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“Denied the Joys of Motherhood”:

Infertility and Medicine in French Interwar Advice Columns

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SUMMARY: The interwar period was marked by developments in fertility medicine and intense concerns about the national birthrate in France. This article explores how physicians leading new specialized fertility clinics promoted the idea that their work treating infertility medically would produce more births for France. It also shows how women’s magazines in the 1930s presented new treatment options to their female readership, offering them reassurance and medical advice. Women wrote into advice columns about their experiences with involuntary childlessness, sometimes expressing reluctance to seek fertility testing or continue recommended treatments. Prominent fertility specialists also contributed articles, complete with illustrations, explaining the medical causes of infertility and describing available treatments. These magazines conveyed the message that modern medicine, especially hormonal treatments, offered effective solutions for infertility. Consistent with the dominant pronatalist messages of the period, women were urged to accept medical solutions so they could assume the socially expected role of motherhood.

KEYWORDS: infertility, France, gender, women’s press, hormones

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In 1939 an advice column query in the French magazine *Confidences* described one woman's struggles with infertility: "Married for twelve years, my husband and I do not have any children; this is a great sorrow for us. Both of us are in good health and the doctors I consulted [about my fertility] did not find anything abnormal. Can you advise me on this?"¹ The columnist replied that while they could not, at a distance, determine a cause for her infertility, they nevertheless urged her to try glandular extracts and corpus luteum injections.

In the late 1930s, *Confidences* regularly printed queries of this nature from readers devastated by fertility troubles or simply worried about their reproductive health and their potential future fertility. As in this case, the columnists often responded by encouraging readers to believe that their fertility troubles were treatable. They encouraged readers to see a specialist and be open to trying hormonal therapies or, if the situation warranted, interventions like the Rubin test or cervical dilations. They joined fertility specialists in urging the public to trust that modern medicine could address many cases of involuntary childlessness.²

¹ *Confidences: Histoires Vraies* 64 (July 28, 1939): 35.

² For an example of this type of message in *Confidences*, see the doctor's column in issue 61. The "doctor" explained that women distressed by their inability to conceive should "never despair." The "doctor" went on to explain all the possible medical causes and treatment possibilities. *Confidences: Histoires Vraies* 61 (July 7, 1939): 35. From the medical perspective, there were dramatically different estimates of the number of cases that could be "cured" with modern methods. Some physicians estimated that it was upward of 75 percent. See, for example, Ihil Mortha Avram, "Contribution à l'étude de la dénatalité: la stérilité féminine" (medical thesis, University of Paris, 1939), 7–8. Other officials and physicians presented more modest figures. The public health ministry suggested about 20 percent could be cured with modern methods. See Archives Nationales de France (hereafter AN): 19760173/27: Bureau de la Famille (Direction de

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Historians working in a range of national contexts have produced a rich body of scholarship exploring media coverage of fertility medicine. Hayley Andrew, for example, has demonstrated how in post–World War II Britain, assisted reproductive technologies like artificial insemination received considerable media publicity, offering hope to fertility patients and fueling ethical debates.³ The work of Tracey Loughran is particularly useful for understanding the role of women’s magazines in 1960s Britain in providing a forum for women to discuss the private and taboo topic of infertility.⁴ As these studies illustrate, the second half of the twentieth century looms large in historical treatment of the subject due partly to the heightened visibility of artificial insemination postwar, the eventual arrival of new treatments like IVF, and, as Loughran notes, the expectation of being able to master one’s fertility.⁵ While the early twentieth century

l’action sociale): Stérilité: “La Stérilité Involontaire sera combattue méthodiquement,” *Revue de l’Alliance Nationale Contre la Dépopulation* 305 (January 1938): 17–19.

³ Hayley Andrew, “‘The Reluctant Stork’: Science, Fertility, and the Family in Britain, 1943–1960” (Ph.D. diss., York University, 2016).

⁴ Tracey Loughran, “Conditions of Illusion: Agency, Feminism, and Cultural Representations of Infertility in Britain, C. 1960–80,” in *The Palgrave Handbook of Infertility*, ed. Gayle Davis and Tracey Loughran (London: Palgrave Macmillan, 2017), 431–60. On the subject of silence, taboo, and reproductive troubles, see Christina Benninghaus, “Silences: Coping with Infertility in Nineteenth-Century Germany,” in Davis and Loughran, *Palgrave Handbook of Infertility*, 99–122, 116. On the subject of discussing taboo subjects, see Deborah Cohen, *Family Secrets: Living with Shame from the Victorians to the Present Day* (Oxford: Oxford University Press, 2013).

⁵ For France, see Camille Robcis, *The Law of Kinship: Anthropology, Psychoanalysis, and the Family in France* (Ithaca, N.Y.: Cornell University Press, 2013); for the United States, see Carolyn Herbst Lewis, *Prescription for Heterosexuality: Sexual Citizenship in the Cold War Era*

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also features in studies of fertility medicine, scholars looking at this period have primarily focused on developments in medicine and the cultural impact of such advances. Angus McLaren, for example, has explored writers' and filmmakers' fascination with, or alarm at, the possibilities of scientists tampering with the "natural" reproductive process.⁶

Building on this historiography, this article asks how information about fertility treatment options was communicated to the public, women in particular, in France during the interwar period. The interwar period was a time when seeking a medical investigation for involuntary childlessness at a specialized clinic was a new option, albeit one that was not universally accessible. In the French context, the new treatment options, and discussion of them in the press, cannot be understood separately from the era's intensely politicized concerns about the national birthrate. This was evident, for example, in terms of how France's leading fertility specialist of the period, Dr. Louis Devraigne, described his work helping patients conceive. This entanglement of political concerns about family formation and fertility with efforts to advise women on newly available treatment for involuntary childlessness makes France a particularly useful case study for understanding media coverage of the subject. The French advice magazine

(Chapel Hill: University of North Carolina Press, 2010). For a good introduction to the subject of infertility in the modern period, see Margaret Marsh and Wanda Ronner, *The Empty Cradle: Infertility in America from Colonial Times to the Present* (Baltimore: Johns Hopkins University Press, 1996).

⁶ Angus McLaren, *Reproduction by Design: Sex, Robots, Trees, and Test-Tube Babies in Interwar Britain* (Chicago: University of Chicago Press, 2012). For an exploration of this topic in late nineteenth-century France, see Michael R. Finn, "Female Sterilization and Artificial Insemination at the French Fin de Siècle: Facts and Fictions," *J. Hist. Sexual.* 18, no. 1 (2009): 26–43.

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Confidences reveals how advice columns contributed to a larger message that women could seek medical solutions for infertility and more importantly that they should avail themselves of available options to overcome their involuntary childless status.

This article therefore not only details how fertility treatments were presented to female audiences but also enlarges our understanding of French interwar pronatalist political culture more generally. Historians studying pronatalism and French demographic policy have produced a rich body of scholarship exploring the tensions and possibilities of the period's emphasis on motherhood and reproduction. As scholars such as Elinor Accampo and Mary Louise Roberts have demonstrated, women made claims for voluntary motherhood within this pronatalist culture, produced feminist strategies aligning their demands for women's rights with their roles as mothers, risked prosecution and death to procure illegal abortions, and more generally inspired fears of gender disorder and depopulation.⁷ Yet women sometimes also sought to use this emphasis on motherhood to their advantage, laying claims to social welfare and financial benefits as mothers.⁸ While this body of literature has demonstrated the complex ramifications of pronatalist politics and culture for women, it also replicates some of the silences of the period by

⁷ See Elinor Accampo, *Blessed Motherhood, Bitter Fruit: Nelly Roussel and the Politics of Pain in Third Republic France* (Baltimore: Johns Hopkins University Press, 2006); Karen Offen, "Depopulation, Nationalism and Feminism in Fin-de-Siècle France," *Amer. Hist. Rev.* 89 (1984): 648–78; Fabrice Cahen, *Gouverner les Mœurs: La Lutte contre l'avortement en France, 1890–1950* (Paris: INED, 2016); Mary Louise Roberts, *Civilization without Sexes: Reconstructing Gender in Postwar France, 1917–1927* (Chicago: University of Chicago Press, 1994).

⁸ Nimisha Barton, *Reproductive Citizens: Gender, Immigration, and the State in Modern France, 1880–1945* (Ithaca, N.Y.: Cornell University Press, 2020).

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largely omitting women who either could not get pregnant or could not produce as many children as they might have wanted.⁹

In part to fill this gap, the article begins by examining the work of specialized fertility clinics in the interwar period. In addition to presenting an overview of new treatments available in this period, the article focuses on some of the leading physicians. It considers their writings, in both medical venues and platforms directed at broader audiences, to explore how they positioned fertility medicine as a solution to French depopulation, one that would complement the already highly visible fiscal and legal measures introduced to encourage fertility. This article then explores the role of the medical profession and women's magazines, notably *Confidences*, in introducing women to the process of fertility testing and possible treatments available to them during the interwar period. This article demonstrates that in interwar France media coverage of fertility medicine included a notable effort to educate childless women about what medicine could offer them and encourage them to seek treatment. As this article argues, this resulted from a combination of intense population concerns that hit France especially strongly during the 1930s, the growth of specialized fertility clinics offering new treatments, and a new genre of

⁹ One exception is the work of Fabrice Cahen, who explores the medical treatment of infertility within the context of France's developing welfare state. Cahen, "Obstacles to the Establishment of a Policy to Combat Infertility in France, c. 1920–1950," in Davis and Loughran, *Palgrave Handbook of Infertility*, 199–219. Mary Lynn Stewart also addresses how late nineteenth-century sex manuals connected sterility to contraceptive practices. Stewart, *For Health and Beauty: Physical Culture for Frenchwomen, 1880s–1930s* (Baltimore: Johns Hopkins University Press, 2001), 120–21.

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“true story” magazines encouraging anonymous dialog about the intimate details of women’s lives.

The decision to focus this article on fertility treatments and advice directed at women, rather than to men or couples, reflects the significance of gender in how infertility as a medical and political issue was more generally conceived. While interwar physicians recognized that male infertility often played a role in a couple’s struggles to conceive, it was more often women who approached fertility clinics and underwent invasive, often painful, investigations and treatments. Fertility clinics advertised their services to women directly, and physicians writing about the demographic benefits of fertility services framed the question in terms of the number of pregnancies that could be gained for the benefit of the nation. This emphasis on women’s bodies within discussions of conjugal infertility mirrored how the demographic question more generally was constructed in France. As Joshua Cole rightly notes, demographic studies and pronatalist rhetoric proceeded from the idea that women were on average producing too few babies and the fertility of married women was declining.¹⁰ Women were therefore central to how questions of “sterility,” whether of a voluntary or involuntary nature, were understood and addressed.¹¹

¹⁰ Joshua Cole, *The Power of Large Numbers: Population, Politics and Gender in Nineteenth-Century France* (Ithaca, N.Y.: Cornell University Press, 2000).

¹¹ While today the label “sterility” is not generally used to describe infertility or fertility troubles, physicians and pronatalists used the label frequently in the 1930s to describe the condition of not having biological children (whether this status reflected a choice, resulted from difficulties conceiving or carrying to term, or resulted from life circumstances). In this article I use the label “sterility” where appropriate to reflect the language that would have been used at the time.

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In France, the new genre of “true story” magazines, notably *Confidences*, provided a forum in which women could express their fertility concerns and access information about possible treatment. While it is impossible to determine just how many of the questions printed in the magazine were directly quoted from actual letters from readers, working through these advice columns does give the historian insights into which topics were relevant to readers and what types of messages were communicated to women in this forum. In *Confidences* in the late 1930s, hormonal treatments and to a lesser extent the Rubin test featured prominently in fertility advice directed to women.¹² Artificial insemination, though a possibility in this period and an option that women requested from their physicians, received little attention in women’s magazines compared to what would later be seen in the postwar period.¹³ Ultimately, fertility advice in the thirties had significant pronatalist undertones as women were encouraged to set aside their fears, be it of disappointment, pain, or embarrassment, and seek medical solutions to their involuntary childlessness so they could fulfill the socially expected role of motherhood.

¹² The exact number of questions relating to infertility varied from issue to issue. One can nevertheless take the May 19, 1939, issue of *Confidences* as an example. There were eighty-two queries and responses on a variety of matters relating to relationships, careers, health, beauty, and family. Of these eighty-two questions, four related to concerns about infertility.

¹³ On the practice of artificial insemination generally during this period, see Marsh and Ronner, *Empty Cradle* (n. 5). Many of the prominent fertility specialists in France, like Dr. Devraigne, covered in this article, did perform artificial inseminations. See, for example, Louis Devraigne, *Puériculture Sociale: Puériculture, Stérilité, Dénatalité* (Paris: G. Doin et Cie, 1936), 209. Devraigne reported in 1936 that his clinic had attempted artificial insemination only twenty-three times, and of those only one case was successful. Devraigne considered this procedure to be mostly a last resort and one that they would attempt only using the husband’s sperm.

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Medicine and Infertility in the Early Twentieth Century

Victor Margueritte's 1922 novel *La Garçonne* offers a glimpse of what it was like to seek medical treatment for infertility in France following the Great War. This novel, which scandalized society upon its publication, follows the trials and tribulations of Monique, a young woman of good bourgeois upbringing who rejects the hypocrisies of her society.¹⁴ In the ultimate statement of her sexual independence and rejection of conventional values, Monique decides to use one of her lovers to produce a baby that she plans to raise alone. Following relations with multiple men, however, she finds that she cannot conceive. A friend refers her to a doctor known for treating "feminine ailments." The doctor explains her case to be one of congenital infertility, involving "un col virginal," or a "virginal cervix." As he describes it, even "the most cunning sperms will break their noses. They can't pass through!"¹⁵ He assures her that a series of therapeutic treatments designed to gradually dilate the cervix would correct her condition. Monique endures a few of these painful sessions only to realize that the doctor was abusing her; she subsequently gives up hope of finding a medical solution to her involuntary childlessness.¹⁶

Although a fictional account, Margueritte's novel illustrates some of the realities of fertility medicine in the early 1920s. France did not have any hospital clinics devoted specifically

¹⁴ For an analysis of how this novel contributed to heightened fears of gender disorder in interwar France, see Roberts, *Civilization without Sexes* (n. 7). Despite its scandalous nature, the book was also widely read. Christine Bard notes that a million copies of the book were sold between 1922 and 1929. Bard, *Les Filles de Marianne: Histoire des féminisms, 1914–1940* (Paris: Fayard, 1995), 187.

¹⁵ Victor Margueritte, *La Garçonne* (Paris: Flammarion, 1922), 219.

¹⁶ *Ibid.*, 220.

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to fertility treatments and research; numerous practitioners filled that void by advertising their services.¹⁷ As in Monique's case, some such practitioners were shady characters exploiting their patients' distress and ultimately not giving their patients the desired outcome. Others, though well intentioned, might likewise have embarked on a course of treatment unlikely to achieve the desired result. As in Monique's case, many operated from the premise that a structural abnormality was the cause and recommended painful surgeries to fix a uterus or cervix they sometimes mistakenly deemed to be small, narrow, misshapen, infantile, and so on.¹⁸ In addition to cervical dilations (as portrayed in the novel), surgical gynecologists attempted major abdominal surgeries to cut the cervix or open closed fallopian tubes; they also performed curettages in the hopes of preparing the uterus for a pregnancy.¹⁹

¹⁷ Many women's periodicals had advertisements for practitioners who specialized in women's health troubles, including sterility. For example, in the late 1890s and early 1900s, *La Fronde* regularly ran ads for a Mme. C. Couturier on the Rue Condorcet, who described herself as a diplômée, externe des hôpitaux and treated women's maladies with electrotherapy.

¹⁸ Thomas Laqueur explains physicians in this period generally had a fairly rigid understanding of how normal organs should appear and did not understand or necessarily accept the considerable variability that can occur within healthy populations. Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass.: Harvard University Press, 1992). In France, Vincent Mondat's influential book, which went through several editions in the nineteenth century, emphasized structural problems responsible for sterility and developing instruments to correct what he considered anomalies of the uterus and cervix. Mondat, *De la Stérilité de l'homme et de la femme et les moyens d'y remédier*, 5th ed. (Montpellier: Chez L. Castel, 1840).

¹⁹ Naomi Pfeffer notes that the salpingostomy (surgery to open blocked fallopian tubes), first attempted in the late nineteenth century, came under criticism in the 1930s because it was major surgery that usually did not yield positive results. It is estimated that women conceived afterward

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Given the painful and dangerous nature of many of these interventions, it is not surprising that it was more common for women in the early twentieth century to address their involuntary childlessness in other ways. Some women consulted their family physicians. A middle-class or wealthy woman consulting her family physician would likely, for reasons of modesty, avoid an intrusive medical examination using the speculum. The physician might advise dietary changes and resting at a spa. Early twentieth-century France had many thermal baths whose reputation for treating health conditions dates to the Roman occupation. The mineral waters most known for treating specifically gynecological disorders, including infertility, were and remain those of Luxeuil in the Haute-Saône. Women traveling to Luxeuil at the beginning of the twentieth century could treat their afflictions by drinking the waters, bathing, receiving massages, and undergoing vaginal douches. However, traveling to this spa and staying in one of the hotels was a solution restricted to patients of means.²⁰

Other women responded to advertisements appearing in women's magazines promising treatments for infertility and other feminine diseases. One advertisement, for instance, that ran in multiple issues of *Les Dimanches de la femme* in 1922 advertised the services of a *Doctoresse-spécialiste* of the University of Paris Medical School and Hospitals. This ad described the services offered as electrical treatments and new technological interventions treating a variety of feminine, skin, and beauty ailments including fibroids, difficult menstruation, infertility, and

only 8 to 10 percent of the time. Pfeffer, *The Stork and the Syringe: A Political History of Reproductive Medicine* (Cambridge: Polity, 1993), 66.

²⁰ Syndicat Général des Médecins des Stations Balnéaires et Sanitaires de France, *Index médical des principales stations thermales et climatiques de France* (Paris: Jean Gainche, 1903), 243.

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obesity.²¹ The advertisement's statement that the physician would treat these conditions without surgery was likely a strong selling point. The fact that the practitioner was a woman may also have suggested a more humane approach. In assessing the impact that such an advertisement may have had, it is important to recognize, as Angus McLaren has noted, how difficult it was for the public in this period to differentiate between shady practitioners offering dubious remedies and legitimate physicians offering medical treatments that could be more invasive, though not necessarily more effective.²²

While women in the early 1920s were generally not well served by the available remedies for infertility, this period produced numerous important developments in medicine with future implications for fertility patients. One area of research inspiring considerable optimism among fertility specialists was hormone therapies. Frenchman Charles Brown-Séquard, often dubbed the father of endocrinology, began experimenting with organotherapy in the late nineteenth century. He theorized that, similar to the thyroid and adrenal glands, the testes and ovaries released important secretions (coined hormones in 1905). Brown-Séquard began a series of experiments to restore his own vitality and youth by injecting animal testicular extracts into his body. Other enterprising researchers, such as Serge Voronoff, a Russian physician working at the Collège de France, followed suit by transplanting the testes of young animals into human subjects. In a period in which many people purportedly suffered from the ill effects of civilization, there was a

²¹ See, for example, *Les Dimanches de la femme*, May 21, 1922, 16.

²² Angus McLaren, *Impotence: A Cultural History* (Chicago: University of Chicago Press, 2007), chap. 6.

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vast market for new medical procedures promising rejuvenation and restored sexual vigor.²³

Greater understanding of hormonal function and experiments in organotherapy had important implications for researchers studying infertility and impotence. In Italy, for example, the Biotypological Orthogenetic Institute explored the possibility of predicting cases of infertility and impotence in the population.²⁴ By the 1920s physicians in France and abroad were regularly prescribing thyroid and ovarian extracts to restore ovarian function and treat infertility. While researchers did not fully understand the workings of hormones central to the reproductive process, these medications seemed to promise advances in the treatment of infertility.²⁵

Another innovation was the tubal insufflation, otherwise known as the Rubin test. During the Great War, physician Dr. Isidor Rubin (1883–1958), based in Vienna and New York, developed the tubal insufflation as a method of diagnosing tubal infertility.²⁶ This involved pumping carbon dioxide into a woman’s fallopian tubes to determine patency. If the tubes were patent, the gas would pass through and the woman would feel pain in her shoulder. Physicians soon noticed that this diagnostic tool could sometimes also have the fortunate result of clearing, at least temporarily, minor blockages of the fallopian tubes. Some patients reported conceiving soon after undergoing the test, and it was lauded as a potential therapy for such cases of tubal infertility.²⁷ Researchers then improved on the Rubin test in 1925 when they developed the first

²³ Ibid., 185–87.

²⁴ Chiara Beccalossi, “Types, Norms, and Normalization: Hormone Research and Treatments in Italy, Argentina, and Brazil, c. 1900–50,” *Hist. Hum. Sci.* 34, no. 2 (2021): 113–37, 121.

²⁵ Marsh and Ronner, *Empty Cradle* (n. 5).

²⁶ Pfeffer, *Stork and the Syringe* (n. 19), 62.

²⁷ Marsh and Ronner, *Empty Cradle* (n. 5), 145.

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HSG.²⁸ Instead of simply pumping air into a woman's fallopian tubes, the physician could use a radio-opaque contrasting agent called Lipiodol. This was first developed in 1901 by Frenchman Marcel Guerbet (1861–1938) and had multiple medical applications.²⁹ When used in conjunction with the HSG, Lipiodol allowed physicians to see, by way of an X-ray, its progression through the patient's reproductive organs. This test was useful as a diagnostic tool that could pinpoint the precise location of a blockage if the patient and physician were considering a surgical intervention.³⁰ Beyond its diagnostic applications, Lipiodol proved even more promising than the original Rubin test at clearing out minor tubal blockages and allowing some patients to conceive soon after.³¹

The Interwar Period: A Turning Point in French Fertility Medicine

As researchers across the globe developed these new methods for investigating and treating infertility, their findings quickly appeared in French medical journals.³² French physicians began

²⁸ HSG is short for hysterosalpingogram.

²⁹ Guy Pallardy, "Marcel Guerbet, homme de contraste: Pharmacien des hôpitaux, Toxicologue et Industriel," *Revue d'histoire de la pharmacie* 306 (1995): 72–82.

³⁰ While the HSG did allow physicians to pinpoint the precise location of a blockage in view of a surgical intervention, surgery was not the preferred treatment of tubal blockages due to its generally disappointing results and associated risks. See Pfeffer, *Stork and the Syringe* (n. 19), 66.

³¹ For example, see M. Francillon-Lobré and Jean Dalsace, "585 cas de stérilité traités par l'hystéro-salpingographie," *Revue française de gynécologie et d'obstétrique*, January 1, 1936, 823–28.

³² See, for example, *Revue française de gynécologie et d'obstétrique*.

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opening specialized clinics and were eager to document the efficacy of new procedures, like the HSG, and report their findings. In France, these developments in medicine had significant political undertones. Infertility, as both a subject of medical interest and a personal issue impacting at least 10 percent of French couples in the interwar period, cannot therefore be understood separately from the period's preoccupation with the national birthrate. Beginning in the nineteenth century, reformers, physicians, and political commentators drew attention to France's slowing demographic growth and demanded government intervention.³³ These efforts intensified following the high casualties and trauma of the Great War. Within this politically potent pronatalist propaganda and lobbying, the reality that some women could not conceive was overshadowed by concerns that many women were choosing not to have children. Demographic thinking, and the pronatalist measures it inspired, was premised on the belief that women who had just one child or none at all were frivolous, egotistical, unnatural, or simply unconcerned about their nation's future.³⁴ Most of the solutions the state pursued were aimed at correcting what was presented as an ignoble choice. According to this logic, women would have more

³³ See, for example, Cole, *Power of Large Numbers* (n. 10).

³⁴ Due to the intensity of French demographic concerns and the ways in which questions of population intersected with a variety of issues, French pronatalism has received considerable attention from historians. See, for example, Anne Carol, *Histoire de l'eugénisme en France: les médecins et la procréation, XIX^e–XX^e siècle* (Paris: Éditions de Seuil, 1995); Elisa Camiscioli, *Reproducing the French Race: Immigration, Intimacy, and Embodiment in the Early Twentieth Century* (Durham, N.C.: Duke University Press, 2009); Kristen Stromberg Childers, *Fathers, Families, and the State in France, 1914–1945* (Ithaca, N.Y.: Cornell University Press, 2003); Paul-André Rosental, *L'Intelligence Démographique: Science et politique des populations en France, 1930–1960* (Paris: INED, 2003).

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children if offered appropriate financial benefits, support mechanisms, or education about the nation's demographic needs; they could also find having more children unavoidable if prevented from accessing contraceptive devices or information.³⁵

An important pronatalist and physician, Dr. Louis Devraigne (1876–1946) founded France's first fertility clinic at Lariboisière hospital in Paris and presented his work as yet one more way the French could raise the national birthrate. Before establishing France's first major fertility clinic, Dr. Louis Devraigne was already a prominent figure in the French medical establishment and active in several social causes aimed at restoring France's demographic growth. He first approached this question by focusing on France's high rate of infant mortality, becoming a member of La Ligue contre la Mortalité Infantile in 1905. Devraigne shared the pronatalist view that France's high rates of child mortality could be in part remedied by better educating girls about their future role as mothers and teaching them the fundamentals of *puériculture*, or scientific management of pregnancy and motherhood.³⁶ Once the 1923 law mandating *puériculture* lessons in schools went into effect, Devraigne played an important role in developing the official state curriculum in this subject, producing the 1924 silent film *La*

³⁵ On financial benefits, see, for example, Virginie De Luca Barrusse, *Les familles nombreuses. Une question démographique, un enjeu politique (France, 1880–1940)* (Rennes: PUR, 2008). On the issue of contraception, see, for example, Jean Elisabeth Pedersen, "Regulating Abortion and Birth Control: Gender, Medicine, and Republican Politics in France, 1870–1920," *French Hist. Stud.* 19, no. 3 (Spring 1996): 673–98.

³⁶ AN: 19760173/27: Louis Devraigne, "Dix ans de consultation contre la stérilité conjugale à la maternité de Lariboisière," *Bruxelles-Médicale* 47 (September 20, 1936): 1696.

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Future maman.³⁷ Devraigne acquired a more official position in the pronatalist movement when he was appointed to the government's High Council for the birthrate, or Conseil supérieur de la natalité.

Devraigne was confident he could help childless couples where other practitioners had failed, stating that many of his patients had previously undergone damaging treatments by physicians who were not experts in this area.³⁸ Hinting at the devastation of women “denied the joys” of motherhood, Devraigne indicated that his staff saw patients whose husbands threatened to divorce them for this very reason.³⁹ He also recalled numerous cases of women who had had the misfortune of losing a child, only to find that they could not produce another one.⁴⁰ Others talked with him about their long struggle with infertility, many recognizing that they were getting older and that time was running out for them. In an interview for the pronatalist journal *La Femme et l'Enfant*, Devraigne explained that one patient he met with was a newly married forty-six-year-old woman who, despite her advanced age, was hoping to have a child.⁴¹ Even in difficult cases, Devraigne found it too cruel to discourage patients entirely by telling them that they would never have a baby. Instead, reflecting the optimism of the age, he emphasized that a new medical advance could be just around the corner and that even those couples who appeared

³⁷ Ibid., 1696–97.

³⁸ Ibid., 1699.

³⁹ Louis Devraigne, *La Nouvelle Maternité de Lariboisière: Clinique Annexe de la Faculté de Médecine de l'Université de Paris* (Paris: G. Doin et Cie éditeurs, 1934), 42; Devraigne, *Puériculture Sociale* (n. 13), 236.

⁴⁰ AN: 19760173/27: Devraigne, “Dix ans de consultation contre la stérilité conjugale” (n. 36).

⁴¹ AN: 19760173/27: Paul Coquemard, “La Lutte contre la stérilité,” *La Femme et l'Enfant*, August 1, 1931.

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to be beyond hope should not give up on the idea of having a baby.⁴² Devraigne situated his work helping individual couples build families within larger political efforts to encourage a higher birthrate, even going so far as to link their work “recovering pregnancies” to larger efforts encouraging population growth.⁴³

Devraigne hoped to inaugurate a new era in fertility treatments by creating a specialized clinic based at a major hospital and sanctioned by the Ministry of Public Assistance. Due to its novelty, the idea of such a clinic was the subject of some ridicule and controversy initially. When Devraigne sought authorization, the hospital director smirked at the notion, perhaps reflecting popular perceptions that infertility was not a true medical concern; still the director approved the project provided that this new venture would not cost the hospital anything.⁴⁴ Similar to the hospital director who did not quite take the clinic seriously, some satirical magazines described the clinic’s services in joking terms. *Cyrano*, for example, concocted a humorous fictional account of a provincial woman who wanted to have a baby and decided that Paris was the place to make that happen. Upon entering Devraigne’s clinic she declared that she wanted them to give her a baby and listed off her preferences. She wanted them to create a boy with brown hair because she did not like blonds and considered girls too much trouble. The punchline was her

⁴² AN: 19760173/27: Devraigne, “Dix ans de consultation contre la stérilité conjugale” (n. 36), 1704.

⁴³ For example, André Binet, gynecological professor at the University of Nancy, argued that if every couple with treatable infertility had two children, the overall birthrate would increase by 3 percent. AN: 19760173/27: “V^e Congrès français de Gynécologie,” *Bruxelles Médical* 28 (June 1936): 1326.

⁴⁴ Devraigne, *La Nouvelle Maternité de Lariboisière* (n. 39), 41.

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surprise to learn that the clinic could not simply manufacture a baby according to her specifications.⁴⁵

In their efforts to treat infertility, Devraigne and his associates had to face the persistence of gendered prejudices about the nature of infertility. By the 1920s, medical science had abandoned older ideas of infertility attributing this condition to women's education or "unwomanly" behavior. Physicians also by and large recognized that infertility was not a purely feminine problem. While estimates concerning the frequency of male infertility varied, most physicians understood that when working with a couple who could not conceive, there was some possibility that the husband's fertility could be a factor. Despite this awareness, as before, many fertility doctors remained reluctant to investigate the husband's fertility because they expected resistance on his part and feared the effects that such a diagnosis would have on his sense of masculinity.⁴⁶ Even if medical science had discredited the gendered assumptions that had for years shaped fertility treatments, in practice most physicians continued to treat infertility as a feminine issue.

At the Lariboisière fertility clinic, Devraigne was emphatic that it was essential to examine both husband and wife to diagnose and treat infertility. In his publications, Devraigne was a strong advocate for investigating the husband first, prior to more invasive examinations of

⁴⁵ "Madame veut un enfant," *Cyrano, satirique hebdomadaire*, June 18, 1931.

⁴⁶ For the United States, Marsh and Ronner have detailed how sensitive this issue could be. See Marsh and Ronner, *Empty Cradle* (n. 5), 102. In France, Dr. Devraigne detailed how physicians had to tread carefully when testing the husband's fertility, sometimes attempting to do so without his knowledge. AN: 19760173/27: Devraigne, "Dix ans de consultation contre la stérilité conjugale" (n. 36).

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the woman. This required a shift in vocabulary, with Devraigne noting that “conjugal sterility,” meaning that the husband and wife as a couple could not conceive, was more appropriate than “female sterility.”⁴⁷ The term also reflected the dominant understandings about whom such medical services should serve: married couples as opposed to single women. In the 1920s, the husband’s fertility could be investigated by taking a sperm sample and examining it under a microscope to check for such problems as low sperm count as well as slow or immobile sperm. However, the collection of a sample was challenging because men were less willing than women to cooperate with these types of tests. Ideally the sample would be collected in the office, something that most men refused to do. Men were more likely to agree to produce a sample at home that they would then bring to the office in a condom. However, this method was not very successful as the sperm were generally dead upon arrival at the clinic because, as Devraigne put it, “these little creatures are very sensitive to cold.”⁴⁸ A woman who wanted her husband’s fertility tested without his knowledge could bring his sample to the clinic, postcoitus, within her own body. Yet even this method was problematic as it would not be a pure sample. Devraigne deplored male attitudes about fertility testing. Based on the data gathered from cases the clinic studied, Devraigne concluded that roughly 10 percent of the time infertility could be attributed definitively to the husband. However, his clinical work suggested that male infertility played a role in roughly a third of cases.⁴⁹

⁴⁷ For example, AN: 19760173/27: Devraigne, “Dix ans de consultation contre la stérilité conjugale” (n. 36), 1705.

⁴⁸ AN: 19760173/27: Devraigne, “Dix ans de consultation contre la stérilité conjugale” (n. 36).

⁴⁹ AN: 19760173/27: L. Devraigne, “Traitement de la Stérilité Conjugale,” *Paris Médical* 47 (November 19, 1938): 369.

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Due to the sensitivity of the issue, the possibility that the husband's health could account for the couple's fertility struggles was not something that the clinic wanted to advertise to the public. When establishing the clinic, Devraigne was careful to present it as a clinic for "des femmes dites stériles," "deliberately overshadowing the husbands" who would come hurrying in with their wives and, once there, could possibly be persuaded to be tested as well.⁵⁰ To the general public and hospital administration alike, the clinic and the work it performed were presented as women's medical care; it was even attached to the maternity clinic. In recognition of the sensitive nature of this work, the concurrent investigation of men's health at the fertility clinic was carried out much more quietly, behind the scenes. In cases in which they did determine that a couple's struggle to have children was not a case of "feminine" infertility, they could take steps to treat the husband, but quietly and under the guise that they were treating the wife.⁵¹

Despite successfully attracting patients, the early numbers demonstrate that many patients who were eager to have their infertility investigated were nevertheless reticent about beginning or completing a course of treatment. After three years, the clinic had worked with a total of 710 patients. Of these women, 203 came for an initial appointment but did not return or pursue treatment. Another 215 of the patients went to the clinic for multiple appointments but would not follow all the recommended treatments. However, 292, or 41 percent of the patients, came to the

⁵⁰ AN: 19760173/27: Devraigne, "Dix ans de consultation contre la stérilité conjugale" (n. 36), 1697.

⁵¹ AN: 19760173/27: Devraigne, "Dix ans de consultation contre la stérilité conjugale" (n. 36), 1700.

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clinic regularly in these early years and pursued the recommended treatments.⁵² Most of these women started coming in 1927 and 1928, two to three years after the clinic's establishment, indicating that it took some time for the clinic both to establish a positive reputation in the city and to develop better methods for helping couples resolve their fertility troubles.⁵³

In 1934, after nine years of existence and having worked with over one thousand patients, the clinic boasted a 20 percent success rate in helping their patients have a baby.⁵⁴ The clinic used these numbers to advertise their services and convince the population that many cases of infertility could be addressed with appropriate medical treatment. It is nevertheless important to consider these numbers critically. As is the case today, it can be difficult to conclude definitively that every single patient who conceived following fertility treatments did so due to these medical interventions. Some patients would have conceived naturally without treatment, given more time. Aware of this possibility, Devraigne's clinic took only patients who met the period's clinical definition of marital infertility: no pregnancy after two years of regular relations without contraceptive methods. Many arrived at this clinic after a much longer struggle with fertility troubles and having already consulted their physicians previously. Because they worked only with patients clinically defined as infertile, Devraigne felt confident in concluding that the 20 percent who had babies following treatment did so due to the therapies they received.⁵⁵

⁵² Devraigne, *Puériculture Sociale* (n. 13), 177.

⁵³ Ibid.

⁵⁴ Devraigne, *La Nouvelle Maternité de Lariboisière* (n. 39), 45.

⁵⁵ Devraigne, *Puériculture Sociale* (n. 13), 177.

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Gender and Writing about Infertility

In interwar France, infertility remained largely a discussion of women's bodies, one that on the surface appeared to be dominated by male voices. Most of the prominent fertility doctors of the time, such as Séguy, Devraigne, and Dalsace, were men. However, this field of medicine was slowly expanding to include women. While all the physicians at Devraigne's clinic were men, they were assisted by female lab assistants including a Mlle. Lorain, who examined tissue and sperm samples, and a Mlle. Lados, who worked in radiography.⁵⁶ On the research side of things, the study of fertility was also expanding to include the growing numbers of women attending medical school, the majority of whom specialized in fields such as pediatrics or gynecology.⁵⁷ A quick review of papers presented at major gynecological conferences reveals numerous presenters listed as Mme. or Mlle. in the program. For example, at the fifth French congress of gynecology, held in Paris in 1936, seven out of sixty-four total presentations were given by women.⁵⁸

One such physician at this conference was Marthe Francillon-Lobré, who was arguably the leading female gynecologist and medical researcher of the period in France. Born in 1873, Francillon-Rouville, as she was then known, made headlines around the world in 1901 when she

⁵⁶ AN: 19760173/27: Devraigne, "Dix ans de consultation contre la stérilité conjugale" (n. 36), 1699.

⁵⁷ Women represented about 2 percent of the medical profession in France in 1930. Caroline Rusterholz, "English and French Women Doctors in International Debates on Birth Control (1920–1935)," *Soc. Hist. Med.* 31, no. 2 (2018): 328–47.

⁵⁸ Maurice Fabre, "Le 5^{em} Congrès français de gynécologie," *Revue française de gynécologie et d'obstétrique*, vol. 31, no. 7 (July 1936) 654–56.

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graduated from medical school and was accepted as an intern at a Parisian hospital.⁵⁹ Articles announcing this feat reported that she came from a wealthy Parisian family and as such was able to help fund the studies of some of her less fortunate classmates.⁶⁰ She soon established her authority as a gynecologist at the hospital of Pitié-Salpêtrière, where she became a leading authority on fertility treatments, publishing, sometimes in collaboration with prominent physician Jean Dalsace, studies about tubal patency.⁶¹ For her contributions to French science, she was awarded a *chevalier de la Légion d'Honneur*. She was also an inspiration to some of France's contemporary feminists. The women's magazine *Minerva* for instance ran a series of articles about successful women in unusual careers. They chose a day in the life of Francillon-Lobré for the exposé on a female physician, noting among other things her good bedside manner and maternal touch when working with patients suffering from a range of gynecological afflictions, including fertility troubles.⁶²

Though male voices seemed to dominate discussion and treatment of female fertility concerns, the female patients attending fertility consultations were not always passive patients quietly awaiting the doctor's verdict. According to Devraigne, women sometimes took the

⁵⁹ See, for example, "First Frenchwoman Who Is House Surgeon," *New York Herald*, January 26, 1901, 7. The article announced that she was the first woman in France to achieve this success. This was not entirely accurate.

⁶⁰ "Echos et nouvelles," *Le Radical*, February 1, 1901, 2.

⁶¹ For example, see Francillon-Lobré and Dalsace, "585 cas de stérilité traités" (n. 31), 823–28, and Marthe Francillon-Lobré and Jean Dalsace, *Diagnostic et traitement de la stérilité par l'hystéro salpyngographie* (Paris: D. Goin, 1930).

⁶² Bibliothèque Marguerite Durand (hereafter BMD): Dossier Francillon-Lobré, Marthe: Jany Oasanova, "Une Journée avec le docteur Marthe Francillon-Lobré," *Minerva*, March 15, 1936.

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initiative and requested unconventional treatments such as artificial insemination.⁶³ Though Devraigne received many such requests, he did not perform such procedures very often and would not consider using donor sperm.⁶⁴ Even if donor artificial insemination was unavailable at Devraigne's clinic, the fact that women requested it is nevertheless noteworthy. It shows that they rejected the older beliefs that infertility was exclusively a "female" problem. It also indicates that these were not passive patients. By contrast, through one means or another they had developed an idea of what types of solutions to infertility were possible and requested procedures that they thought might work, even if that meant secretly bypassing their husbands in the process.

The fact that women requested specific procedures demonstrates that they had some prior awareness of what medicine could potentially offer them. Women's magazines played a role in introducing women to this topic. For instance, *Maman* ran a series of articles between 1930 and 1932 by physicians such as Drs. Labouré, Mabile, Seguy, and Devraigne that included diagrams of women's reproductive organs, explained the major causes of infertility in women and men, described the types of tests patients undergo, and detailed the main treatments available. In one such article coauthored by Devraigne and Seguy, the authors included photographs of HSG tests to show women how the physician could determine tubal patency. The authors may have wanted to demystify the experience of seeking fertility care by teaching women about their bodies and showing the modern ways in which fertility concerns could be investigated. They also were eager to attract patients and discredit their competitors. This same article warned women against

⁶³ Devraigne, *Puériculture Sociale* (n. 13), 209.

⁶⁴ *Ibid.*

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going to surgeons and physicians who were not specialists in this area, advising them, very optimistically, that a qualified specialist could on the other hand cure 35 percent of infertility cases.⁶⁵

Women's magazines implicitly countered the pronatalist rhetoric of the period, decrying the epidemic of "voluntary sterility" in society and women's supposed rejection of their maternal roles. Fertility specialists were among those expressing concern for France's low birthrate but also interested in reframing the demographic question. Devraigne, for one, was actively involved in the French pronatalist movement. In many of his publications he echoed many of the familiar pronatalist tropes about the prevalence of "voluntary sterility" in French society and individuals' motivations for restricting their fertility. Yet he emphasized that the attention on this issue tended to obscure the reality that many cases of "sterility" were not voluntary.⁶⁶ Devraigne explained that he sympathized with the plight of couples whose private struggles to produce children were caught up in larger political discussions of the national birthrate.⁶⁷ For pronatalist-minded fertility specialists, the depopulation crisis could not be addressed through financial incentives and legal restrictions alone.

Some articles appearing in women's magazines were explicit in their attempts to reframe the demographic question, presenting infertility as a tragedy affecting many women and a cause of depopulation. Instead of placing responsibility for the demographic crisis on the shoulders of

⁶⁵ AN: 19760173/27: Dr. Labouré, "La Stérilité et ses traitements," Devraigne and Seguy, "Un espoir pour les ménages sans enfant," *Maman*, November 10, 1931, 3–4.

⁶⁶ AN: 19760173/27: Devraigne, "Dix ans de consultation contre la stérilité conjugale" (n. 36), 1696–97.

⁶⁷ *Ibid.*

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women who could not simply choose to produce more babies, some authors emphasized that it was up to the government to invest resources in treating infertility. One such example was an article appearing in the women's magazine *Marianne* in 1939 and written by the prominent and somewhat controversial fertility specialist Jean Dalsace.⁶⁸ In this article Dalsace described female fertility troubles as both an individual and a social problem. In light of government efforts to get the birthrate up, he found it surprising that more was not done to address another cause of depopulation: involuntary sterility. He went on to describe how most women wanted to be mothers and that being deprived of this role led women to see themselves as different from other women, feelings that only intensified with the "stupidity of their husbands." After describing the usual causes of infertility and medical options available, he argued that France, a country in desperate need of more births, needed more government-sponsored research centers.⁶⁹

Fertility Advice in *Confidences*

The decision of magazines like *Marianne* and *Maman* to publish informative articles about fertility concerns and available remedies suggests this was a topic of concern for many women. While there is an abundance of evidence showing how doctors wrote about and understood infertility, there are fewer sources revealing how women engaged with the medical establishment and may have understood their fertility issues. One window into this question comes from short queries appearing in advice columns. While advice columns are edited and as such do not offer unfiltered readers' voices, they are nevertheless useful for understanding what topics interested

⁶⁸ Jean Dalsace, "Un Fléau social: La Stérilité," *Marianne*, February 8, 1939.

⁶⁹ *Ibid.*

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readers and how readers may have expressed their concerns. Writing about infertility in late twentieth-century British advice columns, Loughran notes that advice columns “invited reader input, and so formed a dialogue between readers and authors.”⁷⁰

The magazine *Confidences: Histoires Vraies* represents an important example of what was a new genre in the late 1930s, one that invited readers to write in and share their most intimate fears and concerns: the *courrier du cœur*. *Confidences* was the first of its kind in France and enjoyed considerable success, selling roughly a million copies in 1939.⁷¹ The magazine was founded in 1938 by Paul Winkler, already known for popularizing American-style comics, such as *Le Journal de Mickey*, in France. The magazine would cease production following the establishment of the Vichy regime in 1940, at which time the Jewish Winkler was forced to relocate to the United States. Production of *Confidences* resumed following his return to France at the Liberation and continued to enjoy popularity through the postwar years.

When Winkler created *Confidences* in 1938, he hoped to replicate in France the success of American-style “true story” magazines. The magazine appeared weekly, offering short stories and articles geared toward a female audience on topics such as film stars, fashion, childcare, and homemaking. It also contained articles featuring the real-life problems of average women and men; readers were invited to provide their assessment of these situations. Filling the front and back pages of the magazine were advice columns, featuring questions from men and women on a range of concerns, such as health matters, parenting issues, career aspirations, beauty solutions, and relationship troubles. The magazine was progressive in some ways, for example offering

⁷⁰ Loughran, “Conditions of Illusion” (n. 4), 435.

⁷¹ Vincent Soulier, *Presse Féminine: La Puissance Frivole* (Paris: L’Archipel, 2008).

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career advice to modern young women and featuring articles advising women on their legal options when navigating a divorce or seeking child custody. In other ways, it maintained the gender norms of the period when, for example, advising women on matters of sexuality.⁷²

In *Confidences*, most questions came from women, with topics like infertility or reproductive health featuring regularly among the many questions relating to health and marriage.⁷³ As Judith Coffin argues, the *courrier du cœur* in *Confidences* and competing magazines fulfilled an important function in a society in which women had few reliable sources of information about intimate matters or ways of engaging with others experiencing similar difficulties: “Sharing confidences, breaking out of one’s isolation, finding that one’s confusions, wounds, anxieties, and desires were not singular, the expectation of psychological savvy, worldly knowledge, and emotional attentiveness, and the promise of an interlocutor who considers your situation familiar and significant—these were features of the *courrier du cœur*.”⁷⁴

Women who were experiencing fertility troubles and read through these columns regularly would have seen ample evidence that they were not alone in their plight. They would have seen that many women like them also faced difficulty getting pregnant, a reality that would

⁷² For example, *Confidences* received regular questions from young women considering engaging in premarital sexual activity with a boyfriend. Consistently the magazine advised women in this type of situation to “remain pure.”

⁷³ While male fertility concerns were less represented among the queries about infertility, the magazine did occasionally print such queries coming from men. For example, one man wrote in with concerns about his future fertility after contracting the mumps. *Confidences: Histoires Vraies* 79 (November 10, 1939): 27.

⁷⁴ Judith Coffin, *Sex, Love, Letters: Writing Simone de Beauvoir* (Ithaca, N.Y.: Cornell University Press, 2021), 97–98.

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communicate how common it was to experience fertility issues. This is significant because so many of the queries about infertility appearing in *Confidences* communicated a sense of isolation; women routinely expressed their fears that their difficulties getting pregnant meant they were not “made like the others” or were simply “not like other women.”⁷⁵ The queries about infertility communicated the distress many women felt about their reproductive troubles and childless marriages. Many such queries used similar terms to describe their status and situation: “a desperate woman”; “a woman in despair”; “an anxious woman.” For example, in 1939 “Une désespérée (Strasbourg)” explained that after seven years of marriage she was overjoyed to finally get pregnant. Unfortunately, she had an “accident,” meaning a pregnancy loss, at six months. She feared she would never get pregnant again.⁷⁶ In addition to asking for medical advice, some of the women hinted at the impact their fertility had on their marriages. Some wrote that they had almost everything they needed in life: a loving husband, a good financial situation, and a comfortable home; if only they could have a child. Hinting at the strain their childless status caused, one woman wrote of her fears that her husband was “pulling away from me.”⁷⁷

From other letters to *Confidences* it is clear that some women felt a deep fear of infertility, one that was not a present reality but more of a future possibility that made them

⁷⁵ For example, in the January 13, 1939, issue of *Confidences*, “Cœur aimant” described her difficulty having a second child and wrote, “Unfortunately I am beginning to believe that I am no longer normal.” In the same issue, “Un Cœur qui souffre” wrote of her “desperation” because she could not have children and said, “It seems I’m not made like other women.” *Confidences: Histoires Vraies* 36 (January 13, 1939): 35.

⁷⁶ See *Confidences: Histoires Vraies* #54 (May 19, 1939): 34.

⁷⁷ *Confidences: Histoires Vraies* 38 (January 27, 1939): 35.

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anxious. This included a woman who expressed her fears that she would not have children because of an unnamed infection she contracted years back and another who had an operation following a pregnancy complication.⁷⁸ As was the case with many of these other letters, the columnist could at best advise that the woman consult a physician. Both of these letters suggested that these women were not getting the answers they sought from their physicians about their prognosis and were looking elsewhere for hope or reassurance. This search for reassurance was also evident in other letters written by women who were fairly certain they would not conceive and wanted advice on how to cope. This includes a woman who thought she was too old, though she did not specify her age.⁷⁹ Another woman expressed her devastation that after having one child she could not have more. While the advice columnist could not offer useful advice in this case, they did recommend that she try to be happy with the child she had and find other ways of finding meaning in her life.⁸⁰

While some women writing in sought advice early in their childless marriages, prompting a response from the columnist that it was too soon to be worried, the majority appear to have struggled with childless marriages for longer periods of four or more years. Some of these women had already sought a physician's opinion and wrote to the magazine after years of frustrating experiences seeking medical solutions. This was the case of a woman who was still childless after six years of marriage. She wrote that her doctor had prescribed a regimen of

⁷⁸ *Confidences: Histoires Vraies* 89 (June 19, 1940): 174 and *Confidences: Histoires Vraies* 89 (June 19, 1940): 180. The unnamed infection could indicate a sexually transmitted infection or potentially complications following an abortion.

⁷⁹ *Confidences: Histoires Vraies* 6 (June 17, 1938): 30.

⁸⁰ *Ibid.*, 30.

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ocréine supplements.⁸¹ The columnist advised that this was a good regimen, but if it did not produce results after two more months of diligence she should ask her doctor if ovarian injections would work better.⁸²

While this woman perhaps wrote to the advice column because she felt that her doctor's regime had not helped her, other women turned to advice columns before even seeking a physician's advice. These questions reflect the reticence that many seem to have felt about seeking medical advice for such an intimate problem. One woman wrote in about her troubles getting pregnant and wanted to know if it would be "ridiculous" to go to a physician for such a problem.⁸³ Another woman seemed unsure where to begin when addressing her problems getting pregnant after three years of marriage, asking if she could just read a book on the subject.⁸⁴ It could be she did not feel comfortable approaching a physician or perhaps assumed that it would not be useful to do so. In this case, the columnist replied that a book could not teach a person how to get pregnant and that she should instead consult a physician to see if a surgical intervention was needed.

The advice columns also reveal that some women continued to hold on to outdated ideas about what could cause infertility. This suggested that they were worried about their fertility but were not comfortable approaching a physician with their concerns. For example, one woman

⁸¹ The company Grémy produced *Ocréine* supplements, marketed to address menstrual troubles (including irregular menstruation, heavy or light menstruation, and amenorrhea). "Diagnosticque facile et sûr de tous les troubles menstruels," *La Semaine gynécologique*, January 21, 1913, xix.

⁸² *Confidences: Histoires Vraies* 89 (June 19, 1940): 181.

⁸³ *Confidences: Histoires Vraies* 36 (January 13, 1939): 35.

⁸⁴ *Confidences: Histoires Vraies* 3 (May 27, 1938): 2.

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wrote, “I am in despair because I can’t be a mother. Do you believe that the bicycle is the cause of this problem? What can I do?” Quick to dispel the myth that riding a bicycle could cause infertility, the columnist suggested alkaline injections with baking soda and glandular extracts, suggesting also that she consult a physician.⁸⁵ Another woman, after being unable to conceive, expressed fears that it could be because her uterus was too small (infantile). It is unclear why she latched on to this particular explanation that, in the 1930s, was no longer considered to be a major cause of infertility. The columnist assured her that while they couldn’t say whether her uterus was infantile, she should know that this was a rare condition and therefore not the most likely cause.⁸⁶ While both of these women clearly misunderstood the likely causes of infertility, their letters show an interest in being able to pinpoint a cause and have an explanation for their infertility, but one that did not necessarily involve seeing a doctor for a full medical investigation.

Throughout *Confidences*, the columnist demonstrated an awareness of common treatments, sometimes recommending cervical dilations or surgical interventions. This was the case of a woman who wrote in explaining that a physician had told her she would not be able to have a baby because of an obstructed uterus. The response she received was that it could be remedied by a surgeon or a physician who might try cauterizations or incisions.⁸⁷ Reflecting the popularity of hormonal treatments in this period, it was however more common for the columnists to suggest hormonal therapies might be the answer. This is the advice, for example,

⁸⁵ *Confidences: Histoires Vraies* 20 (September 23, 1938): 34.

⁸⁶ *Confidences: Histoires Vraies* 89 (June 19, 1940): 177.

⁸⁷ *Confidences: Histoires Vraies* 51 (April 28, 1939): 35.

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that was given to a twenty-eight-year-old “worried young woman,” who explained that she had been married for eight years without producing a child. Though healthy, she noticed her periods diminishing over the three previous years and feared this reduced her odds of eventually conceiving. The advice she received was that it could be a “progressive glandular insufficiency” and that if she consulted a physician they might recommend injections of ovarian extracts.⁸⁸ Reflecting the optimism that such remedies inspired, the columnists recommended ovarian extracts even in cases of infertility that were more mysterious (at least based on the description) in cause.⁸⁹ Like many fertility specialists of the day, the columnists in *Confidences* wanted readers to understand that infertility could often be cured with modern medicine. They urged women to not be fearful about trying to get pregnant and have babies, often after experiencing long periods of disappointment, painful interventions, or tragic losses.

Conclusion

Discussions about “recovering pregnancies,” within both medical and pronatalist circles, represented a shift in thinking about France’s depopulation crisis. With new developments in fertility medicine, such as hormonal therapies and the HSG, physicians produced promising data suggesting that many cases of “involuntary sterility” could be resolved. Yet despite tentative government efforts to establish fertility clinics throughout the country, beginning in 1937 the process of expanding access to fertility medicine proved slow to realize. Fabrice Cahen notes

⁸⁸ *Confidences: Histoires Vraies* 20 (September 23, 1938): 34.

⁸⁹ For example, “Mme. L . . . désireuse d’avoir un bébé,” *Confidences: Histoires Vraies* 63 (July 21, 1939).

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that the slow pace was due to a combination of inadequate state support and only modest consumer demand for these services.⁹⁰

The queries in women's advice columns shed some light on why relatively few women sought long-term treatments from these clinics in the early years of their existence. Women's magazines from the period reveal that many women were, on the one hand, interested in fertility remedies. In contrast to the pronatalist rhetoric of the day depicting childless women as willing participants in France's demographic decline, these advice columns illustrate that many cases of presumed "voluntary sterility" were not actually voluntary. Some women expressed their sense of distress and wanted advice on how to cope. Many seemed to want to find support through this community, even if it was composed of anonymous strangers they would never meet in person. Mostly they presented themselves as "desperate" for a treatment or a regime that would give them the baby they hoped to have.

Yet all this discussion of infertility did not necessarily translate to seeking a physician's counsel or following a physician's advice. While the reasons for this reluctance to undergo the full array of testing and treatment options available likely varied from patient to patient, there were several barriers that can be cited here. Discussion of these topics was somewhat taboo, and many women likely felt uncomfortable approaching a physician with these types of concerns. This was evident, for instance, in *Confidences*, where, as we have seen, women sometimes expressed uncertainty as to whether this issue was truly of a medical nature and worth bringing to a physician's attention. The impact that embarrassment or shame had on patient care is also evident in Dr. Francillon-Lobré's observation that even those women who sought specialized

⁹⁰ Cahen, "Obstacles to the Establishment of a Policy to Combat Infertility" (n. 9), 209.

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care at her clinic did so under a false name and a fake address, making their care anonymous and difficult for the physician to follow long term.⁹¹ Cost was another factor that likely dissuaded many women from seeking medical treatments. One Dr. Boda, for instance, was an advocate for treating infections like metritis early in order to protect patients' fertility and avoid hysterectomies down the road. He expressed his frustration that frequently the *caisses d'assurances* did not cover such procedures and women could find it prohibitively expensive.⁹² Finally, an additional factor that may have deterred women from completing treatment was the invasive nature of testing itself. The HSG was more easily tolerated than other treatments like cervical dilations and diathermy, which, according to Dr. Francillon-Lobré, many nonspecialist physicians and surgeons were inclined to attempt first.⁹³ It was also considered low risk, and physicians rarely commented on its discomforts. Still, Dr. Solange Perrin was a little more forthright than most about the discomforts it likely entailed. She detailed how women had to receive a muscle relaxant both the day before and the day of the procedure, though women who were extra nervous might require general anesthesia. For all patients, she recommended a day of bed rest, with an ice pack on the abdomen, following the procedure.⁹⁴

Ultimately, advice columns in *Confidences* provide the historian a glimpse of how women facing fertility troubles may have made sense of their existing medical options. For the

⁹¹ Francillon-Lobré and Dalsace, "585 cas de stérilité traités" (n. 31), 823.

⁹² AN: F/60/605: Letter from Dr. E. Boda, chevalier de la légion d'honneur and chirurgien-adjoint at the hospital of Cambrai, dated May 14, 1939, to President of the Council.

⁹³ Francillon-Lobré and Dalsace, "585 cas de stérilité traités" (n. 31), 826.

⁹⁴ Solange Perrin, "De la Stérilité à la Maternité d'Alger: Thèse pour le doctorat en médecine" (Med. thesis, University of Algiers, 1938), 60–61.

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types of reasons outlined above, many women who were distressed by their fertility troubles did not seek invasive medical solutions but instead sought advice from confidential sources of information like *Confidences*. Women's magazines more generally offered an alternative perspective on the demographic question. Physicians used these magazines as a forum in which they sought to reframe the demographic debate, attract patients, and more generally build women's faith in the capacity of modern medicine to help them have the families they wanted.

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