linking hormones to breast cancer. Also, the magazine devoted space to the growing popularity of natural alternatives, such as herbs and other foods containing natural estrogens, and the prospect of new designer estrogen drugs under development that might prove safer than HRT. In doing so, *Time* continued to perpetuate the idea the menopause was a condition in need of treatment. One article featured the author of a cookbook using soy and other natural estrogens in its recipes, and described efforts on the part of health food and nutritional supplement companies to bring soy and flaxseed-containing products such as snacks, breads, and shakes to the marketplace.⁶⁰ Another article described a new generation of compounds, often called designer estrogens, that “promises to tip the balance in favor of treatment.”⁶¹

Power to the female body

In 1999, *Time* ran a cover story about the female body⁶² with some fairly dramatic language describing the new feminist thinking about menopause, probably part of the growing rejection of the long-held stereotype of women as the “weaker” sex. The introduction to the article, however, still contained language that would make any good feminist bristle. It declared, for example, that “biology has usually been only too glad to claim the human female as its slave,”⁶³ and noted that “a new attitude is bubbling out of that old female hormonal swamp.”⁶⁴ The relevant paragraph about menopause showed a new and emboldened attitude among nineties women – in some

⁶⁰ J. M. Nash and M. Smilgis, “Early Flash Points,” *Time*, 21 April 1997, 99

⁶¹ C. Gorman, “The Estrogen Dilemma,” *Time*, 1 December 1997, 77.

⁶² B. Ehrenreich and B. Maddux, “The Real Truth About the Female Body,” *Time*, 8 March 1999, 56.

⁶³ *Ibid.*

⁶⁴ *Ibid.*

quarters, anyway – who were fighting to place menopause in a new and positive frame.

Time's tone was somewhat flippant, but the underlying message still came across.

Of all the `female troubles,' it's menopause that has been undergoing the most decisive makeover. Fifteen years ago, when Geraldine Ferraro ran for the vice presidency, the question buzzing anxiously around the Beltway was, `Has she gone through menopause yet?' You certainly wouldn't want a Veep who flashed hot or popped Midol. Fast-forward to 1994, and the *Washington Post* could calmly interview power gals Pat Schroeder and Olympia Snowe on their feelings about hormone-replacement therapy – and no one was blushing or giggling. In fact, in the new femaleist [sic] vernacular, those aren't hot flashes; they're power surges. True, you might hesitate to rip off your sweater and start fanning your face at a meeting full of alpha males. But outside of that hostile environment, menopause is becoming a celebration-worthy rite of passage. Two New York City women, free-writer Beverly Douglas and graphic artist Alice Simpson, have just launched their Two Hot Broads line of greeting cards. Then there are the Red Hot Mamas, whose inspirational support groups for menopausal women have spread from Brooklyn to 18 states, drawing as many as 800 at a time for meetings.⁶⁵

The dilemma

With each new breast cancer study, *Time* continued to frame the debate in terms of a dilemma: should women use hormones, or shouldn't they?⁶⁶ Was the tradeoff (heart disease protection vs. breast cancer risk) worth it? *Pity* (emphasis mine) the woman who had to make such a decision. Nash asked:

To take estrogen or not to take estrogen? For millions of women approaching menopause, no other decision stirs up more anxiety or stimulates more debate. On the one hand, study after study has shown that replenishing lost stores of this potent hormone can ward off many of the ailments associated with aging: heart disease, osteoporosis, perhaps even Alzheimer's. On the other hand, many of these same studies also suggest that long-term use of estrogen increases the likelihood that a woman will develop breast cancer.⁶⁷

⁶⁵ Ibid.

⁶⁶ J.M. Nash, "Every Woman's Dilemma," *Time*, 30 June 1997, 60. See also: J.M. Nash, and I.K. Smith, "Pros and Cons," *Time*, 7 February 2000, 68.

⁶⁷ Nash, "Every Woman's Dilemma," 60.

Nash and Smith wrote:

“Poor women!”; sighs University of Michigan cardiologist Dr. Lori Mosca. “Every time a new study comes out, they have to revisit the decision they’ve made!” That decision, of course, is the one that currently confronts millions of baby-boomer women just entering their menopause years: whether or not to supplement their bodies’ flagging supplies of estrogen in hopes of preventing late-in-life maladies like osteoporosis and heart disease... Making this decision has never been easy, and last week, alas, it got harder still.⁶⁸

Hormones: bad for the heart?

The years between 2000 and 2002 (the latter just before the WHI results were released) brought even more bad news about hormones. *Time* reported preliminary research that contradicted the long-held belief that hormones were good for the heart – and further suggested that they might even raise the risk of a heart attack.⁶⁹ However, both stories stressed that the evidence was based on a group of postmenopausal women who already were suffering from heart disease, and urged that the results not be interpreted too broadly. The magazine also told of yet another study^{70 71} that suggested that ten years or more of estrogen doubled a woman’s risk of dying from ovarian cancer. While the messages were still positive overall, doubts were beginning to creep in, and the last remaining reasons to take hormones were weakening. As far as *Time* was concerned, the equation already had started to change. Perhaps HRT was no longer a panacea for good health and a long life? Maybe hormones were only useful in the short-term, to relieve menopausal symptoms? The magazine began to air these

⁶⁸ Nash and Smith, “Pros and Cons,” 68.

⁶⁹ “Affair of the Heart,” *Time*, 27 March 2000, 105. See also: S. Gupta, “Should Anyone Take Hormones?” *Time*, 15 July 2002, 70.

⁷⁰ C. Rodriguez, A.V. Patel, E. E. Calle, E.J. Jacob, and M.J. Thun, “Estrogen replacement therapy and ovarian cancer mortality in a large prospective study of US women.,” *Journal of the American Medical Association*, (21 March, 2001)285(11):1460-5.

⁷¹ C. Gorman, “Hormone Hazards,” *Time*, 2 April 2001, 78.

questions even before the WHI results were released. In the ``Affair of the Heart'' article, which ran March 27, 2000 in *Time's* Personal Time/Your Health section, the language reflected muted but still stunned disbelief that everything the media and the medical community had long believed about HRT and heart disease was now in dispute.

For years, it has seemed obvious that taking estrogen is good for a woman's heart. Most women don't suffer heart attacks until they've gone through menopause and their bodies no longer produce much of the hormone. But researchers discovered a funny thing when they tried to prove the obvious. Taking estrogen doesn't always protect women against heart disease – and may sometimes make matters worse.⁷²

Many, including *Time*, began looking toward the WHI to settle things once and for all. Gorman,⁷³ also in the Personal Time/Your Health section, wrote the following. She was, of course, unaware that she wouldn't have to wait as long as she thought.

I am really looking forward to the year 2005. That's when a large clinical trial called the Women's Health Initiative (WHI) should finally answer the question ``do the benefits of taking estrogen and progestin for years, even decades, after menopause outweigh any risks?' There has been lots of evidence over the years that the answer is yes and yet plenty of data that lean toward no.⁷⁴

And *Time* offered one possible explanation as to why the media and the public took the WHI results so seriously when they appeared:

The WHI should pretty well settle the matter because it's a randomized, placebo-controlled trial, the most rigorous type of study researchers know how to design. More than 27,000 women, ages 50 and older, are taking either the drugs or a dummy pill for anywhere from eight to 12 years. Because neither they nor the medical staff running the program knows who is getting what, you can bet the results will be as objective as humanly possible.⁷⁵

⁷² ``Affair of the Heart,' 105.

⁷³ Gorman, ``Hormone Hazards,' 78.

⁷⁴ Ibid.

⁷⁵ Ibid. .

One week before the release of the WHI, in an indication of how much the situation regarding hormones had changed – and in a harbinger of worse to come –

Time summarized the cumulative grim research.⁷⁶

Hormone-replacement therapy (HRT), which for years was offered to postmenopausal women as a remedy for nearly everything that ailed them, from hot flashes to heart disease, took another hit last week. The *Journal of the American Medical Association* published the outcome of a seven-year follow-up study that doctors hoped would show, despite disappointing results the first time, that long-term hormone-replacement does in fact protect women against heart disease. Instead, the study showed the opposite. Not only did HRT fail to reduce the risk of heart attacks and strokes, it significantly increased the incidence of blood clots and gallbladder disease.

Coming on top of studies linking HRT to increased risk of breast and uterine cancers, the study might well lead the 17 million American women who are taking hormone-replacement therapy to wonder whether they are making a big mistake. Given all the bad news, are there any good reasons to take hormones?⁷⁷

To be sure, *Time* noted that the study was conducted on elderly women, with an average age of 67, who already had signs of heart disease and were hoping HRT would prevent further trouble. The magazine quoted Diana Petitti, MD, who, in an accompanying journal editorial, advised this group of women: “Don’t start, and do stop. HRT just doesn’t offer any protection.”⁷⁸ This was a stark contrast to experts’ opinions in the past. For the above group of women, at least, hormones no longer had any redeeming value.

The WHI

The results of the WHI were released on July 9, 2002, three years short of the originally scheduled completion date. *Time* devoted a cover story and two sidebars (discussing safer alternatives) to the revelations in its July 22 issue, authored,

⁷⁶ Gupta, “Should Anyone Take Hormones?” 70.

⁷⁷ Ibid.

⁷⁸ Ibid.

incidentally, by six women writers.⁷⁹ The cover photograph featured 60-year-old Susan Pierres, a Miami photojournalist. The cover line read: “The Truth about Hormones” with a subhead: “Hormone-replacement therapy is riskier than advertised. What’s a woman to do?” The lead of the story introduced Pierres and described her as “confused and angry,” having taken HRT for ten years – even in the absence of menopausal symptoms.⁸⁰ The headline over the story read: “A large federally funded study provides definitive proof that estrogen and progestin are not age-defying wonder drugs. What’s a woman to do?”⁸¹ The main story laid out the background – and the cruel present. Interestingly, in doing so, *Time* included long-held but somewhat outdated notions of HRT as an elixir of youth. In recent years the prevailing theme about menopause had been not that hormones could keep women young, but that they could keep them healthier and prolong their lives. Yet, in this story, *Time* continued to cling to the portrayal of hormones as an antidote to aging, saying that now, “like latter-day Ponce de Leons ...these women are watching their dream of eternal youth fade away.”⁸² Hormones, the article said, were not the “the age-defying wonder drugs everyone thought they were” and liked increased the risk of heart disease and invasive breast cancer, among other things.”⁸³

Women of a certain age

One important final note about *Time* and the language of menopause: the magazine, over the years, repeatedly used the phrase “women of a certain age” to

⁷⁹ C. Gorman, A. Park, A. Bower, W.Cole, J. DeQuine, J., McDowell, “The Truth About Hormones?” *Time*, 22 July 2002, 38.

⁸⁰ Ibid.

⁸¹ Ibid.

⁸² Ibid.

⁸³ Ibid.

describe menopausal women. The terminology appeared numerous times in articles related to menopause and hormones, even under different bylines. For example, in Christine Gorman's 1997 discussion of the estrogen dilemma (emphasis mine):

“Sooner or later, every *woman of a certain age* has to face the question of whether or not to take estrogen.”⁸⁴ Or in Ian Smith's article on hot flash relief (emphasis mine):

“Hormone-replacement therapy, as every *woman of a certain age* knows, is designed to make up for the body's lowered estrogen output during menopause.”⁸⁵

One wonders whether an editor at the magazine was fond of the phrase, or whether it appears in *Time's* stylebook as an acceptable description of menopausal women. The phrase is an idiom used to avoid saying that a person – usually a woman – is no longer young but is not yet old. The phrase is now regarded as offensive, particularly since the 1970s, when the women's movement began urging women to be proud (and no longer lie) about their ages. This pattern is worth mentioning because it appeared a striking number of times in the magazine (in the 1980s, 1990s and even more recently), and did not appear with the same frequency in any of the other print media studied for this paper. *Time's* tone typically is breezy and flippant – not only in articles about women – and using the phrase may be no more than an editorial attempt to stay consistent with *Time's* overall style. Nevertheless, language *is* important – it conveys images, messages and themes – and *does* make a difference.

⁸⁴ C. Gorman, “The Estrogen Dilemma,” *Time*, 1 December 1997, 77.

⁸⁵ I. Smith, “Hot-flash Relief,” *Time*, 17 July, 2000, 83.

Chapter 12: Findings, Discussion, and Conclusions

The backdrop: a tumultuous century

More than a hundred years ago, popular thinking held that women belonged in the home, tending to their children and keeping their husbands happy. They were excluded from the voting booth, from many colleges and most professions. While the lot of women would improve in many social, political and economic areas during the next the century, the traditional role of women, that of stay-at-home mothers and wives, would remain a permanent – albeit changing – dynamic, emerging, ebbing and re-emerging with varying degrees of strength and value, often dependent on the social climate and the predominant issues of the time.

By the beginning of the twentieth century, suffrage became an issue, and women began participating more in public life. Women's activism, including suffrage and the reform movement, drew women outside the home – yet, power, politics, jobs and prestige still remained under the control of men. Many men did not want women to vote; they feared losing control over them and worried that women would vote in a bloc. They also believed women couldn't understand the sophisticated issues involved in voting. Birth control was another volatile issue of the time. Birth control was associated with immorality, and discussing contraception was considered obscene. Some believed that those who opposed birth control did so to keep women at home: if women had children to raise, they wouldn't go out and get jobs.

The nineteenth amendment eventually passed in 1920; women voted, but not – as feared – in a bloc. With the invention of the automobile, and increases in mass production, many Americans – including women – enjoyed new feelings of liberation.

Women entered the work force, and formerly restricted areas of sports and leisure opened up to them. This ended in 1929, when the stock market crashed and gender roles began to tighten up again.¹

The 1940s and the entrance of America into World War II prompted the U.S. government to lure women out of their homes and onto the assembly line – only to try to send them back to their homes when their husbands returned from fighting. The 1950s brought consumerism; laborsaving devices, such as vacuum cleaners, toasters and washing machines, were marketed to give women more freedom and encourage them to become more efficient in their domestic chores. Men designed, produced and marketed these items, and women stayed home and used them to create a clean and happy sanctuary for their work-exhausted husbands.

The baby boom created bigger families, and, a result, harder working husbands, a climate that further tied women to the home. The 1960s brought the Civil Rights movement, an unpopular war in Vietnam – and *The Feminine Mystique*. Baby Boomers were reaching young adulthood, the streets were full of protesters, and different groups – chief among them blacks and women – were demanding change. Friedan wrote about “the problem that has no name” and catapulted the “trapped” and unfulfilled housewife into public domain. By the 1970s, leading feminists spoke of having it all – jobs, families, the works, while some educated, employed, upper- and middle-class women looked with disdain upon those who chose to stay home. But the 1980s and 1990s, it was about choices – that women should feel empowered to decide on the roles they wanted for themselves, without guilt, and with respect.

¹ Kimberly M. Radek, Women in Literature website, “Women in the Twentieth Century and Beyond,” at URL http://www.ivcc.edu/gen2002/Twentieth_Century.htm accessed 1 July 2008.

Menopause as illness and social control.

In the late nineteenth century, when women of every age were considered delicate and inherently sick because of their reproductive functions, menopause was seen as both confining, because of women's frailties, and freeing, because of the liberation from pregnancy. From the 1920s onward, however, menopause was "connected with a deviant sexuality."² The belief that aging women were without sexual interest was common throughout this period, although many doctors disagreed.³ Regardless, during the first half of the twentieth century, menopause was defined as an illness rather than an experience, and all menopausal women were urged to seek medical attention, regardless of the severity of their symptoms.

Most women did not speak of menopause, allowing – by default – the male medical profession to define it and control it. Menopause, in fact, became an excuse for social control – when men returned from World War II, for example, women – by then accustomed to being on their own – had to be brought back in line, a mission that extended as much to older women as to their younger counterparts.⁴ "Monogamous marriages and childbearing could contain younger women," Banner wrote. "For older women, no longer capable of bearing children, defining menopause in terms of mental disturbance served as a brake on their independence."⁵

Solidifying negative ideas about menopause

During the twentieth century, the five magazines and the three newspapers that were studied reflected and solidified many of these negative notions about menopause,

² Banner, *In Full Flower*, 308.

³ *Ibid.*, 291-292

⁴ *Ibid.*, 303.

⁵ *Ibid.*

and contributed to the growing approach by the medical profession of regarding menopause as a disease of hormone deficiency. In doing so, they helped move menopause from a ``change-of-life,’’ to an ``emotional’’ model of deterioration, loss of femininity and aging, to a ``medical treatment’’ model consisting of two phases. The first ``fountain of youth’’ phase held that hormone treatment was an antidote to aging and the way to eternal femininity. The second ``good health and long life’’ phase held that HRT could ward off the diseases of aging and ensure longevity by reducing the risk of heart disease, mental decline and osteoporosis, among other things. [See table 2]

Despite the dramatic public response to the WHI, medical practice has not dismissed the medical model of menopause; the discussion still revolves around treatment, but focuses on safer doses of hormones, or alternatives to them. News media coverage has continued to reflect this.

Table 2: Media Models of Menopause Timeline

1900	1950 – 1960	1960 -1980	1980 – 2002	2002- 2008
Change of life	Emotional (Deterioration and aging)	Emotional/Medical (``Fountain of Youth’’) Estrogen use increases followed by a transition to combination therapy after reports in the 1970s link estrogen to uterine cancer. Medicalization grows rapidly	Medical (longevity and health) Combination therapy use increases in popularity. Medicalization grows rapidly.	Medical (Treatments are too risky) Combination therapy use drops steadily. Medicalization continues with the search for safer treatments.

While the news/feature print media are not all-powerful, nor the single dominant source of persuasion over audiences, they *do* contribute ideas and information over time, a process that plays an important role in the formation of societal attitudes. Historically, the heavy concentration of negative ideas about menopause in the publications studied, followed by a flood of information about the wonders of hormones and their impact – first, on aging, and then on health and longevity – both mirrored and amplified public perceptions about women, menopause, and aging, and contributed to its medicalization. The constant stream of negative imagery over time almost certainly influenced how woman regarded this inevitable stage of their lives, and set them up perfectly to be enthusiastic recipients of drugs that could eliminate the horrific side effects of menopause and keep them “feminine forever.” In more recent years, in a trend that gradually grew in strength, the messages in the selected media that were studied also conveyed that menopause was a hormone deficiency disease whose ravages could be erased with drugs and that HRT would convey numerous health benefits. Coupled with the power and authority of the medical establishment, and the aggressive marketing and promotion (to physicians) of hormones by pharmaceutical companies, the lure of hormone replacement therapy became irresistible. Even though important studies raised questions about their risks throughout the period of hormone popularity – and these were reported by the news media and, for the most part, prominently played – these isolated stories seemed to be dwarfed by the overwhelming number of articles that transmitted the message that hormones were a good thing for women to take, and that their benefits vastly outweighed their risks. The print media messages in these publications were bolstered by the frequent use of mostly male

physicians as sources and, in more recent years, by a drive to use *women* physicians as sources, which further enhanced the drugs' credibility.

Differences among the magazines

The three women's magazines studied, *McCall's*, *Good Housekeeping* and *Ladies Home Journal*, aimed their messages directly at women, their main audience, unlike *Time*, whose initial readership was almost entirely male and then later broadened to include both genders, *Reader's Digest*, and the three newspapers, the *Washington Post*, the *Los Angeles Times* and the *New York Times*, whose readers were (and continue to be) both men and women. The women's magazines at first ignored menopause at the beginning of the twentieth century, but applauded middle age, even though in doing so they might have unintentionally reinforced some of women's worries about aging. In the 1960s, however, the women's magazine encouraged women to replace their natural missing estrogen with the synthetic version. By promoting such medicalization, they altered their earlier messages about middle age: rather than age gracefully, as they had urged earlier in the century, they told women that they now didn't have to age at all, thanks to hormones. Women's magazines stayed true to their mission of providing women with what at the time was thought to be useful information about all phases of their lives, including important health issues, and were notable for using many women writers to deliver these messages. The women's magazines of the era, Friedan wrote, conveyed the ideal image of women as "young, frivolous, almost childlike; fluffy and feminine; passive; gaily content in a world of bedroom and kitchen, sex, babies and home."⁶ Further, "in the magazine image, women do no work except housework and work to keep their bodies beautiful and to get and keep a

⁶ Friedan, *The Feminine Mystique*, 36.

man.”⁷ Readers of women’s magazines were not interested in public issues, nor in national or international affairs – just in their homes and families.⁸

Time initially devoted little space to menopause – the subject clearly didn’t fit into the magazine’s original format of condensing news and politics for its then-population of *male* readers – but ran an expanse of articles at the end of the twentieth and beginning of the twenty-first centuries on hormones when HRT became a valid news issue to be covered. *Reader’s Digest* tackled menopause as a “problem” and, in its typical upbeat fashion, tried to advise its readers on how to cope, offering early signals about the possibilities offered by the use of synthetic hormones. Considering *RD*’s reputation as a traditional and conservative publication aimed at general interest audiences, it actually was surprising to find so many articles about menopause. Moreover, the articles apparently made a sincere attempt to help their readers, even during an era when menopause was not often spoken about publicly, and medical information about menopause was sparse.

Wasting away and stormy weather

The newspapers, in particular the *LAT* and the *Post*, implied throughout most of the twentieth century in their columns and ads the recurring message that menopause was a stage of life to dread because its effects were so miserable. While they aimed their messages primarily at women, they also included occasional sympathetic advice for men with suffering wives. Their negative and sometimes flippant language seemed most pervasive between 1920-1960, especially when compared to magazines, possibly due in part to the fact that the same male columnists delivered these depressing

⁷ Ibid.

⁸ Ibid., 37.

messages repeatedly. They frequently described menopause in language that compared the menopausal time period to a *bitter pill*, a cruel accident of nature, a siege of bad weather, usually a *storm*, or a period of degeneration and lack of productivity, with frequent unpleasant references, including such words and phrases as *drying up*, *withering*, *shriveling*, *brittle*, *wasting*, *drooping* and other similar terms. More than once, writers used imagery to describe the process as comparable to a *grape* turning into a *raisin*. Articles about menopause were punctuated by such language as *ravages of aging*, *failing* or *failure* (most often used to describe ovarian function), *downhill*, *women's fate in life*, *crippling and lethal aging process*, *mental and emotional troubles*, *distressing body changes*, and so on. Menopause was *a staggering catastrophe*, but estrogen was *what makes a girl a girl*, and turned decaying and sagging body parts into those that were *firm* and *supple*. Dr. Wilson himself expressed some of the harshest language used to describe menopause, both in his book and during meetings and interviews where he was widely quoted. Also, the *LAT* chose to run excerpts from his book in its pages. Menopause wasn't *natural*, he said, but rather *nature's inexplicable accident*. He compared menopausal women to *cows*, and said they were experiencing the *death of their own womanhood*. A woman entering menopause, he said, would find that *her body ultimately betrays her*.

The magazines studied also engaged in some of the same rhetoric. The repeated use of the phrase *women of a certain age* (mostly by *Time*) – even in recent years – was yet another example of this patronizing and belittling attitude toward middle-aged women. It is worth noting – even though it reaches beyond the scope of this study – that, even today, the news media still cannot resist being flippant with the language of

menopause. In at least two recent instances, for example, the aftermath of the WHI was described as a *hot flash*. *GH*, for example, wrote that millions of women, in the summer of 2002, “experienced a communal hot flash.”⁹ Similarly, *Time*, also using one of its favorite phrases, wrote: “For millions of women of a certain age, the news struck like a hot flash.”¹⁰

Columns appearing regularly, in discussing menopause, repeatedly raised the ominous specters of weight gain and obesity, insanity and depression, uselessness and the end of productivity, degeneration, and wasting. This had to be especially discouraging for women during the first half of the twentieth century, when the male-dominated establishment placed such a heavy emphasis on their role as homemakers, and on staying attractive for their husbands – particularly when many women did not have outside jobs that could bolster their self-esteem and identity. Columnists, in trying to ridicule the notion that men would lose interest in their aging menopausal wives in favor of younger more supple rivals gave voice to this dreaded fear simply by raising it so often. Even when columnists dismissed the idea, it was impossible to ignore – much as when trial lawyers persist in introducing evidence that a judge will almost certainly disallow. Can a jury ever truly disregard a statement once its members have heard it?

Placing the blame on women

When women experienced symptoms and sought advice, the columnists placed the fault squarely on women themselves. With only a few exceptions, the advice and wellness columns that ran in the *Post* and the *LAT* during the first half of the twentieth

⁹ C. Fox, “HRT: Yes or No?” *Good Housekeeping*, November 2002, 82.

¹⁰ David Bjerklie, Alice Park, Sora Song, “Your A to Z guide to the year in medicine,” *Time*, 20 January 2003, 109.

century were consistently judgmental in tone and language, solidifying the idea of menopause as an horrific time, and laying the blame for this on women, either for having led unhealthy lives – making behavior choices deemed unacceptable – or for simply believing what they had heard about menopause and aging, fearing it and then having the audacity to complain about it. This latter notion of blame and responsibility on the part of women also arose to some extent in magazine coverage. Thus, women not only had to deal with the discomfort of hot flashes, sleep disorders and other symptoms, but also were told by medical columnists and other writers in newspapers and magazines that it was their own fault. It is important to remember that some of the practices that columnists claimed would result in a bad menopause – such as birth control and abortion – were illegal during much of this time. Furthermore, they were considered obscene in many quarters, and a religious violation in others. By today's standards, and society's broader acceptance, such scientifically inaccurate columns, in reality condemnation, would be regarded, and almost certainly labeled, as opinion, not fact – or wouldn't be allowed to run at all. The rare exceptions during that time were women writers who likely had a personal understanding of both middle age and the menopausal experience and tended to be more sympathetic and less patronizing and judgmental. Regardless, the combined effect was to strengthen the trend toward medicalization.

Advertising

Advertising, to a great extent, also played upon many of the same fears. Newspaper classified and display ads at the start of the twentieth century unrelentingly pushed unproved and unregulated patent medicines, most of them today regarded as

worthless, and possibly even dangerous. This era was a time before radio and television, when newspapers dominated the country and were fiercely competitive, and they were the single source of daily dialogue about political, cultural, and social issues.¹¹ It was also an era when government regulation was nonexistent, and manufacturers of creams, powders, tablets, elixirs and the like could get away with saying almost anything about their products without having to prove they worked. Advertisers recognized early on in their craft that women were a lucrative target. As early as 1891, in fact, Nathan Fowler, writing in *Advertising Age*, recommended that manufacturers aim their advertising messages at women because women make most of the household purchasing decisions.¹² Many of the health related ads directed at women spoke of the physical ills of menopause, as well as the physical signs of aging, the twin horrors that most middle-aged women typically dread, and promised that their potions would fix everything. Even when these products couldn't – and didn't – deliver the relief they promised, they helped create a climate where menopausal women began to accept that menopause was a condition to be treated, rather than simply endured – again, encouraging the path to medicalization.

Of the three newspapers studied, only the *New York Times* rejected such blatant hucksterism because of its longstanding policy to shun ads for medicines with unproved claims. For the most part, the *NYT* confined menopause-related display advertising to self-help books for consumers. Even so, advertising for these books relied heavily on scare tactics, with headlines that played upon women's worries about aging, sexuality, physical appearance, and their ability to hold onto their men. Ads often invoked the

¹¹ Biagi. *Media/Impact*. 56.

¹² ¹² Duke University Libraries, "Emergence of Advertising in America," at URL <http://library.duke.edu/digitalcollections/eaatimeline.html> accessed 2 July 2008.

power of the medical establishment, especially when they were written by women doctors – the latter served to solidify the books’ credibility. For example: *When Menopause Begins for You, Will You Meet it with Frightening Myths or with this Book of Up-to Date Helpful Medical Facts by Eight Women Doctors?*¹³

News women can use

Throughout the twentieth century, all three newspapers studied (particularly the *Post* and the *Los Angeles Times* in its advice columns) tried to raise questions about menopause in ways that could help women (and their husbands) cope, even though they leaned heavily on unpleasant (and unproved) assumptions in doing so. During the first half of the twentieth century, they included numerous unfortunate stereotypes about menopause in their news coverage of hormones, belittling women in the process – for example, the use of menopause as a legal defense for murder, as well as the the newspapers’ initial coverage of women’s hormones as a possible preventive treatment for cardiovascular disease discussed their use by *men*. The latter *might* have been an acceptable approach if heart disease was not also a serious health threat to women – it is, in fact, the leading killer of *both* sexes. But this was an era where women played virtually no role in medical research, and findings were almost never extrapolated to them. The medical research community, clinging to old fears about the impact of women’s reproduction and biological systems on clinical studies and worried about liability, refused to include women in medical research – or even consider the impact of drugs on them – until the 1990s.

¹³ *New York Times*, display ad, 15 January 1975, sec. BR, p. 6

***RD* stands alone**

The one notable exception to the media cheering squad for hormones was *RD* which, at one point, tempered the wildly popular view of hormones and provided one of the more realistic views of menopause, countering Dr. Wilson's messages (at the time) that estrogen would make women young again. The magazine ran at least one strong article opposing the medicalization trend, and urged extreme caution with hormones. While the newspapers ran occasional anti-medicalization articles, quoting experts who recommended restraint in the use of hormones – and who felt their potential dangers had been minimized – their predominant theme was overwhelmingly in favor of hormone use, a position that mirrored the popular view of hormones at the time.

Covering medical research

The *NYT*, unlike the *LAT* and the *Post*, did not run advice and help columns during the first part of the twentieth century, but focused on menopause only in the context of news; thus the subject received only rare attention before the 1960s. In that regard, the *New York Times* contributed far less than the *Post* and the *LAT* to the first theme, that menopause was a time to dread, but it did, in fact, support the second theme of this research, that of medicalization of menopause, with a heavy focus on hormone use and research. When the selected newspapers covered the effects of hormones before the 1960s, reporters described rudimentary experiments with a sense of awe. Their articles did not provide much in the way of documentation, detail – or even reaction from other experts. They simply accepted what was “fed” to them, and never challenged the information or the credentials of the researchers whose work they chronicled. (In more recent years, of course, journalists reporting on such experiments

have tended to cover work that has appeared in peer reviewed medical journals, or at scientific meetings, as a layer of protection – although such “protection” is not failsafe. In fact, many reporters don’t even read the research as it appears in journals, but instead rely on press releases and other packaged material, which often is framed by drug companies and others with a stake in the coverage.)

The *NYT*’s aversion to help and wellness columns changed in the 1960’s with the introduction of Jane Brody’s “Personal Health” column, which the *NYT* has published regularly for four decades. Brody’s columns bore no resemblance to the medical columns that had started appearing in the other two newspapers more than a half-century earlier. In fact, all three newspapers, the *New York Times*, the *Los Angeles Times*, and the *Washington Post*, directed considerable attention to menopause and the health impact – and possible dangers – of hormones during the last 20 years, particularly in special sections or pages targeted to science and health issues. In all three newspapers, the language of the columns changed dramatically in tone in recent years from that in the newspapers columns that ran between 1920 and 1960. Even though the medical research reported was often contradictory and confusing, the writers’ words, for the most part, were more often than not free of personal opinion and judgment. Instead, the authors tried to communicate what was provided by medical experts. The *Post* established a special weekly health section in 1985 that attempted to deal meaningfully with menopause and middle age; most recently the section—as well as other parts of the newspaper—has tried to help women sort through the confusing pros and cons of HRT in the continuing aftermath of the WHI study. The *NYT* also has

tried to do so in its weekly science and health pages, as has the *LAT* in its weekly health section.

Special health sections: the time was right

The development of these special sections and pages devoted to health issues, including women's health, occurred during a time when American consumers, especially women, began taking an increased and active interest in matters of their own personal health. They read food labels. They shunned pesticides. They tried complementary medical treatments. They asked specific, pointed questions of their physicians. All three newspapers used (and still use) these special health/science sections to run features and columns whose goal is to try to help women make health decisions tailored to their own needs. In that context, they have tried to sort out the contradictions and confusion over the risks and benefits of hormones. The *NYT*, specifically with Brody's columns, has devoted considerable space to the subject of menopause and hormones, although the messages have swung back and forth like an out-of-control pendulum, much like the research results themselves. Considering the proliferation of conflicting data, all three newspapers have performed an admirable job *trying* to provide women with answers at a time when the medical field was rife with conflicting information. They were not always successful, but they should get credit for trying.

Relying on experts

In science and medical reporting, in particular, journalists often depend on medical authorities for their information and are always confident or knowledgeable enough to contradict or challenge the information they are given. Even when journalists

have medical training, they still are likely to quote outside experts, rather than their own medical knowledge, which is appropriate. The *Post's* Susan Okie, for example, herself a physician, used other medical sources when writing about hormones, and kept her own scientific opinions out of her stories.

Using outside sources, however, can raise problems when reporters quote experts without challenge, fail to scrutinize their credentials, as these selected print media did with the industry-financed Dr. Wilson, and use too few expert voices. It is perfectly acceptable, if not desirable, to use physicians or researchers as sources, if their credentials are sound and there is scientific evidence to back up what they say – and, in the case of conflicting science, a variety of opinions are presented. During the 1960s, reporters quoted Dr. Wilson repeatedly as an authority on estrogen. Yet they did not raise the fact that he never conducted large placebo-controlled clinical trials of hormones, nor did they question him about his funding, or his motives – one of them almost certainly an eagerness to sell copies of his book. All of these factors clouded his credibility as a source. It is worth pointing out that the vast majority of the stories in the newspapers and magazines that were studied relied on physicians who were champions of hormones, even when the whole of organized medicine was not united on one side or the other of the hormone debate. During the early twentieth century, the sources were almost always *male* physicians, a trend that not only solidified the power of medical authority, but also reflected and supported the overall medical patriarchy that existed at the time. Later, the publications in this study sought women physicians to quote; many of them advocated the use of hormones, lending even greater credibility to their alleged wonders. Readers were left to assume that women physicians would not recommend a

drug, nor take it themselves, as many said they were doing, if it wasn't safe and effective. Pharmaceutical companies fueled this by promoting their products to the medical community, as well as to the news media – often through “experts” provided by high powered and well-paid (by the drug companies) public relations firms, and the news media apparently did little to challenge the information it was given. Looking at the coverage over the years through an agenda-setting lens, the medicalization agenda for menopausal women, as it was for many other drugs, seemed to be controlled as much if not more by outside sources as by the news media. The news media, however, all too easily accepted the information it was offered.

Reporting the risks

All three newspapers and the five magazines dutifully reported studies during the 1970s linking estrogen to uterine cancer. Later, they all reported studies suggesting that hormones were tied to the risk of developing breast cancer, as well as studies raising the possibility that hormones did not protect against heart disease and could even provoke it among certain populations of women. During the 1980s and 1990s, for example, amid discussions of HRT's ability to lower death rates, improve memory, strengthen bones and protect against heart disease, there were numerous articles that discussed the possibility that HRT could raise the risk of breast cancer well before the WHI results were released. Many such stories appeared after 2000. At the same time – and until the release of the WHI – the news and feature media that were studied conveyed the impression that the benefits of HRT still outweighed the possible risks.

It is not surprising then that the WHI provoked dramatic and prominent coverage that reflected the surprise, shock, and dismay of the medical community, who

had bought into medicalization, and of women, who had heeded their doctors' recommendations. Early harbingers apparently were ignored or not taken very seriously by some, or simply overshadowed by heavy marketing on the part of drug companies and the apparent willingness of physicians to continue to promote and prescribe the drugs. While many news outlets ran stories predating the WHI that described the potential risks of HRT, the messages remained mixed, much like the research results themselves. Many of the stories continued to characterize the benefits of hormones as greater than the risks, or quoted experts who recommended against changing medical practice until more was known. (They liked to say: ``Don't panic.'') Also, in covering the early breast cancer studies, many of the news and feature stories raised questions and caveats – with the Swedish study in particular – that may have provided enough of a reason for readers to dismiss the studies as not applying directly to them. These pre-WHI studies apparently had little impact on physicians' prescribing practices, surprising, considering the proliferation of risk stories that immediately predated the release of the WHI.

The nature of medical research

Perhaps editors still found the WHI results unexpected; after all, medicalization of menopause was well-established and routine hormone treatment had been part of standard medical practice for nearly four decades, their alleged benefits ingrained in the public consciousness. A more likely explanation, however, is that the WHI had been regarded – and awaited – as the landmark study that was supposed to settle the confusion and conflicting data once and for all. It was to be the final word on hormones, the gold standard of medical research on the health issues of midlife women

– and the coverage in these selected publications reflected this. Unfortunately, the reality of medical research is frequently something very different; often times, there *never really is a final word*, and journalists sometimes fail to realize this. Indeed, the confusion over hormones continues to this day.

The news media often report conflicting results from medical studies without trying to interpret the differences, thus contributing to a muddled public perception, even distrust, about the state of the science. The public doesn't always understand that medical research often is a work-in-progress, and that it is not unusual to have reversals of earlier conclusions. We have seen this numerous times, in studies about eggs and cholesterol, salt and hypertension, beta carotene, fiber and colon cancer, the lifesaving benefits of mammograms for women in their 40s – the list goes on and on. This is the nature of medical science. It often takes many years to reach a solid finding – if, in fact, one can ever be reached at all. Conclusions from medical research are rarely, if ever, clean and precise. As a consequence, the news media, whose job is to serve as the communication bridge between the experts and the public, often have a difficult time doing so. In the case of HRT, many of the experts themselves had trouble interpreting the data, leaving them unsure of how to advise women, and this was often reflected in the news coverage. In retrospect, there were enough early warning signs about the possible dangers of hormones to prompt closer news media scrutiny of medical claims made about hormones.

The challenge for reporters

The continuing challenge for the science news media is to try to make some sense of the confusion, to put medical research into perspective, and to attempt to

present a responsible interpretation – albeit filtered through the views of experts – that will give readers as much accurate information as possible, truly a formidable task. To be sure, this approach is not necessarily a bad one; readers *do* want to know what experts think. But reporters need to rely on more than a few experts – and they need to choose them carefully. This doesn't mean seeking out experts who have been quoted by other media, which frequently is the case, or accepting without challenge what has been reported by other news media. This means asking about experts' credentials, ``vetting'' them through other trusted experts, and asking hard questions about the sources of their funding and about other possible conflicts of interest. Researchers routinely have financial ties to drug companies that potentially color their views. When a scientist has conducted studies of a drug that have been financed by the drug's manufacturer, for example, he or she might be consciously or unconsciously biased when it comes to assessing the value (or dangers) of the drug. Reporters need to use these experts with caution and, if necessary, explain their affiliations in their stories. Full disclosure is an important but little used media tool. Audiences deserve to know this information, and rarely receive it. On the other hand, reporters needn't exclude such sources entirely. Sometimes researchers have important expertise about a drug *because* of their connection to it.

Changes in media messages: hormones are bad

It has been interesting to see how the media messages about HRT shifted after the release of WHI. Many of the news and feature stories began to convey a new and negative theme, that hormones were *bad* for women. There was a steady flow of bad-news articles about hormones in the years that immediately followed the 2002 release

of the WHI results. The newspapers that were studied continued to report additional studies with discouraging findings, and the magazines – particularly the three women’s magazines – began running articles with a decidedly anti-hormones’ theme, suggesting that it was time for women to reconsider using them. The media began reporting that physicians were now backing away from routinely prescribing long-term HRT. Instead, they were recommending that HRT be used for the shortest possible time, only to relieve menopausal symptoms. In other articles, the news and feature print media started emphasizing menopause as a natural stage of a women’s life, and stories focused on new and safer drugs under development, or non-medical alternatives to treating menopausal symptoms. Prescriptions for HRT plummeted. In 2005, a National Institutes of Health consensus conference panel (twenty-one years after another NIH panel suggested that older women consider taking estrogen) called for the demedicalization of menopause. The NIH committee said that menopause should not be viewed as a disease, and it criticized the overuse of drug treatments known to carry serious risks, or whose safety was unclear.¹⁴

Nevertheless, the medicalization of menopause apparently remains well entrenched in society’s collective psyche. In the view of the medical and pharmaceutical industry worlds, menopause still is a medical problem – except now the established treatments have become risky. The decline in the use of hormones doesn’t necessarily mean the demedicalization of menopause; for that, society and the medical establishment would have to conclude that menopause is no longer a medical problem. Instead, women and their physicians have turned their attention toward searching for safer substitutes – and articles in the news and feature print media have begun to reflect

¹⁴ National Institutes of Health, Bethesda, Md. press release 23 March 2005.

this new trend, that of looking for alternative treatments. In this new age of so-called “natural” products, women are still searching for relief, but they are looking to creams, foods and other items with natural estrogens or other natural substances for help, rather than to prescription drugs.

Women: their bodies or their brains

The unfortunate stereotypes of menopause repeatedly portrayed in these print media for more than a century almost certainly influenced societal attitudes, contributing to medicalization, a process that will take time to dissipate. The print media studied *objectified* menopausal women throughout the twentieth century, reducing middle-aged women solely to the condition of their *bodies*, devaluing them as they experienced the inevitable physical effects of aging. The male-dominated medical profession – and the columnists who came out of that world – defined women by the state of their reproductive organs. Their language suggested that their bodies could be restored through estrogen and, as a result, they, as women, would be revitalized and revalued once again, a process that evolved into a form of social control by the medical patriarchy, and supported by the media. The writers, most of them men, failed to portray women beyond the shape and elasticity of their breasts and skin, the size of their waists and hips, and the posture of their backs. Moreover, they asserted that women’s emotional and mental condition would deteriorate along with their bodies, and, ultimately, their husbands – indeed, all of society – would have little use for them. Rarely, if ever, did they describe the impact of aging and ebbing testosterone on *men*. Their often belittling and patronizing attitudes also conveyed the message that aging women were not to be taken seriously, that women as they grew older could easily be

dismissed, and that they became far less valuable than their younger counterparts.

During the period studied, it was rare to see a woman portrayed in these selected publications with attributes other than her physical or sexual being, unless, of course, the author was a woman herself. Women's magazines at the beginning of the twentieth century, for example, a period before hormones became popular, ran articles – written by women – that extolled midlife, and rejected the notion that women were somehow diminished by changes in their physical appearance that came with age. This was fueled by the positive public images created by prominent activist women, such as Elizabeth Cady Stanton, Susan B. Anthony and Frances Willard, who remained vigorous campaigners for women's rights well into their sixties, Hull House founder Jane Addams, and others. Stanton, in fact, described aging as liberating, and wrote that her “vital forces, formerly contained in her reproductive organs...were now flowing to her brain.”¹⁵ On the other hand, male physicians who started writing newspaper columns only a scant few years later emphasized the body's deterioration and, as a result, began to devalue women. Moreover, the messages intensified when women had the audacity to complain. Women were told it was their own fault. Objectification – to be sure, not limited to menopausal women – has been equated with dangerous behaviors, such as eating disorders among young girls who are under pressure to stay model-thin. On the other end of the age scale, it almost certainly led middle-aged women to gobble hormones, initially to preserve their youth and femininity. During the late 1970s and beyond, the tone of the print media studied shifted with the change of the medical model to the “long life and good health” focus, with information that was more objective and non-judgmental; nevertheless the messages about hormones still

¹⁵ Banner, *In Full Flower*, 282.

conveyed images of middle-aged women with youthful vitality, inferring that, in the absence of HRT, they would be thrown back to their woeful condition of an earlier time. By then, many women had left their homes for the office, but old notions persisted – society still valued youth above all, and it became just as important to look good for your boss and your clients, as it was to look good for your husband. Moreover, no one wanted to suffer hot flashes on the job.

The baby boomers: forcing change

To be sure, news and feature print media messages about menopause *have* begun to change, overlapping with the old ideas. This has happened in concert with – or possibly as a result of – a growing effort among some women to reverse the image of menopause itself into something more positive. A common joke (but one with a serious undertone) often refers to hot flashes as *power surges*, an attempt to defuse the unpleasant implications of menopause and replace them with positive imagery. It likely is not a coincidence that this is accelerating as the nation's baby boomers enter their post-menopausal years. The predominant women's health issues of the time seem inextricably tied to wherever the baby boomers are in their in their aging cycle. When they were younger, for example, they focused on sexual freedom and reproductive rights – contraception and abortion – with little thought to the hot flashes and senior moments awaiting them later on. On October 15, 2007, however, the first baby boomer, Kathleen Casey-Kirschling, born one second after midnight on January 1, 1946, applied for Social Security – and, in a nod to today's wired society, she did it online.¹⁶ With baby boomers now in their sixties (and Gloria Steinem at 74), the women's movement

¹⁶ Social Security Online, "Nation's First Baby Boomer Applies for Social Security Retirement Benefits – Online!" at URL <http://www.ssa.gov/pressoffice/pr/babyboomerfiles-pr.htm> accessed 2 July 2008.

has an older face and in recent years has embraced the causes of older women more than ever before. Feminists have suggested that important lifecycle passages that women have long experienced in silence – puberty and menopause – should be commemorated much as other important passages, such as birthdays, weddings, families, even death. Some have begun holding “crone” ceremonies on their fiftieth birthdays “to celebrate our passage to the time of special wisdom and authority in our lives which we want our aging to provide.”¹⁷

Menopausal “zest” and new publications

The late anthropologist Margaret Mead (1901-1978) spoke of “menopausal zest,” meaning that women should seize this stage of life and live it to the fullest, unencumbered by menstruation, contraception and pregnancy, child-rearing, and other facets of youth that slow a woman down. Menopause, she said, was a form of freedom. It was a message that began to resonate within certain new news and feature media of the time. Beginning in the 1970s, there was a dynamic new push to create feminist-oriented magazines and health books with, for example, the debut of *Ms.*, originally edited by Steinem, and, in subsequent years, other new women’s magazines targeted toward special interests, such as *Working Woman*, *Working Mother*, *Lear’s* (for older women), which has since ceased publication, and *More* (also for older women, not to be confused with a now-extinct journalism review of the same name.) Even the traditional women’s magazines began to tailor their content to the new awareness of women’s changing roles and needs, and a new openness in discussing topics such as menopause and sexuality. Articles in the 1970s and beyond were influenced by the resurgence of feminism and reflected their messages: be bold, even defiant. *LHJ*, for example,

¹⁷ Banner, *In Full Flower*, 309.

boasted of the pleasures of sex after the age of 40. The authors wrote: "...there is no time limit to female sexuality" for a postmenopausal woman and predicted that "in seeking fresh outlets for her energy, her interest in sexual activity may be heightened."¹⁸ They further said that many women hold "the mistaken notion that menopause is a punctuation mark ending femininity and sexuality. All the 'change' means is the end of reproductive years; it certainly does not signal the end of the enjoyment of sex."¹⁹ *McCall's* wrote that the women's movement also had inspired women on the other side of the demarcation line. The magazine described how these women had begun to "build their own feminist movement," adding that "many older women seem determined to be heard, and their voices may just be getting stronger and stronger."²⁰

Women's health movement

The grass-roots women's health movement that blossomed during the 1970s was unquestionably tied to the most recent wave of the feminism that was growing at the time. The drive for equal opportunity for women in the home, in the workplace, in politics and in U.S. policies included inside the doctor's office as well. Women began to challenge the authority of the male medical patriarchy that had long ruled women's health and health care delivery, and which had could be seen expressed in the print media in the twentieth century that were studied. In the 1960s and 1970s, only seven percent of physicians in the country were women, and they were mostly

¹⁸ Sondra Gorney and Claire Cox, "Sex After 40," *Ladies Home Journal*, March 1973, 89.

¹⁹ *Ibid.*, 132.

²⁰ "Older Women Seek Their Own Liberation," *McCall's*, September 1972, 30.

obstetrician/gynecologists.²¹ Male physicians wielded enormous power over the delivery of women's health care. The women's health movement fought back. Women campaigned for abortion rights and against unnecessary reproductive surgery. They formed self-help groups and lobbied for greater product safety, including more information for patients, and greater control in medical decision-making. In the 1990s, they successfully lobbied to include more women in medical research, and an increased emphasis on women's health in medical education. Government agencies established women's health offices, and outside advocacy organizations – such as the National Women's Health Network – were established during this period, and still exist today.²²

Our Bodies Ourselves

In 1970, the Doctor's Group (which later became the Boston Women's Health Book Collective) published a booklet called *Women and Their Bodies*, later to become the first edition of *Our Bodies Ourselves*. The book cast women's health in a dramatically new political, social, and cultural context, a "frame" that had been heretofore missing in the popular media. The book epitomized the women's self-help movement and "challenged many of the assumptions of the medical system, broadened the very definition of women's health beyond women's health care, and educated women to become informed consumers when making their health care decisions."²³ Their website description of menopause and aging is starkly different in tone and approach from anything reflected in the media studied during much of the previous century. To be sure, ideas and beliefs change slowly, yet the following

²¹ Department of Health and Human Services, "The History and Future of Women's Health," at URL <http://www.4woman.gov/owh/pub/history/2centuryd.htm> accessed 11 May 2008.

²² Ibid.

²³ Blumenthal, Wood, *Health Care for Women*, 3.

quotation from the web site is an encouraging sign that, in some quarters, messages about menopause have begun to undergo a constructive and positive transformation.

Midlife can bring a surge of energy or restlessness. Those of us whose children are grown may feel satisfaction with a job well done, or at least finished. This transition is harder for some than others. Even when you have other interests, your house may feel empty, with some essential vitality departed. Then again, you might feel wonderfully free. We can use this time to refocus, to acquire new skills, to refine old ones, to spend more time with our partner or friends, to work harder at a present job, or to find a job. As one woman put it, `it's getting ourselves back.'²⁴

Interestingly, the messages underlying even this one brief paragraph, which cast menopause in a decidedly neutral, if not even positive, frame, were similar to those of Dr. Alice Stockham, whose book appeared more than a century ago – with one important difference. In delivering her messages, Stockham acknowledged many of the unfortunate (and widespread) associations of menopause that were prevalent at the time. The members of the Boston Women's Health Book Collective, on the other hand, chose not to air them at all. Perhaps its authors understood (unlike writers who tried to be reassuring, but, in their well-intentioned efforts gone awry, reinforced poisonous old ideas instead) that to raise them – even in the context of dismissing them – is to give them at least some credibility. Other books about menopause also began to appear, written by such women as Germaine Greer and Gail Sheehy, who had gone through this midlife passage and felt it was important for women to wrest control of menopause, specifically how it was framed, from the patriarchy that had heretofore dominated social thinking. A generational shift had occurred and is, in fact, still underway; post-

²⁴ Boston Women's Health Book Collective `Our Bodies Ourselves' companion website `Midlife and Menopause' <http://www.ourbodiesourselves.org/book/excerpt.asp?id=34> para. 3, accessed 24 August 2007.

war Baby Boomer women, who grew up reading *Our Bodies Ourselves* – and who wanted to be part of their health decision-making – now wanted the same power upon reaching menopause. In 2006, the Boston Women’s Health Collective published a book devoted entirely to menopause, *Our Bodies, Ourselves: Menopause*.

Sensitivity to language and the competitive edge

Even though the framing of menopause now is undergoing transformation, such attitudes will not disappear quickly. The news media must become more sensitive to the impact of language. This is not now the case. Newspapers and magazines tend to feed off each other, and rarely, if ever, contradict prevailing trends. This may explain, in part, why none of the news media ever looked inward in trying to analyze the evolution of HRT. The news media are always striving for a competitive edge and can be cavalier in both their news judgment, and in their indiscriminate use of language. If a major newspaper is writing about the benefits of hormones (or portraying menopause as an illness of aging women), for example, other newspapers often will follow. If one newspaper is covering a particular issue heavily – the dangers or benefits of hormone replacement, for example – it often will prompt its competitors to do the same. It then follows that the volume of information on any particular issue can influence the importance that audiences place upon it – and whether they are inclined to believe what they read. Moreover, with only rare exceptions, magazines do the same; they also often mimic each other in terms of providing news-you-can-use type features, often playing off breaking news.

This can be a risky practice when it comes to matters of health. In the winter of 2003, for example, the news media began reporting on a series of influenza deaths

among otherwise healthy children in the western part of the nation, most of them in Colorado. The ensuing publicity – which focused heavily on the fact that these fatalities occurred among children – likely contributed to a shortage of flu vaccine. Similarly, a spate of news stories at the end of 2007 about MRSA (Methicillin-resistant *Staphylococcus aureus*), based on a report from the Centers for Disease Control and Prevention, created the impression that a heretofore unknown deadly bacterium suddenly had emerged as a new public health threat. In fact, the dangers of MRSA had long been known, but never written about by the mainstream news media. This is a case of media agenda-setting that not only tells audiences what to think about – but what to worry about as well. Author Shannon Brownlee, in a recent *Post* op-ed piece, complained that the media and the medical establishment “by constantly reminding us to be on the lookout for illness...have made many Americans feel more anxious. I’m not so sure their warnings have made us any healthier, but they have decidedly eroded our sense of well-being.”²⁵ A constant spate of news and feature stories about the horrors of menopause and the benefits of hormones – fueled to some extent by aggressive promotion and marketing on the part of drug companies and physicians – over the course of a generation likely had the same effect.

Write about real health risks

The news media have the ability – simply by writing excessively about a topic and prominently playing it – to contribute to a climate where issues are inflated and assumptions remain unchallenged. They have written mesmerizing stories about bovine spongiform encephalopathy (“Mad Cow” disease), West Nile virus, the bloody and ravaging *Ebola* outbreaks in Africa, for example, and deadly anthrax delivered through

²⁵ Shannon Brownlee, “Let’s Stop Running Scared,” *Washington Post*, 30 March 2008, sec. B, p. 1.

the U.S. mail, which killed a total of five people nationwide. These are compelling topics, of course, but the risk of dying from any of them in this country is remote. The news and feature media also have written extensively about breast cancer, while largely ignoring the escalating threat that women face from lung cancer. Breast cancer is the most commonly occurring cancer among women, but lung cancer kills more of them. The news media write frequently about the number one health threat – heart disease – but often fail to mention that it is an equal opportunity killer. Reporters need to stop inflating news and feature stories about minimal risks that frighten people, and begin focusing on stories about real risks that don't necessarily inspire the same level of fear.

The impact of language

Language plays heavily into this. During the 1980s, in the early days of the AIDS epidemic, for example, the news and feature media wrote about *innocent victims* (children, hemophiliacs, blood transfusion recipients), inferring that everyone else (gay men, intravenous drug users) deserved what they got. Even the use of the word *victims* offended many people; they felt it labeled them as powerless. Conrad wrote about the *gay gene*.²⁶ Such a gene does not exist, yet the media still use it to describe a genetic component to homosexuality. The media create *frontrunners*, and *underdogs*, as well as *heroes* and *villains*, and *winners and losers*.

In the case of menopause, language clearly reinforced medicalization. Even the term *hormone replacement therapy* became a tidy and convenient frame in which to turn menopause into a treatable disease. Each individual word contributes to the frame: the word *replacement* implies that something important is missing and needs to be put

²⁶ P. Conrad, "Public Eyes and Private Genes: Historical Frames, New Constructions and Social Problems"

back. *Therapy* implies that taking it will make things better. *Treating* menopausal women with *hormone replacement therapy* implies that there is something medically wrong with these women – but it can be corrected or cured. Upon examination, the language is loaded.

This study has shown how the negative language of menopause permeated beliefs, attitudes – and even medical practice – over the course of a generation. Women came to accept that the onset of menopause meant the beginning of atrophy and worthlessness; moreover, they were told not to complain or even to speak of it. Drug companies sold hormones to a large extent by devaluing older women. Male physicians told menopausal women that hormone therapy was the best remedy for this new “disease,” and that they should take it without discussion or debate. Later in the twentieth century, in the late 1970s and 1980s, when taking hormones began to equal longevity and good health, even women physicians jumped on the hormones’ bandwagon.

Language that promotes misogyny

The prudent use of language and maintaining the proper perspective are especially relevant, particularly in the context of menopause and hormones. The print media that were studied used gruesome language to at first convey that menopause was a horrible life passage and, later, that it was a disease that could be cured with drugs. They told us that beauty and youth equaled the perfect woman, and that appearance was the most important standard by which a woman would be judged. Our mothers and grandmothers, indeed even many of us, grew up in a climate generated by drug companies, physicians and the media, where menopause was a deficiency disease that

drugs could fix. American women became guinea pigs in a huge national uncontrolled medical experiment that was packaged as a treatment for youth, protection against the diseases of aging, and a long life. More importantly, news and feature media language related to menopause in this study – which almost certainly helped its accompanying medicalization – served as yet another example, generally, of cultural sexism in our society and, in this case, a strong bias against older women. The message was that women, not men, lose their value when they age, and their value is directly connected to their appearance. This study is as much about language that promotes misogyny, specifically against older women, as it is about the framing of menopause and women's health.

This study has shown that the news media need to be far more judicious about examining their own biases and cultural assumptions – in this case, as they relate to older women in society – and in reporting the results of medical research. They need to question medical authority, and think carefully about the words they use – and their potential effects. The old popular singsong rhyme of *sticks and stones* we sang as children was nothing more than unfortunate sleight-of-hand. Words – in this case negative stereotypes and patriarchal objectification – *can* hurt. And, for the better part of a generation, they did.

Appendix

Figure 1: Radfield's Female Regulator *Washington Post*, 8 March 1893 p. 7

Figure 2: "The World's Best Medicine," *Los Angeles Times*, 10 November 1910 p. 13

Figure 3: Gland Treatment, *Los Angeles Times*, 31 July 1924 p. 8

Figure 4: "Hot Flashes," *Los Angeles Times*, 13 March 1932 p. J23

Figure 5: "The Truth about Hormones to Make Skin Look Young," *Los Angeles Times* 5 February 1967. p. 33

Figure 1

The Washington Post (1877 - 1988)

Display Ad 13 -- No Title

The Washington Post (1877-1954); Mar 8, 1893; ProQuest Historical Newspapers
pg. 7



RADFIELD'S FEMALE REGULATOR

has proven an infallible specific for all derangements peculiar to the female sex, such as chronic womb and ovarian diseases. If taken in time it regulates and promotes healthy action of all functions of the generative organs. Young ladies at the age of puberty, and older ones at the meno-

pause, will find in it a healing, soothing tonic.

The highest recommendations from prominent physicians and those who have tried it. Write for book "To Women," mailed free. Sold by all druggists. BRADFIELD REGULATOR CO., proprietors, Atlanta, Ga.

Figure 2.

Copyright 1910 *Los Angeles Times*. Reprinted with permission.

10 November 1910 (Duffy's) p. 13

The World's Best Medicine



There is no time in the life of man or woman when Duffy's Pure Malt Whiskey will not help. Mrs. Jennie Gardner, one of our patients, is passing through woman's most critical period and she is enjoying the best of health.

In her letter she says: "With pleasure I allow my name and testimony to be used for the benefit of those who know not the merits of Duffy's Pure Malt Whiskey. I think it is the best medicine in existence. I am now passing through the most critical period of woman's life (the menopause or change of life). I am enjoying good health, better than for years, and all through this wonderful change have suffered comparatively no inconvenience at all. This is remarkable, but

nevertheless it is true. I could not do without Duffy's Malt I expect to use it all my life." Mrs. Jennie Gardner, Monett, Mo.

The voluntary testimony received from thousands of our grateful patients is proof positive of the great remedial qualities of

Duffy's Pure Malt Whiskey

It is one of the greatest strength builders and tonic stimulants known to science. Its palatability and freedom from injurious substances render it so that it can be retained by the most sensitive stomach. It improves the digestion and assimilation of the food and gives tone and vitality to every organ in the body. It has been used with remarkable results in the prevention and cure of consumption, pneumonia, grip, coughs, colds, asthma, low fevers, stomach troubles and all wasting and diseased conditions. Recognized as a family medicine and prescribed by physicians everywhere.

C A U T I O N—When you ask your druggist, grocer or dealer for Duffy's Pure Malt Whiskey be sure you get the genuine. It is an absolutely pure medicinal malt whiskey and is sold IN SEALED BOTTLE ONLY—never in bulk. Look for the trade-mark, the "Old Chemist," on the label, and make sure the seal over the cork is unbroken. Price \$1.00 a large bottle. Write Medical Department, The Duffy Malt Whiskey Co., Rochester, N. Y., for an Aseptic Drinking Cup, also doctors' advice, and an illustrated medical booklet containing testimonials and common sense rules for health, sent free.



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Figure 3

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31 July 1924 (gland treatment) p. 8

GLAND TREATMENT

TO REVITALIZE AND REJUVENATE

Women receive special glandular treatments for Sterility, Neuroses connected with menopause and post-operative surgical shock.

CONSULTATIONS FREE HOURS 2-4 P.M.

Write for Free Booklet, sent under cover, explaining everything.

R. L. DORSEY, M.D. 731-33 Pacific Electric Building
Phone VAndike 8479.

The only physician in Southern California injecting the pure, actual Gland Substance in every treatment.

TO SAN FRANCISCO

August Events in San Francisco

- August 4th to 9th
FURNITURE MARKET WEEK
- August 13th to 15th
American Short Line RR. Assn.
- August 16th to 21st
National Convention
- August 16th to 21st
Second Annual
Pacific Radio Exposition
- August 21st to 25th
National Convention
- Kappa Alpha Pi Fraternity
August 24th to 30th
MARKET WEEK
- Manufacturers and Wholesalers' Association
August 29th and 30th
Convention Pacific Association of
Railway Surgeons

Subbank, manager of the Hotel Plaza, more than 100,000 persons throughout California are expected to visit the second annual Pacific Radio Exposition to be held in the San Francisco Civic Auditorium, August 16th to 21st.

For Those Who Value A Good Address

Overlooking the historic and beautiful Union Square is the Hotel Plaza. This location gives the guest a commanding view of a typical palm-bordered plaza of old Spain. Aside from its romantic setting the Plaza finds one in the midst of the city's finest and finer shops and theaters. Rates are moderate, from \$2.00 a day for a single person to \$5.00 for double. With bath: \$3.00 for single and \$5.00 for double.



Radio Week

in San Francisco
August 16 to 21

Yes! There will be many Radio Fans stopping at the Plaza. Our "receptivity" is excellent and it is easy to "tune in" with service and comfort.

HOTEL PLAZA
POST STREET AT STOCKTON

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Figure 4.

T. M. CLASON VISCOSE CO.
1038 South Alvarado St., Los Angeles, Calif.

HOT FLASHES

And Nervous Disturbances of Menopause
Relieved by Amazing Herb Remedy

It is no longer necessary for women to suffer from the Hot Flashes, headaches, vertigo, indigestion, pains in back, nervous disorders and other functional disturbances of the general health which usually accompany the trying period for women of middle age, generally known as the "Change of Life."

The source of this relief is a remarkable new preparation called VESCO—which is producing results that are simply amazing. It is composed entirely of green vegetable herbs grown and cured in California sunshine—contains absolutely no narcotics or harmful ingredients. VESCO is guaranteed absolutely to relieve pain, discomfort and inconvenience during this critical period—or your money will be refunded. Send \$2.00 for large size package which will be mailed to you in plain wrapper. VESCO Company, Dept. L, 822 South Lake St., Los Angeles, California.



REDUCE

Waist and hips 4 to 6 inches
EXERCISE to HEALTH

HOLLY ANN EXERCISE stretches and exercises the colon, strengthens abdominal muscles, relieves constipation, increases circulation, builds up the tissues, keeps you from becoming soft, flabby or wrinkled. ONLY \$2.85 prepaid. Gladstone 1824
MONEY-BACK GUARANTEE
HOLLY ANN, 5435 Hollywood Boulevard

Copyright 1932 *Los Angeles Times*. Reprinted with permission.

13 March 1932 p. J23. (hot flashes)

Figure 5

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Popularity of serum-type hormone preparations is gaining daily, apparently because the Sesame-Lanolin carrier used in serum carries the full strength of the hormones into the skin, leaving not a trace on the surface.

The Truth

Just 7 Drops a Day—for face and neck

About Hormones to Make Skin Look Young

by Adrian Mitchum

As I write this article, I can look through the doorway and see a woman of 45 waiting in the outer office. The light is good and I see her clearly.

She looks 10 years younger than she did a month ago. What brought about this amazing change? An estrogenic hormone serum. Reams have been written about female hormones. Will they make women of 75 look 16 again? Absolutely not. Will they make women feel like they are 20 again? Only in a way that I shall explain below.



A single drop is so potent you use only 7 drops a day

To know the truth about hormones, you need to learn just two simple facts: 1) The beauty of a woman's skin starts breaking down as signs of menopause begin, because the female organs fail to supply enough estrogenic hormones to feed the skin—less and less as you grow older. 2) Estrogenic hormones can be supplied to the skin

by applying a formula containing the hormones.

But the rate at which the hormones can be fed to the skin is always dependent upon the "agent" carrying the hormones.

Here is a test reported in a scientific journal, one of many that showed similar sensational results. 50 women applied a hormone solution to the one side of the face and neck, and to one hand. On the other side and the other hand, a similar solution containing no hormones was applied in the same way.

Here is the consensus of these reports in simple

Skin was softer, clearer, seemed to lose its chronic dryness, and take on revived freshness and vitality.

All these amazing things happened on the side where the hormone solution was used. Meanwhile no changes occurred on the other side—the same withered, lifeless complexion.

Still another scientist reports in effect, improvement in the skin of women past menopause was striking. These women looked like the years had been turned back toward their youthful "prechange" appearance.

I've seen this myself. I have seen the improvement so rapid that in just a few days women look younger. And, what a lift to the spirits! I cannot truthfully say that women of 60 felt like they were 20 again. But I have seen the light come back into their eyes—their chins raised with proud confidence—the zest for living return—because—I presume—to look younger is to feel younger.

Now to select a good estrogenic hormone preparation, here is what you need to know: the strength of the hormone preparation must appear on the label. The recommended daily allotment for the skin is about 300 (three hundred) International Units.

The base should be as rich as possible in Lanolin and Sesame Oil to permit fast penetration and deep absorption. To achieve the best penetration you should have a solution powerful enough, yet liquid enough, to flow from an eye dropper. When the solution (serum) is "rubbed in," your skin should not feel greasy or sticky. On application, your skin should feel a radiant glow of revitalized youthfulness and refreshment.

An exceptionally fine buy in hormone preparations is Hormonex Beauty Serum. It is made by an accredited laboratory that has been producing quality beauty products for over 50 years.

What is more, it is guaranteed to bring you joyous, noticeable results in 10 days, or your money back. I think you'll find Hormonex Beauty Serum a wonderful answer to the problem of overcoming crow's feet, wrinkles, blotches and "age fr

have nothing to lose and everything to gain!—ADRIAN MITCHUM.

IMPORTANT

The name Hormonex Beauty Serum is proudly placed upon the exclusive combination of estrogenic female hormones, lanolin and Sesame Oil. The label carries the exact hormone strength.

Because of the high potency of Hormonex Beauty Serum, only a few drops a day rubbed into the skin where crow's feet and wrinkles occur, or where age and weather spots show, should suffice. That is why a single flacon (illustrated at right) is sufficient for a 100-day's supply.

FEEL the difference instantly

As you gently massage Hormonex into your skin you feel frown lines relax, facial tension disappear and the surface effects of wind and weather give way to caressable softness. Use Hormonex daily — Look younger — Feel younger!



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\$3.50

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 Please send me . . . 100-Day Supply of Hormonex Beauty Serum at \$3.50

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