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Gynaekeumenes: A Nonrepresentative Selection of Notable Articles Published in the *Monatsschrift* and *Gynaecologia* from 1896 to 1969

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"History does not exist per se; it is made. Historiography is not a neutral collection and organization of events, but a narrative and historical process itself, deeply associated with selection (…) Without the organizing force of a (collective) subject, history is nothing but a seemingly endless and chaotic flood of data and facts." [1]

Introduction

Since its first issue in 1895, the *Monatsschrift* and its successors have published several thousand articles on a variety of gynecological and obstetric topics. With some effort, e.g., visiting a library or searching on the website of the Karger publishing house, anyone interested can still find and read them. However, in today's fast-paced world, hardly anyone would be willing to undertake this effort. And what is more, the usefulness and relevance of these articles might be questioned. In the context of this anniversary issue, too, more general questions concerning the meaning of commemorations, anniversaries, monuments, and historical observations demand to be addressed. It seems that only prospective, not retrospective thinking is important today. But if we understand history as a resource, what can it accomplish, what is the "use" of remembering the past?

"The future is – not least for physical reasons – not conceivable without the past. We can interpret history, but no matter what we do, we cannot change it. The future, however, can be shaped; and it is shaped by the past and the present. These correlations are so trivial for us that we hardly ever think about them" [2]. This quote is from Rohrbach's article "Zukunft durch Geschichte" ("Future through History"), which is well worth reading. Rohrbach also names five examples and arguments to answer the questions from above: (1) understanding medical developments and discoveries through history; (2) learning from (a) medical and (b) societal errors or mistakes of the past; (3) rediscovering historical concepts; and (4) remembering historical events. In the sense of a "projection from the retrospective" it will remain (5) "… the task of history to encourage and spread confidence on our way into the future, but also to warn us about impending errors" [2].

For this anniversary issue of the *Gynecologic and Obstetric Investigation*, we systematically browsed all tables of contents of the *Monatsschrift* and its successor *Gynaecologia* from 1895 up to 1970 and hand-picked a small selection of notable articles. We did not include any issues published after 1970, because at that time the journal was given a new profile, focusing predominantly on the publication of molecular biological and endocrinological re-

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search results, which no longer reflected the full spectrum of the subject.

Between 1895 and 1970, quite a number of articles discussed topics such as myoma therapy, hysterectomy, treatment of eclampsia, Caesarean sections, or forceps delivery according to the medical and scientific progress at the time. For this issue, however, we only selected articles covering fundamental questions and topics that either go beyond the time-bound nature of scientific research, reflect the spirit of the times in a particular way, and/or are still or again relevant today and likely to stimulate controversial discussions.

This compilation does not claim to be complete or a systematic "chronicle of events, developments, and people" in gynecology. For a chronological overview, we refer to the historiographical works of the founder of the *Monatsschrift*, August E. Martin (1847–1933), in "his" journal as well as to the two extensive "timetables" by Buess on the development of "occidental" obstetrics and gynecology published in the *Gynaecologia* [3–5].

The following summaries and excerpts contain numerous original quotes. We have deliberately refrained from commenting on them. When selecting the articles, we focused on five topics: (1) women as medical students and physicians, (2) infant and maternal mortality, (3) changes in surgical gynecology, (4) early aspects of reproductive medicine, and (5) biopsychosocial considerations.

Women as Medical Students and Physicians

Gynaekeumenes: "Zur Frage der weiblichen Aerzte in Deutschland" ("On the question of Female Physicians in Germany") (1896) [6]

The word *Gynaekeumenes*, which the author uses as a pseudonym, stems from the Greek words *gynaika* (woman) and *eumenis* (benevolent). A possible translation would thus be "benevolent towards women." Below the headline of his article published in the *Monatsschrift* in 1896, the author cites the first sentence from the introduction to the *Odyssey* in Greek. It is difficult for readers today to see its connection to the topic of the article. "The position of German gynecologists on the question of female physicians practicing their profession is unanimously dismissive," states the anonymous author at the beginning. He cites anthropological, psychological, social-Darwinist, and cultural reasons for this rejection – female physicians are above all considered a "threatening cultural regression." "The art and science of medicine, especially obstetrics and gynecology, is just like everything that culture has produced … a creation of men. However, women object that this is only due to the fact that they have had no opportunity to engage in these activities."

The author believes there are two motives behind the efforts to enable women to study medicine and practice the profession: "(1) Girls and women should be given the opportunity to study medicine to secure their independent financial livelihood. (…) (2) Compared to male physicians, female physicians are deemed more appropriate for female patients and children."

In his opinion, "demanding female physicians for women is an insult and a degradation of male physicians. The so-called female modesty, which is most prevalent where it is least spoken of, plays no role whatsoever in the tactful physician's interaction with sick girls and women."

Finally, the author refers to the goals of the (first) women's movement, supposedly influenced by socialist ideas: "Socialism is not only the enemy of the possession of higher material goods, but also of idealistic goods. And there is a big part of this kind of socialism in the 'women's movement,' which is therefore not at all interested in reaching the peaks of science."

In the final paragraphs of his article, the author offers an alternative: "It must be pointed out again and again that the desire of women for medical activity can be satisfied. How much have men already done to raise the status of midwives and nurses to a higher level! (…) Sensible and energetic women initiating a movement (aimed at higher and extended training of nurses), for which the foundation has already been laid, would find nowhere more and warmer support than from male physicians."

A. Martin: "Über das medizinische Frauenstudium in Deutschland" ("On Medical Studies for Women in Germany") (1918) [7]

"After women had been admitted to academic studies in Germany in 1908, the dispute over their 'eligibility' which had been raging until then quieted down." Almost 20 years after *Gynaekeumenes*, August Martin writes an extensive opinion article on the subject of "women and medical studies," referring primarily to his own experience: "When I first started to give courses in gynecological diagnostics and practice for physicians in 1878, soon a considerable number of female physicians joined me. Only a few of them were German and Swiss, more of them were Russian and English, quite a few were North American. At that time, female listeners were not yet admitted to the Berlin University! (…) Since about 1890, I could not ignore the practice becoming more and more general-

ized – so the number of my female audience grew." However, Martin and the colleagues he interviewed did not have a very good experience with female physicians: "They appeared physically and mentally exhausted after watching a few surgeries and taking part in clinical training for only an hour." According to him, their ability to make decisions and their physical strength, e.g., during forceps deliveries, rotations, and gynecological surgeries, left a lot to be desired.

Martin expects and dreads a significant increase in the number of physicians and, as a result, competition between the male and female physicians, especially in larger cities. On the other hand, he fears a shortage of physicians in the countryside: "As an inevitable result of this alone, country physicians will probably need a much higher amount of official subsidies or other privileges than ever before!"

Ultimately, though, Martin acknowledges that in the future, there will be no way around training and educating female physicians, and he concludes his article with the conciliatory remark that "… all medical teachers and every general practitioner must participate in developing and shaping the valuable material that has been placed in our hands. The extent to which we will successfully accomplish this task will only become clear after decades of understanding and effort!"

Infant and Maternal Mortality

B. Krönig: "Wie weit soll das Recht des Kindes auf Leben bei der Geburt gewahrt werden?" ("To What Extent Should the Child's Right to Life at Birth Be Protected?") (1906) [8]

Bernhard Krönig (1863–1917), full professor in Freiburg since 1904, starts by claiming that today "… the principle: first the mother, then the child, has been generally abandoned. Indeed, one considers oneself entitled to carry out major surgeries on the mother herself, which more or less endanger her life, exclusively in the interest of the child. The only disagreement revolves around the extent to which we may endanger the life of the mother in favor of the child." The article, which was published in two parts, also clearly shows the scale of the problem: In 1900, the stillbirth rate in the entire German Empire was 3.1%, i.e., about 65,000 stillborn children. Krönig refers to the efforts that were made to reduce this mortality rate, but they were only mildly successful. So he asks himself: "Are we already, at the attainable minimum of infant mortality, in a position to intervene and help with improved obstetric measures?" The following extensive considerations deal primarily with the causes of stillbirths intra partum and their possible prevention. According to Krönig, a prolonged birth and the resulting asphyxia of the child are the most important etiological factors for stillbirths. As a countermeasure, he suggests on the one hand a more generous indication for forceps deliveries in the case of prolonged labor, and on the other hand the "incision in the cervical canal for the complete dilatation of the cervix, [which] today can be regarded as such a life-saving intervention that we must also carry it out in the interest of the child (deep incision in the front and back according to Alfred Dührssen [1862–1933])."

In this context, Krönig poses the following rhetorical question: "What kinds of surgeries may we perform on mothers with a narrowed pelvis in order to save the lives of as many children as possible?" In his opinion, any surgery to dilate the pelvis, such as a symphysiotomy, can in principle be replaced by perforation of the living child (craniotomy). The same holds true for Caesarean sections with relative indication. Provided that symphysiotomies and Caesarean sections are carried out in an aseptic environment and with the right technique, however, the expected mortality of the mother is now about the same as after a craniotomy. Yet, he points out – and this is a very modern perspective – that we should also take into account the morbidity. The time of stay in the hospital and the time it takes before the mother is able to work again, e.g., are longer after a symphysiotomy or Caesarean section than after a craniotomy.

At the end of his article, Krönig states: "It has become apparent that although we do carry out a lot more surgical interventions on the mother in the interests of the child than in the past, the wish of some obstetricians to avoid sacrificing the living child completely can still not be fulfilled with today's technology. It is undeniable, however, that our principle must no longer be: 'First the mother, then the child,' but rather: 'Not just the mother, but the child as well.'"

E. Enzinger: "Die Berechtigung zu den kindstötenden Operationen intra partum, von verschiedenen Standpunkten aus unter besonderer Berücksichtigung der moraltheologischen Anschauungen dargestellt" ("The Justification for Infanticide Surgeries intra partum, Presented from Different Points of View with Special Consideration to Moral Theology") (1923) [9]

A little more than 15 years later, Ernst Enzinger once again addresses the question of "life of the mother versus life of the child" in great detail in an article in the *Monats-*

schrift. According to him, this question is of "too much of a general human interest – since it deals with the elimination of a living being that is destined to become a human being – for physicians to simply ignore and evade the views of the representatives of law and ethics." To get to the heart of the problem, Enzinger cites an example in which "the natural delivery of a child without dismembering it is impossible, and on the other hand a Caesarean section is out of the question." In this case, the obstetrician would only have one option: "He perforates the living child and thus saves the mother." Theologians whom Enzinger consulted classified this not only as physical murder, but also as "murder of the soul." Regarding the latter, he writes: "I objected to a theologian that murdering the soul should be impossible, since it is immortal, and received the answer: 'You are right; however, the murder of the soul consists in the fact that the child has not been baptized and that the possibility of baptism is thus taken away from him.'" Another argument is that this is regarded as a "murder-like act" not so much because "the child is robbed of its intrauterine life, but because it is thus deprived of the possibility of further developing into a human individual, of the unconditional right to an earthly, extrauterine life." Yet, Enzinger argues that the child's right to an earthly, extrauterine life "was made impossible by an injustice of nature itself." "To rob someone of a good that does not even exist and will not exist in the future either, a good he has thus never owned, will never get possession of and to which he therefore cannot assert any claim" seems practically impossible to him. "So in this case, one human life is not bought by another, but one human life [that of the mother] is preserved at the price of an idea that can never ever be realized."

Changes in Surgical Gynecology

B. Krönig: "Grenzverschiebungen zwischen operativer und nicht operativer Therapie in der Gynäkologie und Geburtshülfe" ("Shifts in the Boundaries between Surgical and Nonsurgical Therapy in Gynecology and Obstetrics") (1916) [10]

Bernhard Krönig states that in this article, he wants to examine whether surgical treatment has established itself in gynecology and obstetrics in the second decade of the 20th century because it "best serves a causal therapy." At first glance, he says, "it almost seems that way; we speak of a surgical era in obstetrics, we speak of the tremendous progress that surgical treatment of gynecological disorders has made." At second glance, though, the situation is more nuanced. He names the "treatment of suppurative diseases" as an example of the "views shifting" into a different direction: "Today, we know that with a purely expectant treatment, we can free the patient of her symptoms in a much shorter time than with surgical treatment. And we also know that the mortality rate in the case of suppurative inflammation in the tubes is zero, compared to a primary mortality rate of about 5% if we perform surgery."

He also (self-)critically states that gynecologists have been overeager to perform surgery in the past: "The tremendous psychological changes that can be observed physiologically at the beginning and at the end of the sexual maturity of women have contributed significantly to overestimating the influence of genital anomalies on the psyche of the woman. There is hardly a mental disorder in women that has not been etiologically related to certain, in most cases very minor, changes in their genitals." Krönig calls this a "dark page in the history of gynecology." Gynecologists in particular have been accused of "sacrificing hecatombs of ovaries to this idea for a considerable period of time." It was the psychiatrists who pointed out the "tremendous influence of the sexual sphere on the female psyche." However, it was also the psychiatrists who "vigorously opposed overestimating slight genital anomalies."

On the other hand, Krönig claims that in so-called nervous women the "genitalia are particularly likely to be the source of these abnormal sensations." It is therefore extremely difficult to decide in the case of certain long-term complaints which set in with severe pain whether they are "purely psychogenic, whether there is a causal relationship between the complaints and the genital anomaly, or whether there is only a coincidence of genital anomaly and hypochondriac sensations."

Krönig also mentions "retroflexio uteri" as an example of an incorrect indication for surgery in the case of "complaints localized in the genital sphere, such as lower back pain, uterus prolapse, or dysmenorrheic complaints." "Until recently, the majority of gynecologists in Germany were of the opinion that in most cases … a retroverted uterus was the cause for these complaints and that this positional anomaly should be corrected by surgery, whereas nowadays, position-correcting surgeries have increasingly been losing credit." But it would be unfair, according to Krönig, "to reproach the gynecologist for this change of views," because "evidence had to be collected first." Follow-up examinations of the women who had undergone surgery had to prove whether the complaints had been permanently resolved. It was only after observ-

ing that "there was temporary improvement, but the symptoms very rarely disappeared after orthopedic correction of the retroverted uterus, that the clinical significance of the positional anomalies of the uterus could be correctly assessed and the incidence of hypochondriac sensations (…) accurately evaluated."

K. Neuwirth: "Über den Begriff der sogenannten 'berechtigten Mortalität' in der operativen Gynäkologie, insonderheit rücksichtlich der Operation des Uteruskarzinoms" ("On the Notion of So-Called 'Justified Mortality' in Surgical Gynecology, Particularly with Regard to Surgery for Uterine Cancer") (1924) [11]

In the mid-1920s, Karl Neuwirth first asked in the *Monatsschrift* "whether radiotherapy or surgery should be given preference in the treatment of uterine cancer …" He answered this question as follows: "Radiotherapy has already achieved the same or even better overall results compared to surgical therapy. The only difference between the two is that the primary mortality rate after surgery is about 20% on average, whereas it is nonexistent for radiotherapy, provided the latest equipment is used and the right dosage applied." Still, a number of authors, among them Wertheim, are of the opinion that it is "better to continue operating on the carcinomas despite the primary mortality than to accept the possible indolence of patients in the aftermath of an actinic procedure and its later consequences, which are often disastrous." This is then called a "justified mortality." Neuwirth strictly rejects this notion and argues against it from a moral and ethical point of view: "No one has any right whatsoever to claim another's life, and few people will normally be willing to hand their existence over to someone else. If the physician demands unreserved trust from his patients, who place their entire destiny in his hands, and if the patients, who presume his absolute reliability, give their greatest good, their life, into his care, then not only does he not serve this responsible purpose, but he actually violates it when a life is lost. A life that, according to the current state of science, could probably have been preserved for a long time, or at least for several years." He continues: "Apart from a suicide candidate, whose intention no physician can ever support, everyone wants to preserve his life, even if only for a few years, even for the tiniest fraction of one year. Provoking premature death can under no circumstances ever be considered a justification of trust."

The situation is different, however, if surgery is indicated as necessary, "then, of course, it is imperative not to conceal from the patients the dangers to which they are exposed and, as is generally acknowledged, never to operate without their consent, which may not be influenced in any way. (…) It would be ethically unacceptable to interpret the trust of female patients, who are easily suggestible, to include fostering their death instead of their survival."

Early Aspects of Reproductive Medicine

M. Hirsch: "Frauenheilkunde und Bevölkerungspolitik" ("Gynecology and Population Policy") (1919) [12]

Max Hirsch's (1877–1948) article discusses "putting gynecology and obstetrics in the service of fighting the declining birth rate," which was a major problem in many Central European countries even before the First World War, but was further exacerbated by it. According to Hirsch, the gynecologist has "an important role to play in combating the declining birth rate." If one were to replace "the word 'population policy' with the word 'reproductive therapy,'" the "strictly medical-scientific character of this discipline" would become even more apparent. Researching and combating unwanted sterility has always been one of the tasks of the gynecologist, Hirsch continues. What is new in this context, tough, is the "purposeful inclusion of certain adjacent disciplines in the existing framework of conventional gynecological medicine and broadening it to a social gynecology." As an example for the influence of social factors on gynecology, Hirsch first mentions the consequences of "commercial work on the female genitalia, which manifests itself in organic and functional damage" and has a tremendous influence on the declining birth rate.

Hirsch also believes that "the fear of childbirth" plays a significant role here, "all the more so, the more often childbirth brings with it particular pains and dangers because of pathological disorders." Thus, "painless deliveries should be striven for as a means to fight the decline in births." As a third factor, Hirsch argues that "surgical gynecology … has for decades and without any hesitation sacrificed reproductive values for the sake of healing through total extirpation, ovariotomy, and tubal ligation." In the future, however, "the important issue of procreation must be factored in when assessing surgical procedures."

Hirsch states: "If we want to understand and combat the decline in the birth rate, we must take into account the psychological transformation of the masses. People have changed."

Biopsychosocial Considerations

A. Landeker: "Der Schmerz in der Gynäkologie, seine Entstehung, Deutung und Behandlung" ("Pain in Gynecology, Its Origin, Interpretation, and Treatment") (1925) [13]

Since the 1920s, the *Monatsschrift* has repeatedly dealt with psychosomatic, psychological, or psychosocial topics. One example is A. Landeker's extensive article on pain. In his introduction, he explains that there is undoubtedly a distinctive connection between "the triggering, the duration, and the cure of a disease, so that no patient can actually be cured without satisfying both his physical and psychological stimulus conditions. This requires above all understanding and insight into the course and development of the disease."

According to Landeker, pain is a primal response to the stimulus of illness, which must be distinguished from "imaginary pain as an expression of the embodiment of a purely psychological sensation, that is, (…) as an outlet for an imagination overheated by mental turmoil."

Landeker reports that he has achieved good results in treating pain with a large number of "physical methods of healing," first and foremost with the vaginal ultrasonic treatment he invented, but also with irritative therapy, diathermy, balneotherapy, as well as nerve point massages. He continues: "A prerequisite for our ability to attack and for the combat value of our physiotherapeutic armed forces is the cessation of endogenous and exogenous stimuli, which, through mechanical, biochemical, and thermal irritations, make the long-term effect of our therapy impossible." It is also necessary to stop psychological stimuli. "Those kinds of pain, on the other hand, which have only psychological and in many cases psychosexual causes, should be cured through the well-known modern methods of pure psychotherapy, maybe also psychoanalysis, combined with exercises to strengthen the patient's body and soul."

M. Braun: "Zur Psychotherapie" ("On Psychotherapy") (1925) [14]

Max Braun publishes his review article on modern psychotherapy in the *Monatsschrift* in the same year as Landeker. He starts by saying: "When one begins to study medicine and gains insight into the extensive field of modern diagnostics and therapy and one compares it with the primitive methods of past times, one is baffled and amazed that humanity was able to cure its ailments even back then." If diseases have been healed for centuries using so many different methods of treatment, there must be a common factor – namely "suggestion, which is an integral part of all healing methods, hyperemizing and activating the body's own powers of resistance."

When suggestion therapy became fashionable, it was not taken seriously, and "even though modern psychotherapy considers many diseases to be psychologically conditioned and many to be aggravated by psychological factors, most physicians simply respond to suggestion therapy with a superior and dismissive smile." According to Braun, he and his colleagues grew up "in the anatomical era of medicine," but one should not "forget that functional thinking has at least the same justification" and "that function is the actual being."

Braun again refers to "suggestion" when he points out "the important role that the physician's personality and his psychological influence play in the treatment." He puts a quote by Freud's disciple Sandor Ferenczi (1873–1933) up for discussion, namely "that most patients become healthy for the sake of their physician." He sees transitions from deliberately deceiving the physician that one's condition has improved to subconscious processes "that cause an actual healing." Still, he criticizes, too many physicians do not pay enough attention to psychological facts.

Braun concludes his article by partially questioning an axiom of Freudian psychoanalysis. He believes "that an entirely logical solution of the conflicts causing a disease is not always necessary, especially since these are more or less repressed in the subconscious; and the subconscious knows the laws of logic only very poorly. In many cases, the time and effort spent on psychoanalysis thus seem to me disproportionately high. And on top of that, one must also take into account that the success of psychoanalysis, too, largely depends on the tremendous amount of suggestion that lies in the long talks of oneself and in the promise of healing."

W. Dick: "Über die physiologische Richtung in der Gynäkologie" ("On the Physiological Direction in Gynecology") (1926) [15]

One year after the publication of Braun's article, W. Dick states that "following the rapid and splendid successes in surgery and bacteriology … a strange 'anatomotropism,' that is, a striving for an 'anatomical' way of thinking, became dominant in gynecology. This was particularly furthered by the trend towards surgery in gynecological therapy, which can be characterized as a 'surgical era in gynecology.' This led to a 'distortion of gynecology': Instead of 'a science of women,' a kind of 'pelviology' emerged, that is, … a science of the diseases of the pelvic organs."

However, according to Dick, trends change and new approaches are being adopted, since the surgical era has reached its natural limits: "Many a gynecologist is already feeling cramped in the small pelvic area. His mind is no longer content with studying the diseased organ, but seeks to look at the whole woman with all her expressions of life." This development is supported by the realization "that all medical problems are physicochemical and that our highest function – the brain or mental activity – is ultimately based on the interaction of the most complicated physicochemical processes." While research into the connection between glandular activity and the psyche of women is still rare, in recent years, "the psychological direction in gynecology has become more powerful." No gynecological congress is now complete without talks on psychotherapy.

This new direction is "a consequence of a certain evolution of gynecological thought." "Gynecology must inquire not only about the woman's pelvis, but also about her psyche. Gynecology *must* have a chapter on the psychology of women and the neuroses of the female sexual sphere and it *will* have this chapter!"

According to Dick, the teachings of Freud and his students have had a great influence on the different disciplines of medicine and could not leave gynecological therapy unaffected. The disappointing results of surgical interventions, e.g., on the vagina in cases of vaginismus, castration in cases of severe dysmenorrhea, and corrective operations due to pain allegedly caused by "retroflexio uteri" also contributed to this. Dick concludes his "critical-literary outline" with a warning: "The further growth of the psychological direction in gynecology is guaranteed. There is no reason to fear for its future fate. On the contrary, there are reasons to fear the opposite – namely, being carried away by it, following a 'fashion.' This could harm and even ruin the young discipline, as it has already corrupted other promising currents of medical thought."

G. Oehlert: "Die berufstätige Frau in soziologischer und medizinischer Sicht" ("The Working Woman from a Sociological and Medical Perspective") (1961) [16]

In the tradition of social gynecologists such as Max Hirsch (1877–1948), Wilhelm Liepmann (1878–1939), Hugo Sellheim (1871–1936), and others, Günter Oehlert (1923–2013) attempts at the beginning of the 1960s to "build a bridge between the findings of sociological research, the necessities arising from today's economic situation of full employment, and the medical demands resulting from understanding more fully the dangers that can accompany the gainful employment of women." We need to realize "the amount of energy required for housework alone," then we are able to recognize "to what extent the double burden of professional and domestic work can become dangerous for the woman as an individual and for the community as a whole." Oehlert thus demands that "the burden on women should be reduced and all possibilities of being harmed should be eliminated." He emphasizes this by pointing out that "the daily work of a housewife in a middle-sized household with two children … is roughly equivalent to the physical strain of a heavy worker" and that she "burns about the same amount of calories as a metal worker." Oehlert also addresses the possible social consequences of women's professional activity. He believes that the "double burden on working mothers … has recently become a source of danger for the well-being and happiness of many marriages and families." "The often unavoidable conflict between being forced to fulfill professional obligations and taking care of the family can be such a heavy emotional burden that married life is endangered."

In the 1960s, work processes were increasingly modernized and rationalized. As a result of work activities "often characterized by a lack of variety," the "weight of health problems" among women has shifted to different kinds of diseases, "which have now almost become a characteristic feature of working women and female employees." "Today, diseases of individual organs are no longer the main problem, but disorders of the vegetative nervous system as well as cardiovascular diseases caused by fatigue due to the double burden of work …" According to Oehlert, the employment of housewives and mothers has created a fact "which does give rise to justified concerns, but cannot be reversed in view of the current economic situation. So, the question that needs to be addressed is no longer whether a woman's professional activity is desirable or appropriate, but rather under which social and health conditions it is acceptable for a woman to work without suffering any harm." Oehlert thus proposes to "increase the number of part-time jobs" and demands a women-friendly design of the workplace, avoiding monotony in the work processes of female assembly line workers, "regulated and sufficiently long vacations, the adaptation of work breaks to the easier fatigue of the female body, and payment that corresponds to that of men." "Only when these and other prerequisites are fulfilled will the physician be able to give a 'yes,' albeit not a joyful one, but an affirmative 'yes' to the fact that women are increasingly pursuing a profession."

M. Girotti and G.A. Hauser: "Menstruationsverhalten bei Italienerinnen nach Landeswechsel" ("Menstrual Disorders in Italian Women after a Change of Country") (1969) [17]

In the 1960s, the possible medical effects of migration were first addressed in pediatrics, psychiatry, and gynecology. Girotti and Hauser state that "with the increased recruitment of foreign female staff in highly industrialized countries, a special form of menstrual disorder [occurs], which can be considered a disease of civilization." In order to further examine these "changes in the menstrual cycle due to immigration," the two authors interviewed 126 Italian women in their own clinic. They identified a number of different causal factors, which confirmed the "complexity of these disorders, which can be regarded as a new type of state of emergency amenorrhea qualifying as a civilization-related disease." When Italian women immigrated to Switzerland, around one-third of them experienced menstrual disorders, "60% of which did not revert back to normal, so the guest workers consulted a physician. The following factors particularly affect the occurrence of menstrual disorders: medical predisposition, highly qualified work, origin from rural areas, origin from Northern Italy, larger apartment in the country of origin, change of diet, physical build, religiousness, no experience in dealing with free time, unskilled profession of the father, improvement of working conditions in Switzerland, and city jobs in Switzerland. Other factors like age, marital status, sexual intercourse, and salary before emigration seem to have no influence."

Our selection of articles thus concludes with an early work on the psychosomatic effects of migration, a topic that is again or still relevant 50 years later, supporting the theory of "future through history" mentioned above.

Conclusion

We finish with a quote by August Martin, founding editor of the *Monatsschrift* together with Max Saenger: "We have learned to … change our assessment of the patients' pathology according to their physical constitution. Our therapeutic measures have thus undergone a downright revolutionary change. (…) The results of new physicochemical and serological research open up prospects whose significance we cannot clearly envision yet! In addition, the social status of a woman concerning her physical and psychological behavior as well as her scientific activity has undergone a profound change. It is not an easy task for a historian to understand and describe the implications of all these processes, but it is a very attractive one!" [3].

Conflict of Interest Statement

The authors state that they have no conflict of interest.

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