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Special Issue:
Age and Gender: Aging in the Nineteenth Century

Guest Edited by Alice Crossley

**The New Era of Longevity Discovered, 1869-1929:
The Shock of Women's Midlife Strength
and the Construction of Gender Envy**

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"Men have had every advantage of us in telling *their* own story...
the *pen* has been in *their* hands." — Jane Austen

How Long Could a Fifty-Year Old Roman Expect to Live?

<1>We are expected to feel proud of living in an Era of Longevity (however ambivalent we may personally feel about aging), having been told repeatedly that it is a first in the history of the world. Scholars and pundits particularly like to contrast now with 1900, which has achieved status as a dark age of early death. But the historical fact is that both scholars and the media often mislead us about life expectancy circa 1900, intruding agendas of their own into the data they select. In fact, 1900 was already recognizing and congratulating itself on being an era of "new" longevity. After about 1865, specialists in the relatively new field of large-scale life-course statistics knew that more people were living longer. "The great fall in the general death rate of recent years," as George Longstaff, M.D., an English scientist, put it in 1891 (268), became a part of general knowledge. Abraham Epstein, an American political economist, pointed out in *Facing Old Age* (1922) that in 1880 those sixty-five and over had been only 3.5% of the population, but by 1910 they had grown to 4.3%. Epstein was already using the fact that "the proportion of older persons in the U. S. has been increasing" to measure "the magnitude of the old age problem" (as so many do now), but his agenda was to seek a safety net for the elderly that did not yet exist, rather than trying to cut their benefits from Social Security (8).⁽¹⁾ The American Statistical Association was founded in Boston in 1839. As early as 1869, its third president, Dr. Edward Jarvis, was using the available data to limn a novel modern progress story: In his book *The Increase in Life*, he reported that an Englishman [sic] who had reached the age of forty in 1864 could expect to live a full twenty-six years longer. He drew a new kind of conclusion: A man certainly got a year older every year, but not a full year closer to death. In fact, the longer he lived, the longer he was likely to live. "Take another and later period of life –

fifty to fifty-five years of age. The [antique] Roman had a reasonable expectation of living thirteen years longer, and the Briton had twenty-two years and two months added to his earthly existence.” (184, 186)(2) The reader was not to ask how Jarvis obtained information about the expectations of Roman men. Or to note that the Roman lived quite surprisingly long. . The point taken was that a white middle-class Briton might live to be, remarkably, 72 to 77.

<2>According to the data available to them, the English and Americans who had reached their middle years during this period could know to count on what we may call a “modern” life span, with youth and age separated by enough healthy decades to construct a midlife (and that concept, and the term, “the middle years,” were beginning to emerge.) Even the ancient Roman, living into his sixties, could have had a “midlife” if it had been conceptually available. But at fifty (quite aside from lacking demographic data), a Roman man would have had no idea of estimating how much longer his life might continue. A personal future would have seemed a matter for veiled Fortuna or the implacable Parcae, not reasonable expectation. Age – chronological age – had become a newly important measure in the first half of the nineteenth century. Sari Edelstein, a literary critic, believes there was a “seismic shift in thinking about the human life course” at this time. In the United States, the 1790 census had simply recorded whether free white males were older or younger than sixteen (“adult”), while by 1850, it asked individuals to report a specific numerical age (520). The state, in the form of the General Register Office in Britain and the Census Bureau in the United States, began to amass vast amounts of data, including the age-of-death data that insurance companies had been collecting (mostly on the well-to-do, who alone could afford the extra income necessary to insure their lives). The belief circulated that numbers cannot lie. Some people cared only about the population count, in Malthusian fashion: how many mouths in total, how many workers’ hands (McCarthy). But the data made possible other discourses.

<3>Between 1850 and 1900, the science of epidemiology was inventing and promulgating the focus of this essay: a new kind of life-course knowledge, based on information soon optimistically called “life-expectancy” – as if human beings, or even a specific individual, could count on it. And since “expectancy” was rising, all the emotions that a person connected with longevity would be positive. The information came forth, as data tend to do, already massaged and interpreted. Life and death, even when suddenly measurable, are not simple measures.

<4>We must note this positive spin, first put on the new story about what was likely to happen (to some white people) via aging. Statistics created new secular prospective life-course narratives, based not on fate or the gods, like the Romans’ story, nor on religion, like some pre-Enlightenment Pilgrims’ Progress, but on the general progress of society in successful nations. People tell such life stories within the givens of their cultural and historical and ideological contexts. They are rarely understood by those who tell them as constructed. Prospective life-course narratives are what I want to call “deep” stories, because they are both intimate and prophetic. Presumably they get disseminated only if they satisfy the emotional needs of enough of the people privileged to tell them publicly. As we’ll see, the satisfying narrative of general life extension was going to get another sudden, disorienting spin. For bolstering their progress narrative, commentators like Dr. Jarvis carefully sifted the data, as we have seen, by *not* measuring life expectancy from years anticipated at birth, but by starting at a later age. They understood that by measuring “life expectancy” from birth on, low percentages of infant and

child survivors dimmed the positive prospective narrative. Similarly, current scholars choose data from 1900 that *does* start at birth, because the life expectancy numbers around 1900 look brutally low (“49 years” is the average age at death often used now). This contrast has the comforting effect of supporting our own superior life expectancy a century or so later. That in turn can usually, be represented polemically as the result of medical advances (smallpox vaccine, safer obstetric medicine, and later, antibiotics), or less frequently, but more accurately, of public health reforms like clean water and better housing. All of these certainly did eventually lower infant and maternal death rates, but they had not done so before about 1930.⁽³⁾ We still use the term “life expectancy,” invented in a century of faith in progress, for a Whiggish hope of assured personal futures. In order to do conscientious and appropriately historicized life-course studies concerning the end of the nineteenth century and the turn of the twentieth in these countries, current students of *mentalités* should use the data their experts relied on then, which was expectation-of-age-at-death starting no earlier than, say, age twenty (despite the problems we now know about their incomplete registration of deaths.) Cultural critics do this in order to obtain a more intelligible entree into the life-course psychology of an earlier era – in particular, men’s hopes and fears as recorded in their explanatory inclinations. I am initially focusing on the stories that men told, because these experts were all men. The particular, strange biopsychosocial and narrative uses men made, of this innovative and surprising big-data set, are my next subject.

* * * *

<5>There was a moment in the nineteenth century when some advanced thinkers wanted to celebrate this modern fact, longevity, by circulating alongside it another proud modern fact, improved living conditions. Urban public-health measures, “more equally distributed” property, and [manual] “labor less severe than formerly,” as President Jarvis explained it (217, 225) were promoting longer life. Yet for many reasons, and one particular one, after an initial exclamation, the new statistics about longevity, death-rate and life-expectancy were not greeted with the unmixed self-congratulation that so doubly progressive a life-course story might warrant. The data were greeted by male explainers with amazement and some gloom (a gloom that had nothing to do, as it does now in the twenty-first century, with the expense that great numbers of old people allegedly foist on younger tax-payers). It had to do with women – not girls, but women in their middle and later lives.

<6>“Whose body is in question?” is the issue theorists foreground now, given the turn in cultural studies, including cultural studies of age, to embodiment, to social constructions, and to implicit narratives. The answers can be curious, when asked about the prospective life narrative(s) of a particular historical epoch. For circa 1900 in the United States and Britain, a question about longevity may be raised, and phrased, for the first time in history, as “*Which* body could expect the *benefit*?” Our own era’s political bias for emphasizing *generational* rivalry around the costs of longevity should not interfere with noticing how these statistics came to be used in the late nineteenth and early twentieth centuries: glumly and (where women were concerned) adversarially. Longevity was indeed viewed as a human competition, but the competition arose not around generations, parental or filial, but around gender.

Oh, the Frailty of Men

<7>One clue to the problem surfaces when writers refer to the death rates of *men* more than to overall life expectancy rates. “Men” did not here mean “humanity”; it meant their own gender. The primary new fact that gripped the male commentators appears to be that men died younger than women, or, in the astonishing phrasing of one immensely authoritative writer, Havelock Ellis, “the greater tendency of men to die” (386). This was a tender subject, truly. Males died more during infancy, as surgeon William R. Williams tried to explain (cited in Moscucci 26). Since the statistical reporters were often older men, however, the real news for them was men’s weakness [sic] in the middle years. In 1874, Charles Ansell (age 64) published a pamphlet showing that in both the upper classes and in “English life” in general, at birth there were more males than females. “The preponderance however in the number of males diminishes as the age advances in consequence of the mortality among them being greater than among the females” (36) His startling graph shows midlife women in the upper classes way below everyone else in their death-rate. Indeed, their curves, instead of rising gently every year as the others do, experience dips – “striking deflections” – beginning after age 30 and after age 41. (The lowest rate of mortality in the second dip comes at exactly forty-five – a figure to keep in mind in evaluating the dire nineteenth century menopause texts that listed dozens of “complaints” associated with this normal female biological event.) In the “labouring classes” women had a higher mortality rate before forty, but after forty (the end of risky child-bearing) even their death-rate also sank, coming closer to that of upper-class males. In his 1891 book, *Studies in Statistics*, Dr. George Longstaff emphasized that the female advantage came in midlife: “After the thirty-fifth year females die less rapidly than males, and the difference in their favour increases with age. The superior longevity of women is well known” (8). By 1916 Dr. Bernard Hollander took for granted women’s postmenopausal advantage. “That women often *gain additional strength of constitution* is shown by the greater longevity of women, by their being less liable to sudden death, and by their general immunity from disease” (130, emphasis added.) It may long have been the case that certain women – women of royal families, or women of means, whose doctors were not carrying puerperal fever on their hands from woman to woman – had a lower death rate than men if they survived child-bearing until their fertile period ended.(4) They lived longer than other women, of course, if they had never borne children, like those New England spinsters whose life spans on cemetery monuments look impressive even now. But now for the first time *the midlife gender gap* became known, diffused among non-specialists. Gendered age data like this were first collected by life-insurance companies needing the information to establish actuarial tables, premium rates, and annuity amounts. (This development in capitalist entrepreneurship made subsequent uses of demographic around age and gender data possible, opening up new areas for speculation and interpretation, narrativity, and competition.)

<8>Sooner or later this differential meant higher premiums for men. Mere insurance cost cannot, however, explain the distressed tones of these male discourses. That competitive little word, “superior,” loomed over the dissemination of the data. Words like “additional strength,” “constitution,” and “general immunity” show how impressed men were by the difference in gendered longevity, and how natural and essential many thought, or feared, the difference was. Reading this now, we may wonder how big the gap was, to be taken as so alarming to male self-esteem. In fact, it was small. An American health “expert” who had good commercial reasons for making much of the gap, because he was writing *Keeping Young After Forty*, announced in 1929 that “Women live two to three years longer than men” (Whitmore 2) (In some data, the advantage gap much bigger).(5) But data about the actual difference in years is usually omitted,

as if men were so shocked and overwhelmed by any female advantage, however petite, that they didn't need to investigate the exact state of affairs. In the haste to construct female midlife advantage, factors not favorable to women were sometimes excluded. The effect was to elaborate a vague, but to men often threatening, female life force. George Bernard Shaw may have been inspired by this shock of women's inherent healthiness or fortitude when he wrote the part of the decisive, witty Ann Whitefield in *Man and Superman*, published in 1903. I think the play could more accurately be called *Man and Superwoman*.

<9>Specialists taking female advantage as a given looked for the causes of male deaths in the middle years. Dr. Longstaff reported that in England and Wales, the number of deaths attributed to cancer was double that of forty years before. Although overall death rates for women had slightly dropped over a fifty-year span, death rates for men were trending upward (268). Havelock Ellis, a physician whose sexology credential was like a license to coin gender difference, picked up Longstaff's esoteric gendered interpretations in his own text, *Man and Woman*. This book had so long a life – first published in 1894, it was last revised in 1929 – that it indeed made women's "superiority" "well known" on both sides of the Atlantic. Ellis spoke in terms of "the greater tenacity of life in women and their greater constitutional youthfulness" *versus* "the greater physical frailty of men."

<10>Suddenly influential texts were overtly defensive about men's bodies and midlife health. Havelock Ellis hammered it home. "Diabetes, again, is essentially a disease of adult life ... It is much more frequent in men than in women." "Bright's disease is a disease of middle life ... and again it affects about twice as many males as females." "Aneurism is much commoner in men than in women." (382, 383, 389) We now see it, not that women live longer, but that men die younger. They didn't see this, because they didn't know about, or chose to omit, social causes of death. About half the excess male mortality (in America in 1910, but very likely elsewhere as well) could have been explained by industrial accidents (Retherford, 32). And as late as 1929 syphilis accounted for more than twice as many male deaths as female ones, enlarging the over-forty differential. (6) Alcoholism played a role. In a tiny article in *The Lancet*, a medical journal published in both countries, an anonymous writer made a tart observation on concealment in the realm of death causation. "Rupture of a cerebral artery in a man aged 45 is commonly caused by syphilis; no help is given by describing it as early senescence" (Anon 333). A movement for occupational health and safety tried heroically but briefly during the progressive era to prevent men's precocious deaths from industrial-work practices, and reform groups worked against air pollution from choking smoke. Explainers did not look closely enough into individual, social, or economic causes of the gender disparity. But class, "lifestyle" and behavioral differences between men and women may not have become more widely and explicitly known precisely because they would have confused the deep binary interpretation, constructed as gender difference based on innate, ahistorical, qualities. The difference between weak men and strong women at midlife thus begged for biological explanation. Ellis provided it in two ways, evolutionary and cellular. "The female is the mother ...; she is thus of greater importance than the male from Nature's point of view. We therefore find that the female ... is more resistant to adverse influences and longer lived than the male" (383). Ellis borrowed a theory of longer-lasting essential female healthiness from Patrick Geddes's and J. Arthur Thompson's earlier book, *The Evolution of Sexuality* (1889), which went into many editions. Geddes and Thompson had put into currency a gendered reading of the terms "anabolic" and "katabolic," which

originally referred to metabolic processes that go on cyclically in, say, muscles, as they're used and restore themselves to homeostasis. "Metabolism includes the two opposite processes of destruction [katabolism] and construction [anabolism]," according to an entry in the *Oxford English Dictionary* ("Catabolism"). Faced with needing to explain higher female life-expectancy, Geddes and Thompson wound up saying, "The male reproduction is associated with preponderating katabolism" – energy-overuse rather than storage. This may seem a loony notion only if one forgets the long tradition, still quite lively in the nineteenth century, of ejaculation as a little death for men. But their saying so in this context is as revealing as Ellis's exposure of man's threatened state. Katabolic males "are more active, energetic, eager, passionate and variable; the females more passive, conservative, sluggish and stable" (270).

<11>In Ellis's longevity context, "anabolism" that womanly quality – did not mean "sluggish" in a bad sense (although that interpretation, and its connection with idle older women, remained latent).⁽⁷⁾ Rather, it meant resistant to disease, slower to age, showing fewer signs of old age, less liable to destruction. Ellis repeated "the anabolic tendency of the female sex – the tendency to acquire rather than expend – and it is further illustrated by the fact that while men attain their maximum weight about the age of forty, women ... do not attain their maximum weight until the age of about fifty" (99). Women's healthy ability to add weight in middle life, in the decade when (frailer) men began to lose imposing bulk, was also seen in this context as a virtue.

<12>Already by 1900, a commerce in aging had been deftly installed in the culture, promising to retard aging and dying. Each product or process went through its cycle of invention, dissemination, and ultimately but without fanfare, failure. By the end of the Twenties male weakness and disadvantage in the "race" of life had not, however, been eliminated. The salesmen did not despair; they always had another remedy to propose. The unhappy data could be used to focus on men. Dr. Eugene Whitmore, in *Keeping Young After Forty* (1929), admonished, "The women are outliving the men, and it behooves us to look to proper hygiene, and to 'catch up' in those ways in which woman has beaten us." He accused men. "But the men do nothing – except for the few who turn to the various rejuvenation operations" (2). "The women are doing much more than are the men in keeping themselves young and looking young" (viii). These days, men are moving into cosmetic surgery and lying about their age on CVs,⁽⁸⁾ but women are still "doing much more... in keeping themselves" healthy, or trying to look young. The shock some men experienced in dealing with these longevity revelations came from its serious scientific, statistical challenge to the widely accepted nineteenth-century idea of the "weakness" of women, a weakness that had been both biologically particularized and socially generalized: Women in general had been considered more frail in physique, more delicate in health, more feeble in brain, more delicate in blood and tissue, and in general suited for a circumscribed female life. Now midlife women in that separate sphere looked irrefutably hale, even "strong." Having witnessed its own male scientists constructing a vital, enduring midlife woman, early-twentieth-century patriarchy was threatened with a notable alteration in its self-image, conceptualization of "womanliness," and, to some extent, of male-female relations.

"Middle Life," A Startling New Focus

<13>The concentration on the midlife part of the life course, we must conclude, was what made the discursive changes possible. Now we can speculate that the traditional "science of woman"

had been generalizing from the imagined condition of *younger* women: girls contracting tuberculosis, girls menstruating, then married, women of child-bearing age who, in a pro-natalist era, were the most highly regarded and most praised group of women in the culture; also, periodically “wounded” by menstruation, endangered by childbirth, and sentimentalized in women’s fiction and male Gothic fiction (consider only the young heroine of Wilkie Collins’ immensely popular *The Woman in White*). Younger women were the ones seen as most in need of male protection; the ones who best proved that men were strong. Writers were still generalizing to “women” from only one age-graded group: Originally the category had been the young-and-weak; now, as we have seen, it was the older-and-stronger women, proven to be more resistant to death. The focus on life-expectancy, health, and rejuvenation-marketing, was only part of the shift in attention to midlife women and their strengths. Higher male death rates might not have been a focus had men not feared that these midlife “facts” of life and death symbolized the coming overthrow of male supremacy in other domains. The data were multiplied in their effects on men by the burgeoning of women’s movements, making demands in many areas of life that impinged on male prerogatives (ending sex trafficking, prostitution, drinking, getting the vote, seeking jobs). Behind longevity discourse and related phenomena lay actual New (mostly middle-class) Women, becoming “stronger” not just physically but psychically, or let us say, symbolically. Part of the culture industry of the time became attuned to this new character in the social text: novels and plays about her and for aspirational readers: women as students, workers, typewriters, saleswomen, nurses, teachers, social workers, even, in Mona Caird’s *The Daughters of Danaus* (1894), about an independent composer who leaves her husband and children to go to Paris (Gullette, Afterword). In 1900, the women’s movement was certainly not yet as prominent as it was to become within the decade, as the suffrage movement grew and heated up in both countries. Geddes and Ellis were more sensitive to women’s demands than other men; they would have said they wrote as sympathizers, but they may look, to us now, in highlighting the facts and making so much of them, frightened. And in England for half a century there had been an “excess” of women over men, caused by male emigration, colonial adventurism, and wars. The scandal of women’s longevity may have been worsened there by this bothersome feeling that there was an “accumulation of surplus women, if one may be allowed such an expression” all along the life course, as Ellis chose to write, citing Longstaff (382). World War I, with its hideous destruction of young men, did not change the sense of a female surplus; it provided a different explanation for it. It was still true in 1929 that “The Women are outliving the men” as Whitmore had said (viii). Men who read and disseminated this fact (with or without statistics) and the age-and-gender interpretations of health and life, would have been aware that (some) women were making revolutions in law, business, public life, the arts, social life, literature, and dress. In the eyes of some men, in short, there was revolution everywhere. But I would speculate also that the advances of feminism, such as they were, would not have threatened some men so intimately if they had not been accompanied by this one, all-important, scientifically proven, instance of actual male physical inferiority in living and dying.

<14>Need I say that the women benefiting from these feminist revolutions saw themselves as less powerful, successful and conquering when they compared themselves to men, particularly when the context was the world of work in which disparities in physical strength and economic attainment were obvious every day. So, what did women experts say about female longevity, when the pen was finally in their hands? Some commentators, including women, continued to reify female weakness especially among girls, and “explain” it. Feminist hygienists continued to

feel compelled to argue against the stereotype of girlish frailty, especially in academies and colleges. Women health experts – like Mary Roberts Coolidge, in *Why Women Are So* (1912) – inquiring into “the hidden sources of the physical weakness of modern women” and of the “deterioration of the[ir] health” (120, 133), were explaining it by, for example, the “sedentary character of their occupations” (120). Hygiene writing was often concerned with the health of girls.

<15>Midlife women’s wellbeing also began to be a publishable topic for women writers. To my surprise, however, I read a number of health, menopause, and employment-related guides, written by (midlife) women, in part if not entirely for older women, from an affirmative point of view, where it seemed likeliest that women’s longevity would be treated as important, without finding it. Grace Loucks Elliot in *Women After Forty* (1936), for example, citing Ellis’s *Man and Woman* extensively in a section on male-female differences, omitted one, longevity, that Ellis had emphasized. These books included Anna Garlin Spencer, *Woman’s Share in Social Culture* (1913; 1925), Edith Belle Lowry, *The Woman of Forty* (1919), Clelia Duel Mosher, *Personal Hygiene for Women* (1927), Rachel Lynn Palmer and Sarah K. Greenberg, *Facts and Frauds in Woman’s Hygiene* (1936), C. B. Thompson and M. L. Wise, *We Are Forty and We Did Get Jobs* (1938).

<16>The topic of midlife women’s relations to life-expectancy raises many questions, and deserves further study. Why did these writers omit it? Certainly, women had something to gain from male-female differences in longevity. Did it become a deep story for women in some other genres? Did the women nonfiction writers I read omit it because it made no experiential difference to women, or out of tact or fear, ignorance or indifference? In the long run, as we see a century later, the ideology of the emerging concept of the middle years became a decline ideology, despite ever better health and increasing life expectancy, the bodily measures that are sometimes assumed to be so central (Gullette, “Midlife Discourses” 21). Nevertheless, the imagery of female constitutional strength was for a time helpful. Some midlife women affected by the revolutions did experience “a golden summer” of physical well-being, sexual expansion, and independence, a topic which I hope to explore elsewhere. The golden summer was to prove brief.

<17>No contemporary women’s historian, as far as I know, has observed life-expectancy discourse around the turn of the century from an age-and-gender-conscious perspective and observed, as I have, that it was worrying to men. Cultural critics and historians, including me until now, have instead observed, as Patricia Vertinsky remarks in passing, that “the belief persisted that women aged and became useless sooner than men” (90). The counter-discourse needs to be better factored into social history. This perspective also calls for reading male midlife literary texts from around 1900 on – not only by G. B. Shaw, but also by such writers as Thomas Hardy, Henry James, Arnold Bennett, D. H. Lawrence, James Joyce, Joseph Hergesheimer, Sinclair Lewis, Robert Herrick – as reflecting, however indirectly, their subterranean, bemused, admiring, or tragic intuition or conviction, that women were winning in the race of health and strength and life, and men were losing ground. Women could not rationally be blamed for the fact that men died younger – or that men also suffered a “climacteric,” another newly discovered male midlife biological problem (Gullette, “Midlife Discourses”). Biology regnant, “aging” took much of the blame, not for the last time. Men internalized their weakness as an innate later-life

male condition, not something they might prevent or control, with the consequences that we have seen: occlusion of socioeconomic factors affecting men, sense of gendered foreboding, creation of gender envy. I hypothesize that some part of anti-feminist activism, like the vicious suppression of suffragism, arose as a backlash from the need of men in power to prove that they were, indeed, despite the damning data, strong and in control.

<18>In fact, *aging* is still a term that essentializes the biological life course and associates it solely with decline. This harmful cultural tic requires us to repeat the concept of being “aged by culture,” as I have suggested in a book with that title [2004]). Deconstructions of “aging” are rare in any realm of discourse, then as now. We have had to wait until the critical gerontologists and age studies theorists of today to hear, if only occasionally, a theoretically-grounded outcry all along the line, in realm after realm ruled by the concept of midlife decline, “No help is given by describing this as early senescence.”

Introducing the Ideology of Midlife Decline in the Era of Longevity and the Happy Expectation of Progress

<19>Female “life-expectancy” versus male “mortality” can stand as a paradigmatic instance of the way that representation exploited gender difference in the middle years. In most areas, women as well as men “saw” and categorically represented difference in terms of gender. But female advantage never took useful hold. Various forces recuperated male superiority, even though the longevity divide grew. Women’s longevity “superiority” is now much larger. In the “more developed countries,” the gap in life expectancy had increased from 5.0 years in the early 1950s to 7.4 years in 2003 (Lee). The best explanations of the gap now emphasize social factors for why men die younger, but biologists and medical doctors still find evidence that female humans are more robust than males, from prenatal life on. Interpretation chooses its data, or tweaks its data. Even the longevity advantage flipped drastically back to men, inscribing in an added way what is called, thanks to Susan Sontag, “the double standard of aging.” To give only one example: introducing Retherford’s book on mortality rates from 1910 to 1965, Prof. Kingsely Davis, writing in 1975, saw women’s longer life as a disadvantage not for men, but for women. “Not the least of [the enormous changes] is the numerical disparity of men and women at older age and its effect on marital chances” (Foreword ix) – women will sadly lack cis partners. (Retherford went on to worry his head about widowhood.) Surplus women, again.

<20>Either way the advantage flipped; women got one midlife, and men got another. Looked at this way, gender might appear to override age. Yet viewed another way, although the gender divide remained, age overrode gender. This happened, I believe, because the forces constructing midlife decline after 1900 competed with the progress narrative of the life course and in some ways overrode the potentially delightful prospect of life-course progress. Youth became more favored culturally. The midlife was endowed with a climacteric: his and hers. Fiction constructed midlife sexuality: his and hers, but both different from youthsex. The commerce in aging offered “anti-aging” products, as manufacturers now call them, to the middle-aged: again, his and hers (Gullette “Midlife Discourses”). Everything that structured the life course as a decline or told it as a decline – everything that was age-graded by economics, hormones, institutions, feelings, practices, narratives, even when women suffered more than men – put midlife women and men together as *no-longer-young*, in an inexorable cultural fix we still endure.

<21>“Aging, if it is to be adequately studied, must be understood as a gendered process,” Marc Kaminsky said in 1992 about the remarkable storied lives that Barbara Myerhoff collected (77). But the next conceptual step, we still need to remind ourselves, decades later, is to see that gender can never be fully understood without the category of age, and that age, like gender or race, must also be demythologized, de-natured, and historicized, precisely because aging-past-youth, like all stages of life, is constructed and contested. Histories of age-related cultural fictions should enable readers to read intersectionally, with due attention not only to gender, but also to class, race, sexualities, subcultures, and socio-political contexts. Deep stories always emerge out of a concatenation of conditions and interpretive choices that might have been combined otherwise. To us, looking back at this story of gendered longevity, its cohesion may seem almost fluky – perhaps because it is so different from our own view, or because women benefited from it so little, or because the male writers who weighed in were so oddly quick to disparage men, when they still had so much gerontocratic and patriarchal power, however shaken, in reserve. In any case, a deep story may also be relatively short-lived. Authority shifted. The midlife mortality disparity that led intelligent men to frighten themselves for fifty years or so is an exemplary case of how age and gender can be socially constructed, and then reconstructed, about any time of life; and, in terms of beliefs and feelings and narratives, go, at least for a time, from quite superficial matters all the way down.

Endnotes

(1)Epstein’s figures were for “native whites of native parentage” (27). African-Americans, for example, constituted only 3% of the elderly in the group.(^)

(2)Jarvis’s *The Increase of Human Life* originally appeared in the *Atlantic Monthly*, and in the *Transactions of the American Statistical Association* (1869). The high Roman so-called life-expectancy figure may surprise the modern reader, since for historical cohorts we are given (one strategy of our current propaganda for historical progress) life-expectancy rates *at birth*, rather than life expectancy at twenty or in adulthood. But it is anachronistic to use the term “life expectancy” before the exposition of the new facts of nineteenth-century longevity that I discuss here.(^)

(3)Loudon reports that reliable data are rare on maternal mortality rates in the United States before 1915, but that in England and Wales, while overall mortality, infant mortality, and mortality due to infectious diseases had started to decline by 1890-1900, maternal mortality did not. It improved only in maternity hospitals because of introduction of Listerian antisepsis, but hospital births remained few as contrasted to home deliveries.(^)

(4)Alexander Graham Bell, measuring “The Hyde Genealogy” from 1681 on, found “the most characteristic feature” of his graph charting male and female death rates was “the crossing of the two lines in the middle of the diagram,” meaning that, in measuring “the danger of death,” “[a]fter forty-five a larger proportion of males than of females died at each age-period.” (See also Smith 3)(^)

(5)By some counts the female advantage was greater. The life-expectancy difference in 1910 in the U. S. was 3.55 years (48.46/52.01); in 1930 it was 3.39 (57.31/60.7). In England/Wales it was 4.03 in 1910 (49.35/53.38) and 4.25 in 1930 (59.02/63.27). See Retherford Table 5.([^](#))

(6)“Between forty and sixty years of age, one of every thirty deaths among men, and one of every sixty-nine deaths among women, is due to this form of syphilis of the brain” (Whitmore163).([^](#))

(7)Feminist scholars typically think the Geddes’ contrast (katabolic men/ anabolic women) was pejorative to women. Osteoporosis in women is explained today in similar ways, without using the term katabolic: it is linked to an age at which the destruction of osseous matter begins to outweigh the construction.([^](#))

(8)On contemporary women’s “anti-aging” practices and beliefs about appearance, see Brooks, and on increasing similarities between men and women, see Gullette, “Men: All Together Now?([^](#))

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