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A PRACTICAL ENCYCLOPAEDIA ARRANGED IN ALPHABETICAL ORDER, EXPLANATORY OF EVERYTHING PERTAINING TO SEXUAL PHYSIOLOGY, PSYCHOLOGY AND PATHOLOGY

BY

GEORGE RYLEY SCOTT

F.Z.S., F.Ph.S.(Eng.), F.R.A.I.

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PREFACE

It must be admitted that sexual science, despite the fact that it is necessarily linked up with so many other sciences, has reached a stage of development and received sufficient recognition to merit standing by itself. It should no longer be necessary for the student of sexology to have to dip into the books pertaining to a score or more other sciences in order to obtain adequate and accurate knowledge of the subject. Such a course has obvious disadvantages, apart from the trouble involved and waste of time. Moreover, in the literature devoted to sex the reader is continually coming across words and technical terms that are far from being self-explanatory, and which, in many cases, serve to confuse rather than to illuminate the text. The bulk of these terms and words are not to be found in any ordinary encyclopaedia or dictionary; in other cases, they are explained or defined in such euphemistic terminology that, from a sexual standpoint, the definitions are obscure or meaningless. The result is that the student of sex finds, in the securing of any complete revelation of so embracive a subject, he is compelled to consult treatises dealing with physiology, biology, medicine, psychology, anthropology, ethnology, law, criminology, religion and other subjects, as well as medical and psychological dictionaries.

This present work represents an attempt to fill the gaps and overcome the difficulties I have outlined. It represents an attempt to provide, in one volume and in concise form, a complete epitome of all the knowledge at present available in the vast field of sexology. To facilitate reference this information is arranged in the form of an encyclopaedical-dictionary.

The fact that the volume is a one-man work suggests, as I am well aware, certain limitations. But, in my opinion, it suggests, too, certain advantages. Any volume which is the work of a number of contributors, however competent the collaborators may be, and however skilfully the editor may perform his task, is necessarily scrappy, amorphous, redundant, and, in relation to such a subject as sex, is bound to be, to some extent, contradictory, for even if no contradictions are explicitly stated they are certain to be implied.

While I have made every effort to ensure that the information given is accurate, I do not lay any claim to infallibility. As regards those subjects which are controversial, or upon which no authoritative or final decisions have been reached, I have endeavoured to present, as impartially as possible, the various opinions advanced. In certain cases, I have ventured to express my own views, but in such cases I have plainly indicated that they represent purely my personal opinions or interpretations, which are submitted, with due diffidence, in the hope that they will receive careful consideration.

I shall greatly esteem communications from correspondents pointing out any omissions or corrections with a view to their rectification in future editions of this book.

In conclusion, I would express my thanks for, and appreciation of, the help and courtesy accorded me, in my researches, by the officials and assistants of the Cambridge University Library.

GEORGE RYLEY SCOTT

"HILLFIELD,"
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ENCYCLOPAEDIA OF SEX

A

ABACTIO. An abortion or a parturition produced by artificial means.

ABACTUS VENTER. An abortion produced artificially.

ABBESS. An old and now obsolete term for a woman who keeps a house of prostitution. Such a woman was also sometimes called a Lady Abbess. The modern equivalent is madame.

ABDOMEN. Comprises the section of the body between the diaphragm and the pelvis, containing the digestive, excretive and the female interior sexual organs. In popular terminology, the belly.

ABDOMINAL CAVITY. *See* ABDOMEN.

ABDOMINAL SECTION. The name given to the surgical operation in which the abdomen is opened by cutting through its walls. The incision is usually, or as nearly as possible, a middle-line one.

ABDOMINO-HYSTERECTOMY. The surgical operation where an abdominal incision is made for the purpose of removing the womb.

ABDUCTION. The carrying away or the detention of any adult against his or her will, or of a child against the will of its parent or guardian, is punishable under the provisions of the Offences Against the Person Act, 1861, and the Criminal Law Amendment Act, 1885. To take away a girl under the age of sixteen years from the custody of her parent or guardian is a misdemeanour. Most offences, or alleged offences of this nature are in connexion with the procuration of girls for the purpose of prostitution.

ABELITES. A short-lived fourth-century Algerian sect, the members of which, it was alleged, abstained from sexual intercourse, living and dying in a state of virginity. The name of the sect was derived from Abel who, although married, abstained from sexual intercourse.

ABERRATIO LACTIS. An anomalous condition in a woman where the milk is excreted from any place other than the breasts. Galactoplania.

ABERRATIO MENSIUM. Discharge of the menstrual blood from some place other than the vagina. Vicarious menstruation.

ABETTOR. One who acts, willingly and knowingly, as an assistant or a participator, active or passive, in the commission of a criminal offence.

ABIOGENESIS. The hypothesis which admits the possibility of living organisms being evolved from dead matter.

ABLACTATION. The process of weaning an infant from breast-feeding; also the drying up of the breasts which brings suckling to an end.

ABLATION. The act of cutting or otherwise removing some part of a whole, as the testicles, the penis, the cervix or the nymphæ.

ABNORMALITY. In the physical sense, an irregularity, a defect or malformation; in the mental sense, an unusual, a grotesque or a strange aspect of behaviour. Thus any form of sexual excitation or technique which is a departure from what is customary at the time in a particular country or race, ranks as an abnormality.

ABOLITIONIST. The term is applied to any country or State which does not licence or regulate prostitution by some system of State inspection. In an abolitionist country there are no brothels. The whole of the British Empire (with the exception of Queensland) is abolitionist.

ABOMINABLE CRIME. Sodomy or bestiality (buggery). Punishable with penal servitude under the Offences Against the Person Act, 1861, s. 61. An attempt to commit the offence ranks as a misdemeanour at common law. The commission of either sodomy or bestiality constitutes ground for a wife to secure a divorce from her husband.

ABORT. To interfere with or stop development, as (*a*) in the case of a disease or infection, e.g. venereal disease; or (*b*) in pregnancy by killing or extract-

ing the embryo or fœtus before it has reached a stage where it can live outside the womb.

ABORTICIDE. The commission of abortion. The term is also employed as a synonym for abortifacient, but the usage is clumsy, abortifacient being in every way preferable.

ABORTIFACIENT. A chemical agent or a mechanical instrument used for the purpose of emptying a pregnant uterus. *See* ABORTION (CRIMINAL).

ABORTION (ARTIFICIAL). An abortion which has been deliberately and purposely induced. It may be criminal or justifiable (therapeutic).

ABORTION (CRIMINAL). Abortion is a criminal offence in England whenever it is self-induced, and in most cases where it is brought about by another party. Moreover, in English law, the term abortion is applied to the emptying of a pregnant uterus *at any time* after the moment of conception.[1] It is dealt with under sections 58 and 59 of the Offences Against the Person Act, 1861, which provide that "every woman, being with child, who, with intent to procure her own miscarriage, shall unlawfully administer to herself any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever, with the like intent, and whosoever, with intent to procure the miscarriage of any woman whether she be or be not with child, shall unlawfully administer to her or cause to be taken by her any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent, shall be guilty of felony." In the Act of 1861 there is no restriction in time, nor is there any indication as to the possibility of extenuating circumstances arising which might conceivably minimize the gravity of or justify the act of abortion. The Act is really an extension and modification of the Act of 1803, which made abortion a criminal offence. Before that date, abortion was not a statutory crime.

It was long felt that the 1861 Act, despite its seeming comprehensiveness, allowed a serious loophole. It was possible for the child's life to be sacrificed during the process of parturition. To deal with this possibility, in 1929, the Infant Life (Preservation) Act was added to the Statute Book. This Act provides that "any person who, with intent to destroy the life of a child capable of being born alive, by any wilful act causes a child to die before it has an existence independent of its mother, shall be guilty of felony." The Act further states that "evidence that a woman had at any material time been pregnant for a period of twenty-eight weeks or more shall be *prima facie* proof that she was at that time pregnant of a child capable of being born alive." The only exception allowed is where "the act which caused the death of the child was done in good faith for the purpose only of preserving the life of the mother."

The law plainly indicates that any *attempt* by any person to abort the contents of a pregnant womb is a crime. In fact, as regards the attempt by another party to induce abortion, either mechanically or by the sale of drugs, the success or otherwise of such an attempt matters little, provided the motive can be proved.

There is some ambiguity in the use of the word "unlawfully." No definition of "lawful" evacuation of the uterus is given; but there are grounds for supposing that where two or more qualified medical men agree that an abortion is necessary as constituting the only means of saving the life of the mother, such an abortion would rank as "lawful," in the same way as the Infant Life (Preservation) Act specifically provides.

It is, however, one thing to make a law; it is another thing to enforce it. It will be noted that the onus of proof lies with the prosecution, and as, in the majority of cases, it is almost impossible to prove that, in the initial stages of pregnancy, the embedded ovum has been dislodged by artificial methods, it is doubtful if, in such cases, any charge of criminal abortion could be sustained. So true is this that it is rare for any such charge to be made. Further, in nearly every case of successful abortion, and in most cases of attempted abortion, the securing of evidence of guilt

[1] In medical terminology, abortion refers to the emptying of a pregnant uterus at any time before the twenty-eighth week of gestation. After the twenty-eighth week and before the end of term the expulsion of the fœtus is termed premature labour.

presents wellnigh insuperable obstacles. Proof of the termination of pregnancy, in itself, is not enough. In addition, there must be proof of *intention* to terminate the pregnancy.

Because of these difficulties and obstacles, criminal abortion is perhaps the commonest of all crimes. Abortion has always been common in all countries and at all times, except where and when infanticide has been practised. But it has not always been looked upon as a crime. It is not a crime in Soviet Russia to-day.

Most of the methods adopted by primitive races and in early civilization were mainly magical methods, and were usually ineffective. Dangerous drugs, manipulations and crude mechanical methods were also employed, often with injurious or fatal results.

To-day, in all civilized countries, with the exception of Russia, criminal abortion is prevalent. While it is quite impossible to secure any reliable figures, it is certain there are at least as many abortions as births, though not by any means are all such abortions criminally induced. There are, too, indications that abortion, both pathological and self-induced, is increasing rapidly in its incidence. Since contraception was prohibited in France in 1920, it is computed that the number of abortions has increased enormously. In America, the position is almost as bad. Child, writing in 1922, says:

" Twenty years ago, on my service at the City Hospital, the admissions to which come from a large area populated by the middle and lower class of manual workers, it was a rare occasion to admit a woman suffering from a criminally induced abortion. To-day my wards are often crowded by this class of patients, on many of whom the abortion was self-induced."[1]

This probably gives only a faint idea of the extent of abortion in New York City, as the American law differs from ours very considerably. It is not until after the commencement of quickening, usually during the fifth month of pregnancy, that, by common law, any interference with the object of causing a miscarriage is deemed to come under the heading of criminal abortion.[2] As, in the main, abortions are induced before quickening commences, it is obvious that there must be a huge number of cases which never so much as come under medical observation.

Some indication of its prevalence in England was given by Dr. James Clark, medical superintendent of the Sheffield City General Hospital, who, in giving evidence in the course of an abortion case at Leeds Assizes in March 1937, stated that " there were 461 patients in his hospital in 1936 for miscarriages, and, in his opinion, the condition was artificially produced in more than 400 cases."[3]

Where the woman is known to be pregnant and abortion results, the miscarriage is obvious, and unless brought about by skilled hands, it is easy for a medical man to tell whether it is the result of criminal interference with Nature or of physiological or pathological conditions. But for every one such case there are a thousand other cases where abortion occurs immediately after conception or at a comparatively early stage of pregnancy. In such cases it is quite impossible, as regards the huge majority, to discover, even were an examination made, that such abortion has been criminally induced. Indeed, rarely is any such examination entertained. For obviously where there is no suspicion there is no examination.

Storer and Heard have pointed out the obstacles in the way of differentiating abortion, whether naturally or criminally induced, from pathological states producing symptoms similar to those which attend early abortion. Soon after the commencement of pregnancy it is, they say, " impossible to distinguish an abortion from an attack of severe hæmorrhage or from menorrhagia, unless by detecting the impregnated ovum. Even in cases where it would seem that there could be no doubt, the worst error might yet occur, for in what is called membranous dysmenorrhœa, the mucous membrane lining of

[1] C. G. Child, *Sterility and Conception*, p. 8. New York, 1922.

[2] The law varies considerably in different States, for a State statute takes the place of common law. Thus, in Pennsylvania and South Carolina, any interference after the commencement of gestation which causes the death of the embryo, constitutes a crime.

[3] *News of the World*, March 28, 1937.

the uterine cavity is thrown off, either entire or in shreds, greatly hypertrophied, and the dysmenorrhœal pains attending its expulsion may so closely simulate those of an abortion as to deceive even a wary physician."[1]

Abortion is induced in one of three ways: (1) by physical movements or manipulation; (2) by instrumental interference; (3) by drug taking. As regards abortion induced by physical movements it need not necessarily be intentional. Immediately after conception, excessive indulgence in coitus may be sufficient, violent exercise sometimes dislodges the ovum; a severe fall or other accident may kill the fœtus or cause premature birth of a child that cannot survive. Knowledge of these facts has caused women anxious to avoid child-bearing to resort to all manner of violent movements, such as running, jumping and riding, and even abdominal manipulation. Generally speaking, however, such methods are useless and only occasionally meet with success.

The bulk of the cases that come into the courts are concerned with instrumental interference after the commencement of quickening, usually carried out by some unscrupulous medical man. How many such abortions occur annually it is impossible to estimate, but the number must be a very considerable one. Performed by a skilled surgeon, under proper aseptic conditions, the operation involves little risk of failure, and it is probable that instrumental interference is only adopted when other absolutely undetectable measures have failed.

When the husband, the woman herself, or an unskilled quack or midwife, by the use of a twig, a hairpin, a knitting-needle, a skewer, or even a bougie or catheter, attempts to induce abortion, the result often enough is death to the woman and subsequent detection of the culprit. Not only is there liability to perforation with consequent sepsis, but the bladder may easily be penetrated in error. The liquid injections so often employed by abortionists have resulted in many deaths from peritonitis caused by the liquid being forced through the tubes and into the peritoneal cavity, or from shock.

The quacks usually leave all instrumental interference alone: they are far too afraid of detection. Their method is to sell under fancy names and at fancy prices various drugs, the object of which is to cause the uterus to expel its contents. It is a certain thing that for this express purpose every year there are swallowed enormous quantities of emmenagogues and ecbolics with, in many cases, injurious results. *For it may be taken as an absolute fact that the dose of any drug that is sufficient to induce abortion is likewise sufficient to put the life of the woman who takes it in serious jeopardy.* The kidneys and the liver are often injured in this way; in other cases chronic inflammation of the pelvic organs is an aftermath, resulting in the woman's health being wrecked for life.

In many instances, through ignorance, drugs are used which have distinctly poisonous effects without the slightest chance of bringing about abortion; in other cases the uterus is emptied at grave risks to life. The drug and the dose which will cause abortion in one woman will be strikingly ineffective in another, hence the uncertainty and the risk. Usually the vendors of these drugs protect themselves by selling them as medicines for use in menstrual irregularities. Thus cantharides, ergot, savin, oil of tansy, iron sulphate, aloes, could not possibly have any abortive effects except in large and decidedly dangerous doses, or in cases where the woman aborts easily.[2]

ABORTION (HABITUAL). Where pregnancies, one after the other, end in spontaneous expulsion of the embryo.

ABORTION (ILLEGAL). *See* ABORTION (CRIMINAL).

ABORTION (INCOMPLETE). Where the whole of the uterine contents are not expelled, some portion of the embryo or fœtus remaining in the womb.

ABORTION (INEVITABLE). Where, as a result of a pathological state of the

[1] Horatio R. Storer and Franklin Fiske Heard, *Criminal Abortion*. Boston, 1868.

[2] Any drug which has drastic purgative effects may, in certain circumstances, produce an abortion. A drug which effects an abortion in one case may be ineffective in another, even when larger and repetitive doses are taken. Many of the popular abortifacients have undoubtedly secured their reputations through the success which has followed their use by women who abort easily, and who probably would have aborted spontaneously.

womb, nothing can be done to prevent the contents being expelled at some period of gestation.

ABORTION (JUSTIFIABLE). *See* ABORTION (THERAPEUTIC).

ABORTION (MISSED). The presence in the womb, for a prolonged period, of an embryo or a fœtus which succumbed at some previous stage of gestation. It usually forms what is termed a mole.

ABORTION (NATURAL). *See* ABORTION (SPONTANEOUS AND ACCIDENTAL).

ABORTION (SPONTANEOUS AND ACCIDENTAL). In the early stages of pregnancy the embedded ovum is easily dislodged, and often without the woman's knowledge. Usually the abortion is due to disease or physiological causes. Thus Bright's disease, diabetes, cholera, chorea gravidarum, fibroyoma, malaria, subinvolution of the uterus and endocrinal disease are all pathological causes. Among the more common physiological causes are infantile uterus, retroflexion, and *prolapsus uteri*. Though more rare, another cause is the constitutional weakness of the embryo, which succumbs during the first few weeks of uterine life. Accidental causes are severe mental or physical shock, strenuous exercise, and excessive indulgence in coitus.

Spontaneous or accidental abortion, though common up to the end of the fourth month of pregnancy, is comparatively rare in the later stages, and particularly so in the middle months. One of the main causes of late abortions is syphilis. Another frequent cause is the practice of sexual intercourse.

Bleeding from the vagina, especially in conjunction with severe abdominal pain, is often a sign that an abortion is imminent.

ABORTION (THERAPEUTIC). There are occasions where a doctor is faced with the choice of destroying the fœtus, or allowing the pregnancy to go to its termination with the almost certain knowledge that it will mean the death of the mother. In such circumstances, although there is no specific indication in English law, it has been held that abortion is justifiable.[1] Because of the unsatisfactory legal position it is rare for a doctor, even where he is convinced that the woman's life is in grave danger, to perform an abortion unless he has secured the backing up of his own opinion by that of another doctor. Moreover, it would be most unwise for him to perform the abortion without such confirmation and approval. In consequence, in the majority of cases, the tendency is to delay the abortion until a comparatively late stage of pregnancy, with additional risks to the woman. Then, too, there is many an instance where, although the mother survives the ordeal of childbirth, her future health is sacrificed, the doctor feeling there is insufficient justification for the performing of an abortion.

For these and for other reasons, in the opinion of many leading medical men in both England and America, it is high time that the law was altered so as to allow specifically an abortion to be performed at any stage of pregnancy where, in the opinion of two medical practitioners, there are grounds for thinking that childbirth will be dangerous or injurious to the physical or mental health of the woman, or in other abnormal or unusual circumstances, such as rape. Such an alteration in the law, to every sane, right-thinking man and woman, seems logical, reasonable and desirable.

A minority hold that the Russian experiment, because of its success, should be tried in all civilized countries. Abortion, in Soviet Russia, is legal and securable at the request of the woman, in a State hospital, at any time during the first three months of pregnancy. It is claimed that the death-rate is negligible, and this is probably true, as abortion, performed under aseptic conditions by a competent surgeon, is not a dangerous operation.

Although, however, there may be little risk to life itself, it is by no means certain that an abortion, however skilfully performed, may not have grave consequences for the future health of the subject, a point worthy of serious consideration. Several Russian surgeons, as Ludiovici[2]

[1] The Catholic Church does not hold this view. It is against abortion at any stage of pregnancy and for any reason, even where the life of the mother is at stake.

[2] A. M. Ludiovici in *Abortion* by F. W. Stella Brown, A. M. Ludiovici and H. Roberts. Allen & Unwin, 1935.

has pointed out, have stated that curettage of the womb, the method usually adopted, often has serious sequelæ; and other authorities are of opinion that the sudden and forcible emptying of the uterus affects the whole endocrine system.

If, as seems probable, these arguments are sound, it would appear that therapeutic abortion should be restricted to those cases where childbirth offers the prospect of damage to the woman's future health. Among such indications are certain forms of kidney and heart disease, pernicious anæmia, chorea gravidarum, pulmonary tuberculosis, diabetes, hyperthyroidism, syphilis, hæmophilia and those pelvic and spinal conditions which make parturition difficult or dangerous.

As regards the technique of abortion, there are several satisfactory methods available, where there are sound reasons for the emptying of the uterus. The choice depends largely upon the stage of pregnancy that has been reached, and the medical history of the patient. Curettage of the womb is the method usually adopted in the early stages of pregnancy. A speculum is inserted, the cervix is dilated, and the interior of the womb curetted, thus making sure that the embryo is removed. The whole operation takes a few minutes only, and is performed under local or general anæsthesia.

A method much used on the Continent is the insertion into the uterine cavity, through a special tube, of a paste with an iodine basis. The expulsion of the fœtus, as a result of uterine contractions, occurs after an interval of from twelve to forty-eight hours. The paste is antiseptic, and in consequence there is no risk of sepsis. There is, however, the possibility of perforation through carelessness during insertion.

Other methods, such as the insertion of expansible tents or a hydrostatic bag into the cervical canal, so as to cause dilatation; or chemical injections into the womb, may suffice. These methods are preferable where, for any reason, the use of a general anæsthetic is contra-indicated. In advanced cases hysterotomy may be necessary.

ABORTIONIST. A man or woman who attempts (whether or not the attempt is successful) to empty a pregnant uterus in any circumstances where therapeutic abortion is not indicated or justifiable is termed an abortionist. Professional abortionists are numerous in all countries where abortion is a criminal offence. There are cases on record where these abortionists have plied their profession for many years before evidence could be secured which resulted in a conviction, and doubtless there are many others who have never been either suspected or detected. Heiser, the German chemist who was sentenced to three years' imprisonment, claimed to have performed successfully over 11,000 abortions.

ABRAHAM'S BALM. *See* AGNUS CASTUS.

ABRASION. A superficial tearing of the skin or mucous membrane. An abrasion on the genitals increases the likelihood of contracting venereal disease in any circumstances where there is exposure to the risk of infection. In this connexion, it is important to remember that the slightest scratch or puncture, such as is invisible to the naked eye, constitutes an abrasion and is sufficient to provide a means of entrance for any infective organism.

ABSTINENCE (SEXUAL). Complete avoidance of coitus, masturbation or other analogous sexual practices is included in any true definition of abstinence. It is an unnatural practice in both the single and married state and in both sexes. Whether or not it is desirable, and whether it is harmful or beneficial, are different matters altogether.

An important preliminary to any consideration of the effects of sexual abstinence is the clear realization that the question should be considered from a purely medical and biological standpoint, dissociated from any religious or moralistic connotations. This is not easy. The glorification of sexual anæsthesia and abstinence which has dominated Christianity's response to sexual correlations for nearly two thousand years has not been without its effects. Despite the sophistication of the age in which we live, sexual anæsthesia in both men and women is still considered a praiseworthy characteristic in other people. It is rarely so considered by those who are themselves afflicted with it.

Is abstinence harmful or the reverse? The question has been hotly debated, and piles of evidence in support of both views

have accumulated. The question, however, is one which cannot be answered in a general sense. The answer depends entirely upon the individual, and his or her peculiar circumstances.

There is one general statement which can be made. *Enforced* abstinence is nearly always inadvisable and harmful, a point which moralists and others either ignore or overlook. In the same way, abstinence which is practised of one's own free will and as a result of one's individual sexual repercussions (not repressions) is not harmful. But such cases are rare.

Where sexual desire has never been aroused abstinence can have no harmful effects. There are many cases where young men, continuously and over a period of years, never experience any conscious sexual desire.[1] But once a young man becomes sexually aroused, the matter is upon an entirely different footing. Thus where a young man is keeping company with a girl, and, at the same time, is living a perfectly continent life—or where he is continually placing himself in environmental circumstances where the proximity of attractive girls acts as an aphrodisiac—there is a risk that abstinence may prove injurious. If the youngster is accustomed to promiscuous intercourse, a prolonged period of abstinence is likely to cause congestion and possibly inflammation of the prostate gland.

Individuals who have never been sexually aroused are becoming increasingly rare. This applies to both sexes. Modern social conditions, the emancipation of woman, the sexual freedom of the age, are making it extremely difficult for anyone other than an anchorite to escape sexual excitation. What is often taken for lack of sexual desire, particularly in the feminine sex, is really sex repression. Any form of repression has evil concomitants, but sex repression is particularly evil. Its psychological effects, whether conscious or unconscious, are often pitiful and sometimes tragic. The proverbial soured "old maid" is a typical instance. The Puritanical busybodies of both sexes exhibit all the characteristic features of the sufferer from repressed sexual appetite.

It is, however, in the married state that persistent or prolonged abstinence is likely to prove particularly injurious to either the husband or the wife or to both. For here there is rarely any likelihood of sexual excitement not being aroused, and it is seldom possible in the propinquity of marriage to avoid the continual existence of sexual passion. Particularly does all this apply during the first few years of married life. In the marital state, therefore, abstinence, except at certain times and to a limited extent, is unnatural and harmful. The indications for abstinence are mainly concerned with pregnancy and parturition (see under these headings) in the case of the wife, and with illness in the case of either husband or wife. In times of worry, distress, or unhappiness, abstinence is often advisable.

There are two popular fallacies relating to the effects of abstinence. One is the widely held notion that abstinence is beneficial to the man as a result of the absorption of the seminal fluid which is ejaculated during the sex act. It is because of this belief that *coitus reservatus* has been advocated by so many authorities on sexual hygiene and health. The belief has no foundation in fact. There is no evidence available that semen, if absorbed, has any beneficial effects. Moreover, even if abstinence is practised, the bulk of the seminal fluid is ejected from the body either in the form of emissions or with the urine. The other popular fallacy is concerned with the supposed beneficial effects upon the woman resulting from the absorption of seminal fluid ejaculated into the vagina during intercourse, a point which is often advanced as indicative of the injurious effects on the woman of prolonged abstinence or of the practice of any form of coitus which deprives the woman of this beneficial absorption. Here again there is no evidence whatever either that the semen or any part of it is absorbed by the vagina, or that such absorption, supposing it does occur, has any beneficial effects.

Literature: R. L. Dickinson and L. Beam, *A Thousand Marriages: A Medical Study of Sex Adjustment*, London, 1932; K. B. Davis, *Factors in the Sex Life of Twenty-two Hundred Women*, New York,

[1] In women, sexual abstinence is much more common than in men, though how long this will hold good, in view of the modern feminine outlook on sex, is doubtful.

1929; W. J. Robinson, *Woman: Her Sex and Love Life*, New York, 1933; George Ryley Scott, *Marriage in the Melting Pot*, London, 1930; *Sex in Married Life*, London, 1938.

ACARDIACUS or ACARDIUS. A monster which is without a heart. It is usually in the form of a parasite on another fœtus. *See* MONSTER.

ACARPIA. Sterility in either the male or the female.

ACARUS SCABIEI. The tiny insect which burrows under the skin and is responsible for itching of the external genitals.

ACATHEXIA. Actually the loss in unusual quantities or circumstances, of any form of secretion. Used as a synonymous term for incontinence of urine and involuntary seminal emissions.

ACCESSARY or ACCESSORY. An accessory before the fact is one who, although not actually present at or actively participating in the commission of a felony, is concerned with procuring, commanding or aiding the crime. An accessory after the fact is one who aids or abets the felon in escaping from justice, knowing him to be guilty. Both are guilty of felony.

ACCOUCHÉE. A woman who has just given birth to a child.

ACCOUCHEMENT. The delivery of a child. Parturition. Childbirth.

ACCOUCHEUR. A medical man who attends women during parturition. An obstetrician.

ACCOUCHEUSE. A woman doctor who attends women during parturition. A female obstetrician. A midwife is *not* an accoucheuse.

ACEPHALOUS. The term applied to that type of monster which is without head.

ACHROMATURIA. Where the urine has the appearance of clear water.

ACONURESIS. Incontinence of urine.

ACQUIRED CHARACTERISTICS (TRANSMISSION OF). The hypothesis that a characteristic or a trait acquired by the individual after birth is inherited by the offspring of such an individual. Lamarck and Darwin, both firm believers in the transmission of acquired characteristics, argued that many adaptations in animals and man were evolved in this way.

The evidence in support of the hypothesis is slight and doubtful. On the other hand, the evidence against it is monumental. One example may be given here. Game cocks have been continuously dubbed for over a hundred years and there is still not the slightest reduction in the size or alteration in the shape of the characteristic comb.

ACRANIUS. A monstrosity devoid of or with a deformed skull.

ACRATURESIS. The state of being unable to pass water, particularly when due to bladder weakness or paralysis.

ACROBYSTIA. Removal of the prepuce (foreskin). The operation known as circumcision. Also sometimes used as a synonym for the prepuce itself.

ACROBYSTIOLITH. A preputial calculus.

ACROBYSTITIS. An inflamed condition of the prepuce.

ACROMANIA. A form of insanity which is not curable.

ACROMASTITIS. An inflamed state of urine where it is free from colour.

ACROMEGALIA or ACROMEGALY. Excessive growth of various parts of the body, more particularly the head and the legs. The actual cause is unknown, though the condition is often associated with disease of the pituitary or thyroid gland. Sometimes termed Marie's disease.

ACROMPHALUM or ACROMPHALUS. Protrusion of the navel, usually resulting from a section of the umbilical cord having been left attached to the child after parturition.

ACROPHOBIA. The morbid terror or fear caused by any excessive height from the ground.

ACROPOSTHIA. The end portion of the prepuce.

ACROPOSTHITIS. An inflamed condition of the prepuce. Usually termed posthitis, which see.

ACUTE DISEASE. Where the progress of the disease is rapid, brief and pronounced.

ACYESIS. The state of being incapable of giving birth to a child, whether through sterility, or as a result of physiological or pathological conditions preventing natural delivery.

ACYETERION. A method, process, drug or appliance for the prevention of conception. A contraceptive.

ACYSTINEURIA. Lack of control over

the bladder mechanism. A cause of incontinence of urine.

ADAMITES. A heretical sect, the members of which, according to Epiphanius and Augustine, practised nudity. Apparently the sect, which originated in Northern Africa in the early two-hundreds, barely survived the century of its birth; but a thousand years later a religious order proclaiming doctrines analogous to those of the Adamites was established in Belgium. Later still, in the fifteenth century, Picard preached doctrines which were very similar to those of the original Adamites, and for a hundred years or so the sect, which he first established in France, continued to attract adherents, spreading into England, Holland, and Poland. The main tenets of the order were concerned with the purity and innocence which distinguished man (Adam) before the Fall. In addition to dispensing with clothing at their assemblies, the members practised free love and copulated as openly as animals.

ADDISON'S DISEASE. So-named from its discovery by Thomas Addison, a nineteenth century English physician. It is an affection of the suprarenal capsules, with marked skin discoloration (varying from yellow to the deepest brown), anæmia, palpitation, nausea, emaciation and extreme general weakness. It is often referred to as pernicious anæmia and "Bronzed skin." Men are more likely to fall victims to the malady than are women. The prospects of cure are slight, the disease usually progressing to a fatal end in a few years. Glandular extracts have been used in some cases, it is stated, with success.

It is well to remember that every form of skin discoloration is not necessarily symptomatic of Addison's disease. Certain forms of liver disease in both sexes; disorders of menstruation and uterine disease in women, cause pigmentation. The so-called "mask of pregnancy," too, may easily be confounded with "Bronzed skin."

ADEN. The term is sometimes used to indicate a swelling in the groin, though literally it refers to a gland. The "pig" of chancroidal infection.

ADENALGIA. A general term denoting pain in any gland or glandular region, as in the ovary or testicle.

ADENITIS. Glandular inflammation in a general sense. A common form is *adenitis pubica*, the inflammation resulting in a bubo in the groin.

ADENOPHYMA. A tumour or swelling in the lymphatic glands. A bubo.

ADHESION. The union or fusion of two parts following inflammation. A common aftermath of operative treatment.

ADNEXA UTERI. The Fallopian tubes and the ovaries, which are attached to or are adjuncts of the womb.

ADNEXITIS. An inflamed state of the Fallopian tubes or the ovaries.

ADOLESCENCE (SEX IN). If there is any period in life when, more than another, sexual health is dependent upon physical and mental health it is during puberty and adolescence. And yet few parents give sufficient attention to the health of their offspring during the vitally important periods immediately preceding and following the attainment of puberty. Indeed, ninety-nine parents out of a hundred never give the matter any serious thought or attention at all.

At this period in the life of the boy or girl it is of the utmost importance that the sexual glands should function *normally*. If they fail to operate to capacity the result is under-development of the secondary sexual characteristics. If these glands are accidentally stimulated beyond their normal activities over-development and sexual precocity are the results. During puberty and adolescence the question of proper and sufficient nutrition is of great importance. The food must be sufficient in quantity and it must be of the right kind. The connexion between nutrition and normal sexual development is insufficiently realized.

Foods rich in the necessary vitamins should be given liberally to all youngsters during their adolescent years. Vegetables and fresh fruit should bulk largely in the dietary. Protein, in the forms of meat, eggs and fish, is essential for the building up of tissue.

Water-drinking should be encouraged. It is a habit which it is well for every adolescent boy and girl to acquire. Apart from its value in other ways, water is necessary for the proper flushing and cleansing of the kidneys and bladder. Lack of sufficient water causes the urine to become strong, dark-coloured, foul-

smelling, and, worst of all, *irritating*. Many a case of masturbation has been due in the first place to bladder and urethral irritation induced in this way.

Water-drinking, too, tends to cause frequent micturition, and leads to the habit being acquired of emptying the bladder frequently and regularly. All liquids are better taken between meals than along with solid food, as is customary. In addition to this separate consumption of water, milk, tea, etc., being better in every way for the youngster, it is much easier for the habit to be acquired during infancy than in later life.

Much depends upon the development of the youngster during the period of puberty. The parent should keep a vigilant eye upon the signs that are indicative of over-functioning or under-functioning of the sexual glands, and regulate the diet accordingly. There are no hard and fast rules. It is a question of the parent using common sense based upon close observation. If there seems to be delayed sexual development, which, in the male, is denoted by retarded or slow appearance of the secondary sexual characteristics; and, in the female, by delayed commencement of menstruation, special attention should be given to nutrition. Increased quantities of meat, fish, eggs, milk and cheese should be given. On the other hand, if there are signs of excessive activity of the sexual glands, such as the appearance of the secondary sexual characteristics at an abnormally early age or their rapid development when once they have started to appear, in other words, if the boy is changing into a man, or the girl into a woman, with undue rapidity or at too early an age, it is time to cut down severely on the consumption of meat, fish, eggs, etc., and to substitute additional supplies of vegetables and fruits. Should dietary regulationary methods fail to effect any improvement, a physician should be consulted, as there may be some abnormal condition calling for medical or surgical treatment. A tumour may be responsible for precocious sexual development.

The consumption of alcohol during the years of adolescence is *always* to be condemned. It is harmful both physiologically and psychologically. It stimulates sexual activity, and, through irritation of the genital passages, may be a factor leading to the acquirement or development of masturbatory practices. In a psychological sense it is even more dangerous and deadly, for the consumption of alcohol in any form inevitably lowers the moral tone and vice-resisting powers of the consumer, and particularly of the adolescent consumer. Under the influence of drink an individual who, in a state of normalcy, would refuse every temptation, succumbs to very nearly the first invitation to take part in vice. It is because of this that sexual vice or immorality and drink are largely co-existent. Many a boy and many a girl have owed their initiation into vice to the disturbing and lowering of the moral sense under the influence of alcohol. In a state of partial or complete inebriety the highest moral scruples are undermined or swept away.

The adolescent of strict ethical upbringing finds his ideals lowered, his moral barrier disturbed, every vestige of caution gone, and, in their place, a degree of recklessness and carelessness for consequences which must inevitably end in disaster. And precisely the same thing is likely to happen in the case of the girl of fine moral upbringing, of cloistered education, who is induced to partake of strong drink. So true is all this that I have no hesitation in saying the modern practice of cocktail-drinking, and road-house visiting, now so popular with girls as well as youths of the middle and prosperous working-class, is directly responsible for much of the sexual promiscuity of the age.

Parents who wish their sons and daughters to reach maturity unsullied, unspoiled and healthy, physically and mentally, should not allow them to acquire the habit of cocktail-drinking. The tendency to-day appears to be for parents to encourage their children to consume alcoholic drinks. It is a practice which cannot be too strongly condemned.

Whatever may be said for tobacco-smoking, and though the question as to whether or not it has any injurious effects on the health of adults may be a debatable one, there can be no doubt that cigarette-smoking at the time when the boy is reaching manhood, is deleterious. And similarly in the case of the girl. Every parent should understand this

clearly, and strictly forbid any indulgence in the habit until these delicate and fateful years are passed.

In the months immediately preceding, during and following the period of puberty in particular, as well as through the adolescent years, fatigue of any kind should be avoided. Rest is of first importance. And this applies to boys as well as girls; to *mental* activities as well as physical.

Games can be overdone. In ninety-nine out of a hundred instances, *they are overdone*. Exercise, admirable as it may be in its proper place and to a certain limited degree, when it reaches such a state of ecumenity as to become a fetich, may easily bring in its train a strained heart.

Education can be overdone. And, as in the case of sports or gymnastics, the modern tendency *undoubtedly* is to overdo it. In a boy or girl presenting a tendency to sexual under-development especially, undue concentration still further retards or inhibits the functioning of the sex glands.

During the school and college years of the young, both male and female, nothing is more important than the choice of the right kind of friends or companions, and the spending of the leisure hours in the right kind of environment. And never was this more important than today when, owing to the sexual emancipation of the age, there is little or no supervision of the activities outside the school, college or home, of either girls or boys.

Strangely enough, few parents or guardians seem to realize the full extent or the precise nature of the dangers to which youngsters of both sexes may so easily be subjected. Any censorship concerning the friendships of their children is directed towards restricting them, as far as possible, to other youngsters of equivalent or superior social and financial standing. Morality is all too often interpreted in terms of pounds and dollars. The social prestige of a child's parents is a sufficient guarantee of moral integrity and fitness for companionship or friendship with one's much younger and less sophisticated son or daughter.

All of which is as deplorable as it is dangerous. On the choice of a boy's or a girl's friends rests a great responsibility. It is of primary importance that the friends or playmates should be of approximately the same age. Many a youngster's first introduction to vice has been the direct result of companionship with one of older years and more sophisticated outlook.

The problem of homosexuality, like all sexual problems, has increased in degree and in extent, during recent years. This increase has been due to many causes, chief of which are the raising of the school-leaving age, the vast increase in the number of boys and girls attending colleges and universities, and the discussion of homosexuality in circles where at one time the term had either no significance or was altogether unknown.

It may be stated flatly that whenever the sexes are segregated at puberty there is danger of homosexuality. This danger exists even where the subject, as such, is not discussed or specifically understood, where it is associated with no arcane or cabalistic rites, where it has none of the titillating qualities which are inevitably attached to anything that is *verboten*. Homosexuality exists among savages and among animals. It has *always* existed. In these days when, in almost every walk of life, sex at puberty verges upon being an obsession, the basic dangers and risks connected with homosexualism are increased a hundredfold.

Every individual is bisexual. Complete heterosexuality, that is the normal attraction towards the opposite sex, usually comes about after passing through a period during which sex attraction is ill-defined and more or less amorphous. In most cases, and in the usual circumstances of the workaday world, this indefinite period is never noticed. It passes over, and the boy becomes attracted to some girl or other, while the girl makes a boy friend.

During this period preceding the development of true heterosexuality, if the sexual impulse is stimulated at all, it is almost sure to develop along homosexual lines. The individual is attracted by someone of the same sex. It is where the sexes are segregated, and *at the same time* subjected to sexual stimulation, that the danger is at its greatest. There is a risk, and a big risk, not only of homosexualism developing, but also of some form or other

of sex perversion manifesting itself.

It may be well to mention here the advisability of allowing every child to sleep *in a separate bed* and, if possible, in a separate room. This applies whether the children are of the same sex or of opposite sexes. The common practice of allowing boys and girls to sleep together until the approach of puberty, and the equally common practice of allowing youngsters of the same sex to continue sleeping together until well into adolescence, are peculiarly dangerous practices. They have, in numberless instances, induced the practice of mutual masturbation, which is often the first step towards the acquirement of definite overt sexual perversions.

Parents who send their children to boarding-schools and colleges are accustomed to hear them speak of having "crushes" for certain friends and for certain tutors or teachers. They laugh at these little affairs do the parents, usually through ignorance, sometimes through folly. It would be well to inquire a little more closely as to exactly how things stand. In nine cases out of ten, admittedly, the affair is harmless enough: in the tenth case, it is not harmless. In the tenth case, to the contrary, it is serious. More, it may be tragic. For the parents should keep well in mind that the affairs which have such tragic consequences, and which occasionally provide head-lines for the sensational Press, are all, in their initial stages, harmless and free from any suspicion of perversion.

There is no available evidence as to the prevalence of homosexuality in English schools, colleges and universities. There is no available evidence as to the extent of self-abuse. But undoubtedly both practices are widespread. In many cases self-abuse leads to homosexuality; the more so as mutual masturbation is the most common overt form which homosexuality, where it develops into actual perversion, takes.

W. T. Stead, commenting upon the Wilde case in the *Review of Reviews* (June 1, 1895) wrote: "Another contrast . . . is that between the universal execration heaped upon Oscar Wilde and the tacit universal acquiescence of the very same public in the same kind of vice in our public schools. If all persons guilty of Oscar Wilde's offences were to be clapped into gaol, there would be a very surprising exodus from Eton and Harrow, Rugby and Winchester, to Pentonville and Holloway. It is to be hoped that our headmasters will pluck up a little courage from the result of the Wilde trial, and endeavour to rid our Protestant Schools of a foul and unnatural vice which is not found in Catholic establishments at all events in this country. But meanwhile public school boys are allowed to indulge with impunity in practices which, when they leave school, would consign them to hard labour."

Frank Harris pointed out that sexual inverts are produced in the boarding-schools and universities of England, and that those who acquire homosexual vice in such circumstances are likely to practise this same vice in later life. "If boarding-school life," says Harris, "with its close intimacy between boys from twelve to eighteen years of age, were understood by English mothers, it is safe to say that every boarding-house in every school would disappear in a single night."

And what W. T. Stead and Frank Harris said about boys' boarding-schools and universities, they might with equal truth have said about girls' boarding-schools and universities. Female homosexualism and overt sexual perverse practices are widespread, and there are indications that the cult is a growing one.

Here again in regard to Lesbianism among girls, as in the case of pederasty among boys and young men, it is impossible to get any evidence as to its extent. But in answer to a questionnaire addressed by Dr. Katharine B. Davis to college graduates, 605 out of 1,200 admitted that they had "experienced emotional relations with other women," and no fewer than twenty-five per cent of them further confessed that this "relationship was carried to the point of overt homosexual expression."[1]

The conditions under which the young men and young women live favour the development of homosexual tendencies.

[1] Katharine Bement Davis, *Factors in the Sex Life of Twenty-two Hundred Women*. Harpers, 1929.

The practice of inviting friends to meals in their private rooms bristles with dangers. The fashionable effeminacy of males and the equally fashionable mannishness of women are significant features of the age in which we live. The increased popularity of games and athletic exercises, particularly of those where semi-nudity is a feature, tend to create homosexuality where it is inexistent and to extend its expression where it already exists. The gymnasts of ancient Rome and Greece were all sexual perverts; the bathing establishments were bagnios in which homosexuals congregated and engaged in every form of sexual vice. The close connexion between bathing and venery is known to every sexologist. (*See* BATHING AS A SEXUAL STIMULANT.)

Admittedly it is difficult for parents, once they have sent their children to school or college, to exercise much control over them. The most that can be done is to warn them against the danger of having anything whatever to do with those addicted to perverse sex practices; to inquire closely from time to time into the kind of acquaintanceships that are being made in the school or college. If possible, the youngsters should be encouraged to bring their friends home with them on occasional visits. Also the parents should themselves visit the school or college as often as possible, and find out for themselves the kind of life their sons and daughters are leading. If there is the slightest suspicion of abnormality, the matter should be thoroughly sifted, and, if necessary, drastic measures taken, even to the extent of bringing the youngsters' scholastic careers to a termination. Every effort should be made to check at the outset any marked tendency to effeminacy, whether it shows itself in modes of attire, in speech, or in mannerisms. Similarly with girls. The cultivation of male mannerisms, and the wearing of masculine garments, should be discouraged.

It does not, of course, follow that in all or even the majority of cases, the cultivation of feminine mannerisms by boys, or of masculinity by girls, is necessarily consciously associated with homosexuality. But the vice must have a beginning, and usually it begins in a harmless way and without any conscious connexion with homosexualism *per se*. For these reasons, it is *always* advisable to look upon any outward manifestations of feminism in boys or of masculinity in girls as danger signals indicating the need for the closest watch being kept for any further developments, and the taking of immediate steps to combat and to counteract possible existent hidden or potential symptoms of the abnormality.

If there is evidence of homosexuality the parent or guardian must tackle, carefully and delicately, the problem of dealing with it. There must be no reproach, or moral censure; no attempt to alarm by painting terrible verbal pictures of the inevitable ruin looming ahead. All such measures are the very worst that can be taken.

To the contrary, every effort should be made to impress upon the youngster that the condition is a curable one, and that if it is overcome no serious results will ensue. It should be pointed out that homosexualism is neither hereditary nor degrading, but that it is a phase of sexuality that many young persons of both sexes have to go through; that the only danger connected with it lies in and results from inability to subdue and overcome any such leanings.

In this way the youngster, whether youth or maiden, may usually be encouraged to overcome the "danger" phase. It is when a fixed notion is gained of being a victim of "bad heredity" or biological abnormality that there is risk of a mere homosexual tendency being transformed into actual perversion.

ADRENALS. The two suprarenal capsules or glands which adjoin the kidneys. The secretion produced by these glands is of great importance to the metabolism of the body. Impairment of their functioning by disease is followed by general ill-health, both physical and mental, and is the main causative factor in Addison's disease. Cannon has pointed out that the adrenals are capable of being stimulated to increased secretory power, pouring into the blood-stream additional supplies of adrenin, a substance which possesses remarkable restorative powers, enabling muscles, which, through fatigue, senility, or other causes, have become enfeebled or emasculated, to regain im-

mediately a temporary rejuvenation or reinvigoration.[1]

ADULTERY. In English law, a married man or woman who voluntarily engages in sexual intercourse with any person, married or single, other than his or her wife or husband, as the case may be, is guilty of adultery. It is important to note that for adultery to be committed, *one* party to the sex act *must be married*. The married party is the one guilty of adultery. The female partner may be a professional prostitute. This does not, as so many people think, alter the nature of the offence or the degree of guilt.

The ancient Romans looked upon the matter rather differently. It was essential to the commission of adultery that the woman concerned should be married. Sexual intercourse between a married man and a single and unbetrothed woman did not constitute an offence. With the development of asceticism under Christianity, the ecclesiastical authorities considered both parties to an adulterous act equally guilty in the eyes of God. This view has tinctured the ethics of adultery until recent years.

The condemnation of adultery is as old as marriage itself. It is based upon the possessive ideas which are inseparable from true love, and the property rights of man in woman. It is only because of these powerful fundaments that adultery can rank as a crime in face of the fact that every man is a potential adulterer and every woman a potential adulteress.

Adultery has always been looked upon as a far more serious crime in the woman than in the man. This is plainly indicated by the fact that only within comparatively recent years has adultery *per se* in man ranked as sufficient ground for the granting of a divorce.

The tendency in modern civilization is for adultery to increase. Though ranking as an offence against society's laws it is condemned far less severely than it has been for centuries. The woman caught in adultery is no longer ostracized. This change in the reaction of society is due to (1) the decline in ecclesiastical power and capacity to terrorize; (2) the sexual equality of man and woman; and (3) the vast extension of the practice of birth control.

AEROCOLPOS. The presence of gas or air in the vagina resulting in distension.

AËROPHORE. An appliance used to resuscitate a still-born child by the forcible introduction of air into the lungs.

ÆSCHROMYTHESIS. *See* ESCHROMYTHESIS.

AFFILIATION ORDER. The order given by a Court of Summary Jurisdiction to a single woman, or to a married woman living apart from her husband, compelling the father to pay for the maintenance of her bastard child a sum not exceeding £1 a week until it reaches the age of sixteen years. *See also under* ILLEGITIMACY.

A FRONTE. The face-to-face posture during the sex act. This is the orthodox position adopted in Europe and America.

AFTER-BIRTH. The fœtal membranes and the placenta which are ejected from the womb after the birth of the child. The secundines.

AFTER-PAINS. The cramp-like abdominal pains caused by contractions of the womb, which occur after delivery and may continue for several days. Women who have given birth to several children usually suffer more in this respect with each successive delivery.

AGALACTIA. Entire absence or insufficient supply of milk in a woman who has given birth to a child.

AGALORRHEA or AGALORRHŒA. The cessation of the secretion of milk.

AGAMIC. Relating to that form of reproduction where there are no sexual relations. Parthenogenous.

AGAMIST. A man or a woman who is unmarried and does not uphold marriage.

AGAMOGENESIS. *See* PARTHENOGENESIS.

AGAMOUS. The absence of the organs of generation.

AGAPÆ. The love-feast of the early Christian Church, usually following the Lord's Supper, at which all classes, rich and poor, joined in a sort of communal celebration. There are strong grounds for the belief that these love-feasts, whatever may have been their precise character in the beginning, quickly degener-

[1] Walter B. Cannon, *Bodily Changes in Pain, Hunger, Fear and Rage*. Appleton, New York, 1929.

ated into occasions for indulgence in sexual orgies of the grossest character. The Church Councils, starting with the Council of Laodicea, repeatedly prohibited the celebration of love-feasts in the churches, and finally were compelled to threaten with excommunication anyone who took part in them.

AGAPETÆ. In the early days of Christianity it was a common practice for the celibate clergy to have living with them young women who acted as voluntary servants. These women were called Agapetæ. Inevitably such a practice led to gross abuses, and it became necessary for the Church Councils to prohibit a clergyman having a woman living with him who was not a relative.

AGE OF CONSENT. The age at which it is held that a girl is a legally responsible party to an act of coitus to which she consents. In English law this age is sixteen years. Any act of coitus indulged in by a male with a girl between the ages of thirteen and sixteen years is a misdemeanour, and with a female of any age under thirteen years it is a rape. Proof of consent does not constitute a defence in a charge of unlawful carnal knowledge of a female under the age of sixteen, or to a charge of indecent assault upon a male or a female under the age of sixteen. In the U.S.A. the age of consent varies in different States.

AGENESIA or AGENESIS. Sterility in the male or female, especially applicable to sterility induced through physiological impotence.

AGENITALISM. The state of the individual, physical and mental, resulting from the lack of testicles in the male or of ovaries in the female, whether due to castration or disease or congenital defectiveness.

AGENOSOMIA. A condition where the genital parts are defective or infantile.

AGNINA MEMBRANA. One of the fœtal membranes. The amnion.

AGNUS CASTUS. The chaste tree of the ancients. A preparation made from the acrid seeds was widely known and valued for its supposedly anaphrodisiac properties. Any effects were probably purely suggestive. Sometimes referred to as Abraham's balm and Monk's pepper tree.

AGONAD. An individual, male or female, in whom the sexual glands are congenitally absent, or who has had them removed surgically.

AGORAPHOBIA. The dread of or horror inspired at finding oneself alone in an open space. It is usually characterized physically by palpitation, trembling and profuse perspiration; and mentally by hallucinations.

AIDOIOMANIA. A collective term which includes both nymphomania and satyriasis. Edeomania.

ALBIDURIA. Where the urine is whitish or extremely pale in colour, as in albuminuria.

ALBINURIA. *See* ALBUMINURIA.

ALBUGINEA-TESTICULI. A thick, strong, white fibrous membrane, which forms the first protective covering of the testicle. It is sometimes referred to as *Tunica albuginea testis*, but more often shortly and simply as *albuginea*.

ALBUMINURIA. A condition where albumen is present in the urine, in certain cases indicating kidney or heart disease. Popularly but inaccurately referred to as Bright's disease. There are many instances where albumen may be temporarily or sporadically present in the urine without being associated with or the result of kidney or heart disease. Sometimes referred to as albinuria.

ALCOHOLISM. The state of body and mind resultant from immoderate consumption, over a long period, of alcohol in any form. It is contended by many authorities that alcoholism is a cause of sterility in both the male and the female, and that where it does not actually cause sterility it has a marked degenerative effect upon such progeny as are born or reach maturity. The popular contention, backed up by many medical men and biologists, that alcoholism itself is hereditary seems to me very far-fetched. That the children of parents, and particularly of a mother, afflicted with chronic alcoholism will exhibit physical imperfections is highly probable, but the vicious habits they so often exhibit in later life are undoubtedly due far more to the environment in which they have been reared than to anything pertaining to heredity. *See also* CIRRHOSIS and DELIRIUM TREMENS.

ALCOHOLURIA. Where alcohol is present in the urine.

ALEXANDER-ADAMS' OPERATION. Shortening the round ligaments of the womb for the correction or relief of retroflexion and *prolapsus uteri*. Sometimes referred to as Alexander's operation.

ALGOLAGNIA. The term used by Schrenck-Notzing to describe collectively sadism and masochism, as both being interlinked forms of painful lasciviousness. It embraces those cases where pain, inflicted, experienced or witnessed, takes the place of coitus, as well as where it is a necessary concomitant of the sexual act. Algophily. *See under* MASOCHISM and SADISM.

ALGOPHILY. Same as ALGOLAGNIA.

ALIENISM. The science dealing with the treatment of diseases of the mind.

ALIENIST. One who specializes in the diagnosis and treatment of mental diseases and conditions.

ALIMENTARY CANAL. A collective term used to indicate the whole of the tract, from the throat to the anus, concerned with the digestion and excretion of food and its residues.

ALIMONY. The income or allowance which is granted to a woman by the court and is payable by her husband when she is legally entitled to live apart from him. The granting of alimony may be temporary, as where it is allowed pending proceedings for divorce or separation; or it may be permanent, as in the case of the actual granting of divorce or judicial separation. The amount of alimony is fixed by the court and failure to pay is punishable by imprisonment.

ALLOCHETIA. The term used to indicate a discharge from the anus of excretory matter other than or in addition to fæces; and also the discharge of fæces from some passage other than the anus. Also spelled allochezia.

ALLO-EROTISM. Sexual desire which is opposed to autoerotism. Hetero-sexualism or homosexualism.

ALLOTRIOTEXIS. The process of giving birth to a monstrosity.

ALOCHIA. Absence of the thick bloody discharge which normally follows the delivery of a child.

ALTERED. In colloquial speech, castrated or spayed. The term is especially used in relation to cats and other domesticated animals.

ALZHEIMER'S DISEASE. *See* PRESBYOPHRENIA.

AMAH. A Chinese nurse or servant. Sometimes used to designate a brothel servant.

AMASTIA. Where the mammæ or nipples are absent. A congenital defect.

AMAZIA. Same as AMASTIA.

AMAZON. In Greek mythology, a member of a race of female warriors, of powerful physique, lacking the right breast which was burnt off in infancy or childhood, in order, it was stated, to facilitate the handling of the bow. These Amazons, says Justin, represented a purely female community, allowing no males within their precincts. At certain times they visited neighbouring tribes for the purpose of sexual intercourse, any male children which resulted being strangled at birth. The term is now used to signify any powerfully built masculine-looking woman.

AMBIVALENCE. The simultaneous existence of love and hate for the same individual. This seemingly impossible anomaly can and does exist. It is a basic cause of many love-dramas ending in murder or attempted murder.

AMBLOMA. An abortion or a miscarriage.

AMBLOSIS. The course of an abortion.

AMBLOTIC. A drug or medicine which is used for inducing abortion.

AMEBA or AMŒBA. A one-celled protoplasmic organism which constantly changes its form. It reproduces by mitosis or cell-division.

AMELUS. A monster devoid of arms and legs.

AMENIA. Same as AMENORRHEA, which see.

AMENORRHEA or AMENORRHŒA. The absence of menstrual discharge. Amenorrhea is a normal physiological condition before puberty, during pregnancy, and after the menopause. At any other time it indicates an abnormal and probably a pathological condition of the genitals. The term *primary amenorrhea* is applied to cases where no menstrual discharge has occurred although the girl has arrived at the period of puberty; the term *secondary amenorrhea* to cases where menstruation has ceased

after having once appeared and while the woman is not in a state of pregnancy.

In *primary amenorrhea* the cause may be genital infantilism, ovarian disease or imperfection, vaginal or cervical obstruction, or an imperforate hymen. Apart from these physiological causes, a low state of health is often the root of the trouble.

Secondary amenorrhea is a more serious disorder, especially if the condition persists for many months at a stretch. A severe shock to the nervous system often results in a suspension of menstruation. Even a change of climate will suffice. Most cases, however, indicate the presence of some form of pelvic disease, genital infection or endocrinal disturbance.

In all cases where amenorrhea is not physiological, attention to the general health and to diet will often put things right. The " starvation diets " practised in accordance with the craze for fashionable slimness are often responsible factors. In any case of either primary or secondary amenorrhea a gynecologist should be consulted without delay.

AMENTIA. A comprehensive term for markedly defective intelligence, including both imbecility and idiocy.

AMERICAN TIP. An abbreviated condom which covers the glans penis only, and is used for contraceptive purposes. It is not a venereal prophylactic. *See* BIRTH-CONTROL METHODS (MALE).

AMETRIA or AMETROUS. Complete absence of the womb. A congenital defect which is very rare.

AMETROHÆMIA or AMETROHEMIA. Insufficient or absence of the supply of blood to the womb. A frequent cause of amenorrhea.

AMNESIA or AMNESTIA. Inability to remember, particularly as applicable to words or ideas, causing the use of misleading and erroneous phraseology. It is symptomatic of many diseases of the brain.

AMNION. The internal fœtal membrane which encloses the child in the womb.

AMNIORRHEA or AMNIORRHŒA. The premature discharge or escape of the contents of the bag of waters (amniotic fluid).

AMNIOTIC FLUID. The water (fluid) which surrounds the fœtus, and which normally ranges in volume from one pint to two pints.

AMNIOTITIS. An inflamed condition of the amnion.

AMNIOTOME. An obstetrical instrument used for puncturing the membranes of the fœtus during childbirth.

AMOR LESBICUS. Female homosexual love. The term refers especially to Lesbians who rarely or never indulge in tribadistic practices. Usually termed Lesbian love.

AMPALLANG. A crude appliance used by the Dyaks and other primitive tribes for the purpose of increasing sensation during sexual intercourse. The ampallang consists of a bar or rod of metal, bone or bamboo, which, during intercourse, is worn in the penis (previously pierced for the purpose), knobs, hairs, bristles or other protuberances being attached to each end of the bar. In some cases several such piercings are made in order that a number of rods can be inserted. Analogous methods are in use among other native races, such as metal rings in which feathers are inserted; collars made of bristles for fastening round the corona glandis, etc. In some tribes small sharp stones or bits of metal are inserted under the skin of the glans.

It is commonly assumed that the sole purpose of these appliances is to ensure or to increase the sexual gratification of the female. Mantegazza, however, is of opinion that the man's enjoyment is similarly increased, as, in the tropics, where such practices originated and are common, the woman's vagina often " assumes an alarming diameter."[1]

Modern civilization is not without analogous methods of stimulating the genital organs. Crude devices, such as the ampallang, are not employed, but equally effective methods, divorced from the pain associated with the piercing and mutilation of the penis, have superseded them. There is, for instance, the sheath or condom with its outer surface covered with spikes, for wearing on the penis; there are many varieties of rubber rings studded with knobs or teeth, which appli-

[1] Paolo Mantegazza, *Sexual Relations of Mankind*. New York, 1935.

ances are fixed to the base of the glans penis; there are the "frills," "brushes," and "hedgehogs" which are attached to the glans. All these mechanical aphrodisiacs are known to the patrons of the Continental, South American and Eastern brothels; and although primarily they are designed to enable senile and impotent men to experience sexual gratification during intercourse with prostitutes, their use for giving pleasure to women is far more common than is generally believed.

AMPHIMIXIS. The process of biparental reproduction.

AMPLEXUS. The coital act, particularly in relation to animals.

AMYXIS. The process of scarification.

ANADIDYMUS. A monstrosity in which the legs of the twins are joined together while the heads and bodies are separate and normal. *See* MONSTER.

ANÆMIA or ANEMIA. Usually a defective state or condition of the blood rather than a lack of quantity, as popularly supposed. Although anæmia is looked upon by the public and referred to by some doctors as a specific disease, it is more an indication of disease, the altered condition or the decrease in quantity of the blood being due to certain pathological conditions, notably gastric ulcer, internal hæmorrhoids, phthisis and cancer. It frequently appears in girls during the puberal stage and is an indication of general weakness or uterine trouble. *See also* ANÆMIA (PERNICIOUS), HODGKIN'S DISEASE and OLIGÆMIA.

ANÆMIA (PERNICIOUS). A dangerous form of general anæmia arising spontaneously and without any known specific cause, probably as an aftermath of some other malady. It is usually restricted to middle-aged and elderly persons and often proves fatal.

ANÆSTHESIA. Absence of sensation, which may be due to morbid conditions, causing paralysis of the nerves; or which is purposely induced as in operative procedure. There are three forms of drug-induced anæsthesia, thus: (*a*) local or regional anæsthesia, where the absence of sensation is restricted to a small prescribed area, as in the extraction of a tooth; (*b*) spinal anæsthesia, where the lower part of the body and limbs are anæsthetized by an injection into the region of the spinal cord; and (*c*) general anæsthesia, where there is complete insensibility of all parts of the body.

ANÆSTHESIA SEXUALIS. Feminine indifference to or dislike for sexual intercourse, characterized by absence of libido. *See* FRIGIDITY.

ANÆSTHETIC. A drug or other agent used to induce local or general insensibility to feeling or pain, usually employed in surgical operation and during childbirth. The most widely employed anæsthetics are chloroform and ether for major operations where it is necessary that the patient be kept under an anæsthetic for some time; and ethyl chloride or nitrous oxide (laughing gas) for short operations. Stovaine and novocaine are used in spinal anæsthesia. In local anæsthesia the most widely employed drug is novocaine, which has practically supplanted cocaine.

ANAITIS. An Armenian goddess in whose service virgins were consecrated and compelled to partake in what was indistinguishable from prostitution. Female slaves were often forced to serve the goddess in this capacity. The festivals held in her honour were characterized by exhibitions of unbridled lust and drunkenness.

ANAL. Relating to the anus or back passage.

ANAL EROTICISM. A perversion of sexual libido in which the centre of sensation is the anus. Also the pleasurable feelings connected with defecation so often experienced by children and in most cases not consciously associated with sexual excitation.

ANAL ORIFICE. The back passage. The anus.

ANALGESIA or ANALGIA. Diminution or lack of sensitiveness to pain.

ANALGESIC or ANALGIC. A drug or other agent which diminishes or relieves pain.

ANAMALIS FOBIL. A lascivious dance indulged in by certain negro tribes.

ANANDRIA. Emasculation. The acquirement of feminine characteristics by the male.

ANAPHRODISIA. The state of being sexually unresponsive to either heterosexual or homosexual stimulation.

ANAPHRODISIAC. The name given to anything which subdues or destroys the sexual libido. It may be dietary, medi-

cinal or mechanical; physiological or psychological.

Numerous foods and drinks have, from time immemorial, been credited with anaphrodisiac properties. Vegetables and fruits have been thought to subdue sexual excitation, thus cucumbers, lettuce, cabbage, lemons, *et al.* Coffee and cocoa were long thought to have anaphrodisiacal effects; while the copious drinking of milk was considered a certain cause of impotence. So, too, the consumption of liberal draughts of water.

Apart from alcoholic drinks which, if consumed in quantities, undoubtedly interfere considerably with sexual appetite and often bring about a condition of temporary impotence, it is doubtful if any ordinary food or beverage has any specific effects upon sexual desire or capacity. In a general sense, however, it may be stated that underfeeding and overfeeding both have similar effects upon sexual reactions, insomuch that they tend to extinguish sexual desire.

Drugs were used as anaphrodisiacs by the ancients, and are so used to-day. Camphor and agnus castus were perhaps the most widely employed until comparatively recently. In our own time, quinine, menthol, digitalis, bromide of potassium and preparations of salicylic acid are used. Unless given in quantities sufficient to have dangerous effects upon health it is doubtful if these drugs have any effects. Similarly with the preparations (saltpetre, bromides, etc.) which, it is alleged, are used ir the prisons and barracks of many countries to debilitate sexual appetite.[1] Ernst Toller, speaking as one with experience in no fewer than eight different prisons, says: "In many prisons the prisoners are given sodium bicarbonate, but I never noticed it had any other effect than to upset the stomach."[2] Count Potocki of Montalk refers to the rumour current among the prisoners in Wormwood Scrubs "that bromide is put in their cocoa," and his own conviction that the rumour was a true one. "The embarrassment of the prison authorities on the mention of bromide, indicates not only that it is true, but also that they are ashamed of it—and very rightly so."[3]

The mechanical methods employed by the ancients were probably effective despite their crudities. Pliny advocated that plates of lead should be worn upon the body, and mentions the case of an orator named Calvas, addicted to excessive libidinosity and prone to suffering from emissions at the very sight of an attractive member of the opposite sex, who was completely cured by this means. Similarly, Galen advocated the wearing of metal plates as a cure for nocturnal emissions; and for priapism, he recommended cold-water bandages applied to the penis and adjacent parts. Ætius, Aristotle, Oribasius and others held the opinion that sexual appetite was the result of the overheating of the kidneys; for this reason Cœlius prescribed, as a method of overcoming the fever of lust, that sponges saturated in cold water should be applied to the loins.

Operative procedures, such as infibulation (male and female) or castration, and the wearing of mechanical preventives (Girdles of Chastity), all of which have been practised by savage and primitive races, do not, strictly speaking, come under anaphrodisiacs, though they are often classified as such.

Psychological anaphrodisia is reputed to be inducible by close and abstract study. The study of mathematics in particular has gained a considerable reputation, largely through Rousseau's mention of the scornful remark made by a Venetian prostitute: "*Lascia le donne, et studia la matematica,*" on an occasion when he was stricken with impotence. The reputed sexual impotence of Sir Isaac Newton, the famous mathematician, has been much cited in further

[1] The use of bromides has probably become fairly general through the fact that they are extensively employed for the prevention of erections after operations performed in connexion with abnormalities or defects of the penis (e.g. hypospadias, congenital chordee, epispadias, etc.)

[2] Introductory essay by Ernst Toller on "The Sexual Life of Prisoners" in the English edition of *Sex in Prison* by Joseph F. Fishman. John Lane, 1935.

[3] Count Potocki of Montalk, *Snobbery with Violence: A Poet in Gaol*, p. 26. Wishart, 1932.

proof of the truth of this hypothesis. Davenport, who affirms that the efficacy of mathematics as an aphrodisiac has been "proved by frequent experience" explains the phenomena thus: "The intense mental application required by philosophical abstraction forcibly determines the nervous fluid towards the intellectual organs, and hinders it from being directed towards those of reproduction."[1] This explanation is ingenious rather than scientific, and undoubtedly the virtue of the study of mathematics in this direction has been greatly exaggerated by Davenport as well as by dozens of others both before and since his time. It is true that fatigue, both mental and physical, acts temporarily as a means of subduing sexual desire and often renders a man impotent; and it is further true that the mere fact of engaging in abstract study takes the mind away from erotic thoughts and keeps the individual from disturbing environmental conditions. In these ways serious study of any kind has certain virtues as an anaphrodisiac. But this is very different from a general assumption that the mathematician is specifically impotent. In the case of Sir Isaac Newton the basic cause was probably some physiological difficulty connected with coitus. It would no doubt be easy to provide evidence of sexual capacity among the ranks of mathematicians. I can offer a case from my own ancestry, that of John Ryley, the eighteenth-century Yorkshire mathematician, who was the sire of three sons and four daughters.

Anaphrodisiac is also written antaphrodisiac and antiaphrodisiac.

ANAPHRODITE. One who is afflicted with sexual anæsthesia.

ANASPADIAS. Same as EPISPADIAS, which see.

ANDROARION or ANDROARIUM. A term sometimes used in referring to a testicle in the sense of being the male ovary.

ANDROGALACTOZEMIA. The secretion and oozing of milk from the nipples of the male. A rare condition.

ANDROGENOUS. The progeniture of male children only.

ANDROGYNA. A female whose external genitals resemble those of a male. A pseudo-hermaphrodite.

ANDROGYNOID or ANDROGYNUS. A male whose external genitals resemble those of a female. A pseudo-hermaphrodite.

ANDROGYNOUS. Possessing the characteristics of both male and female.

ANDROGYNY. Possessing characteristics of both the male and female sex. The androgynous male has large breasts, fatty deposits on the buttocks, and a hairless face; while the androgynous female has hair on the body and face, especially on the lips and chin, and a masculine voice. *See under* HERMAPHRODITISM and PSEUDO-HERMAPHRODITISM.

ANDROLEPSIA. The generative process in the female.

ANDROLOGY. Dealing specifically with diseases of the male genitalia.

ANDROMANIA. The manifestation of excessive lust in the female. Nymphomania.

ANDROMORPHOUS. In the form of a man.

ANDROPHOBIA. An abnormal degree of dislike for or antipathy towards the male sex. Apandria.

ANDROSYMPHYSIS. The condition where the male genitals have grown together.

ANEBOUS. Male immaturity. The state of the male before the coming of puberty.

ANEDEUS. The state of being devoid of genitalia.

ANENCEPHALUS. A monster which has no brain.

ANESTRUS or ANŒSTRUS. The interval which elapses between two successive periods of heat in animals.

ANEURIA. Loss of or serious diminution in nerve energy. Often referred to as paralysis.

ANHEDONIA. The state where no pleasure or satisfaction results from the sex act, as in female *anæsthesia sexualis* or male *ejaculatio præcox*.

ANHYSTERIA. Without a uterus.

ANIDOUS. Relating to a fœtal monster devoid of form.

ANILITY. The senile period in a woman. Popularly referred to as dotage.

ANIMALCULISM. *See* SPERMATISM.

[1] John Davenport, *Aphrodisiacs and Antiaphrodisiacs*, p. 131. London, 1869.

ANISCHURIA. Incontinence of urine. Bed-wetting. *See* ENURESIS.

ANKYLOCOLPOS. Vaginal or vulvar atresia or stricture.

ANKYLOPROCTIA. Anal atresia or stricture.

ANKYLOSIS. Induration or stiffening of a joint due to (1) the union or fusion of the bones which form the joint, and (2) the formation of a scar or other hardening of the connecting tissue.

ANKYLURETHRIA. Atresia of the urethral canal. Stricture.

ANNEXITIS. An inflamed state of the uterine appendages, i.e. the Fallopian tubes or the ovaries.

ANODINOUS. The state in which childbirth is without pain.

ANORCHIDISM or ANORCHISM. The absence of one testicle or both testicles. The anomaly, which is usually congenital, is very rare. Where both testicles are absent a state of complete sterility exists, though sexual intercourse is possible.

ANORCHUS. A male born without testicles or with undescended testicles. The first condition is extremely rare. Undescended testicles, which occur in a considerable number of cases, can usually be corrected by an operation.

ANTALGESIC. A medicine for the relief of pain.

ANTAPHRODISIAC. *See* ANAPHRODISIAC.

ANTEFLEXION. A displacement of the womb in which the body of the organ bends forward. The condition is often a cause of sterility.

ANTE-MORTEM. Previous to death.

ANTE-NATAL. Previous to birth.

ANTE-PARTUM. Previous to delivery of a child.

ANTEPROSTATE. Same as COWPER'S GLAND, which see.

ANTERIOR PITUITARY HORMONE. A secretion produced by the anterior lobe of the pituitary body. In recent years it has been discovered that upon the activities of the anterior pituitary lobe are dependent the growth and development of the child. Thus an insufficient supply of this secretion leads to dwarfism, while an excessive supply causes premature sexual development, giantism and acromegaly.

ANTEROS. The Greek god of reciprocative love, brother of Cupid and Eros, and son of Venus.

ANTEVERSION. A displacement of the womb in which it is tipped out of its normal position in a forward direction.

ANTHROPOLOGY. The study of man.

ANTHROPOPHAGY. Cannibalism.

ANTIAPHRODISIAC. Same as ANAPHRODISIAC, which see.

ANTIBLENNORRHAGIC. An agent for the prevention or cure of gonorrhea. A venereal prophylactic.

ANTIFETICH. A characteristic, physical or mental, or an article of attire or other object, which has a marked anaphrodisiacal effect, reducing or extinguishing sexual libido, and in some cases arousing revulsion and hatred. The number of cases of antifetichism is a very considerable one. It is a common cause of impotence in man, a specific odour, or mannerism, or even a form of speech, being sufficient, in some cases, to prevent connexion, a fact known to every experienced prostitute. The smell of rubber contraceptives acts as an antifetich in a large number of cases, arousing in either husband or wife a disinclination for sexual intercourse under such conditions. Cf. FETICHISM.

ANTIGALACTAGOGUE. An agent or a condition which reduces or stops completely the secretion of milk by the mammary glands.

ANTIGONORRHEIC or ANTIGONORRHŒIC. A remedy for gonorrhea.

ANTILUETIC. An agent for the prevention or cure of syphilis. A venereal prophylactic.

ANTIORGASTIC. An anaphrodisiacal drug or agent.

ANTIPARASTATITIS. An inflamed condition of Cowper's glands.

ANTISYPHILITIC. A remedy which is effective in treating syphilis.

ANTITABETIC. A remedy for tabes dorsalis.

ANURESIS or ANURIA. A condition where urination is impossible, either as a result of there being no urine to void or through its retention in the bladder.

ANUS. The terminal opening or outlet of the alimentary canal, through which excrement is voided. Two powerful muscles, known as the internal and external sphincters, keep the opening closed at all times other than during the passing of fæces. It is of great importance that

the anal orifice should be kept clean by frequent washing. In the female, in particular, there is a risk of bacteria, which are always present in the rectum, being conveyed to the vagina, and vice versa. To minimize this risk the cleansing of the anus after defecation should always be accomplished by wiping backwards, away from the vagina, instead of towards the vagina, as is customary.

ANUS (ARTIFICIAL). An opening which is made surgically where the normal outlet is closed or obliterated through disease or injury.

ANUS (IMPERFORATE). Where the anal opening is blocked or closed, as in atresia.

APANDRIA. An abnormal dislike for the male sex, especially in relation to any form of sexual intimacy. Androphobia.

APATHY (SEXUAL). *See* FRIGIDITY.

APELLA. A male whose glans penis is uncovered, whether in consequence of congenital absence of the prepuce, through disease or as a result of circumcision.

APHASIA or APHASY. A general term which includes the loss of the power to express ideas in speech or in writing. The loss may be total and permanent, or partial and sporadic. It is symptomatic of several forms of cerebral disease. Where the deprivation of power is restricted to speech the condition is known as aphemia; and where such deprivation is confined to writing, as agraphia.

APHASSOMENOS. Examination of the female genitalia by touch or palpation.

APHORIA. Barrenness in the female. *See* STERILITY.

APHRODISIA. Abnormal sexual passion and indulgence. In ancient Greece the annual festivals held in honour of Venus, the goddess of wanton love, which were occasions for indulgence in promiscuity, lust and sexual perversions of the most extravagant nature, were known as Aphrodisia, through Venus-worship originating on an island bearing that name.

APHRODISIACS. All through the ages man has been concerned with the intensification and prolongation of his sexual powers. Nothing is more calculated to cause him mental perturbation and distress than the suspicion or the realization that his sexual capacity is waning. It is to this fear that is due his penchant for swallowing every form of nostrum of reputed or alleged aphrodisiacal powers that may be brought to his notice.

In the old days, the pursuit of sexual virility had a twofold purpose. It was concerned with the development and retention of sexual capacity purely from a hedonistic aspect, and with the retention of virility for the purpose of propagation. And in those days the women were as keenly concerned with aphrodisiacs as were their menfolk. Sterility in the woman was not something to applaud, as it is now; to the contrary, it was a condition to be ashamed of.

Aphrodisiacs are intended to intensify or create erotic appetite and capacity. The term is an embracive one, including chemical, mechanical and psychical stimulants.

The early aphrodisiacs owed much of their reputed efficacy to the widespread belief in sympathetic magic. An example of this was the mandrake, which seems to have been used by women as a remedy for sterility since the beginning of time. (*See* MANDRAKE.) The virtues of oysters, mussels and other forms of shell-fish, originally hymned by Juvenal, are widely accepted to this day. Mushrooms and truffles were used by the ancient Romans. Says Davenport: "That Coryphaeus of voluptuaries, George IV, so highly appreciated this quality in truffles, that his Ministers at the Courts of Turin, Naples, Florence, etc., were specially instructed to forward by a State messenger to the Royal Kitchen any of those fungi that might be found superior in size, delicacy, or flavour."[1]

Strychnine, cantharides, arsenic, phosphorus, ambergris, damiana, cinchona, musk, garlic, saffron, cannabis indica, ignatia, Yohimbin, ginger, nutmeg, papaverin and nux vomica have all, at one time or another, enjoyed great reputations for their alleged sexual stimulatory powers. Many have retained their reputations until this day. Certain of these are poisonous and distinctly dangerous. Cantharides, for centuries the most popular of all aphrodisiacs, induces erec-

[1] John Davenport, *Aphrodisiacs and Antiaphrodisiacs*, p. 88. London, 1869.

tions through its irritant effect upon the bladder and urethra, and is sure to have injurious effects. It may even cause death. It was to cantharides poisoning that was attributed the fatal illness of Ferdinand of Castile; it was the same poison, administered in chocolates, which caused a number of prostitutes in a Marseilles brothel to be seriously ill and led to the arrest of the Marquis de Sade. Arsenic is another particularly dangerous aphrodisiac. Preparations of this poisonous drug have a considerable sale under euphemized names, being used by women because of the reputed beneficial effects of arsenic upon the complexion in addition to its sexual stimulatory powers. Cannabis indica, or Indian hemp, which forms the basis of any aphrodisiacal property possessed by the notorious Marihuana cigarette, is one of the most popular and widely used sexual stimulants to-day. There are indications that the drug acts as a temporary stimulant, but its cumulative effect is to cause impotence in the male. Morphine and cocaine have similar temporary effects which, after regular use for some time, give place to lack of all sexual appetite and capacity.

Many of these so-called aphrodisiacs have no sexual stimulatory powers at all; e.g. musk, garlic, ginger, nutmeg, and others. Damiana, for generations, has enjoyed a great reputation as an aphrodisiac and has been and is still used extensively by live-stock breeders for this purpose. It is, however, as I have proved by extensive experiments, quite useless.

Summing up the position as regards drugs and medicinal preparations, we may safely say they are either ineffective or, if effective, injurious and dangerous. It is therefore most inadvisable for anyone to have recourse to stimulants of this nature unless they are prescribed by a competent medical man.

In considering the question of food and its effects upon the sexual organs, while much of the reputed influence exerted by *specific* foodstuffs is either greatly exaggerated or wholly apocryphal, it is nevertheless a fact that sexual virility is largely governed by physical fitness and health. For this reason the effects of food upon sexual power are not to be overlooked, insomuch that the only way in which a man or a woman can expect to be sexually potent and fertile is by keeping in good health.

With food as with drugs, it is a noteworthy fact that those specific preparations which have achieved fame as aphrodisiacs, in all cases where sympathetic magic does not enter into the matter, owe their reputed virtues to their irritating or mental stimulating powers. Thus any effects which a diet composed largely of eggs, fish, meat, oysters, caviare, onions, *et al.*, has upon the sexual powers is due to its body-building and strength-sustaining properties, and not to any magical qualities with which any one of or all the component parts of such a diet is endowed.

With liquid stimulants the position is somewhat different. Much depends upon the reaction of the individual to the particular stimulant consumed; much, too, depends upon the circumstances in which the drink is partaken. It may be safely assumed that, in most cases where a moderate amount of liquid stimulant, and especially of spirits, is consumed in dance-halls, night-clubs and other places where the sexes commingle under conditions favourable to erotic excitation, the effect will be distinctly aphrodisiacal. If, however, the consumption of alcohol, in whatever form it may take, is immoderate so far as the individual is concerned, the effect will be precisely the opposite. Instead of acting as a sexual stimulant, the alcohol will either eradicate all erotic desire or render the sex act, so far as the male is concerned, physically impossible. Thus Sturgis affirms that "a chronic alcoholic is eight times out of ten, sexually speaking, a eunuch;"[1] while Vecki says that the "intemperate" consumption of beer or whisky hinders erection.[2]

In recent years, in common with the tendency of the times, the interest of man in aphrodisiacs, while it has in no way lessened, has turned from the more homely drugs and mendicaments of old,

[1] F. R. Sturgis, *Sexual Debility in Man*, p. 307. Rebman, 1901.
[2] Victor G. Vecki, *Sexual Impotence*. Saunders, Philadelphia, 1915.

to the more scientific and esoteric glandular preparations. Actually, the testicles and their products have always been credited with rejuvenating and sexual stimulatory powers. Savages and civilized man alike have consumed the semen of animals assuming that it would contribute to an extension of their own virility. Any virtues in the way of sexual stimulation possessed by the testicular extracts used by Brown-Séquard half a century ago were probably due purely to the power of suggestion and therefore were in no way an advance upon the decoctions recommended by Pliny, Juvenal and others of the ancients. Much the same applies in the case of the vaunted glandular extracts used to-day. The one advantage they possess over the more dangerous drugs and chemicals lies in the fact that they are mainly harmless so far as the general health of the individual taking them is concerned.

Turning to mechanical aphrodisiacs, one of the oldest and at the same time one of the most potent is flagellation. The ancient Romans were well aware of the stimulatory effects of whipping and of urtication. There are references in the *Kama Sutra* of Vatsyayana to this same thing; so, too, in the *Talmud*. Urtication as a remedy for impotence is referred to in the *Satyricon* of Petronius, and, according to Bloch, Dr. Johann Christoph Westphal prescribed it for this condition. In my own work dealing with flagellation I have dealt at some length with the sexual aspects of the subject, and have endeavoured to explain the reason for whipping acting as a sexual stimulant. Thus: "We have already seen that of all factors capable of arousing emotion, pain, provided always it does not reach a degree of intensity where it ranks as torture, is the most powerful; that pain, by increasing the secretory powers of the adrenal glands and reinvigorating tired or enfeebled muscles and nerves, stimulates the individual to the achievement of temporary efforts far beyond his normal capacity. Now it is an established fact that the region of the gluteus, that is, the buttocks and base of the spine, is supplied with nerves corresponding to, and intimately connected with, the nerves governing the sexual function. We have seen that ancient physicians were aware of the effect which pain in the buttocks and neighbouring parts had on the sexual libido; the similar effects of applications to the lumbar regions of hot poultices or caustic plasters; in short, the sexual stimulatory properties of anything destined to increase the engorging of the genital passages, and particularly of the penis, with blood. Congestion due to these causes, or to the effects of chemical aphrodisiacs, is capable of inducing erections. It is because of this that flagellation is bound to have some effect in the relief of any form of impotence which is neither permanent nor congenital. Even friction of the skin in the genital regions will stimulate sexual excitement; hence the popularity of massage, and especially of massage following immediately upon a hot bath. After all, masturbation is merely friction or irritation of the genitals."[1]

According to Davenport, the Abbé Chuppe d'Auteroche stated "that the stripes given to persons frequenting the vapour baths in Russia impart activity to the fluids and elasticity to the organs and give additional stimulus to the venereal appetite."[2]

Perhaps one of the most curious of all methods of stimulating the sexual powers ever employed in a civilized country, and at the same time indicative of the extent of human credulity, was the "Celestial Bed" which for years earned for that arch-quack, James Graham, a princely income. Towards the end of the eighteenth century, this Dr. Graham opened in Pall Mall, London, what he somewhat grandiosely described as the Temple of Health and Hymen. It was here that he installed his world-famed "Celestial Bed," a magnificent structure, elaborately carved, gilded and ornamented, with glass legs, and reputed to have cost £12,000. Incense was burned in the room, there was sensual music and doubtless other artifices for arousing

[1] George Ryley Scott, *The History of Corporal Punishment*, pp. 209-210. Werner Laurie, 1938.
[2] John Davenport, *Aphrodisiacs and Antiaphrodisiacs*. London, 1869.

sexual libido. "Married couples, who slept on this couch, were sure of being blessed with a beautiful progeny. For its use £100 per night was demanded, and numerous persons of rank were foolish enough to comply with the terms."[1] It is stated that among Graham's patrons were Lady Spencer, the Duchess of Devonshire, Lady Clermont, the Comtesse de Chalon and the Comtesse de Polegnac.

Among savage and primitive tribes various mechanical appliances have been attached to the penis with the object of increasing sexual stimulation, particularly in the female partner. Thus the ampallang and similar devices. (*See under* AMPALLANG.) Modern elaborations of these crude devices are used in the brothels of all big cities, mainly by aged roués suffering from partial impotence.

Finally there are the most modern of all aphrodisiacal methods, viz. the Steinach operation and the transplantation of animal and human sex glands. It is doubtful if the former method has anything other than such effects as may be due to suggestion. Testicular transplantation, similarly, from the evidence so far available, seems to owe much of its reputed success to suggestion, as any improvement effected would appear to be purely temporary. Human testicles have proved more successful than those secured from monkeys and other animals, but here the difficulties in the way of securing supplies of healthy glands suitable for transplantation is the big obstacle in the way of the method being employed except in relatively few instances. Only in the cases of deaths from accidents and executions of criminals are healthy testicles available. So far, these surgical methods of sexual stimulation have been restricted to the male sex. There is no method applicable to women analogous to the Steinach operation, and ovarian transplantation presents many obstacles and difficulties.

APHRODITE. In Greek mythology, the beautiful goddess of sensual love, whose famous girdle was reputed to bring love to those who wore it. Sacrifices were made to Aphrodite and she was worshipped in many lands and under a number of names. The Romans knew and worshipped her as Venus.

APHRONIA. *See* APOPLEXY.

APOCOPOUS. One who has been castrated.

APOPLEXY. A stroke or fit. Loss of consciousness, due to cerebral hæmorrhage or distension of blood-vessels in the brain. Aphronia.

APOSTHIA. Where the penis or prepuce is absent from the time of birth. A congenital state.

ARCHITIS. An inflamed condition of the anus. *See* PROCTITIS.

ARCHOCELE. Prolapse of the lower portion of the large bowel.

ARCHOCYSTOCOLPOSYRINX. A fistula which connects the urinary bladder, vagina and rectum with each other.

ARCHOCYSTOSYRINX. A fistula which connects the urinary bladder with the rectum. It may occur in either the male or the female.

ARCHOPTOSIA. Prolapse of the rectum.

ARCHOPTOSIS. The condition in which the rectum is prolapsed.

ARCHORRHAGIA. Bleeding from the anus.

ARCHORRHEA or ARCHORRHŒA. A pthological bloody discharge from the rectum.

ARCHOS. *See* ANUS.

ARCHOSTEGNOSIS. The presence of a stricture in the rectum.

ARDOR URINÆ. A scalding sensation experienced in passing water, due to inflammation in the urethral canal or at the outlet of the bladder.

ARDOR VENEREUS. The presence of strong and often unbridled sexual desire, as in satyriasis and nymphomania.

AREOLA. The brownish pigmentation which surrounds the nipples on the breasts in both man and woman. It is usually darker and more extensive in the woman who has borne children than in the virgin. During pregnancy another ring of pigmentation appears outside the normal areola. This is known as the second areola.

ARSENOPHENYLGLYCIN. An arsenical compound used in the treatment of syphilis.

ARSPHENAMINE. A drug widely used in the treatment of syphilis and yaws.

[1] J. Cordy Jeaffreson, *A Book About Doctors*, p. 116. London, 1860.

It is a yellow powder soluble in water or alcohol. Popularly known as "606" or salvarsan. Also sometimes referred to as arsaminol, arsenobillon, diarsenol and kharsivan. Its technical name is diamino-dihydroxyarsenobenzenedihydrochloride.

ARTEMIS. The Greek goddess of nature and goodness, analogous to Diana of the Romans. Artemis was the virgin daughter of Zeus and sister of Apollo. She was a healer of disease and assisted during childbirth. There are indications that at one time human sacrifices were regularly offered to the goddess, and long after these ceased, at the annual festivals held at Sparta, boys were whipped before her altar until their bodies were streaming with blood.

ARTERIO-SCLEROSIS. The hardening of the walls of the arteries as a result of chronic inflammation.

ARTHRITIS. An inflamed condition of a joint. Often used as a synonym for gout and for gonorrheal arthritis.

ARTHRITIS DEFORMANS. *See* ARTHRITIS, RHEUMATOID.

ARTHRITIS (GONOCOCCAL). Same as ARTHRITIS (GONORRHEAL), which see.

ARTHRITIS (GONORRHEAL). An inflamed condition of the joints which often follows neglected or uncured gonorrhea.

ARTHRITIS (RHEUMATOID). Same as ARTHRITIS (GONORRHEAL), which see.

ARTHRITIS (SYPHILITIC). *See* SYPHILITIC ARTHRITIS.

ARTIFICIAL IMPREGNATION. *See* INSEMINATION (ARTIFICIAL.)

ASAB. A variety of venereal infection which shows a marked resemblance to syphilis. It is prevalent in Africa. The responsible organism is as yet unidentified.

ASCENSUS UTERI. A condition of the womb where it occupies an unnaturally high position in the abdomen.

ASCETICISM (SEXUAL). Abstinence from all forms of sexual indulgence formed one of the main doctrines of Christianity as revealed by St. Paul. It has been stressed in many other religious cults, usually in combination with self-torture in the form of flagellation, spartan living, self-denial, fasting and many other forms of personal discomfort. The dominant note has, however, always been the denial of erotic pleasure, all other forms of asceticism being practised really in order the better to suppress the sexual appetite.

ASCHETURESIS. The condition characterized by an irrepressible desire to pass water.

ASCHHEIM-ZONDEK TEST. *See under* PREGNANCY (TESTS FOR).

ASEPTIC. The state of being cleared of the presence of any pathogenic organisms. It is an essential condition in operative surgery, the instruments and the place of incision, in addition to the incision itself, being made absolutely free from bacteria.

ASEXUAL REPRODUCTION. A mode of reproduction which involves no sexual element. It is confined to plants, worms and other low forms of life. Fission and gemmation are forms of asexual reproduction.

ASEXUALIZATION. Destruction of sexual power, i.e. castration in the male, spaying in the female. The term is often wrongly applied to sterilization generally, thus including vasectomy and salpingectomy, which are not asexualizing methods.

ASHERAH or ASHRAH (plural ASHERIM). A symbol or representation used in the phallic worship prevalent among the ancients, and repeatedly referred to in the Bible. It usually took the form of a tree, pole or an upright stone. These symbols were erected by the worshippers of Baal, Yahveh, and probably other contemporary gods. According to some authorities there was a Canaanite goddess by the name of Asherah, signifying the female creative power, but this, if correct, refers to a later stage in history. *See under* PHALLIC WORSHIP.

ASHMEDAI or ASMODEUS. The Jewish "King of demons" and monster of jealousy, who, it is stated in the Book of Tobit, fell in love with the enchanting Sara, and killed her seven husbands.

ASHTORETH. A goddess of fertility, personifying the female part in the work of creation, worshipped by the Phœnicians and the Canaanites conjointly with Baal, and by some regarded as his wife. Ashtoreth was introduced by the Phœnicians to the Israelites, and there

are many references to the goddess in the Old Testament, and to the measures adopted to put down this worship. According to Augustine, the worship of Ashtoreth was characterized by the most shameful licentiousness, and her temples, served by prostitutes, were the scenes of sexual orgies and perversions of the most revolting nature. The goddess was also worshipped in Syria under the name of Astarte.

ASPASIA. Famous and beautiful Greek hetæra, mistress in turn of Cyrus, Artaxerxes, Darius, Alcibiades, Socrates and Pericles. Her power and influence a queen might well have envied. It was alleged that, in addition to selling her own favours, she gathered together a number of beautiful courtesans, and her salon, which was a rendezvous for the most talented men of the day, could have been fittingly described by another name.

ASPERMATISM. The condition where the ejaculated seminal fluid does not contain living or virile spermatozoa, or an inadequate amount of semen is secreted. Aspermatism is a permanent condition in most men of advanced age and a temporary condition after excessive indulgence in coitus and while suffering from various diseases. *See* STERILITY.

ASSAULT (CRIMINAL). If a male touches or attempts to touch the sexual organs of any female other than his wife, against her will, he is held to be guilty of a criminal assault. The breasts come under the definition of sexual organs in this respect, and it is immaterial whether or not such organs are naked or protected by clothing.

ASSIDERATION. The act of infanticide by drowning in ice-water.

ASTARTE. The Syrian fertility goddess referred to in the Bible and worshipped as Ashtoreth. The temples erected to her were centres of religious prostitution. *See* ASHTORETH.

ASTYPHIA or ASTYSIA. Inability to have complete erections under sexual excitement or during the sex act. Male impotence.

ASYNODIA. Inability to perform the act of coitus.

ASYPHIL. A drug used in the treatment of syphilis.

ATAVISM. The cropping up in an individual of a congenital or hereditary factor which has failed to appear in several successive generations, popularly referred to as a throwback. It may be a physical or a mental peculiarity, but usually the characteristic, whatever its nature, is one known to have been possessed by an original member of the family or the species.

ATAXIA or ATAXY. Markedly irregular movements due to muscular inco-ordination. *See* LOCOMOTOR ATAXIA.

ATAXIE LOCOMOTRICE PROGRESSIVE. *See* LOCOMOTOR ATAXIA.

ATELIOSIS. Infantilism characterized by imperfect or arrested development, physically or mentally, but without deformity of body or limbs. It is a condition of many dwarfs.

A TERGO. The reversal of the orthodox European and American coital attitude, i.e. in the *a tergo* position the man faces the woman's back.

ATHELASMUS. Incapability of suckling a child through lack of or defective nipples.

ATHELIA. Where the breasts are devoid of nipples, making breast-feeding impossible.

ATOCIA or ATOCOUS. A condition of sterility in the female. The term is sometimes used to indicate the state of never having been pregnant.

ATOPOMENORRHEA or ATOPOMENORRHŒA. Abnormal or vicarious menstruation. The discharge instead of coming by the vaginal route is emitted from the breasts, the anus, the mouth or the nose.

ATRESIA. The constriction or stoppage of a tube or canal. Especially used in reference to the vagina, uterus, cervix or anus. The cause of the stoppage is usually adhesion of the walls of the canal and in most cases can only be remedied by a surgical operation.

ATRETOMETRIA. That form of atresia in which the womb is the affected part.

ATROPHY. The wasting away, diminution or decrease in any part or of the whole of the body.

AULETRIDES. The name given to a class of prostitutes which flourished in ancient Greece. They were of a much superior class to the common prostitute —superior, that is, in dress, in speech,

in bearing. They were engaged at all the banquets, festivals and suchlike entertainments, public and private; they were equivalent to the musicians and entertainers which the modern plutocrat hires for his dinner-party or private dance. Providing music for the guests was, however, but a small, and a minor part of the entertainment which these *auletrides* were called upon to furnish. They had to satisfy other and less innocent appetites. There can be little doubt, judging from references in the works of Athenæus, Lucian, Antiphanes and contemporary writers, that every form of sexual depravity was pandered to by these girls. Their sexual excesses were not confined to men; tribadism, also, formed a part of their erotic armamentarium. The more talented and beautiful of these flute players were often the lovers of celebrated and powerful men. The famous and notorious Lamia became the mistress of Demelrius, and was deified Venus Lamia after having fabulous wealth lavished upon her and a temple built in her honour.

AUTO-EROTICISM. The arousing of libido and securing of sexual satisfaction without the aid or presence of another individual either of the same or the opposite sex is termed auto-eroticism. It would appear to be allied to or rather an extension of narcissism, expressing itself usually in admiration of the genitalia and in masturbation, though in rarer cases it does not take any overt form at all, being purely symbolical. As a result of auto-eroticism being often accompanied with masturbation, the two terms are generally confounded or used as synonyms by many writers. Many, in fact, most masturbators know nothing of auto-eroticism.

AUTOGENESIS. The production or generation of living matter spontaneously.

AUTOGENOUS. Relating to any condition or disease which arises in the body and is not the result of infection derived from an exterior source or of contagion.

AUTOMATISM. Movement, behaviour or speech which is performed or activated without conscious desire or effort, especially such actions as occur during a trance.

AUTONEPHRECTOMY. Total oblation or stricture of the channel between the bladder and the kidney.

AUTOPHILIA. Morbid self-love. An incipient form of narcissism.

AUTOPSY. The medical examination of the internal parts of a cadaver. Contrary to popular opinion, an autopsy does not necessarily involve disfigurement of the corpse. Necropsy.

AUTOSITE. A fœtal monstrosity which is able to live after delivery. *See* MONSTER.

AZOÖSPERMATISM or AZOÖSPERMIA. The condition where the semen either does not contain any spermatozoa at all, or such spermatozoa as it does contain are malformed or enfeebled and incapable of fertilizing the female ovum. Azoöspermatism may be a temporary condition or a permanent one. In many men it is continually present after the age of sixty years.

B

BAAL or BEL. The most powerful of the gods of the Canaanites and Phœnicians. Actually Baal, like so many of the ancient gods, was a personification of the sun, and associated with procreative power. There are many references to and denunciations of Baal in the Old Testament. It is contended by many that the phallic significance of the worship of Baal was indicated in the numerous symbols, representative of the erect male member, to be found in almost every part of the world. Coincident with the worship of Baal was the worship of Ashtoreth, the moon goddess. Human as well as animal sacrifices were offered to both deities, as is indicated in the nineteenth chapter of Jeremiah.

BACCHUS. The Greek god of wine. Bacchus was equivalent to Osiris of the Egyptians, and Dionysus of the Romans. The festivals held in honour of the god were notorious for their licentiousness, and were known among the Greeks as Bacchanalia and among the Romans as Dionysia. The priestesses of Bacchus, termed Bacchantes or Mænades, attended these festivals in a state of nudity or semi-nudity. Men attired in feminine

apparel, the carrying of phallic symbols in procession to the accompaniment of singing, were other features of these orgies. Both men and women, it is stated, without exception, before the festival ended, were in a state of helpless intoxication.

BACK PASSAGE. A colloquial term for the anus.

BACTERIA (singular BACTERIUM). Microscopic organisms, commonly termed microbes or germs, of which there are many species, possessing the power of breeding at an extraordinarily rapid rate by fission or by spores. They are of two kinds: pathogenic organisms, which are the active agents in the spreading of infectious diseases; and saprophytic organisms found in dead and decaying animal and vegetable tissues.

BAG OF WATERS. The membranes enclosing the fluid which surrounds and envelops the fœtus. During the process of childbirth these membranes burst, allowing the fluid to escape. *See* CHILDBIRTH.

BAGNIO. Any place which is used for the purposes of prostitution. A brothel.

BALANITIS. An inflamed condition of either the inside surface of the prepuce or the glans penis. It may be simple balanitis or erosive and gangrenous balanitis. The condition cannot occur where the prepuce is not present, and this fact is one of the main arguments advanced in favour of circumcision during infancy.

BALANITIS (EROSIVE and GANGRENOUS). A specific infection of the penis with constitutional as well as local symptoms. It is a form of balanitis which is often referred to as the Fourth Venereal Disease. It usually starts with ulceration and inflammation under the prepuce, spreading to the glans penis. There is an offensive discharge, and much tissue destruction, the glans often and sometimes the whole penis being destroyed. In its early stages, the infection is often mistaken for chancroid. The organisms responsible flourish in warm, moist, closed pockets, and if once they get under the prepuce and remain undisturbed, they multiply rapidly. There are grounds for supposing that the organisms, which are sometimes present in the mouth, find their way to the penis in the course of cunnilinctus, and other abnormal sexual practices. A man suffering from balanitis in any form is much more likely to contract syphilis than one with a healthy penis.

Bathing or syringing with a mild antiseptic will cure the infection in its early stages. If there is much ulceration painting with hydrogen peroxide solution is the best treatment.

BALANITIS (GONORRHEAL). An inflamed condition of the glans penis due to infection with the gonococcus. A complication of gonorrheal urethritis.

BALANITIS (SIMPLE). The condition is characterized by a reddened and slightly swollen state of the glans penis or the prepuce. Usually attention is first drawn to it by itching and discomfort. Where the condition results from a dirty state of the penis consequent on smegma being allowed to accumulate under the prepuce (which applies in the majority of cases and particularly in boys and young men), or to the irritation due to leucorrheal discharge, cleansing with a weak antiseptic solution or the application, after careful washing, of a powder composed of boracic acid (1 part) and talcum powder (4 parts) will soon put matters right. In rarer cases due to the discharges of chancroid or gonorrhea, the clearing up of the causative trouble is indicated.

BALANOBLENNORRHEA or BALANOBLENNORRHŒA. Same as gonorrheal balanitis.

BALANOCELE. The condition caused by the glans penis forcing its way through an opening in the foreskin; a complication which sometimes occurs in a certain form of phimosis.

BALANOCHLAMYDITIS. Clitoridal inflammation. A fairly common condition in the female.

BALANOPOSTHITIS. A combination of balanitis and posthitis. It may be venereal, as a result of gonorrheal discharge; or non-venereal, usually in combination with phimosis. If local treatment fails, circumcision may be necessary.

BALANORRHAGIA. Gonorrheal balanitis with bleeding and suppuration.

BALANORRHEA or BALANORRHŒA. Inflammation of the glans penis with marked secretion of pus.

BALDY'S OPERATION. A surgical

operation involving the excision of the whole of the womb excepting the cervix, adopted in certain cases of *prolapsus uteri*.

BALLISMUS. *See* CHOREA.

BALLOTTEMENT. The name given to a method of diagnosing pregnancy at a comparatively late stage of gestation. The first finger is inserted into the vagina and a sudden upward push given which causes the fœtus to rise in the womb and then fall back upon the finger.

BAPTOTHECORRHEA. A term originated by Dr. R. G. Mayne, and applied to gonorrheal infection of the female genital passages.

BAPTURETHRORRHEA. A term applied by Dr. Mayne specifically to gonorrhea in the male.

BARRENNESS. *See* STERILITY.

BARTHOLINITIS. An inflamed condition of one or both of Bartholin's glands. The lips are usually swollen and there is a profuse purulent discharge.

BARTHOLIN'S GLANDS. The small glands, each measuring half an inch in diameter, which are situated near the entrance to the vagina. They produce a sticky secretion which is greatly increased in quantity by sexual excitation, and which acts as a lubricant during coitus. These glands are analogous to those of Cowper in the male.

BASCULATION. A method of correcting the uterine displacement known as retroversion, by drawing down the cervix and thus forcing the womb into its proper position.

BASEDOW'S DISEASE. *See* GOITRE (EXOPHTHALMIC).

BASILYSIS. The process of perforating and breaking up the skull of the fœtus in the womb during craniotomy. It is indicated where the child cannot be delivered in a viable state, or where the woman's life would be endangered by delivery.

BASIOTRIBE. A surgical instrument used for crushing the head of the fœtus in craniotomy.

BASIOTRIPSY. The process of crushing the head of the fœtus in the operation of craniotomy.

BASTARD. A child born out of wedlock. An illegitimate. A bastardy order is an affiliation order. *See* ILLEGITIMACY.

BATCHELOR'S BABY or BATCHELOR'S SON. A colloquialism for a child born out of wedlock.

BATHING AS A SEXUAL STIMULANT. Undoubtedly bathing is a source of sexual satisfaction to very many people. In certain circumstances, it acts as a sexual stimulant to both the onlooker and the individual practising bathing.

The aphrodisiacal effects of the sight of the naked or semi-naked body of another person, whether of the same or the opposite sex, were well known to the ancients, and for this reason bathing and the frequenting of baths came in for much theological denunciation. Thus Cyprian wrote:

"What of those who frequent baths, who prostitute to eyes that are curious to lust, bodies that are dedicated to chastity and modesty? They who disgracefully behold naked men, and are seen naked by men. Do they not themselves afford enticement to vice? . . . Such a washing defiles; it does not purify nor cleanse the limbs, but stains them. You behold no one immodestly, but you, yourself, are gazed upon immodestly; you do not pollute your eyes with disgraceful delight, but in delighting others you yourself are polluted; you make a show of the bathing-place; the places where you assemble are fouler than a theatre."

Actually in the early days of public baths, they were little better than brothels, being the resorts of prostitutes and of practitioners and devotees of every form of sexual vice. Even today voyeurs are regular patrons of the public baths and many perverts obtain posts as bath attendants. The Turkish baths in England, America and other countries are meeting-places for homosexuals and are incentives to the development of sexual perversion in normal individuals.

With regard to the individual who is practising bathing, mere contact with water, and especially warm or hot water, affords sexual gratification or excitation to numerous men and women. It is for this reason that many individuals of both sexes spend hours at a stretch in their private baths. There are women who indulge regularly in that particular form of masturbation which can be

practised in the bath. Dr. W. J. Robinson states: "I have had several patients of either sex tell me that their first masturbatory act was committed while they were in a hot bath."[1]

BATTEY'S OPERATION. The extirpation of the ovaries for the production of an artificial menopause; named after Robert Battey, an American surgeon.

BAUBLES or BAWBELS. An old colloquial term for the testicles.

BAUDELOCQUE'S OPERATION. A vaginal incision in a case of extra-uterine pregnancy; named after its originator, the French obstetrician, Louis Auguste Baudelocque.

BAWD. An obsolete name for a procuress.

BAWDY HOUSE. A house of prostitution. A brothel.

BEARDED WOMEN. Although it is common enough to see some degree of hairiness in women, especially after the menopause, ranging from the appearance of down on the face to the growth of actual hairs on the upper lip and chin, any extensive growth of hair in the form of a true beard or moustache is rare. Gould and Pyle cite as "the most celebrated 'bearded woman,' Rosine-Marguerite Müller, who died in a hospital in Dresden in 1732, with a thick beard and heavy moustache."[2] Hack Tuke mentioned having seen an asylum inmate "with a large beard and moustache" formerly the "Circassian Lady" of Barnum's show. The same authority reported another similar case in the Norfolk County Asylum, who was also a sexual pervert and possessed an enlarged clitoris.[3] Harris-Liston reported three cases of bearded women, all insane.[4]

The significance of the fact that in most of the cases of extensive hair-growth on the face the women have been insane, cannot be overlooked. It is absurd to suppose that insanity is a cause of hirsuteness, but it is not absurd to suppose that the appearance of a beard or moustache may, in certain neurotic types of women, be a factor which eventually induces insanity. It is of further significance that Savage reports a cure of insanity in a woman following the removal of a beard, and the same authority, in commenting upon the case, makes the following pertinent remarks: "I have seen women with hairy moles whose lives were burdens to them; and in Bethlem we had one 'pig-faced' woman whose insanity was associated with her appearance. In another case, a very bull-faced aspect, was, to my mind, the chief cause of mental disorder."[5]

Apart from psychological motivation, there would appear to be some connexion between pathological states and hirsutism in the female. Ovarian degeneration, adrenal tumours, and thyroid hyperfunctioning all have effects upon the growth of hair.

BED-WETTING. Incontinence of urine during the night. It is usually restricted to infancy and senility. Anischuria. *See under* ENURESIS.

BELLY. A popular name for the ABDOMEN, which see. It is also sometimes wrongly used as a synonym for the stomach.

BELLY-BUTTON. The circular depression in the abdomen. The navel.

BENIGN. Devoid of any danger to life. Usually used in relation to those tumours and new growths which are not malignant.

BÉNIQUÉ'S SOUND. A curved urethral sound of French origin.

BESTIALITY. Sexual intercourse between a human being and an animal, which is described specifically as bestiality, and in certain cases as zoöerasty, is a criminal offence, punishable under section 61 of the Offences Against the Persons Act of 1861, by penal servitude or imprisonment. It is immaterial whether intercourse is per vaginum or per anum.

The practice is older than civilization. It has been denounced and punished from the earliest times. In the laws of Moses it was punished by death. Thus: "Whosoever lieth with a beast shall surely be put to death" (Exodus xxii. 19). And again: "And if a man lie with a beast,

[1] W. J. Robinson, *Woman: Her Sex and Love Life*, p. 142. Thirtieth edition. New York, 1933.
[2] G. M. Gould and W. L. Pyle, *Anomalies and Curiosities of Medicine*, p. 229. 1897.
[3] D. Hack Tuke, *A Dictionary of Psychological Medicine*, Vol. I, p. 129. Churchill, 1892.
[4] *British Medical Journal*, June 2, 1894.
[5] George H. Savage, *Journal of Mental Science*, p. 220. July 1886.

he shall surely be put to death: and ye shall slay the beast. And if a woman approach unto any beast, and lie down thereto, thou shalt kill the woman and the beast: they shall surely be put to death; their blood shall be upon them" (Lev. xx. 15-16). This clearly implies that human and animal participators were considered equally guilty; and for centuries this viewpoint governed the laws dealing with bestiality throughout Europe. The human culprit and the innocent animal were both burnt alive. In the fifteenth and sixteenth centuries there were many such executions. Witches were often accused of bestiality, though in such cases the bodies of the animals concerned were held to be inhabited by demons and often by the Devil himself.[1]

One of the most notable cases on record is that mentioned by Cotton Mather:

"On June 6, 1662, at New-haven there was a most Unparallel'd Wretch, one Potter, by Name, about sixty years of age, Executed for damnable Bestialities; although this Wretch had been for now Twenty Years a member of the Church of that place, and kept up among the Holy People of God there, a Reputation for serious Christianity. . . . Nevertheless, this Diabolical Creature had liv'd in most infandous Buggeries for no less than fifty years together; and now at the Gallows there were kill'd before his Eyes a Cow, two Heifers, three Sheep, and two Sows, with all of which he had committed his Brutalities. His wife had seen him confounding himself with a Bitch Ten Years before; and he then excus'd his Filthiness as well as he could unto her, but conjur'd her to keep it secret: but he afterwards hang'd that Bitch himself, and then returned unto his former Villanies, until at last his Son saw him hideously conversing with a Sow."[2]

The causes of bestiality are mainly concerned with excessive sexual desire in circumstances where normal sexual satisfaction is either impracticable or difficult, as in the case of environmental or psychical segregation. It is common among farm hands in remote districts where there are no opportunities for mixing in female society. It also occurs among idiots and abnormal types who are psychically segregated through the rejection of their advances by females. Krafft-Ebing refers to Polak's statement that in Persia bestiality is commonly practised as a means of curing gonorrhea, and this doubtless is a cause in many instances in all countries.

It is probable that, except in the case of idiots or cretins, bestiality is *never* practised when there are opportunities for normal intercourse, and rarely practised where homosexuality is not either impossible, impracticable or is rejected as the most repulsive possible form of sexual perversion. The last-named possibility is not so unusual as might at first sight appear, there being many persons who would reject any homosexual advances with horror even if they were made, and who yet might be practitioners of bestiality. The truth of these contentions is suggested by analogous reactions in animal and bird life. The equivalent of bestiality in human beings is copulation between animals of different species, and even between animals and birds, which is much commoner than is generally supposed. The fact that only in the rarest of cases does such intercourse result in the production of a hybrid, prevents attention being directed to such anomalies of sexual appetite. Féré quotes many instances, such as bulls and mares, horses and cows, ducks and hens,[3] the remarkable occurrence reported by Réaumur of coition be-

[1] It must not be overlooked that the initial condemnation of bestiality, like that of sodomy, in the time of Moses, was coloured by the fact that these practices, under the common name of buggery, were indulged in by the practitioners of formidable rival cults. The very fact of worshipping another god, whether that god was called a devil or by any other name, was sufficient to cause any such worshipper to run the risk of being branded with the sin of sodomy or bestiality. We see an indication of this in the thirteenth-century extension of the term sodomy to include sexual intercourse between a Christian and a Jew.

[2] Cotton Mather, *Magnalia Christi Americana*, Book VI, Ch. III, p. 38. London, 1702.

[3] I have myself observed many unsuccessful attempts on the part of drakes to have intercourse with hens, unsuccessful because the hen in every instance was easily able to escape or evade the drake's attentions. Also on one occasion, on a farm, I saw a curious hybrid, half duck, half fowl. The farmer, unfortunately, was able to provide no details as to its origin. I noticed that fowls, ducks and geese were allowed to mix indiscriminately.

tween a rabbit and a hen, and the still more bizarre case cited by Gadiot in which the participants were a dog and a hen. It is significant that, as Féré has pointed out, "in most instances abnormal relations can only be brought about by isolation of the two animals."[1]



MONSTROSITY: TWO-HEADED GIRL
[*after Fenton*

In all observed cases the hybrids resulting from such crossings have exhibited characteristics of both parents. A particularly interesting case is mentioned by Nisbet: "A monster engendered by a bull and a mare, being dissected at the École Vétérinaire of Lyons, some curious physiological facts were disclosed. The case is quoted by Lucas. The animal had the muzzle and the eye of the bull, the teeth and stomach of the horse—it did not chew the cud—the tongue and spleen of the bull and the womb and viscera of the horse. From this strange example it is clear that physical structure may be derived in pretty equal measure from both parents."[2] The inference here made by Nisbet is borne out by my own somewhat extensive practical experience in the fields of aviculture and zoology.

It is difficult to arrive at any idea respecting the prevalence of the perversion, as such cases as get into the courts are never mentioned in the newspapers. Even so, however, for every case that is the subject of criminal prosecution there must be hundreds that are never discovered or even suspected. Cows, goats, bitches, mares and even geese and hens have been used by men. Instances of female bestiality are generally concerned with dogs, goats,[3] snakes and swans. The accounts that besprinkle literature of intercourse between human beings and many of the larger animals are probably apocryphal. In some cases such intercourse would be either impossible or attended with obstacles which would prove prohibitory in all but the most exceptional cases.

At one time bestiality was admitted, by both medical men and theologians, to result in the birth of monsters. Ambrose Paré, the most noted authority of his day,



MONSTROUS HYBRID
[*after Fenton and Paré*

[1] Ch. Féré, *The Sexual Instinct: Its Evolution and Dissolution*, p. 81. London, 1900.
[2] J. F. Nisbet, *Marriage and Heredity: A View of Psychological Evolution*, p. 124. London, 1889.
[3] According to Plutarch, Egyptian women indulged in intercourse with the sacred goat Mendes.

says that in 1493 "there was generated of a woman and a dog, an issue, which from the navel upwards perfectly resembled the shape of the mother, but therehence downwards the sire, that is, the dogge."[1] He gives further instances of monstrous creatures resulting from intercourse between women and pigs, goats and other animals. This hypothesis, to account for the birth of strange creatures, survives in some quarters even to this day.[2]

Literature: Iwan Bloch, *The Sexual Life of Our Time*, London, 1919; R. v. Krafft-Ebing, *Psychopathia Sexualis*, New York, 1925; Paolo Mantegazza, *Sexual Relations of Mankind*, New York, 1935.

BIDET. A basin, which may be either fixed or movable, which is used in douching or swabbing the female genitals.

BIGAMY. Section 57 of the Offences Against the Person Act of 1861 defines bigamy as a felony committed by a man or woman who "being married shall marry any other person during the life of the former husband or wife, whether the second marriage shall take place in England or Ireland or elsewhere." The only exceptions are where the first husband or wife has been "continuously absent" for at least seven years; where the first marriage has been declared void or dissolved by divorce, or the bigamist is not a British subject. The words "or elsewhere" have been held to apply to any country, so that a British subject who has made a bigamous marriage in any part of the world may be tried for the offence in England. It should be noted, however, that for a second marriage to constitute bigamy, the first marriage must have been a valid one, and the proof of such validity is essential to any proceedings that are brought. Further, the provision of evidence that the bigamous alliance was contracted in the belief, arrived at after inquiry and on reasonable grounds, that the first spouse was dead, constitutes a good defence even if the period of absence is under seven years. In such circumstances, the second marriage would become void. The punishment for bigamy is penal servitude for a period not exceeding seven years, or imprisonment, with or without hard labour, for a period not exceeding two years.

Official statistics show that bigamy is increasing in frequency in Great Britain. The average number of bigamous alliances exceeds three hundred a year.

BIJOU INDISCRET. An ARTIFICIAL PHALLUS, which see.

BILABE. A two-bladed surgical instrument used for the purpose of removing small stones from the bladder and urethra.

BILATERAL. Affecting or relating to both sides of the body, or each of a pair of organs which are situated on opposite sides, as the ovaries.

BINDER (OBSTETRIC). A bandage or belt worn round the abdomen after childbirth.

BIOPSY. The surgical removal of a piece of tissue which is diseased or suspected of being diseased, for the purpose of examination or diagnosis.

BIOVULAR TWINS. *See under* TWINS.

BIPARA. A woman who has given birth to two children at separate pregnancies or is undergoing her second confinement.

BIRTH. Childbirth. Parturition. Delivery of a living fœtus. *See under* CHILDBIRTH.

BIRTH (CONCEALMENT OF). Section 60 of the Offences Against the Person Act, 1861, states: "If any woman shall be delivered of a child, every person who shall by any secret disposition of the dead body of the child, whether such child died before, at, or after its birth, endeavour to conceal the birth thereof," shall be guilty of a misdemeanour. It is necessary to prove that the child whose birth is held to be concealed was dead at the time of concealment.

BIRTH (LEGITIMATE). The birth of a child is, in law, held to be legitimate if it occurs in lawful wedlock, i.e. when a man and a woman, lawfully wedded, are cohabiting; or when not more than the period of gestation has elapsed since the death of the husband. *See also under* ILLEGITIMACY.

[1] Ambrose Paré, *Works*, p. 982. 1634.

[2] The belief that a woman, through copulation with animals, can give birth to monsters, is not confined to the illiterate section of the community. Some few years ago a man of my acquaintance, belonging to the so-called educated classes and a magistrate, in all solemnity, assured me that such creatures were born and had to be destroyed.

BIRTH (PLURAL). The birth of two or more children at the same pregnancy.

BIRTH (PREMATURE). The delivery of a child capable of an independent existence before the end of the normal period of gestation, i.e. at any time between the twenty-eighth week and full term. Before the twenty-eighth week the delivery of a child is an abortion or a miscarriage.

BIRTH (VIRGIN). The delivery of a child by a woman who has never had sexual connexion with a man. The possibility of virgin birth was accepted by the ancients, as is evidenced in the story of the conception of Jesus Christ, prophesied by Isaiah and described by Matthew, and in various other stories of virgin births to be found in the chronicles of contemporary and older religious cults, thus Krishna, Buddha, Horus, Ra and many others. The nearest approach to the popular conception of virgin birth, in actuality, is artificial insemination.

BIRTH CANAL. The continuous passage formed by the womb, vagina and vulva, through which a child is delivered. The obstetric canal, or parturient canal.

BIRTH CONTROL: ITS EFFECTS ON HEALTH. It is not unnatural that the opponents to birth control have made strenuous efforts to discredit the practice by asserting that contraception is injurious, affecting both the physical and mental health of those who practise it.

Now there is no doubt whatever that certain contraceptive methods *are* injurious, at all times and in all circumstances. In instance, the Gold Spring and various other types of intra-uterine and intra-cervical pessaries; and many forms of metal cervical caps. But this does not mean that *all* contraceptive methods are harmful. It is further true that nearly all methods involving the use of appliances, if wrongly or carelessly carried out, may have injurious effects. In instance, a rubber pessary, if left in the vagina for days on end, may cause septic conditions, a point which has been made much of by anti-birth-controllers. But, as Norman Haire[1] has pointed out, a set of false teeth, if left in the mouth continuously for weeks or months without attention, will similarly cause inflammatory conditions. We have yet to hear this point brought forward as an argument against the wearing of artificial dentures.

All methods of contraception are unnatural. The point has been made with tireless reiteration. It is perfectly true. But abstinence in the married state, which is recommended by theologians and moralists as the alternative to contraception, is likewise unnatural. More and further, it is far more injurious than are most birth-control methods. It is certainly more injurious, in many cases, than is *coitus interruptus*, the method denounced so ecumenically by the medical profession as well as the clergy. It is important to differentiate between abstinence in the unmarried and in the married state. Neither the single man nor the single woman who avoids sexual excitement need fear that abstinence from intercourse will prove harmful. But with the married, and in particular during the early months of marriage, the position is an entirely different one. In all normal cases, man and wife, night after night, find themselves in circumstances which tend to rouse and stimulate sexual excitement or passion to an extent which, if defrauded of its natural satisfaction for any extended period, is almost certain to induce conditions which have injurious physical and psychical results. There is hyperæsthesia of the genitals which, if unrelieved in some way, will in time cause trouble. In addition, there is almost invariably some degree of marital unhappiness, leading to the man finding other sources of sexual satisfaction or developing perverse practices. In nearly every instance, therefore, abstinence during marriage may be set down as a far more dangerous and disruptive practice than birth-control itself: a fact which is at last being realized by both medical men and the more enlightened and sophisticated of the theologians.

Douching with chemicals can be overdone, in which case it will have injurious effects upon the vagina. A lot depends, of course, upon the degree of vaginal sensitiveness in the individual woman;

[1] Norman Haire, *The Comparative Value of Current Contraceptive Methods*, p. 11. London, 1928.

but, generally speaking, *daily* syringing should be avoided, and in all cases care should be taken not to use solutions in excess of the strengths recommended. Provided these rules are observed, all chemical contraceptives and certain mechanical ones, involving subsequent cleansing operations, have the great virtue of causing the woman to clean out the vagina and vulva at frequent and regular intervals. Similarly, in man, the correct use of the condom entails frequent cleansing of the penis. It is remarkable, as remarkable indeed as it is true, how few men and women, in the ordinary way of things, cleanse the genitals properly. Even those who pride themselves greatly upon their cleanliness are grossly neglectful in this respect. Birth-control technique, even if it failed in its primary aim, would have much to commend it as a measure for inducing genital cleanliness in men and women.

It is possible, in certain circumstances, for the prolonged or excessive use of a contraceptive method, particularly if it is not one specifically suited to the case in question, to have harmful effects. It is for this reason that in many cases the choice of a method should be governed by the regularity or the frequency with which it is to be employed. This question of the relationship between the frequency of intercourse and the suitability of a contraceptive method for the individuals concerned is one of very considerable importance, and moreover it is a matter which has been given very little attention in birth-control manuals. Indeed, by a very large number of persons who recommend *one* method for *all individuals* and in *all circumstances*, it seems to be entirely overlooked.

Perhaps the most serious potential danger is one which, although intimately associated with birth control, cannot be considered as a specific contraceptive risk, seeing that it would appear to be closely connected with childlessness due to any cause other than natural sterility, miscarriage, or abortion. In his study of the causes of sterility Meaker says: "There is clearly some relation between fibroid tumours and infertility," and further that "sterility, or more accurately nulliparity, is a factor predisposing to the development of fibromyoma."[1] He quotes the conclusion arrived at by Giles, thus:

"It is a warrantable inference that fibroids arise in default of the normal function of the uterus—namely, pregnancy—and that the *modus operandi* may be that the periodic congestion of the uterus in preparation for this function expends itself, if continually thwarted, in pathological, irregular, and permanent, instead of physiological, uniform, and temporary, hypertrophy."[2]

Wilfrid Shaw says "... it is well known clinically that myomata of the uterus, chocolate cysts of the ovary and pelvic endometriosis usually arise in patients who have never been pregnant or who have had only one pregnancy after many years of married life. The woman who practises birth control is therefore more likely to develop these complications than a woman who has a large family."[3]

The presumptive evidence connecting childlessness with the causation of uterine tumours is so great therefore that only the prejudiced observer could dismiss it lightly. Obviously, the risk of tumours developing is shared by the single and celibate woman, and by the continent married woman, just as much as by the one employing contraceptive methods. It is possible, however—though I must stress the point that this is, so far as I know, purely a hypothesis of my own—that the use of the Gräfenberg ring might prevent the formation of fibromyoma coincidentally with its preclusion of conception.

BIRTH CONTROL (WHEN TO PRACTISE). The reasons why birth control is practised are many, and may be roughly divided into medical reasons, economic reasons and personal reasons. Most writers of books on contraception give only the medical and economic reasons which indicate the advisability or necessity of practising contraception. The attitude of religion to birth control

[1] Samuel Raynor Meaker, *Human Sterility*, p. 43. Baillière, Tindall & Cox, 1934.
[2] A. E. Giles, *Sterility in Women*. 1919.
[3] Wilfrid Shaw, *Textbook of Gynecology*, p. 257. Second edition. Churchill, 1938.

BIRTH CONTROL

has coloured to some extent or other this matter, and there is of course a good deal of hypocrisy and pseudo-morality mixed up with it. For years and years theologians refused to admit the individual's right to practise contraception in any circumstances. To-day, the Anglican Church concedes to the married the right to take steps to avoid further child-bearing where it is clear that a further pregnancy would endanger the life or the health of the mother, and in certain circumstances, too, it admits that economic conditions prevailing in the married state may indicate that any additions to the existent family are inadvisable. While stressing abstinence and the "safe period" as the methods for the avoidance of conception which merit the approval of the Christian Church, it admits that there may be cases where *other contraceptive measures may be used.* The Nonconformists and the Jews adopt very similar attitudes. But the Roman Catholic Church has not as yet seen fit to view the matter through such tolerant eyes. It refuses to approve of the adoption of mechanical or chemical contraceptive measures, even where the life of the woman would be seriously endangered by childbirth, contending that any such interference with procreation is a grave sin. These religious aspects of the matter are of some importance, as, despite the waning power of religion itself, and the growth of the birth-control movement, there are still large sections of the population of every civilized country that are influenced by the attitude of the Churches, and in many cases this attitude influences the reaction to birth control of, at any rate, one partner to the marriage contract; limiting in some cases the practice of any contraceptive method at all to those instances where medical conditions indicate same; and in other cases to the practice of abstinence or the restriction of intercourse to the "safe period."

In the case of nearly every married couple there are circumstances where, or periods when, a postponing of childbirth for a period of years is advisable or essential. In other cases pregnancy is precluded altogether. Health indications, as admitted by the medical profession generally, are many. They may be temporary or they may be permanent indications. Any kind of ill-health, such as follows many serious diseases, and all major operations, is a temporary reason for practising contraception. Permanent reasons are indicated in all cases of tuberculosis, diabetes, organic cardiac disease, chorea, hæmophilia, pernicious vomiting, hyperthyroidism, pelvic deformity, chronic nephritis, amentia, exophthalmic goitre, toxemia of pregnancy, salpingitis, syphilis, acute gonorrhea, and also where either husband or wife suffers from physical or mental defects of a hereditary nature.

The value of birth control as a means of spacing births is generally indicated, even where the parties to the marriage contract *are* desirous of having several children. Whenever conception follows immediately after or while still suckling a child, as it so often does among the poorer classes, injury to the health of the mother is almost bound to occur. To ensure strong and healthy children, and to preserve the mother's health, intervals of at least two years in duration should occur between births.

When we come to economic conditions we find that the number of theological, medical and sociological authorities who consider these to be justifications for avoiding childbirth altogether, is strictly and decidedly limited. Spacing of births is as far as most will go. There is, however, no room for doubt that, as year succeeds year, more and more are married couples practising contraception solely for economic reasons. They realize that the rearing of children is a costly business in these days, representing a singularly heavy and long-continued drain upon the family exchequer. There is, too, a growing admission, even in theological as well as medical circles, that the poor cannot be expected to rear large families.

The one indication for birth control that few will admit, and even few of those who practise contraception will for this reason attempt to justify, is the right of every married couple to decide, irrespective of health or economic reasons, whether or not they will have children. It is, despite its strong and repetitive denunciation by theologians, moralists, and others, a right that in any freedom-loving country cannot justifiably be denied.

BIRTH-CONTROL METHODS (FEMALE). In the majority of cases the woman is more vitally concerned with birth control than is the man. Obviously so. For the bother and discomfort of pregnancy, the dangers inseparable from parturition, and the rearing of the child are woman's intimate and exclusive problems. Man's objection to children is mainly an economic objection; woman's is mostly a personal objection. It is because of these reasons that woman has been far more willing than man to practise abstinence. If the matter rested entirely with the woman there is little doubt that after the first year or two of marriage, in a large number of instances, intercourse would be rarely practised. But the pleasure connected with sexual intercourse, in so far as man is concerned, so overweighs any psychological or spiritual part of the trials or tribulations of pregnancy, parturition and childbearing, *which he has to share*, that he is inclined to forget or ignore them.

And thus, although the majority of birth-control methods practised are male methods, this very fact, in itself, leads to a tremendous number of failures. These failures are not due to the methods employed so much as to the degree of reliance which women place upon their husbands. Often, very often, the men neglect to adopt any method at all; more often still they are careless in carrying out the necessary technique, or the methods employed are faulty. It is for these compelling reasons that every woman who wishes to avoid conception should master two or more contraceptive methods which she herself can employ irrespective of any steps which her husband may take. The woman with no knowledge of birth control, leaving everything to her husband, is quite helpless if, for any one of several reasons, he neglects to adopt some method designed to prevent conception; or, having adopted such a method, bungles its essential technique.

Conceivably the woman may not want a child, while her husband either desires one or is merely indifferent. Indifference breeds carelessness, and it may safely be assumed that in most cases where the man is not vitally concerned with the prevention of childbirth from his own personal point of view, conception is pretty sure to occur sooner or later unless the woman herself takes steps to prevent it. There are many such cases.

In actual fact, both husband and wife should master the technique of conception control in relation to those methods applicable to themselves, and altogether apart from and in addition to any measures their partners may be adopting. *It is always foolish and risky to rely entirely upon the other party.* The most efficacious combination method is one in which both husband and wife, either in accord or unknown to each other, take steps coincidentally to prevent conception.

Generally speaking, the most efficient female contraceptive methods are the mechanical ones, and, apart from exceptional cases, it is usually possible for a woman to select, from the various methods available, one of them which is suited to her particular circumstances.

Sponges and Plugs. Of all purely mechanical methods the plug or sponge is the commonest.[1] Even to-day, after years of recommendations of pessaries, caps and suppositories, it still ranks as the most popular method. Whether a sponge, or a plug of cotton-wool or other material, is used, the underlying principle is the same. This basic principle is the occlusion of the upper part of the vaginal passage, with the complete blocking of the entrance to the womb. The old-fashioned marine sponge is not recommended—it is difficult to keep clean and it is comparatively expensive. A rubber sponge is much to be preferred—one purchasable at most of the popular stores for sixpence will cut into four sections each of which, with the edges rounded off, so that it measures about two inches in diameter, is a suitable size for the average woman. But in the case of one who has given birth to a child, a sponge of three or four inches in diameter will be none too large. A plug, which may be of any clean white material, such as cotton or linen, is even cheaper. Often bits of waste material can be utilized.

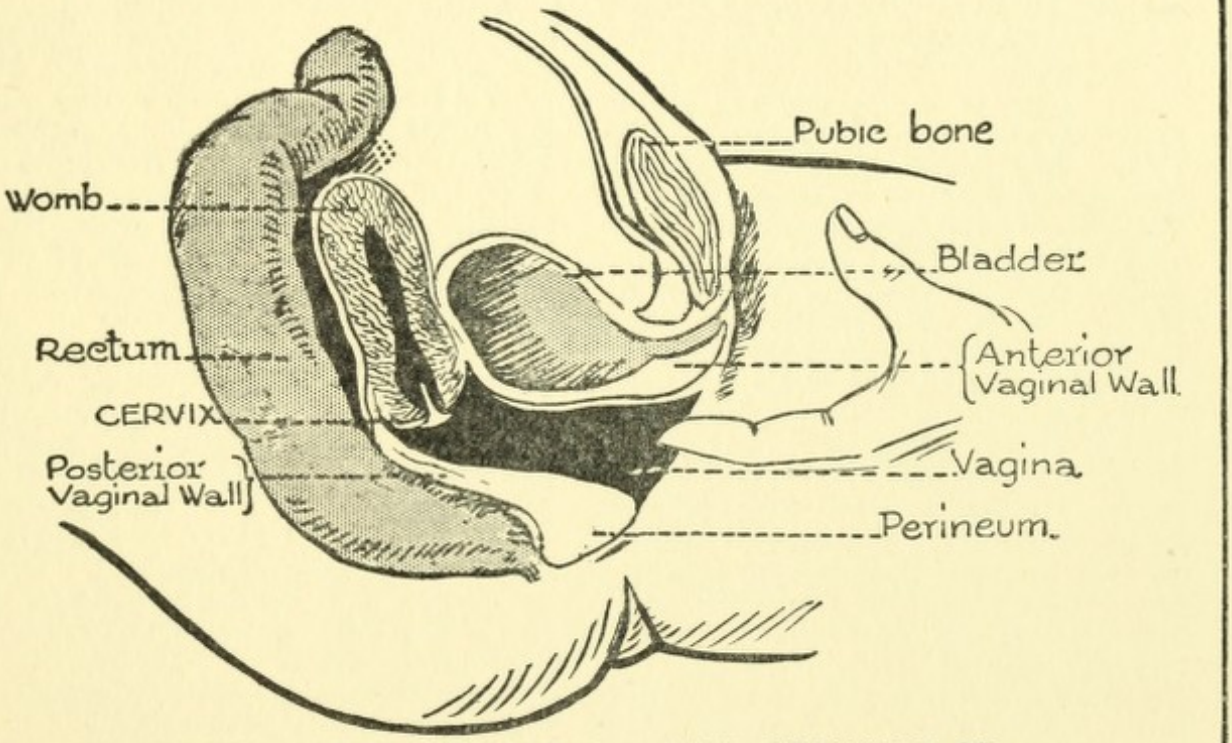
[1] The sponge was recommended as a means of preventing conception as far back as 1823 by Francis Place.

The plug should consist of a pad about two inches in diameter and half an inch to three-quarters of an inch thick, in the case of the average nulliparous woman. After the first parturition, a larger-sized plug, measuring some three or four inches across, will probably be required.

Whether sponge or plug is used it should be dipped, before insertion into the vagina, in a spermicidal solution—olive oil, lactic acid (1 per cent solution), diluted vinegar (2 teaspoonfuls to a cupful of water),[1] fresh lemon juice and water, are all suitable. As an additional safeguard, after removal of the plug or sponge, the vagina in the region of the cervix may be swabbed with diluted vinegar, or lemon juice and water.

The difficulty in connexion with the sponge or plug is to get the right size. It is essential that it should completely fill the upper part of the vagina, thus covering the cervix. If too small, the sponge or plug will be pushed, or will work itself, into one of the fornices, and leave the cervix partly or wholly exposed, in which case there is no protection against conception. If too big it is uncomfortable for the woman, and proves a hindrance to the man. It is impracticable to give any hard or fast rule regarding the correct size as women vary so much in vaginal measurements, but generally speaking a circular plug or sponge ranging from two inches to four inches in diameter, according to the circumstances already indicated, will be found suitable.

The plug is the best method available to the woman who cannot afford to purchase contraceptives; and if, at the same time, the man practises *coitus inter-*



THE DIAGRAM INDICATES THE WOMAN IN A RECLINING OR LYING DOWN POSITION. THE EXPLORING FINGER IS SEEN APPROACHING THE CERVIX.

[*from* Facts and Fallacies of Birth Control

[1] It is important that the vinegar be diluted in the proportion stated. Strong vinegar has a stinging and irritating effect on the male urethra.

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ruptus, the security afforded is almost absolute.

The Rubber Diaphragm Pessary. This is the oldest form of pessary. It was originally introduced by Mensinga in 1883, and is often referred to as the Mensinga pessary. Many improvements on and modifications of this original form have been introduced in recent years, but the basic principle is the same in all—the interpolation of a sheet of rubber between the cervix and the lower part of the vaginal passage. The object of the pessary is to prevent seminal fluid being ejaculated into the cervical os or in its vicinity.

It consists of a thin sheet of rubber stretched over a steel or rubber rim. Those diaphragms with watch-spring rims retain their shape most perfectly. This type of pessary is made in a large number of sizes, as the success of the method rests to a very big extent on the correct size being selected. The best known present-day brands are the Haire and the Dutch, both of which have steel spring rims—and the Ramses, which has a spiral or coiled wire spring and a high dome. There is also a diaphragm known as the Matrisalus, specifically designed for use where there is some abnormality; thus its use is indicated in cases of laceration of the cervix, cystocele, rectocele, torn perineum, cervical displacements or damaged vaginal walls. Then there is the Dumas pessary, which has the old-fashioned solid rubber rim devoid of metal spring. It is sometimes referred to as a vault cap, as it fits closer to the cervix than the Dutch diaphragm, but not so close as the cervical cap. It is held in position by pressure of the vaginal walls. Its use is indicated in cases of chronic constipation, where the Dutch pessary cannot be fitted.

Wherever possible the correct size should be selected by a doctor or someone with medical knowledge, and the woman instructed in the insertion and removal of the appliance. If the pessary is too small it will provide insufficient protection; if too large it will be uncomfortable. The size that is suitable immediately after the rupturing of the hymen, whether surgically, digitally or by coitus, will probably become too small after the widening of the passage through continual intercourse; and again, after childbirth, a larger size will be called for. These points are important. Thus the average young childless woman requires a size between 50 mm. and 60 mm.; after the first parturition and occasionally after much intercourse, 65 mm. to 70 mm.; while the woman who has given birth to several children will require one from 75 mm. to 85 mm. Insertion is more a matter of acquiring the knack than anything else. The woman assumes a crouching position with the thighs wide apart, or a reclining position, or flat on the back,[1] knees bent and thighs opened as wide as possible. The pessary, after being smeared over with some spermicidal jelly or ointment (not vaseline or boracic ointment), is gripped in the right hand between the first finger and thumb, rim squeezed to form an ellipse, convex side (dome) upwards, and guided along the vaginal passage by pushing downward and backward until it will go no farther. The part of the rim which enters first should pass the cervix and reach the posterior vaginal wall. When the pessary is in the correct position the cervix should be plainly felt through the soft rubber dome. In this position it prevents the semen which is ejaculated during intercourse from being deposited at or near the entrance to the womb. Removal of the pessary is effected in a crouching position by hooking the tip of the finger over the rim and dislodging it. The pessary should not be left in the vagina for longer than twelve to eighteen hours continuously.

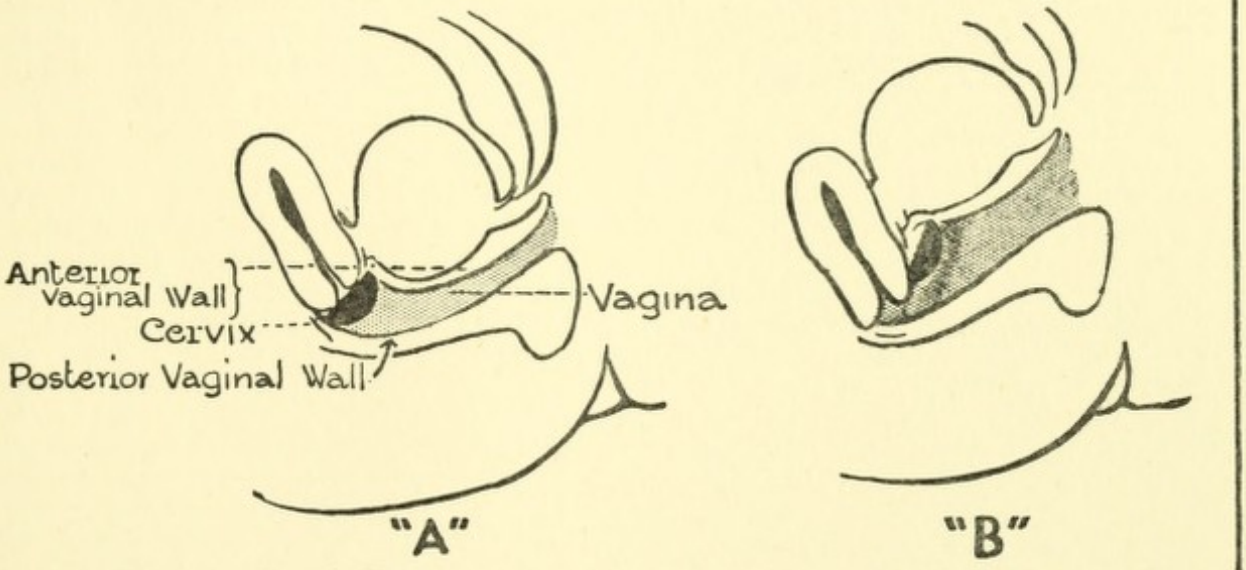
Although the diaphragm may be removed at any time after coitus, in nearly every case it is more convenient to remove it the following morning. As virile spermatozoa may conceivably be present in the lower part of the vagina despite the use of a spermicide, it is advisable to douche before and after removal of the pessary. If douching is

[1] If the woman adopts the supine position to insert the pessary, she must, after insertion, raise herself on the left hand while with the right she feels in the passage for the cervix through the rubber dome of the pessary.

impracticable, as it may be for many reasons, insert half a teaspoonful of spermicidal jelly into the vagina well up to the pessary, and leave for three or four hours before removal; or swab out the vagina with diluted vinegar or fresh lemon juice before and after removing the pessary.

The diaphragm pessary is recommended by several authorities and is used at a number of clinics. Norman Haire, Mrs. Hornibrook and others recommend it. The numerous clinics affiliated to the Society for the Provision of Birth Control Clinics all use it; so does the Clinical Research Department of the American Birth Control League. It is assuredly one of the best, if not the very best, of the female methods which the average woman is in a position to adopt.

It is not, however, a suitable method for *every* woman. There are many women who cannot master the technique of correct insertion; there are others, who, owing to the shortness of their fingers or the length of the vaginal passage, cannot possibly insert it correctly; there are numerous cases where, through physiological or pathological conditions of the cervix or vagina, the pessary cannot be retained in the proper position. The diaphragm itself requires proper care if it is to retain its contraceptive value. It must be washed after removal, and kept thoroughly clean when not in use. It keeps its elasticity best in a glass of water.



IN DIAGRAM "A" IS SHOWN THE CORRECT POSITION WHICH THE RUBBER DIAPHRAGM PESSARY SHOULD ASSUME IN THE VAGINA. IT WILL BE SEEN THAT THE CERVIX IS COMPLETELY COVERED AND PROTECTED BY THE PESSARY, THE BACK RIM OF WHICH PRESSES AGAINST THE POSTERIOR VAGINAL WALL. IN "B" THE PESSARY IS WRONGLY INSERTED IN THE ANTERIOR FORNIX, LEAVING THE CERVIX UNCOVERED AND THE ENTRANCE TO THE WOMB ENTIRELY UNPROTECTED.

[*from* Facts and Fallacies of Birth Control

The Cervical Cap. Constructed of rubber, metal or celluloid, the cervical cap is designed to fix on the cervix, thus covering the os or entrance to the womb. Its propagandists claim for it that it does not stretch the vagina in any way, and that it interferes less with the sexual act than do most contraceptive appliances.

To be effective the cap must fit accurately. Provided an exact fit is secured,

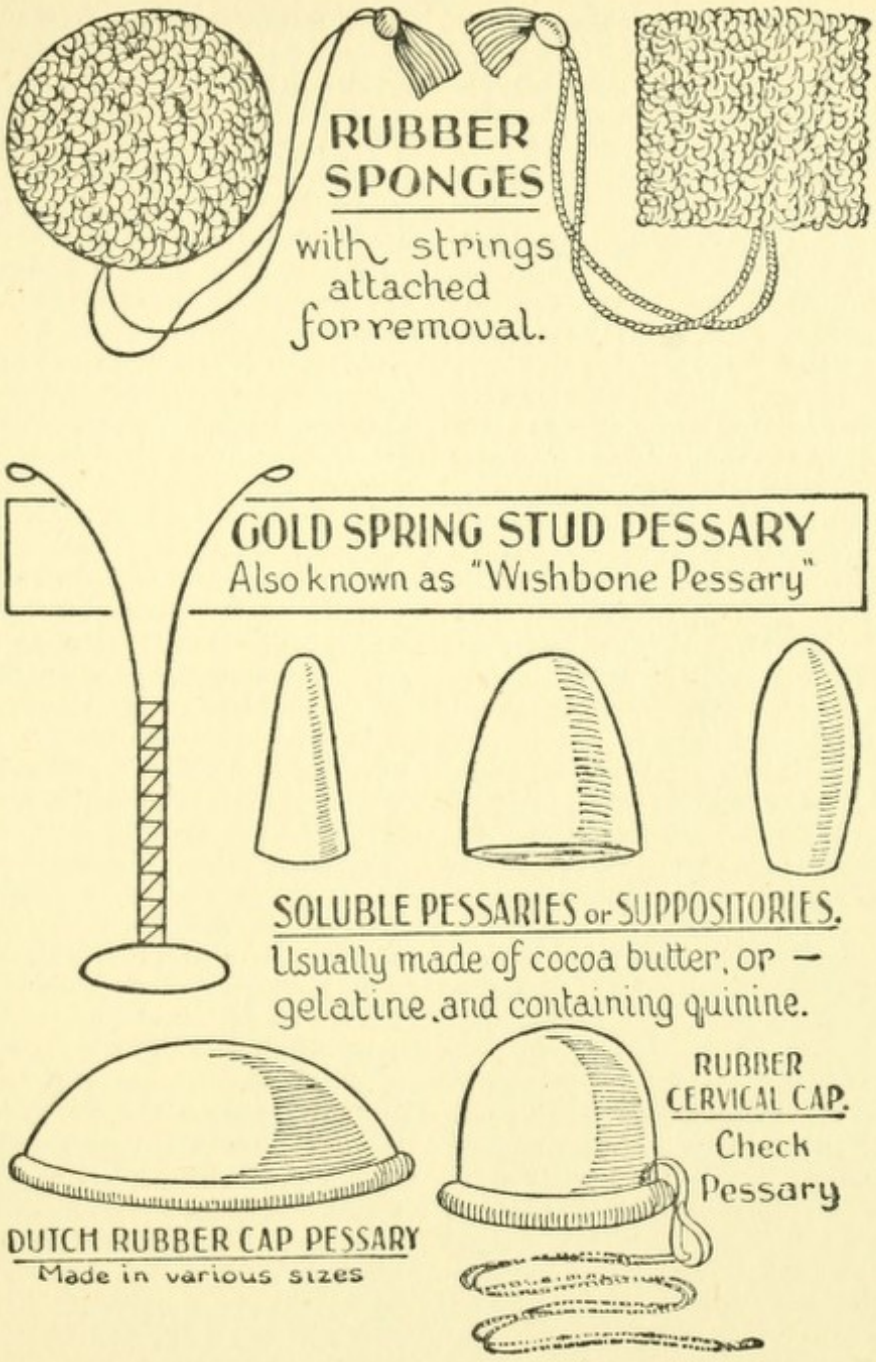
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the rubber cap is an efficient contraceptive in certain cases. Metal and celluloid caps are not desirable, and should not be used. Wherever the metal cap can be fitted, the rubber cap can be used, and is in every sense as effective, while the metal appliance may easily prove a source of danger. It is advisable that the cervical cap, which consists of a dome-shaped piece of rubber on a thick rim, and is made in three sizes, should in the first instance be fitted by someone with medical knowledge. Usually the medium size will be found suitable for the average married woman; the small size being indicated in the nullipara, and the large size in an older woman or after two or three pregnancies. Before insertion, the cap should be smeared all over (particularly the rim) with a thin coating of spermicidal jelly or ointment, care being taken not to overdo the lubrication or the cap will slip off. Then the woman, in a squatting position, holds the cap dome downwards and pushes it along the vaginal channel downward and backward, until the dome covers or fits over the cervix. The correct position is indicated when the cervix can be felt by the finger through the rubber dome. The cap is more difficult to fix correctly than is the diaphragm pessary, and when fixed it is much more difficult to retain in position. It should only be used by women with perfectly normal and healthy cervixes. Removal presents no great difficulties. The finger is inserted in the vagina, hooked over the rim, and the cap is then easily dislodged from its position on the cervix. Many caps are fitted with a string attachment to facilitate removal, but this is no advantage. To the contrary, it is apt to drag at the cervix in the process of dislodging, and it is likely to prove a nuisance during the sexual act. Before and after removal, douching is advisable; or, where this is impracticable, insertion of spermicidal jelly or swabbing, as recommended in the case of the diaphragm pessary.

Tight-fitting, low-domed caps, metal or rubber, should never be worn for long at a stretch, and where there is any pathological discharge from the cervix they should never be worn at all. Insertion may be at any time during the day, but it is always advisable to leave it as late as possible so as to reduce the possibilities of dislodgment. This applies in particular to working women, whether their work is away from home or consists of household duties, as much movement of the body, whatever its precise nature, is likely to dislodge or loosen the hold of the cap. Removal early the following morning is advisable, and in no circumstances should a cap be worn longer than eighteen hours continuously. Retention for more prolonged periods is likely to cause inflammatory conditions.

The Intra-Cervical and Intra-Uterine Pessary or Stud. The invention of the cervical cap was followed by the intra-cervical stud, usually called the stud pessary. The basic idea of this type of appliance is the blocking of the cervical os with a piece of rubber or metal. The original stud pessary resembled a man's collar stud, the broad base covering the os, and the stem of the pessary remaining in the cervical canal. These studs, though rarely seen in England, have been, and are, used in continental countries. They are made of rubber, silver, aluminium, and sometimes of gold. It is essential that the cervix should be healthy and untorn. The stud must be inserted by a medical man. It remains in position until the commencement of the menstrual flow, when it must be removed until the discharge has ceased.

Allied somewhat to the stud pessaries are the intra-uterine appliances, of which perhaps the best known is the Gold Spring pessary, also variously referred to as the Butterfly, the Wishbone, the Ideal, the Brooch-Pin, an appliance which has earned fame and notoriety on two continents. It consists of a cap which covers the cervical os, a stem which goes through the canal, and two terminating spring arms, which, on being released in the womb after insertion, hold the appliance in position. The stem is hollow, allowing any uterine or cervical discharge to find its way into the vagina. Because of this, the Gold Spring, unlike most other intra-uterine or intra-cervical pessaries, when once inserted can be left in position for months at a stretch. It is this which has constituted its main virtue, and has proved a recommendation for it in the case of numerous wealthy women. After its insertion the woman is relieved of all the bother and anxiety which are insepar-



VARIOUS FEMALE CONTRACEPTIVE APPLIANCES
[*from* Facts and Fallacies of Birth Control

able from so many contraceptive methods.

This pessary, which is constructed of gold or, more rarely, of silver or platinum, has its two flexible spring-arms held together temporarily with gelatine, and in this form is inserted through a speculum by someone versed in gynecology. Once in the womb, the gelatine melts, allowing the arms to spread apart in the uterine cavity and hold the pessary in position. The main disadvantage in connexion with the Gold Spring, and indeed every other form of intra-cervical or intra-uterine pessary, is that anything which forms a connecting link between the vagina and the uterus is dangerous. The vagina, normally, is the residence of many infective organisms, which, so long as they remain in the vagina, are innocuous. But the moment these infective organisms invade the uterus they constitute a potential source of danger. This, in itself, is a

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grave disadvantage. There is always, for instance, a risk of salpingitis. Finally, there is the risk, which although perhaps slight, must not be overlooked, of the pessary working its way up through the cervical canal and eventually becoming embedded in the uterine wall. The Gold Spring pessary in particular has been specifically condemned by a number of medical authorities on contraception. Norman Haire is of opinion that it is "dangerous" and "unreliable."

All intra-cervical and intra-uterine appliances *must* be fitted by someone with medical knowledge, and preferably by a gynecologist. They call for regular and frequent examination. A Gold Spring pessary left in position for too lengthy a period may cause septic uterine conditions. Because of their initial cost, the necessity for insertion by a skilled man, and the need for regular examination, these appliances are out of reach of all poor and middle-class women.

The Female Sheath. Somewhat analogous to the male condom, this sheet of thin rubber or skin, pushed into the vaginal passage, completely occludes the cervix, and prevents any possibility of spermatozoa entering the os. It ranks as one of the most efficient female contraceptive appliances known, and incidentally it is a reliable preventive of venereal infection. It has certain drawbacks. It is clumsy. It interferes considerably with the satisfaction connected with the sex act, and for this reason is usually objected to by the male, if not by the female. Nevertheless, where it is necessary *at all costs* to ensure freedom from conception its use is indicated. And it is a contraceptive appliance which involves no elaborate or lengthy preparation. It can be adjusted in a moment. For this, if for no other reason, it is advisable for every woman to have a sheath by her for use in an emergency. The appliance should be pushed right into the vagina, and not stretched across the vulva or carelessly tucked half-way into the passage. Before insertion it is advisable to smear it thoroughly with a spermicidal jelly. After use, it should be washed in warm soapy water, rinsed and dried. With proper care it will last a considerable time.

Chemical Methods. There remain for consideration the chemical methods of birth control which, for various reasons, have acquired a good deal of popularity in recent years.

The value of all chemical contraceptives, at the present stage of their development, at any rate, rests in their virtues as auxiliaries to other methods. No chemical contraceptive is reliable when used alone. This should be written in large letters on the mental tablets of everyone wishing to avoid conception. It is true that in the laboratory it is possible to work out, and to manufacture, a spermicidal jelly, suppository, tablet or ointment, that promises excellent results, and it is for this very reason that so often has the chemical contraceptive been given to the world as the ideal method. But it is one thing killing spermatozoa in a test-tube; it is entirely another thing killing spermatozoa which have been deposited in the upper part of the vagina and in the immediate neighbourhood of the cervix.

To enable the reader to understand the drawbacks peculiar to chemical methods it is necessary to destroy two popular fallacies: (1) that the sides of the vagina are smooth like the interior of a pipe; (2) that the vagina, in ordinary circumstances, is actually a tube or channel. The walls of the vagina or passage are full of tiny cracks, fissures or nicks. These walls, in addition, are touching each other, and the vagina really becomes a canal or passage only when fluid is actually passing through it, or when something is inserted which holds the walls apart, as in the sex act. Now, if these points are grasped, it is easy to see how difficult it is to ensure that any chemical, whether it be in the form of a suppository or a jelly or a powder, becomes evenly distributed over the surfaces of the vaginal walls and penetrates into every crevice in those walls.

The chemical suppository (often wrongly and confusedly named pessary) has a degree of popularity altogether at variance with its reliability. It exists in various forms, and the number of proprietary brands is a big one. The best known are made with a cocoa butter or a gelatine base, and contain a spermicide, of which quinine bi-sulphate, boric acid, lactic acid and salicylic acid are the most commonly used. But whatever the base, and whatever the spermicidal content, the underlying

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principle is the same. The cocoa butter or gelatine, a short time after insertion in the vagina, melts and allows the spermicide to be spread in a greasy film over the cervix and upper part of the vaginal passage. The reputed action of the suppository is thus two-fold: it presents a greasy barrier against the movements of the spermatozoa into the cervical canal and uterus, and the spermicide kills the spermatozoa. In other words, what the one fails to kill, the other stops; and it is largely because of this double action that the chemical suppository has earned such a big reputation for itself.

Recent research, however, has thrown doubt upon the value of quinine bisulphate as a spermicide; and there are strong grounds for assuming that any contraceptive value possessed by the popular quinine suppository rests on the greasy film of cocoa butter or gelatine deposited in the neighbourhood of the cervix rather than on the quinine content. These suppositories are made into cones to facilitate insertion, which is best accomplished in a squatting or lying-down position, the cone being pushed into the passage as far as it will go. It is essential that the suppository should be inserted about fifteen minutes before intercourse takes place. The importance of this will be realized when it is pointed out that the suppository, after it has melted in the vagina, acts as a contraceptive for a short time only; and further, that *before* it has melted, its protective value is nil. This dependence on a time factor constitutes one of the main drawbacks to the soluble suppository. The gauging of the exact time for insertion bristles with obvious difficulties. There are other drawbacks. Very often it does not provide sufficient greasy covering for the whole of the cervix and adjacent parts. And where ejaculation is directly into the os, the suppository provides no degree of protection at all. All told it is a very risky method to rely upon by itself. In those cases, and admittedly they are many, where a chemical suppository has been the sole contraceptive method employed over a period of years and no conception has resulted, it is possible that the explanation lies in the fact that the woman, as a result of uterine displacement or abnormality, is naturally sterile. And a similar explanation probably applies in many instances recorded of other chemical methods proving successful when employed alone.

The principle involved in the foam tablet, one of the newest forms of chemical contraception, is effervescence, after insertion of the tablet, releasing a spermicide which penetrates every nook and cranny of the vaginal tract and destroys the spermatozoa released when coitus takes place. Here again the time factor and the conditions of the vagina are of primary importance. If the tablet is inserted too soon, the spermicide may have spent the best part of its power by the time intercourse takes place; if inserted too late, it may not effervesce in time.[1] Again there may not be sufficient moisture in the vagina, in which case the tablet remains a tablet and is useless. Finally, pressure affects the efficacy of the foam tablet. Voge has shown that "pressure is antagonistic to foam formation."[2]

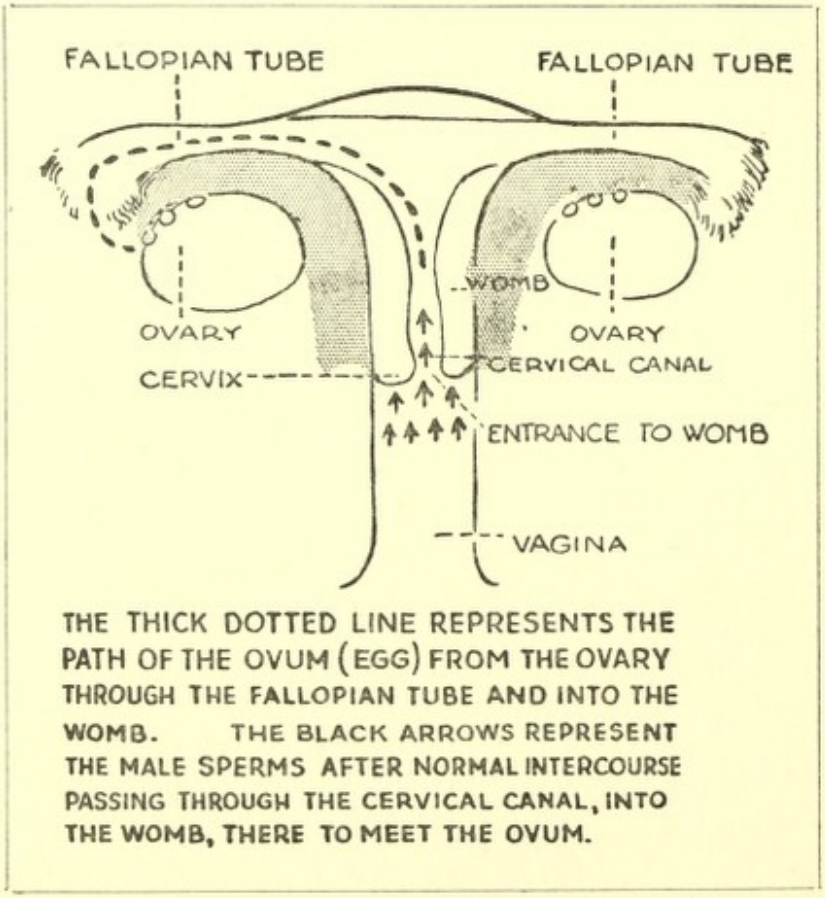
To avoid the drawbacks and disadvantages of the soluble suppository, contraceptive jellies were introduced. Gelatine, glycerite of starch, and tragacanth are employed as bases for the spermicidal content, which may be lactic acid, or boric acid, etc. The jelly is packed in collapsible tubes, and for its insertion a special cannula with nozzle (attachable to the tube of jelly) is supplied. It is important that sufficient jelly is expressed into the vagina to coat its entire interior, especially the cervix and adjacent pockets. It is equally important that a too liberal quantity should not be inserted or the sex act itself will be interfered with. Further, the jelly must be the proper consistency, neither too thick nor too thin. The method is not reliable when used *alone*. Ointments are much less reliable than jellies.

Alum, boric acid, and other chemicals in powdered form are used as contraceptives. A "blower" is employed to convey the powder to the region of the cervix. At best it is a clumsy method and offers only a very slight degree of protection. It is almost impossible to ensure, however

[1] It is well to dip the foam tablet in water immediately before insertion into the vagina.
[2] Cecil I. B. Voge, *The Chemistry and Physics of Contraceptives*. Cape, 1933.

thorough the "dusting" may be, that the powder reaches every portion of the vaginal walls and penetrates every crevice.

A method very popular in Russia and Germany, which consists of swabbing the uterine cavity with iodine, has achieved some notoriety, and is said to be an *absolute* preventive of conception. The swabbing is done once a month by means of a sound or a stick about the bore of an ordinary pencil, the end of which is wrapped with cotton or other suitable material and immersed in a mixture of glycerine and tincture of iodine. The most suitable time to carry out the swabbing process is the moment menstruation ceases. It must, of course, be repeated each month.[1] But it is exceedingly dangerous even in the hands of a medical man. An analogous method is the injection of tincture of iodine into the uterus. This is even more dangerous, owing to the risk, which is always present when any fluid, even water, is forced into the uterine cavity, of peritonitis being induced. *These methods cannot be too strongly condemned.* They are mentioned because, owing to their growing popularity, it is necessary to utter a note of warning against their use. *See also* DOUCHE and SAFE PERIOD.



THE THICK DOTTED LINE REPRESENTS THE PATH OF THE OVUM (EGG) FROM THE OVARY THROUGH THE FALLOPIAN TUBE AND INTO THE WOMB. THE BLACK ARROWS REPRESENT THE MALE SPERMS AFTER NORMAL INTERCOURSE PASSING THROUGH THE CERVICAL CANAL, INTO THE WOMB, THERE TO MEET THE OVUM.

[*from* Facts and Fallacies of Birth Control

Literature: John R. Baker, *The Chemical Control of Conception*, London, 1936; James F. Cooper, *Technique of Contraception*, New York, 1928; Norman Haire, *Birth Control Methods*, London, 1936; George Ryley Scott, *Birth Control: A Practical Guide for Working Women*,

[1] Iodine has been used greatly in Germany and other continental countries to induce therapeutic abortion. The Heiser paste, the Levy-Linz paste and the Leunbach ointment, all include iodine in their formulæ, and it is probably largely owing to this iodine content that they prove efficacious. But iodine in paste form used by a skilled gynecologist for inducing therapeutic abortion, and iodine in liquid form as a contraceptive are two entirely different propositions.

BIRTH-CONTROL METHODS

London, 1933; *Modern Birth Control Methods, or How to Avoid Pregnancy*, London, 1933; Cecil I. B. Voge, *The Chemistry and Physics of Contraceptives*, London, 1933.

BIRTH-CONTROL METHODS (MALE). Success in birth control depends mainly upon the choice of the right method for the individual case. And the individual case means, and includes, both the husband and the wife, and the relations of the two of them to birth control itself and to each other sexually. The importance of male methods is instanced in the very considerable number of cases where the woman, owing to physiological and pathological conditions, *cannot* adopt any reliable contraceptive method. In all such cases, the mastery by the man of some form of contraceptive technique is as important to the wife as to her husband. In nearly every instance it is essential, if any form of birth control is to be practised, that a male method should be relied upon during the first few days of marriage. Then there are the numberless cases where, through ignorance or sheer laziness, the woman will not adopt any method at all. She would rather run the risks of pregnancy and parturition than bother either to master the technique or to use the appliance. In all these cases any birth-control methods put into force must be male methods.

The cases where efforts to prevent conception must lie largely with the male partner may be roughly summarized as follows:

(*i*) *Physiological conditions:* Where the hymenal membrane is existent, as in most virgin women (unless surgically, digitally or accidentally dilated).

(*ii*) *Pathological conditions:* (*a*) *Prolapsus uteri* (falling of the womb), a condition frequently met with in women; (*b*) lacerated cervix, a common condition after childbirth; and (*c*) any pathological discharge from the cervix.

(*iii*) *Chronic constipation:* In all cases of chronic constipation there is difficulty in fitting a pessary, or in retaining it in position when fitted.

Considering that, as regards at least ninety per cent of all women during the first and fateful days of married life, and a very considerable proportion of married women at some time or other, any reliable female contraceptive method is debarred, it will be seen that the male's proficiency in contraceptive technique is of some significance. In many marriages it is a point of major importance. Then there are the cases, and they are not to be disregarded, where although the man does not wish his wife to become pregnant, she is either desirious of having children or indifferent to an extent which would cause her to be careless in the carrying out of any contraceptive method she might be induced to adopt. In my opinion a case for the practice of birth control is proved where either the wife or the husband is against children; and, granted this, the man has a right to take such methods towards avoiding conception, as he is able to practise, irrespective of his wife's wishes or prejudices.

In selecting the particular male method to adopt, consideration of the female's reaction to that method, can and should in most cases be taken into consideration. There are, for instance, cases where, as a result of the popular notion that *coitus interruptus* offers a very slight measure of security, the woman has little or no confidence in it, and for this reason, whenever the man adopts it, she is filled with anxiety lest she should become pregnant. This is psychologically bad for the woman concerned. Or again, while the wife may know nothing about the peculiar and specific risks connected with *coitus interruptus*, she has no confidence at all in her husband's power to withdraw in time, and she is therefore filled with anxiety every time the method is in operation. Again, the effect of this anxiety is psychologically bad for the woman. In both these cases the practice of *coitus interruptus* is contra-indicated. Where, however, the woman has no objections to, or preference for, any particular method, the choice is simplified considerably. The man has only himself to take into consideration in selecting the most suitable method to use. This applies in the majority of cases.

The most efficacious male methods are the condom and the "American tip" or short sheath. One or other of these appliances should be used if there are no specific indications against their employment. To take the condom first, the

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contra-indications are: (1) Where the man suffers from weak or incomplete erections. A condom, whether made of rubber or skin, cannot be fitted properly upon a flaccid penis, and in many cases of weak erections the attempt to draw on a condom is sufficient to destroy the erection. (2) Where the man finds the drawing-on of a condom during sexual intercourse or its preliminaries so repugnant as either to destroy erection or to induce a distaste for coitus itself in such circumstances. In both (1) and (2) the use of an "American tip" is indicated. (3) Where the cost entailed in the use of the condom is a prohibitive one. The "American tip" is applicable in almost every case where the condom can be used, and in addition, in a large number of cases where the condom cannot be used. In the case of the "American tip" the contra-indications are: (1) Where a venereal prophylactic, as well as a contraceptive appliance, is called for. In any such case the condom is the *only* male method providing adequate security against venereal infection. (2) Where the cost entailed is prohibitive. The question of whether or not the expense involved in the use of the condom or the "tip" becomes prohibitive is largely governed, in the cases of all except those belonging to the wealthy and the more prosperous working-classes, by the frequency with which the sex act is practised. If intercourse does not occur oftener than once a week, none but the very poorest will find the cost excessive. But if intercourse is a nightly occurrence the matter assumes a different aspect altogether. The cost involved represents a sum which, to a poor man, is a serious drain upon his resources, if not an impossible one. It is in such cases that, wherever possible, the use of a washable appliance commends itself. Not every man who can use an ordinary condom can also use the washable brand, however. And many men who could use one, refuse to do so. The washable variety is necessarily made of much thicker material, and interferes considerably more with sensation. Also it is well to bear in mind that the care essential to, and the trouble involved in, the use of the washable type of sheath makes it a most unsatisfactory and unreliable appliance in the hands of the careless and the lazy. In cases where poverty or the need for economy indicates the use of a washable appliance, and the ordinary washable type of condom, because of its thickness, is found unsuitable or unsatisfactory, the use of a washable "tip" will often prove satisfactory. There are relatively few men who cannot use a washable "tip", and there are fewer still who cannot afford the initial expense involved in the purchase of a reliable appliance of this kind. Moreover, the washable "tip," while it is not to be recommended for the use of the incurably lazy or careless individual —who, in truth, is not to be trusted with any temporary birth-control method at all—is neither so difficult to clean after use nor so troublesome to prepare for reuse, as is the full-sized condom.

Summed up, the condom and the "American tip" rank as the two most efficient and dependable male methods extant, and, wherever possible, one of them should be used. *Coitus interruptus* may be looked upon, as far as it is applicable to the majority of men, as a method to be employed in cases of emergency rather than as one suitable for regular or permanent employment. Its virtues are that it involves no expense whatever, and that it is available at any time or in any circumstances, no preparation whatever being necessary.

The Condom and its Technique. At the outset it cannot be too strongly stressed that the secret of success with the condom lies in the mastery of the technique which is specifically applicable to this method. As this technique varies a little in relation to the rubber and skin sheaths it will perhaps be well, in order to avoid confusion, to deal with the two separately.

The Rubber Sheath.

(1) Insert a small quantity of spermicidal jelly into the tip of the condom. There are various reliable jellies on the market. Lactic acid jelly (1 per cent lactic acid) is one of the best for the purpose. The use of a spermicidal jelly with the condom provides a second line of defence in case an accident happens and the condom splits.

(2) Smear the penis lightly with lactic acid jelly or other non-greasy spermicide.

(3) Unroll the condom over the penis, allowing the end to overhang slightly. If the condom is one that has been previously used it must first be re-rolled. Many condoms are damaged, through attempts being made to fix them on the penis in an unrolled form, to such an extent that they split during intercourse. Before the condom can be unrolled over the penis, that organ must be at least partially erect. A condom can never be satisfactorily unrolled over a flaccid penis.

(4) Smear the exterior surface of the condom with contraceptive jelly. A non-greasy spermicide must be used. Vaseline or any kind of grease rots the rubber and is sometimes the cause of the condom bursting. It is important that the spermicidal jelly should not be too freely applied. Generally speaking, the thinnest possible coating will be found satisfactory. If the degree of lubrication is excessive there will be interference with sensation during intercourse.

(5) Remove the penis from the female passage *before* erection subsides.

(6) After withdrawal, remove the condom carefully and examine it for holes or tears. If the condom has split, or there is the slightest sign of leakage, the woman should immediately take such anti-conceptive steps as are available to her; that is, either: (*a*) use a spermicidal douche (diluted vinegar, a 1 per cent lactic acid solution, or soap and water); or (*b*) lather the vagina, and especially the region of the cervix, with soap suds, dipping the finger in the prepared solution and rubbing and "wiping out" the vaginal passage. It is always advisable for the woman to have a solution of soap and water, or other chemical spermicide, prepared and ready for use in an emergency. Where a condom does split or leak it is of the utmost importance that any prophylactic steps which the woman can and does take should be put into operation *immediately*.

The Skin Sheath.

(1) Insert a small quantity of spermicidal jelly in the tip of the sheath, as described in reference to the rubber condom.

(2) Grease the penis with contraceptive jelly or vaseline.

(3) Draw the sheath over the penis. The skin sheath is flat—no attempt should be made to roll it. Most skin condoms have a string at the top (open end), for use in affixing to the penis, with the express object of preventing slipping during intercourse. It is not to be relied upon, however. The string, or tape, cannot be tied around the penis tightly enough to prevent slipping without at the same time causing discomfort, and possibly interfering with erection. Many men use rubber bands instead of the string, but this method again has its drawbacks and is little more reliable. Rubber bands easily break, or, if they are very strong ones, are likely to compress the penis to an extent which causes some discomfort and may interfere with the sex act. It is best to be sure that a correctly-sized condom is used, and to trust to the correctness of fit holding the condom in position.

(4) Moisten the exterior surface of the sheath with water.

(5) Withdraw the penis from the vaginal passage *before* erection subsides.

(6) Remove the sheath carefully and examine for holes or tears. If any tear or puncture is discovered, the woman must *immediately* adopt one of the prophylactic methods indicated in the case of the rubber sheath.

Failures to prevent conception occurring where the condom is used are due to any one of several causes. Thus: (1) Faulty sheath, due either to defective manufacture, or to deterioration as a result of exposure to unsuitable temperatural, atmospheric, or other conditions. (2) Wrong or careless technique. The user is careless or rough in drawing-on the sheath, pulling it on too far or injuring the material. Or he may be careless in the matter of withdrawal, spilling the semen into the vagina in the process. (3) Use of a condom which is too small or too large. In selecting a condom, full allowance must be made for the swelling of the male organ during intercourse. If the sheath is not large enough to allow for this expansion, it will surely burst and let the semen flow into the vagina. Again, the condom may be sufficiently large or sufficiently elastic to allow for enough expansion without actually bursting, but the semen will be forced out at the open end of the con-

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dom and thus reach the vaginal passage. On the other hand, if the condom is too large, and especially if the penis has been well lubricated, the appliance will probably slip off, either during the process of the sex act or at the time of withdrawal —in either case the sheath with its contents is left in the female passage. (4) Failure to cleanse the male organ before indulging in another sex act. This is a very common cause of failure. There are many couples, especially during the early months of marriage, who perform the sex act two or three times in the course of one night. In all such cases it is essential that the male organ should be thoroughly cleansed after *each* coital act and before any subsequent intromission. Besides washing and drying the penis, the urethral orifice should be cleansed by urination. If these steps are not taken there is a strong probability that the semen which is retained in the urethra, on the surface of the penis and especially under the prepuce, will find its way into the female passage during the course of the love-play which usually precedes any subsequent erection and coition.

The "American Tip" and its Technique. This appliance, often referred to as the "short letter", or the "short sheath" or the "glans condom," or the "glans cap," is an abbreviated sheath made to fit over the glans or head of the penis. It is of much more recent introduction than the orthodox condom, and it is not nearly so well known or popular. It is, in consequence, much more rarely used as a contraceptive. The open end of this "tip" fits around the corona or ridge at the base of the glans penis. The "tip" or cap itself fits loosely over the glans, allowing plenty of space to accommodate the emitted semen. To fix the "tip" it is necessary to first pull back the prepuce so as to completely uncover the glans. The "tip" can be used by both circumcised and uncircumcised men.

Its advantages over the condom may be summarized as follows: (1) The "tip" causes very little interference with sensation, as regards both the male and the female, seeing that the glans or head only of the penis is covered by the sheath. This interference with, or diminution of, sensation has always been one of the main drawbacks of the condom, and despite the great improvements effected in the method of manufacture resulting in much thinner sheaths being available, it does, *in every case*, interfere with sensation to some extent. (2) It can be fixed on the male organ *before erection*, thus overcoming one of the great objections to the condom. (3) Because of (1) and (2) the "tip" is suitable for the very considerable number of men who will not or can not use the condom.

The efficacy of the "tip" can be heightened and supplemented by inserting in the end of the appliance a small quantity of contraceptive jelly, and smearing the exterior surface with the same jelly. The only risk attached to the use of the "tip" is in connexion with withdrawal from the vagina. If the penis is allowed to remain in the vagina, after ejaculation, until it resumes its normal flaccid state, there is a strong probability that the "tip" will be dragged off altogether, causing the spilling of the whole of its fluid contents into the female passage; or dislodged sufficiently to allow some seminal fluid to escape during the process of withdrawal. It is therefore of first importance that the penis should be withdrawn immediately after ejaculation. If the sex act is repeated the same night, the penis must be thoroughly cleansed and the urethra cleared of all traces of semen by the passing of water, before the second intromission is attempted.

The "tip" is suitable for use, purely as a contraceptive appliance, in a large number of cases where the condom cannot be used. It is however decidedly inferior to the condom as a prophylactic where venereal disease is present, suspected or feared. The "tip," seeing that it leaves a large part of the penis exposed, does not afford complete protection.

Coitus interruptus, or "withdrawal," as it is popularly termed, is the oldest birth-control method in the world. It was the method adopted by Onan, and is sometimes referred to as Onanism. The Biblical passage mentioning its use occurs in Genesis, and reads:

"And Er, Judah's first-born, was wicked in the sight of the Lord; and the

Lord slew him. And Judah said unto Onan, go in unto thy brother's wife, and marry her, and raise up seed to thy brother. And Onan knew that the seed should not be his; and it came to pass, when he went in unto his brother's wife, that he spilled it on the ground, lest that he should give seed to his brother. And the thing which he did displeased the Lord: wherefore he slew him also."

It is on the basis of this story of Onan's sin, as related in the thirty-eighth chapter of Genesis, that the clergy and others have mainly formulated their contention that the practice of *coitus interruptus*, or, indeed, of any artificial birth-control method, is to be deprecated.

"Withdrawal" has, for generations, been commonly practised by those who had no knowledge of any other birth-control method, and especially by those who were unaware that appliances such as condoms and pessaries were in existence. It is impossible to get any adequate idea as to the extent of the practice of "withdrawal." Any available figures relating to its incidence in any country are most unreliable, the more so as many people do not look upon "withdrawal" as a birth-control method. Medical men and others who have had experience in the questioning of patients respecting their contraceptive activities have frequently met with those who have affirmed that they did not practise birth control at all, and further inquiries revealed that "withdrawal" was a regular procedure. Perhaps the most compelling reason for its widespread practice all through the ages and at the present time is that it involves no expense. It is one of the few birth-control methods that can be practised to any extent without the slightest cost whatever. Another reason is that it calls for no preparation on the part of either the husband or the wife. It is available at all times and in all circumstances. A third reason, which is connected with the need for no appliances, is that *coitus interruptus* is a method which can be indulged in to any extent with absolute secrecy. In those countries where the sale of birth-control appliances is prohibited, notably the United States of America, in France, in the Irish Free State, and in Italy, this is a powerful argument in its favour and a compelling inducement to practise it in preference to most other methods. It is true that the condom is sold in such countries, ostensibly as a venereal prophylactic, and that certain chemical contraceptives are sold as antiseptics, but there are many persons who do not care to ask for these goods at the drug stores, and for this reason alone a considerable number of persons fall back upon a method involving the use of neither appliances nor chemicals.

The majority of men seem to be under the impression that *coitus interruptus* is the simplest thing in the world, that there is neither a wrong nor a right way to go about it; in other words, that no such thing as instruction in its technique is necessary. They are wrong.

Actually in theory the procedure *is* relatively simple, and it is because of this relative simplicity that the idea has become general that the method involves no difficulty whatever. It does, however, call for the exercise of skill, and it involves the mastery of a certain technique. The penis is inserted into the vagina in the ordinary way, and the sex act is proceeded with along normal lines until the approach of orgasm, that is, the acme of sexual excitement, when the penis is withdrawn and the seminal fluid is ejaculated, not into the female passage as in normal intercourse, but outside the private parts, preferably upon a towel or napkin placed in readiness between the woman's thighs. It is of importance that the act of withdrawal should be *complete*. Partial withdrawal, with ejaculation into the vulva, is not enough. The semen must not be discharged either in or on the woman's private parts at all. If a subsequent attempt at intercourse is made the same night, care must be taken to remove every trace of seminal fluid from the penis before the second intromission. The male organ should be washed thoroughly, especially under the prepuce, and water should be passed so as to clear all traces of semen from the urethra. Neglect of these precautions is responsible for many failures to prevent conception.

The success or failure of the method depends upon three factors, all of which are of vital importance. They are: (1) the timing of the precise moment of orgasm; (2) the withdrawal of the penis *immediately after orgasm and before*

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ejaculation occurs; and (3) the ejaculation of the semen completely *outside* the female's private parts. Now the observance of these essential points is not quite so easy as it would appear to anyone with no practical acquaintance with the technique of *coitus interruptus*. In the calmness of logical and scientific consideration the whole affair seems simplicity itself; but in the excitement of sexual stimulation, and especially during the process of the sex act, the ensurance of the correct technique being carried out in every detail is quite another and an infinitely more difficult matter. It involves the ability to control oneself, mentally and physically, in the throes of sexual excitement or passion. And it is not every man who can do this. The method is therefore quite unsuitable for any man whose sexual libido reaches such a height that he is quite incapable of exercising his will-power to such an extent as to be able to withdraw *before* ejaculation takes place.

Then there are men in considerable numbers who never seem to be aware exactly when ejaculation *does* take place, and who, therefore, are unaware of the precise moment to withdraw. These are of the opposite type to men of excessive sexual passion, having weak sexual repercussions with no strongly defined orgasm. All men of this type, or anything resembling this type, should never practise " withdrawal " at all. The method would be almost sure to fail. For the victim of premature ejaculation " withdrawal " is an entirely unsuitable birth-control method. It is quite impossible, in nine cases out of ten, for him to withdraw in time.

The value of *coitus interruptus* as a birth-control method depends mainly upon the individual practising it. As we have seen, it is quite unsuitable for many men. But there are a considerable number who have perfect control of themselves, even during the stress of sexual excitement, and who can thoroughly depend upon their will-power to enable them to withdraw at the correct moment. For such individuals, the method affords a high degree of security.

But with all this, " withdrawal " can never be looked upon as an absolutely reliable birth-control method. It is never in any circumstances foolproof. The explanation for this lies in the possibility that, *before ejaculation occurs*, before orgasm, there may be an unknown and unsuspected emission of spermatozoa into the vagina. The seminal vesicles act as storehouses for the spermatozoa and the secretions produced by the testicles, in addition to secreting a fluid of their own. During sexual excitation the seminal vesicles, as well as Cowper's and Littré's glands, are stimulated into activity, with the result that sometimes there is an emission of seminal fluid from the urethra before the approach of orgasm. There is nothing to indicate to the man experiencing this phenomenon that the emission is taking place, especially as it is probably slight in extent, possibly a few drops only. And precisely here lies the danger. For if the seminal vesicles at such a time contain spermatozoa these organisms will form part of the emitted fluid. It may be a few drops only, but a few drops of semen may well contain enough spermatozoa to fertilize a regiment of women. It is true that, very often, no spermatozoa are stored in the seminal vesicles when intercourse takes place. For instance, it is probable and indeed almost certain that, after several successive ejaculations, night after night, the seminal vesicles will have been emptied of their contents, with the result that no spermatozoa will be present in any fluid emitted before orgasm. In many cases, too, there will be no such emissions at all for night after night, and, possibly, for week after week. Generally speaking, the stronger the sexual excitement, the more likely is there to be an escape of fluid. But, as I say, it is impossible to foresee what is going to happen in this respect. And for this reason the element of uncertainty is always present. It is this element of uncertainty which makes *coitus interruptus* a risky method of avoiding conception.

It is worthy of mention here that " withdrawal " is likely to show a higher percentage of success in the later years of married life than in the first twelve months or so, the risk being greatest of all during and immediately after the honeymoon period. The explanation of

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this seeming anomaly is that the chemical and bacteriological conditions prevailing in the vaginal passage of the woman who has had much experience of intercourse are likely to prove destructive or inimical to any spermatozoa that invade the vagina during the practice of *coitus interruptus*, whether in the form of an escape of seminal fluid before orgasm or a failure to withdraw the penis before partial or complete ejaculation has occurred. Meaker, commenting upon the subject of pregnancy occurring where there has been no complete coital act, says: "Such patients are usually girls not habituated to coitus," and further that "one of the most convincing proofs of vaginal hostility is given by the general success which among the married attends the use of *coitus interruptus* as a contraceptive measure."[1]

Is the practice of "withdrawal" dangerous to health? The question has been hotly debated. There is a strong body of medical opinion which holds that *coitus interruptus* inevitably has harmful, and even dangerous, effects on the man's health. Some doctors go further and say it has, in addition, harmful psychical effects on the woman. At one time and another, and by one medical man and another, to "withdrawal" has been ascribed nearly every disease in the medical dictionary. The psychoanalysts, too, are of opinion that *coitus interruptus* is harmful, Freud in particular being of opinion that it is responsible for the majority of cases of sexual neurosis.

Here, undoubtedly, there is grave exaggeration, and I think the future will show that, in regard to "withdrawal", as with masturbation, the evil consequences have been extended and elaborated out of all proportion to the truth. The evidence in support of the statements respecting the evils that are caused by the practice of "withdrawal" is, in very many respects, of the most dubious character. It is but another example of the old illogical reasoning from effect to cause, with all its concomitant evils. The patient consults his doctor in regard to some disease or other. The doctor goes into the medical history of the patient. He asks if the man has ever practised "withdrawal"? In seventy-five cases out of a hundred, if the patient speaks the truth, he admits the practice. Immediately the doctor, in triumph, puts his finger on "withdrawal" as the basic cause of his patient's trouble. A dozen other conceivable causes are overlooked or ignored. It is the easiest thing in the world for a physician who sets out to prove that the practice of *coitus interruptus* is the cause of various mental troubles and physical diseases, to accumulate, in support of his contention, an array of evidence that seems as striking in its unanimity as it is convincing in its volume.

Against all this medical opinion is the fact that "withdrawal" is the oldest birth-control practice known to civilization; the method most universally adopted in all countries; and that, until comparatively recently, its practice does not seem to have produced the serious and dangerous results that so many authorities of to-day attribute to it. Nor is medical opinion unanimous in this condemnation. Cooper, in reference to *coitus interruptus*, says:

"Many persons having certain neurotic and other pathological disturbances practise withdrawal, but it by no means follows that their conditions are due to withdrawal; certainly the evidence given is not sufficient support for such a conclusion. In view of the universality of its usage, the comparatively few cases cited of resultant pathology have not been convincing, especially as in the main few family histories which might throw light on the nervous and mental background of the patients are given."[2]

Undoubtedly, too, there are men who have practised "withdrawal" continuously over many years without any apparent evil effects. I have myself known many men who did not consider it affected them adversely in any way or to any degree. Here we arrive at the crux of the matter. The question of

[1] Samuel Raynor Meaker, *Human Sterility: Causation, Diagnosis and Treatment*. Baillière, Tindall & Cox, 1934.
[2] James F. Cooper, *Technique of Contraception*, p. 106. Day-Nichols, New York.

whether or not the practice is harmful depends upon the individual, and upon the extent to which it is practised. To a man who is sexually virile, who has complete control over his libido to the extent of being able to withdraw at the right moment, and who does not suffer from any anxiety neurosis or other nervous disorder, " withdrawal " can be practised without ill effects, provided it is not a nightly occurrence over long periods of time. Where, however, any difficulty is experienced in " withdrawing " in time, so that there is always a certain degree of anxiety connected with the practice, its continuance, in these circumstances, over long periods, may produce psychological ill effects. In the same way, the woman may develop an anxiety neurosis which will prove injurious. This possibility must not be overlooked.

The physiological effects of difficulties in accomplishing " withdrawal," especially where only the exercise of a positive effort of will succeeds in effecting a reluctant " withdrawal " at the very last moment, may have bad effects. Even worse, evil consequences may be expected in those cases (and they are numerous) where, in order to ensure that there will be no slip, the man " withdraws " too soon, with the result that there is a partial ejaculation only outside the female passage, or possibly no ejaculation at all. Repetitions of such incomplete or frustrated ejaculations over long periods are sure to have bad effects, both physical and mental. The most serious are congestion of the genitals, leading to enlarged prostate, and possibly to partial or complete impotence. Because of this possibility it is most probable that the risk of ill effects following the *regular* practice of " withdrawal " are far more pronounced in a man over the age of forty years, than under.

Summed up, it may be stated with some assurance that most men are able to practise " withdrawal " *occasionally* without the slightest risk of any ill effects; and a few men are able to practise it over considerable periods with similar impunity. Generally speaking, " withdrawal " may be looked upon as an alternative male method to the use of the condom or " tip." Wherever, for any reason, the condom or the " tip " cannot be used, and the onus of avoiding conception *must* rest with the male, the practice of " withdrawal " is indicated. One of its virtues is in its great value as an emergency method. It is available when, for many reasons, all other birth-control methods are impossible or impracticable. It can be practised at any time and under any conditions. It involves no embarrassing explanations, nor unæsthetic preliminary measures.

See also CONDOM, COITUS RESERVATUS, and COITUS SAXONUS.

Literature: James F. Cooper, *Technique of Contraception*, New York, 1928; Norman Haire, *Birth Control Methods*, London, 1936; George Ryley Scott, *The Sex Life of Man and Woman*, London, 1937; *Modern Birth Control Methods, or How to Avoid Pregnancy*, 1933; Cecil I. B. Voge, *The Chemistry and Physics of Contraception*, London, 1933.

BIRTH-CONTROL METHODS (MALE AND FEMALE COMBINED). No birth-control method, employed alone, is infallible. Where, however, two highly efficient methods are used in combination the possibility of failure resulting is reduced tremendously. Possibly the best combination is where man and wife each employs a contraceptive method. Thus the male condom and the female diaphragm pessary or cervical cap, give a degree of protection so great that the odds against both failing at the same time are enormous. Similarly, for those who can practise the combination, *coitus interruptus*, in conjunction with the wearing of a pessary or cap by the female, give a high degree of security. There are, however, the very considerable number of women who can use neither cap nor pessary. In these cases a sponge or plug inserted in the vagina and the use of a condom by the male, will prove most effectual; or if the man cannot or will not wear a condom, *coitus interruptus* may be adopted. Again, there are the women who, for various reasons, cannot use pessaries, caps, plugs or sponges with any feeling of security. Here a chemical method—jelly or suppository—is indicated for the female, while the male uses a condom, or, failing this, practises " withdrawal."

Then there are the large number of women who are married to men who refuse to adopt any measures themselves, or are too ignorant or too lazy or too drunk to carry out any method properly, even it they adopt it. In all such cases, to limit the possibility of conception, it is advisable that the woman should herself adopt two methods simultaneously. There are various combinations. A pessary, a cap, a sponge, or a plug may be worn according to circumstances, and in addition a suppository or a tablet may be inserted. Where pregnancy is dreaded, a female sheath with jelly may be used.

The man, too, who cannot rely upon his wife doing anything properly to prevent conception, may wish to use two methods coincidentally. Thus, the condom and *coitus interruptus*; a combination which will not fail once in a thousand times. Or he may prefer to use two of the thinnest condoms, the one worn over the other. Many men do use two condoms, and there are instances where three condoms have been worn. One of the safest of all combinations is the wearing of the "American tip" and over it an ordinary condom. This gives a degree of security which is wellnigh impregnable.

It may be set down as axiomatic that in all cases where the practice of contraception is not merely a matter of spacing births or delaying parturition as a matter of expediency, but, to the contrary, the complete avoidance of pregnancy is of paramount importance, one method, however excellent it may be, should not be relied upon. Even the woman who has had a Gräfenberg ring inserted in the uterine cavity should adopt a supplementary method, or her husband should. In the one case a rubber pessary or a chemical suppository or tablet is indicated; in the other, a condom or the practice of *coitus interruptus*.

In the choice of a suitable combination one must bear in mind the effects of chemicals on rubber. A soluble suppository made of cocoa butter should never be used in conjunction with a rubber condom or a rubber pessary, as cocoa butter rots the rubber. In these cases, if a suppository is favoured, one with a gelatine base should be used.

The main drawback in connexion with most combined methods is the cost. In nearly every case the cost is doubled, and this very factor makes many combinations quite out of the question so far as are concerned the tremendous majority of married couples. The cheapest combination is the plug or sponge for the woman and *coitus interruptus* for the man—the degree of security provided is a very high one and there need be nothing more in the way of cost than that of the sponge or wad of cotton, and a bottle of olive oil or vinegar.

BISEXUALITY. The popular conception, and, until recently the scientific conception, of maleness and femaleness as two sharply defined, opposite and distinctive sexual factors is a fallacious one. The one-celled organism is potentially bisexual, its ultimate sex depending upon conditions which influence its development. The spermatozoön produced by the male, and the ovum produced by the female, are basically bisexual. In each case the characteristic sex of the organism is not a totality of maleness or femaleness, as the case may be, but an expression of the domination of maleness over femaleness or of femaleness over maleness.

What is true of the gametes is true of all animals themselves, including man. Masculinity is merely the dominance of the male element over the female, which leads to the development at puberty of male secondary sexual characteristics. Similarly, femininity is merely the dominance of the female element over the male, leading to the appearance at puberty of female secondary sexual characteristics.

The fact that every individual possesses latent characteristics pertaining to the other sex is one of immense and far-reaching significance. It means that even where the *physiological* secondary sexual characteristics are clearly defined, as they are, of course, in most individuals, the psychological factors characteristic of the opposite sex may be in evidence and may, on occasion, dominate the orthodox mental reactions. So true is this that at puberty and during the years of adolescence most boys and girls go through a period of psychological intersexualism. "According to my experience," says Marañón, "60 per cent of boys, in their passage through the puberal period, present symptoms, sometimes explicit and

sometimes rudimentary, of femininity."[1]

It should be clearly understood that the outward sexual indications are of little value in estimating the depth and the trend of psychological factors during this period of undifferentiated sexual desire. Environmental factors and psychic motivations are the important points which decide whether and to what extent the sexual urge will express itself along lines characteristic of the gonads present, or in accordance with those of the latent or opposite sex.

At this time in life the danger of homosexualism is always present. Where accident, fate or whatever one likes to call the totality of environmental or sociological factors which throw the individual, during this period of undifferentiated sexual expression, into the society or under the influence of homosexuals, the probability is that the normal heterosexual leanings will be overpowered by the homosexual element. In other words the maleness will be dominated by femaleness.

The inherent bisexualism of mankind is not, however, as some avow, another way of saying that man inevitably goes through a stage of homosexualism. It means that every individual is a potential homosexual, which is something quite different.

Literature: Magnus Hirschfeld, *Sexual Pathology: Being a Study of the Abnormalities of the Sexual Function*, Newark (U.S.A.), 1932; A. von Schrenck-Notzing, *Therapeutic Suggestion in Psychopathia Sexualis*, Philadelphia, 1895; George Ryley Scott, *Sex and Its Mysteries*, London, 1929.

BLADDER (ECTOPIA OF THE). *See* BLADDER (EXSTROPHY OF THE).

BLADDER (EXSTROPHY OF THE). A malformed state of the urinary bladder in which the organ is everted or turned inside out. The urinary incontinence which necessarily accompanies such a condition, is persistent and continuous. The dribbling urine causes a foul odour. Treatment is operative, but is difficult and complicated. So far, it does not appear to have been very successful. In most cases the afflicted individual dies in infancy. Fortunately the abnormality is a comparatively rare one.

BLADDER (URINARY). The organ which receives, through the ureters, the urine from the kidneys, acts as a temporary reservoir, and finally discharges its contents by way of the urethra. The capacity of the adult bladder is three-quarters of a pint to a pint, but it by no means follows that the bladder is filled to capacity when the desire to pass water manifests itself. Abnormal frequency of micturition, though a symptom of several pathological conditions of the bladder, urethra and prostate, may be due to such everyday matters as excitement, shock or fright. In fact, anything which causes bladder irritation will increase the frequency of the desire to pass water. Even cold weather is a sufficient cause. Drinking an unusual amount of liquid increases the quantity of urine passed and, in some cases, the frequency of urination. Water-drinking and beer-drinking, in particular, cause frequency of micturition. Among pathological causes, *diabetes insipidus* and *diabetes mellitus* rank as the foremost. The presence of a calculus (stone) in the bladder is a common cause of urinary disturbances. It is formed gradually as a result of the precipitation of various normal constituents of the urine which are present in excess or following the retention of urine in the bladder for long periods. A stone may assume a large size before it gives rise to any symptoms indicative of its presence, especially if it does not happen to be in, or to get into, the neck of the bladder. The symptoms are frequent desire to pass water, marked by sudden stoppages or dribblings, and pain during the actual process of urination. Treatment usually involves the crushing of the stone and subsequent removal of the fragments. It may be stated that, popular opinion to the contrary notwithstanding, there is no drug or solvent known to medical science which can be taken internally for the purpose of dissolving a calculus.

A frequent primary cause of stone is the presence in the bladder of a foreign body. Women who masturbate some-

[1] Gregorio Marañón, *The Evolution of Sex and Intersexual Conditions*, p. 225. Allen & Unwin, 1932.

times find themselves unable to recover from the urethra the article they have employed. Finding their efforts unavailing they eventually desist in the expectation or hope that the article will work out itself or be passed with the urine. It rarely does either. In ninety-nine cases out of a hundred it enters the bladder, where it forms the nucleus for the formation of a calculus as a result of urinary deposits. Hairpins, pencils, bodkins and other similar articles have been extracted from the bladders of women years after their entrance. In rarer instances, broken bits of catheters, etc., have been found in the male bladder. *It cannot be too firmly or repeatedly impressed upon both sexes that no article of any description should ever be inserted into the urethral canal.*

BLASTODERM. The germinal membrane in the impregnated ovum.

BLASTOPHTHORIA. Forel's term to indicate injury to the male spermatozoa and the female ova by alcoholic poison. He contended that as a result of such injury the offspring of chronic alcoholics were often malformed physically or mentally. Recent extensive research has led some authorities to subscribe to Forel's theory of the germ-plasm being injured by alcohol, and also to extend the theory to other environmental and dietetic factors, including tobacco and X-rays.

BLEEDER. One afflicted with hæmophilia. The term is also applied to a physician who practises venesection (blood-letting).

BLEEDER'S DISEASE. *See* HÆMOPHILIA.

BLENNELYTRIA. A pathological discharge from the female genitals. The whites. *See* LEUCORRHEA.

BLENNOCELE. Gonorrheal inflammation of the epididymis.

BLENNORRHAGIA. Inflammation of the urethra or vagina, resulting in a copious discharge of mucus. Sometimes used as a synonym for gonorrhea.

BLENNORRHEA or BLENNORRHŒA. Same as BLENNORRHAGIA.

BLENNURETHRIA. Gonorrheal urethritis.

BLENNURIA. The condition in which an abnormal amount of mucus is passed in the urine.

BLEPHARO-BLENNORRHEA. Inflammation of the eyes resulting from gonorrheal infection. Gonorrheal ophthalmia.

BLEPHARO-BLENNORRHEA NEONATORUM. *See* OPHTHALMIA NEONATORUM.

BLUE BABY. A child afflicted with blue jaundice or cyanosis at birth. The skin of the whole body is coloured blue.

BLUE OINTMENT. A popular name for mercurial ointment. It is sometimes used as a venereal prophylactic.

BONA DEA. The virgin Roman goddess of goodness or chastity. Also worshipped under the names of Cybele, Ops, Vesta, Fauna and Rhea. According to Juvenal, despite the character of the goddess, her temple worshippers, who were restricted to the female sex, in the more degenerate days of the Empire, indulged in sexual orgies in which bestiality and tribadistic practices played prominent parts.

BORBORYGMUS. The rumbling and gurgling noise in the stomach and bowel due to the presence of gas and indicative of dietetic errors.

BORDEL or BORDELLO. Any place which is regularly used for the purposes of prostitution. A brothel.

BORSTAL. A reformative institution, defined in the Prevention of Crime Act, 1908, and the Criminal Justice Administration Act, 1914, as a place "in which young offenders, whilst detained, may be given such industrial training and other instruction and be subject to such disciplinary and moral influences as will conduce to their reformation and the prevention of crime." The name is derived from Borstal, near Rochester, where, in 1901, the first institution of this nature was established.

BOSSI'S DILATOR. An obstetrical instrument, comprising metal rods operated by a screw, which is used for the dilatation of the cervix. It is named after its inventor, Luigi Maria Bossi, an Italian obstetrical surgeon.

BOTTINI'S OPERATION. An operative method of treating enlarged prostate by burning through the gland, thus making a fresh and enlarged channel and inducing shrinkage. The method was devised by a nineteenth-century Italian surgeon, Enrico Bottini.

BOUGIE. A surgical instrument of cylindrical formation used for the dilatation of the urethra or rectum in cases of

stricture or stoppage, and also for exploratory purposes. Bougies are of varied composition and shapes according to their precise purpose, and, in certain circumstances, they are soluble.

BOUTONNIÈRE OPERATION. The surgical division of a stricture by means of an incision into the urethra.

BOWDLERIZED. The term is used in reference to a book, or a specially prepared edition of a book, which, originally, frankly or realistically written, has been expurgated in order to make it suitable for children, and morons of all ages. There are many such editions of the classics, such as *Gulliver's Travels*, Boccaccio's *Decameron*, Beaumont and Fletcher's plays, *Tom Jones*, Wycherley's plays, *The Satyricon*, the works of Rabelais and *The Arabian Nights*; and of modern novels, e.g. *Lady Chatterley's Lover*. In the early nineteenth century a carefully prepared edition of Shakespeare, from which everything likely to give offence was expunged, was edited by Dr. T. Bowdler, hence the origin of the term.

BOWEL. The intestinal tract. Usually the word is wrongly used in the plural and as referring to all the entrails.

BOWEL (LOWER). The rectum.

BOY-LOVE. That form of sodomy specifically known as pederasty.

BRADY-SPERMATISMUS. Retarded and slow emission of semen.

BRADYTOCIA. Exceptionally slow delivery in childbirth.

BRADYURIA. Protracted process of passing water.

BRAGUETTE. An ornamental covering for the genitals designed specifically to draw attention to them, and similar to the English CODPIECE, which see.

BRAUN'S HOOK. An obstetrical instrument, used in the decapitation of the fœtus, devised by the Austrian surgeon, Gustav Braun.

BRAXTON-HICKS'S SIGN. Contractions of the womb which indicate that the woman is pregnant, or otherwise the presence of a tumour.

BREASTS. The two glands situated in the upper section of the female body. They produce milk for the sustenance of the child. Each gland is surmounted by a nipple. In the male there are nipples somewhat similar to those of the female, but the glands, except in abnormal cases, do not produce any secretion. Also referred to as mammary glands, or mammæ.

BREASTS (SUPERNUMERARY). In rare instances, there are additional mammary glands, complete with nipples, near the natural breasts. Sometimes there is only one supernumerary breast.

BREAST-MILK. The milk secreted by the mammæ during the period of lactation.

BREECH. The rounded fleshy projections upon which a person sits. The nates or buttocks.

BREECH PRESENTATION. The presentation at the cervical opening, during childbirth, of any part of the child's buttocks instead of the head.

BREISKY'S DISEASE. *See* KRAUROSIS VULVÆ.

BRIDAL NIGHT. The first night which a married couple spend together, usually implying the consummation of marriage.

BRIDLE. The integument which connects the prepuce with the glans penis. The frenum.

BRIGHT'S DISEASE. A somewhat loose term for inflammation or other disease of the kidneys, associated with albuminuria and often with dropsy. Nephritis.

BROMOMENORRHEA or BROMOMENORRHŒA. A menstrual discharge which gives off an offensive odour.

BRONZED SKIN. One of the diagnostic signs in Addison's disease (which see), and for this reason often and popularly used as a synonym for this malady.

BROTHEL. Any place used by two or more females for the purpose of prostitution. It may be a house, a flat, an apartment, or a room. It is important to note, however, that a house or a room used for immoral purposes is not necessarily a brothel. To constitute a brothel both men and women must congregate there for the purpose of fornication. A meeting-place for men and women to arrange for the committing of fornication in other places is not a brothel; nor does a room or a house inhabited by one woman and used by her for fornication with one man or several men come under the definition of a brothel.

Brothels flourished at one time in England, but were declared to be illegal in 1752. Despite the law there are many

such places existent under euphemized names to-day, in London and in provincial cities.

Also known as a bawdy house and a house of ill fame.

BROUHA TEST. *See* PREGNANCY (TESTS FOR).

BROW PRESENTATION. The presentation, during childbirth, of the brow of the fœtus at the cervical opening.

BUBO. The lump or swelling which follows inflammation of a lymphatic gland, and which is particularly likely to occur in cases of syphilis, chancroid, and lymphogranulomatose inguinale. The bubo usually forms in the groin. Sometimes there are two buboes, one on each side. Not all buboes are venereal in origin, and unless preceded by a chancroid or primary syphilitic ulcer on the penis, or its appendages, any swelling in the groin will probably be due to irritation or scrofula. Also referred to as inguinal adenitis, and vulgarly as a "pig."

BUBON D'EMBLÉE. The French term for a bubo due to venereal infection, which appears without any apparent preceding genital ulcer.

BUBONALGIA. Pain in the groin.

BUBONONCUS or BUBONOPANUS. *See* BUBO.

BUGGER. A man who is guilty of sodomy or bestiality.

BUGGERY. According to Section 61 of the Offences Against the Person Act of 1861, "the abominable crime of buggery" is the inclusive legal term for those forms of unnatural sexual intercourse known as sodomy and bestiality. Used in its proper place and with due regard to its context, it does not rank as an obscene and a tabooed word. But used as a form of anathema, an expletive, or in any other connotation apart from legal or medico-legal terminology, it *does* rank as an obscenity and until recently it was tabooed. The term bugger was "in 1929," says Partridge, "still an actionable word if printed (Norah James, *Sleeveless Errand*); in 1934, no longer so (R. Blaker, *Night-Shift*; Geoffrey Dennis, *Bloody Mary's*)."[1] Also, in another book published in 1934 (Rudolph Messel, *High Pressure*) the word and its derivatives are repeatedly used. Subsequently it has appeared in many novels. Presumably bugger was not and is not looked upon as obscene in the U.S.A., *vide* its use in the translation of Octave Mirbeau's *Calvary* (1924), and in a short-story printed in the May (1932) issue of *Action Stories*, a popular newsstand publication. Note also its use in a short-story in *Transition* (May 1927), a periodical which, although printed in France, circulates in both England and the U.S.A.

BULBO-URETHRAL GLANDS. *See* COWPER'S GLANDS.

BULLY. *See* PIMP.

BUM-BRUSHER. A slang term much used in the eighteenth and nineteenth centuries in referring to an English school-master. The extensive flogging prevalent in the schools of those days was responsible for its introduction.

BUNDLING. An old courtship custom in which the lovers spend part of or all the night in bed with each other. It appears to have been common in a large number of countries, as there are references to its practice at one time or another in England, Scotland, Wales, Holland, Switzerland, Ireland, Germany, Norway, Sweden, and Finland. "In building houses in Holland," says Sumner, "the windows were built conveniently for this custom."[2] It flourished in the Eastern States of America in the eighteenth century. Probably the supposition that the custom was introduced into America by European immigrants is a correct one. Washington Irving refers to the practice and states that by the ignorant and superstitious it was "considered as an indispensable preliminary to matrimony." He is probably correct in assuming "that wherever the practice of bundling prevailed, there was an amazing number of sturdy brats annually born into the State, without the licence of the law or the benefit of clergy."[3] The following account of the practice is interesting:

"One evening at an inn where we

[1] Eric Partridge, *A Dictionary of Slang and Unconventional English*. Routledge, 1937.
[2] William Graham Sumner, *Folkways*, p. 527. Boston, 1907.
[3] Washington Irving, *Knickerbocker's History of New York*, p. 201. London, 1820.

halted, we heard a considerable bustle in the kitchen, and, upon enquiry, I was let into a secret worth knowing. The landlord had been scolding one of his maids, a very pretty plump little girl, for not having done her work; and the reason which she alleged for her idleness was, that her master having locked the street door at night, had prevented her lover from enjoying the rights and delights of *bundling*, an amatory indulgence which, considering that it is sanctioned by custom, may be regarded as somewhat singular, although it is not exclusively of Welsh growth. The process is very simple: the gay Lothario, when all is silent, steals into the chamber of his mistress, who receives him in bed, but with the modest precaution of wearing her under petticoat, which is always fastened at the bottom, not infrequently, I am told, by a sliding knot. . . . In some Dutch travels we read that a courtship similar to *bundling* is carried on in the islands of Vlie and Wieringen, in Holland, under the name of *queesting*. At night the lover has access to his mistress after she is in bed; and upon an application to be admitted upon the bed, which is of course granted, he raises the quilt, or rug, and in this state *queests*, or enjoys a harmless chit-chat with her, and then retires. This custom meets with the perfect sanction of the most circumspect parents, and the freedom is seldom abused. The author traces its origin to the parsimony of the people, whose economy considers fire and candles as superfluous luxuries in long winter evenings. Another traveller also mentions that the lower people of Massachusett's Bay indulge themselves in a custom called *tarrying*. If the parents of the young lady approve of her enamorato, they permit him to *tarry* with her one night. After the old people have retired, the young couple go to bed together with their under-garments on; if they like each other, they marry; if not they part, perhaps never to meet more, unless the forsaken fair one proves pregnant, in which case, under the penalty of excommunication, the man must marry her."[1]

How far the custom is in operation today it is difficult to discover, but that it is practised in certain parts is certain from the evidence given during a recent court case in which a young woman applied for an affiliation order against her lover of six years' standing, who, throughout this period, she alleged, had visited her on about fifty occasions when she was in bed, and in nearly every instance he had " got into bed beside her." It was stated that *bundling* was an Orkney Islands custom. According to the *News of the World* report (January 23, 1938) " The girl admitted that since she was 18 or 20, youths of her own age had visited her in her bedroom at night. On these occasions her door was locked."

The origin of the custom appears to be lost. It is generally contended that owing to the poor (to whom it is supposed to have been restricted) being unable to heat any room in addition to the common living-room, the lovers retired to the bedroom for privacy, and in order to keep warm they got into bed. The reasoning sounds specious, and seems unconvincing. In those districts where bundling was and is practised there would appear to be no social obloquy attached to it. It is claimed for the custom that sexual immorality rarely enters into it; a claim however which must be regarded with the gravest suspicion. Washington Irving's allegation that *bundling* was the cause of a rise in the illegitimate birth-rate in the New England States seems more likely to be in accord with the true facts.

BUNNY TEST. A colloquial term for a pregnancy test which is based upon the reactions of rabbits to injections of a woman's urine.

BUTTOCKS. The gluteal protuberance forming the hinder part of man and animals. The clunes. Also popularly referred to as the seat or rump; and vulgarly as the bottom or bum.

[1] John Carr, *The Stranger in Ireland, or a Tour in the Southern and Western Parts of that Country in the Year 1805*, pp. 11-12. London, 1806.

C

CACATION. The discharge of excrement.

CACHEXIA. A general weakness of the whole system due to poisonous absorption, as in cancer, phthisis or syphilis.

CACOCOLPIA. Serious degenerative disease of the vagina or vulva.

CACOGALACTIA. The condition where the milk produced by a mother is of defective or bad quality.

CACOGENESIS. The production of abnormalities or malformations, especially of monstrosities.

CACOSPERMIA. The condition where the spermatozoa secreted are abnormal in character. A cause of sterility.

CADAVER. A human corpse.

CADET. *See* SOUTENEUR.

CÆSAREAN OPERATION. *See* CÆSAREAN SECTION.

CÆSAREAN SECTION. Surgical extraction of the fœtus from the womb by the abdominal or vaginal route. In all circumstances where normal delivery is contra-indicated after the end of the twenty-eighth week of pregnancy, extraction by the vaginal route, owing to the size of the fœtus, is no longer possible. The presence of fibroids in the womb, of an ovarian tumour, or serious obstacles to normal birth, are all reasons for the operation. Its performance is usually delayed as long as possible owing to the child's chances of life being increased with every additional day it can remain in the womb.

The operation is of great antiquity. It is referred to by the elder Pliny. Scipio Africanus, Julius Cæsar, and Torquatus of Manlius were reputed to be delivered in this way. The account of the operation in the *Chirurgia* of Guy de Cauliac (1363) is probably the earliest in medical literature. Among notabilities who, it is affirmed, were delivered by cæsarian section are King Edward VI and Pope Gregory XIV.

CÆSAROTOMY. *See* CÆSAREAN SECTION.

CALCULI (singular CALCULUS). Formations or concretions of solid matter which appear in different parts, usually cavities of the body, but generally in the kidneys, urinary bladder or gall bladder. Commonly termed stone or gravel.

Urinary or vesical calculi may form in any part of the urinary canal from the bladder to the urethral opening. They are most frequently found in old age and among those living in hot climates, but they are common in all countries and may appear at any period of life, the mode of living and dietetic errors no doubt being primary and frequent causes. Anything which temporarily or partly obstructs the urinary passage may prove the starting point for the formation of a calculus. The retention of strong urine for long periods, in itself, may prove a cause. Prophylactic measures indicated are the drinking of plenty of water daily and the cultivation of the habit of frequent urination.

CANNABIS INDICA. Hashish or Indian hemp. A vegetable drug used in medicine and also as an aphrodisiac. It is reputed to possess the power of producing sexual stimulation and at the same time of lengthening the coital act.

CANNULA. A slender tube for drawing off accumulated fluid as in stricture or other obstruction of the bladder.

CANTHARIDES. A powerful irritant poison used in "blistering," to induce vomiting, and in small doses as a stimulant in genito-urinary diseases. It is prepared from a beetle named the cantharis or Spanish fly. Cantharides has long had a great reputation as an aphrodisiac, owing to its stimulatory action on the genitals. It was the basis of the notorious *pastilles de sérail* used in the days of Madame du Barry. The poisoning of prostitutes in a Marseilles brothel, as a result of eating chocolates presented to them by the Marquis de Sade, was alleged to be due to the cantharides contained in the sweetmeats. The use of cantharides as an aphrodisiac is likely, in any circumstances, to have dangerous consequences. It is a frequent cause of inflammation of the kidneys and priapism. There are cases where death has followed its use. It should never be taken for any purpose unless prescribed by a medical practitioner.

CAP PESSARY. A misleading term commonly used in referring to the CERVICAL CAP, which see.

CAPIAT. An instrument employed in the removal of foreign bodies from the

womb, particularly remnants of the placenta after childbirth.

CAPON. An unsexed male fowl. The operation, which involves the removal of the testes, is performed while the bird is quite young. Capons are much prized by epicures on account of the tenderness of the flesh. They attain great size and acquire feminine characteristics.

CAPUT SUCCEDANEUM. A tumour or swelling on the head of the fœtus at the time of parturition.

CARNAL KNOWLEDGE. Penetration of the vulva in any degree, and *whether or not the vagina is entered or emission occurs*, constitutes carnal knowledge of a female. It is important that this should be clearly understood. Many persons seem to think that a form of intercourse in which there is only partial intromission does not constitute a criminal offence.

Carnal knowledge or attempted carnal knowledge of a female of any age, by force or without her consent, constitutes rape. Where the female is an idiot or imbecile and the man is unaware of this fact, the offence is a misdemeanour. Here age and the question of consent do not enter into the matter.

In the case of a girl under thirteen years of age, carnal knowledge, whether with or without her consent, is a felony punishable with penal servitude; and any attempt to commit the offence is a misdemeanour. Where the girl is over thirteen and under sixteen years of age, provided the prosecution is made within twelve months of the alleged offence such carnal knowledge is a misdemeanour. In any such case, however, if the accused is under twenty-four years of age and a first offender, it shall be a defence if he can prove that he had reasonable cause to believe that the girl was over sixteen years of age. *See also under* RAPE.

CARRIER. A person who is infected with the germ of an infectious or contagious disease, and is unaware of the fact, thus unconsciously infecting others with whom there is contact. Those recovering from infectious diseases are frequently temporary carriers. It is common for an individual of either sex, who has no active symptoms of venereal infection and believes that the disease has been cured, to be capable of infecting one with whom sexual intercourse occurs.

CARUNCULA (URETHRAL). A protrusion or growth on the urethral lip, which often causes pain and hæmorrhage during sexual intercourse and urination. It is common in women and a cause of vaginismus.

CARUNCULÆ MYRTIFORMES. Remnants of the hymen which are usually present after defloration.

CASTRATION OF THE FEMALE. The removal of both ovaries, which constitutes castration of the female, is not now conducted as a sterilizing operation owing to its replacement by salpingectomy. It is indicated only where some pathological condition of the ovaries makes their ablation necessary or advisable. For these reasons, castration is almost solely restricted to adult females. The effect of the operation is to create an artificial menopause. There is no interference with sexual feeling or capacity for intercourse.

The antiquity of female castration is indicated in references by Strabo and Athenæus to its practice in ancient Egypt.

The operative procedure is now termed ovariectomy.

CASTRATION OF THE MALE. The ancient practice of removing the testicles of the male is now restricted to cases where such excision is indicated owing to disease or accident.

In antiquity the objects of the mutilation varied in different races and according to the era in which it was practised. Thus we find it justified as a religious rite, as a punitive measure, as a means of preserving the soprano voices of boys, to prevent pederasty, for the creation of eunuchs, and for the purpose of sexual perversion. The extent of the mutilation depended upon the precise purpose for which it was inflicted.

As a religious rite, castration, like circumcision, was probably practised by certain races as a sacrificial cult, the offering of the highly-prized organs of generation representing a form of sacrifice only one whit less than life itself. In such cases the mutilations, performed for sacrificial purposes, went beyond castration *per se*, the penis being amputated as well as the testicles.

Actually, in these accounts of castration among ancient races, there seems to be a good deal of confusion between castration, circumcision, and the amputation of the whole of the male external genitalia. In Bryk's detailed study of circumcision, apropos of Saul's command to David that he should secure a hundred foreskins of the Philistines, we read that "undoubtedly the word foreskin is to be taken to mean 'uncircumcised penis' also;"[1] a supposition shared by other authorities and one which is probably correct, seeing that it was a common custom in those days to remove the phalli of enemies killed and captured in battle, much as the American Indians scalped their victims.

As a punitive measure castration seems to have been practised sporadically in all parts of the world, and it even survives in modern times surreptitiously as a means of exacting vengeance or revenge.

Among the Romans there is plenty of evidence as to the widespread custom of castration as a means of preserving the soprano voices of males. Many world-famed professional singers, it is alleged, have owed their fame to the fact that they were castrated in their youth. Among such were Velutti, Senesino and Cafferelli. All those forming the celebrated Sistine Choir were castrates, until the practice was stopped by Pope Clement XVI.

Phallotomy, with or without amputation of the testicles, was at one time practised as a means of preventing pederasty.

The physical and psychological effects of castration depend upon the age at which the operation is performed and the extent of the mutilation itself. If the testicles are amputated before puberty, the secondary male characteristics fail to develop and a state of asexuality results. The penis and testicles remain in an infantile state similar to that prevailing in a case of eunuchoidism. The face and pubes remain hairless, the voice does not change, and there is usually fatty enlargement of the breasts. There is accumulation of fat in all parts of the body, and provided the operation is performed at an early enough age, there is increased growth similar to the well-known results of the caponizing of fowls and the gelding of animals. According to Marshall, the gigantism which follows castration at an early age "is due to an arrest in the ossification of the epiphyses."[2] As regards sexual libido and capacity, in most cases impotency results in consequence of the general infantilism, but to this general rule there are notable exceptions. A celebrated instance, according to Mondat, was that of the Italian singer, Velutti, who, although castrated in boyhood by his father "in order to obtain for him a place in the Pope's chapel, kept his mistress in London and injured his health by his intercourse with her."[3]

After puberty the effects of castration are not nearly so extensive or remarkable. There is no physical development beyond a tendency to put on fat, and the secondary sexual characteristics, so far as they have developed, are in no way altered. The effects upon sexual desire and capacity are relatively small. Erection, orgasm and ejaculation are all possible. McCartney found gonorrhea present in ten out of twenty-three eunuchs he examined. These observations are paralleled in the case of many animals. Thus cavies, rats and pigs have been found, after castration, to be capable of coitus and to show little evidence of sexual deterioration.

The widespread notion that castration inevitably shortens life through lack of testicular secretion is of doubtful truth.

CATAMENIA. The periodic bleeding from the genitals in the female. *See* MENSTRUATION.

CATAMITE. A boy pathic. The term is usually used in reference to a male prostitute of any age.

CATHETER. A tube of metal, glass or rubber, made in various shapes and styles, which is passed through the urethral channel into the bladder in order to draw off accumulated urine in

[1] Felix Bryk, *Circumcision in Man and Woman*, p. 108. American Ethnological Press, New York, 1934.

[2] F. H. A. Marshall, *The Physiology of Reproduction*, p. 323. Second edition. Longmans, 1922.

[3] F. R. Sturgis, *Sexual Debility in Man*, p. 253.

cases of stricture or other obstruction. Conversely it may be used for introducing fluid into the canal.

CATHETERIZATION. The process of introducing a catheter into the urethra or bladder.

CAUL. Sometimes a section of the fœtal membrane is found enclosing the child's head at birth. Probably because of its rarity such an occurrence has been credited with supernatural features, the child born with a caul possessing arcane gifts; and the caul itself, when preserved and dried, bringing good luck to anyone who happens to possess it. Owing to their high reputation in this field, cauls change hands at remarkable prices. One was advertised for sale at £12 in *The Times* (February 20, 1813).[1] During the war of 1914-18, according to Thompson, cauls were advertised and sold at from £15 to £30 each.[2]

CAULIFLOWER EXCRESCENCE. *See* CONDYLOMA ACUMINATUM.

CAULOPLEGIA. Paralysis of the penis.

CAUTERIZATION. Burning or searing with a heated iron, a caustic substance or an electric current.

CAVERNOUS BODIES. *See* CORPORA CAVERNOSA.

CEINTURE DE CHASTETÉ. *See* GIRDLE OF CHASTITY.

CELIOHYSTERECTOMY. The surgical operation in which the womb is removed by the abdominal route. Sometimes called Porro's operation.

CELIOHYSTERO - OÖTHECECTOMY. The surgical operation in which the womb and the ovaries are removed by the abdominal route.

CELIOHYSTERO-SALPINGO-OÖTHECECTOMY. The surgical operation in which the womb, tubes and ovaries are removed by the abdominal route.

CELIOMYOMECTOMY. The surgical operation in which a fibroid is removed from the womb by the abdominal route.

CELIOSALPINGECTOMY. The operation for the removal of one or both of the Fallopian tubes by the abdominal route.

CENTROSOME. The reproductive element in a cell.

CEPHALEMATOMA. The formation or collection of blood, shortly after birth, under the pericraneum. The cause, in most cases, is difficult or abnormally prolonged labour, and especially where the use of forceps is necessary.

CEPHALIC VERSION. Turning the child in utero so as to bring the head into the normal position.

CEPHALOMENIA. An abnormality connected with menstruation in which the discharge is from the nose or mouth in place of or in addition to the vagina.

CEPHALOTOME. An obstetrical instrument used for perforating the head of the fœtus in cases of difficult labour.

CEPHALOTOMY. The surgical operation in which the head of a child is dissected in the womb. Craniotomy.

CEPHALOTRACTOR. A variety of obstetrical forceps.

CEPHALOTRIBE. A surgical instrument used in crushing the head of the child before delivery.

CEPHALOTRIPSY. The process of crushing the child's head in the womb to facilitate delivery.

CEREOLUS. A bougie specifically designed and employed for entering the urethra.

CERVICAL. Relating to that portion of the womb which protrudes into the vagina, providing the means of entrance into the cavity of the womb.

CERVICAL CANAL. The tube or passage which runs through the neck of the womb, connecting the uterine cavity with the vagina.

CERVICAL CAP. An appliance used for contraceptive purposes. It is constructed of rubber, metal or celluloid, and fits over the cervix. It is often wrongly described as a cap pessary. *See under* BIRTH-CONTROL METHODS (FEMALE).

CERVICAL OS. The mouth of the womb; the opening at the lower end of the cervical canal where it protrudes into the vagina. It is sometimes referred to as the *external os*, the other end of the canal being described as the *internal os*. The cervical os varies considerably in shape and size in different women and in the same woman at different periods in her life. In the woman who has never been pregnant the opening is small, while in the woman who has given birth to a

[1] John Brand, *Popular Antiquities*. Chatto & Windus, 1900.
[2] C. J. S. Thompson, *The Hand of Destiny*. Rider, 1932.

child it is large and sometimes badly shaped as a result of tears. The tendency is for the opening to become larger after every parturition.

CERVICECTOMY. The cutting away of the cervix uteri.

CERVICITIS. An inflamed condition of the cervical canal. It is often a sequel to gonorrhea.

CERVIMETER. An instrument used for ascertaining the size of the cervix uteri.

CERVIX. *See* CERVIX UTERI.

CERVIX UTERI. The entrance to the cavity of the womb. It is really the lower or narrowed portion of the uterus, forming a canal of about an inch in length between the uterine cavity and the vagina. The cervix uteri can easily be felt by the exploring finger pushed into the vaginal passage. It is conical in shape and firm to the touch. The seat of numerous pathological conditions, e.g. inflammation, syphilis, carcinoma. Shaw states that "a woman who does not conceive is less likely to develop carcinoma of the cervix than a multipara."[1] It is often written simply cervix.

CERVIX VESICÆ. The neck of the bladder.

CHADWICK'S SIGN. A discoloration of the vaginal mucous membrane and of the cervix, characterized by blue pigmentation, which occurs during gestation and also when the womb is the seat of a fibroid tumour.

CHANCRE. The primary painless ulcer in syphilitic infection, known as the hard chancre. The incubation period is two to three weeks. The lesion heals without any scar formation.

CHANCRE (EATING). The soft chancre or chancroid.

CHANCRE (HARD). The syphilitic chancre.

CHANCRE (HUNTERIAN). The primary ulcer of syphilis. *See* CHANCRE.

CHANCRE (MIXED). An ulcer resulting from coincident infection with both chancroid and syphilis.

CHANCRE (RICORD'S). The primary ulcer of syphilis.

CHANCRE (ROLLET'S). Another name for mixed chancre.

CHANCRE (SOFT). *See* CHANCROID.

CHANCRE (TRUE). Another name for the syphilitic or Hunterian chancre.

CHANCROID. An ulcer resulting from infection with a specific organism named Ducrey's bacillus. The infection is usually the outcome of sexual intercourse with an infected person, though there are cases where it has been acquired from lavatory seats, douches, towels, etc. In the male, the usual seat of infection is the glans penis and inner surface of the prepuce. More rarely the initial ulcer appears at the anal orifice. In the female, the vulva, urethral orifice and the anus are the most likely parts to be affected. The incubation period is a much shorter one than in syphilis. The ulcer may appear within forty-eight hours; it is rarely later than four or five days after exposure to infection.

There seems grounds for the assumption that chancroid is particularly prevalent among coloured races. Corbus says that during his "five years' experience at the Post Graduate Hospital, situated in the centre of Chicago's 'red-light' district, he was particularly struck by the frequent occurrence of this infection in the coloured race."[2]

The ulcer is suppurative, giving off a foul odour. The adjacent parts are inflamed and there is much pain. Unless prompt treatment is secured, the infection will spread quickly, other ulcers forming, with considerable destruction of tissue, and the formation of a bubo in the groin. Anal or rectal chancroid is usually the result of carelessness, the pus from the initial lesion being transferred to the back passage, particularly in females. It is rarely due to sodomy.

The infection being a local one, there are no "secondaries" as in syphilis. Prompt medical treatment (cauterization is the most general) usually results in a complete cure. The ulcer, on healing, invariably leaves a scar. Neglect will result in extensive scarification and probably penile deformity. There have been cases where the organ has rotted completely away.

Chancroid is sometimes referred to as soft chancre and chancroid ulcer.

[1] Wilfrid Shaw, *Textbook of Gynecology*, p. 257. 1938.

[2] B. C. Corbus in chapter on "Genital Ulcers" in *Modern Urology*, edited by Hugh Cabot, Vol. I, p. 217. Kimpton, London, 1936.

CHANGE OF LIFE. A popular term for the menopause or climacteric. *See* MENOPAUSE.

CHAPPA. A disease peculiar to West Africa. Its progress is marked by painful swelling and ulceration of the joints, and other symptoms analogous to those of syphilis or yaws.

CHARCOT'S DISEASE. Induration and inflammation of the joints, with much swelling. A characteristic feature of advanced locomotor ataxia.

CHASTE TREE. *See* AGNUS CASTUS.

CHASTITY BELT. *See* GIRDLE OF CHASTITY.

CHAUDE PISSE. A French descriptive term for the scalding sensation which accompanies urination in acute gonorrheal infection.

CHILD. In English law a male or female under the age of fourteen years.

CHILD (POSTHUMOUS). An infant born after the father's death, or removed by cæsarean section from the dead body of its mother.

CHILDBED FEVER. A popular name for PUERPERAL FEVER, which see.

CHILDBIRTH. Before the actual commencement of labour the woman usually experiences certain symptoms which indicate that parturition is imminent. There is increased irritability of and "movement" in the womb. The urgency of micturition becomes greater and more disturbing, and there is a discharge, often of blood-streaked mucus, from the genitals.

The first stage of labour is marked by severe pains in the abdomen, which occur spasmodically at approximately half-hour intervals, and continue over a period ranging from eight to twenty-four hours. The fœtus, by these painful uterine contractions, is forced downward, causing the "bag of waters" to emerge from the cervix, ultimately bursting. This marks the end of the first stage.

With the escape of the fluid, the head of the child is slowly forced through the vagina and vulva, each progressive step being marked by contractions and much accompanying pain. The complete delivery of the child, which occupies from one hour to four hours, signifies the termination of the second stage of labour.

There remains for expulsion the afterbirth, as the placenta and its attachments are collectively termed. With the completion of this process, which is accomplished by means of further painful uterine contractions, the third and final stage of labour comes to an end. *See also under* PREGNANCY.

CHILDREN (SEX PROBLEMS OF). *See* SEX EDUCATION OF CHILDREN.

CHIMNEY-SWEEPER'S CANCER. Carcinoma of the scrotum, which apparently is more common among chimney-sweeps than those following other forms of labour. It is believed, probably erroneously, to be due to irritation caused by soot.

CHIRAPSIA. Massage or flagellation administered with the hand for therapeutic purposes.

CHIROMANIA. Masturbation.

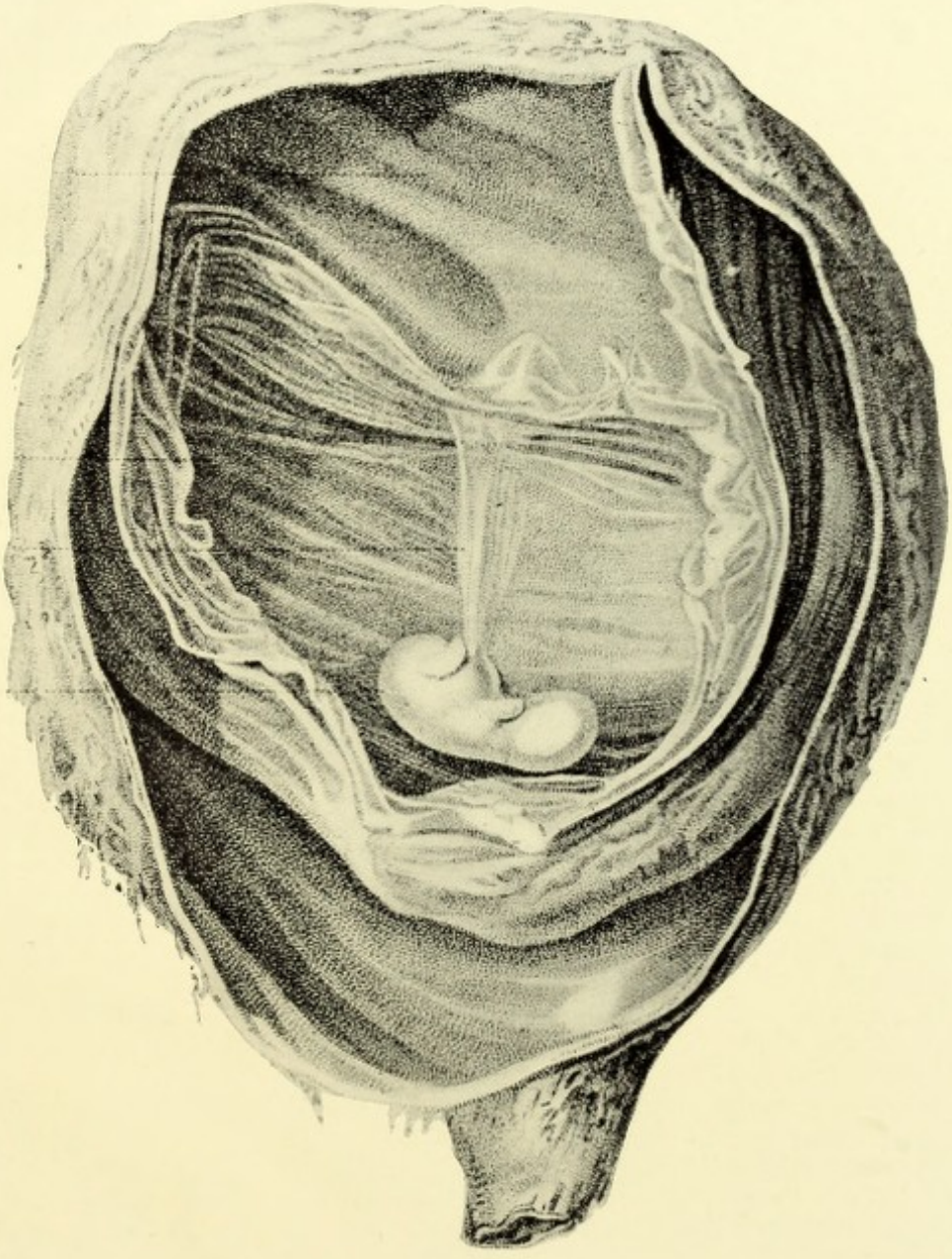
CHLOASMA GRAVIDARUM. Brown pigmentation of the face, the nipples and the abdomen, occurring during pregnancy.

CHLOASMA UTERINUM. Brown pigmentation of the face, the nipples and the abdomen which sometimes occurs at the menstrual periods.

CHLOROSIS. An anæmic affection common in girls at and following the period of puberty, characterized by extreme pallidity of face, palpitation, lack of energy and diminished appetite. Usually there is suppression of the menses, though in some cases where menstruation has commenced there are marked disturbances and derangements in the length of the menstrual cycles and the quantity of the discharge. Chlorosis is the so-called green sickness. *Also* MORBUS VIRGINEUS.

CHORDEE. A condition of the penis which results in extremely painful erections occurring usually during the night. It is due to gonorrheal inflammation of the urethra and adjacent tissue. During erection the glans penis is pulled downward, with the result that the organ is curved. Treatment is concentrated upon the clearing up of the gonorrheal infection which is causing the inflammation, and the administration of bromides to prevent or subdue any sexual excitation. The consumption of alcohol in any form is contra-indicated. Chordee is sometimes referred to as phallankylosis.

CHOREA. A disorder of the motor nerves causing involuntary and sporadic mus-



EMBRYO IN WOMB ABOUT THE SEVENTH WEEK OF GESTATION
(After Ramsbotham).

cular movements, often taking the form of a crude dance. It occurs more frequently in young persons than adults, and in girls than in boys. Popularly termed, in England, St. Vitus's dance; in France, St. Guy's dance; in Germany, St. Weit's dance.

CHORION. The membranous covering which encloses the fœtus and the "bag of waters." The afterbirth.

CHROMATURIA. A general term for the passing of water which is characterized by some abnormality of colour.

CHROMOSOMES. The bodies which carry the genes and which are supposed to control Mendelian inheritance.

CHYLOCELE. A tumour very similar to that of hydrocele. The fluid is of a milky character. It is restricted to tropical countries and is comparatively rare.

CHYLURIA. *See* GALACTURIA.

CICATRIX. The mark or scar which is associated with the healing of a cut or the destruction of tissue.

CICATRIZATION. The scar formation which often follows the healing of an ulcer, an abscess or a wound. Where the process is extensive it may lead to the blockage of a canal, as in stricture of the urethra, or malformation of the penis after extensive chancroidal ulceration.

CICISBEO. A term of Italian origin for a man who dangles at the heels of and plays the part of gallant or servitor to a married woman. Strictly speaking, a cicisbeo is neither a lover nor a gigolo, though in practice he probably performs the functions of both.

CIRCUMANAL REGION. The part of the buttocks immediately surrounding the anal orifice.

CIRCUMCISIO FÆMINARUM. Circumcision of the female.

CIRCUMCISION (FEMALE). In girls and women circumcision consists of the removal of part of or all the clitoris, with, in addition, in some cases, the nymphæ. There are references by Strabo and Celsus, to its practice in ancient Egypt. It is common among many African tribes, in Malaya, in Java and in certain parts of South America.

Various explanations have been given for female circumcision. Some authorities, for instance, assert that its object is to prevent masturbation and erotomania, others are of opinion that it is looked upon by the males of the tribes as necessary in a woman who is to marry because it facilitates sexual connexion, and yet again others assert that, as in the male, it is a religious rite. Possibly the most likely explanation is that it originated among those races where excessive clitoridal development was prevalent, and proved, in some cases, a hindrance to sexual intercourse.

CIRCUMCISION (MALE). The amputation of the prepuce. The oldest known reference to the practice which is to be found in the world's literature appears to be that in the Bible, where the cutting away of Abraham's foreskin, as a means of remedying his impotence, is mentioned. To its regular practice by the Hebrews there are repeated references. According to Herodotus, the Egyptians originated the custom, but the evidence as to this is of a dubious nature. Circumcision seems to have been widespread among savage and primitive races in various parts of the world, and would appear to have been adopted, in some instances at any rate, independently.

There has been much speculation and many different explanations given respecting the origin of circumcision. One of the most ancient of these opinions is that of Philo, who attributes the practice to the greater fruitfulness of coitus through the prevention of any semen being retained in the folds of the prepuce. Many modern authorities subscribe to the view that circumcision was adopted purely or mainly for health reasons, but this view seems to impute a degree of knowledge out of keeping with the general achievements of the races practising circumcision; and the fact that there is plenty of evidence that posthumous circumcision was widely practised by the ancient Egyptians seems to indicate that reasons other than hygienic ones were behind its adoption.

It is doubtful if any one explanation can be accepted as applying universally in all countries and at all times. There are grounds for assuming that in some races, at any rate, it was originally a purely sacrificial cult. According to the Bible, the operation was performed on

the eighth day after birth. This very fact lends colour to the sacrificial hypothesis, as neither in the case of animals nor of human beings were they offered as sacrifices to Yahveh until they were at least eight days old. Before reaching this age they were considered to be unclean.

An explanation suggested by W. E. Dawson deserves serious consideration. He says: "According to an Egyptian myth, the sun god Ré mutilated himself, and the gods Hu and Sia sprang into existence from the blood which fell from his virile member (*Book of the Dead, XVII.* A parallel instance in classical tradition is afforded by the legend that the Erinyes sprang from the blood that fell from the mutilated member of Uranos. Hesiod, *Theogony,* 154ff.) This is probably the motive that originally was responsible for the invention of circumcision."[1]

To-day the practice of circumcision is widely recommended by a number of doctors in all parts of the world, not as a religious rite, but on sanitary grounds as a means of health preservation. Opposed to this opinion, there is another school, comprising a no less authoritative and powerful body of medical opinion, which contends that circumcision is a barbarous and an unnecessary practice.

Provided the operation is performed during the first few months after birth,[2] it is a relatively simple affair and is not followed by any of the complications which occasionally occur after puberty. In fact, so advisable is it for circumcision to be performed early in life, that, unless *medically* indicated, once the age of puberty has been reached, it is most inadvisable to attempt the operation.

The result of the removal of the prepuce is that the surface of the extremely sensitive glans penis gradually hardens. Further, there is no possibility of dirt collecting between the foreskin and the glans and thus inducing irritation. Phimosis and paraphimosis are absolutely prevented, and it is contended that carcinoma of the penis rarely occurs. One of the major reasons advanced in favour of circumcision is that there is no risk of irritation and inflammation as a result of the collection of smegma (the solidified secretion of the mucous membrane) under the prepuce.

Now there is no doubt that this accumulation of smegma or of dirt under the foreskin does lead to irritation and is frequently the cause of much discomfort, with possibly inflammation as an aftermath. But this, in itself, can hardly be looked upon as a reason for circumcision, any more than a collection of dirt under the toe nails can be held to be a reason for amputation of the toes. There is no need for dirt or secretion to be retained under the prepuce. If every boy were taught by his parents, as he should be, to wash the whole of the private parts regularly and adequately, retracting the prepuce during the ablution, and taking care to remove any accumulated dirt, no inflammatory conditions would arise.

Other reasons advanced in favour of circumcision are that the removal of the prepuce prevents masturbation; and that in this way the liability to be infected with venereal disease is considerably lessened, as the prepuce is the usual seat of infection. As a preventive of masturbation, if once a youth is initiated into the vice, circumcision is strikingly ineffective as, contrary to popular opinion, the loss of the prepuce does not prevent manipulations of the penis which will suffice to bring about ejaculations. The virtues of circumcision as a venereal prophylactic are greatly exaggerated. The increased toughness of the exposed skin does lessen, to some extent, the risk of contracting syphilis or soft chancre, but affords no protection whatever against the commonest of all venereal infections, gonorrhea.

Perhaps the chief point in favour of circumcision is its reputed prophylactic value in carcinoma of the penis. Providing there is no racial immunity to penile carcinoma, its marked absence in

[1] W. E. Dawson, *Magician and Leech,* pp. 9-10. Methuen, 1929.

[2] Among the Jews the operation of circumcision is performed on the eighth day; among the Mohammedans between the ages of four and eight days. In the event of a Jewish child dying before it has lived eight days, the operation is carried out upon the dead body immediately before burial.

the Jews and its very low incidence in Mohammedans, the two civilized races which adopt circumcision as a religious rite, seem to indicate that the operation, performed in infancy, undoubtedly reduces the liability to cancer of the penis in adult life.

The effects of circumcision on the coital act are noteworthy. The decrease in the sensitiveness of the glans as a result of the process of induration it undergoes, extends the sex act by retarding orgasm. In this way the prospects of conception occurring are increased. It is because of this prolongation of coitus that in primitive races the women favoured circumcised men, and that nymphomaniacs, in all stages of civilization, have shown marked partiality for such men. The increase in sexual pleasure is not restricted to the circumcised man's partner; it is shared by the man himself. Apropos of this, Sturgis says: "Patients have repeatedly told me that the sexual act had been improved after the operation, so far as pleasure was concerned, and one man seriously informed me that he had never known what a satisfactory coitus was until after he had lost his prepuce."[1] Much, however, must necessarily depend upon the degree of sexual libido present in the individual. In the case of a man whose sexual capacity or libido is below the normal, the decreased sensitiveness of the circumcised organ might well prove disastrous. The reduction in the size of the penis, through the amputation of the loose flesh, reduces the degree of friction during the sex act. If the man marries a woman with a wide and flabby vagina it may easily be that sensation and sexual satisfaction are seriously interfered with.

There is one powerful drawback to the circumcision of boys of other than Jewish or Mohammedan parentage, a drawback which parents, almost without exception, overlook when they are debating the question of circumcision. It is the psychological effect upon the youth, after the arrival of puberty, when he realizes the full implication of the operation to which he has been subjected. To the average Englishman or American who is not a Jew, circumcision ranks as a form of mutilation, and is the occasion of much ribaldry from those who are not circumcised. The adult who has lost his prepuce, through any reason, is likely to be obsessed with a feeling of sexual inferiority. Indeed, there are cases where, purely as a result of this idea that one is emasculated, a state of actual impotence is created.

Circumcision is indicated in congenital malformations of the penis (phimosis and paraphimosis); and in certain diseases (ulceration and some forms of enuresis).

Literature: Felix Bryk, *Circumcision in Man and Woman: Its History, Psychology and Ethnology*, New York, 1934; P. C. Remondino, *The History of Circumcision from the Earliest Times to the Present*, Philadelphia, 1891.

CIRRHOSIS. Shrinking and hardening of any organ associated with inflammation. The term is especially used in connexion with the liver. Popularly referred to as Gin-drinker's liver. Also known as hobnail liver. *See also under* ALCOHOLISM.

CIRSOMPHALOS or CIRSOMPHALUS. A swollen or varicose condition of the veins in the immediate region of the navel.

CLAP. A popular and vulgar synonym for gonorrhea.

CLAUSTROPHOBIA. A morbid condition in which there is horror at being shut up alone in a small room or other confined space. Cleithrophobia.

CLAUSURA. The stoppage or blocking of a passage, e.g. the cervical canal or one of the Fallopian tubes.

CLEITHROPHOBIA. Same as CLAUSTROPHOBIA.

CLEPTOMANIA. *See* KLEPTOMANIA.

CLIMACTERIC (FEMALE). *See* MENOPAUSE.

CLIMACTERIC (MALE). It is contended by some authorities that the male experiences a period of change analogous to the menopause in the female, and this period is stated to occur around the age of fifty years. The analogy is, however, an extremely doubtful one. The decline in man's sexual virility, which starts usually about the age of forty-five, is gradual, extending over a considerable number of years. There is no complete cessation of reproductive power such as

[1] F. R. Sturgis, *Sexual Debility in Man*, p. 343.

occurs in women. It is this cessation of power in woman that characterizes the menopause. Men are capable of retaining their fertility until very advanced years. According to Pliny, Cato, at the age of eighty, and Massinissa at eighty-six, were responsible for the birth of children. In connexion with the Banbury Peerage case, Lord Erskine referred to the case of Sir Stephen Fox as presenting evidence of the possibility of an old man proving sexually potent. At the age of seventy-seven Sir Stephen married. He sired four children, the last when he was eighty-one. It is generally accepted that there is no period in the life of man when he can be said to be incapable of begetting children. For this reason the contention that he experiences a "change of life" analogous to that of woman seems to be untenable.

CLINIC (BIRTH-CONTROL). An establishment where advice and information relative to the best methods of contraception and instruction in the essential technique are obtainable by married women. There are several such private clinics in London and in numerous provincial cities. Also, in many towns and districts, the local Public Health Authorities have established clinics where birth-control information and advice are securable by women in certain specific circumstances where for health reasons pregnancy is contra-indicated.

CLINIC (VENEREAL). A place for the treatment of venereal disease. In most cities and large towns in Great Britain provision is made for the treatment, without charge and in strict secrecy, of anyone suffering from a venereal infection.

CLITORIDAUXE. The condition where the clitoris is abnormally enlarged, such as is sometimes found in professional tribades. Clitorism.

CLITORIDECTOMY. Surgical removal of the clitoris. The operation has been advocated as a cure for masturbation, but its efficacy in this direction is exceedingly doubtful. There seems more reason for its adoption as a cure for nymphomania and as a means of prevention of a certain form of sexual perversion. Bell says: "We have many proofs on record of women with large clitorides who have seduced young girls. The Asiatic natives, especially the Arabians, to prevent such unnatural connexions, are in the habit of removing the clitoris when of a large size."[1] *See also under* CIRCUMCISION (FEMALE) and CLITORIS.

CLITORIS. The organ of the female which corresponds to the penis of the male. It is capable of much stimulation and figures largely in female masturbation. It is of small size, rarely exceeding half an inch in length, though there are cases where the development is so abnormal that the clitoris approaches the dimensions of the male organ. It is in such cases that the excrescence is used as an organ of copulation. (*See* CLITORIDECTOMY.) In negro races the clitoris is normally larger than in Europeans, but many of the sensational accounts in erotological and medical literature respecting organs of excessive size are probably much exaggerated. On this subject, Sir Everard Home says:

"The most remarkable instance of this kind that has come to my knowledge, was a negro woman who was purchased by General Melville, in the island of Dominica, in the West Indies, about the year 1774. She was of the Mandingo nation, twenty-four years of age; her breasts were very flat, she had a rough voice and masculine countenance. The clitoris was two inches long, and in thickness resembled a common sized thumb: when viewed at some distance, the end appeared round and of a red colour, but upon closer examination was found to be more pointed than that of a penis, not flat below, and having neither prepuce nor perforation. When handled it became half-erected, and was in that state fully three inches long, and much larger than before: when she voided her urine, she was obliged to lift it up, as it completely covered the orifice of the urethra. The other parts of the female organs were found to be in a natural state. Dr. Clark, who has favoured me with this account from his own examination, mentions that among the women of the Mandingo and Ibbo nations a large clitoris is very common; and in several instances which came under his observation, in the course of his practice of midwifery, in the island of Dominica, the clitoris was an

[1] T. Bell, *Kalogynomia or the Laws of Female Beauty*. London, 1821.

inch long, and thick in proportion, but attended with no other preternatural appearance."[1]

CLITORISM or CLITORISMUS. The condition in which the clitoris is abnormally developed. Clitoridauxe.

CLITORITIS or CLITORITITIS. An inflamed condition of the clitoris.

CLITOROMANIA. Abnormal sexual appetite in the female. *See* NYMPHOMANIA.

CLITORRHAGIA. Profuse bleeding from the clitoris.

CLOACA (VESICORECTO-VAGINAL). A female abnormality, which may be a congenital malformation or the result of an injury, in which the bladder, rectum and vagina all eject into one opening.

CLOTHING IN RELATION TO SEX. We have for so long been accustomed to clothing, and we have grown up in a social environment dominated by the Christian concept of nudity and sin being synonymous, that the majority find it difficult to conceive of nakedness, in any circumstances other than the strictest privacy, being other than grossly immodest and, in most instances, immoral. Actually nudity, in itself, is neither moral nor immoral, neither modest nor immodest. What makes it the one or the other are the circumstances in which it occurs, conditioned by religion and the social customs of the community. Thus the appearance of a nude man or woman in a society like our own, where clothing is customary, is considered the height of immodesty; whereas in a savage tribe, where it is usual for all members to walk about as God made them, the donning of clothing by one of its members would be dubbed an act of indecency. We see evidence in all abundance of this in the widely divergent reactions of various races to the exposure of different parts of the body. The woman of China will show the whole of her body, except the feet, to all and sundry, but she will be embarrassed if anyone other than her husband should so much as catch a glimpse of her uncovered feet; in Turkey a girl blushes with shame if she is caught unveiled; the females of Mohammedan races will gleefully expose any part of their bodies except their faces. Similarly, the women of Assam show everything but their breasts; in the Malay peninsula, the native girls only express shame if caught with their navels exposed; among certain African races, it is customary to cover the posterior with a sort of apron, while those very frontal sexual regions that, according to current European morals, are thought to be so indecent are exposed without the slightest sense of shame. Sumner, quoting from Lane's *Modern Egyptians* says: "An Arab woman, in Egypt, cares more to cover her face than any other part of her body, and she is more careful to cover the top or back of her head than her face."[2]

There is always a risk, where an individual does something different from other members of the community, that this enterprising person may be condemned by his brethren as a criminal, or accused of being insane, indecent, immoral or merely eccentric, according to the nature of the code, written or unwritten, which he transgresses. The indecency connected with nudity, in the minds of modern civilized members of society, is, of course, vitally connected with sex, and with the moral codes which call for the rigorous concealment, not only of the sex organs themselves, but of all those parts of the body which are supposed, from the coming of puberty onwards, to arouse or stimulate sexual passion. Children have always been allowed far more latitude as regards uncovering the body than have adults, and the sight of a naked new-born babe arouses no feeling of disgust in either men or women observers.

Shame, which precedes modesty, and indeed incorporates it, is really another name for fear; insomuch as it results from the dread of being ostracized, condemned or censured for doing something which will merit the disapproval of one's fellows, and particularly of one's intimates or relatives. The so-called daring of man, and particularly of woman, almost invariably follows along lines tentatively approved by society—thus the daring

[1] Sir Everard Home, *Lectures on Comparative Anatomy*, Vol. III, pp. 316-317. London, 1823.

[2] W. G. Sumner, *Folkways*, p. 434.

CLOTHING IN RELATION TO SEX

dress of women is merely an extension of what is already approved by tolerance. It rarely goes so far as to be antagonistic to current tendencies. This has been evident all through the ages. It is true in the case of primitive man. In tribes where tattooing is customary, the man who for some reason or other has failed to get his body decorated on conventional lines is imbued with a feeling of shame in the presence of his tattooed fellow men. The present-day Englishman who attends a dinner-party and discovers that everyone except himself is arrayed in evening clothes is ashamed, confused and miserable. When it ceased to be customary for man to go about nude, or comparatively nude, and the sight of nakedness became something to write home about, in the eyes of the clothed person any nude being became a shameful and an indecent sight. Similarly, where all men are nude, it is the clothed person who is ashamed. Frances and Mason Merrill, describing their visit to a nudist park in Germany, mention how, on coming in contact with a naked man, while he betrayed no signs of humiliation, they "felt a positive sense of shame" and "blushed with embarrassment."[1]

The instinctive modesty that one reads about in novels, and which one hears people speak of, is a myth. Modesty is not instinctive. It cannot be instinctive, because, as we have seen, it varies enormously according to time, circumstance and environment. No child is ashamed of being naked until it has been taught that the exposure of certain parts of the body is tabooed. Similarly, no savage belonging to a tribe in which it is customary for the body to be uncovered attaches any idea of shame or immodesty to nudity. The savage feels no sense of embarrassment in a state common to all from birth.

In modern civilization what is immodest and tabooed in one set of circumstances becomes, if not actually modest, at any rate tolerated, in another different set of circumstances. And it is axiomatic that what is tolerated to-day becomes customary to-morrow. We see abundant evidence of this in the steadily increasing laxity in regard to the regulations respecting bathing-dress that has been so marked a feature in recent years. We see, too, all the evidence we need respecting the varying definitions of what constitutes modesty in the different regulations in vogue at the various seaside resorts, and in the fact that the scantiness of attire which at a seaside holiday resort would pass uncondemned, or would, at most, call for little comment, in the streets of London or Birmingham or Leeds would lead to an appearance in the police court.

Whatever connexion there may be to-day, in civilized society, between clothing and modesty, we may, for the reasons already indicated, dismiss as unsound the popular argument that the habit of clothing the body arose through shame at the idea of nudity.

Naturally, inevitably, the question arises, why did the custom of wearing clothes come into existence at all? The contention that clothing is necessary as a protection against the rigours of the climate is tenable to a very limited extent only; and, at most, cannot account for more than a partial covering of the body. Natives in various parts of the globe, ranging from the equatorial regions of terrific heat to the temperate zones, for countless generations, have gone about naked or with a minimum amount of clothing. Even such modicum of clothing as has been worn, in many cases, has had nothing whatever to do with climatic conditions, but has been adopted to protect certain sensitive parts against injury from trees, insects or accidental contacts during work or play. The need for clothing as a protection against cold and wet is largely a cultivated need. The ability to accustom the body gradually to climatic conditions even in our comparatively cold northern clime is well exemplified in the manner in which modern woman in recent years has discarded much of the clothing to which, in previous generations, she has been accustomed.

There is no doubt, however, that the origin of clothing was partly due to its supposed virtue as a protective agent—not as a protective agent against climatic conditions, but against evil spirits. Among all primitive and savage races there is fear of the unknown, there is much superstition, there is universal belief in magic,

[1] Frances and Mason Merrill, *Among the Nudists*. Noel Douglas, 1931.

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in sorcery, in witchcraft. The fear of the evil eye hangs like a black shadow over everyone. Simultaneously there is almost always a belief in demons or evil spirits possessing the power to have intercourse with women[1] and hence the need for protection against them. The belief in virgin birth, occasioned by the spirit of a god, or of an angel, or of a demon, entering the woman through some unprotected and vulnerable part, was universal in ancient times. We have an indication of this in St. Paul's insistence on the need for woman to keep her head covered. He recommended the covering of the head as a sign to the angels that here was forbidden fruit, as well as a form of protection against demons in accordance with the popular superstition of the time.[2] Similarly, according to Havelock Ellis, Sinhalese women cover the vulvar opening in order to frustrate the attempts of demons to enter and have intercourse. In other tribes it is customary to wear charms and amulets of various descriptions in order to secure immunity from the visitations of evil spirits, and to ward off disease, which, among many primitive races, is attributed, as it was in the time of Christ, to the visitations of demons.

We now approach another and much-vaunted reason for the origin of clothing; to wit, the desire of the human animal to draw attention to and exploit its sexual charms. Psycho-analysing the legend of Adam, in the prevalent neo-biographical manner, we find that vanity in his virile powers was more likely to be the reason for his adoption of a garb calculated to draw attention to his manliness, than the shame which the compilers of the Book of Genesis assert. Where it is customary for everyone to go about naked the one who is sufficiently enterprising or daring to adopt some form of ornamentation is certain to attract attention—the social status of the innovator will have much to do with the reaction of the rest of the populace to the experiment. For a precisely analogous reason the same results occur when, in a society in which everyone is accustomed to wear clothing, some individual or other elects to discard all or most of these coverings. Thus the seminudity of the modern English society woman or actress.

We have ample grounds for the belief, according to the observations of many travellers, explorers and anthropologists, that in the majority of instances savage races adopt clothing in order to promote sexual attraction; which explains why many natives who are accustomed to go about entirely nude look upon the man or woman who adopts any form of covering as indecent. Lohmann, quoted by Westermarck, mentions that in the Salira tribe, the prostitutes wear clothing, while all the other women are nude. The same writer quotes Simpson's remarks respecting the nudity of the Napo Indians in Ecuador: "Clothing with all savages is primarily looked upon as mere embellishment, though Indians who have frequent communication with more civilized men begin to show some shame when entirely nude." And again, Parkinson, another observer, says: "Nakedness by itself causes no sexual excitement in a native." Thus the attempt, by ornament or dress, to attract the attention of, and to arouse sexual desire in, the opposite sex.

This basic use of decoration as a means of exploiting sexual charm shows itself in extreme and sometimes bizarre forms of attire. Fashionable elegance all through the ages has been synonymous with sexual attraction. It is significant, as Bloch has pointed out, that the pioneers in fashion, and in most cases the actual inventors of new modes of dress, have been prostitutes. In many cases articles of feminine apparel have been deliberately designed to enhance forms of female beauty which existed in an attenuated form, or to suggest other forms which possibly did not exist at all. The changes of fashion, therefore, to a certain extent

[1] The belief that devils or demons could, when they desired, indulge in fornication with women was widely held not only by savages, but by the ancient Greek and Roman philosophers, including such notabilities as Philo, Plato, Tertullian and Clement of Alexandria; it permeates the Bible, it survived for well over a thousand years of the Christian dispensation.

[2] The custom of women wearing hats in church is still religiously carried out, though few worshippers are aware that the reason for this custom was to protect the wearer against the entry through the ears of evil spirits, with resultant conception.

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are governed by the changes in the ideal of womanly perfection, in other words, in the physical ideal that is held to be consonant with sexual charm. When and where excessive development of the breasts is associated by man with female sexual charm, efforts are made by women to suggest such development; in instance, the practice of tight-lacing in the Victorian era, which, in addition to causing the breasts to stand out prominently, enhanced the appearance of the buttocks. Even to-day, despite the change over to an ideal which is more in keeping with homosexual than heterosexual stimulus, the corset is still adopted, consciously or unconsciously, to accentuate sexual charm and appeal.

But strong as is, without doubt, the sexual urge in the matter of the adoption of ornament and decoration, it is not the sole or, I think, the main reason. The vanity of mankind is not purely a sexual vanity. It is often but another name for the lust for power; the wish to prance and strut about before one's fellow creatures. It is this desire for power, which appears to find its first beginnings in the most primitive of races, that leads to the adoption of some means or other of drawing the attention and arousing the envy not only of members of the opposite sex, which is the most distinguishing feature of anything connected with the development of sexual attraction, but also in connexion with one's own sex. This has been apparent from the beginning of time and all through the ages. The society woman, in the donning of her gorgeous upholstery, is not concerned solely with the extension of her sexual power over man; she is just as much, and often even more, concerned with standing out from her sisters and exciting their admiration and envy. Even more does this apply in the case of the male. Thus the donning of ornaments by generals, mayors, bishops, lion tamers, *et al.*

It is this increase in the dignity of man and woman, this feeling of superiority, dominance and power, that is intimately associated with ornamentation and decoration; in other words, it is in this development of the ego that probably lies the main reason for the origin of the habit of clothing the human body, and which, beyond any doubt or question, is mainly responsible for the huge extension and development of dress among the civilized races of mankind.

The psychologist is well aware of the powerful and cumulative influence which environmental and extraneous factors have upon the human mind. Not the least of these factors is dress or ornamentation. In its most primitive form it shows itself in the way in which the child or the savage struts about when dressed up in gaudy new clothes; in its most developed form we see its expression in the narcissism inherent in the gorgeously upholstered woman of fashion, or in the male duly decorated with the regalia of office and authority. Not only does the resplendently attired and decorated lady obtain respect and attention, while the dowdy or shabbily dressed girl is ignored, but she herself, by virtue of the very fact of parading clothes of distinction, unconsciously but none the less surely is imbued with authority. Analogously, the poorly dressed woman, painfully conscious of the drabness and shabbiness of her apparel, is timid and suppliant. In the male the same thing applies. The prosperous-looking individual, the wearer of robes and chains of office, gets respect and attention not alone from the fact that he is decorated with the signs which command respect, but by virtue of the fact that, knowing the excellence and impressiveness of his apparel and decorations, he unconsciously assumes a commanding attitude himself, radiating authority. On the other hand, the down-at-heel is servile and humble. He becomes so accustomed to the kicks of the more prosperous that he begins to expect them as a matter of course. Governments, well aware of the practical aspects of all this, though they may not be familiar with their actual origin, succeed in destroying, in those whom they wish to use as tools, and in those whom they wish to subdue or punish, any remnants of that lust for power which is so normal a human characteristic. Thus the drab uniform of the soldier and of the convict.

We see evidences of the beginnings of this striving of the individual to stand out from the ruck, before ever the question of clothing was thought of. It mani-

fested itself in decorating the human body with either temporary and changeable ornamentation, as in painting the skin or wearing beads, necklaces and the like; or in fixed ornamentation, as in tattooing and mutilation. True, in some cases, the ornamentation is to protect against evil spirits or to act as a charm; but often, additionally, and more often wholly, it is intended to add to the dignity of the wearer in the eyes not only of his compatriots, whether friends or enemies, but also of himself. Thus according to Lumholtz, the natives of Queensland intensified their blackness with paint. Marco Polo[1] points out a similar custom among the natives of the Province of Malaba. We see the same thing in the custom of nude savages wearing collars, necklaces and head ornaments. Even the girdle, in most instances, was purely ornamental and altogether unconnected with sexual concealment. Its development into the kilt, and later into the skirt and trousers, forms an interesting chapter in the evolution of clothing.

Inevitably there crops up the danger of every custom outliving its usefulness. In particular is this danger a penalty of the ultra-civilization of to-day. The decorative aspect of clothing has been developed through the centuries; and to-day, through the incidence of the machine age, it is possible to produce replicas of every new decorative feature, whether it be jewellery or dress, by mass-production methods, quickly and cheaply. Coincidentally, the increased prosperity and higher standard of living among the working classes, the remarkable rise in democracy, the emancipation of women, the enormous spread of popular education, together have sufficed to create in Europe and America a herd of people so universally well-dressed, decorated, painted and powdered, that the problem for the wealthy and aristocratic members of society is how to stand out for more than a few hours at a time from the mob.

Clothing is losing its possibilities as a decorative factor. Where all are similarly decorated there is no virtue in decoration. The value of clothing as a means of securing the respect, the attention and the envy of others, and consequently of satisfying the innate lust for power and the narcissism inherent in most individuals, is a definitely declining value. There is indeed a distinct fear that the remnants of its value may quickly disappear.

And so there is observable a tendency to return to semi-nudity or to complete nudity in an effort to get away from the mob, and reassert the dignity of the individual. This is an aspect not to be overlooked. Naturally, it only applies in a society such as at present prevails in Europe and America. In any society where nudism is the rule and not the exception the spectacularity of nakedness, as well as its aphrodisiacal properties, are both non-existent.

CLUNES. The soft fleshy posterior parts which one sits upon. The nates or buttocks.

COARCTOTOMY. The surgical operation in which a urethral stricture is divided.

COCAINE. A white crystalline substance prepared from the leaves of the South American coca plant. Introduced into Europe some fifty years ago ostensibly for use as a means of producing local anæsthesia, but also widely consumed as "dope." There are cocaine addicts in every civilized country and in all stations of life. One reason for the popularity of cocaine as a drug is the simplicity of its application. It need not even be injected. The most widespread method adopted is to take it in the form of snuff, but it is also mixed with alcoholic drinks and smoked in cigarettes.

The plight of the cocaine addict is pitiable and often tragic. Delusions and hallucinations follow the regular consumption of the drug; all ideas of moral restraint are lost. Insanity frequently follows. So far as sexual libido is concerned, the effects at first are distinctly aphrodisiacal, and this undoubtedly is a reason which leads individuals of both sexes to start taking cocaine. Its continued use, however, causes a gradual diminution in sexual power, and ultimately there is a state of complete impotence in the male and frigidity in the fe-

[1] Marco Polo, *Travels*, Ch. XX.

male. Cocaine is referred to in the underworld as coke or snow.

CODPIECE. An ornamental and fashionable device, made of silk or leather, worn over and designed to draw attention to the male sexual organs. It was widely adopted in England, France and other continental countries during the fifteenth and sixteenth centuries. In some instances the ornamentation was most elaborate and costly.

COHABITATION. The act of a man and a woman, whether or not legally married, living together. Also commonly used as a synonym for sexual intercourse.

COITION. Sexual intercourse.

COITOPHOBIA. Morbid aversion to or fear of sexual connexion. It is usually associated with dyspareunia.

COITUS. The sexual act. Copulation.

COITUS (ANAL). Sodomy or pederasty. A criminal offence, punishable under the Offences Against the Person Act, 1861.

COITUS A POSTERIORI. That form of copulation in which the male takes up a position behind the female. It is sometimes referred as quadrupedal coitus.

COITUS (ATTITUDES IN). There are many methods of engaging in sexual intercourse. The widely disseminated notion that any departure from the usual European or American method, in which the woman assumes the supine attitude, is sinful, immoral, disgusting or even criminal, is as fallacious as it is mischievous. No method of carrying out the sex act which is capable of resulting in conception can be considered, either from a religious or a moral standpoint, to be sinful or disgusting. No method that is capable of minimizing or preventing injury to physical or mental health can justifiably be condemned. No method that makes possible the relieving of the deadly monotony which in so many thousands of instances afflicts the marital alliance can be seriously contra-indicated. So long as *natural* intercourse is performed, that is so long as the coital act is concerned with penile intromission into the vagina of the woman, the exact manner in which this is accomplished is independent of morality or ethics. The only criminal forms of coitus are sodomy with the female or the male sex, and bestiality.

Actually the position selected has always depended more upon religion and custom than upon physiological indications. Thus, from the beginning of time, the Australian Blacks have adopted a crouching position; the Sudanese, according to Ploss and Bartels, perform coitus in a standing position; the Eskimos are practitioners of quadrupedal coitus; and, according to Havelock Ellis, among "the Suahelis in Zanzibar, the male partner adopts the supine position."[1]

It is significant that in practically every instance any other posture than the one habitually practised is considered to be indecent or unsatisfactory. Malinowski says that the natives of North-Western Melanesia "despise the European position and consider it impractical and improper." They say of this position—"The man overlies heavily the woman; he presses her heavily downward, she cannot respond."[2]

The general condemnatory reaction towards any departure from the orthodox attitude, which has been so marked a feature of English and American thought for so many centuries and which has led to the burying of any information respecting such departures in expensive and prohibited books, has suddenly made a somewhat surprising *volte-face*. The pendulum has swung the other way with a vengeance. So much so, indeed, that in my work, *The Sex Life of Man and Woman*, I have thought it well to voice the following words of warning:

"The dangers attending the adoption of postures which in some cases call for the resiliency and agility of an acrobat, render their practice inadvisable so far as concerns the majority of married couples. The ages and the physical condition of the parties contemplating new departures in coitus affect the advisability of making any such experiments. All initial attempts to practise unorthodox positions are certainly contra-indicated where

[1] Havelock Ellis, *Studies in the Psychology of Sex*, Vol. V. Davis, Philadelphia, 1926.
[2] Bronislaw Malinowski, *The Sexual Life of Savages in North-Western Melanesia*. Routledge, 1932.

either the man or the woman is over forty, and in many instances under this age. And, whatever the age or the physical condition, *if intercourse in any position, orthodox or unorthodox, causes pain, discomfort or exhaustion in either the wife or the husband, it should be discontinued. I feel these warnings are very necessary.*"

With this proviso, which should always be kept well in mind, there are undoubtedly cases where departures from the customary European method may be adopted with advantage. Thus the lateral (side-by-side) position is a departure indicated where the weight of the husband's body is a source of discomfort or danger to the wife, i.e. where the woman is slight or weak, during pregnancy and after childbirth; while the position in which the man faces his wife's back is sometimes advisable when the woman is chronically obese. In any case where the husband is physically exhausted or weak, the reversed position, with the man supine and the woman uppermost, may prove desirable. It is contra-indicated if the woman is afflicted with obesity, or is in feeble health after illness, parturition or an operation. Except where it is essential that pressure should be avoided by both partners, the sitting or kneeling positions are not advisable. They are, according to Tissot, likely to prove exhausting. Standing positions should be avoided in all circumstances. They are dangerous.

COITUS (BUCCAL). A form of sexual perversion in which ejaculation is in the mouth. Also termed fellatio and irrumation.

COITUS CONDOMATUS. Where the seminal fluid is ejaculated into a condom instead of into the vagina. A contraceptive method.

COITUS IN ANO. Same as ANAL COITUS.

COITUS IN ORE. Same as BUCCAL COITUS.

COITUS (INJURIES RESULTING FROM). The sex act sometimes results in severe injuries, and often in minor injuries, to the female partner. It is impossible even to guess at the number of cases where small tears and abrasions occur. It is, of course, only the more severe cases of injury that ever come to the notice of the physician.

Women vary considerably in their liability to injury during coitus. Moreover, the same woman varies from time to time, according to her general health and the precise state of her genitalia. Most cases of injury occur during the honeymoon, in the later months of pregnancy, after childbirth, and following operations involving the reproductive organs.

The cause is usually ignorance, carelessness or brutality on the part of the male. Often injuries occur when the husband is in a drunken or semi-drunken state. When the walls of the vagina are thin or in a relaxed condition, as is so often the case after parturition, any undue force exerted by the male or the adoption of any position in which the penile thrust is directed against the vaginal wall, may easily cause damage. If the cervix, vagina, vulva or perineum has been surgically repaired after childbirth, violence in the course of the sex act may cause severe pain, and in cases where intercourse has been resumed at too early a date, may even reopen the wound.

The adoption of an unusual attitude for the performance of coitus, especially in middle age, may cause injuries, a point I have mentioned in another place. (*See* COITUS—ATTITUDES IN.) Fürbringer gives a case within his own experience of a pregnant woman, aged twenty-six, being brought dead to the hospital with which he was at that time connected. After engaging in coitus with a young man she had collapsed. The autopsy revealed lacerations of the urethra due to the penis, as a result of the adoption of the standing position, taking a wrong direction, and creating a false passage.[1] Recto-vaginal fistulæ, causing incontinence of fæces, are sometimes caused by reckless and careless intromission, particularly where unorthodox attitudes are adopted, or mechanical aphrodisiacs or "erectors" are employed by the male. O'Conor writes: "I have seen several instances of female urethral injury when the male used some mechanical device as a sub-

[1] P. Fürbringer, *Health and Disease in Relation to Marriage and the Married State*, edited by Senator and Kaminer. 1904.

stitute for a normal erection of the penis."[1]

Death as a result of coitus is, however, comparatively rare in women. It is much more common in men, though even here it is restricted to the aged. Indeed, old men invariably run a certain amount of risk in engaging in coitus, especially after a long period of abstention. There are many cases on record where death has followed intercourse, sometimes in most embarrassing circumstances. According to Féré, copulation is a frequent cause of epilepsy in old men, and the same authority instances a case where coitus caused coma in a diabetic.[2] Hirschfeld, commenting upon the risks of death following coitus, says that "in most cases where death results from cohabitation, the reason is either arterial sclerosis or endocarditis; the violent fluctuations of plethora cause apoplexy or a tearing and advancing of the terminal arteries."[3]

While deaths are infrequent, cases of injury or pain resulting from intercourse are fairly frequent. During intoxication or as a result of satyriasis, the corposa cavernosa of the penis is sometimes ruptured, causing extensive swelling and much pain. The effort necessary to rupture a tough hymen may cause abrasions on the penis, which give rise to a good deal of soreness and render coitus impossible for a few days. Leucorrhea or menstrual discharge may cause inflammation or urethritis.

COITUS INTERRUPTUS. Withdrawal. *See under* BIRTH-CONTROL METHODS (MALE).

COITUS INTRA FEMORA. This does not represent copulation in any true sense, there being no intromission. Ejaculation is completely outside the vulva. It is sometimes adopted as a contraceptive measure.

COITUS RESERVATUS. This method of performing the sex act has, at various times, been given wide publicity and recommendation. It has been prescribed on religious, moral, ethical and medical grounds, in addition to its advocacy as a practical method of avoiding conception. It was practised by a communal religious sect founded by John Humphrey Noyes, and known as the Oneida Community (see under this heading). Noyes advocated *coitus reservatus*, or Male Continence, as he called it, as a disciplinary measure, a method of controlling birth, and a means of retaining and developing male vigour. Years later, Alice B. Stockham, in her writings, gave wide publicity to the same practice, which she renamed "Karezza." In one way and another *coitus reservatus* secured many devotees, especially as it was contended by many that the reabsorption of the semen by the male was hugely beneficial to his health and virility, increasing his prospects of attaining long life and retaining youthful vigour. In more recent years, several authors of manuals and brochures dealing with sexual physiology and hygiene have advocated *coitus reservatus* on the same grounds. All of which has been instrumental in leading to its adoption by many men not only in preference to "withdrawal" and other birth-control methods, but also as a rejuvenating or health-promoting measure where birth control is unnecessary.

It may as well be stated here that the retention of the semen by the male does not produce any beneficial results; to the contrary, it nearly always proves injurious. Much confusion exists between the fluid produced by the testicles and by other sexual glands, which various secretions all go to form the semen; and the internal secretions or hormones, which are absorbed by the blood. The constituents of the semen are *external* and not internal secretions.

Coitus reservatus is often confounded with *coitus interruptus*. It differs from "withdrawal" in one very important point, *the seminal fluid is not ejaculated at all*, it is retained by the male. The procedure, to a point, is the same as in "withdrawal." But in *coitus reservatus* the rise of sexual libido stops immediately the acme of sensation is on the point of being attained. There is no orgasm, and consequently there is no ejaculation. The sex act is prolonged until the erection subsides and the penis

[1] Vincent O'Conor in the chapter on "Diseases of the Urethra in the Female" (Cabot's *Urology*, p. 331).
[2] Ch. Féré, *The Sexual Instinct*. 1900.
[3] Magnus Hirschfeld, *Sexual Pathology*. Julian Press, Newark, 1932.

resumes its normal flaccid condition. Then and then only is it withdrawn from the female vagina. A special feature of *coitus reservatus* is this prolongation of coitus. This involves a special technique. As the moment of orgasm approaches, the man immediately brings to a cessation all movements of the penis and of the body, remaining perfectly passive until there has been marked diminution in sexual excitation. It is stated by some writers on the subject that in this way the sex act can be extended over long periods. Cases are given where it has been prolonged for an hour or even longer, but such stories are of the most dubious authenticity where they do not rank as pure fiction. It is exceedingly doubtful if there is a man living who could keep up an erection for anything approaching this length of time.

The method is an exceedingly difficult one. On paper, it may seem simple enough, but when it comes to putting the *modus operandi* into actual practice there are obstacles which, to most men, prove insuperable, and to all men, are very difficult to overcome. So much so, indeed, that Noyes, in his original pamphlet on the method, admitted the need for some instruction and practice in order to master its technique; but even so *coitus reservatus* is obviously not a method for every man, or even for the majority of men. There are relatively few who can, even with much practice, restrain their sexual passion to such a degree as to avoid ejaculation in such circumstances.

As a birth-control method, *coitus reservatus* is much more likely to prove a failure than is "withdrawal." There is a much longer period during which the possibility arises of seminal fluid, which may contain spermatozoa, being emitted from the urethral orifice. The main objections to *coitus reservatus*, whatever may be the object of its practice, are concerned with its injurious effects when indulged in over any prolonged period. These injurious effects are connected with the failure to ejaculate. Any form of coitus, or, in fact, any form of sexual excitation in a physiological sense, that is perverted, aborted, or otherwise denied physical expression in the shape of ejaculation, is bound to have, in time, most injurious effects.

During sexual excitement, and especially during the sex act, the various glands which contribute their secretions to the seminal fluid, are stimulated far beyond their normal activities. The result is that these ducts are full to overflowing with their secretions. If there is no ejaculation the glands remain in a congested state. It is true these secretions will be discharged later, either in the form of a nocturnal emission or with the urine, but even so, this only represents partial relief of the congestion. The danger connected with congestion of the sexual glands, and especially of the prostate, is inflammation, with all its distressing consequences. In older men, in particular, the regular practice of *coitus reservatus* would almost surely cause enlarged prostate.

Summed up, it is a method with little to commend it as, in addition to being unsafe and unreliable, it is really a perversion of normal coitus. According to Féré, it "plays a large part in the production of hysteria, sexual neurosis, and sexual neurasthenia in particular."[1]

COITUS SAXONUS. A very old and at one time popular method of avoiding conception. It is still practised extensively in many countries. At the moment of orgasm and *before* ejaculation, the finger is pressed strongly against the root of the penis where it joins the body, so as to close the urethral passage and prevent the outflow of seminal fluid. The semen is thus forced backward into the bladder, from whence it is subsequently voided with the urine. In some cases the woman exerts the pressure which suffices to block the urethral canal, but there is greater risk in such a case of the pressure being applied too late.

The method is an extremely unreliable one, and, apart from the prospect of the man failing to judge the precise moment to apply the pressure himself, or to indicate to his wife this precise moment,

[1] Charles Samson Féré, *Scientific and Esoteric Studies in Sexual Degeneration in Mankind and in Animals*, p. 202. Anthropological Press, New York, 1932.

there is the inevitable risk that it will prove only partially effective, allowing some of the seminal fluid to find its way through. Practised regularly *coitus saxonus* cannot fail to prove cumulatively harmful. It is almost certain to cause congestion and consequent inflammation, the precursors of much distress and trouble in after years.

COITUS (TECHNIQUE OF). The popular notion that everything in connexion with the sex act comes to one automatically is a fallacy. In modern civilized man it is doubtful if there is such a thing as sexual instinct. The emissions of semen which occur spontaneously during the years of adolescence no doubt have a lot to do with the hypothesis widely held by medical men and scientists as well as the lay public that the sex act itself is a purely instinctive phenomenon.[1] Also it is contended that as coitus in lower forms of life is automatic, the same principle holds good in regard to mankind. The analogy is not a true one. The gulf between automatic coitus in animals and sexual intercourse in man is extremely wide. In almost all animals and other lower forms of life coitus occurs only as a result of certain powerful stimuli, such as contact and smell. Moreover it is seasonal. There is no such thing as psychological motivation or deterrent. Only when the mare or the bitch is "in heat" will she tolerate the attentions of the stallion or the dog. It is the female, during these periods of œstrus, that attracts the male of the species. At any other time she is unresponsive should the sexes meet. Often the male is unresponsive too. There may be certain purely automatic masturbatory efforts which can easily be mistaken for coital movements. That they have no true connexion with coitus is evident from the fact that, as everyone is aware, dogs frequently attempt masturbatory acts against the legs of men or women and sometimes against inanimate objects.

In man there is no seasonal sexual activity. And whatever may have been the case in savage races, in modern sophisticated man there is no automatic or accidental tactile or odorous attraction which can cause spontaneous coitus, as in animals, birds and insects.

There is for the finding plenty of evidence that many unmarried men and women are quite ignorant of how to perform the sex act; that the majority of married men and women have the most superficial knowledge of sexual technique, and, in consequence, never carry out coitus properly or adequately. Sex ignorance of this nature has a most profound effect upon happiness in marriage. If it were possible to arrive at the truth it is probable that in a large proportion of the marriages which end in divorce or separation the basic cause of the disharmony that leads to so tragic a result is sexual ignorance.

It is essential that both partners should understand not only the actual technique of intercourse, but, in addition, the psychological repercussions which affect sexual libido. Lack of knowledge of this is the cause of the husband failing to understand why his wife shows a disinclination for intercourse at any time which suits his convenience; and similarly the failure on the part of the woman to understand why her husband may not find it satisfactory or even possible to arrange his sexual needs to fit in with her own moods or requirements. Without this essential knowledge it is easy for both husband and wife to misinterpret what should be accepted with tolerance and understanding.

The active nature of the male's part in coitus and the need, before intercourse is possible, for the male organ to change from a soft flabby appendage to a firm erect and considerably enlarged virile organ has implications that are but dimly understood by most men and women. In the male, preliminary sexual excitation is essential. The stimulatory forces are many. They are physical and psychical. Men vary enormously in their reactions to stimulation. Generally speaking, though admittedly the rule is

[1] A seminal emission is not necessarily associated with thoughts of the opposite sex, as coitus inevitably is. There are many young men who frequently experience nocturnal emissions which they never connect with sex at all. There are cases where adolescents consult doctors under the impression that the emission is a symptom of some grave disease.

subject to many exceptions, repetition dulls and deadens the stimulatory force of any one factor.

Much of course depends upon the man's sexual potency at the time. But assuming that he is in good general health and afflicted with no specific pathological sexual disorder or inhibition, the mere intimate presence of an attractive female should be sufficient to stimulate sexual libido. Physical contact, kissing, perfume, semi-nudity, are all aphrodisiacal factors. The arousing of sexual libido is usually indicated by the swelling of the male organ, due to congestion. The hardening, lengthening and thickening of the penis make its intromission into the vagina possible. In its ordinary flabby state such intromission is impossible, though in men of great sexual virility and those who are easily responsive to erotic stimuli, the mere apposition of the male and female organs would cause an immediate erection. Intromission is followed by the rhythmic movements of the penis in the vagina which gradually increase the sexual excitation in both partners. In cases of that distressing affliction, *ejaculatio præcox*, the mere insertion of the male organ precipitates ejaculation, to the disappointment of the husband as well as the wife. Apart from such cases, orgasm is usually preceded by these rhythmic movements continued over a period ranging from a few minutes to half an hour. If the husband remains passive, and many husbands do adopt such an attitude, there is great risk of the sex act proving a failure. Unless there is great sexual stimulus no orgasm or ejaculation will be achieved. The extent and the energy of movement should be governed by the degree of stimulation present, and in particular, the nearness of the woman to achieving orgasm.

The orgasm of the woman is a point of supreme importance if the sex act is to prove mutually satisfactory and beneficial. Generally speaking, the rising of the sexual tempo is much slower in the female than in the male. It is for this reason that in nine cases out of ten, the husband experiences orgasm and ejaculation, and the sex act is completed, long before the wife has arrived at that stage of sexual tempo when orgasm is possible.

COITUS (TECHNIQUE OF)

Few men realize how essential it is, if sexual relations are to be mutually satisfactory, that both parties should experience orgasm. They have accepted the current firmly established fallacy that the woman's part in coitus is essentially a passive one. It is true that many women, too, have accepted this selfsame belief, but the fact of this acceptance does not in any way invalidate or substantially alter the evil psychological effects that female passivity is, in time, bound to have upon marital happiness. Whenever a wife does not secure any satisfaction from intercourse, the time is sure to come when she will either hate and fear the whole procedure, or will go through with it as a distasteful duty which she must accept as part of the price she has to pay for the securance of a home. In either case the position is bound to breed unhappiness.

The sex act should *never* be an occasion for any display of roughness on the part of the husband. In particular does this apply during the honeymoon period, and especially where the bride is young and unsophisticated. It may safely be said that more marriages are wrecked during the honeymoon period than at any subsequent time. Despite the sexual emancipation of the age we live in, a considerable proportion of the young brides have not the faintest idea of the sex act and what it implies. There is naturally much shyness. The occasion is one of great delicacy. It behoves the male partner to exercise the greatest care not to exhibit any roughness, and to give every consideration to the wishes of the girl he has married. In no case should he create the impression that he is forcing upon her something that she finds distasteful or repellent. On the other hand, the bride should try not to make the occasion any more difficult than it is. She should acquire from books and from parental counsel some knowledge concerning marriage and its implications and thus be in a position to help rather than embarrass her husband.

The honeymoon at an end and the partners settled down to the daily routine of married life, there are bound to be difficulties and differences of opinion in relation to the sexual aspects of marriage. It should be remembered

that the harmony of marriage is in large part the harmony of sexual life. Selfishness in regard to the sexual relationship, whether this selfishness is exhibited by the husband or the wife is certain to have far-reaching and often tragic effects. The husband should realize that forcing sexual intercourse upon his wife because the law gives him the right to conjugal relations, is a sure method of alienating her affections and, in effect, places her below the position of the prostitute. The wife, on her part, should realize that the consistent denial to her husband of his marital right is unjust and is certain, in the end, to wreck the marriage and drive him to seek solace elsewhere. Even where there is neither any forceful insistence on his rights by the husband nor any actual denial of those rights by the wife, there is often created a position which, in effect, through each partner requiring sexual intercourse at certain times irrespective of the wishes, expressed or implied, of the other, is just as unsatisfactory. Here again, sexual selfishness, in the sense of lack of consideration for the other's wishes, and ignorance of the fundamental facts of sexual physiology, are responsible for a position brimming with possibilities of marital unhappiness.

Although the woman is *able* to have intercourse at any time, she is not able to enjoy such intercourse at any time. Physical or mental weariness, fear of pregnancy, ill-health: any of these factors will make the sex act something to be avoided if at all possible. Instances such as these are legitimate grounds for the avoidance of coitus. But there are many women who quickly tire of intercourse in any circumstances and, in consequence, although they do not actually refuse to comply with their husbands' wishes, they display a degree of coldness and apathy which suffice to rob the sex act of much of its satisfaction for the male.

The husband, on the other hand, may be unable to adjust his sexual repercussions in accordance with his wife's desires or whims, a point which she should never overlook. Because of this fact, the wife should endeavour, as far as possible, to fall into line with her husband's sexual needs, so long of course as they are reasonable. Capacity for intercourse varies enormously in different men. It seldom keeps pace with sexual libido, particularly in middle age; it never keeps pace with it in old age. For this one reason, marriage between an old man and a young woman is almost certain to prove unhappy. The great difference between man and woman in the capacity for coitus may easily lead to difficulties and unhappiness in any case where the wife, either through ignorance or selfishness, fails to take into consideration this essential basic difference. Even in their most virile years many men are unable to engage in intercourse more than two or three times a week, or more than once during a single night. It may be worthy of mention here that in connexion with sexual capacity most men are inclined to make claims in respect of their personal powers which are apocryphal. According to Sturgis: "It may be possible for a strong and vigorous male to perform the copulative act four or six times per night occasionally (though even this is not common), but beyond that the number passes from the region of fact into that of fiction."[1]

Literature: R. L. Dickinson and L. Beam, *A Thousand Marriages: A Medical Study in Sex Adjustment*, London, 1932; K. B. Davis, *Factors in the Sex Life of Twenty-two Hundred Women*, London, 1929; August Forel, *The Sexual Question* (American edition), New York, 1924; Winfield Scott Hall, *Love and Marriage*, London, 1930; Senator and Kaminer, *Health and Disease in Relation to Marriage and the Married State*, London, 1904; George Ryley Scott, *The Sex Life of Man and Woman*, London, 1937; *The New Art of Love*, London, 1934; *Sex in Married Life*, London, 1938; A. L. Wolbarst, *Generations of Adam*, London.

COITUS (URETHRAL). The penis is intromitted into the urethra instead of the vagina. It may occur accidentally, as in cases of sex ignorance. Or it may be practised deliberately, where malformations or pathological conditions make vaginal intromission impossible, painful or dangerous.

[1] F. R. Sturgis, *Sexual Debility in Man*, p. 51.

COKE. *See* COCAINE.

COLEITIS. An inflamed condition of the vagina.

COLEOCELE. A tumour or hernia in the vagina.

COLEOCYSTITIS. An inflamed condition of the bladder and vagina.

COLEOPTOSIS. A prolapsed state of the vagina.

COLEORRHEXIS. A lacerated state or a rupture of the vagina.

COLEOSTEGNOSIS. An abnormally narrow vagina whether congenital or the result of atresia.

COLES. The male sexual member.

COLES FEMININUS. The female phallus. The clitoris.

COLLES' LAW. The mother of a child which has inherited syphilis from its father is herself immune against the infection. This hypothesis, formulated by Abraham Colles, an eighteenth-century Dublin surgeon, has since been proved to be erroneous. It is occasionally cited in modern books dealing with venereal disease.

COLON. The name given to the lower part of the large intestine, terminating at the rectum.

COLOSTOMY. The surgical operation for making an incision into the colon and an artificial anus.

COLOSTRUM. The first flow of milk from the mammary glands after childbirth, continuing for two or three days. It differs somewhat from the milk secreted later, containing more albumen, and having laxative properties. The term also indicates the milk given by a cow immediately after calving, and popularly termed biestings.

COLPALGIA. Severe pain in the vaginal passage.

COLPATRESIA. Occlusion or atresia of the vagina due to some pathological cause.

COLPECTASIA. An abnormally wide vagina. The normal condition in a woman who has given birth to several children.

COLPEMPHRAXIS. That condition where the vaginal passage is stopped or obstructed.

COLPEURYNTER. A bag made of rubber used in dilating the vagina. After insertion, water is gradually forced into the bag.

COLPEURYSIS. Dilatation or enlargement of the vagina by a surgical operation.

COLPITIS. An inflamed condition of the vagina. The discharge may be mixed with blood; it may be thick and give off an offensive odour. Gonorrheal infection, the use of strong irritant antiseptics, retention of metal or rubber pessaries for prolonged periods, and errors of diet are all frequent causes. Also termed elytritis and vaginitis.

COLPOCELE. A vaginal tumour or hernia. Sometimes termed elytrocele.

COLPOCLEISIS. Surgical closure of the vagina by a drawing together of the interior surfaces so as to cause artificial atresia.

COLPOCYSTITIS. An inflamed condition of both bladder and vagina.

COLPOCYSTOCELE. The condition where the bladder protrudes into the vagina, either as a result of permanent distension or rupture.

COLPOCYSTOSYRINX. A fistula which connects the bladder with the vagina.

COLPOCYSTOTOMY. The surgical operation in which an incision into the bladder is made by the vaginal route.

COLPOHYSTERECTOMY. The surgical operation in which the womb is removed through the vagina.

COLPOMYOMECTOMY. A surgical operation for the removal of a fibroid tumour of the womb by the vaginal route.

COLPOPATHY. A general term which embraces any pathological condition which affects the vagina.

COLPOPERINEOPLASTY or COLPOPERINEORRHAPHY. A surgical operation for the repair of tears of the vagina and perineum such as are often caused by childbirth.

COLPOPTOSIS. The condition in which the vagina is in a prolapsed state. Also termed technically *prolapsus vaginæ*, and popularly falling of the vagina.

COLPORRHAGIA. Bleeding from the vagina. This condition is a pathological one and must not be confused with the menstrual discharge.

COLPORRHAPHY. The surgical operation for the repair of a torn vagina or the narrowing of an abnormally dilated vagina.

COLPORRHEA or COLPORRHŒA. Leucorrhea or the whites. Strictly speaking, the term refers specifically to a vaginal leucorrhea.

COLPORRHEXIS. The condition in which the vagina is torn or prolapsed.

COLPOSPASMUS. An involuntary and uncontrollable contraction or spasm of the vagina. *See* VAGINISMUS.

COLPOSTENOSIS. The narrowing of the vagina caused by pathological conditions or artificially by the application of astringents. Elytrostenosis.

COLPOXEROSIS. An abnormally dry state of the mucous membranes of the vagina and vulva, involving difficulties in the proper performance of the sex act. It is in such circumstances that the application of a lubricant to the genitals is advisable.

COLUMNÆ OF MORGAGNI. The wrinkled folds of mucous membrane at the lower or anal end of the rectum.

COLUMNING. The insertion of tampons into the vagina to prevent falling of the womb, or to support an existent prolapse.

COMA. Unconsciousness of a profundity which usually resists all ordinary efforts to overcome it. The main causes are cerebral disease or hæmorrhage, and certain forms of blood poisoning.

COMPANIONATE MARRIAGE. *See* MARRIAGE (COMPANIONATE).

COMPOS MENTIS. The state of being of sound mind.

CONCEPTION (INFLUENCE OF COITAL TECHNIQUE UPON). The technique of the sex act and the positions assumed during intercourse affect considerably the possibility of conception resulting. Because of this, no thorough comprehension of the manner in which the various contraceptive methods achieve or fail in their purpose, and no commensurate familiarity with their respective degrees of efficacy, are possible, without an adequate acquaintance with the effects of coital variations upon procreation and upon any contraceptive methods which are employed.

The study of conception and its prevention makes it more and more evident that the position of the male penis in relation to the vagina has a lot to do with the success or otherwise of contraceptive methods, and there are grounds for thinking that in many cases this relativity of position may in fact have far more to do with the failure to conceive than the contraceptive method which is credited with the result. Huehner, Meaker and others have pointed out that the danger zone in coitus, so far as concerns conception, is the immediate region of the cervical os, and anything which causes the semen to be ejaculated *away from this danger zone* reduces materially the likelihood of conception. Upon this factor depends the efficacy of every mechanical female contraceptive method that has ever been devised. The high degree of success which certain dubious methods have met with could no doubt be explained by the fact that through uterine displacements[1] such as anteflexion, retroflexion and retroversion, the act of coitus has never caused ejaculation to be in the immediate vicinity of the os; or discrepancies in the relative dimensions of the vagina and the penis have brought about similar results. These factors are, of course, unknown to the average married couple; and their incidence in the prevention of conception is therefore fortuitous.

Variations in coital attitudes have their effects upon the incidence of conception. Coitus in a certain unorthodox position, for instance, may greatly increase the likelihood of a woman becoming pregnant; while, on the other hand, another attitude may decrease considerably the risk of conception occurring. In yet another case a variation in the manner of carrying out the sex act may seriously impair the efficacy of certain contraceptive methods.

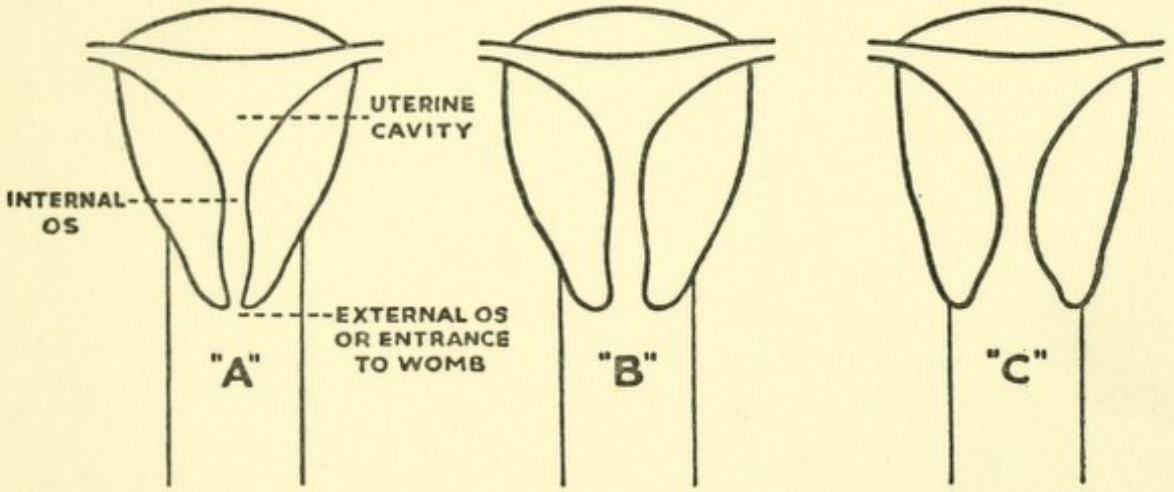
In the orthodox position with which every married person is familiar, the woman lies on her back, limbs extended, with the man exactly above her, thus providing excellent opportunities for the kissing and love-making which should precede every act of sexual intercourse. It is not the best method *in all cases*. Where the man is of heavy build, a slim and delicate woman is bound to find such a position distressing and possibly injurious; similarly, it has disadvantages where there is any considerable difference in the height of man and wife; and it is often a quite impossible position where both suffer from pronounced abdominal obesity. In

[1] According to Curtis: "At least one woman in every half-dozen has a uterus which is definitely out of its natural position." (Arthur Hale Curtis, *A Textbook of Gynæcology*, p. 211. Saunders, Philadelphia.)

some instances a cushion or a pillow inserted under the female pelvis will facilitate intercourse, but this procedure may at the same time increase the possibility of conception occurring. If the woman draws up her knees to the utmost possible extent, shortening of the vaginal channel results, and the penis penetrates deeply, thus increasing the risk of conception.

extends her legs to the fullest possible degree, conception is much less likely to occur. This method is also advisable during pregnancy, after parturition; and where the man is not particularly virile.

Any position during intercourse which allows superficial penetration only, or which affects the angle at which the penis strikes the vaginal passage, is bound to



THE DIAGRAMS INDICATE THE COMPARATIVE WIDTH OF THE CERVICAL OS IN DIFFERENT WOMEN. THUS "A" SHOWS THE VIRGINAL OPENING; "B" THE OPENING AFTER THE BIRTH OF A CHILD; AND "C" AFTER SEVERAL PARTURITIONS. IT WILL BE APPARENT HOW THE WIDENING OF THE OS FAVOURS THE ENTRANCE OF SEMEN INTO THE WOMB, ESPECIALLY WHERE EJACULATION IS DIRECTLY AGAINST THE CERVIX. IT ALSO SHOWS OF WHAT LITTLE AVAIL ARE CHEMICAL CONTRACEPTIVES ALONE IN ANY WOMAN WITH A WIDE CERVICAL OPENING

[*from* Facts and Fallacies of Birth Control

The same thing occurs where the woman rests her legs upon the man's shoulders. Neither of these attitudes should be employed where the woman suffers from falling of the womb, or is already pregnant. Where the normal woman occupies one of these supine positions the use of two contraceptive methods simultaneously is advisable in order to ensure the avoidance of conception. If, after intromission of the penis, the woman straightens and

reduce, in the normal woman, the chances of conception resulting. By position, in this connexion, is not meant such coital methods as perineal or vulvar coitus, but the adoption of an attitude where, while allowing the penis its fullest possible play, ejaculation is directed against a section of the vaginal wall well away from the danger zone of the cervical os. Thus in the woman whose uterus is normally situated,[1] most reversals of the custom-

[1] The importance of the womb being in the natural position cannot be too strongly stressed. Where there is extreme version the "reversed attitude" is a means of facilitating conception.

ary face-to-face attitude favour slight penetration. Moreover, in many cases there can be no doubt that obstacles to marital happiness could be largely overcome by the adoption of the reversed face-to-face position. Here the man occupies the supine posture, with the woman lying directly above him. Its advantages to the woman who is married to an exceptionally heavy man are obvious. Also during advanced pregnancy, the position is indicated in any circumstances. Ovid, in his *Ars Amatoria*, advocates its adoption during intercourse with a little woman. In this reversed attitude the burden of physical exertion largely falls upon the female, a point which should not be lost sight of, and to a certain extent, the woman is in a position, by governing the extent of penetration, to influence the possibilities of conception resulting. It calls, too, for a certain amount of practice, and it is not suitable for all women. It is contra-indicated during menstruation, after childbirth and where the woman is obese.

In all departures from the orthodox position it is the fact of *slight penetration* that is the factor favouring contraception, and not the quick flow of the ejaculate from the vagina. In this connexion Meaker says: "In the light of what is now known about the physiology of insemination, effluvium seminis is clearly not a cause of sterility," and further states that, "as a matter of fact the statistics of Runge showing that effluvium occurs in 79 per cent of sterility cases, are offset by those of Huhner, who finds the same occurrence in 80 per cent of women of proved fertility."[1] Generally speaking, where the above-mentioned reversed position is employed, there is less risk of conception than when the woman is supine; and where it is practicable to employ this posture it may well prove of value as a supplementary contraceptive method, especially if very superficial penetration is practised. An exception, however, in that it allows deep intromission[2] and thus favours conception, is the most famous of all variations in the reversed position. The man is supine with the woman sitting erect on his thighs. It is indicated where the husband finds intercourse in the orthodox position physically exhausting. But it is not a method for every woman. In some cases there are difficulties; in others there are dangers. It is certainly contra-indicated in a woman with a short vagina, during pregnancy, and during the honeymoon period. Dr. Van de Velde says that "this attitude astride should be an exceptional variation, and not a normal habit in sexual intercourse."[3]

The seated attitude, in which both partners sit facing and embracing each other, the woman resting on the man's thighs, her arms being around his neck, and the man clasping the woman's waist, is sometimes adopted. It is advocated by Kisch, as a means of correcting sterility, where the woman suffers from retroflexion of the uterus. In the case of a normal woman, the attitude does not favour conception.

Perhaps the most popular of all departures from the normal is the lateral or side-by-side position. Here the husband and wife face each other. Usually the woman lies on her right side, with one knee bent, and the man on his left side with both legs extended. The position is one of the best that can possibly be adopted during advanced pregnancy, after parturition, or in any case where the weight or pressure of the man's body is tiring or likely to prove injurious. It is favourable for conception. Pajot advises its adoption for this purpose in cases of lateral version. Where it is intended to assume this posture, and pregnancy is inadvisable, both the man and the woman should adopt independent contraceptive measures.

Although intercourse in a standing or erect position is not very prevalent among married couples, it is necessary to mention the position owing to its extreme popularity and extensive practice

[1] Samuel Raynor Meaker, *Human Sterility*, p. 34. Baillière, Tindall & Cox, 1934.

[2] The risk of conception is greatly reduced if care is taken to avoid deep penetration. But in this particular position it is not easy.

[3] Th. H. Van de Velde, *Ideal Marriage: Its Physiology and Technique*. Heinemann Medical Books Ltd.

among those who indulge in pre-marital or extra-marital intercourse, and by certain of the lower-class prostitutes. The couple stand face-to-face, and the woman usually raises one leg on a stool or other suitable eminence. It is not favourable to deep penetration; indeed, in most cases there is only superficial intromission, and the ejaculated semen, which has little chance of entering the cervical canal, quickly drains away from the vagina. For these reasons, in certain circumstances, it is often adopted as a contraceptive method. Intercourse in a standing position is however a dangerous practice in all circumstances. It should be avoided. Hammond quotes Tissot as saying that he has known "serious results to follow the constant use of the (standing) position,"[1] and Fürbringer is of opinion that it may cause disease of the spinal cord.

Finally, there is *coitus a posteriori*,[2] or from behind (sometimes referred to as *coitus a tergo*), which has many variations. In the simplest of these the woman lies on her face, preferably with a pillow or cushion under the pelvis, the man above her. It is not a favourable position for conception. It is restricted absolutely to slim persons. Other contra-indications, apart from obesity, are pregnancy and disproportion of the sexes. By a reversal of this attitude, so that the man is in the supine position with his partner above, seated, and with her back opposite him, there is very slight penetration with little risk of conception. For stout persons, the kneeling position is strongly recommended by the Sheikh Nefzawi. The woman adopts the quadrupedal posture, on her hands and knees, the man kneeling behind. As this attitude allows the deepest possible penetration it is, in normal women, a favourable one for conception, and was recommended for this especial purpose, two thousand years ago, by Lucretius. A further variation is where the woman, in a half-erect position, rests her hands on her knees; a position which is against impregnation. In a less tiring attitude than any of the foregoing, the woman, with her knees well-drawn up, lies on her side with her back to the man. It is a position which favours conception. To this end, Kisch advocates its adoption where the husband or the wife is afflicted with obesity.[3] Fürbringer, too, recommends it in similar circumstances. *Coitus a posteriori*, in all except the quadrupedal and side postures, militates somewhat against conception, as the seminal fluid is ejaculated upon the anterior wall of the vagina away from the cervix, and this form of intercourse may be adopted as a means of avoiding conception supplementary to some mechanical method.

Such are the principal positions and attitudes in so far as they affect conception.[4] A word of warning is necessary in connexion with all methods of sexual intercourse in which the male organ strikes with any considerable force the posterior fornix or the lower section of the vaginal wall. *Any such method calls for care and discretion on the part of the male participant.* It is not advisable where the woman's vagina is small or tight and the man's organ is large. It is further contra-indicated where the woman suffers from any form of vaginal inflammation, injury or weakness. *Where any position assumed in or any form of coitus gives pain or discomfort to either the man or the woman it should immediately be abandoned.* This applies to the orthodox position as well as to reversed, lateral and other unorthodox

[1] W. A. Hammond, *Sexual Impotence in the Male and Female*, p. 261.

[2] Actually most biologists and anthropologists are in agreement that the position known as *coitus a posteriori* is the natural position for sexual intercourse, and not the orthodox face-to-face attitude, which is a product of civilization and religion. An instance of the significance of religion as a factor governing sexual customs was the prohibition in Mohammedanism as well as in early Christianity of the reversed position in sexual intercourse, which was thought to be opposed to the concept of man's superiority over woman.

[3] E. Heinrich Kisch, *The Sexual Life of Woman*. London, 1910.

[4] For full physiological details of these and other variations medical men and students are advised to consult Van de Velde's *Ideal Marriage: Its Physiology and Technique* (Heinemann Medical Books Ltd.), a medical treatise of outstanding importance, constituting a most valuable and exhaustive contribution to the literature of the subject.

or unusual positions. Moreover, where either the husband or the wife has religious or æsthetic objections, the practice of any departure from the customary position can only cause marital unhappiness, and it should be avoided.

Those practising birth control should bear well in mind that special coital positions are intended as *auxiliary* measures for the avoidance of conception rather than as methods in themselves. They may be adopted where mechanical methods are in use. It is most unwise to rely solely upon any such positions.

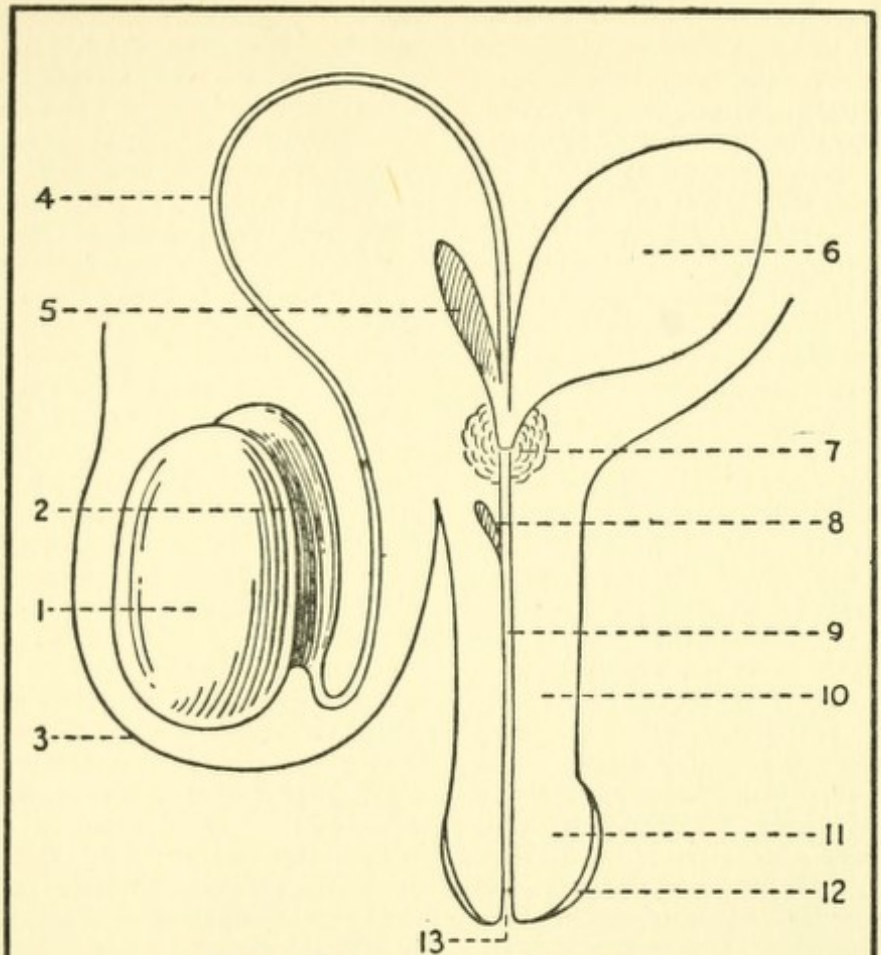
CONCEPTION (PHYSIOLOGY OF). Every normal male on attaining puberty produces active spermatozoa. He produces them not in thousands but in millions. Lode estimated that the average healthy man, in the thirty years which constitute the normal reproductive period, produces 339,385,500,000; and although admittedly there must be wide individual variations and not a little guess-work in the calculation, certain it is that the number produced is well-nigh inestimable. The spermatozoa are formed in the testes, and while there are inactive. Their movement is only possible through the medium of a suitable fluid, which fluid, a secretion of the semniferous tubules of the testes with contributory secretions from the prostate and other glands, collectively known as the semen, contains in a state of motility the spermatozoa. The semen in itself, and without these spermatozoa, is useless so far as fertilization goes, and the popular idea that semen introduced into the feminine uterus necessarily involves conception is fallacious. Only when active spermatozoa are present in the seminal fluid is impregnation possible. Shaped like a tadpole,[1] with a flattened, elliptical head having at its extremity a cutting edge; an abbreviated cylindrical body, and a long vibratile tail; measuring at its extreme length not more than one three-hundredth-of-an-inch; the spermatozoön, by means of its tail, propels itself in the ejaculated seminal fluid in its search for an ovum.

Unless the male and female of the species come together in sexual congress the activities of the spermatozoa will be wasted. The living matured ovum is only found in the ovary, the Fallopian tubes, the uterus or adjacent genitalia of the female. In every normal woman, lying laterally in the pelvis, are two ovaries, possessed of two apparently independent functions: to wit, reproduction and glandular secretion. The secretion, though of vital importance, does not concern us here: we are occupied solely with the reproductive function. The ovaries contain large numbers of immature ova, which ova, as they ripen, detach themselves from the ovary itself, each in turn being ready for impregnation by a spermatozoön. It is rare for two ova to mature simultaneously. Usually the ripened ovum is sucked into the Fallopian tube which connects the ovary with the uterine cavity, and thence travels to the uterus, eventually descending the cervical canal and ultimately being carried with the vaginal discharge outside the vulva. This process is known as ovulation. It is popularly confounded with menstruation.

In the rabbit, as Heape proved by extensive experimentation, ovulation occurs after copulation, and the absence of copulation during œstrus leads to degeneration of the ripe ova. Often the repetition of segregation of the doe at her period of œstrus on several successive occasions causes follicle degeneration to such an extent that permanent sterility ensues.

It is necessary to distinguish clearly between impregnation and conception. The confounding of the two has led to the propagation of a number of fallacious ideas. When one of the huge number of spermatozoa ejaculated into the vagina penetrates the cervical os, enters the Fallopian tube, and there meets the ovum, impregnation usually occurs. But impregnation does not necessarily imply conception. If the impregnated ovum fails to attach itself to the uterine wall, conception cannot occur. If, however, this attachment does take place, the moment marks the act of conception, though again it by no means follows that childbirth is assured.

[1] Not every species of spermatozoön is of this shape or possesses motility.



MALE REPRODUCTIVE SYSTEM

1 Testicle
2 Epididymis
3 Scrotum
4 Vas deferens
5 Seminal vesicle
6 Bladder
7 Prostate Gland
8 Cowpers Gland
9 Urethra (water pipe)
10 Penis
11 Glans penis
12 Prepuce (foreskin)
13 Urethral orifice.

[*from* Male Methods of Birth Control

Apart from artificial insemination, the only way in which the spermatozoön of the male and the ovum of the female can be brought together is through the sex act. Coitus *per se* neither necessarily implies insemination nor conception. Through deficiencies in the act itself or in the seminal fluid, there may be no result whatever. The mechanism of coitus, while mainly reflex, is influenced tremendously by psychological disturbances. For instance, although erection may be induced by irritation of the penis, as in masturbation, this erection is intensified and orgasm is influenced by coincident libidinous thoughts. Or erection may be induced by kissing, by hugging, or even by the mere sight of a woman. Thus, given the necessary stimulation, either cerebral or peripheral, of the centre of erection situated at the foot of the spinal cord, there is an influx

of blood into the veins of the penis, which organ becomes congested, rigid, tense, and is elevated mechanically. Then by a continuous squeezing process are the spermatozoa, the secretions of the seminal vesicles, and those of the prostate, forced forward into the bulbous urethra, thence they are urged through the penis, ultimately being ejaculated from the glans. Orgasm occurs before ejaculation: it is coincident with the spermatozoa from the testicles and the glandular secretions being urged into the posterior urethra.

In the female a somewhat analogous process takes place, with the essential difference that coitus can take place without any preceding peripheral or cerebral stimulation. It is, however, exceedingly doubtful if orgasm can be experienced without such preliminary excitation. The stiffened penis, by friction with the mucous membrane of the vagina and particularly of the clitoris, induces engorgement with blood of the entire genitalia, arousing feelings of pleasure which only culminate in actual orgasm when Bartholin's and other glands ejaculate their secretions.

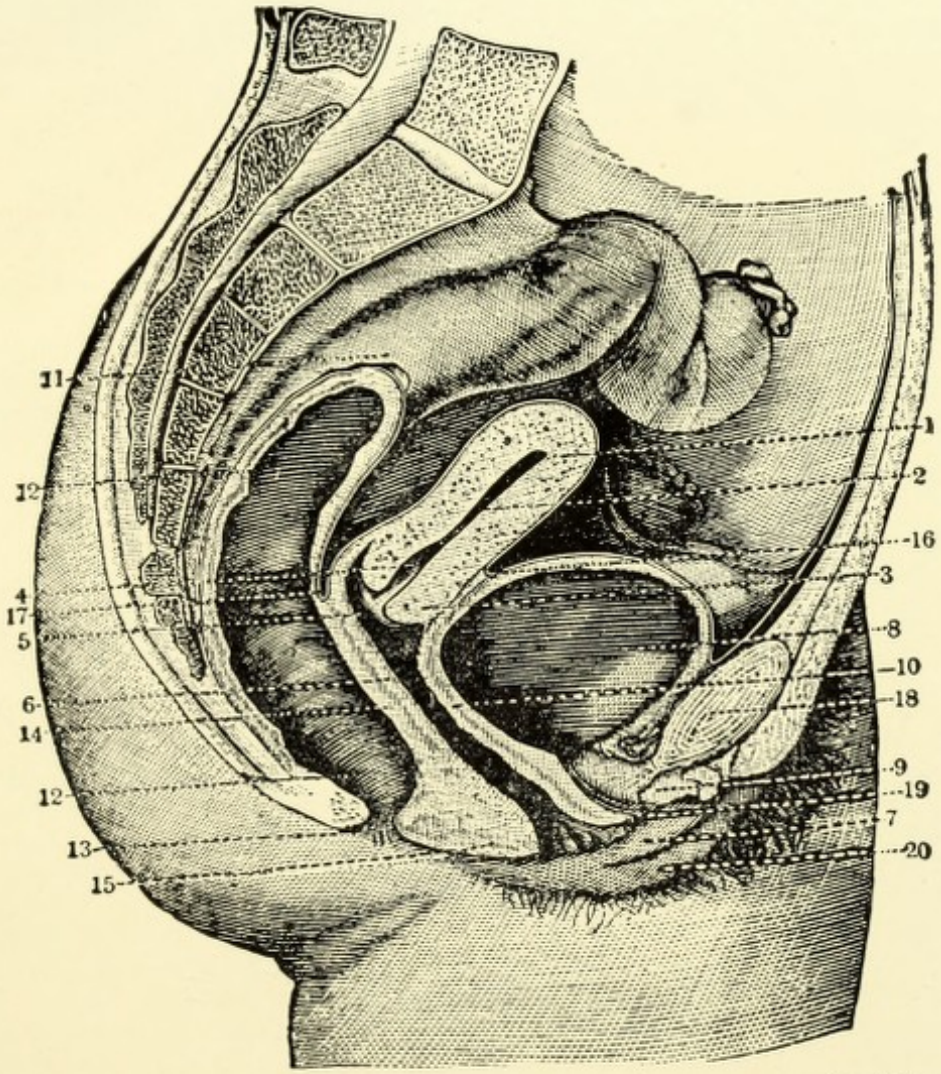
In its state of normalcy the penis is useless as an organ of copulation. But let it, through erotic psychical stimulation, or irritation, or tropistic tactile stimulation, become erect, its intromission into the vulva of the female is usually followed by ejaculation of the seminal fluid bearing with it many thousands and possibly millions of active spermatozoa. The mere ejaculation of semen, granting all other conditions are favourable, into the vagina is not usually in itself sufficient to ensure conception, for the spermatozoa have still a journey to make before they are likely to meet with an ovum. The semen must, in the vast majority of cases, to have any chance of causing impregnation, penetrate the uterus and the Fallopian tube. Now to reach the uterus the semen must go through the cervical canal; thus the condition of this canal, and particularly the state of the cervical os, have much to do with the ability of the woman to conceive. The size of the os varies greatly in different women, in some being of the diameter of a knitting-needle and in others allowing easy entrance for the finger. Obviously the intromitted penis, which, in coitus, may touch the cervix at the moment of ejaculation, is likely, where the os is wide open, to throw the semen into the uterus, whereas with the finely bored os, possibly more or less blocked with secretion, the possibility of entrance is considerably diminished.

It cannot be too strongly stressed that wherever the spermatozoön impregnates the ovum conception is possible if the fertilized egg can find suitable environment for development. There is a widely disseminated idea that conception occurs and can occur in the uterus only. It can and it does, very rarely it is true, happen in the ovary or in the abdominal cavity; it *usually* takes place in the Fallopian tube. Nor need impregnation take place at the actual time of sexual intercourse. Though easily killed, the spermatozoa, in a suitable environment, and particularly if deposited in the posterior fornix, may remain active for forty-eight hours.

The secretions of the vagina have much to do with this, for though the normally acid condition means death to the spermatozoa in a matter of a few hours, not all women have this acid vaginal secretion; moreover it may be acid at one time and alkaline at another. Generally speaking, an alkaline condition, so long as it is not abnormally alkaline, enables the spermatozoa to live for a longer period, and if, by any chance, at some time during this period of life, a spermatozoön enters one of the Fallopian tubes and there meets a healthy mature ovum, impregnation may possibly occur.

Literature: F. H. A. Marshall, *The Physiology of Reproduction*, London, 1922; H. M. Parshley, *Science of Human Reproduction*, London, 1933.

CONCUBINES AND MISTRESSES. Although, strictly speaking, according to definition and according to law, neither a concubine nor a mistress is a prostitute, in real life the line between the one and the other is difficult to designate and very often overlaps. And it may safely be asserted that just as in the past nearly every concubine was guilty of prostitution either incidentally or fortuitously, so today there are few "kept women" who do not ply the prostitute's profession in some form or other and under the protec-



1.—Uterus (or womb). 2.—Cavity of womb 3.—Cervix. 4.—Cervical canal.
5.—Entrance to womb. 6.—Vagina. 7.—Labia minora. 8.—Bladder. 9.—Clitoris.
10.—Anterior vaginal wall. 11.—Rectum (outer wall). 12.—Rectum (cut open). 13.—Anus.
14.—Posterior vaginal wall. 15.—Perineum. 16.—Uterovesical pouch.
17.—Pouch of Douglas. 18.—Pubic bone. 19.—Urethral orifice. 20.—Labia majora.

THIS DIAGRAM SHOWS THE NORMAL POSITION OF THE WOMB IN RELATION TO THE VAGINA WHEN THE WOMAN IS IN AN UPRIGHT POSITION

tive covering which their lover's patronage provides.

A concubine is an unmarried woman who lives in the same house as a man, has sexual intercourse with him, and is supported by him. She is not kept in an apartment and visited by him at intervals, as so often happens in the case of the modern "kept woman" or mistress, but she shares the same household as the man who supports her. Actually, however, the term "kept woman" has displaced, in modern civilization, the term "concubine," which may now be looked upon as obselete.

In ancient times concubines were plentiful, nearly every wealthy and powerful man having one or more, and neither the fact of keeping a concubine in one's household nor of being a concubine, was looked upon as a disgrace. And while it was strictly forbidden, in the Mosaic code, for a father to allow his daughter to become a prostitute, thus: "Do not prostitute thy daughter, to cause her to be a whore; lest the land fall to whoredom, and the land become full of wickedness" (Lev. xix. 29), the right of the father to sell his daughter into concubinage was admitted.[1] Even Moses himself had a concubine. Jacob had two, Bala and Zelpha. In certain cases where the legally wedded wife proved impotent, the husband took to himself another woman for the purpose of begetting children.[2] This practice was common in Germany at one time.

A concubine having no legal claim on the man she was living with, could be turned out of the house at any moment and in accordance with the slightest whim. Often the securing of a sufficient crop of offspring was followed by dismissal of the concubine. Apparently there was no law to prevent the dismissal of the children as well, for we read that Abraham sent away the sons of his concubines. Among the Romans, however, while the children resulting from concubinage were illegitimate, the father was responsible for their upbringing.

According to Thomasius,[3] concubinage

CONCUBINES AND MISTRESSES

was prevalent in all countries and for many generations. It was permitted by both Church and State. Evidently the legal wife did not resent the presence in her house of a concubine—the fact that she occupied the superior position probably accounting for her tolerant attitude.

These women were attached to both married and single men. Almost every priest had his concubine, though she was usually known by another and more euphemistic name. St. Augustine did much towards moulding the tolerant attitude of the Christian Church towards concubinage, which is not very much to be wondered at seeing that before he had his religious visions he possessed a concubine himself. With the coming of the Reformation a gradual change took place in the attitude of the Church towards concubinage. No longer were the authorities able to wink at the practice of priests openly living with women of easy virtue.

The history of prostitution, and of sexual morals, is largely an account of putting fresh labels on old bottles. There has never, from the beginning of time, been any decline in the appetite of man for sexual intercourse with women. To the contrary there has been a development of that attitude under civilization, more comfortable environmental conditions, and higher standards of living. There has never been any decline in man's appetite for sexual adventure with strange women; or with as many different women as his means permitted or opportunity presented. Thus, any interference with or prohibition by the State or by the Church of a special form of sexual adventure was followed by the creation of another analogous form or the practice of the same form under different terminology or in other circumstances. The prohibition of concubinage by the Church had not the slightest effect in limiting or preventing either priests or ordinary mortals indulging in sexual intercourse outside the marital state. It merely resulted in the priest turning out of his home the concubine that had graced it, and visiting her

[1] According to Dufour (*Historie de la Prostitution*) a concubine was under the same sexual obligation to the man responsible for her keep as was his wife—both could be accused of committing adultery.

[2] In those days the blame for the failure to beget children was invariably placed upon the woman; the possibility of the man being sterile never occurred to anyone.

[3] Thomasius, *De Concubinata*.

CONCUBINES AND MISTRESSES

surreptitiously in a house or an apartment which he provided for her. All through the ages, religion has proved itself well able to provide means for the indulgence in sexual intercourse by its leaders, while ostensibly frowning upon and vigorously denouncing any manifestations of the sexual urge among its more humble members.

The pagans of old, working upon the credulity, ignorance and superstition of the people, justified the right of the priest, acting in the capacity of God's surrogate, to rape virgin girls. They devised means for forcing the women to act as prostitutes in the service of God. With the coming of Christianity they succeeded in inducing attractive women to become "consecrated" servants of God; in other words, concubines of the priests. With the passing of the concubine, the nuns in the convents provided the "holy men" with the means of satisfying their sexual cravings. In many cases special religions arose, with which were associated sexual practices and orgies of the most licentious and, occasionally, the most repulsive nature. Thus, the early Christian sexual orgies connected with the Shrove Tuesday festivals; the coprophagy of Ezekiel; the flagellation of the Königsberg priests; the obscene rites associated with the devil worship of the Middle Ages. And, coming to comparatively modern days, the Oneida Community practised a perverse form of coitus under the name of morality and religion; the Mormons, for generations, indulged in polygamy with impunity; the notorious "Abode of Love" was little better than a brothel. Even to-day it is possible, in the name of religion, to carry out practices which would, in any other circumstances, earn the most severe censure and probably lead to a criminal prosecution.

While the "men of God" have distinct advantages in this connexion, others possessed of wealth and influence have always found it an easy matter to indulge in their sexual appetites while continuing outwardly to wear the cloak of respectability. The passing of the concubine in European countries led to the establishment of "kept women" in apartments. In this way married men successfully prevented their mistresses and their wives coming in contact. Even if concubinage had not come in for religious and moral denunciation, it is more than probable that the "kept woman" housed in special apartments, usually well away from the man's ordinary residence, would have found favour both with kings and with commoners.

It was by no means unusual for the mistress of a king or an emperor to wield the power of a queen. There have been innumerable instances in English and continental history of royal mistresses possessing such influence. Among the most famous in English records are Rosamond, the mistress of Henry II; Jane Shore, who lived with Edward IV, and Nell Gwyn, Charles's notorious paramour.

The beautiful Rosamond, called the Fair, who, strangely enough, was sanctified by the populace after her death, was the mother of Henry's two sons, the Earl of Salisbury and the Bishop of London. Jane Shore, favourite of Edward IV, and the wife of a London goldsmith, afterwards became the mistress of Lord Hastings; Nell Gwyn, reared in a brothel, first an orange girl and then an actress,[1] after being the mistress of Lord Buckhurst, became Charles's favourite, and was known by the name she gave herself—"the Protestant whore."

Not in all the annals of English history, however, is there for the finding any instance where a king's mistress wielded such power or squandered such an amount of money as did the famous Madame du Barry, for five years mistress of the profligate French King, Louis XV. For five years this woman, of dubious parentage, illiterate, ex-slut of the streets, ruled over Louis' fashionable court with a power that no woman other than Catherine of Russia and Elizabeth of England ever rivalled. In those five years she drained the coffers of the French Treasury to a degree that is staggering in its immensity; she is estimated to have spent the colossal sum of twelve million pounds. Only the death of Louis put an end to this monstrous pro-

[1] In the days of Charles II most actresses were prostitutes. The orange girls, so-called because they peddled oranges inside the theatres, were really prostitutes of the lowest type, who made lewd jokes with, and told obscene stories to the men who patronized the theatres.

fligacy in the expenditure of public money.

But French history bristles with instances where royal mistresses of obscure origin have wielded great influence and squandered money right and left. Madame de Maintenon was one such. She was a widow and a governess; she was not much of a beauty, she had not even youth to bless herself with, but she became the mistress of Louis XIV. Not one of his former favourites—and they were many—with all their youth and beauty, ever had a tithe of the power which this older woman wielded over the king and his country. For thirty-five years—no less—she virtually ruled France.

Another notorious mistress, but of a different brand, was Gabrielle d'Estrées, afterwards Duchess of Beaufort, one of the fifty women with whom Henri IV, first as King of Navarre and then as King of France, had associations. She supplanted the lovely Marguerite de Valois, who, after being divorced by her fat, gluttonous, dirty and dissipated husband, embarked upon a career of libidinage almost unparalleled in history.

CONCUBITUS. The sex act. Coitus. Copulation.

CONDOM. One of the oldest and best known of all birth-control appliances. Originally the condom was invented as a means of preventing the contraction of venereal disease and is still used largely for this purpose. In certain cases, particularly in countries where the sale of birth-control appliances is illegal, the sheath is sold specifically as a preventive of infection, but is widely used, in addition, as a means of avoiding parenthood. Thus in the United States of America and in France condoms are sold in hundreds of thousands ostensibly as venereal prophylactics but actually for contraceptive purposes.[1]

Years ago the condom was highly recommended as a contraceptive appliance by Krafft-Ebing, Bloch, Kisch, Robie and other authorities on sexual problems. This was long before birth control ranked as a science with a special and elaborate technique. In those days the condoms, for the most part, were crudely designed affairs, badly manufactured, and the proportion of defective appliances was a very considerable one. Like every other contraceptive appliance available at the time, the sheath showed a heavy percentage of failures.

Even so, for years and years it enjoyed a great vogue. Indeed, as a mechanical contraceptive it stood head and shoulders above all the rest in the matter of popularity. Then the rubber vaginal pessary and the cervical cap appeared. In recent years these appliances have been very strongly recommended in books on birth control and at the clinics; and, coincidentally, in some quarters, the condom has come in for severe denunciation as an appliance of a much inferior degree of reliability than the female pessaries and caps.

Those early condoms were poor affairs. But they probably were more reliable than any other appliance procurable at the time, and they were infinitely better than nothing at all. One cannot, however, to-day judge the merits of the condom as a contraceptive appliance by the standard of manufacture prevailing, and by the huge proportion of failures to prevent conception resulting from its use, fifty, or twenty, or even ten years ago.

With the passing of the years vast improvements in the processes of rubber manufacture have resulted in striking developments in the degree of reliability of the condom. While there have been many new female birth-control devices invented and many chemical methods discovered, the condom has held its own in the contraceptive field. Like every other birth-control appliance it is not perfect, it is not foolproof, and it is not suitable for every married couple or in all circumstances.

Mrs. Florence, in her most interesting book, *Birth Control on Trial*, published in 1930, says that at the Cambridge Clinic, during the time of her association

[1] The sale of the condom for the purpose of preventing conception is illegal in both the U.S.A. and France. In both countries it is sold as a venereal prophylactic exclusively. Similarly, chemical jellies, ointments, solutions and other preparations which cannot be sold as contraceptives without infringing the law, are distributed in enormous quantities as antiseptics and disinfectants.

with it, they recommended the sheath (condom) and endorsed Lord Dawson's statement that "if absolute security be desired, the only way of securing it is, in my opinion, by the use of the penile sheath." In a further noteworthy passage referring to the condom Mrs. Florence adds: "The experience of our patients has led us more and more to the view that it is the best and safest contraceptive available, in all cases where the husband can and will use it faithfully."[1]

In an examination of the whole contraceptive field, the Medical Committee appointed by the National Council of Public Morals concluded that the condom was "probably the most certain of contraceptive methods."

Dr. Voge, in his valuable and highly technical work on contraception, says: "The condom is perhaps the most reliable of all methods which we possess, since if they are manufactured by a reputable firm and have not deteriorated they are capable of withstanding enormous stresses and strains."[2] The points mentioned by Dr. Voge, namely, excellence of manufacture and freedom from deterioration, are of primary importance. So much so that a large number of present-day failures in connexion with the use of the condom as a contraceptive are due to one of these factors. The other failures are due to carelessness in carrying out the essential technique.

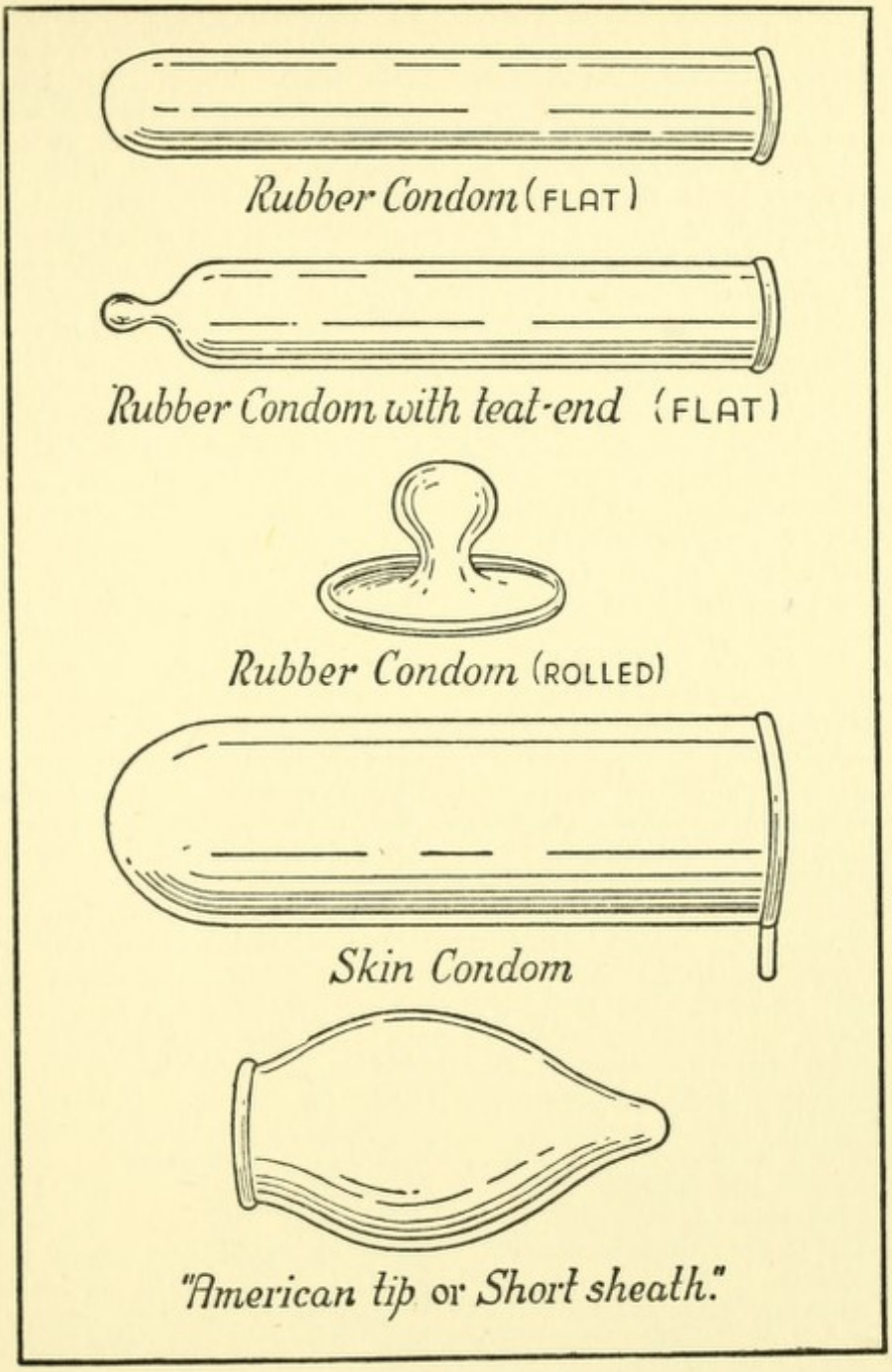
There are two types of condom: skin and rubber. The early sheaths were made of various substances, such as linen, silk, etc. These were designed for venereal prophylaxis, and were really of very little use either for preventing disease or conception. The first sheaths to be called condoms, after a Colonel Condom or Cundum,[3] who devised this new form of protective covering for the penis, were made of sheep-gut. They were sold openly in London for the purpose of preventing venereal disease.[4]

Somewhere about the middle of the last century the rubber sheath made its appearance. The early models were made of very thick rubber. They were clumsy. For a long time the rubber article made little headway against the established skin condom. Gradually, however, as improvements in the methods of manufacture were effected, the rubber type largely displaced the skin condom. To-day, although the skin sheath is still sold, the rubber appliance is by far the more popular. Both types have their advantages and disadvantages. Neither is perfect. Let us compare them.

The rubber sheath is infinitely softer than the skin one, which is stiff and awkward. Owing to the elasticity of rubber, there is less likelihood of rupture should an error have been made in selecting the correct size. Against these advantages are drawbacks connected with the liability of rubber to deterioration; its "clinging" powers, which it is impossible to avoid if the correct size of sheath is used; its greater interference with sensation; and the characteristic smell which, to some people, is most objectionable and may arouse a dislike which reaches such a degree of intensity as to prevent participation in the sex act.

The skin sheath, made from goldbeater's skin (animal gut), is stronger and not so easily damaged. It is thinner than the rubber condom and does not interfere so much with sensation. It is free from objectionable odour, and it does not exert pressure

[1] Lella Secor Florence, *Birth Control on Trial*, p. 111. Allen & Unwin, 1930.
[2] Cecil I. B. Voge, *The Chemistry and Physics of Contraceptives*, p. 223. Cape, 1933.
[3] There is some dispute as to the correct spelling of the Colonel's name, and likewise regarding the name of the original appliance attributed to him. Condom is, however, universally recognized as the modern spelling for the appliance.
[4] An early reference to the sheath is to be found in Captain Francis Grose's *Classical Dictionary of the Vulgar Tongue*, published in 1785. The reference reads: "Cundum, the dried gut of a sheep, worn by man in the act of coition, to prevent venereal infection, said to have been invented by one Colonel Cundum. These machines were long prepared, and sold by a matron of the name of Philips, at the Green Canister in Half-moon-street, in the Strand. That good lady having acquired a fortune, retired from business; but hearing that the town was not well served by her successors, out of a patriotic zeal for the public welfare, returned to her occupation, of which she gave notice by diverse handbills, in the year 1776."



VARIOUS MALE CONTRACEPTIVE APPLIANCES

[*from* Male Methods of Birth Control

or cause discomfort by "clinging." It is, however, more difficult to fix on the erect penis, as it cannot be "rolled on" like the rubber condom. And it is essential that the right-sized sheath should be selected—if too small the probability is that it will split during the sex act, if too large it will most likely slip off.

There are difficulties, too, in cases where it is desirable or necessary to use the same condom more than once. The skin article has a tendency to shrink after use, and a further tendency to become less pliable, with the result that the condom which is a suitable size when first used is too small afterwards. It is often necessary to moisten the skin

sheath with water, or to soften it with grease.

One of the reasons why rubber condoms are so popular is that it is now possible to purchase them with what is known as the teat-end, that is, a receptacle, at the end of the sheath proper, designed to hold the ejaculated semen. It is claimed for the sheath with the teat-end that it is impossible for rupture to occur as a result of the condom having been drawn on so far that no room is left for the accommodation of the emitted fluid. The advantage is, however, a dubious one. This teat-end is exceedingly likely to be pushed into the cervical canal or into one of the pockets, with the result that when the penis is withdrawn, after the completion of the sex act, the condom will most likely be dragged off and the contents spilled into the vagina. All things considered I do not recommend the condom with a teat-end. It is infinitely preferable to use an ordinary sheath, taking care not to draw it on to the extreme limit.

From the foregoing remarks it will be apparent that the matter of deciding between the skin and the rubber condom rests with the individual who is to use the appliance. Where erections are sufficiently strong that the "clinging" properties of rubber do not have any appreciable retarding or destructive effect, the rubber condom will probably be found more satisfactory. Similarly, if a washable sheath for use again and again is required, rubber will give longer service and probably better results. A good plan is to give both types a trial before coming to a decision.

The great points to bear in mind in purchasing condoms are reliability of construction and freshness. There are on the market a tremendous quantity of sheaths of poor manufacture, and it is appliances of this brand which are responsible for a big proportion of failures. These badly constructed sheaths, whatever their age, are most unreliable. Then there are huge numbers of well-made sheaths which, through being in stock in the shops for a long time or being stored under unfavourable conditions, have deteriorated. Rubber, in particular, deteriorates very quickly, especially the thin delicate article from which sheaths are manufactured.

For half a century and more rubber condoms have been made from sheet rubber of various thicknesses and qualities. This method of manufacture necessitated a seam along the whole length of the sheath, and there was and is always a risk of the condom splitting at any point along this seam. These seamed sheaths are still made to-day and sold in millions. An improved method, used for many years now in making the more expensive articles, was the manufacture of sheaths from a solution of rubber, but although in this way "seamless" sheaths were produced, and the vulnerable "seam" was avoided, at other points and, generally speaking, they lacked the strength of the older seamed sheaths, and, in addition, they were liable to rapid deterioration. Recently a different process of manufacture has been adopted by makers of the more reliable appliances. The finest rubber condoms are not now made from either sheet rubber or dissolved rubber: they are made from rubber "latex,"[1] the name given to the natural liquid rubber after refining. Glass moulds of the required sizes are dipped into the liquid rubber, dried and redipped, the process being repeated again and again until the required thickness is obtained. In this way there is no seam or joining of any kind, and an exceptionally strong condom is produced.

A few manufacturers of condoms stamp them with the date of manufacture, thus protecting the purchaser from

[1] "Natural latex is obtained from the bark (cortex) of certain trees by a process of tapping. A thin shaving of bark is cut away at each tapping to open up the ends of the latex vessels. These vessels permeate the inner layers of the cortex, and when they are cut the latex exudes. After a time the flow ceases. It is usual to leave the trees for one or more days before tapping again. This is the system universally applied in the East for tapping the para rubber trees."—From *Rubber Latex* by Henry P. Stevens and W. H. Stevens. Fourth edition. Rubber Growers' Association, Inc., London, 1936. I am indebted to this book for much interesting and useful information respecting rubber latex, and I would refer the reader desirous of securing further information on the subject to its pages.

the risk of being served with old stock.

Much depends upon where the sheaths are purchased. It is always advisable to deal with those surgical and medical stores *which specialize in the sale of birth-control appliances*, and which are either actual manufacturers or are continually and regularly securing fresh supplies direct from the factory. In this way one can ensure securing reliable goods of recent manufacture and in perfect condition.

Wherever and whenever condoms are purchased, however, the buyer should insist:

(1) That the rubber sheaths are thin, strong, and, preferably, the seamless brand made from rubber latex.

(2) That they are of recent manufacture, thus retaining their elasticity.

Washable condoms, which can be used again and again, are rather more expensive. They are made of thicker rubber. Their only virtue is that of economy. Many men cannot use this thicker type of sheath, and are compelled, whether they like it or not, to use the unwashable variety. Moreover, their use entails much additional trouble in the way of washing, drying and preservation.

Condoms are manufactured in three sizes. It is important that the sheath should be neither too large nor too small. If it is too large, it may easily slip off during intercourse; if too small it will probably split. It should not be difficult for any man to discover, after a trial, which of the three sizes is the correct one for himself. Usually the medium size, which in rubber is seven and a half inches long, and in skin nine inches long, will be found suitable.

I have already mentioned the fact that rubber perishes easily and deteriorates rapidly if great care is not taken to prevent exposing it to injurious atmospheric, temperatural and other conditions.

It is useless to exercise care in the purchase of the right type of condom, in ensuring that the goods eventually selected are freshly manufactured and in a perfect state of preservation, if one is going to expose them to conditions which are unfavourable to the retention of their elasticity and strength.

Exposure to sunlight, or to air, or to damp, has a destructive effect on rubber. So have extremes of temperature. For these reasons condoms should be kept in a dry and dark place, at an ordinary living-room temperature.

Grease, such as vaseline or oil, must not be used with the rubber condom. Grease of any kind injures the rubber, and increases the risk of rupture.

The common practice of carrying sheaths in one's vest pocket is extremely likely to cause deterioration and will most probably result in the sheath splitting when called into use. The temperature of the body has deleterious effects on the delicate rubber.

When a condom has once been used, if it is desired to employ it again, great care must be taken in its storage, or it will be useless. The best way to preserve rubber is to keep it in a dark place under water. Alternative methods of preservation are immersion in powdered chalk or Fullers' earth.

The sheath should *not be rolled for storage purposes, after it has once been used.* It should be rerolled when the time comes for it to be used again, and not before. The skin condom can be greased and stored flat in a convenient receptacle until again required. *No attempt should ever be made to roll a skin sheath.*

Skin condoms are not affected by heat or temperatural variations to anything like the extent that are rubber condoms. For this reason they are more suitable for use in tropical countries.

It is important to remember that every time a rubber or a skin condom, of the washable type, is worn, the possibility of rupture or leakage occurring increases.

Whether a condom is new and unused, or has been in use before, it is always advisable to test it thoroughly before use. The most minute opening means that the condom is useless as a contraceptive appliance

The test may be effected in two ways: by filling the sheath with air or with water. In the air test, blow into the condom until it is inflated. Then hold it tightly by the top for a minute or two, squeezing gently and slightly, and observe if there is an escape of air anywhere. The water test is accomplished by filling

the condom with water to within an inch or so of its capacity, and then slightly squeezing from the top downwards. In this test, it is, of course, essential that a condom which has been used before and stored in water, must have its exterior surface thoroughly dried before the test is made.

These tests are applicable to both rubber and skin sheaths.

The condom is variously referred to as "French letter," "French safe," Protective, Sheath, and Cytherean shield.

For practical information relating to the manner of using the condom for contraceptive purposes see BIRTH-CONTROL METHODS (MALE).

CONDYLOMA. A small tumour or wart on the anal or genital region, and more rarely on the fingers, toes or mouth. It is often, but not necessarily, associated with syphilitic infection. It is extremely common among lower-class prostitutes.

CONDYLOMA ACUMINATUM. The large excrescence, usually resulting from syphilitic infection, which appears sometimes at the entrance to the vulva or anus, and more rarely at the mouth of the womb. From the fact that it resembles somewhat the head of a cauliflower, it is often termed cauliflower excrescence. Marisca.

CONFRICATION. Masturbation.

CONFRICATRIX. A female masturbator or a tribade.

CONGENITAL. The term is used in relation to anything which is in existence when the child or animal is born. A physical defect or a disease which is present at birth in either an incipient or a complete form is held to be congenital.

CONGESTION. The excessive, unnatural or abnormal gathering of the blood in some part or other of the body. Many sexual troubles are due to congestion. Hyperæmia.

CONGRESS. The sex act.

CONGRESSUS INTERRUPTUS. "Withdrawal." *See* BIRTH-CONTROL METHODS (MALE).

CONJUGAL RIGHTS (RESTITUTION OF). In the event of either a husband or a wife, without lawful reason, failing to live with the other spouse, the court may, on an application being made, order the party guilty of withdrawal to resume cohabitation.

CONJUNCTIVITIS. An inflamed condition of the conjunctiva, that is, the mucous membrane covering the interior of the eyelids and the eyeball. It is also called ophthalmia, and when due to gonorrheal infection, gonorrheal ophthalmia. See under this heading.

CONSANGUINITY. Relationship by birth or blood, as distinct from relationship by marriage. Certain degrees of consanguinity constitute barriers to marriage (*see* INCEST), and it has always been a common policy of Church and State in civilized countries to discourage marriage between individuals who are in any way consanguinous.

The popular belief, backed by a good deal of biological and psychological opinion, that consanguinity is a factor predisposing towards insanity in the offspring of parents who are themselves free from mental taint, is based upon dubious grounds.

CONSOLATEUR. *See* PHALLUS (ARTIFICIAL).

CONSTIPATION: ITS EFFECTS UPON THE SEX ORGANS. Constipation is the curse of modern civilization. It has the most profound effects upon the general health of the individual, but these are outside the scope of this work. It has certain specific effects upon the genital organs, particularly of the female. These effects and their vital bearings upon the sex life are usually unknown or overlooked.

When the rectum is full of unvoided excrement it is bound to exert pressure upon the womb and the vagina. This pressure has a straining effect upon the muscles which keep the womb in position, and it is not uncommon for this organ, through habitual constipation, to be forced backwards, eventually resulting in the displacement known as retroversion. A full rectum may also interfere with the sex act, causing a certain amount of pain during intromission. If it is desired to practise birth control, chronic constipation either prevents altogether or increases the risk connected with the use of rubber pessaries. In the male, straining at stool, a consequence of constipation, is a frequent cause of prostatic trouble. In both sexes, such straining is one of the commonest causes of piles.

The avoidance of constipation is of

great importance. In most cases it is the result of dietetic errors, over-eating, oversleeping and over-sitting in easy-chairs and motor-cars. Much can be done in the way of prevention or alleviation by adopting a rational mode of living. Cathartics may be taken occasionally, but should not be allowed to become habitual. One factor which has a lot to do with the cause of constipation is the modern lavatory. The seat is much too high, with the result that the impetus to defecation given by the squatting position adopted in primitive society is wholly lost. Anyone who can afford the expense should have a special toilet fitted with the seat not more than twelve inches from the floor. Failing this, a stool may be used to raise the feet and in this way alter the sitting position. This is a make-shift, but it is better than nothing.

CONTINENCE. Self-restraint as regards sexual intercourse. The term is often used as a synonym for sexual abstinence, but strictly speaking, moderate or occasional sex indulgence would still represent a state of continence.

CONTRACEPTION. The prevention of conception. Where either the male or the female, with or without the consent or knowledge of the other partner, takes conscious measures to prevent sexual intercourse resulting in impregnation he or she is practising contraception.

The basic principle of most contraceptive measures, whether or not the individual practising them is aware of the principle, is the prevention of the union of the live spermatozoön with the mature ovum. The spermatozoa may be prevented from entering the vulva at all; they may be prevented from penetrating the cervix; they may be destroyed in the vagina; the ovum, after impregnation, may be prevented from embedding. Under one of these headings every known contraceptive measure may be classified.

Although contraception is used as a synonym for birth control, its true meaning is very much more limited. Birth control includes methods of avoiding childbirth which are not true contraceptive methods. Further, it is important that contraception should not be confounded with abortion. *See under* BIRTH-CONTROL METHODS.

CONTRACEPTIVE. A mechanical appliance, a chemical agent, or other device designed specifically for the prevention of conception. *See under* BIRTH-CONTROL METHODS.

CONTRACEPTIVE (CHEMICAL). *See under* BIRTH-CONTROL METHODS (CHEMICAL).

CONTRACEPTIVE (MECHANICAL). *See under* BIRTH-CONTROL METHODS.

CONTRACEPTIVE JELLY. *See under* BIRTH-CONTROL METHODS (FEMALE).

CONTRECTATION. A term coined by Moll to describe the rise of sexual excitation induced by the presence of and especially contact with an attractive member of the opposite sex. Also sometimes used to indicate digital examination or palpation of the genitalia.

COPRACRASIA or COPRACRATIA. Incontinence of fæces.

COPROLAGNIA. A form of sexual abnormality where erotic stimulation is obtained by the sight, odour or handling of fæces. It is possible that this is largely a continuation of the interest in excrement which seems to be a normal feature in many children, especially where the retention of fæces has been deliberately and habitually practised as a means of securing pleasurable anal titillation. It is a rarer form of perversion than urolognia.

COPROLALIA. A morbid and often obsessional penchant for the use of obscene terminology. It sometimes occurs in connexion with *dementia præcox*.

COPROPHAGY. A depraved appetite which manifests itself in the eating of fæces, and is usually associated with sexual excitation. *See under* SCATOPHAGIA.

COPROPHILIA. A perversion in which the sight or touch of fæces, usually of an attractive person of the opposite sex, produces erotic stimulation.

COPULATION. The sex act. Coitus.

CORONA GLANDIS. The ridge or prominence under the prepuce and at the base of the glans penis.

CORONA VENERIS. A form of stigmata in syphilitic infection consisting of a collection of sores or blotches in circular formation appearing on the forehead. The so-called crown of Venus.

CORPORA CAVERNOSA. The cylindrical columns of erectile tissue in the

penis and clitoris which in the course of sexual stimulation become engorged with blood, causing the typical enlargement and stiffening of the sex organ.

CORPUS LUTEUM. The so-called yellow body which develops in the ruptured Graafian vesicle after the discharge of the matured ovum.

CORROBORATION. In a breach of promise case corroboration is necessary. Also in the application for an affiliation order the evidence of the mother of a bastard child must be corroborated. In the case of a charge of procuration the woman's evidence, if uncorroborated, is insufficient; and the evidence of a child requires corroboration. But corroboration is not *essential* in respect of sexual offences.

CORROSIVE SUBLIMATE. Bichloride of mercury. A powerful irritant poison. Much used for contraceptive douching and as an antiseptic. It is far too dangerous for either purpose. Many deaths have followed its use.

COURTESAN. The true courtesan[1] made her appearance in Continental Europe during the Middle Ages. She was really a high-class prostitute moving in aristocratic circles, and in many respects resembling the *hetaira* of ancient Greece. She differed from the mistress in that she was not kept by, or connected with, one man only. Usually she controlled her own establishment, and chose her lovers with care and discretion. The salons of many of the more celebrated courtesans were the meeting-places for celebrities in the literary, artistic and social worlds. Usually the courtesan, like the *hetaira* of Greece, was a woman whose education, intelligence and accomplishments exceeded by far those of the average woman of her day and even most of the ladies of the aristocracy. It was for this reason, in addition to her mastery of the art of love, that she was sought after by the most influential men of her time. Veronica Franco, the Italian courtesan, was poet as well as prostitute, the confidante and intimate of Tintoret, Henri III of France, and a host of others. Tullia d'Aragona was just such another. Marion de Lorme, described by the Count de Grammont as "the most charming creature in all France," had the aristocracy of the day at her feet.

Perhaps the most famous of them all was Ninon de L'Enclos—the immortal Ninon. Many writers have affirmed, possibly in their whitewashing zeal, that the beautiful Ninon was not, in actual fact, a prostitute at all, basing their assertions on the fact that she refused to accept money from her miscellany of lovers. But valuable presents are often equivalent to money, and of these she was offered and she accepted enough to make any modern *fille de joie's* mouth water in sheer envy. Her magnificent salon in Paris attracted the best brains of Europe. Her opinions and her criticisms were valued by men of the highest mentality. Molière let her read his famous *Tartuffe* in manuscript; Scarron and Saint-Evremond sought her opinion on their works before publication. Coligny, the Marquis de Villarceaux, Huyghens, the Comte de Tallard, the Marquis de Sévigné, the Duc de la Rochefoucauld, all in turn were her lovers.

COUVADE. A quaint custom in which the husband, during his wife's confinement, goes to bed and simulates the pains and discomforts of childbirth. In some cases he goes so far as to adopt female night-dress, and to nurse the newly born child. The term couvade was first applied to the practice by Tylor, but the custom itself is as ancient as it is widespread in primitive culture. It is referred to by Strabo, Rhodius, Apollonius, Plutarch and Marco Polo. It has been observed in Borneo, China, Japan, Africa, Corsica, Spain, Guinea, and many other parts of North and South America.

Many attempts have been made to explain the origin and meaning of couvade, but they are all hypotheses founded upon the most dubious evidence. The suggestion is put forward by Tylor and by Westermarck that the custom is an expression of the close relationship existent between father and child, involving the belief that anything affecting the father just before and during parturition

[1] Originally "courtesan" was a term used to describe a lady who was attached to the court. To-day the word is used as a synonym for prostitute and is applied indiscriminately to all but the lowest types of brothel harlots and "sailors'" women.

will affect the child, hence the care exercised in relation to the father's actions, diet, etc., at this time. The belief in sympathetic magic of this nature was widespread in ancient and savage races, and indeed, to a certain extent, survives to this day. The idea that the child could be physically and mentally affected by the father's actions was probably a forerunner of the analogous belief in the influence of maternal impressions on the fœtus, a belief which is not yet extinct. The likelihood of this explanation, or some modification of it, accounting for the origin of couvade is heightened by the fact mentioned by Dawson, in his admirable study of the subject, that the custom "does not appear to have been recorded amongst the various peoples who do not understand the function of the male element in procreation, as for instance various Australian tribes."[1]

Another explanation has, however, been advanced by Féré, that of contagion, or "sympathetic" couvade. "It is not very uncommon," he says, "for husbands to share the vomitings that occur in pregnancy." Hamill and Weir Mitchell have cited instances of vomiting on the part of the husband, and Féré himself states that he has had three cases, concerning one of which he gives details. The man was thirty-two, eighteen months married. "He complained of vomiting, which had begun ten days before and occurred either in the morning a short time after waking or after the midday meal. . . . The morning sickness had occurred every day with wonderful regularity, and he brought up what seemed to him about a quarter of a pint of a clear, viscous liquid. In each case the vomiting was preceded by a nausea that came on suddenly. He gave of his own accord an explanation of his sickness; his wife had been *enciente* two months and a half. In the evening of the day on which he had been attacked, his wife, who up to that time had shown no signs of any particular disorder, told him on her return from a walk that she had had nausea and had brought up some glair." As his wife's confinement approached, she began to complain of kidney pains, and immediately the husband experienced similar pains. "At the end of two days it became very difficult for him to walk; he had an intense and continuous cephalea, sleep almost disappeared, and it used to be interrupted by violent cephalic pains that caused him to cry out." Two years later, on the occasion of his wife's second pregnancy, this state of affairs was duplicated.[2]

COUVEUSE. An incubator, constructed on the principle of the incubator for the hatching of eggs, used as an aid in the rearing of a prematurely born or poorly developed baby. Also referred to as the "mechanical nurse."

COVENT GARDEN ABBESS. An obsolete term for a procuress or head of a brothel. In the eighteenth century the Covent Garden district was a centre of prostitution in London, brothels abounding in the vicinity.

COVENT GARDEN AGUE. An old term for any form of venereal disease.

COVENT GARDEN NUN. A prostitute.

COWPERITIS. Inflammation of Cowper's glands. It sometimes appears as a complication of gonorrheal urethritis, or may follow a long-neglected stricture. In chronic cases treatment usually consists of complete excision of the glands.

COWPER'S GLANDS. The two small hard male glands situated near the prostate. The alkaline secretion which they produce, as a result of sexual excitation, has the two-fold effect of lubricating the penis and removing or neutralizing the normally acid state of the urethral canal. This secretion is often mistaken for semen, and its emission is viewed with alarm by young men who think they are losing sperm.

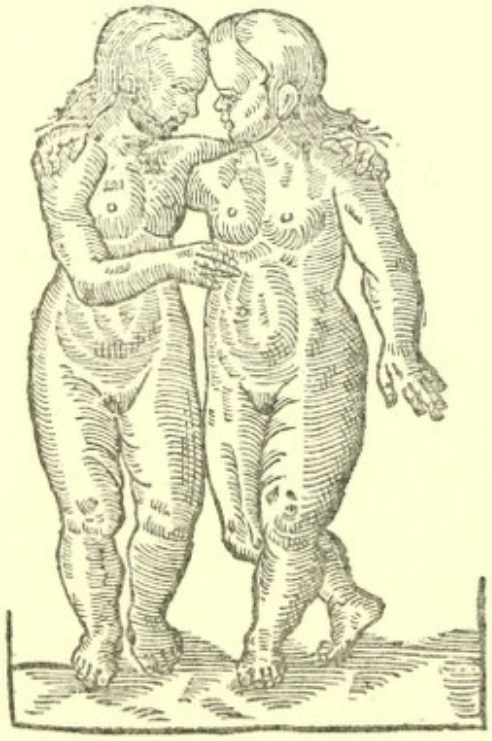
Cowper's glands correspond to the female glands of Bartholin. They are so-named after their discoverer, William Cowper, a seventeenth-century English anatomist.

CRAB-LOUSE. The popular name for the *pediculus pubis* or *phthirius inguinalis*, a species of parasite which infests the hair and skin of the male and female genitals.

[1] Warren R. Dawson, *The Custom of Couvade*. Manchester University Press, 1929.
[2] Ch. Féré. *The Sexual Instinct: Its Evolution and Dissolution*, pp. 101-102.

CRANIOCLASIS or CRANIOCLASTY. A surgical operation in which the head of the child is crushed or broken up before delivery can be accomplished.

CRANIOPAGUS. A form of double monster, the heads of the twins being joined together or fused. When one of the fœtuses is much smaller and really a parasite on the other, the condition is known as *craniopagus parasiticus*. *See* MONSTER.



TWINS JOINED TOGETHER BY THEIR FOREHEADS
[*after Paré*

CRANIOTOME. An obstetrical instrument used for the purpose of perforating and crushing the skull of the fœtus in difficult labour.

CRANIOTOMY. Crushing or breaking up the skull of the fœtus during parturition. The fœtus is then delivered bit by bit. Craniotomy is only indicated and justifiable (medically) where the destruction of the child is necessary to save the life of the mother. Abnormal size of the child's head is often an indication. According to Catholic doctrine the operation is not, in any circumstances, justifiable.

Craniotomy is an operation now rarely performed where there are indications that the child is capable of living and is not a monstrosity. It has been displaced largely by Cæsarean section. It is sometimes referred to as cephalotomy.

CREBRURIA. The condition characterized by abnormally frequent urination.

CREPITUS. The sound made by the discharge of internal gas from the anal orifice.

CRETINISM. Lack of mentality. Idiocy or imbecility combined with physical abnormalities such as dwarfed limbs and a huge head. The condition is thought to be the result of deficiency in thyroid secretion.

CRIME AGAINST NATURE. Sodomy or bestiality.

CROSS-BIRTH. An unnatural presentation caused by the fœtus lying across the axis of the birth-canal. Thus the term is used to indicate any presentation other than the head or the breech of the fœtus.

CROSS-BRED. The result of crossing two pure breeds or races. A hybrid.

CROSS-DRESSING. A popular term for TRANSVESTISM, which see.

CROSS-FERTILIZATION. The union of the spermatozoön from one individual with the ovum of an individual of another race (mankind), or species (animals).

CROTCHET. An obstetrical instrument of hook-like structure and with a sharp cutting edge, used in the decapitation and extraction of a fœtus that has to be destroyed.

CROWN OF VENUS. *See* CORONA VENERIS.

CRYPTOMENORRHEA or CRYPTOMENORRHŒA. Absence of menstruation despite the presence of the customary symptoms or indications.

CRYPTORCHID or CRYPTORCHIS. A male in whom the testicles have never descended from the abdomen into their proper place in the scrotum.

CRYPTORCHIDISM. An abnormality in which the testicles have failed to descend into the scrotum, but have remained in the abdomen or groin. The descent of the testes normally occurs before birth, but, says Young, according to Hinman (*Principles and Practice of Urology*, 1935), "one in every twenty-five to thirty boys under fourteen years of age, and one in every 250 men over twenty-one years of age have undescended testes, but that about 85 per cent eventually descend

into the scrotum."[1] In the majority of cases one testicle only fails to descend.

An undescended testicle is usually below normal in size, development having apparently been arrested, and rarely does it produce spermatozoa, probably owing to the higher temperature in the abdominal cavity being unfavourable to spermatogenesis. The incidence of testicular tumours is very greatly enhanced in the case of cryptorchids. Sterility is only present when *both* testicles remain in the abdomen. The descent of one testicle into the scrotum is sufficient to induce fertility.

Treatment, which should be given during childhood, may consist of the administration of hormones, or of surgical operation. Usually hormone treatment is tried first in any case.

CUCKOLD. A married man whose wife is in the habit of committing adultery. The female counterpart, that is, a married woman whose husband is in the habit of committing adultery, is termed a cuckquean. Both terms, although they freely besprinkle the literature of past ages, are now very rarely used.

CUCKQUEAN. *See under* CUCKOLD.

CULLEN'S SIGN. The discoloration seen in the region of the navel, which is an indication of extra-uterine pregnancy. So-named after its discoverer, Thomas Stephen Cullen, an American gynecologist.

CUNDUM. An old and now obsolete name for the condom or "French letter." It is derived from a Colonel Cundum, said to be the inventor of the appliance. *See* CONDOM.

CUNEOHYSTERECTOMY. The surgical operation in which a wedge-shaped piece of the cervix uteri is removed. It is indicated in cases of severe anteflexion.

CUNNILINCTIO. The term used by Hirschfeld to indicate tongue-stroking of the clitoris by the male or by another female. *See* CUNNILINCTUS.

CUNNILINCTUS. A form of sexual perversion in which the vulva is licked previous to or in place of coitus. It is common among men, women and many animals. Indeed, it is so prevalent and universal among animals that it may be considered, like fellatio, a natural manifestation of the sexual urge. In many cases one person takes the active and the other the passive part, but occasionally an attitude is adopted in which both active and passive indulgence is possible at the same time, a form of the perversion known as mutual cunnilinctus. Lambitis.

CUNNILINGUIST. One who takes an active part in that form of sexual perversion known as cunnilinctus.

CUNNILINGUS. Same as CUNNILINCTUS, which see.

CUNNUS. The vulva of the female.

CUPID. The ancient Roman deity was widely worshipped as the god of love. Similar to Eros, the Greek god of love.

CURAGE. A method of cleaning out the cavity of the womb with the finger, in contradistinction to curettage.

CURET or CURETTE. A surgical instrument used in cleaning or scraping the cavity of the womb.

CURETTAGE. The scraping of the interior surface of the uterine cavity.

CYBELE. The Asiatic goddess of fertility, known as the "Great Mother." According to mythology, Cybele had, as consort, a youth named Atys, who submitted to castration. For this reason, the priests who served her were all sexually mutilated. The goddess was worshipped by the Greeks and Romans, and at the festivals, there were enacted, according to the ancient historians, scenes of the most flagrant licentiousness.

CYESEDEMA or CYESŒDEMA. The bloated appearance, due to skin induration, occasionally seen in a pregnant woman.

CYESIOLOGY. The science dealing specifically with gestation and pregnancy.

CYESIS. Pregnancy.

CYNANTHROPY. *See* LYCANTHROPY.

CYPRIPHOBIA. A morbid and an exaggerated fear of venereal disease, often reaching such a degree that the idea of sexual intercourse is dreaded or inhibited.

CYST. A sac, pouch, or bladder, having no opening, which contains pus or watery

[1] H. H. Young, *Genital Abnormalities*, p. 480. Baltimore, 1937.

fluid, and is usually pathological in character.

CYSTITIS. Inflammation of the bladder due to some infective organism or the presence of a stone or other foreign body. There is frequent desire to urinate. Blood and mucus are usually present in the water passed, and there is much pain after the bladder has been emptied of its contents. The retention of urine in the bladder for long periods, a fault common to both sexes, is a frequent cause of cystitis. Cabot has drawn attention to the connexion between bladder injury resulting from over-distension and the incidence of the disease. The use of cantharides as an aphrodisiac is another frequent cause of cystitis.

CYSTOCELE. Rupture of the bladder.

CYSTOSCOPE. An instrument used for inspecting the urinary bladder.

CYSTOSPERMITIS. An inflamed condition of the seminal vesicles.

CYSTOTOME. A surgical instrument used in operations involving the incision of the bladder.

CYTHEREAN SHIELD. A condom or "French letter."

CYTHEROMANIA. An abnormal degree of sexual libido in the female. Nymphomania.

CYTULA. The term used to indicate an ovum after its impregnation by a spermatozoön.

D

DACTYLITIS SYPHILITICA. Gummatous infiltration of the joints and bones of the fingers and toes, causing extreme deformity. It is a manifestation of tertiary syphilis. Sometimes referred to as *paronychia syphilitica*.

DAMIANA. An American plant, the *Turnera aphrodisiaca*, the leaves of which are said to possess sexual stimulatory powers. It is widely used by live-stock breeders for promoting fertility. My own experience in this field leads me to view its reputed powers as purely apocryphal.

DANCING (SEX IN RELATION TO). Dancing originated as a means of expressing sexual charm and attracting the opposite sex. We see this clearly indicated in the dancing motions which birds go through during the mating season. We see it even more clearly expressed in the dances of savage and primitive tribes. These dances are basically and essentially erotic both in their expression and appeal. In all primitive races, dancing is the recognized primary mode of courtship.

The erotic appeal of the dance is twofold. There is the sexual excitation induced in the individual performing the dance, and there is the sexual excitation aroused in the onlookers. The ancient philosophers and theologians were well aware of this. Petrarch calls dancing the spur of lust; Hœdus considered that venery was learned in the theatres; the leaders of the Catholic Church condemned the dance as immoral and obscene. In Burton's *Anatomy of Melancholy* we read:

"Thais in Lucian, inveigled Lamprias in a dance. Herodias so far pleased Herod, that she made him swear to give her what she would ask, John Baptist's head in a platter. Robert duke of Normandy, riding by Falais, spied Arlette a fair maid, as she danced on a green; and was so much enamoured with the object, that he must needs lye with her that night. Owen Tudor won Queen Catherine's affection in a dance."[1]

Modern ballroom-dancing, owing to the manner in which it brings the sexes into propinquity, combined with the allure of decorated semi-nudity and aphrodisiacal perfumes, arouses sexual libido in both the male and the female. There are many men who experience erections and even ejaculations while dancing with attractive girls; and, to a lesser degree, the same holds good as regards the girls themselves.

The aphrodisiacal effects upon the audience of the modern stage dance are well known. Men of all ages frequent the front rows of the stalls in theatres and music halls for the sole purpose of becoming sexually excited through

[1] Robert Burton, *Anatomy of Melancholy*, printed from the authorized copy of 1651. London, 1840.

watching the erotic movements of the dancers.

DECAPITATION. The surgical operation, during parturition, in which the head of the fœtus is severed from the body. Decollation.

DECEMIPARA or DECIPARA. A woman who has given birth to ten children at separate pregnancies or is undergoing her tenth confinement.

DECIDUOMA. A tumour in the cavity of the womb, often following an abortion or a miscarriage.

DECOLLATION. Same as DECAPITATION.

DECOLLATOR. An obstetrical instrument used for decapitation of the fœtus in cases of impossible or difficult delivery.

DECREE ABSOLUTE. The decree by which a marriage is actually dissolved and both parties are free to remarry.

DECREE NISI. A provisional order of the court. In every case where a decree for nullity of marriage or divorce is granted, it is what is known as a decree *nisi*, and does not become effective until a certain fixed time (usually six months) has expired. During this period any person is at liberty to show cause why the decree should not be made absolute.

DECUBITUS. The posture assumed when lying down or prostrate. The term is also used to indicate the attitude adopted by the woman in normal coitus.

DEFÆCATION or DEFECATION. The act of emptying the bowel.

DEFECALGESIOPHOBIA. An aversion from and fear of going to stool in consequence of the pain or distress associated with defecation. It is usually due to some pathological condition of the rectum or anus.

DEFEMINATION. The acquirement of male habits and characteristics by the female.

DEFERENTECTOMY. The surgical operation for the removal of the vas deferens. VASECTOMY, which see.

DEFERENTITIS. An inflamed state of the vas deferens.

DEFLORATION. The rupture of the hymen at the first act of coition. *See under* DILATATION, also DEFLORATION (ARTIFICIAL).

DEFLORATION (ARTIFICIAL). Destruction of the hymen without coitus. The custom was and is prevalent among primitive and savage races and in early civilizations. In many cases it ranks as a religious rite. In Samoa, according to Krama, the bridegroom uses the forefinger for this purpose; in other instances a stick or a skewer is employed; in the Philippines the act of defloration is accomplished by one of the old women of the tribe; in India the stone, ivory or wooden phallus of an idol or a god is used to rupture the membrane. A similar custom was prevalent among the Moabites, the pagan worshippers of Baal-peor, referred to so often in the Bible. The priestesses or prostitutes serving the god Baal had their hymens ruptured on the stone phalli of the idols which were to be found in all the temple-brothels.

DEFLORATION (MODERN ARTIFICIAL). *See* DILATATION BEFORE MARRIAGE.

DEJECTA. The matter ejected during defecation. Fæces. Excrement. Dung.

DELACTATION. The stopping of the supply of milk from the mammary glands.

DELIRIUM TREMENS. Mental confusion resulting from alcoholic poisoning, the most marked features of which are hallucinations and illusions. *See* ALCOHOLISM.

DELIVERY. The ejection of the fœtus from the womb. Parturition. *See* CHILDBIRTH.

DELIVERY (ABDOMINAL). *See* CÆSAREAN SECTION.

DELIVERY (POST-MORTEM). The birth of the fœtus *after* the death of the mother. This is effected by Cæsarean section, which must of necessity follow immediately after the mother's death, as the child cannot survive in the womb of a cadaver for more than a few minutes.

DELIVERY (PREMATURE). Ejection of the fœtus at any time after the end of the twenty-eighth week and before the full term of pregnancy.

DELIVERY (SPONTANEOUS). The birth of the child without professional assistance or interference of any kind. In primitive races such deliveries are common; under modern civilized conditions they are comparatively rare.

DEMENTIA. Weakness or loss of mentality, particularly of the power to reason and to remember, marked by incoherence and imbecility. Insanity.

When the initial stages of dementia occur during adolescence the condition is

known as *dementia præcox*. If, in addition, there are delusions and other signs of actual insanity, the condition is known as *dementia paranoides*. Both these forms of adolescent mania are sometimes referred to as schizophrenia.

In advanced age the condition is known technically as *dementia senilis* and popularly as dotage.

DEMENTIA PARALYTICA. *See* GENERAL PARALYSIS OF THE INSANE.

DEMI-MONDE or DEMI-MONDAINE. The French name for a high-class type of courtesan who mixed freely in eighteenth-century French and English aristocratic circles. Beautiful, talented, magnificently dressed and wealthy, as a result of the presents and money showered upon her by admirers, she moved in the highest society. She was equivalent to the *hetaira* of ancient Greece.

DEMI-REP. A woman who, although not a courtesan, was not unwilling to engage in amorous adventure. She was usually married and mixed in fashionable circles.

DEMIRETRAIT. A male birth-control method which bears some relation to *coitus interruptus*. The penis is not removed entirely from the vagina, but is partially withdrawn so that the semen is ejaculated at the lower end of the vaginal passage and well away from the danger zone of the cervix. In practice, the method calls for much nicety in judging the precise degree of withdrawal necessary, and for this reason it is extremely risky. It very often fails, and it is not to be recommended in any circumstances whatever. Also referred to as Discretion.

DEPILATION. An ancient decorative practice somewhat allied to scarification and tattooing. It was favoured by a large number of African tribes, usually taking the form of plucking the scalp and the eyebrows. In some oriental races all hairy growths in the pubic regions of both men and women are removed. Also depilation is customary among male prostitutes and homosexuals. The modern form of depilation, so fashionable among society ladies, film stars, and their disciples throughout Europe and America, bears a striking resemblance to that practised by savages.

DERBYSHIRE NECK. The name given to a form of goitre which is supposed to be endemic.

DERMATOSYPHILIS. The affection of the skin which occurs in secondary and tertiary syphilis. Syphiloderma.

DERMOPHYMA VENEREUM. A syphilitic tumour appearing on the external genitals or the anus.

DERODIDYMUS. A monster which takes the form of two separate heads and necks joined to a single body. *See* MONSTER. Also see illustration, page 33.

DESCENSUS TESTIS. *See* TESTIS (DESCENT OF THE).

DESCENSUS UTERI. *See* PROLAPSUS UTERI.

DETUMESCENCE. The subsidence of the penis after coitus; also the process of finding relief from sexual excitation in ejaculation

DEUTERIPARA. A woman who has given birth to two children at separate pregnancies or is undergoing her second confinement. Duipara.

DEUTEROGAMY. Remarriage following the death of the first spouse. Digamy

DIABETES. A disease of the kidneys in which the primary and main symptom is the discharge of a plethoric amount of urine. *Diabetes mellitus* differs from *diabetes insipidus* in the fact that sugar is present in the urine. In both varieties extreme thirst is constantly experienced.

DIACHOREMA or DIACHORESIS. Excreta. Fæces.

DIACLAST. An obstetrical instrument used for perforating the skull of the fœtus.

DIARRHEA or DIARRHŒA. Increased frequency of bowel motion. Usually the excrement discharged is in liquid or semi-liquid form. The cause may be due to dietetic errors or mental shock. If the diarrhœa is persistent it probably indicates some pathological state of the bowel or intestines.

DIASTREPHIA. A form of perversion in which cruelty is a marked characteristic. It differs from sadism in not necessarily being associated with sexual ecstasy.

DICEPHALUS. A monster with two heads on a single body. There are several sub-varieties. Thus when the monster has four arms it is called *Dicephalus tetrabrachius*; when there are three arms, it is termed *Dicephalus tribrachius*; and when there are three legs, *Dicephalus tripus*. *See* MONSTER.

DICTERIA (singular DICTERION). The name given to the common public brothels of ancient Greece, the first of which we have any record being the one which Solon established at Athens. There appear to have been few restrictions as regards the running of these public brothels. Apparently anyone who could pay the State tax was allowed to open a *dicterion*. Some idea of the number of men who had recourse to these brothels for their sexual requirements is indicated by the fact that out of the profits made through the *dicteria* a large and ornate temple was built.

DICTERIADES (singular DICTERIAS). The common brothel prostitutes of ancient Greece inhabiting the *dicteria* (which see). Originally these prostitutes were slaves, receiving nothing for their services beyond food and clothing, the fees paid to them going to the State. Gradually the prostitutes emerged from their slave-like position, but they were still compelled to pay taxes to the State. The *dicteriades* remained the lowest class of prostitutes, frequenting the port of Athens, and repairing to the nearest *dicteria*, or to any nearby spots sheltered from the public gaze, with whoever were willing to pay the small fixed price.

DIDYMALGIA. Testicular pain. Didymodynia.

DIDYMITIS. A form of ORCHITIS, which see.

DIDYMODYNIA. Same as DIDYMALGIA.

DIDYMUS. A testis.

DIGAMY. The act of marrying or being married a second time, following the death of the first spouse. Deuterogamy.

DIGITUS IMPUDICUS. *See* DIGITUS INFAMIS.

DIGITUS INFAMIS. The middle finger of either hand, which among the ancients had a phallic connotation. Martial, Seneca and others mention that the middle finger fully extended and held upright represented the penis, the closed fingers and thumb on each side signifying the testicles. According to Juvenal, male prostitutes used the *infamis digitus* as a signmark of their trade. The scratching of their heads with their middle fingers constituted an invitation. Also termed lewd finger.

DIHYSTERIA. A rare condition where the womb is in two sections. Dimetria.

DILATATION. The widening of a tube or an opening by surgical or other means. Usually employed in sexology in reference to the widening of the hymenal opening, which may be self-induced as with the fingers or the use of a vaginal syringe; or surgically by the insertion of sounds or cutting the hymen away.

DILATATION BEFORE MARRIAGE. In recent years the rupturing of the hymen and the widening of the vaginal passage *before marriage*, by self-dilatation or by surgical measures, has been increasingly practised. Its objects are: (1) to avoid the pain and embarrassment coincident with the rupturing of the hymen and consequent hæmorrhage during the first coital act; and (2) to enable the virgin woman to employ a reliable contraceptive method from the outset of married life.

Where the practice of birth control by the female is not indicated as being essential, it is doubtful if, in normal cases, there is really any need to rupture the hymen before marriage. The tendency to-day is to exaggerate both the pain associated with the first sex act and the degree of embarrassment occasioned by the resultant hæmorrhage. If the hymen is thick and tough, pre-marital dilatation may be advisable, as the force necessary to break down or force aside the obstacle will probably cause a good deal of pain and bleeding, leaving the genitals in an inflamed condition. Such cases are however relatively few in number, and the main reasons for dilatation are therefore concerned with birth-control problems.

Once it has been decided that vaginal dilatation is advisable the next problem to decide is whether to practise self-dilatation or to have the operation performed by a surgeon. If the hymen presents any abnormal features, if it is tough or thick, or if the vagina is extremely sensitive to the touch, there will be no choice in the matter—it is a case for surgical methods. But where the hymen is normal, and any æsthetic objections can be got over, there is no reason whatever why the thousands of women who cannot afford the services of a surgeon for such a purpose need despair. They can perform the opera-

tion themselves. It is simple, in most cases it is painless, and it involves no risks. The fear of an unwanted pregnancy should be sufficient to overcome the repugnance which some women experience in connexion with any procedure which involves touching the genitals.

The procedure is as follows: A fortnight or so before marriage, the virgin girl should begin a gradual stretching of the hymenal membrane. Grease the first finger with olive oil, medicinal liquid paraffin or other lubricant (except vaseline) and gently insert it into the vaginal opening, working the finger slowly backwards and forwards for a time. Repeat the process on two or three occasions every day until the opening has been stretched sufficiently to allow two fingers together to be inserted. Continue the stretching process with two fingers at a time until three fingers together can be inserted. The opening is then wide enough to admit the passage of a contraceptive pessary.

Surgical dilatation is generally accomplished under anæsthesia. The vaginal opening is widened gradually by means of glass dilators of increasing sizes. Where the hymen is particularly thick or tough, and where it is in any way abnormal, excision may be advisable. In other cases the surgeon may nick the membrane in one or two places to make dilatation easier and more satisfactory. Surgical dilatation should always be done a few weeks before marriage, particularly if cutting or excision is necessary, as any scars must heal completely before the first act of coitus.

There is one point which should be kept carefully in mind by any girl who contemplates self-dilatation or surgical interference before marriage; to wit, the need to consult her fiancé on the subject before taking any actual steps. Premarital defloration in any form should only be undertaken with her fiancé's full knowledge and consent. It is true that the discussion of such a question at such a time is one of exceptional delicacy, but the destruction or mutilation of the hymen, without any such discussion or explanation is not devoid of danger so far as concerns the happiness of husband and wife. Even in these sexually emancipated days, men, almost without exception, look for the proverbial signs of virginity at the time of defloration, and when such signs are looked for and are absent, it is questionable if any explanation that can possibly be offered will suffice to destroy the doubts respecting his wife's virginity that are inevitably raised.

The possibility of accidental rupturing of the hymenal membrane must not be overlooked. (*See under* VIRGINITY—SIGNS OF). The liability to such accidental rupture and, similarly, the ease with which self-dilatation can be purposely performed, are very much greater in the years immediately following puberty than they are after the age of thirty has been attained. Virginal women who marry late in life often find defloration by coitus extremely painful, and their husbands experience difficulty in consummating the marriage. If a man is of low sexual virility, as a result of age or of any other factor, complete coitus, in such circumstances, may prove impossible.

DILDO or DILDOE. An artificial phallus constructed of leather, horn, wood or other material. *See* PHALLUS (ARTIFICIAL).

DIMETRIA. The presence of a double uterus. Dihysteria.

DINOMANIA. A peculiar form of chorea which expresses itself in a morbid passion for dancing as distinguished from the sporadic muscular motions of true chorea. It sometimes assumes epidemic form, as in the mania for dancing which swept parts of Europe in the Middle Ages, or in the dancing connected with certain religious movements, and it is usually associated with erotic frenzy.

DIONYSUS. The Greek phallic god, worshipped not only in Greece, but in Syria, Egypt and India.

DIPHALLUS. A double penis. An abnormality which is of great rarity. Sometimes the malformation is in the form of two separate penes, both capable of functioning, either for urination or copulation, at will. Usually, however, one penis is useless.

DIPLEGIA. Paralysis which affects both sides of the body in the same way.

DIPLOGENESIS. The process of deviation from what is normal, characterized by duplication, as in the formation of double monsters.

DIPLOTERATOLOGY. That branch of medical science which deals with the production of double or twin monsters.

DIPROSOPUS. A monster with two faces joined together. *See* MONSTER.

DIPSOMANIA. A form of monomania characterized by sporadic attacks in which the desire to drink excessively ousts everything else. These outbursts are frequently concurrent with attacks of some chronic disease from which the person is suffering.

DIPYGUS. A double monster in which the pelvis and the bottom parts of the trunk are duplicated. *See* MONSTER.

DISCRETION. *See* DEMIRETRAIT.

DISORDERLY HOUSE. The term is often used as a synonym for brothel. While, however, every brothel is a disorderly house, every disorderly house is not necessarily a brothel. Gaming or betting houses are disorderly houses.

DISPAREUNIA. *See* DYSPAREUNIA.

DISTOCIA or DITOCIA. The process of giving birth to twins.

DIURESIS. The production and passing of an abnormal quantity of urine, as in diabetes. Hyperdiuresis. Polyuria.

DIURETIC. A medicine or an agent employed to increase the secretion or flow of urine. The simplest diuretic is water consumed in quantity. Beer and spirits are stimulant diuretics.

DIVORCE. There is nothing modern about divorce except its universality and the lack of social ostracism connected with the individual whose conduct renders a divorce possible.

The laws of Moses allowed divorce without process of law. All that was required was that the husband should hand to his wife a written document, called "a bill of divorcement," which was neither more nor less than a notice to quit. Ground for divorce was the finding in the wife of "some uncleanness," a term capable presumably of the widest interpretation. The laws of Mohammed allowed divorce on trivial grounds, so did the laws of Manu. In the Roman Empire divorce was securable by mutual consent.

It was the coming of Christianity which ousted the polygamous practices of the ancient Hebrews and tightened up the marriage contract. Christ, in His famous diatribe to the Pharisees, using the words which to this day form part of the Christian marriage service, said:

"Have ye not read, that he which made them at the beginning made them male and female, and said, For this cause shall a man leave father and mother, and shall cleave to his wife: and they twain shall be one flesh? Wherefore they are no more twain but one flesh. What therefore God hath joined together, let not man put asunder."

This virtual opposition to divorce formed an integral part of the reaction of the Church and the State to marriage for all of eighteen hundred years. The obstacles in the way of, and the heavy costs in connexion with, the securing of a divorce restricted it to the ranks of the aristocracy and wealthy middle classes.

So far as England is concerned the year 1857, when the Court for Divorce and Matrimonial Causes came into force, is a landmark in the history of divorce. No longer were the proceedings restricted to the Ecclesiastical Courts. Moreover, the cost was materially reduced. Since that time modifications and amendments to the law have repeatedly been made, culminating in the passing, in 1937, of Mr. A. P. Herbert's Marriage Bill (The Matrimonial Causes Act, 1937).[1] This new Act provides that:

"A Petition for divorce may be presented to the High Court either by the husband or the wife on the ground that the respondent—

(*a*) has since the celebration of the marriage committed adultery; or

(*b*) has deserted the petitioner without cause for a period of at least three years immediately preceding the presentation of the petition; or

(*c*) has since the celebration of the marriage treated the petitioner with cruelty; or

(*d*) is incurably of unsound mind and has been continuously under care and treatment for a period of at least five years immediately preceding the presentation of the petition;

and by the wife on the ground that her husband has, since the celebration of the marriage, been guilty of rape, sodomy or bestiality."

[1] The Act does not apply to Scotland and Northern Ireland.

It will be noted that the present Act places the sexes on an equal footing as regards grounds for securing divorce, except that the woman, in addition, can divorce her husband for the practice of rape and unnatural forms of coitus. The pendulum, after nearly two thousand years of Christianity, has swung the other way. The wife, by the way, may be addicted to unnatural sexual practices and the husband apparently has no ground for action against her.

It is worthy of note, that a husband has the right, on discovering that his wife is an adulteress, to turn her out of his house without providing for her. This extreme step is rarely taken, the husband usually finding other living quarters pending legal action. This step is advisable as sexual intercourse between man and wife, after the adultery of one party is discovered by the other, becomes condonation. To continue living together prejudices, if it does not invalidate, an action for divorce. *See* ALIMONY.

DIZYGOTIC BIRTHS or DIZYGOTIC TWINS. *See under* TWINS.

DODGING TIME. A slang term used by women in reference to the menopause, owing to the missing of periods, which is a marked characteristic of the phenomenon.

DOMINANT CHARACTER. An inheritable characteristic, possessed by one parent, which overpowers and suppresses some other opposing or contrasting characteristic possessed by the other parent.

DORSAL. Referring to the back of anything. Dorsum.

DOSE. A slang term for gonorrheal or syphilitic infection.

DOTAGE. The feebleness of mentality, verging upon childishness or imbecility, which is so often a characteristic of old age. *Dementia senilis.*

DOUBLE STANDARD OF MORALITY. For nineteen centuries of Christianity, it has been held by man and conceded by woman that sexual promiscuity is part of man's birthright; while it has similarly been held that promiscuity in woman is at variance with every ethical principle, that it is degrading and revolting, that it brands her as fit only for social ostracism. Man has upheld this one-sided reaction to sexuality on two main grounds. In the first place he has contended that the right of the male to indulge in sexual promiscuity is based upon a biological need. In the second place he has held that the female has no right to indulge in promiscuity on the ground that she is the property of the man to whom she is married, which property right includes the expectation of virginity in any woman the man marries.

This is what is known as the double standard of morality and to understand its origin and its development it is necessary to study the patriarchal concept of woman as inaugurated and developed under the ægis of Christianity.

It is queer that for a thousand years at least man has succeeded in deluding himself into thinking that his attitude towards woman has been one of respect. It is queer that to this very day the majority of men still secretly subscribe to this selfsame doctrine, the essence of which is to look upon woman as a cross between an infant of ten years and a Newfoundland dog. For all these centuries man has boasted of his chivalry to, and his respect for, woman; or at any rate, certain brands of woman. But, upon analysis, to what precisely does this respect amount? It amounts to the respect shown to a child by its elders, to the respect shown to a clergyman by a gang of his more profane parishioners. It amounts, in fact, to something which is not respect at all; but, to the contrary, is the equivalent of the attitude adopted by a visitor to a mental asylum when conversing with those afflicted with paranoia, with amentia, with psychopathy, with *melancholia attonita.*

Boiled down, all this talk about woman's delicacy of thought and mind in comparison with man's robust intelligence, is a myth created and distributed by man himself. It is not a biological fact; but a hypothesis owing its inception partly to religion, partly to sociological and environmental attitudes of one sex to the other, and partly to a resultant inferiority complex engendered in the female. On this assumption of inferiority man bases his whole mode of reaction to woman. He treats her as a moron, as one incapable of discussing anything intelligently. Whenever she makes her appearance where men are forgathered, any discussion on so intricate a subject as politics, or religion, or the probability

and nature of the next war, is promptly and thoroughly stoppered, and in its place are substituted polite superficialities respecting the state of the weather; the underwear that film stars affect; the latest musical comedy; the comparative virtues of Deuville and Harrogate as health resorts; the exorbitant cost of living in Bradford, Yorkshire and in Gary, Indiana; the incivility of public officials; the newest "best-selling" novel; the last word in interior decoration. The discussion of a subject of any seriousness is dropped with the same promptitude that, on the appearance of a man of God, a pall of silence falls on a gathering of men exchanging bawdy stories. It is, of course, an undoubted fact that, in the main, women among themselves talk of trivialities such as the latest fashions, the new health foods, the local scandals, the talkies, the amorous adventures of actresses, the prevailing vogue in hairdressing, the infidelities of Hollywood's notabilities. But all this granted, of what nature is the talk of men that they should adopt the high-brow attitude and refer sneeringly to the frivolities and puerilities of the female sex! Football, cricket and racing have their turns, followed by such trumperies as politics and the state of trade, ending up inevitably with the swapping of dirty stories. Man, in his colossal egotism and asininity, will not have it that woman can understand the intricacies of politics; and woman, having long ago settled in her own mind that any discussion of political happenings is a fool's game, gives man all the evidence that he requires to form the opinion that he is right.

Roughly speaking, man looks upon women of the higher and decorative classes as toys for him to play with, on which to hang pretty clothes, as broadcasters of empty platitudes and silly chatter; finally and importantly as creatures designated by law to give him pleasure. And women of the lower orders he classifies as harlots made by God for providing him with sexual satisfaction, or as menials to perform distasteful and displeasing tasks. The effects on woman of the subservient positions allotted to her by man, and of his tolerant treatment of her as a child, have been profound and far-reaching. Especially have they been profound and far-reaching in regard to her sexual repercussions.

For centuries it has been taken for granted that before marriage no female of respectability between the ages of seventeen and seventy knew anything at all about sex. There were certain grown women and certain girls, too, who were not altogether innocent of sexual adventure, but any recognized as belonging to this category were debarred from entering decent society and could consider themselves lucky if they were not actually accused of ornamenting that peculiar strata of female society which at night-time haunts the neighbourhood of Leicester Square.

The charm of a lady was in inverse ratio to her avowed knowledge of sex. As a fact, for some inexplicable reason, it was part of the allurement connected with the unmarried girl of refinement that she should give the impression of being quite unaware of the part played by either man or woman in the creation of children. She may not have been supposed to subscribe to so crude a confection as the stork fable, but at any rate she was never encouraged to refer to the subject at all. If her parents wished to discuss anything relating to sex they were compelled to wait until they were between the sheets; if her father was seized with the urge to regale his friends with the latest bawdy story heard at his club he had to hale himself and his companions into the lavatory or make some excuse for sitting in another room behind a carefully closed door. Neither man nor woman would have dreamed of using the correct word for the most dreaded form of venereal infection—a "bad disease" was about as far as they cared to go; a man who dared to use, in the presence of ladies, the sanguinary adjective now so popular with all classes, would have been labelled vulgar and debauched throughout local society; a girl who ventured to admit the possession of knowledge of the existence of so terrible a being as a *fille de joie* would have risked ostracism as a low and degraded creature. This attitude persisted up to the time of the great war. Then the newspapers suddenly

shed some of their reticence, they began to print words in staring letters which formerly they had only indicated with lines and asterisks; men and women of faultless morals viewed with surprising tolerance the sexual escapades of their daughters with "war heroes"; they even, these parents, studied pamphlets dealing with the prevention and cure of venereal infections.

The war blown to glory, there was no going back to the Victorian position. The younger generation had tasted some slight measure of freedom and they wanted more of it; their parents and the clergy, powerless to combat an attitude they had helped to create and which incidentally was backed by the Press, in panicky despair attempted to justify it, and to this end gabbled much nonsense about the dawn of a new seraphic era.

The world war then, although it cannot be said to have actually brought about the sexual emancipation of woman, gave it a tremendous fillip. The entry of women, in vastly increasing numbers, into the commercial world, resulting in their economic independence of man, helped tremendously to bring about this emancipation. But more perhaps than any one single thing, the revolutionary results of birth control practised on an almost universal scale has had its effects. With the fear gone—whether justifiably or not is beside the point—that pregnancy is the inevitable result of promiscuity, the modern woman has lost practically all her scruples and most of her consideration for the cult of virginity.

The result of all this is that she no longer meekly submits to and cheers the arguments advanced by men through all these centuries of her sexual martyrdom that what is right and proper for the man is wrong and immoral for the woman. She does not deny to male youth the right to sow his wild oats, but she does contend that she is equally justified in sowing her own. Thus the double standard of morality, justified and accepted for so long, is no longer justifiable. It is no longer accepted by the woman.

Literature: Floyd Dell, *Love in the Machine Age*, London; Walter Lippman, *A Preface to Morals*, London, 1929; Bertrand Russell, *Marriage and Morals*, London, 1929; George Ryley Scott, *Marriage in the Melting Pot*, London, 1930.

DOUCHE. The douche is used mainly for the purposes of (1) personal hygiene; (2) contraception; and (3) venereal prophylaxis.

A good deal has been written respecting the harmful results of douching, and undoubtedly there has been much exaggeration. The application of clean *warm* (not cold and not hot) water to the female vagina and vulva cannot but have beneficial results, whether the water is applied through the medium of a syringe or by means of swabbing. Most women are content to allow the genitals to get into a filthy state, and it is a safe assumption that far more cases of leucorrhea or other pathological conditions of the female genitalia are due to lack of cleanliness than to excessive douching.

On the other hand much harm can be done by repetitive douching with *strong* antiseptics which irritate the vagina; by the use of hot water or cold water; by employing dirty syringes which convey infective organisms into the cervical canal and thence into the womb; and by douching, at too great pressure, resulting in fluid being forced into the womb. All these evils, can, with care, be avoided.

As a contraceptive method douching is widely employed. The method is an old one, being advocated as long ago as 1833 by Knowlton in his book *Fruits of Philosophy*. It was, and is, I strongly suspect, adopted by many women in preference to other methods because it can be explained and justified on hygienic grounds and divorced from any contraceptive connotations. Even a husband who is violently antagonistic to the practice of birth control on religious or any other grounds, can present no justifiable objection to douching.

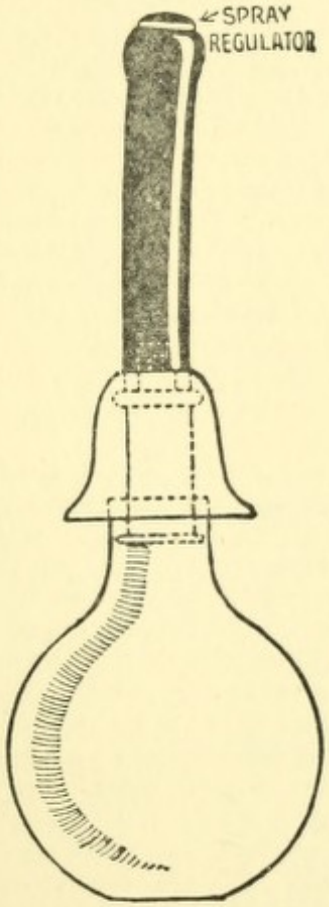
Two types of syringe are in general use: the fountain syringe and the hand bulb syringe. The last named is by far the more popular owing to the greater convenience attached to its use.

The objects of douching, as syringing is usually called, are: (1) to wash out the semen which has been deposited in the vaginal passage; and (2) to destroy any spermatozoa that may escape this wash-

ing-out process. In other words the reputed effects of syringing are partly chemical and partly mechanical.

A considerable number of chemicals have been recommended for douching purposes; some of which are valueless, others cause irritation, and many are dangerous.

Actually water is an efficient spermicide, as it will render spermatozoa immo-



SYRINGE USED FOR FLUSHING THE VAGINA WITH ANTISEPTIC SOLUTION IMMEDIATELY AFTER INTERCOURSE

[*from* Facts and Fallacies of Birth Control

bile in a few seconds; but in practice it is impossible to retain sufficient water in the vagina to ensure the destruction of the spermatozoa.

Soap is a spermicide. A mild soap that gives a good lather should be used. The sensitiveness of the vagina varies considerably in different women, and in some cases the soap causes irritation. Also the male urethra occasionally suffers irritation from a soapy solution. In these cases the use of soap should be discontinued.

Other spermicides which may be used for douching are ordinary salt (4 tablespoonfuls in 1 quart of water); citric acid or fresh lemon juice (2 tablespoonfuls in 1 quart of water); vinegar (2 to 4 tablespoonfuls in 1 quart of water); lactic acid (1 teaspoonful in 1 quart of water); peroxide of hydrogen (2 ounces to 1 quart of water); alum (1 tablespoonful in 1 quart of water).

Chloride of mercury, besides being a poison, is dangerous, as it causes inflammation. So, too, do many of the stronger antiseptic solutions, such as carbolic acid. They should not be used.

In all cases, warm water is advisable. The cold douche is dangerous, being likely to cause inflammatory conditions in the genitals.

The manner of douching is most important. The woman should adopt a lying-down position if at all possible. Failing this, a sitting posture may be adopted, but it is not nearly so favourable for the complete flushing of the vagina. If the fountain syringe is used, the douche bag or can, filled with the solution, must be suspended from a hook or nail at a height which allows the top of this receptacle to be two feet above the level at which the nozzle of the syringe will be held while douching. This elevation must not be exceeded or the pressure of water may be too great. The vagina is then filled with water, and the lips of the vulva held closely to the nozzle, so that the vagina is distended and the water penetrates the crevices with which the walls of the passage are filled. The solution is then allowed to run slowly out of the vagina, and the process repeated until the douche-bag is emptied of its contents.

Where the small hand-syringe is used, the bulb is compressed between the finger and thumb (not by the whole of the hand or jerkily, or the pressure may be too great and too hurried), and the vagina filled and refilled with the solution, distending the passage each time in the same way as with the fountain syringe. To ensure a thorough douching the bulb must be refilled three or four times.

In these operations the need for care

in not exercising undue pressure cannot be too strongly stressed or too often repeated. Undue pressure might drive the fluid through the cervical os (especially after childbirth, where the os is gaping) into the womb and the tubes, and finally into the peritoneal cavity, where it might cause peritonitis. It is in this way that the injection of fluid into the uterus as a means of inducing an abortion often has fatal results. And there is invariably a risk, if the pressure is too great, of inflammatory or other distressing, if not dangerous, conditions being induced. Curtis says: "High-pressure vaginal douches may produce pelvic cellulitis in patients who have a widely patulous cervical canal."[1]

As the flow of fluid from the vulva is coming to an end it is advisable, after removing the nozzle of the syringe, to cough two or three times in order to ensure that there is a complete emptying of the vagina.

Douching, to have any value at all as a contraceptive practice, must be done *immediately* after coitus. Even then, if there has been ejaculation directly into the os, it will prove futile. So that, when all is said and done, douching has little real value *alone* as a birth-control method. Its virtue lies in its use as a supplementary method; and especially as an emergency one where a condom or *coitus interruptus* is suspected of having failed.

If for any reason, however, it is thought well to rely upon the douche in itself, its efficacy is greatly enhanced if it is used *before* as well as after intercourse. In this way the natural contraceptive state of the vagina is increased by the spermicidal chemical content of the douche employed.

Syringing has many disadvantages and drawbacks, as it involves getting out of bed at a most awkward time, and it is very often attended with a good deal of embarrassment. It is not a method for poor people, who have neither the facilities for douching nor the privacy requisite for its regular employment.

Douching as a form of venereal prophylaxis has little or nothing in its favour. In the event of germs of venereal disease having entered the vagina, douching is more likely to drive them into the cervical canal and the womb, which are far more susceptible to infection than the vagina, than to flush them out or to destroy them.

DOUGLAS'S CUL-DE-SAC. The cavity or pouch between the walls of the rectum and the womb.

DREAMS (EROTIC). During the years of adolescence nearly every male experiences nocturnal seminal emissions. Many men experience these emissions for years after the period of adolescence. The questions of whether or not emissions occur, and of their frequency, are governed by various physiological and psychological factors (*see under* EMISSIONS). It is commonly assumed that all such emissions are inevitably connected with erotic dreams, and it is further commonly argued that the erotic dreams are the cause of the emissions. Both of which are largely fallacious.

The experiencing of an erotic dream presupposes some sexual knowledge, experience or psychological stimulation. Without such knowledge, experience or stimulation, there will be no connotation made between an emission of seminal fluid and sex. It is possible that once the connexion between a seminal emission and erotic excitation has been established, any sexual stimulation may prove a predisposing cause of emissions. But the influence, where it exists, is necessarily limited by psychological inhibitions. And because of this, for any one case where it holds good, there are a dozen cases where, once sexual connotations have been made, any congested state of the sexual organs will prove to be a cause of erotic dreams. Havelock Ellis has pointed out that "a full bladder tends to develop erotic dreams."[2] This of course presupposes, as in the case of seminal congestion and emissions, some knowledge of the sex act or its analogies. Whatever erotic dreams are experienced will be coloured, directed or shaped by the nature of the physical sexual experiences or psychological sexual

[1] Arthur Hale Curtis, *A Textbook of Gynæcology*, p. 80. Saunders, Philadelphia, 1934.
[2] Havelock Ellis, *Studies in the Psychology of Sex*, Vol. I, p. 195. Third edition. Davis, Philadelphia, 1925.

repercussions of the individual. Thus the masturbator, the homosexual, the sadist, the masochist or the one who is addicted to any other of the many forms of sexual vice or abnormality will find his erotic dreams concerned with manifestations of this particular vice, abnormality or obsession.

Turning to the position of the female in relation to erotic dreams, we find a diversity of opinion on the subject, and by many it is contended that females, during the years of adolescence and in adult life, never experience such dreams at all. The fact that, in the female, there is no emission corresponding to that in the male is largely responsible for this viewpoint. I am inclined to the idea that erotic dreams in women are of much greater frequency than has ever been admitted by the women themselves or conceded by psychologists and medical men. It is probable that Havelock Ellis is correct in assuming that erotic dreams with orgasm occur rarely in women who have never experienced orgasm in the waking state; but my own impression is that the number of women who have experienced orgasm unconnected with coitus is very much larger than is commonly assumed. The tendency, too, in these days of sexual emancipation, with the vast extension of the possibilities for female sexual libido to be aroused, is a growing one. There are so many ways and circumstances in which, apart altogether from intercourse or even masturbation, sexual excitation can be aroused in the adolescent girl, to an extent sufficient to induce orgasm, that it may safely be assumed that a large number of females to-day are capable of experiencing orgasm as a result of a sexual dream. The difference between the female and the male in this respect is that it is most unlikely for a girl or a woman who is entirely unacquainted with sexual libido to experience an orgasm and consequent emission such as occur in the case of the male. For here we are concerned with a physiological process which may be entirely independent of psychological motivation.

DROIT DU SEIGNEUR. *See* JUS PRIMÆ NOCTIS.

DROPSY. A collection of fluid in the cavities or tissues of various parts of the body. Although popularly looked upon as a specific malady in itself, strictly speaking dropsy is a symptom occurring in a number of serious diseases.

DROPSY (OVARIAN). A cyst or tumour of the ovary.

DROPSY (TUBAL). Dropsy of the Fallopian tube.

DROPSY (UTERINE). The distension of the cavity of the womb with fluid.

DRUM-BELLY. A popular name for the distension of the abdomen caused by the presence of gas or air. Tympanites.

DRURY LANE AGUE. A colloquial term indicating any form of venereal disease. Now obsolete.

DRURY LANE VESTAL. An old name for a prostitute.

DUCHENNE'S DISEASE. *See* TABES DORSALIS.

DUCHENNE'S PARALYSIS. *See* TABES DORSALIS.

DUCREY'S BACILLUS. The germ responsible for chancroid (soft chancre). First discovered by Augusto Ducrey, a nineteenth-century Italian physician.

DUCT. A pipe or channel which serves as a means of conveyance for secretions, particularly applicable to the channel through which the secretions from a gland are discharged.

DUCT (EJACULATORY). The pipe or canal which conveys the secretions from the vasa deferentia and the seminal vesicles into the urethral canal.

DUCTLESS GLANDS. *See under* GLANDS.

DUCTS OF BARTHOLIN. The tubes or ducts of Bartholin's glands.

DUCTS (OVARIAN). The Fallopian tubes.

DUG. The nipple, teat or pap of the female. The word is now rarely employed, especially in relation to the nipple of a woman, except in vulgar terminology.

DUIPARA. Same as DEUTERIPARA, which see.

DUODENUM. The first part of the small intestine, situated near the stomach. So-named owing to its length, which is about equal to the breadth of twelve normal adult male fingers.

DWARFISM. The condition where a person in a physical sense resembles a fully developed adult in all particulars except size, being in every other respect a miniature edition of a normal person. A dwarf is not a monster. Usually sexual

infantilism accompanies dwarfism, though there have been some remarkable exceptions. In recent years it has been held that dwarfism is due to the imperfect secretory activities of the thyroid or the anterior pituitary glands.

DYSAPONOTOCY. Difficult childbirth which is *not* accompanied with pain.

DYSCHEZIA. Difficulty or pain attending defecation. This is often associated with ovarian prolapse.

DYSGALIA or DYSGALACTIA. Where the milk secreted by the female glands is unfit for suckling, or where its secretion is deficient or absent.

DYSGENESIS. Male or female sterility, especially from a racial aspect.

DYSGENIC. Racial deterioration; the antithesis of eugenics.

DYSMENORRHEA or DYSMENORRHŒA. Menstruation characterized by severe pain. In many cases the pain reaches such a degree of severity that the sufferer is obliged to go to bed for a few days.

An infantile or a badly displaced uterus, a minute cervical os, a uterine tumour, any obstruction in the cervical canal, an inflammation of the vagina or cervix, are all possible causes. The root of the trouble may be constitutional, and due to the after-effects of some disease. Neurasthenia and hysteria are frequent causes, particularly in girls and young women.

Attention to the general health, mental as well as physical, is the best treatment. In many cases a marked diminution in the pain follows marriage, and especially pregnancy. Sometimes termed menorrhagia.

DYSMENORRHEA (MEMBRANOUS). Excessive menstrual discharge containing shreds of membrane, clots of blood and mucus, accompanied by severe pain.

DYSPAREUNIA. The name given to pain, grave discomfort, or difficulty experienced during the sexual act. Although applicable to both sexes it is almost wholly restricted in usage to conditions associated with sexual intercourse of the female.

The cause, in most cases, is the presence of some pathological condition, physiological obstruction or traumatic state. In a lesser number of cases it is due to brutal or clumsy coital technique employed by the male. Among pathological conditions, syphilitic sores, disease of the bladder or rectum, stenosis or hyperæsthesia of the vaginal entrance, vulvular inflammation or abrasions, hernia, urethritis, venereal ulcers, and vaginitis are all likely causes. A tough and resistant hymen is a very frequent cause in a virgin. Tenderness and liability to injury or abrasion, as a result of cervical, vaginal and perineal repairs at parturition, are frequent causes in multiparæ.

Treatment, where the cause is a pathological one, consists in curing the responsible factor. Where trauma is the reason, it is essential that the husband should exercise the greatest possible care during the sex act. In extreme cases the adoption of perineal coitus offers the best and possibly the only solution.

DYSPERMATISM or DYSSPERMATISM. Difficult or defective ejaculation during the sex act.

DYSPERMIA or DYSSPERMIA. An unnatural state of the seminal fluid.

DYSTOCIA. Difficulties in connexion with parturition, due to maternal abnormality or disease; or to some abnormal feature connected with the uterine structure or the position of the fœtus in the womb. Thus fibroids, ovarian cysts, excessive fœtal growth and multiple pregnancy, are all possible causes. Also termed mogostocia.

DYSURIA. Where the passage of water through the urethra is accompanied with pain enough or is sufficiently difficult to bring about a partial, but not a total, interference with urination. A symptom in many diseases.

E

ECBLOMA. A fœtus which has been aborted.

ECBOLIC or ECBOLIUM. A drug employed for bringing about, or attempting to bring about, an abortion, or for speeding up labour. An abortifacient. *See under* ABORTION.

ECCRISIS. The process of defecation.

ECCRITIC. A medicine which induces excretion. A cathartic or an emetic.

ECCYESIS. Gestation outside the womb. It may be in one of the Fallopian tubes, in one of the ovaries or, more rarely, in the abdominal cavity.

ECHOLALIA. Parrotting the speech of another person without knowledge of its meaning. A phenomenon which occasionally occurs in association with insanity and in some forms of illness apart from insanity.

ECLAMPSIA or ECLAMPSIS. An epileptic or a convulsive seizure, with or without unconsciousness, while a woman is pregnant, or during or after parturition. It occurs most frequently during advanced gestation and often ends fatally.

ÉCRASEUR. A surgical instrument possessing great constrictive force used for the removal of tumours, etc., with little or no resultant hæmorrhage.

ECTOPOTOMY. Surgical removal of an extra-uterine fœtus.

ECTROSIS. An abortion.

EDEA. The external genitalia in either the male or female.

EDEITIS. An inflamed condition of the external genitalia in the male or the female.

EDEOMANIA. *See* AIDOIOMANIA.

EFFERENT. Applied to the lymphatics, nerves and other organs which act as conveyers or carriers.

EGESTA. A term which incudes all forms of waste thrown out of the body. Excrement. Urine.

EJACULATIO PRÆCOX. In this distressing condition ejaculation of the seminal fluid occurs, with or without orgasm, at the very beginning of the coital act, often before there has been any real penetration. It is a very common affliction and may be either temporary or permanent.

The causative factor may be pathological, as in disease of the seminal vesicles, the ejaculatory ducts and the verumontanum; or hypersensitiveness of the glans penis. In most cases, however, the underlying cause is an emotional one. The fear of being unable to perform the sex act will often result in premature ejaculation, especially where there is any tendency for the erection to subside if protracted love-play is indulged in. Or the woman may be the indirect cause, through lack of proper responsiveness or the use of contraceptive devices which the husband finds objectionable. For these reasons it is not unusual for a man to find himself suffering from premature ejaculation with one woman and not with another. Many men so afflicted have recourse to prostitutes for the securing of sexual satisfaction. It is doubtful if there is any truth in the frequent assertion that masturbation is the major cause.

Ejaculatio præcox is a frequent source of unhappiness in married life. Apart from the husband's disappointment, the wife never secures satisfaction from sexual intercourse, an orgasm is rarely, if ever, experienced by her.

Apart from those comparatively rare cases where the trouble is a pathological one, treatment must largely be psychological. The restoration of the patient's confidence in his power to perform the sex act adequately is of first importance. *See also under* IMPOTENCE.

EJACULATION. The discharge of semen, as in coitus or masturbation.

EJECTA. Same as EGESTA.

ELECTRA COMPLEX. A form of neurosis due, in the opinion of certain schools of psycho-analysis, to the suppression of erotic love experienced by a girl for her own father. Analogous to the Œdipus complex in man.

ELEPHANTIASIS. Enlargement of the scrotum and penis. There are two types: filarial and non-filarial.

Filarial elephantiasis is peculiar to tropical countries, the infection being transferred from one individual to another by the mosquito. It is not contagious. The size of the growths varies tremendously, one hundred pounds in weight and even larger ones being by no means unknown. In the more severe cases sexual intercourse is not possible. The non-filarial type is fairly common in temperate and cold countries, but here the swellings are very much smaller. It may be due to streptococcal infection or to lymphatic block. In severe cases of both types the surgical removal of the scrotum may be the only possible means of effecting a cure.

ELYTRITIS. *See* COLPITIS and VAGINITIS.

ELYTROCELE. Vaginal hernia. A new growth in the vagina. Colpocele.

ELYTROCLASIA. Vaginal rupture.

ELYTROCLEISIS. Where the vaginal passage is completely closed.

ELYTRONITIS. An inflamed condition of the vagina.

ELYTROPHYMA. Vaginal elephantiasis.
ELYTROPLASTY. A surgical operation for the correction of a vesico-vaginal fistula.
ELYTROPTOSIS. Vaginal prolapse.
ELYTRORRHAPHY. A surgical operation sometimes adopted in threatened falling of the womb. It consists of suture of the vagina.
ELYTROSTENOSIS. Stricture or narrowing of the vagina. Colpostenosis.
ELYTROTOMY. A surgical operation sometimes indicated in cases of extra-uterine gestation, consisting of making an incision in the vaginal wall.
EMANSIO MENSIUM. The term refers specifically to the suppression or obstruction of the menstrual discharge at the time of puberty, menstruation never having actually commenced.
EMASCULATION. Destruction of male virility or potency. Castration.
EMBEDDING. The attachment to the uterine wall of the impregnated ovum. Pregnancy may be said to have truly started when embedding has occurred.
EMBRYECTOMY. Operative extraction of an embryo as distinct from abortion. It is usually indicated in cases of ectopic gestation.
EMBRYO. The child in the womb before the fourth month of pregnancy. The embryo is very small. Even at the end of three months' gestation it is only about three inches long and an ounce in weight.
EMBRYOCTONY. The operation in which the fœtus is wilfully dismembered in utero, when delivery of the living child would be impossible.
EMBRYOTOCIA. Abortion.
EMBRYOTOME. The surgical instrument used for cutting up the fœtus while in the womb.
EMBRYOTOMY. The method of abortion involving the cutting up of the fœtus owing to the impossibility of effecting normal delivery.
EMBRYULCIA. The withdrawal of an embryo or a fœtus by instrumental means, where abortion is indicated or the child is dead.
EMBRYULCUS. A blunt hooked instrument used in removing an embryo or a fœtus, as in embryulcia.
EMICTION. The act of passing water.
EMISSION (DIURNAL). The discharge of semen during the day. Usually an emission is considered to be an involuntary discharge of seminal fluid. Pollution. *See under* EMISSIONS IN THE MALE.
EMISSION (NOCTURNAL). A discharge of semen during the night. Pollution. A wet dream. *See under* EMISSIONS IN THE MALE.
EMISSIONS IN THE FEMALE. As a result of sexual excitation there is often a discharge of glandular secretions in the female. This may occur at any time of the day or night. In the night such an emission may or may not be accompanied by an erotic dream, according to the degree of sexual sophistication of the individual. While these emissions are nothing like so common as in the male, they occur far more often than is generally accepted. Petting, necking and other forms of pseudo-intimacy between the sexes often cause emissions. So does dancing. It is not unusual for a girl to feel "wet" after dancing with a young man of attraction. According to Adler, young widows are often troubled by the frequency of such emissions. *See* DREAMS (EROTIC).
EMISSIONS IN THE MALE. The involuntary discharges of seminal fluid which occur at some time or another in the lives of most men cause a good deal of worry, anxiety and alarm. They are often erroneously termed pollutions. Popularly they are referred to as "wet dreams."

The alarming pseudo-scientific statements made in popular sex guides concerning the loss of virility indicated by pollutions have been responsible for much of the worry that has beset those bothered with emissions. There is a widely disseminated notion that the reabsorption of seminal fluid by the male is conducive to increased sexual vigour, good health and long life. Ergo, the loss of this valuable fluid through emissions is as tragic as it is disturbing. Even medical men have circulated similar views. Davis, a mere fifteen years ago, stated that masturbation proved injurious to the male who practised it through the loss of glandular secretions.[1]

[1] Frank P. Davis, *Impotence, Sterility and Artificial Impregnation.* 1923.

EMISSIONS IN THE MALE

Emissions of seminal fluid are perfectly natural and, except where they can be truly said to rank as excessive, need cause no alarm whatever. From the moment that puberty is reached the testicles, the seminal vesicles and the prostate gland are actively engaged in the production of their various secretions. Nature provides for rapid ejaculation of these secretions in the form of sexual intercourse, and as fast as the supplies are exhausted other secretions take their place. The young married man engaging in nightly intercourse will usually discharge the bulk of the seminal fluid as it forms and will not experience any such thing as an involuntary emission. But the young unmarried man, and the young married man who engages in coitus once a week or so, are in a different position. Here the seminal fluid is forming in quantities, filling the reservoirs to capacity, and in the one case there is, provided the single man is abstinent, no discharge at all, while in the case of the married man practising coitus at weekly intervals, there is an inadequate discharge. In both cases the seminal fluid must find an outlet. It may be ejaculated in the form of an emission, usually at night; it may dribble from the penis from time to time during the day; or it may pass away unnoticed with the urine. Usually it takes the form of an emission. But whichever of these forms the surplus seminal fluid elects to adopt in order to escape, there is nothing to worry about. Only when emissions become excessive or pathological in character is there an indication that something is seriously wrong.

It is not easy to decide when emissions *are excessive*. So very much depends upon individual circumstances. There is, and there can be, no hard and fast rule. What is normal in one case is excessive in another, and vice versa. To solve the problem calls for a careful examination of the sexual repercussions and life of the individual in relation to his age. Any form of sexual stimulation tends to increase the activities of the sexual glands, leading to an increased production of secretions, and at the same time a more rapid discharge of the accumulated seminal fluid. By sexual stimulation is not necessarily meant sexual intercourse. In fact, any form of stimulation which stops short of intercourse is particularly likely to induce nocturnal emissions. Dancing, courting and any social pastimes or work involving the spending of much time in the company of attractive young ladies is sure to arouse sexual libido. If the young man is leading a continent life emissions are inevitable. Similarly, reading erotic or pornographic literature will cause emissions. Stimulating foods and drinks, particularly alcohol, and drugs, especially in conjunction with frequenting the society of attractive females, are potent causes.

Married men, at the acme of their sexual power, often have emissions. The number and frequency of these emissions are governed, in all normal cases, by the extent to which coitus is practised. If it is practised often and regularly enough there will be few emissions and probably none at all. If, for any reason, there are intervals of abstinence, nocturnal emissions will be as frequent as they are in a continent single man. For here, in most cases, there is strong sexual excitation with insufficient outlet.

The danger signal in respect to emissions is their effect upon the man's health. Where they are occurring frequently, during the day as well as at night, and there is a feeling of depression and weakness generally, it is high time to consult a doctor. But such cases are rare. Actually there is far more harm to health caused by *worry* over emissions than by the emissions themselves.

Treatment should consist of a removal, as far as is possible, of every sexual excitory cause. Dancing in particular should be given up entirely. Erotic literature should be left alone. The single man should avoid female society as much as possible. Some abstruse or intricate subject, such as philosophy may be studied. There is nothing in the world to equal mental preoccupation and concentration for taking one's mind away from sex. The question of diet is one of some importance. Over-eating must be avoided. All stimulating foods, especially highly seasoned dishes, hot spices and sauces, oysters, caviare, shellfish, *pâté de foie gras, et al.* are contra-indicated. Spirits and liqueurs should not be taken, not even in small quan-

tities. Physical stimulation, which induces congestion and irritation of the sexual parts, must be avoided. Thus the irritation induced by trousers or pyjamas which fit tightly about the crotch; the overheating from sleeping on a feather bed or with too many coverings; the congestion of the genitals due to sleeping on one's back. Attention should be given to the movements of the bowels and the passing of water—a full rectum and a distended bladder exert pressure on the genital passages. Hemorrhoids and eczema cause irritation.

In certain cases where continent young men suffer from emissions marriage is the best solution. Finally, and perhaps most important of all, the need to avoid worrying over the emissions cannot be too strongly stressed.

EMMENAGOGUE. A drug used for stimulating or inducing the recurrence of the menstrual flow after it has ceased or been suspended. Emmenagogues are regularly used for causing abortion, a practice that cannot be too strongly condemned.

EMMENIA. The menstrual discharge.

EMMENIOPATHY. Any menstrual abnormality or disorder.

EMMENORRHEA or EMMENORRHŒA. Menstruation.

ENCEINTE. The state of being with child.

ENCOLPISM. The method of treatment which involves the injection of drugs or medicines into or through the vagina, or the use of vaginal suppositories.

ENCOLPITIS. An inflamed condition of the mucous membrane which lines the vagina. Endocolpitis.

ENCOPRESIS. Inability to retain fæcal matter in the rectum.

ENCYESIS. A pregnancy which presents no abnormal feature.

ENDEMIC. A disease which is peculiar to and widely diffused among a certain race or in a particular country. Such a disease is always present to some degree.

ENDOCERVICITIS. An inflamed state of the mucous membrane which lines the cervical canal.

ENDOCERVIX. The lining of the cervical canal.

ENDOCOLPITIS. *See* ENCOLPITIS.

ENDOGAMY. A term used to denote marriage within a tribe or race, usually enforced by prohibition of any form of alliance with a member of another race or group, as in the Hindus.

ENDOMETRECTOMY. Curettage of the womb for the purpose of removing the mucous membrane which lines the cavity.

ENDOMETRITIS. Inflammation of the lining of the womb, usually the result of gonorrheal or other infection, or a sequel to abortion. It may also be due to long continued dietetic errors. Endometritis is a frequent cause of menstrual disorders, such as bleeding between the periods. It is also a common cause of leucorrhea.

ENDOMETRIUM. The mucous membrane which forms the lining of the cavity of the womb.

ENDOSALPINGITIS. An inflamed state of the lining of one or both of the Fallopian tubes.

ENDOTRACHELITIS. An inflamed condition of the mucous membrane which lines the cervix uteri. Cervical endometritis. Endocervicitis.

ENEMA. An injection of medicine or fluid nutriment into the rectum. In the main an enema is used to empty the bowel.

ENTEROPROCTIA. The surgical operation for the establishment of an artificial anus; or the fact of having an artificial anus.

ENTRAILS. The bowel or intestine. The guts.

ENURESIS. A condition where the discharge of urine is involuntary. It is particularly prevalent in children and in senescent males. When enuresis occurs after infancy it may be looked upon as pathological. It may occur during the day only (diurnal enuresis), or in the night (nocturnal enuresis).

Until a child reaches the age of about two years nocturnal enuresis is a normal condition. After this age is reached the continued passing of water during sleep is abnormal and in many cases pathological. It may be due to an irritating state of the urine or to the presence of worms.

The causes in adult life are bladder irritability or injury, the presence of a calculus, and, in females, pressure upon the bladder through a fibroid in the womb.

The condition is also referred to as anischuria and bed-wetting.

ENZYGOTIC TWINS. *See* TWINS.

EONISM. The abnormality in which the male dresses in female clothing. The term was first used by Havelock Ellis. *See* TRANSVESTISM.

EPHIALTES. A form of nightmare in which there is the impression of being assaulted sexually by a demon (an incubus or a succubus).

EPIDIDYMECTOMY. The surgical operation for the extirpation of the epididymis.

EPIDIDYMIS. The small body, consisting of a number of tiny coiled tubes, which lies behind but adjoining the testicle, extending from top to bottom. The epididymis connects with and empties into the vas deferens.

EPIDIDYMITIS. Inflammation of the epididymis. The organ is swollen, there is much pain. If the vas deferens is affected, the pain will occur in the abdomen, and may easily be wrongly diagnosed as appendicitis.

Most cases of epididymitis are gonorrheal in origin. If there are signs of gonorrheal urethritis the nature of the inflammation may be surely diagnosed. Cases of epididymitis which are non-gonorrheal in origin closely resemble the gonorrheal type.

EPIDIDYMOVASOSTOMY. A surgical operation for establishing communication between the vas deferens and the epididymis for the cure of sterility caused by some obstruction or atresia of the vas deferens.

EPIGASTRIUS. A form of double monster in which the parasitic portion is undeveloped and imperfect and is joined to the complete fœtus in the region of the stomach. *See* MONSTER.

EPIGENESIS. The theory concerning conception and reproduction in which it is contended that there is no such thing as evolution, but to the contrary every individual receives everything that is inheritable, mental as well as physical, from the parents.

EPILATION. Denuding of hair. *See* DEPILATION.

EPILEPSY. A state of unconsciousness, usually though not necessarily accompanied by spasmodic muscular movements. In popular terminology, a fit.

EPILEPTIC. One suffering from or liable to attacks of epilepsy.

EPIMENORRHEA or EPIMENORRHŒA. Unusually frequent and excessive menstruation. Polymenorrhea.

EPISIOCLISIA. The operation for effecting closure of the vulva.

EPISIOELYTRORRHAPHY. An operation indicated in certain cases of *prolapsus uteri* whereby the vaginal passage is narrowed and the womb thus supported.

EPISIOPERINEORRHAPHY. The surgical operation for the correction of *prolapsus uteri* by suturing the vulva and perineum.

EPISIOPLASTY. A surgical operation for repairing some defective state of the vulva.

EPISIORRHAGIA. Bleeding from the vulva.

EPISIORRHAPHY. The surgical operation for the repair of a laceration of the perineum. Such lacerations are commonly incidental to childbirth.

EPISIOSTENOSIS. A surgical operation for the narrowing of the vulva.

EPISIOTOMY. A surgical operation connected with parturition in which the vulva is incised in order to enlarge the opening and thus prevent tearing of the perineum during delivery.

EPISPADIAS. A malformation of the urethra where the terminal opening appears on the upper surface of the glans or at the juncture of the penis with the abdomen. In this latter form the sexual organ contains no canal at all. Sometimes epispadias is combined with incontinence of urine. The malformation, although it interferes considerably with coitus, does not necessarily cause either impotence or sterility. Much depends upon the position of the terminal opening. If this is in the glans, coitus can usually be performed, and there may be partial or complete ejaculation into the vagina. But if the opening is at the root or near the base of the penis coitus will probably be impossible.

Epispadias occurs in the female, though rarely. If the urethra is defective for its entire length until it joins the bladder, there will be complete incontinence of urine.

Treatment consists in the construction of a new urethra. Also called anaspadias.

ERB-CHARCOT'S DISEASE. A spasmodic form of tabes dorsalis.

ERECTILE TISSUE. The tissue which,

in the penis and the clitoris, as a result of erotic stimulation, becomes engorged with blood, resulting in marked enlargement and rigidity.

ERECTION. The state of the male sexual organ when coitus is possible. *See under* COITUS (TECHNIQUE OF).

ERECTOR. An appliance for stimulating erection or for enabling the penis in its flaccid or semi-flaccid state to be capable of intromission. *See* GASSEN'S ERECTOR.

ERGOT. A stimulating drug having the power to stop or decrease hæmorrhage during parturition, and to induce contractions of the womb in cases of difficult or retarded labour. In addition, it is widely used as an abortifacient.

EROGENIC ZONES. Those parts of the body which are capable, when suitably stimulated, of producing sexual excitation.

EROS. An ancient Greek deity worshipped as the god of love.

EROTIC ZONES. Same as EROGENIC ZONES.

EROTICA. Under this general heading is included the vast literature (scientific, pseudo-scientific and fiction) relating to sex and sexual themes.

EROTOGENIC ZONES. *See* EROGENIC ZONES.

EROTOMANIA. An unhealthy obsession with sex and sexual stimulatory agents or influences.

EROTOPATHY. Sexual desire or appetite which has been perverted into unnatural channels.

EROTOPHOBIA. A morbid dread of sexual intercourse and its connotations, sometimes found in neurasthenic young women, especially at the time of approaching marriage.

ERYTHEMA. Superficial reddening of the skin. It is a frequent aftermath of exposure of the naked body to the sun.

ERYTHRURIA. A condition in which the urine contains blood. Hematuria.

ESCHOMELIA. A type of monster which has one limb defective.

ESCHROLALIA. *See* COPROLALIA.

ESCHROMYTHESIS. Where the raving or delirium of a patient is characterized by obscene terminology. It is peculiarly likely to occur during puerperal mania and in certain forms of insanity. Also referred to as æschromythesis.

ESSAYEUR. A man who indulges in sexual intimacies, intercourse or abnormalities with prostitutes for the gratification of onlookers. Essayeurs are almost exclusively confined to continental, South American and Eastern brothels.

ESTROGENIC HORMONE. The secretion responsible for sexual excitation in the female.

ESTRUM. The period when sexual excitement reaches its peak. It is used specifically in relation to animals. Also written œstrum, which see.

ESTRUS. Same as ESTRUM. Also written œstrus.

ETHMOCEPHALUS. A monster in which the eyes are extremely close together but not actually fused, the nose rudimentary or absent, and usually with other facial deformities.

EUGENICS. The science which concerns itself with the improvement, physically and mentally, of the human race through selective breeding. The forerunner of modern eugenics was the system of rules governing marriage and childbirth which operated among the ancient Greeks, Hebrews, and contemporary civilizations, and which, with modifications, survives to-day. Although it is doubtful if the prohibition of incest had anything to do with race preservation and improvement (*see* INCEST), many of the regulations imposed by Moses, by the Spartans, the Greeks and the Romans were undoubtedly based upon the successful results achieved by breeding from animals and human beings of obvious virility and stamina. Men and women of fine stature and abounding health were observed to give birth to offspring of similar physical superiority, and the hereditary concept of good stock producing fine offspring became widely recognized. Aristotle preached the influence of heredity. Coincidentally, infanticide acted as a eugenic measure, crude perhaps but effective. Savages and primitive races the world over have recognized the uselessness of rearing to maturity infants which are puny, abnormal or defective. Plato advocated infanticide as a means of racial improvement.

The credit for the birth of the modern eugenic movement is due to Francis Galton, who, in the eighties, startled

the world with his schemes for effecting an improvement in and development of man's hereditary physical and mental qualities. The fundamental principle upon which Galton's hypothesis largely subsists is connected with the assumption that "blood tells." Briefly stated, the hypothesis is that ability, for the most part, is hereditary, that the quality of children, physically and mentally, is dependent largely, if not entirely, on the qualities of their parents. Thieves give birth to thieves; murderers beget murderers; imbeciles are responsible for the multiplication of their kind. And thus and thus.

Owing to the fact that men and women are allowed to marry whom they please; that the disease-afflicted, the mentally unsound, the morally unfit, are forming unions with others of the opposite sex every day in the week, the ranks of the undesirable citizens are being inflated. Such is the contention of the eugenists. To end this deplorable state of affairs, and at the same time to bring about a huge uplift in relation to the race as a whole, they have a carefully-thought-out remedy. This remedy is the adoption of a system of State approved marriages, involving the segregation of the physically and morally unfit, and the sterilization of the disease-stricken and criminally minded. What, in effect, the eugenists advocate is the application to the propagation of the human race of those very principles which have been applied with such marked success to the breeding of animals and birds.

It is a widely held belief that we, as a nation, are wrong in giving more attention to the breeding of our horses than to the breeding of our children. It is, in point of fact, to the breeding of horses, dogs, and fowls that is due the oft-repeated statement that "blood always tells," beloved of every student of eugenics. By selective artificial breeding some wonderful results have been obtained. The racehorse, the heavy-milking cow, the three-hundred-egg hen, numerous new breeds of dogs and fowls, the stoneless plum, and the spikeless cactus of Burbank, are among a few of these remarkable productions. In the course of a few generations a breed can be altered almost past recognition. Of the truth of all this there can be no question. Every practical breeder knows that by rigorous selective methods alone can satisfactory and swift progress be made; that once this system of selection be abandoned chaos results: in a few generations the beautiful horses, the distinctive dogs, the wonderful breeds of fowls, would all go back to the mongrelized forms from which, with much skill and patience, the breeder has rescued them. Very well, says the eugenist, let us apply in a modified form the same principles to the breeding of human beings. Examined superficially, the thesis sounds convincing. But the analogy is a dangerous one. It rests on an assumption which every competent biologist knows to be not only unsafe but actually erroneous.

The live-stock breeder is concerned solely with physiology. He is concerned, if his aim is the development of exhibition traits, with matters of physical conformation, with quality and colour of the coat in horses, peculiarities of plumage in fowls, and so on; or if this aim is utilitarian, with the breeding of cattle possessed of phenomenal milk-producing capacities, with the development of strains of sensational egg-producing hens. The eugenist, on the other hand, is largely concerned with mental properties; his main objective is not the production of men and women in numbers conforming to precise facial dimensions or bodily proportions, but the increase in the number of persons reaching a definite standard of intelligence or morality. Physical health is incidental.

Precisely here is it that the whole thesis breaks down. For mentality is not hereditary, or at any rate, its hereditary factor is so slight as to be negligible so far as any practical purpose is concerned. The eugenist, like the psychologist, has been led astray by basing his hypothesis on the older biological concept that a mentality superimposed on a network of instincts is as truly hereditary as the colour of the skin, the shape of the face, the visceral processes. No clear distinction is made between instincts and habits, between purely cortical or neurological processes and physiological or peripheral activity. Only partially and indirectly

do the mental qualities depend upon physiology; the popular slogan, "a healthy mind in a healthy body," is largely nonsense. A man's philosophy is mainly conditioned by his environment: the lack of an extra shirt may manufacture a communist! Physical qualities are distinct from mental qualities, though even here there is danger of eugenists being led astray. The trend of recent biological research is all in the direction of proving the limitation of breeding possibilities. As one who has conducted much experimental breeding in connexion with animals and birds, I say without hesitation that the production of the finest specimens seen at exhibitions held in this and other countries is largely accidental. No professor of genetics, obtaining his data at second-hand, can get at the truth, for it is wilfully perverted or suppressed by many practical commercial breeders who wish to disseminate the idea that they have brought the art of breeding to something approaching mathematical certainty.

Every child, on emergence from the womb, is an animal devoid of conscious cerebration, possessed of nothing in the way of hereditary factors beyond the sum of autonomic physiological and anatomical correlations which ensure its development into a human being of a distinct type. Even the type itself is, in minor characteristics, amenable to environmental influence. The popular idea that different races inherit marked emotional and cortical concepts such as sportsmanship and patriotism in the English; cunning in the Japanese, parsimony in the Scots; cupidity in the Jews, is so much twaddle. It arises through a confounding of these acquired abstract qualities with inherent instincts. No abstraction can be instinctive, for an instinct is inherited as a biological factor. Thus there is no such thing as a born poet, or a born artist, or a born musician. Nor is the tendency to any precise form of mental development inherited. To say, for instance, that a child can inherit a tendency to musical expression is to say something almost nonsensical. To say that the child of a burglar inherits a tendency to commit burglary is rubbish. Yet to say that the one often develops musical talent and the other as often becomes a professional burglar are true statements enough. In each case the error of assuming an inheritable factor lies in the inability to distinguish between cause and effect.

Environmental influence on mental attainments exceeds enormously the influence of heredity. The child of an artist, provided its environmental conditions duplicate those of its parent, will probably develop artistic talent, and has much better prospects of becoming an artist than has the child of a bricklayer. But that same child, transplanted at birth to an African tribe, on reaching adolescence, would, so far as mentality goes, be indistinguishable from the savages with which it lived, and would as likely as not have developed anthropophagy.

Millions of Europeans accept Christ as the most interpretative figure in Christian polytheism. Millions of Asiatics worship uncritically the one God, Allah. Transfer at birth an English child to Asiatic surroundings, alienating him from Western thought, language and symbolism, and at manhood he will be a worshipper of Allah. Transfer an Asiatic child to English surroundings, and the child will accept the Christian religion. Admittedly there are conceivable exceptions, but in nine cases out of ten the law will hold good. The biological facts of skin colour and racial physiognomy, being hereditary, will undergo only slight changes; but as regards mentality, twenty years of environmental influence will have a thousand times more effect than twenty centuries of ancestral accumulations.

At the time of fertilization the hereditary content is determined; and from then on through the pre-natal period, environmental influence is strongly at work. The newer school of biologists is giving more and more attention to the various factors affecting the embryo, such as injuries to the egg, nutritional conditions, and secretions of the ductless glands, particularly during the fœtal period; and more and more evident does it become that human and animal freaks, giantism and dwarfism, are the results of alterations of physical and chemical stimuli, and are not, as was formerly supposed, of a hereditary nature.

Thus it is that any scheme of State control of marriage, beyond the limitations of hereditary disease and physical disabilities, would be a complete failure. The man of genius, the man of talent even, can never be produced in the same way as is produced the pedigree racehorse. To the end of time his emergence from the ruck of mankind will remain largely fortuitous.

Sociologists, following psychologists, as psychologists have followed biologists, have been led astray. It is necessary for them to take into account the changed conditions of the age. The chief of these are: (*a*) the restricted effects of parental example, and (*b*) the overwhelming influence of stereotyped forms of mind domination. The mental attitudes of the young of both sexes to-day owe nothing, so far as are concerned inheritable factors, and very little as regards imposed beliefs, to their parents; to the contrary, these attitudes are largely conditioned by the radio, the cinema and the Sunday and daily garbage sheets.

Literature: L. Darwin, *The Need for Eugenic Reform*, London, 1926; Havelock Ellis, *Study of British Genius*, London, 1927; Francis Galton, *Hereditary Genius*, London, 1869; *Natural Inheritance*, London, 1889; *Enquiries into Human Faculty and Its Development*, London, 1907; H. S. Jennings, *Prometheus or Biology and the Advancement of Man*, London, 1925; Vernon L. Kellog, *Darwinism To-day*, London, 1907; Alfred E. Wiggam, *The Fruit of the Family Tree*, London, 1925.

EUNUCH. A castrated man. Apart from those who, in accordance with the principles of their order, voluntarily submitted themselves to castration in adult life, the majority of eunuchs had the mutilatory operation forced upon them for various purposes.

The Valensians and later the Skoptzies, a Russian eighteenth-century religious sect, made eunuchs of their male members extensively as a religious rite, basing their cult upon the asceticism preached by St. Paul and immortalized in the famous statement of Christ: "For there are some eunuchs which were so born from their mother's womb: and there are some eunuchs which were made eunuchs of men: and there be eunuchs which have made themselves eunuchs for the kingdom of heaven's sake." In many of these cases the mutilations went beyond mere castration.

From the most ancient times of which we have any record, eunuchs appear to have been employed in Oriental and Eastern countries as harem guards. They were, too, so used in ancient Greece. The position was considered to be one of some importance, and according to Herodotus and other writers, the eunuch was a personage held in the highest esteem and of more than usual intelligence. It would appear, however, that the term eunuch, in those days, came to be used loosely as a synonym for officer, and it seems more than probable that, in view of the effects of castration, Herodotus and contemporary historians, in commenting upon the qualities of eunuchs, were not referring to castrates at all.

The servants of Nebuchadnezzar, according to ancient historians, were all eunuchs, being prisoners taken in warfare and castrated specifically for this purpose.

In the earlier days eunuchs intended for use as harem guards were made by the excision of the testicles only (true castration), but it was discovered that these eunuchs were able to have intercourse with the harem inmates, and this led to the substitution of the operation in which the whole of the external genitals were amputated.

Eunuchs were often purchased for use as pathics in Eastern brothels, being particularly suited for this purpose because of their effeminate appearance. There are indications that the practice of using eunuchs in this manner still persists. Hirschfeld refers to eunuchs in Indian cities who were male prostitutes. He says, "They sit on the balconies by bright lamp-light just as the female prostitutes do, and they look exactly like women."[1]

Male prostitutes, whose testicles only had been amputated or crushed, because

[1] Magnus Hirschfeld, *Women East and West*, p. 197. Heinemann Medical Books Ltd., 1935.

of their ability to take part in coitus despite their sterility, were, according to Juvenal and other writers, greatly esteemed by Roman ladies for the purpose of extra-marital and pre-marital promiscuity.

Boys were regularly castrated for use in the Catholic churches, their soprano voices being preserved in this way. Apparently the custom ended with the prohibition, by Pope Clement XIV, of the use of male castrates in the choirs.

Although eunuchs are not now used on any extensive scale as harem guards, the practice of castrating youngsters still goes on, in some cases openly, in others surreptitiously, in the East. Remondino (writing in 1891) says that many eunuchs come from the Sudan and Abyssinia, the former furnishing an average of 3,800 a year. Naturally so drastic an operation, performed with crude instruments and without any aseptic conditions, results in a heavy mortality rate. "It is estimated," says the same authority, that to produce this number of eunuchs, some "35,000 little Africans are annually sacrificed."[1] *See under* CASTRATION OF THE MALE.

EUNUCHOID. A male whose testicles are either congenitally absent or infantile, through lack of development or atrophy.

EUNUCHOIDISM. The condition differs from that of castration in being a congenital one. It is rarely so complete in extent as where the testicles have been cut away or otherwise obliterated. The boy is born without or with very imperfectly formed testicles, or these organs remain in an infantile state, or, through pathological causes, they degenerate. The secondary sexual characteristics are decidedly subnormal, the penis failing to develop normally and the face remaining as hairless as that of a woman. Sexual capacity is rarely extinct.

EUTOCIA. Childbirth presenting no abnormal features.

EVACUATOR. An instrument or an irrigating appliance used for removing certain forms of calculi from the bladder.

EVIRATION. That variety of sexual perversion in which the male assumes or acquires feminine characteristics. Also used loosely as a synonym for castration.

EXCORIATION. Abrasion of the skin. Sometimes employed in relation to the flaying induced by certain forms of flagellation.

EXCREMENT. Any form of dung. Fæcal matter.

EXCRETA. Waste matter. The fæces and urine.

EXFŒTATION. Gestation occurring outside the womb.

EXHIBITIONISM. A perversion in which sexual ecstasy is derived from exposure of the genitals in public, usually in the presence of women or girls. It is often connected with permanent impotence, and this is perhaps why the exhibitionist rarely makes an attempt to secure sexual satisfaction by any overt act. Mostly it is found in old men who are suffering from senile dementia, epilepsy or chronic alcoholism. It is invariably associated with intellectual degeneration. Among younger men it occurs more rarely, and nearly always is it associated with idiocy or imbecility.

Cases of exhibitionism are dealt with in English law under the Offences Against the Person Act of 1861. Exposure of the naked body in the presence of other persons, whether in public or private, may constitute a misdemeanour. It is worthy of note that nudity, whether for bathing or other purposes, might be held to constitute indecent exposure.

Thoinot[2] has pointed out that eczema intertrigo and hemorrhoids may cause itching of the genitals to such an extent as to induce manipulations that an eye-witness might easily interpret wrongly. *See also under* FLAGELLATION.

EXHIBITIONIST. One who practices exhibitionism. In particular, a male who exposes his genitalia.

EXOCYSTIS. Falling of the bladder into the urethral channel.

EXOGAMY. The term used to denote marriage outside a tribe or race, as opposed to endogamy.

EXOMETRA. Falling of the womb.

EXOMETRITIS. An inflamed condition of the exterior coating of the womb.

[1] P. C. Remondino, *History of Circumcision from the Earliest Times to the Present.* Davis, Philadelphia, 1891.

[2] L. Thoinot, *Medicolegal Aspects of Moral Offences.* Davis, Philadelphia, 1911.

EXPURGATED. An edition of a book from which any indecent, obscene, erotic or otherwise objectionable words or passages have been expunged is said to be expurgated.

EXTRA-MARITAL INTERCOURSE. The indulgence by either husband or wife in sexual intercourse outside marriage. Adultery.

EXUMBILICATION or EXUMBILICATIO. The condition where the navel, instead of forming a depression, protrudes.

F

FACIES OVARICA. The peculiar pale, drawn and pinched expression observable on the face of a woman afflicted with disease of the ovary. The mouth is thin and drooping, the skin wrinkled, and the cheeks shrivelled.

FACIES UTERINA. The expression observable on the face indicative of the presence of disease of the womb.

FÆCES or FECES. The waste matter from the bowel. Excrement.

FAIRY. A male passive homosexual; especially a boy or young man of effeminate build, appearance and dress. Although a male prostitute is often termed a fairy, not every fairy is a prostitute, the term prostitute having a much wider and looser significance.

FALLING OF THE WOMB. *See* PROLAPSUS UTERI.

FALLOPIAN TUBES. The two canals or tubes which are attached to the uterus, one on each side, and terminate with fimbriated open ends in the abdominal cavity and in the immediate vicinity of the ovaries. The tubes, which are about five or six inches in length, narrow along their entire course, being little more than a quarter of an inch wide at the point of juncture with the uterus. Each tube serves as a connecting link between the ovary and the womb. The tubes are named after the sixteenth-century Italian physician who discovered and first described them, Gabriel Falloppius.

FANCY-HOUSE. A house used for purposes of prostitution. A brothel.

FANCY-JOSEPH or FANCY-MAN. A bully or pimp.

FASCINUM. The name given by the Romans to the penis or phallus, and especially to any phallic amulet made to represent an erect penis. It was used as a counter-charm to invoke the aid of the gods against the evil eye and other machinations of the demons.

FAUTE DE MIEUX. For lack of anything better. The term is used particularly in reference to the practice of masturbation and perversions in circumstances where normal intercourse is impossible or impracticable.

FEBRIS AMATORIA. The chlorosis (green sickness) of puberty in girls. *See* CHLOROSIS.

FECUNDATION. The process of impregnating or fertilizing. Impregnation.

FECUNDITY. The ability to produce or to bear young, used in relation to the species, race or group rather than to individuals.

FELLATIO or FELLATION. That form of sexual perversion in which the male organ is licked in place of or before coitus, which sometimes is in ore. The practice is so common in animals as to be normal. Fellatio was widely practised by the ancient Greeks and Romans. Also referred to as irrumation and buccal coitus.

FELLATOR. The male who practises fellatio.

FELLATORISM. Same as FELLATIO.

FELLATRICE. A female who engages in fellatio.

FEMALE DISORDERS. A polite term for sexual diseases and troubles of women and girls.

FEMALE ORGANS OF GENERATION. The ovaries, Fallopian tubes, womb, vagina, vulva and breasts.

FEMALE SHEATH. A rubber appliance for insertion in the vagina, for contraceptive purposes or the prevention of venereal infection. *See* BIRTH-CONTROL METHODS (FEMALE).

FEMINISM AND SEX. The sexual emancipation of woman has been one of the most marked features of twentieth-century European and American civilization. It has been a predominant feature of the movement towards the personal, political and social freedom of the feminine sex.

The female has always possessed sex appeal. But it was a restricted, moulded, and, in some respects, a

perverted sex appeal. It was the antithesis of sexual freedom. The sexual development of woman throughout nineteen centuries of civilization was dominated and trammelled by the decorative psychical chastity belt which man imposed upon her and which was a good deal more effective than all the locks and bolts of the Crusaders.

Sex developed as woman learned to decorate her body with the alluringness of pretty and dainty clothes, and as she realized that man was attracted and fascinated by these upholsterings. In addition, I think there is the influence of the narcissism that is present to some degree in the majority of women. Most women, at any rate most women with any pretensions to charm or beauty, admit a liking for pretty and expensive clothes. They contend that altogether apart from any idea of attracting men, they themselves enjoy the feeling of being well-dressed. I have heard women confess to an enjoyment of this feeling even if they knew no one, male or female, was going to see their magnificent trappings. And then, after admitting this, they would, when asked for an explanation, point out that the love of smart clothes is instinctive in every woman. There is, of course, no such inherent liking for personal adornment in women any more than there is in man. The love of clothes is acquired and developed from the discovery that a decorated and embellished woman gets more attention than does an undecorated one; that she excites the admiration of men and the envy of women where the plain Jane excites neither the one nor the other. (*See* CLOTHING IN RELATION TO SEX). Here I submit lies the root of the love of clothes for their own sake; and here, too, I submit lies the reason not only for the nucleus of much of the homosexualism existing among women, but for its greater prevalence (using the term in its true sense and apart from overt practices) among women than among men.

This narcissistic love makes every woman realize to the full the value of clothes to her in her path through life, whether her object be the securing of a husband, the enticing of a succession of lovers, or the finding and keeping of a job. The root of her success depends upon sex, and, what is more, sex expressed in terms of attractiveness. This attractiveness has always, since man climbed out of his initial savagery, constituted one of woman's weapons against man—a weapon which she could use to secure for herself individual advantages and rights which woman in the mass was denied by man. Now that, to a huge extent, all the disadvantages that woman has lived under are removed or in process of removal, by retaining this attractiveness, and by man continuing to be hoodwinked, paralysed, and fascinated by this adductive captivation, any woman of charm secures a terrific advantage over man and coincidentally over her less attractive sisters.

True, the position is beset with dangers. There is the possibility, in consequence of the enormous duplication of this attractiveness, that, through sheer universality, its effects may be seriously discounted; there is the less likely prospect of man waking up to the true position and refusing to be fooled any longer by woman's sex appeal; there is the further and stronger possibility of man becoming a sort of fashion plate himself and in turn developing a form of narcissistic love. It is not, this last, so fantastic a prospect as at first glance it may appear. But whatever may happen, at this stage in civilization, as a result of her sexual emancipation, woman is in the position to command advantages over man such as she has never before known.

Ambition, deprived of all hypocritical trimmings, resolves itself into a desire for the adoration, the worship of others. It is not, even in its most fetichistic forms, monopolized by the gods. Every individual delights in having others genuflecting, flattering, and fawning in his or her presence. The most beautiful of women are often the most sadistic. Wanda in Sacher-Masoch's perverse study, *Venus in Furs*, relieved of her fictitious embellishments, depicts no uncommon type. The delight of woman, and of man, too, in the masochism of their victims or sycophants, is in strict accordance with human nature.

Feminism has evolved a new woman, but it is easy to exaggerate the extent to which this new woman has acquired

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freedom. It is easy to misinterpret a rebellion from male tyranny and to mistake it for the securing of real freedom. Actually the emancipation of woman has not brought real freedom to woman either in the sexual sphere or in any other sphere; all it has done is to secure for her *partial* release from male domination. Even in the relatively few cases where she has secured something approaching sexual equality with man, she is still miles away from the attainment of sexual freedom in its true and full significance.

All this confusion arises through the universally accepted myth that man himself is in possession of sexual freedom; that he always has possessed this freedom; a myth based upon such dubious premises as that pre-marital promiscuity is the privilege of every male; that the sporadic chasing of prostitutes is a pastime of the husband to be winked at by the wife.

The shattering of all the old concepts of morality is all inextricably mixed up with the emancipation of woman; and, because of this emancipation, is bound to have far more remarkable effects on woman than on man. The most noteworthy feature is the scrapping of the old idea of two co-existing codes of morality: one for the woman and an entirely different one for the man. Modern women laugh to scorn the man who dares to argue for the continuance of so monstrous an inconsistency. (*See* DOUBLE STANDARD OF MORALITY.)

It was to be expected that this revolt on the part of the modern sophisticated young woman would have its effects on the middle-aged and the old. The educative and sophisticating influences of the cinema, the radio and the tabloids have not been restricted to the young. The youngsters set the pace, true enough, but they could not prevent the older generation from looking interestedly on. And not long were these harridans content with so tame a pastime as that of the mere spectator. They began to take a hand in the game.

To-day women are able to retain their looks to much more extended ages than ever before. With this increase in the appearance of youthfulness in the middle-aged has come a decline in orthodox morality. Women settle down to humdrum life with the appearance of age. In a previous generation a woman's gallivantings were pretty well finished by the time she reached the age of thirty-five. Nowadays they are in full swing until well after the climacteric. There is a disposition for the middle-aged woman, with the thought big in her of what she has missed through being born a quarter of a century too late, to plunge into a frenzied search for enjoyment verging upon dissipation in a despairing effort to cling to the appearance of youth and to make up for the missed opportunities of her early life. To this end she often makes herself absurd: she dons the tight-fitting fashionable hat of the flapper; she squeezes her flabby feet into stilt-heeled shoes of ridiculous smallness; she affects gaudy frocks; she plasters her face with cosmetics to a degree that would cause even a *fille de joie* some embarrassment; she decorates with an expensive fur coat her dropsical body.

In this eleventh-hour dipsosis of the ageing woman we get a clue to the psychological repercussion of woman as a whole to her traditional rôle. To the maiden woman sex is an important affair. It is to her a matter of huge seriousness, rather than, as in the case of man, one to snigger at over flagons of beer.

Man has nineteen centuries of sex experience behind him. He has access, in the available literature on the subject, to a whole armamentarium of sex information. In folklore, song, tradition, gossip, and other oral forms of information, he has a whole heap more. Much of it may be fragmentary, equivocal, and even erroneous; but none the less it is accepted as authentic, which after all is the thing that matters. The whole lot is tinctured with the male outlook on woman as mentally a child; at best a pretty innocent to be fussed over during the day and to provide him with pleasure at night; at worst a grasping idiot designed for the use of man when her betters are not available. This outlook he sticks to with coriaceous thoroughness. The sophisticated man's reaction to the whole sex opus is analogous to his reaction to football, or cricket or whatever sport he fancies. It is a sort of pastime to be indulged in to the limit after the serious work, which makes its indulgence possible, is put aside. It is the adolescent, in the throes of awakening

passion; and the senescent, in sheer desperation as the last sparks of lust are flaming out, who turn it into a whole-time job. The rest are content to leave it alone for the major portion of the day; and to make of it, outside coitus itself, a subject for bawdy stories and obscene jests.

The modern woman is in an altogether different street. She is in a position analogous to that of the adolescent youth who has just discovered sex and is dazzled with its mysteries; or to the libidinous male who has just returned from a twelve months' sojourn in parts where no woman is available. Sex, to her mother, to her grandmother, has been taboo. It has, for all these years, been undiscussable. Now, with rather surprising suddenness, the ban, as it were, has been lifted. The result is not surprising. More, it is obvious. The modern woman is enthusiastic at the prospect of erotic sensations, at the banishing of sexual inhibitions, at the possibilities of letting loose all the repressed feelings of years. Naturally, sex itself has taken on a significance altogether out of proportion to its normal importance. The proverbial passivity of woman gives place to an exaggerated libidinism almost amounting to nymphomania.

It may be well that the new woman has arisen before the time is ripe for her to burst finally and completely the bonds which secure her. In the interim she is gaining in wisdom and in experience; she is sowing the wild oats of adolescence under conditions which limit the evil which, in the first stress of suddenly awakened power, she might very easily accomplish.

In the present period of transition few even of the most capable and advanced among the new women are entirely free from those irritating mannerisms induced by the feminine inferiority complex; few are able to fill any positions of authority without developing into selfish bullies and tyrannical prigs; few are able to discard completely the habits which, however necessary they may have been under past conditions, are no longer required; few are able to resist exploiting the reaction of man to the concept of that selfsame inferiority complex which they rail against.

Another generation will, I feel assured, see a great change. With the remnants

of the old slave-woman period gone to glory, and every shred of its influence vanished, the new generation of women will grow up in a different environment. With the gradual ascendancy of the really talented among women as distinct from the merely "charming-girl type" of pseudo-competent exhibitionist femininity which relies for its success on sex appeal and sentiment, the new woman's claim to recognition will rest upon a sounder and more compelling fundament in respect both to her own sex and the thinking section of the male sex.

There is a possibility, too, that the old concept of sex being synonymous with sin will go. Inevitably there will be a price to pay. It is probable that the complete disappearance of the family, as we know it; the extension of eroticism, both heterosexual and homosexual; and the urge to create new forms of vice through the satiation that is inseparable from modern pleasure obsession; are all parts of that price.

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FERTILITY (FACTORS AFFECTING). From sterility to reproductivity and thence to sterility represents the life cycle of every organism known, whether sexually reproduced or otherwise. It is a gratuitous assumption that multicellular reproduction from Nature's point of view represents any advance on simple cell division. In truth there is an accumulation of evidence to show that the one only appears on the breaking down of the

other. Child's theory that in sexual reproduction the weakened germ cells merely go through a process of rejuvenation induced by conjugation has much in its favour.

In certain groups of Protozoa, notably *Paramæcium caudatum*, mitosis is alternated with conjugation, and from a long series of experiments conducted by Maupas the significant fact was established that failure in the occurrence of conjugation caused death. By extensive experimentation Calkins went appreciably further. He discovered that extinction could be avoided or rather put off by artificial stimuli; in other words environmental change would have precisely the same rejuvenating effect as a change in the mode of reproduction. By these means Calkins succeeded in producing seven hundred and forty-two generations of *Paramæcium* without once having recourse to conjugation. In certain favourable environmental conditions *Colpoda steini* can apparently continue reproducing by cell division for ever, but an alteration in the chemical contents of the water results in conjugation.

It is unnecessary to give further examples. The point deducible from these and other researches is that as the organism reaches senility the renewal of vitality necessary for the continuance of life must be induced by chemical changes, and apparently these are dependent on either environmental peculiarities or conjugating processes. The unicellular organism in the fullness of its vigour can reproduce itself by mitosis; the weakened dying cell can only evade extinction by union with another cell.

The root principle which has just been enunciated applies to the higher animals, which biologically only differ from low organisms in complexity and size. In the *Planaria velata*, which, although a worm, is by no means one of the lowest forms of life, there is, as Child has amply demonstrated, the power of breaking up into fragments any one of which possesses the function of developing into a new individual. Undoubtedly the weight of evidence is in favour of ovulation in vertebræ being a somewhat analogous process where the union of the matured ovum with the spermatozoön results in the formation of the new individual.

Now in low organisms, as Leob, Delage, Hertwig, Bataillon, and others have repeatedly demonstrated, this process of fertilization can be dispensed with. The unfertilized ova of sea urchins, by chemical treatment, were induced to develop into complete individuals. Allied to these experiments and equally significant are those of Stockard, where by tampering with the temperature of the water in which fish embryos were developing was induced the production of twins, double monsters, and other abnormalities.

Between potential fertility and actual fertility there may be a gulf of tremendous magnitude. In the lower organisms and in animals of all kinds in their primitive state the difference often enough is small. But in domestic animals, in species turned into unaccustomed or inimical environments, and in man, the difference is profound. Thus animals confined in Zoological Gardens, though losing none of their fondness for copulation, rarely breed. Certain domestic animals and birds, on occasion, show spurts of vastly increased fertility, but these are usually followed by conditions wellnigh approaching absolute sterility. An excellent example of this is furnished by the domestic fowl. In its original wild state the female *Gallus Bankiva* produced from eight to twelve eggs annually, and the probability is that each egg produced a chicken. To-day the average egg production of a pullet is 120,[1] showing a steady decline until in the eighth or ninth year laying will cease altogether. Each new variety will only lay in its pullet year its 120 eggs, but every egg will probably be fertile and produce an easily reared youngster. But as the variety improves

[1] There are notable exceptions. Certain highly bred exhibition strains of purely ornamental fowls lay as few as 40 eggs in their pullet year; others, bred expressly for egg-production, reach as high as 200 to 280 eggs per annum.

in purity, in other words as it becomes more inter-bred, there is a steady decline, not necessarily in the number of eggs produced, but in fertility and in the vigour of the chickens hatched. So much so is this the case that it may be laid down as an absolute law that the older and more pure the breed the more difficult is it to secure fertile eggs and rearable chickens. The Black Spanish fowl, at one time an excellent layer and widely bred, to-day is almost extinct, is supremely delicate and a notoriously bad layer. The Minorca is in much the same boat. So are a score others. The Sebright Bantam, a bird of wonderful beauty and bred to extraordinary perfection of markings, is so delicate that none but an expert rearer can hope to bring the chickens to maturity, and even in his hands the losses are prodigious. Every breeder of exhibition poultry knows that those birds which are free to roam far and near, badly housed or let roost in the trees, scantily fed, will prove much more fertile than if confined to a small run, provided with an elaborate modern scratching-shed and fed on expensive scientifically blended food. It is because of this that to improve fertility the breeder of experience frequently gives his fowls free range. In addition, while in strict confinement a male bird can rarely fertilize more than ten females, on free range he can with safety be given double that number.

Much the same thing holds with dogs. The inter-bred Mastiff often proves barren; the puppies when secured are exceedingly difficult to rear. The pampered and artificially kept Pekinese is often sterile, or produces few puppies at a litter, and these often require the utmost care if they are to be reared.

In-breeeding in most circumstances, environmental conditions, nutrition, age, all have their effects on fertility. Except in rare instances, in-breeding in animals and birds is equivalent to continued fission in low organisms: there comes a time when crossing, or, failing this, either environmental or nutritive change, is just as necessary as in the case of the *Paramæcium*.

FERTILITY (FACTORS AFFECTING)

When we come to consider human beings we see the same broad principles are everywhere applicable. There can be no doubt that originally woman was potentially much more fertile than she is to-day. It is highly probable that at one time two, three or more children at a time was the rule and not the exception. The records of families numbering figures potentially unattainable at the normal rate of reproduction gives credence to this supposition. Even to-day the average healthy woman is potentially capable of giving birth to at least thirty youngsters, making no allowance for possible instances of multiple births.

Now at an overgenerous estimate the average number of children borne by a married woman to-day, during the whole of her reproductive period, may be put down at three. According to Pell,[1] who is quoting figures gathered by the French Ministry of Finance, "there were in the year 1890, 2,000,000 married couples in France without children; 2,500,000 with only one child; 2,300,000 with two children; 1,500,000 with three children; and only about 1,000,000 with more than three." In two hundred years the average number of children per marriage in France has declined from seven to two.

What is the reason for (1) the fact that the actual fertility is so far below the potential fertility; and (2) the remarkable decline in recent years? At once all, both advocates and opponents, shout birth control. But while admittedly and undeniably birth control has had its effects, the idea that it is solely or even mainly responsible becomes, on examination, ludicrous. For whatever effect contraceptive measures may have to-day, and I am inclined to submit they are tremendously exaggerated, the fact remains that long before the majority of people had any notion of such a thing as birth control, the difference between potential capacity for child-rearing and the actual number of births was stupendous. Even with abortion thrown in as a factor with some influence there still remains a huge leeway.

Perhaps the first man to get a glimpse

[1] C. E. Pell, *The Law of Births and Deaths*. London, 1921.

of one of the main reasons was Thomas Doubleday. True it was no more than a glimpse, for while Doubleday's basic assumption that the evils which Malthus considered necessary to keep the earth from being overrun were, to the contrary, the actual causes of the high birth-rate, had in it a big element of truth, his hypothesis that any race or species, when threatened with extinction, made frantic and successful efforts for life by a sudden and enormous increase in fertility, was as fallacious as was the assumption he aimed to controvert.

This idea that there is some controlling power watching the development of each species, and that when any one of them is at the last gasp possibilities of survival are enhanced by vast multiplication in the number of offspring, since Doubleday's time, has been uprooted, embroidered and given the hall-mark of popular approval. Actually no such power exists.

What does happen is merely a variation of what happened in the case of the *Paramæcium* considered above. Under civilized conditions of life, with an unnatural environment, unnatural food, the potential rate of fertility is lowered. It is lowered in the precise ratio of the departure from those conditions which are highly favourable to fertilization. Thus in the highly artificial life of the society butterfly fertility is at an exceedingly low ebb: in the nearest approximation to primitive life it approaches to some degree the potential fertility. The average rate of childbirth among the French Canadians is ten per female. In the working-class homes in civilized countries the birth-rate is very considerably higher than among the rich. This, say the socialists and the eugenists, is because the rich practise contraception and the poor do not. In the main it is no such thing. It is simply that the hard-working, well-exercised, homely-fed woman, provided she is not actually reduced through poverty to ill-health, is more fertile than is the society woman; just as the cur-dog in the street is infinitely more fertile than is the pampered Pekinese; as the nondescript fowls scratching on the farmer's dung-hill, and getting a meal the Lord knows when, are a hundred times more fertile than are the prize-bred Brahmas strutting about the fancier's well-kept run.

The tendency, in all civilized countries, is for the standard of living to become cumulatively higher, which means that every decade a bigger proportion of the population becomes increasingly sterile. During late years the change in the conditions of the working-class nationals has been enormous—staggering in its immensity. It is no exaggeration to say that the position of the working-class woman to-day approximates, in the matters of ease and luxury, to the position of the middle-class woman of fifty years ago and to the aristocrat of a century ago.

In addition, a factor which affects and has always affected the birth-rate, is the biological sterility of woman. The fact that for only a few days out of each menstrual cycle is woman capable of conceiving, does much to explain why, even in times when birth control was unknown, when fertility was at its highest, the actual birth-rate has always lagged considerably behind the potential birth-rate.

Among other factors affecting the birth-rate, celibacy and postponement of marriage may be taken as one, for it is questionable if any considerably increased number of either men or women avoid marriage altogether. What is pretty general is postponement of marriage. True it is the custom to dismiss this factor cursorily. Pell, for instance, dismisses it as affecting the problem scarcely at all. It is, however, a well-known biological fact that the height of a woman's reproductive period is fairly early, and with modern artificial standards of life there can be little doubt that, in the overwhelming main, her period of fertility, as distinct from her period of reproductivity, is distressingly short. Thus every year by which marriage is postponed decreases, contraceptives or no contraceptives, her chances of conceiving. Precisely the same thing applies in relation to animals and birds, as every experienced breeder well knows.

The relative ages of husband and wife have some effect on fertility. Korosi, whose extensive inquiries have let con-

FERTILITY (FACTORS AFFECTING)

siderable light on the subject, avers that a woman of eighteen to twenty married to a man of twenty-five to twenty-seven represent the ages at which the highest fertility is realizable; and that with the advance in the woman's age the desirable discrepancy in the ages diminishes, until, at twenty-nine, the woman, to give the best results as regards fertility, should marry a man of the same age as herself. After this age the man should be younger than the woman. Now it is incontrovertible that the tendency of the present day, applicable to both sexes, is to an increase in the average age at which marriage occurs, and if there is any truth in Korosi's thesis, this one fact alone must be having its effect, and no small one at that, on fertility.

Connected to some extent with all this is the undoubted spread of continence, not be it said continence in the ordinary sense of the term, but continence in the marital state. It is a tolerably safe assumption that the majority of men to-day, during later married life, avoid intercourse with their wives. It is an unquestioned fact, though there are of course startling exceptions, that after a few years of married life most men tire of their wives and are led to seek illicit intercourse. In many cases, too, the wives themselves, through sheer fear of pregnancy *per se*, or of its interference with pleasure, or through distaste for the unending bother attached to the use of contraceptives, are disinclined for intercourse. Through the one cause or the other, or both, intercourse becomes an occasional practice, punctuated by continually lengthening intervals, ultimately petering out altogether. This undoubtedly is one of the reasons why even the most fertile women, unless married to inordinately sensuous men, have in the old days rarely had their full quota of children. To-day the thing applies to the *n*th degree. The increased affluence of the working man, to which I have already drawn attention, has had its effects. The day has gone when, whether æsthetically suited or not, a man had to be content with the fading beauty and vanished attractions of his wife, when bodily pleasures represented his sole form of amusement. He has the money to seek other more alluring arms in the shape of the gaudy *filles de joie* that parade industriously every sizable town, and to alternate fornication with other varieties of pleasure. The vast increase in divorce and coincidentally of amateur in contradistinction to professional prostitution speak eloquently of the truth of this.

But what has, I think, been systematically overlooked by nearly all observers of the problem is the very considerable extension of actual sterility. There is a difference between diminished fertility and sterility. It is a momentous difference. It is certain that the pathological causes of sterility, and, to a lesser degree, the physiological causes, are increasing rapidly. The number of sterile marriages is decidedly on the increase, and it is a relatively safe assumption that contraceptive measures are responsible for only a small percentage of these. It is here that in its full effect works the vastly reduced death-rate. The increase in medical knowledge, the social conditions of modern life, and above and beyond all the improved sanitation and hygiene have together sufficed to rear a huge number of unfit persons. What, under harsher conditions, would die at birth or during adolescence to-day live and marry. The majority are sterile; they do not breed. What, in effect, we are doing is to rear annually a huge number of non-breeders.

It is obviously impossible to get hold of statistics in respect to abortion that are worth printing. Any figures that are available will be miles away from the actual truth. In a country where abortion is a criminal offence no person is wilfully going to confess its practice. Undoubtedly, however, it is widespread, particularly among the middle and upper classes who are able to pay for the services of a professional abortionist.

There remains the case for birth control. Unquestionably contraceptive methods have their effect and a considerable one at that. But on the whole, birth control is praised or blamed as the case may be, for a lowering effect on the birth-rate immeasurably in excess of the truth. There is, so far as the masses are concerned, no *foolproof* method available to them; and, in addition,

tens of thousands of married couples, owing to religious, æsthetic or other reasons, do not practice contraception.

Summing up the position as it stands to-day, the decline in the birth-rate which has been so marked in recent years throughout the civilized world is mainly due to the enormous increase in sterility in both sexes; birth control, abortion and delayed marriage, while constituting contributory causes, not being in themselves sufficient to bring about the universal heavy decline.

Literature: Hermann Knaus, *Periodic Fertility and Sterility in Women*, Vienna, 1934; Malthus, *An Essay on the Principles of Population*, London; F. H. A. Marshall, *The Physiology of Reproduction*, London, 1922; C. E. Pell, *The Law of Births and Deaths*, London, 1921; H. M. Parshley, *The Science of Human Reproduction*, London, 1933; George Ryley Scott, *The Sex Life of Man and Woman*, London, 1937.

FERTILIZATION. The union of the male sperm with the female egg. Fecundation. Impregnation.

FETATION. *See* FŒTATION.

FETICH. A fetich is an object which is (1) venerated or adored in a religious sense; or (2) the means of arousing sexual excitation.

In religion, idols or symbols of all kinds are used as fetiches, and are supposed to be endowed with the magical and mysterious powers possessed by the gods and goddesses, demons and angels which they represent. In every form of religion, including modern Christianity, the worship of fetiches finds a place.

In the sexual sphere, a fetich may be connected with some physiological or psychological power possessed or some specific form of ornamentation or clothing worn by the opposite sex in general; or it may be anything belonging to or pertaining to the loved individual in particular. *See* FETICHISM (EROTIC).

FETICHISM (EROTIC). A sexual aberration in which libido is only awakened at the sight or touch of a certain part of the body, a specific article or form of dress, or by individuals of a particular type. In some cases of garment or shoe fetichism, the particular article or garment which constitutes the fetich may, in itself, and entirely dissociated from the human body or any specific individual, be all that is required to awaken sexual passion or excitement.

Trekked down to its simple fundament, one may almost say that fetichism is a normal constituent of sex attraction, particularly in the attraction of the female for the male. In the majority of cases it is the shoes, the dress, the coat, the hat, the gloves, or the whole general ensemble that proves attractive to the male. There are men who are sexually attracted by women wearing excessively high-heeled shoes, a fact of which every prostitute is thoroughly conversant.

Granted this basic fetichism in most men, it is easy to see how there may be a development along certain definite lines and to an extent which reaches the pathological. It is in such cases that a man can only have intercourse with his wife when she is dressed in a certain fashion, or when she has applied to her hair and nightclothes a specific perfume. Hammond gives an instance of a man who could only have coitus with a woman dressed in her street clothes, and for this reason remained unmarried. Sacher-Masoch was attracted only by women dressed in luxurious furs; Restif de la Bretonne confessed to being a shoe fetichist; Baudelaire, it was asserted, had a penchant for female dwarfs and giantesses.

In certain cases the articles of attire which rank as fetiches take the place of the female body. There is no desire for intercourse, and in many instances sexual relations are impossible owing to the impotence of the fetichist. In such cases the shoes or garments are fondled and kissed to the accompaniment of intense sexual pleasure.

Fetichism, in itself, is necessarily a cause of impotence in circumstances other than where it is possible for the afflicted individual to perform the sex act with the type of woman which excites him sexually, or when the woman, even though she is his wife, is dressed in a manner favourable to the arousing of libido. Thus Krafft-Ebing gives a case of a patient who consulted him for impotence, and whose particular fetich was plumpness in the female form. This gentleman had married a plump lady but she had become slender after a severe illness, and in consequence

he found himself "absolutely impotent" with her, although "if he attempted coitus with plump women, he was perfectly potent."[1]

In itself, fetichism does not constitute an offence against the law. But it does sometimes lead indirectly to conflict with the police, being a cause of theft by the person madly desirous of acquiring the particular articles which give him sexual pleasure.

Literature: Iwan Bloch, *The Sexual Life of Our Time*, London; Ch. Féré, *The Sexual Instinct: Its Evolution and Dissolution*, London, 1900; W. A. Hammond, *Sexual Impotence in the Male and Female*, Detroit, 1887; R. v. Krafft-Ebing, *Psychopathia Sexualis* (American edition), New York, 1925.

FETICHIST. One who secures sexual satisfaction from the practice of fetichism.

FETICIDE. *See* FŒTICIDE.

FETUS. *See* FŒTUS.

FIBROID or FIBROID TUMOUR. The popular name for a tumour composed of fibrous tissue, usually found in the womb. Fibroids mostly occur in middle-aged women. It is rare for a single tumour to be present. Usually there are a number of such growths of various sizes. In themselves, fibroids rarely give rise to pain, and it is for this reason that they may be present in the womb, unsuspected, for years, as the heavy menstrual discharge, which is a characteristic symptom, may give no cause for alarm. Usually it is only when the fibroid, or the collection of fibroids, has developed to such an extent as to cause abdominal discomfort and difficulty connected with urination, that medical advice is sought and the trouble diagnosed. Treatment consists of removal of the fibroids, leaving the uterus intact; excision of the body of the uterus and its contents; or of the whole organ including the cervix.

There would appear to be some connexion between the incidence of fibroid tumours and childlessness—*see* BIRTH CONTROL (ITS EFFECTS ON HEALTH). Figures compiled at the hospitals show conclusively that there are far more fibroids removed from the uteri of single and childless married women than from uteri of women who have given birth to children.

FIBROMA or FIBROMYOMA. Same as FIBROID.

FIBULA. A buckle for attaching to the penis for the purpose of preventing coitus and masturbation. It was introduced by the Romans and used by them for the infibulation of singers in order to preserve their voices, and to conserve the virility of athletes. Among certain other races a fibula was worn by the males as a religious rite.

FILLE DE JOIE. A French term for a prostitute. It is much used by English writers.

FIMBRIA OVARICA. The fringed extremity of the Fallopian tube, situated near the ovary.

FIMBRIA TUBA. Same as FIMBRIA OVARICA.

FISSION. The process of cell-division, which is the mode of reproduction in unicellular organisms.

FISTULA. A tube, canal, or channel which sometimes results from the partial healing of a wound or an abscess, forming a mode of conveying pus. Fistulæ are commonly situated between the bladder and the rectum, the bladder and the vagina, and the bladder and the womb.

FLAGELLATION. The whipping of human beings is older than civilization. It is as old as life itself. It takes many forms. And it is seldom that the sexual element in some shape or other, and as affecting either the whipper or the whipped, does not enter into it. Even into flogging in its purely punitive form, the sexual element often obtrudes itself.

What constitutes pain in one set of circumstances becomes pleasure in another. The ambivalence of pleasure and pain causes acts, which in any other relation would be resented, to be accepted as indications of love during the sex act and its preliminaries. "Slaps and blows are accepted as caresses; scratches and bites form part of the love-play which is expected."[2]

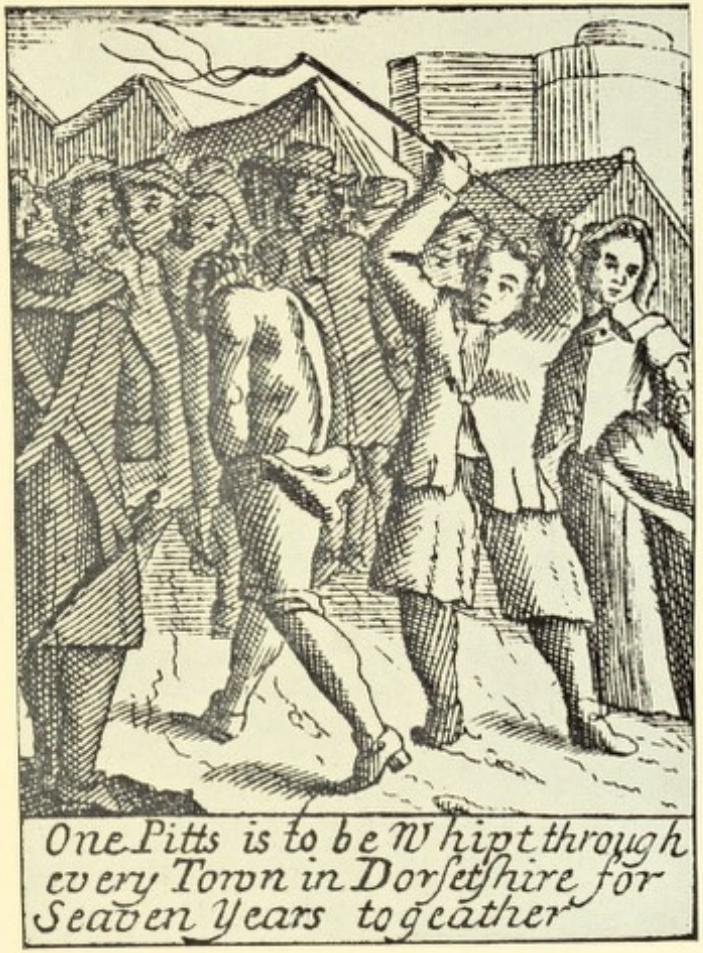
Something of this was known to the ancients. There are references, in the writings of the early philosophers and historians, to the close association of

[1] R. v. Krafft-Ebing, *Psychopathia Sexualis*, p. 234. New York, 1925.
[2] George Ryley Scott, *The History of Corporal Punishment*, p. 14. Werner Laurie, 1938.



NYMPH WHIPPED BY A SATYR

From a seventeenth-century copper-plate by Fialettí.



A FLOGGING IN THE PUBLIC STREETS

whipping with venery. Festus mentions men "who allowed themselves to be whipped for money," Petronius refers to the virtues of urtication as a remedy for impotence, in the *Kama Sutra* Vatsyayana mentions the effects of flagellation on sexual desire. There is no doubt that among many races it was customary for certain individuals to increase their sexual libido by submitting their buttocks to some form of castigation, the effect of which was to stimulate to unusual activity the nerves communicating with the erection centre and governing the sexual function.



THE DISCIPLINING OF JOHN FLORENCE

In 1424, John Florence, after being charged with heresy and threatened by the judge, submitted himself to the correction of the Church. On three Sundays, in the Cathedral Church of Norwich, and, similarly on three other Sundays, in his parish church of Shelton, he was disciplined before all the people.

Much of the religious flagellation which flourished in the Middle Ages was undoubtedly of a sexual nature, in particular the voluntary submission to such punishment, and every form of self-flagellation—these so-called disciplinary measures at one time were rampant among all the religious orders of Europe. The instruments used in self-flagellation, which, according to Delolme, were often towels, hats, feathers, and sometimes the flagellant's own hands (equivalent to modern massage) sufficiently indicate the clemency of the punishment, and point strongly to the real object of such so-called castigation being a sexual one. With the recognition by the Church that submission to castigation was an admirable form of atonement, the practice of confessors flagellating female penitents became widespread, and led to many priests abusing the privileges of their office. Father Girard, an eighteenth-century Jesuit priest, and Cornelius Hadrien, a sixteenth-century Franciscan monk, both overstepped the line and achieved notoriety as sexual debauchees, using religion as a cloak for perversity. There can be little doubt that they were typical of many who managed to escape detection and exposure.

Erotic flagellation, as it flourished in religious and other circles, centuries ago, and as it is practised in continental, South American and Eastern brothels to-day, is one thing; penal flagellation, exemplified in the flogging of adults with the cat-o'-nine-tails and the whipping of children with the birch, is quite another thing. Between the two is a gulf of vast dimen-

sions. In the one case the flogging is of a mild and clement nature. In the other it constitutes a form of punishment pure and simple, and is usually of so severe a nature, so far as concerns the normal individual, as to rule out any risk of sexual stimulation in the person undergoing the punishment.

But, as I have pointed out in *The History of Corporal Punishment*, "*not all individuals are normal.* There is a considerable number of sexually-pathological cases. Among those members of society who, accidentally or purposely, turn to crime, the proportion of abnormals is a very large one. It is among these that are to be found the sadists and masochists; both of whom *should not, in any circumstances, be flogged*, and even apart from those who are actually branded with one of these forms of perversion, there are, too, the potential sadists and masochists, all of whom would, by flogging, be turned into active practitioners of these abnormalities. The danger is an ever-present one.

"In the birching of *abnormal* children similar risks are present. There are, too, cases where, in youngsters, some *latent* form of masochism or sadism is present, only waiting for circumstances to arise which will turn the budding tendency into an active vice. In any such case birching would provide just such an arousing and developing agent. The case of Jean Jacques Rousseau[1] is as instructive as it is notable."

No consideration of flagellation can overlook the sexual stimulation induced by the *sight* of the person being whipped. Here we are not concerned with true sadism *per se*, which is really another sexual phenomenon altogether and, moreover, a perversion. Nor are we concerned with vicarious masochism; an even more abnormal and certainly more rare phenomenon.

It is well known to sexologists that, in a civilized society, nudity, and especially feminine nudity, possesses a very considerable degree of sexual attraction in itself. Here there is no question of perversity at all. For as regards nine out of any ten ordinary respectable men, the nude female figure has a decided sexual attraction for them. It is a matter of common knowledge that the female buttocks, in all women of æsthetic build and figure, have, from the beginning of time and in almost all civilized countries, been considered by normally constituted men to be beautiful, and the sight of them in a nude state to be sexually exciting. And there can be no question at all that this element of charm has a good deal to do with the fascination with which, in fact and in fancy, the flagellation of women is associated. In further relation to this basic attraction of nudity, the greater the extent of the flesh exposed, and the nearer the approach to the genital regions, the greater the attraction. It is idle to deny the truth of this. There is all the evidence in the world in support of it. In instance, the popularity, with men and boys, of bathing exhibitions, of musical comedy shows, of magazines depicting femininity in various stages of undress, of "French postcards."

"The ambivalency of the human mind," I have written in *The Common Sense of Nudism*, "is never more thoroughly exposed and illustrated than in this reaction to nudity of the average person. There is the feeling of horror or shame, as the case may be, at the thought of allowing the public to see one's uncovered body, based on the nineteen centuries of Christian teaching, and drummed into one from the time of infancy; and there is the intense curiosity to see the opposite sex in a state of nudity, based upon the allurement and attraction of the unknown and forbidden. The dualistic concept of shame and curiosity, repugnance and attraction, applies almost universally in regard to the opposite sex; in a minority of cases it applies additionally to one's own sex."[2] There is abundant evidence in the accounts of the public flagellations,

[1] Rousseau, as a boy, was whipped by Mademoiselle Lambercier, and confessed that he was tempted to commit some offence or other in order to secure another whipping because of the pleasurable feelings which were aroused despite the pain and the disgrace attached to the chastisement.

[2] George Ryley Scott, *The Common Sense of Nudism*, p. 82. Werner Laurie, 1934.



A WHIPPING AT THE CART'S TAIL



WHIPPING A FEMALE THIEF

From an illustration in *The Book of Manners* (Christoph Weidlitz). 1529.

"The old woman servant, detected in the act of stealing, was made to sit on a ladder and lashed with a whip until she was sore."

which at one time were common forms of punishment in the prisons of various European countries, that the shame connected with the exposure of the anal regions of the culprits to the curious stares of witnesses, in many cases added considerably to the punishment received.

The early theologians were well enough aware of the sexual attraction exercised by the sight of the nude flesh, and especially as regards certain parts of the body. It was because of this attraction that they forbade the inmates of monasteries and convents to gaze upon any nude parts, not only of other persons' bodies, but also of their own. It was, similarly, as a result of these prohibitions that self-flagellation of the naked flesh was welcomed by many as an excuse for feasting the eyes upon that which, in other circumstances, was forbidden.

Where a woman submits voluntarily to flagellation, as in the case of a prostitute who is paid to be whipped, or, much more rarely, a masochistic woman, there is, from the male's viewpoint, a good deal of exhibitionism mixed up with it; just as the modern girl's penchant for parading in a state of semi-nudity on the bathing beach owes far more to her liking, conscious or unconscious, for exhibitionism, than it does to any real love for sun or sea-bathing.

Actually, exhibitionism in woman verges upon being a normal characteristic; in man, it is usually a pathological one, often manifesting itself in exposure of the genitals to women and children. The inducing of feelings of shame or sexual disturbances is at the root of a good many of the habits of respectable members of society—thus the reciting of dirty stories to boys or unsophisticated youths, the desire to shock the modesty of women, to bring blushes to the cheeks of respectable girls. This may not be exhibitionism in the true sexological sense, but the root cause is the same.

The active flagellant (leaving aside all sadistic motivation, which is something quite different) lies somewhere between the purely psychological exhibitionist and the pathological exposer of his genitals. He is, too, on safer ground, as he rarely indulges in the practice without the consent of the party to be whipped. The erythema induced by flagellation, the rhythmic motions of the buttocks reminiscent of the movements in coitus, and, in addition, the nude body itself, together suffice to induce in this type of exhibitionist the sexual excitement he seeks.

Far more numerous, however, than the active flagellants are those who find sexual excitement in *watching* someone being whipped. There is the double incentive here—the sight of the nude private parts of the body and the witnessing of the whipping itself. Neither sadism, in any true sense, nor perversion, need enter into the thing. Eulenburg has referred to the sexual attraction, even to ordinary onlookers, of the " sight of naked feminine charm and especially—in the usual mode of flagellation—of those parts which for the sexual epicure possess a peculiar esthetic attraction."

It was because of the sexual attraction actually connected with these sights, that there was displayed such eagerness by persons of all ranks in life to be present at those whippings of criminals and other delinquents which took place in prisons and in other places before public floggings were abandoned. From contemporary accounts of these scenes it is evident that these public floggings were looked upon as entertainments.

Doubtless, in all such gatherings, there would be a good sprinkling of old roués, of younger men who were sexually impotent from various causes, and of true *voyeurs*. But this by no means would account for all, or even for the major section, of those present. Nor were they all men, by any manner of means. Ladies of noble birth looked on, without so much as a murmur of protest, while members of their own sex were whipped until the blood streamed from their cut and bruised bodies. And unless the chroniclers have all conspired to lie, *these fair and fragile onlookers actually enjoyed the spectacle.* Well might the author of *Nell in Bridewell* put into the mouth of Cunigund, the Amazonian who wielded the rod at the " Welcomes " and " Farewells," the revelatory statement that: " Grand ladies were only too delighted to see girls whipped. *If it*

were handsome boys and young men—Jesu Maria! I don't know what on earth would happen."[1] In this same work, too, there is a reference to the Governor falsifying the records in the prison register by entering a grown man as a boy so that he could be flogged on his naked buttocks—it was a prison rule that an adult's flesh should be covered.

Similarly, the patrons of the brothels where flagellation was a special feature devised much sexual pleasure and stimulation from the sight of these flogging exhibitions, which often took place in full view of the patrons.



THE SCOURGING OF THOMAS HINSHAW

In 1557, Thomas Hinshaw, after being imprisoned at Newgate, and in the stocks at Fulham, was beaten with willow rods, personally wielded by Boner, Bishop of London, until the Bishop was forced to desist through sheer weariness.
Fox's *Acts and Monuments of Martyrs*, 1684

There seems to be some ground for assuming that flagellation may well be an actual *cause* of homosexual vice. De Sade was of opinion that in its passive or masochistic form, flagellation is likely to lead to the adoption of the passive part in sodomitical practices.

Finally, there is to be considered the specific effect of whipping upon the person wielding the instrument of punishment. Here, we are confronted with the risk, as grave as it is inevitable, of the development of sadism, even in cases where no tendency is actually existent; while, in all cases of active sadism, there is the "lust" for cruelty manifesting itself in brutal and cunning extensions of the punishment that has been prescribed.

Literature: Rev. Wm. M. Cooper, *Flagellation and the Flagellants: A History of the Rod in all Countries from the Earliest Period to the Present Time*, London, 1868; Delolme, *The History of the Flagellants or the Advantages of Discipline*, London, 1777; *Experience of Flagellation*, London, 1885; Meibomius, *Tractatus de usu flagrorum in re media et venerea*, 1645; J. G. Millingham, *Curiosities of Medical Experience*, London, 1839; Albert Moll, *The Sexual Life of the Child*, London; Antony Real, *The Story of the Stick in all Ages and Lands*, New York, 1891; Henry S. Salt, *The Flogging Craze*, London, 1916; George Ryley Scott, *The History of Corporal Punishment: A Survey of Flagellation in its Historical, Anthropological and Sociological Aspects,*

[1] W. Reinhard, *Nell in Bridewell*, p. 112. Paris, 1900.

London, 1938; *The Autobiography of a Working Man*, London, 1848.

FLATUS. The gas which forms in the intestines, usually as a result of dietetic errors or abuses.

FLATUS VAGINALIS. The sound made by air or gas being expelled from the vagina.

FLEXION. The attitude of bending. The term flexed attitude indicates the opposite to the attitude of extension.

FLOODING. A popular term for excessive menstruation or any bloody discharge from the vagina.

FLOWERS. The menstrual discharge.

FLUOR ALBUS. A pathological discharge from the vagina. Leucorrhea or the whites.

FLUOR MULIEBRIS. Same as FLUOR ALBUS.

FŒTATION. The process of gestation.

FŒTICIDE. The wilful killing of a child in the womb. Criminal abortion.

FŒTUS. The child in the mother's womb during the later part of gestation, i.e. after the fourth month of pregnancy. At the end of the seventh month the fœtus is capable of living outside the womb. Normally, at this time, it weighs about three pounds and measures some fifteen inches in length; and at the time of birth (full term) the weight reaches about seven pounds and the length some twenty-one inches.

FŒTUS PAPYRACEOUS. A dead and mummified or compressed fœtus which has been squeezed against the side of the womb by a living twin fœtus or as a result of some other form of pressure.

FONTANELLE. The soft section in an infant's head between the frontal and parietal bones of the skull, and covered by membrane.

FORCEPS. An instrument of pincer-like formation for extraction purposes. There are many different forms. The one used during parturition is the obstetrical forceps.

FORESKIN. *See* PREPUCE.

FOREWATERS. *See* HYDRORRHŒA GRAVIDARUM.

FORNICATION. Sexual intercourse between two persons of opposite sexes who are not married to one another. Fornication in all cases is immoral. In certain instances, it constitutes a criminal offence: (*a*) with a girl, with or without her consent, whose age is under sixteen years; (*b*) in circumstances where it ranks as incestuous; and (*c*) when it is committed publicly.

FOUNDLING. An infant that has been deserted by its parents or relatives.

FOURCHET or FOURCHETTE. The band or fold of mucous membrane which unites the two lower ends of the labia majora.

FOWLER'S SOLUTION. A drug which consists of arsenite of potassa in solution. So-named after its discoverer, Thomas Fowler, an eighteenth-century English physician. It is used by women because of its reputed "beautifying properties" and by both sexes as an aphrodisiac. It is dangerous and should never be taken unless prescribed by a physician.

FRATERNAL TWINS. *See* TWINS.

FREE LOVE. A union which differs from marriage only in the fact that it is not legal, and therefore is terminable at will and at any moment by either party. The father is responsible for the cost of rearing any children resulting from such a union. Such children are illegitimate and usually take the mother's name. Also referred to as Bohemian love.

FREEMARTIN. An abnormal female twin calf, exhibiting certain male characteristics, and invariably sterile. A freemartin only occurs where the twins represent both sexes. Twins of the same sex present no such abnormality. The cause of the malformed female twin is the fusion of the two embryos and consequent mingling of the blood.

FRENCH DISEASE or FRENCH SICKNESS. Syphilis.

FRENCH LETTER. A popular name in England and America for the condom or sheath. The condom is also referred to as the Italian, Spanish, English and American letter, the precise designation depending upon the nationality of the person who is referring to the device. *See under* CONDOM.

FRENCH SAFE. The condom.

FRENUM LABIORUM PUDENDI. Same as FOURCHET.

FRENUM PENIS or FRENUM PREPUTII. The membrane by which the prepuce is attached to the penis. *Vinculum caninum*, or *vinculum preputii*.

FREUDIANISM. The science of PSYCHO-ANALYSIS, which see.

FRICATOR. An old term for a male masturbator.

FRICATRICE or FRICATRIX. A female who indulges in masturbation, especially mutual masturbation. The term is also used as a synonym for a tribade.

FRIEDMAN TEST. *See* PREGNANCY (TESTS FOR).

FRIGGA. The most celebrated of the goddesses of early Scandinavia. Frigga was a personification of the earth.

FRIGIDITY. There are grounds for supposing that the incidence of frigidity in women has always been over-estimated. The simulation of frigidity has been taken for true frigidity, and this has accounted for the widespread acceptance of *anæsthesia sexualis* as a normal characteristic of the majority of the female sex. It is highly probable that in the past the orthodox code of feminine reaction to sex has been responsible for at least fifty per cent of all the cases of frigidity, and despite the sexual emancipation of the age, it is just as probable that even to-day twenty-five per cent of all such cases are due to the same basic cause.

So closely connected were sexual apathy and feminine morality that no respectable girl of twenty years ago dared to exhibit the slightest knowledge of or interest in anything pertaining to the sex act. Such knowledge or show of interest was reserved for the prostitute. The result was that sexual coldness and apathy were looked for by the husband. They were so much part and parcel of the decent woman's ethical armamentarium that in those cases where, in one way or another, sexual libido was aroused, the woman made every effort possible to rigidly suppress the exhibition of any outward manifestations of the force within her.

In recent years, as a result of woman's sexual and social emancipation, there has been a great change in regard to her reaction to sexual feelings. She no longer is ashamed to betray any interest in sex. The change, however, in its practical aspects is not nearly so revolutionary as many modern observers would have us believe or as the noisy utterances of a minority of feminine iconoclasts would suggest. The emancipation is a partial one only. Its spectacularity is increased and its effects exaggerated through its comparison with the slave-like state of woman in preceding centuries. The extent and antiquity of this slave-state have had effects too cumulatively extensive for woman to throw off her mental shackles as easily as she has thrown off her physical ones. In its totality, the sexual emancipation of woman is purely a partial emancipation, being mainly concerned with the abnegation of the double standard of morality. It affects a portion of the female population only and further it affects each individual member of that portion only partially. (*See* FEMINISM AND SEX.)

Coincidentally with the development of female sexual libido and the diminution of the need to simulate anæsthesia, have there arisen *new factors* which serve to induce frigidity. The net result is that it is more than likely that sexual anæsthesia is more widely diffused and greater in extent than it ever was before. Only, and these points are of importance, it is a different kind of anæsthesia, and it produces a form of psychical frigidity which, in view of the sexual repercussions of the age, is rarely recognized in its incipient stages.

The causes of frigidity are many, and most of them are either the products of or are closely linked up with modern civilization. Looming up largely among these various causes is the fear of pregnancy which bothers fully half the *married* women of to-day. This dread of pregnancy, which even acquaintance with the most modern contraceptive technique, cannot always or altogether allay, deprives the sex act of much of its pleasure and in time causes the woman to dislike if she does not actually dread it. In those cases where, despite the practice of birth control, a pregnancy has resulted, all future occasions for marital relations are occasions for fear. In many cases orgasm is studiously avoided, the simulation of anæsthesia being widely accepted (and no amount of refutation will dispel the fallacy) as a form of contraceptive technique.

Impotence or *ejaculatio præcox* on the part of the man is another frequent cause of frigidity in the woman. She fails to secure any satisfaction from the

sex act, and in time this induces a state of anæsthesia. Much rarer causes are alcoholism, drug-taking, especially cocaine; and the consumption, often unwittingly, of anaphrodisiacs such as lemonade, quinine, menthol, and bromides. Homosexualism in either the wife or the husband is also a cause, and a growing one, of frigidity.

But the most prolific cause of all is intimately connected with the individual marital alliance and is purely psychological. An unhappy marriage is sure to cause frigidity in the wife. And there are so many causes of unhappiness in marriage. There is no need to go into them here. For whatever the cause may be, the result, so far as the sexual relations of the wife are concerned, is the same. Sexual intercourse in such circumstances can never provide the woman with satisfaction. That she is able to submit to it or to endure it constitutes the tragedy of the feminine side of sexual intercourse. It makes her degree of coldness all the more intense.

That sexual disharmony between the married couple, or repugnance for the husband's behaviour, is the root of many cases of frigidity in woman has been proved again and again by the fact that a woman afflicted with frigidity, on marrying a second time, has experienced no repetition of her former trouble.

It is noteworthy that there is an undoubted tendency for any woman who has given birth to several children to develop sexual anæsthesia. There is a marked disinclination for coitus and, in almost all cases, very little pleasure is derivable from it. In many instances the woman experiences no feeling, except perhaps one of repugnance. In some cases, it is true, this reaction is primarily due to the dread of another pregnancy, a dread which even the use of contraceptives does not altogether remove, but additionally it very often happens there is little or no sexual feeling owing to the lack of clitoridal or vaginal irritation. The widening of the passage resulting from repeated parturitions inevitably causes lack of feeling during intercourse. Also the male is affected in an analogous way. The vagina being so wide and inelastic allows the penile organ to slide in and out with a minimum of friction resulting in coitus being devoid of pleasure for the husband as well as the wife.

FROTTAGE. A male sexual abnormality in which erotic excitation and often sexual orgasm are achieved through contact with the clothing of women or rubbing against their persons. The abnormality would appear to be linked up to a certain extent with fetichism, especially in those cases where contact with some specific part of the female or one particular article of clothing alone produces sexual ecstasy. Like fetichism, too, frottage is evidently a morbid development of the normal sexual excitatory effects of touching or contact with the opposite sex.

FROTTEUR. A male who secures sexual satisfaction from the practice of frottage.

FUNDAMENT. The region of the anus. The buttocks.

FUNDUS UTERI. The upper portion of the womb with which the oviducts connect.

FUNIC SOUFFLE. The sound, supposed to emanate from the umbilical cord and coinciding with the beating of the fœtal heart, heard in some cases of pregnancy.

FUNICULITIS. An inflamed condition of the spermatic cord.

FUNICULUS. Literally a cord of any kind. The umbilical cord or the spermatic cord.

FUROR AMATORIUS. Sexual passion developed to an inordinate degree, as in satyriasis and nymphomania.

FUROR GENITALIS. *See* FUROR AMATORIUS.

FUROR UTERINUS. *See* NYMPHOMANIA.

FUSTIGATION. *See under* FLAGELLATION.

FUTUTIO. The sex act.

G

GALACTACRASIA. The condition in which the milk secreted by the mammary glands is defective and unfit for the purpose of suckling.

GALACTAGOGUE. A medicine which increases or facilitates the flow of milk from the mother's breasts.

GALACTHÆMIA. An abnormal state of the mammary gland in which the secretion discharged contains blood.

GALACTIA. Same as GALACTORRHEA, which see.

GALACTISCHIA or GALACTISCHIS. An abnormal condition in which the milk produced is retained in the mammary glands.

GALACTOCELE. A tumour containing milk or caused by milk being retained in the glands. Treatment consists of removing the fluid by tapping, or, if the condition persists, by surgical excision.

GALACTOPHORITIS. An inflamed condition of a milk duct.

GALACTOPLANIA. An abnormal condition in which milk is secreted in some part other than the breasts, or is unavailable for suckling purposes through extravasation into adjacent tissues. *Aberratio lactis.*

GALACTORRHEA or GALACTORRHŒA. An abnormal amount of milk secreted, or the continuation of the flow far beyond what is normal. It often occurs in a woman who is not suckling a child, and may continue for long periods. Galactia.

GALACTURIA. The passing of urine which has a milky appearance. Chyluria.

GALLINAGINIS CAPUT. *See* VERUMONTANUM.

GAMAHUCHEUR. One who practises cunnilinctus.

GAMETE. A male or female germ cell, i.e. a spermatozoön or an ovum.

GAMOGENESIS. Reproduction by the union of the sexes.

GAMOMORPHISM. The period of life when the sexual organs become mature and reproduction is possible.

GASSEN'S ERECTOR. An appliance which achieved much notoriety some years ago in the treatment of male impotence. It consists of a coiled wire spring which, when affixed to the flaccid penis, gives sufficient rigidity to that organ for it to be intromitted into the vaginal passage. Many other similar devices have been introduced from time to time and are frequently used in continental brothels. It is doubtful if these mechanical aids can have any effect other than a psychological one.

GASTERHYSTEROTOMY. The surgical operation in which the womb is entered through an abdominal incision. *See* CÆSAREAN SECTION.

GASTROHYSTERECTOMY. The operation for extirpation of the womb by the abdominal route.

GASTROHYSTEROPEXY. A surgical operation for stitching the womb to the abdominal wall in cases of uterine displacement of a severity calling for operative measures.

GASTROHYSTERORRHAPHY. Same as GASTROHYSTEROPEXY.

GASTROHYSTEROTOMY. Same as GASTERHYSTEROTOMY.

GASTROMENIA. A form of vicarious menstruation in which the discharge is from the stomach.

GASTROSALPINGOTOMY. *See* GASTROTUBOTOMY.

GASTROTHORACODIDYMUS or GASTROTHORACOPAGUS. A double monster, the twin fœtuses being attached to each other at the thorax and the abdomen. A sub-variety of this type of monster, in which the two fœtuses are unequal, one being a parasite and only partially formed, is known as *Gastrothoracopagus dipygus.* *See* MONSTER.

GASTROTRACHELOTOMY. A form of Cæsarean operation in which the incision into the womb is made through the cervix uteri.

GASTROTUBOTOMY. A surgical operation involving cutting into the Fallopian tube by the abdominal route. It is sometimes indicated in cases of tubal pregnancy.

GATISM. Inability to retain the fæces.

GAUDE MIHI. *See* PHALLUS (ARTIFICIAL).

GELD. The act of castrating.

GELDING. An animal or a man who has been castrated.

GEMELLUS. A twin child, either dizygotic or monozygotic.

GENERAL PARALYSIS OF THE INSANE. A form of paralysis which appears coincidentally with mental dis-

order. It is incurable, ultimately causing death preceded by insanity. It is peculiarly likely to affect those suffering from uncured syphilis of long standing, and usually appears some ten or fifteen years after the initial lesion. It attacks women much more rarely than men, the proportion being about four male cases to one female case; and invariably the course of the disease is less severe in its symptoms, and more gradual and prolonged, in the female than in the male. It rarely occurs in senility or adolescence.

From the time the first symptoms are noticed until its fatal termination, the disorder may pursue its course for from five to ten years, and in rare cases even longer. It is usually preceded by ataxy. The speech is affected, there are facial contortions. An early symptom is inequality of the pupils of the eyes. Mental symptoms follow the physical ones. There is impairment of intelligence, the use of obscene terminology, the acquirement of filthy habits, with hypochondria and delirium.

The disease is also referred to as general paresis, paretic dementia, progressive paralysis of the insane, dementia paralytica and G.P.I. *See under* SYPHILIS.

GENERAL PARESIS. *See* GENERAL PARALYSIS OF THE INSANE.

GENESIAL CYCLE. The generative period in a woman, characterizing the activity of the ovaries, the womb, and the mammary glands from the time of ovulation to the end of lactation.

GENETICS. The modern name given to the laws relating to heredity and breeding. *See* MENDELISM.

GENITALIA or GENITALS. A comprehensive term for all the sexual organs in either the male or the female.

GENITAL ORGANS. Same as GENITALIA.

GENITAL PASSAGE. The vagina.

GENITALS (EXTERNAL). In the male, the penis, urethra, scrotum and testicles. In the female, the mons veneris, the two labia, the clitoris and the entrances to the vagina and urethra.

GENITO-URINARY TRACT. The passages which, in the male, lead from the testicles and bladder to the glans penis; and in the female from the ovaries and bladder to the vulva.

GESTATION. Pregnancy. The period of gestation is the time which elapses between embedding of the fertilized ovum and parturition, during which the child, first as embryo and then as fœtus, is developing in the womb. The normal period is 280 days. *See* PREGNANCY.

GESTATION (ABDOMINAL). *See* PREGNANCY (ABDOMINAL).

GESTATION (ECTOPIC). Any form of pregnancy where the fœtus develops outside the womb, as in one of the Fallopian tubes, or one of the ovaries, or in the abdominal cavity. Ectopic gestation is a frequent cause of uterine bleeding.

GESTATION (MURAL). A form of extra-uterine pregnancy in which embedding occurs in that section of the Fallopian tube which connects with the womb.

GIANTISM or GIGANTISM. An abnormal development of the whole, or of some portion, of the body.

GIGOLO. A woman's paid companion or lover. The term is used mainly in reference to dancing partners who are employed by lady patrons of night clubs and restaurants. Actually, in many cases, a gigolo is neither more nor less than a male prostitute, i.e. a prostitute employed by women in heterosexual intercourse.

GIN DRINKER'S LIVER. Cirrhosis of the liver. Hobnail liver.

GINECOMASTO. A man whose breasts are developed to such an extent that they resemble those of a woman. In some cases they secrete milk.

GIRDLE OF CHASTITY. A metal belt or girdle which is worn by the woman, under compulsion, as a means of ensuring her chastity. The apparatus is provided with a small opening for the purpose of micturition. It effectually prevents sexual intercourse. A more elaborate appliance also protects the anal opening so as to preclude sodomitical intercourse. The girdle can only be removed by unlocking the clasp which fastens it. The lover or husband retains the key to this lock.

There is much dispute as to where and when the Girdle of Chastity originated. Probably, in its early forms, it was merely an elaboration of the infibulating methods adopted in savage races. How, when, and by whom, it was first introduced into Europe is not clear. The numerous references in literature are conflicting and far from evidential. Tradition has it that the appliance first

appeared in Italy.[1] Voltaire affirmed that it was widely employed in Rome and Venice; Diderot referred to its use in Florence; Saint-Armaud stated that, during his own lifetime, most of the ladies of Rome wore "drawers of iron." As regards its employment in France, there is a story told of Henri II affixing a girdle to Catherine de Medici; and according to another story, Agnes of Navarre, of her own volition, had such a girdle fitted upon her private parts, and gave the key to her lover. There is the tale told by Brantôme of a pedlar bringing to the fair of Saint Germain "certain tools for the bridling of women." Then, in the middle of the eighteenth century, there was the notorious case of Mademoiselle Marie Layon v. Pierre Barlhe, in which Freydier, lawyer for the prosecution, in the course of his famous speech, described the appliance which Barlhe induced the girl to wear, as a sort of woven brass-wire drawers, forming a girdle which was padlocked and sealed in several places. The aperture left for urination was surrounded with sharp metal spikes so placed as effectually to prevent any attempt at intercourse. It was alleged that Barlhe stated that although Mademoiselle Layon and himself were in different parts of the country, he was convinced that she remained faithful to him, for the simple reason that he had taken steps to prevent her having intercourse with any other man.

Remondino[2] refers to a sort of primitive girdle of chastity which Colonel du Bisson observed in use among the Sudan harem girls. Du Bisson noticed several of these girls, unattended by the usual eunuch guards, walking with a peculiar gait, and with every appearance of suffering. He discovered that each of these women wore an apparatus, consisting of a bamboo stick which penetrated the vagina and a shield which covered the vulva, strapped and padlocked securely around the body. This primitive "girdle of chastity" was attached before the girl was permitted to leave the grounds of the harem.

Although, with the development of civilization, the Girdle of Chastity has for the most part been relegated to the museums, isolated instances occasionally crop up where jealous husbands or lovers force women to wear such appliances. Dingwall,[3] in his admirable study of the subject, has collected a number of such cases.

A recent instance, which led to a prosecution in Paris, was that of Henri Littiere, a baker, who, says a *News of the World* report, was "sentenced to three months imprisonment and fined sixteen shillings for cruelty." Further, "it was stated, says a British United Press message, that Littiere had forced his wife to wear a mediæval chastity belt, such as was used by Crusaders to protect the virtue of their wives when they went to the Holy Land."[4]

GLANDS. The glands in the human body are of two kinds: (1) Those organs which secrete substances necessary for the proper functioning of the body, and which excrete waste or decomposing matter the retention of which is harmful. These are, in the male, the testicles, the prostate gland, Cowper's glands; and in the female, the ovaries, the mammæ, Bartholin's glands, Skene's glands and Tyson's glands. (2) The so-called ductless glands. These have no connecting ducts, but they secrete valuable products which are absorbed. They are the thyroid, parathyroid, pituitary and suprarenal glands, and the pineal body in both sexes. The thymus is another ductless gland which functions only during infancy and childhood.

[1] The grounds upon which Italy is given the dubious credit for the importation of this appliance into Europe are of the flimsiest. It is a feature common to most matters pertaining to sex that no country or person wishes to claim any credit in connexion with the same. We see this in the way in which so many countries blame each other for the introduction of venereal disease, and for the invention of the condom. Similarly we find Rabelais referring to the Girdle of Chastity as a "girdle in the Bergamask fashion," and a French magistrate describing it as "a girdle in the English fashion."

[2] P. C. Remondino, *History of Circumcision*. 1891.

[3] Eric John Dingwall, *The Girdle of Chastity*. Routledge, 1931.

[4] *News of the World*, January 21, 1934.

GLANDS (BULBO-URETHRAL). *See* COWPER'S GLANDS.

GLANDS OF BARTHOLIN. *See* BARTHOLIN'S GLANDS.

GLANDS OF COWPER. *See* COWPER'S GLANDS.

GLANDS (SEXUAL). The testis in the male and the ovaries in the female.

GLANS CAP. *See* AMERICAN TIP.

GLANS CLITORIDIS. The highly susceptible end of the clitoris, analogous to the glans penis. It is a seat of sexual excitation and feeling in the female.

GLANS CONDOM. *See* AMERICAN TIP.

GLANS PENIS. The end portion of the male organ. The urethra terminates in the glans penis. In the uncircumcised man it is covered by the prepuce most of the time. It is highly suspectible to sexual excitation.

GLEET. Chronic urethritis, the usual symptom of which is a discharge of mucus from the urethral orifice. It is often a development of gonorrhea, but there are other causes, and it is therefore a mistake to suppose that every case of gleet is an indication of gonorrheal infection.

GLUTEAL REGION. The region of the buttocks, or, vulgarly, the backside.

GLUTITIS. An inflamed condition of the buttocks.

GLYCOSURIA. The passing of urine containing sugar in excessive quantity, as in *diabetes mellitus*.

GODEMICHÉ. *See under* PHALLUS (ARTIFICIAL).

GOITRE. Hyperesthesia of the thyroid gland, giving rise to a fat or swollen neck, especially in front. Sometimes referred to as Derbyshire neck.

GOITRE (EXOPHTHALMIC). A form of goitre, so-called because of the large and protruding eyeballs which constitute a symptom of the disease, in addition to the swelling of the thyroid gland. Also referred to as Graves' disease, after the physician who was the first to describe it.

GOLD-DIGGER. A young woman or girl, who makes herself attractive to men with the sole object of getting them to spend money on her, either in giving her what is colloquially termed "a good time" or in presents. A gold-digger is not a prostitute in the legal or accepted sense of the term, but is usually a girl of respectable parentage or upbringing and often engaged in some form of employment. Sexual promiscuity may or may not be a concomitant. The term is a modern one, brought into existence by the changed morals and behaviour of the emancipated female of to-day.

GONACRATIA. The discharge or emission of seminal fluid without sexual excitation, and, in certain cases, without conscious sexual connotation. It is wrongly used as a synonym for spermatorrhea. Such emissions may and probably are due to sexual abstinence causing congestion.

GONADS. The male or female reproductive organs, i.e. the testis or ovaries.

GONECYST. One of the seminal vesicles.

GONECYSTITIS. An inflamed state of the seminal vesicles.

GONECYSTOLITH. A calculus or stone in one of the seminal vesicles.

GONEPOIESIS. The process of semen production in the testicles.

GONOBLENNORRHEA or GONOBLENNORRHŒA. *See* GONORRHEA.

GONOCOCCUS. The organism which is responsible for gonorrheal infection.

GONOHÆMIA or GONOHEMIA. Gonorrheal infection which has affected the whole system.

GONORRHEA or GONORRHŒA. An inflammatory venereal infection due to inoculation with a specific organism, the gonococcus of Neisser. Gonorrhea is the most prevalent of all the venereal diseases. Indeed, so common is it that men are inclined to treat it lightly, looking upon it as nothing more serious than a bilious attack or a bad cold. It is widely diffused among men and women of all races and nationalities.

The bulk of the infections are due to sexual intercourse with someone suffering from the disease in an active or a latent form. It is *possible* for one who has never indulged in coitus to become infected, though such cases are extremely rare. It means that some part of the mucous membrane must have come into contact with active gonococci; that is, with an article which has recently been contaminated by someone suffering from the infection. Towels,[1] bed-clothes,

[1] Most cases of accidental infection from infected towels, etc., apply to children.

lavatory seats, drinking vessels, vaginal syringes, surgical and dental instruments, have all, at one time or another, been credited with conveying infection. Luckily, the gonococcus is an organism that cannot live for more than a few hours at a stretch on a dry surface or at a temperature lower than that of the human genitals. Gonorrhea of the mouth may be acquired by kissing, by cunnilinctus or coitus in ore; the eye may be attacked if the gonococci are accidentally conveyed to the conjunctiva by the fingers.

The initial symptoms may show themselves within three days of infection. In some cases, however, there may be no indication of infection until a week or an even longer period has elapsed.

In the male, the urethral orifice becomes inflamed, red and swollen. There is some itching and burning; the lips of the meatus may stick together. In many cases these initial symptoms are of an extremely mild character and for this reason are ignored until the infection becomes deep-seated. As the inflammation spreads along the urethral canal, there is a scalding sensation on passing water, and a yellow discharge which, as time goes on, may become continuous.

If there are no complications, the infection will gradually extend its field of attack, penetrating the prostate, the seminal vesicles, the bladder, the epididymis and the testicles. The genital and urinary systems being continuous, an untreated and uncured infection is sure to attack every part in turn. As the gonococci go farther afield there is a tendency for the local inflammation to subside. It is not unusual for a victim, when he notices that the urethral discharge has stopped and the pain on urinating no longer appears, to conclude that the infection has cured itself. It is a perfectly natural conclusion.

Gonorrheal infection does not stop at the genital and urinary organs. It has marked effects upon the whole system, long-standing systematic gonorrhea, as it is called, being responsible for gonorrheal rheumatoid arthritis and gonorrheal iritis.

In the female, the part first infected is usually the urethral orifice or the vulva. There is a discharge of pus, but this is generally unnoticed and set down as an attack of "the whites." A discharge from the vulva being almost an everyday occurrence in many women, there is a likelihood that gonorrheal infection may go unrecognized for a long period, or possibly may never be discovered until serious complications render medical attention essential. The result is that untreated gonorrhea is far more common in women than in men.

The progress of gonorrheal infection in the female is rapid. The gonococci ascend the vagina and enter the cervical canal, thence making their way to the Fallopian tubes, the ovaries and the peritonial cavity. Salpingitis, peritonitis, endometritis, oöphoritis, and parametritis are common sequelæ, and many of them terminate fatally. Polak says: "Nearly sixty per cent of the deaths from pelvic disease *are due, directly or indirectly*, to gonorrhea, or the radical procedures necessary for the removal of resulting pathology."[1]

Gonorrhea is not an infection which responds easily or quickly to treatment. Its cure is a prolonged process calling more perhaps than most infections for the whole-hearted co-operation of patient and physician. It is because of this lack of co-operation that, in so many cases, the patient is *never cured*: either the treatment is not continued until all traces of the infection are cleared up or it is largely negativated by the life which the patient persists in leading. The need for this co-operation is indicated when it is stated that the consumption of alcohol in any form, before all traces of the gonococci are eradicated, will effectually prevent a cure. So will indulgence in sexual intercourse. So true is this that it may safely be said that absolute abstention from coitus and alcohol are as essential as any form of medical treatment.

In recent years the treatment of gonorrhea has been revolutionized. It has been realized that the crude methods involving the use of strong chemicals and cauteries have been responsible for

[1] J. O. Polak, *A Manual of Gynecology*. Lea & Febiger, Philadelphia, 1927.

delaying the cure rather than hastening it. The modern tendency is towards the employment of mild germicides in strengths and frequencies suited to the individual case. Protargol, silver nitrate, neosilvol, silver nucleinate, argyrol and potassium permanganate are among those most widely used. Vaccine treatment has received the highest praise in many quarters, especially in England, but Pelouze, whose experience in the treatment of gonorrhea is an exceptionally wide one, states: "Unquestionably the vaccine method has been one of the most disappointing in all of our therapeutic efforts to control gonorrhea. Both observation and experience have convinced the writer that the surest way to make urethral gonorrhea severe and long-continued is to use vaccines as usually recommended."[1]

Literature: H. Cabot, *Modern Urology*, 2nd edition, 1924; M. Huhner, *Disorders of the Sexual Function*, 1929; D. Lees, *Diagnosis and Treatment of Venereal Diseases*, 1931; J. O. Polak, *A Manual of Gynecology*, 1927.

GONORRHEAL ARTHRITIS. *See* ARTHRITIS (GONORRHEAL).

GONORRHEAL BALANITIS. *See* BALANITIS (GONORRHEAL).

GONORRHEAL OPHTHALMIA. Inflammation of the conjunctiva resulting from infection with the gonococcus. It is usually caused by transmission by the fingers of gonorrheal discharge from the genitals to the eye.

GONORRHEAL PROCTITIS. Inflammation of the anus and rectum due to infection with the gonococcus. There is a slight discharge from the anus with a good deal of irritability. The condition is very much more common in the female than the male owing to the liability of the infection to spread from the vulva to the anal orifice. It is sometimes due, especially in men, to sodomitical connexion with an infected person.

GONORRHEAL RHEUMATISM. Inflammation of the joints due to gonorrheal infection. One joint may be affected or several joints may be involved. It is usually referred to simply as rheumatism or rheumatoid arthritis.

GOODELL'S SIGN. A hard cervix indicates a non-pregnant uterus; a soft cervix indicates that pregnancy is likely. This law was formulated by William Goodell, a nineteenth-century American gynecologist. Also called Goodell's law for the diagnosis of pregnancy.

GRAAFIAN FOLLICLE. The ovaries have a number of vesicles or sacs all of which contain ova. These vesicles or sacs are the Graafian follicles. About once a month a follicle ripens and collapses, discharging a matured ovum. The follicle also produces a secretion which is thought to be partly responsible for the uterine changes during menstruation and pregnancy. The Graafian follicle was discovered in the seventeenth century by the Dutch anatomist, Rigernus de Graaf, hence the name.

GRAAFIAN VESICLE. *See* GRAAFIAN FOLLICLE.

GRÄFENBERG RING. Few modern contraceptive methods have aroused so much interest or been the subject of so much controversy, dispute, and variance of opinion as the silver ring named after Dr. Gräfenberg, its inventor.

The great disadvantage of all intra-cervical and intra-uterine appliances is the resultant bridge for the conveyance of infective organisms from the vagina into the uterus, and the consequent danger of peritonitis, salpingitis and inflammation of the ovaries. It was in an effort to avoid this dangerous means of communication, and at the same time to provide a uterine contraceptive, that led Gräfenberg to pursue those researches and experiments which eventually resulted in the invention of the now famous and in some respects notorious contraceptive device that bears his name.

In its early form the ring was made of silkworm-gut. But a difficulty arose. When, for any one of various reasons, it was necessary to remove the ring from the uterus, its location presented something of a problem. It was this problem which led Gräfenberg, after various experiments, to substitute for silkworm-gut a coiled flexible ring made of silver or gold wire, containing silkworm-gut in the hollow of the coil.

[1] P. S. Pelouze, chapter on "Infections of the Urethra and Prostate other than Tuberculosis" in *Modern Urology*, edited by Hugh Cabot, p. 295.

Once the ring has been inserted in the uterus it requires no further attention for a considerable period—there are cases where it has been left in the cavity for several years at a stretch. The woman is quite unconscious of its presence, and thus the ring possesses one of the main features of the ideal contraceptive.

There is some doubt as to the exact means by which the Gräfenberg ring prevents conception. Gräfenberg himself is of opinion that while fertilization takes place, there is no conception; the ovum, after union with the spermatozoön, being prevented from embedding. It is mainly because of this hypothesis that some gynecologists have classed the ring as an abortifacient. On the other hand, there is another school which leans to the explanation that, through chemical changes induced in the uterine cavity by the presence of the ring, fertilization is prevented. There is also the possibility suggested by Voge that any non-inflammatory hypertrophy induced by the presence of the ring itself may be "reinforced by the chemical action of silver."[1]

However, whatever the precise nature of its action, the observations of Gräfenberg in Germany over a period of fifteen years, and of Norman Haire in England, indicate a very high degree of security from conception where the ring has been inserted in accordance with a carefully devised tecnnique.

The method calls for the services of a gynecologist, not only because of the insertion of the ring itself, but also owing to the necessity for a thorough examination of the vagina, the cervix, and the uterine cavity before insertion. In certain pathological conditions such as menorrhagia, metrorrhagia and gonorrhea, the insertion of the ring is most inadvisable; and other unhealthy conditions of the cervix or uterus may call for remedial treatment before the ring can be inserted. Pregnancy is also a contra-indication.[2]

The ring is made in various sizes, and it is of the utmost importance that the right sized ring should be inserted. The various cases of failure through the ring being lost from the uterus without the knowledge of the woman have been due to the wrong size having been inserted. If too small, it works itself through the cervical canal; if too large, it causes uterine contractions which lead to its expulsion.

To the experienced gynecologist the insertion of the ring presents no difficulty. The strictest aseptic precautions are necessary. After the vagina and cervix have been thoroughly cleansed with antiseptic swabs, the cervix is dilated and the ring, grasped in an implement devised specifically for the purpose, is passed through the cervical canal until it rests in the uterus above the internal os.

It is usually possible to dispense with the use of an anæsthetic, as there is little or no pain attending either insertion or removal. Nor does its presence in the uterus occasion any discomfort or inconvenience. Norman Haire mentions that in certain cases of painful periods the insertion of the ring has brought relief.

It cannot be too strongly stressed that in no circumstances should any woman attempt to insert the ring herself or allow its insertion by any other than a gynecologist.

The ring, in all normal cases, may be left in place for long periods, though Gräfenberg advises its removal and reinsertion every twelve months. At any rate, the need for yearly examination would seem to be indicated; and any pathological condition of the uterus or cervix would probably necessitate its immediate removal, as would infection with gonorrhea.

The method has been the subject of a good deal of hostile criticism, and many writers seem to hold the opinion that the ring, through setting up irritation in the uterine cavity, is likely to cause cancer. There is, however, no evidence that cancer has ever been induced by the ring, and it must be borne in mind that the assertion respecting irritation being a cause of cancer is not an established fact, but merely a hypothesis. *The cause of cancer is not known.*

From an unprejudiced examination of

[1] Cecil I. B. Voge, *The Chemistry and Physics of Contraceptives.*

[2] To avoid the possibility of inserting the ring into a pregnant uterus, Norman Haire advises that insertion should take place during menstruation.

the available evidence it would appear that the Gräfenberg ring, for those women to whom it is available, and especially where rubber pessaries and cervical caps are inadmissible, impracticable, or æsthetically contra-indicated, although not infallible, provides a high degree of efficacy. Due to the fact that it is not a one hundred per cent effective method, the use of a chemical suppository, or tablet, or jelly, by the woman, or a condom by the man, is recommended as an additional measure of protection.

Indications for the use of the ring are: (1) where the use of appliances is repulsive or undesirable, or has psychological inhibitory effects; and (2) in those cases where no safe method is available for the woman, and the man will not or cannot adopt any contraceptive measures. Contra-indications are the existence of gonorrhea, or of any other infection of the uterus, cervix or vagina.

GRANULOMA INGUINALE. Ulceration of the genitals, particularly the penis and scrotum in the male; and the labia in the female. In advanced stages the ulceration may extend to the groin and thighs. Sometimes elephantiasis develops. It is common in tropical countries and among the coloured races, but is occasionally seen elsewhere.

GRAVEL. *See* CALCULUS.

GRAVES' DISEASE. *See* GOITRE (EXOPHTHALMIC).

GRAVID. The state of pregnancy.

GRAVIDA. A woman with child.

GREAT POX. Syphilis.

GREEK LOVE. That form of homosexuality which is concerned with love between men and boys. So-called because of its widespread practice in ancient Greece. Pederasty. The term is also loosely used in reference to all forms of homosexuality.

GREEN SICKNESS. *See* CHLOROSIS.

GROIN. That part of the body which forms the depression marking the point of junction between the wall of the abdomen and the thigh.

GUMMA. A syphilitic tumour appearing in the tertiary stage of the disease. It is not restricted in location, appearing in any part or any organ of the body.

GUMMATA. The plural of gumma.

GUTS. *See* ENTRAILS.

GYNÆCOLOGIST. *See* GYNECOLOGIST.

GYNÆCOMANIA. An abnormal appetite for venery in the male. Satyriasis.

GYNÆCOMASTUS. A man with breasts which in size and appearance resemble those of a woman.

GYNANDRIA or GYNANDRISM. *See under* HERMAPHRODITISM.

GYNANDROID. A female pseudo-hermaphrodite. Females of this type are often reared as males and occasionally enter into marriage contracts with their own sex.

GYNANDROMORPHISM. The appearance in one individual of sexual characteristics pertaining to both male and female.

GYNECOLOGIST. A medical man who is skilled and specializes in the diagnosis and treatment of women's diseases.

GYNECOMANIA. Immoderate sexual desire in the male. *See* SATYRIASIS.

GYNECOMASTIA. A condition where the male breasts are developed to such a degree as to resemble those of a woman. In rare cases they secrete milk. According to several researchers gynecomastia is the result of testicular disease or inefficiency. The anomaly is sometimes found in inverted men.

GYNECOPHONUS. A male who has a voice resembling that of a female. A condition often found in male homosexuals.

GYNEPHOBIA. A morbid aversion to the company of the female sex. It is a specific characteristic of the misogynist.

GYNIATRICS. That branch of medical science which deals with the study and treatment of female diseases. Gynecology.

H

HÆMATOCELE or HEMATOCELE. A testicular tumour usually due to hæmorrhage consequent upon injury or operation, and more rarely as a complication of arteriosclerosis.

HÆMATOCELE (RETRO-UTERINE). A blood-filled tumour which is sometimes found in the pouch of Douglas.

HÆMATOCOLPUS or HEMATOCOLPUS. Presence of menstrual or other blood in the vagina to such an extent that the passage is distended.

HÆMATOMETRA or HEMATOMETRA. The collection of menstrual or other blood in the cavity of the womb.

HÆMATOSALPINX or HEMATOSALPINX. The collection and retention of blood in one of or both the Fallopian tubes.

HÆMATOSCHEOCELE or HEMATOSCHEOCELE. The condition where blood collects in the scrotum.

HÆMATOSPERMIA or HEMATOSPERMIA. The ejaculation of semen stained with blood.

HÆMATOTRACHELOS or HEMATOTRACHELOS. The condition in which menstrual or other blood is retained in the cervical canal, as a result of vaginal blockage, causing distension of the cervix.

HÆMATURIA or HEMATURIA. The condition in which blood is discharged with the urine.

HÆMOPHILIA or HEMOPHILIA. Popularly known as Bleeder's disease, the most marked symptom of this condition is the liability to hæmorrhage on the slightest provocation, the merest scratch often being the cause of bleeding so severe and continuous as to endanger life. The condition is rare and occurs much more frequently in males than females. Hæmophilia is hereditary and is usually transmitted by females who show no symptoms of the abnormality themselves. In the comparatively rare cases of hæmophilia in women, pregnancy is contra-indicated; even marriage is exceedingly dangerous. The sex act may cause bleeding from the genitals; parturition will almost inevitably be followed by copious hæmorrhage which usually ends fatally.

HÆMORRHAGE or HEMORRHAGE. Free or heavy bleeding.

HÆMORRHOIDS or HEMORRHOIDS. Enlargement of the veins in and around the anal orifice. Hemorrhoids are of two kinds, external and internal. Those outside the anus are readily identifiable; but of the internal variety there may be no indications apart from bleeding. They vary in size considerably. The quantity of blood discharged may range from a slight discoloration of the fæces when the bowels are emptied, to an alarming flow of blood not only during defecation but also at times other than going to stool. Cases have been recorded where several pints of blood have been discharged at a sitting.

The basic causes of hemorrhoids are concerned with constipation; straining during the process of defecation being a frequent initiatory act. In women, they frequently commence during pregnancy: in men stricture of the urethral channel or prostatic trouble is a common cause.

Treatment is largely concerned with the clearing up of the basic trouble, with especial attention to the prevention of constipation. To this end, attention to diet is of primary importance. Fruit, vegetables and dairy products should form the main part of the daily dietary. Alcohol in any form, spices and anything of an irritating nature must be avoided. The application of ointments or lotions to external hemorrhoids can only be palliative. If careful dieting and attention to the general health fail to effect an improvement, surgical measures offer the only hope of cure.

HÆMOSPERMIA or HEMOSPERMIA. The appearance of blood in the ejaculated seminal fluid indicating the presence of inflammation in the posterior urethra or the seminal vesicles. Usually the condition is of merely temporary duration, passing away in the course of a few days. If it does not disappear a medical man should be consulted.

HALLUCINATION. The perception of something which has no existence arising through a disturbance of the cortical associations. Hallucinations may be of various kinds, as of sight, touch, sound, taste or odour.

HALO. The ring of pigmentation surrounding the mammary nipple. Areola.

HALSTERN'S DISEASE. So-called endemic syphilis.

HAPHEPHOBIA. Morbid aversion to or fear of being touched by another person.

HARAMAITISM. An Indian name for the raping of a young girl, in which physical injury is a marked feature.

HEBEOSTEOTOMY. A surgical operation involving dividing the pubic bone so as to make the pelvic opening larger in cases of difficult delivery.

HEBEPHRENIA. A form of mental deterioration or disease which sometimes occurs during the puberal period. Egoistic delusions and melancholia are marked features and occasionally dementia follows. Sometimes referred to as adolescent insanity.

HEBETIC. Relating specifically to the time of puberty or adolescence.

HEDONISM. A philosophy of life and conduct the dominant note of which is the securing of universal pleasure irrespective of any ethical principles.

HEDROCELE. Falling of the intestine into or through the anal orifice. Proctocele.

HEGAR'S SIGN. An early indication of pregnancy. In or around the seventh week, the lower part of the womb softens and is compressible on palpation.

HELIOTHERAPY. The science of sun-ray treatment for the prevention and cure of disease. It may consist of outdoor heliotheraphy, as in sun-bathing; or indoor heliotherapy, as in exposure to artificial sunlight.

The charm and the value of nudity lie mainly in its practice in the open air. The effects of the atmosphere itself, apart from the light and heat rays, on the skin, and the breathing of the pure, cool air, go a long way towards making nudism the health and vigour-promoting cult which, practised out of doors and in proper circumstances, it undoubtedly proves itself to be. Indoor nudity, at best, can prove only a very inferior substitute for sun-bathing in the open. The warm and more or less stagnant air, which, in addition, is often moist, lacks the stimulative force of the moving atmosphere. For these reasons it is very doubtful if nudity as practised in many of the indoor clubs, where games, exercises and dancing are indulged in in a state of nakedness, is of any pronounced beneficial value.

The use of artificial sunlight was originally advocated for the treatment of specific diseases and conditions, such as rickets and surgical tuberculosis; definite lesions, such as ulcers, wounds and certain skin affections; in circumstances or cases where outdoor sun treatment was impossible or unavailable.

Sunlight itself has its limitations as well as its advantages. So has artificial light. Generally speaking, where the young, healthy and active are concerned, outdoor exposure to the sun has all in its favour and little against it. In the treatment of certain diseases, too, where fresh air is an essential part of such treatment, outdoor therapy is indicated. But in most cases of disease, artificial-light treatment has many advantages.

The trouble with sunlight treatment in the open is the fact of its extreme uncertainty; even in the most favourable conditions, such, for instance, as in the Swiss Alps, where one can get away from the smoke, the dust and the fog, this uncertainty exists. Nature is nothing if not erratic. One day may be admirable for treatment, the next day may be the reverse, and in consequence the treatment is interrupted, prolonged and retarded.

These disadvantages are absent in artificial-light therapy. Here, the source of radiation is fixed, its power is the same every hour of every day, it is under the direct and immediate control of an operator who can regulate it according to the specific needs of the case under treatment, and there is no difficulty in ensuring that the rays strike the exposed skin area at the correct angle, which is approximately ninety degrees.[1]

Then again, the ultra-violet rays produced artificially are the shorter rays which are absent from sunlight, being absorbed before they ever reach the earth. These short rays have greater powers of penetrating living tissue; they possess, in a markedly higher degree, analeptic and antipyic properties, and they exert much more powerful and quicker bactericidal action than do the sun's rays.[2]

Another disadvantage of sunlight in connexion with clinical work is the mixture of visible light and infra-red rays with the ultra-violet rays. Visible light is a valuable auxiliary in ultra-violet therapy, but its value is dependent upon its degree of controllability. Visible light at the right time is a great help; visible light at the wrong time is a definite hindrance. The light waves constituting the part of the spectrum which approaches the ultra-violet region, and which constitute a considerable portion of bright sunlight, are largely responsible for producing the pigmentation which in so many cases brings clinical treatment to a sudden termina-

[1] If the rays strike the skin at a greater angle than ninety degrees there is the risk that few of them will be absorbed.

[2] According to Jansen, ultra-violet rays will destroy bacteria embedded up to two inches deep in living tissue.

tion. This pigmentation can be controlled or avoided in artificial-light treatment. The infra-red rays, which vary in intensity from day to day according to atmospheric and other conditions, unless their effects are controlled by regulated exposure indicated by the individual's reaction to these heat-producing rays, may cause sunstroke.

Perhaps the most sensational effects of the sun cure are in the treatment of rickets and of surgical tuberculosis. It has been established that rickets is the result of defective nutrition in combination with lack of sunlight and fresh air. There was a time when children afflicted with rickets were treated with cod-liver oil and given outdoor exercise, the cod-liver oil being credited with the main share of the beneficial results accruing, until Dr. Adrian Palm pointed out that rickets is a disease due to lack of light, and that exposure to the sun's rays constitutes a definite cure. Thus, the slum dwellings in big cities, in which so many children are reared, represent an atmosphere devoid of light and fresh air, and above all, devoid of the valuable ultra-violet rays which, almost wholly, are prevented from passing through ordinary window-panes.

It has, too, been definitely established that sunlight is a cure for surgical tuberculosis; that is, tubercular conditions of the skin, joints and bones. Ulcers and abscesses, boils, carbuncles, phlyctenules, eczema, erysipelas, and impetigo can be cured; beneficial results have been secured (according to Plank[1] and Beaumont[2]) in cases of cellulitis, marasmus, mastitis and osteomyelitis; and the ultra-violet rays have also considerable therapeutic value in all diseases caused through metabolic deficiencies or irregularities, such as glycosuria and hyperthyroidism. Sir William Arbuthnot Lane has drawn attention to the value of sunlight in the treatment of sterility in women.

The bactericidal power of the ultra-violet rays and their stimulation of cellular activity, resulting in the augmented ability of the blood to destroy or mitigate the attacks of bacteria, proves extremely effective in many cases of wounds. In his valuable treatise on sunlight treatment of surgical tuberculosis and other conditions, Rollier points out that in the treatment of suppurating wounds, even given the best of dressings, there is difficulty with the drainage, as any form of dressing, seeing that it must necessarily interfere with the flow of discharge from the wound, encourages the retention of toxins and their subsequent absorption. "Two conditions," says Dr. Rollier, "favourable to the breeding of bacteria are constantly maintained on the wound surface, namely moisture and lack of light."[3] It is, therefore, readily seen that sun treatment, in view of the excellent bactericidal properties of the ultra-violet rays, constitutes a great advance on the older methods of treatment.

Experimental work is being done in connexion with the treatment of other diseases, and we may with some confidence expect great developments in the future. There are grounds for thinking that ray therapy is yet in its infancy.

It is, however, as a help or supplement to orthodox modes of treatment that the great value of natural or artificial-light treatment is indicated. It is not intended to displace the surgeon's knife or the physician's drugs.

Not unnaturally the benefits resulting from such treatment, and its curative value, were greatly exaggerated; especially when the commercial possibilities of artificial-light treatment were thoroughly realized. The whole thing lends itself to a good deal of quackery and commercial exploitation, both in the matter of treatment by unqualified practitioners, and in the supply of lamps for generating ultra-violet rays in the home. The treatment is advocated for many diseases on which it cannot possibly produce any beneficial results, and in certain other maladies, where it is contra-indicated owing to its liability to aggravate the disease. There are lamps recommended and sold which generate no ultra-violet rays at all—because of this the selection of a reliable lamp is of extreme importance.

The most satisfactory sources of arti-

[1] T. Howard Plank, *Actinotherapy and Allied Physical Therapy*.
[2] William Beaumont, *Fundamental Principles of Ray Therapy*. Lewis, 1931.
[3] A. Rollier, *Heliotherapy*. Second edition. Oxford Medical Publications, 1927.

ficially produced ultra-violet radiation are the carbon arc, used so successfully by the Finsen Institute at Copenhagen, and the mercury vapour arc which is so popular in American clinics. The first-named is the old form of electrical light with which we were all familiar twenty years ago; that is, the powerful and brilliant arc-light. To-day, owing to the universality of the glass bulbs, this older form is rarely seen. The main defect of the carbon arc-light is the heat which it generates. To remedy this defect the mercury vapour arc was introduced by Hewitt of New York. The basis of this form of lamp is the vapour of quicksilver enclosed in a glass tube, and through this vapour a current of electricity is passed, producing a brilliant light rich in the short ultra-violet rays.

Nearly all the artificial-sunlight lamps used in ray therapy may be classified under one of these two heads.[1] The quartz mercury vapour lamp may be air-cooled or water-cooled. Both types are widely employed, the air-cooled type being used for general treatment of the body, as in constitutional diseases; and the water-cooled type, which may be brought into contact with the skin without any risk of burning, being used for treating local areas or specific lesions.

Actually, the light produced by these powerful lamps is far richer in ultra-violet rays than is the available sunlight itself. It contains the short rays which, in the case of the sun, are absorbed by the atmosphere and never reach the earth at all. For this reason no human being can stand exposure to artificially produced ultra-violet radiation for a *prolonged period* without serious risk of sunburn. In no case should a person be so exposed except under competent medical attention. Millar and Free advise exposures of not more than four or five minutes at a time, exposing first one side of the body and then the other, and, according to the same authorities, there are cases on record where death has resulted through patients falling asleep under the lamp and being seriously burned.[2] The intensity of radiation can, of course, be controlled by lessening or extending the distance between the patient and the source of light, but the best procedure, in cases where the whole of the body is to be subjected to the rays, is to start with a small area of the skin and, day by day, gradually extend the area subjected to light until the whole body can safely be exposed. Thedering says that years of experience taught him that the effect of "frequent short (ten to fifteen minutes) ultra-violet douches is more favourable than that of protracted light baths."[3]

Owing to the valuable effects on the skin of visible light one of the great advantages of outdoor sun treatment over artificial-ray therapy has undoubtedly been due to the fact that visible and ultra-violet rays were working in combination. For years the part played by the visible rays was altogether overlooked or insufficiently realized. It was not until long after Finsen's statement regarding the absorption of ultra-violet rays by the blood stream that the true significance of this was thoroughly appreciated, and the discovery made that the cellular activities induced by visible light caused the blood to rush to points where it could be reached by the ultra-violet rays. This is the basis of the clinical treatment advocated by Plank, who says, in relation to artificial-light therapy: "We feel certain that every case of chronic constitutional disorder which is being treated with actinic rays, should first be treated with visible light."[4] The method adopted is to subject the patient to visible-light treatment for a period of from ten to forty-five minutes, followed by exposure under the quartz mercury vapour lamp for half a minute to one minute, at a distance of twenty-four inches, gradually decreasing the distance until a minimum of fourteen inches is reached, and simultaneously increasing the time of exposure by an additional minute per day until a

[1] It may be worthy of note that the electric bulb used for ordinary lighting purposes is useless as a source of ultra-violet radiation, the amount produced being infinitesimal.
[2] Ronald Millar and E. E. Free, *Sunrays and Health*. McBride, New York, 1929.
[3] F. Thedering, *Sunlight as Healer*. Sollux Publishing Co., 1926.
[4] T. Howard Plank, *Actinotherapy and Allied Physical Therapy*, p. 50. Manz, Chicago, 1926.

maximum exposure of ten minutes is attained.

The experience of Plank is borne out by Beaumont, who says:

"In the first place I would say that far too much is claimed for ultra-violet radiation, that the visible rays play a very prominent part in many of the claims made, and that the infra-red rays have a powerful influence on the body, and although their action has been little studied they are of undoubted therapeutic value."[1]

In the local treatment of ulcers or wounds it is of primary importance that the lesion should be kept clean and as dry as possible. The presence of pus acts as a barrier to the penetration of the ultra-violet rays.

While in applying sun rays to the whole body the analeptic effects are impaired by any suspicion of burning or blistering, in the treatment of certain diseases and local conditions, such as lupus, eczema, carbuncles and ulcers, blistering is an essential part of the technique. *See also* NUDITY (ITS EFFECTS UPON HEALTH).

HELLIN'S LAW. A calculation relating to the frequency with which multiple births occur in relation to normal pregnancies. According to this law there is one case of twins in 80 pregnancies; one case of triplets in every 6,400 pregnancies; and one case of quadruplets in every 512,000 pregnancies.

HEMAGOGUE. A drug or medicine for bringing on or increasing the menstrual discharge.

HEMELYTROMETRA. A collection of menstrual blood in the womb.

HEMIPLEGIA. A paralytic stroke affecting one half of the body.

HEMITOMIAS. A male with one testicle only. The abnormality may be a congenital one or it may have resulted from accident or disease.

HENLE'S AMPULLA. A dilated state of the vas deferens near the ejaculatory duct. So-named after an eighteenth-century German anatomist named Henle.

HERA. The beautiful Greek goddess of marriage, protectress of femininity, and wife of Zeus. She was worshipped as Juno by the Romans.

HEREDITARY. Any physical or mental trait or condition which is capable of inheritance by the child from a parent.

HEREDITARY SYPHILIS. *See* SYPHILIS (CONGENITAL).

HEREDOLUES. *See* SYPHILIS (CONGENITAL).

HEREDOSYPHILIS. *See* SYPHILIS (CONGENITAL).

HERMAPHRODISM. *See* HERMAPHRODITISM.

HERMAPHRODITISM. A condition in which, while the sex glands of *both* male and female (that is, a testicle and an ovary) are present in *one* individual, it is impossible to say definitely to which sex



HERMAPHRODITIC MONSTER
[*after Fenton*

the individual belongs. Such a person may be able to participate in the sex act both as a male and a female. There are many such cases in medical literature. Young gives such an instance:

"Patient brought up as a girl. Left home, donned male attire and married a woman. Subsequently had numerous mistresses, but also lived with men as their mistress; practised active and passive coitus according to his desire or inclination

[1] William Beaumont, *Fundamental Principles of Ray Therapy.*

at the time. Operation to determine sex refused by patient."[1]

The stories of human hermaphrodites who could both fertilize and conceive, and had actually given birth to self-fertilized children, are fictitious. There has never been a case known to medical science. The origin of these apocryphal accounts may be traced to the mythical story of the birth of Eve out of Adam related in the first chapter of Genesis; to the various hermaphrodite gods worshipped in many parts of the globe; and also to the fact that a tumour or dermoid cyst containing the dead fœtus of a child is not unknown.



HERMAPHRODITIC TWIN-MONSTER
[*after Paré*

The accounts which besprinkle ancient literature of men and women who have lived as members of the opposite sex have, in almost every instance, been cases of hermaphroditism. Paré gives such a case:

"I was shewed a man called Germane Garnierus, but by some Germane Maria (because in former times when he was a woman he was called Mary), he was of an indifferent stature, and well set body, with a thick and red beard; he was taken for a girl until the fifteenth year of his age, because there was no sign of being a man seen in his body, and for that amongst women, he in like attire did those things which pertain to women: in the fifteenth year of his age, whilst he somewhat earnestly pursued hogs given unto his charge to be kept, who running into the corne, he leaped violently over a ditch, whereby it came to pass that the stays and foldings being broken, his hidden members suddenly broke forth, but not without pain: going home, he weeping complained to his mother that his guts came forth: with which his mother amazed, calling Physicians and Surgeons to counsell, heard he was turned into a man: therefore the whole business being brought to the Cardinal the Bishop of Lenuncure, an assembly being called, he received the name and habit of a man."[2]

The sensational reports which, from time to time, appear in the newspapers of to-day, concerning individuals who have entered hospitals as men and come out as women, or vice versa, in all cases are hermaphrodites who have been unaware of their true sex. *See also* PSEUDO-HERMAPHRODITISM.

HERNIA. Popularly, a rupture. It usually refers to the protrusion of the intestine.

HERPES. A skin eruption which occurs on the genitals of both males and females. There is much itching and often marked ulceration. It is not contagious.

HETÆRÆ or HETAIRAI. The highest-class prostitutes of ancient Greece, forerunners of the more modern courtesans and demi-mondaines. They secured respect, attention and honour without being compelled to have recourse to subterfuge, or to disguise their true calling under euphemistic terms. The very fact that they could drive about the streets with their painted faces unveiled proclaimed to all the world exactly what they were, and shouted to the four winds of heaven their forbiddance to take part in certain religious ceremonies, and that any children to which they happened to give birth could never rank as citizens. These *hetæræ* were the companions of the wealthiest, most cultured, and most exalted Greeks of the time. They were

[1] Hugh Hampton Young, *Genital Abnormalities, Hermaphroditism and Related Adrenal Diseases*, p. 136. William & Wilkins, Baltimore, 1937.
[2] Ambrose Paré, *Works*, p. 974. 1634.

women of beauty, education, culture and attraction, outshining in every respect the virtuous wives who were engaged in breeding and rearing the children of the race, and who were forbidden to mix in male society. Aspasia was one such; another by name, Bacchis, was the mistress of Hyperides; yet another, known as Thargelia, was the lover and confidante of Xerxes; Archæanassa was the mistress of Plato; Gnathena lived with Dyphiles; Phryné had among her numberless lovers Hyperides, Appelles, and Praxiteles. And there were others and again others—the list is endless.

Only the most wealthy and influential citizens could afford to consort with these *hetæræ*, whose gorgeous upholstery and costly establishments required the bank roll of a millionaire. Demosthenes lavished his fortune on Lais; on Pythionice the wealth of Babylon was squandered.

HETEROGENESIS. *See* XENOGENESIS.

HETEROSEXUAL. Sexual attraction to or affinity with the opposite sex.

HETEROZYGOSIS. Cross-breeding resulting in the production of hybrids.

HIEROMANIA. The frenzied and often insane utterances and conduct which mark many forms of religious fanaticism. It is often due wholly or in part to repressed sexual libido.

HIRCISMUS. The offensive odour characteristic of the arm-pits.

HIRSUTISM. The abnormal growth of hair, especially in places where it does not usually appear, as moustaches and beards in women. The condition is referred to by so ancient a writer as Hippocrates. Apart from the slight cases with which everybody is familiar, there have been recorded from time to time in medical literature, some remarkable cases of female hirsutism. The cause of those unusual instances such as are sometimes seen in circuses and other exhibitions would appear to be adrenal tumours. *See* BEARDED WOMEN.

HOBNAIL LIVER. When cirrhosis of the liver reaches an advanced stage the organ assumes a rough knobbly appearance, hence the name, hobnail liver. It is also referred to as gin-drinker's liver.

HODGE'S PESSARY. An appliance for the correction of backward displacements of the womb.

HODGKIN'S DISEASE. A chronic glandular disease characterized by the growth of tumours in the lymphatic glands, usually associated with pernicious anæmia. It is much more common in the male than the female. Lymphadenoma.

HOLDING BACK. The notion that deliberate avoidance of orgasm by the woman is a means of preventing conception has been widespread for generations. Certainly orgasm does, in many circumstances, facilitate conception; but it is a fallacy to argue from this that failure to prevent orgasm will also *prevent* conception. Fertilization is possible where the woman experiences no pleasure at all in the sex act, and where she has no desire for intercourse. It occurs where the act of coitus is abhorrent to the woman. The contraceptive value of any measure of attempting to avoid orgasm is so little as to be negligible, and the continual avoidance of orgasm is bound to have pernicious effects upon the woman practising it.

HOMO-EROTICISM. *See* HOMOSEXUALITY.

HOMOSEXUALITY. Love or sexual attraction between two individuals of the same sex is older than civilization. It is as old as life itself. It is found not only in savage and primitive races, but among animals. Despite the antiquity and universality of the phenomenon, only in comparatively recent years has it been sanely discussed or understood. The branding of homosexuality as "the love which dare not tell its name," the social ostracism which is the lot of anyone suspected of practising the vice, and the risk of prosecution connected with certain overt manifestations of it, have sufficed to create innumerable obstacles in the way of adequate examination and discussion.

For these same reasons it has always been difficult to arrive at even the roughest estimate concerning the prevalence of homosexuality in civilized countries. The probability is, too, that there is much fluctuation in its popularity from one generation or age to another. No adequate examination has yet been made of the effects of contemporary social environmental and pathological factors on the incidence of homosexuality, but that the abnormality



GREEK HETÆRA

(See text pages 157–8).

fluctuates considerably in the same country in accordance with the influence of these, and possibly other factors, is certain.

The cause of homosexuality has been the subject of much discussion. Many sexologists and psycho-analysts agree with Hirschfeld's hypothesis that the phenomenon is inborn. Much evidence, which, on the face of things, seems to point indisputably to the congenital nature of the anomaly, has been provided by the homosexuals themselves. Here, I think, one may easily be led astray. It must never be forgotten that the outlook of all sexual inverts is inevitably coloured by the reaction of society to their condition. They look upon themselves as martyrs, and an essential condition of their martyrdom is that they are victims of fate, that they can no more alter their sexual reactions than the heterosexuals can alter theirs. The fact that God has made them as they are is the main feature in the special pleading indulged in by most homosexuals who write upon their abnormality. For this reason, if for no other, I think the statements made by homosexuals themselves respecting the cause of their inversion may, to a big extent, be set aside. Much of the other evidence relating to the inborn concept of homosexuality is concerned with apparently homosexual acts which occur in infancy or childhood, and much more of it relates to the physical stigmata (masculinity in females and femininity in males) which is held to stamp the possessor as a homosexual. As regards the overt acts in childhood, it is easy to confuse acquired or automatic habits which are devoid of any sexual connexion whatever with the deliberately induced expressions of the adult. In connexion with physical stigmata, wrong deductions are drawn through the vast confusion existing between pseudo-hermaphroditism and homosexualism. There is not necessarily the slightest connexion.

The inherent bisexuality of mankind must not be confounded with sexual abnormality or perversion. Bisexualism is not homosexualism. It is the fact that every individual is bisexual up to the coming of puberty that constitutes the biggest argument against homosexualism being in any way congenital.

According to Stekel's hypothesis, the homosexual represses his heterosexuality in the same way that the heterosexual represses his homosexuality. In other words, at puberty, the individual may become either the one or the other. Or he may, and he often does, for a time have homosexual leanings, which later are repressed in view of the development of compensatory and more powerful heterosexual ideals. Here I think Stekel comes near the truth. He says: "My theory of homosexuality links itself to the view of Lombroso. The homosexual, in the first place, is a recessive character. He shows a precocious development of an instinct which does not fit the requirements of culture; but biologically he stands nearer the aboriginal bisexual predisposition of mankind than the normal person who is typical of the current age. This conflict manifests itself in various over-compensations, so that the neurotic advances beyond his age and becomes a creator of the future."[1]

The realization of this tendency towards heterosexualism on the one hand or homosexualism on the other, which, to some degree affects every individual on arrival at the age of puberty and throughout the years of adolescence, does much to explain not only the prevalence of inversion in certain circles but the potential possibilities of social and environmental factors in the causation of homosexualism. It explains, too, the fluctuation in the incidence of homosexualism in different countries, and in the various classes of society in the same country; as well as similar fluctuations in different ages in the same classes of society and in the same country. In ancient Greece homosexuality ranked as the orthodox and habitual form of sexual expression—heterosexualism, except that it had no criminal connotations, occupying a position somewhat analogous to that occupied by inversion in England and America to-day.

The potential danger of homosexualism associated with puberty would appear to

[1] William Stekel, *Bi-Sexual Love*, p. 46. New York, 1933.

be sublimated or developed in accordance with the physical, social and psychical aspects of the immediate environment to which the individual at this period is subjected. Sex segregation, in a physical sense, and, less powerfully, in a psychical sense, predisposes towards the extension of any incipient homosexual leaning. It is through the incidence of this factor that homosexualism is so frequently found among the wealthy and aristocratic classes, the members of which, during their periods of puberty and adolescence, are segregated in schools and universities. Says Marañón, "according to my experience, 60 per cent of boys, in their passage through the puberal period, present symptoms, sometimes explicit and sometimes rudimentary, of femininity."[1] It does not necessarily follow that such youths will acquire homosexuality. The probability is that only a relatively small proportion will do so. But it does follow that given favourable environmental conditions, such for instance as friendship with a homosexual, and especially one of more advanced years, a condition of true inversion will be established. The same thing applies in relation to girls. Dr. Davis, in her examination of the sex lives of one thousand American unmarried college women, found that a hundred and eighty-four confessed to experiencing homosexual relations.[2]

It is to this environmental influence that is due the extremely high percentage of youths and men who, in reformatories and prisons, are turned into homosexuals. Joseph F. Fishman states that, "every year large numbers of boys, adolescent youths and young men are made homosexuals, either temporarily or permanently, in the prisons of America."[3] The mere facts of close proximity and physical contacts may be sufficient to act as initial stimulatory influences. It was because of this danger, says the same authority on criminology, that the "lockstep was abandoned some years ago in American prisons."[4]

It will be seen that the invert's contention that he or she is largely unblamable for the functioning of a form of sexual expression outlawed by those whose sexuality conforms to the orthodox, is in the main a just one. The question of heredity does not enter here. The blame, if any blame is apportionable, lies largely with the social system which makes no effort to counteract a tendency which is out of tune with orthodoxy, but, to the contrary, which, without introducing any effective form of prophylaxis, this same social system ostracizes and punishes.

It is important that a clear distinction should be drawn between true inversion and homosexual vice. The invert is sexually attracted by someone of the same sex only. For any member of the opposite sex, as regards sexual feelings, there is nothing but repulsion. In other words, to the invert heterosexual love is just as offensive and obscene, as to the ordinary respectable heterosexual member of society, homosexual love is offensive and obscene. And in such circumstances the invert may or may not indulge in overt homosexual practices, according to conditions, sexual potency and other fortuitous factors. It is doubtful, in point of fact, if more than a small percentage of true homosexuals are sodomists.

Actually, the bulk of overt homosexualism is practised by heterosexuals. In such cases, the potential bisexualism which has been mentioned as the fundamental cause of homosexuality does not apply. A form of sexual vice has been acquired in the same way that masturbation may be acquired. The reasons for heterosexuals practising homosexual vice are many. The most powerful is sex segregation, which causes perversion to develop in animals and even in birds. This explains why homosexual vice is rife in prisons, among soldiers and sailors. It is, too, a vice indulged in very frequently by old men whose passion for sex expression has outlived their capacity. The practice of overt homo-

[1] Gregorio Marañón, *The Evolution of Sex and Intersexual Conditions*, p. 225. Allen & Unwin, 1932.
[2] K. B. Davis, *Factors in the Sex Life of Twenty-two Hundred Women*. Harpers, 1929.
[3] Joseph F. Fishman, *Sex in Prison*, p. 83. National Library Press, New York, 1934.
[4] Ibid.

sexualism can be indulged in by men who are impotent as a result of causes other than senility. It is prevalent among drug addicts in consequence of the increased libido and coincidental lack of capacity for heterosexual coitus.

There would appear to be a marked tendency in modern civilization in the direction of the development of homosexuality. We see evidence of this tendency in the growing masculinity observable in women's conversation, dress, games, and, above and beyond all, in her outlook upon life generally and in her sexual reactions in particular. Coincidentally man is undergoing a gradual feminization observable in his dress, mannerisms, conversation and outlook. The sexes, in short, are approaching, in their maturity, a bisexual mental outlook in keeping with the physical bisexuality which precedes maturity. It is a factor of the greatest portent. That most interesting writer, Anthony M. Ludovici, has drawn attention to the significant fact that the present-day "boyish" ideal of feminine beauty has undoubtedly been greatly influenced by the ancient Greek notion of feminine beauty, which was pronouncedly and unashamedly homosexual.[1]

HONEYMOON IMPOTENCE. A form of psychical impotence which frequently affects the bridegroom on his wedding night. *See* IMPOTENCE.

HORIZONTAL POSITION. The posture assumed by a patient where, lying on the back, face upward, the feet are extended to the utmost possible extent. The term is also used to indicate the orthodox European and American position assumed by the woman in the sex act.

HOTTENTOT APRON. An abnormal development of the clitoris and labia minora, so-called because of its prevalence among women of many African tribes, notably the Hottentots. The elongated nymphæ sometimes completely cover the vaginal entrance. Cases have been reported where the "apron" has reached a length of three or four inches. There is much dispute as to whether the abnormality is congenital or artificially induced. Bryk is of opinion that it results from "onanism."[2] Other authorities, notably Karsch, believe it to be due to the practice of tribadism. On the whole, the weight of evidence seems to lend colour to the malformation being deliberately induced, the more so as it is looked upon as a desirable trait in those native races in which it appears. There are grounds for the supposition that the presence of the "apron" increases the attractiveness of sexual intercourse for both the male and the female.

HOTTENTOT BUSTLE or HOTTENTOT RUMP. *See* STEATOPYGA.

HOUSE OF ILL FAME. *See* BROTHEL.

HUNTERIAN CHANCRE. The primary ulcer of syphilis.

HUTCHINSON'S TEETH. The upper incisor teeth, if peg-shaped and with notched cutting edges, present a strong presumptive indication of congenital syphilis. Named after the nineteenth-century surgeon, Sir Jonathan Hutchinson.

HUTCHINSON'S TRIAD. According to Hutchinson the three symptomatic indications of congenital syphilis, viz. (1) interstitial keratitis, (2) labyrinthine disease, (3) Hutchinson's teeth.

HYBRID. The specimen resulting from the crossing of two different species. *See under* BESTIALITY.

HYDATIDOCELE. A watery cyst in the scrotum or in one of the testis.

HYDRAMNIOS. An unhealthy or abnormal accumulation of fluid around the fœtus.

HYDRARSAN. An arsenical compound used in treating syphilis.

HYDROCELE. A watery tumour of the testicle, the epididymis, the spermatic cord or the scrotum. The predisposing factor is some defect in the descent of the testicle into the scrotum. The direct cause is an infection, of which gonorrhea is the most common, or trauma. It may occur at any time from birth to old age. The growth of the tumour is relatively slow, and in its early stages rarely gives rise to pain or inconvenience, so that the disease is usually well advanced before it is noticed, or at any rate given serious consideration. As the fluid accumulates and the tumour increases in size, the pressure

[1] See Anthony M. Ludovici, *The Choice of a Mate*. John Lane, 1935.
[2] Felix Bryk, *Voodoo-Eros*. New York, 1933.

on adjacent parts interferes with micturition and coitus, while the size and weight may cause discomfort. Treatment consists of tapping and excision. Tapping is usually palliative only, and sooner or later operative treatment is necessary.

HYDROCOLPOS. The collection and retention of mucus or fluid in the vagina.

HYDROMETRA. The comparatively rare condition where mucus or watery fluid collects in and distends the womb. Dropsy of the uterus.

HYDROMPHALUS. A watery cyst of the umbilicus.

HYDROMYOMA. A fibroid of the womb which contains watery cysts.

HYDROPHALLUS. Dropsy of the penis.

HYDROPHYSOMETRA. A collection of fluid and gas in the cavity of the womb.

HYDRORRHŒA GRAVIDARUM. Abnormal uterine secretion during pregnancy, resulting in a discharge of mucus from the genitals.

HYDROSALPINX. The distension of a Fallopian tube with accumulated fluid resulting from inflammation and the stoppage of the outlet. If both tubes are affected in this way a state of sterility exists.

HYDROSAROCELE. Extensive swelling of the testis in combination with hydrocele.

HYDROVARIUM. A watery cyst of the ovary.

HYDRURIA. An abnormal condition of the urine in which the watery constituents show a marked increase, while the proportionate amount of solid matter is diminished.

HYMEN. The circular membrane which partially occludes the entrance to the vaginal passage. In the virgin female the opening, when the hymen is present and normal, admits the tip of the first finger only.

The hymen is subject to a great many variations, the most common of which are the biforis hymen, which presents two small openings; the cribiform, with a number of holes; the denticular, showing serrations on its edge; the imperforate, which has no opening at all; the septus, which is in two parts; and the fimbriated, with its fringe-like edge.

The rupture of the hymen at the first coital intromission is normally accompanied by slight pain and some bleeding. In rare instances the pain is excruciating and the bleeding severe and persistent. In other cases there is no hæmorrhage at all, the membrane stretching and rupturing easily. Again the hymen may be so tough and resistant as to prevent intromission in any circumstances other than brute force.

Signs of the hymen having been ruptured or destroyed, as are provided by the presence of scar-tissue or remnants of the membrane, do not necessarily prove that the woman has indulged in coitus. On the other hand, the popular assumption that the presence of the hymen is evidence of virginity is similarly fallacious. It is not even a sign that the woman has never given birth to a child. In rare cases the hymen is of such elasticity that during delivery it is stretched instead of being torn, and afterwards resumes its original virginal position.

Dr. James St. Clair Gray, in an article in the *Glasgow Medical Journal* (May 1873, p. 346) gives various cases where the hymen has persisted despite regular intercourse. In one instance, after twenty-four years of married life he found "the meatus being guarded by a perfect hymen." Also in three prostitutes, years'-old in their profession, the hymen was present.

HYMEN. In Greek mythology Hymen, son of Bacchus, was the god of marriage. His presence when a marriage was celebrated was considered essential to future happiness.

HYMENITIS. An inflamed state of the hymen.

HYMENORRHAPHY. The operation in which the hymen is stitched in such a way that the entrance to the vagina is occluded.

HYMENOTOMY. The puncturing of the hymen where there is no opening in the membrane.

HYPERAPHRODISIA. Abnormally developed sexual appetite. Satyriasis or nymphomania.

HYPERCYESIS. Where two embryos of different ages are present in the womb at the same time. *See* SUPERFŒTATION.

HYPERDIURESIS. The secretion of an abnormal quantity of urine. Diuresis. Polyuria.

HYPEREMESIS GRAVIDARUM. The vomiting of pregnancy, especially where

it presents abnormal features. *See under* PREGNANCY.

HYPEREMIA or HYPERÆMIA. Where the flow or collection of blood is greatly increased, resulting in congestion.

HYPERGENITALISM. Precocious sexual development as shown by the appearance of the secondary sexual characteristics at an unusually early age or to an abnormal extent. The condition is usually caused by excessive activity of the internal secretions or pathological conditions of certain of the glands affecting sexual maturity.

HYPERGONADISM. *See* HYPERGENITALISM.

HYPERINVOLUTION UTERI. Deterioration or atrophy of the womb after the puerperium. Superinvolution.

HYPERMASTIA. Abnormally large mammary glands.

HYPERMENORRHEA or HYPERMENORRHŒA. A derangement of menstruation characterized by an excessive discharge and often greater frequency in the periods.

HYPEROVARIA. Female sexual precocity due to abnormal or premature ovarian development and consequent excessive secretory power.

HYPERTHELIA. Where each breast has more than one nipple.

HYPERTHYROIDISM. An abnormal constitutional disorder due to the excessive development or activity of the thyroid gland. Prominence of the eyes, palpitation and trembling of the limbs are characteristic symptoms.

HYPERTRICHOSIS or HYPERTRICHIASIS. The growth of hair to an abnormal extent and in unusual places. The condition is often seen to some extent in women after the menopause, and in the " bearded women " of the circuses and fairs. Although hypertrichosis is a characteristic sometimes seen in female inverts, the presence of both beard and moustache provides no reliable indication one way or the other respecting homosexual traits, for even if it is admitted as evidence of masculinity in thoughts as well as appearance (a point of much dubeity) masculinity and homosexuality in the female are by no means coincident phenomena. It is probable that the abnormal growth of hair is due to malformations or diseases of the ovaries or other glands. *See* BEARDED WOMEN.

HYPERTROPHY. Excessive growth or morbid extension of any part or organ of the body.

HYPHEDONIA. Lack of pleasure in an act that in normal circumstances should induce pleasure, especially as indicated in sexual anæsthesia or impotence.

HYPOCHONDRIA or HYPOCHONDRIASIS. A morbid psychological state where the patient is convinced that he is suffering from some grave malady, the symptoms of which are often simulated. Melancholia is often an associated condition.

HYPOGENITALISM. The asexual condition due to the diminution or cessation of the secretory activity of the genital glands, as in those with infantile testicles or ovaries. *See* EUNUCHOIDISM.

HYPOGLYCÆMIA. Lack of sufficient sugar in the blood, usually brought about by an overdose of insulin.

HYPOPITUITARISM. The result of diminished secretory power of the anterior lobe of the pituitary body. It is a frequent cause of sexual impotence and sterility in man.

HYPOSPADIAS. An abnormal condition in which the urethra, instead of discharging at the customary aperture in the glans penis, terminates in one opening or several openings on the underside of the glans, or in the scrotum. It is often associated with congenital chordee, the penis being curved backwards when erection occurs. Usually coitus is not impossible, though it is difficult. In most cases ejaculation is outside the female vagina and conception rare. Hypospadias does not necessarily imply sterility however.

The defect can be remedied by operative treatment, in which a new urethra is constructed. The operation, in itself, is not a difficult or dangerous one, but there are problems connected with the proper healing of the wound, owing to the risk, which is always present, of a breakdown. The abnormality very rarely occurs in the female.

HYPOSPADIAS (ARTIFICIAL). This deliberate malformation of the penis seems to be peculiar to the Australian aborigines. The under-side of the penis is cut open until the urethra is slit along its length from the meatus to the scrotum. In some tribes the urethra is

not laid open along all or the major portion of its length, but only a small opening is made. Lumholtz writes: "According to the information I gathered, the cut, which is about an inch long, extends almost to the scrotum. The surface of the wound is first burnt with hot stones, whereupon the wound is kept apart by little sticks which are inserted, and in this manner an opening is formed, through which the sperma is emitted."[1]

The operation is performed with a crudely made knife of quartz, during infancy or boyhood, and more rarely after puberty. It is known as the "Mika" or "Kulpi" operation, also as Sturt's rite.

Various authorities have endeavoured to explain the origin of the rite, for such it is, as a contraceptive measure, but the argument seems to be built upon the most dubious of foundations, as apart from the fact that the Australian Blacks have no knowledge of the physiology of conception, explaining the birth of children by magic processes, the operation, in view of the peculiar form of coitus employed by these natives, does not act as a contraceptive measure.[2] The natives themselves appear to be unable to explain the origin or purpose of the operation, but there are grounds for presuming that its main aim was for the purposes of sexual perversion.

This form of mutilation provides the explanation for the males of these tribes performing the act of urination in the female squatting posture.

HYPOSTASIS. The abnormal presence of fæcal matter in the rectum.

HYPOVARIA. Delay in the appearance of menstruation and other secondary sexual characteristics through some deficiency in connexion with the internal secretions of the ovaries.

HYSTERA. The womb.

HYSTERECTOMY. The operation in which the womb is removed either through the vagina or by means of an abdominal incision.

HYSTERELCOSIS. Where the womb is in an ulcerated condition.

HYSTEREURYSIS. Dilation of the external cervical opening leading into the womb.

HYSTERIA. A nervous affection, marked features of which are paroxysms of crying and laughing. In extreme cases there may be some form of paralysis. Hysteria is almost confined to women, particularly during adolescence, at the menstrual periods, during pregnancy and the puerperium.

HYSTERITIS. Inflammation of the womb. Metritis.

HYSTEROCELE. Hernia of the uterus during pregnancy.

HYSTEROCLEISIS. The closing of the entrance to the womb by a surgical operation.

HYSTEROCYESIS. Normal pregnancy; that is, pregnancy in the womb.

HYSTEROLAPAROTOMY. The operation of hysterectomy performed through an abdominal incision.

HYSTEROLITH. A calculus or stone in the womb.

HYSTEROLYSIS. The operation in which adhesions between the womb and other parts are broken up or loosened.

HYSTEROMA. *See* FIBROID.

HYSTEROMETER. An instrument used in measuring the womb.

HYSTERONCUS. Any growth in or swelling of the womb.

HYSTERO-OÖPHORECTOMY. The surgical operation for the removal of the womb and the ovaries together.

HYSTEROPEXY. A surgical operation for correcting a uterine displacement. Also termed suspension of the uterus.

[1] Carl Lumholtz, *Among Cannibals*, p. 47. Murray, 1889.

[2] Walter E. Roth, in his work *Ethnological Studies Among the North-West-Central Queensland Aborigines* (Brisbane, 1897), describes this peculiar form of coitus, thus: "The female lies on her back on the ground, while the male with open thighs sits on his heels close in front: he now pulls her towards him, and raising her buttocks, drags them into the inner aspects of his own thighs, her legs clutching him round the flanks, while he arranges with his hands the toilet of her perineum and the insertion of his penis. In this position the vaginal orifice, already enlarged by the general laceration at initiation, is actually immediately beneath and in close contact with the basal portion of the penis, and it is certainly therefore a matter of impossibility to conceive the semen as being discharged for the most part anywhere but into its proper quarter."

HYSTEROPHORE. A pessary used as a support for the womb.
HYSTEROPSYCHOSIS. Mental disease induced through some disease of the womb.
HYSTEROPTOSIS. *See* PROLAPSUS UTERI.
HYSTERORRHAPHY. An operation in which a lacerated womb is repaired by stitching.
HYSTERORRHEXIS. Rupture of the womb.
HYSTERORRHŒA. Some form of discharge from the womb.
HYSTEROSALPINGO-OÖPHORECTOMY. The surgical operation for the removal of the womb, ovaries and Fallopian tubes.
HYSTEROSCOPE. An instrument for examining the cavity of the womb.
HYSTEROSTOMATOMY. The enlargement of the entrance to the womb by means of a surgical incision.
HYSTEROTOKOTOMY. *See* CÆSAREAN SECTION.
HYSTEROTOME. An instrument used in operations involving the cutting of the cervix uteri.
HYSTEROTOMOTOKIA. *See* CÆSAREAN SECTION.
HYSTEROTOMY. The surgical operation in which the womb is incised.
HYSTEROTRACHELORRHAPHY. The surgical operation for the repair of a lacerated cervix in which the torn edges are stitched together.

I

ICONOLAGNY. The arousing of sexual libido by the sight of erotic pictures or other works of a like nature.
IDENTICAL TWINS. *See* TWINS.
IDIOGAMIA. A neurotic condition of the male in which copulation is restricted to one female or one type of female. It bears some connexion with FETICHISM, which see.
IDIOMETRITIS. An inflamed state of the parenchymatous issue of the womb.
IDIOPATHIC ANÆMIA. Same as ANÆMIA (PERNICIOUS).
ILEUM. The lower part of the small intestine, measuring some twelve feet in length.
ILITHYIA. A Greek goddess who was supposed to be present at childbirth, possessing the power to make delivery easy or difficult. She has been identified with the goddess Diana.
ILLEGAL OPERATION. Criminal abortion.
ILLEGITIMACY. A child born out of wedlock irrespective of whether the parents subsequently married, was, until quite recently, illegitimate. The Legitimacy Act of 1926 altered this, making it possible for a bastard child to be legitimatized through the marriage of the parents at any time after its birth, such a marriage legitimatizing the child from January 1st, 1927, the date when the Act came into operation.

The father, provided parentage can be proved, is responsible for the maintenance and education of his illegitimate children. Any sum up to, but not exceeding, £1 a week may be granted to the mother in respect of each child, and such payment may be ordered to continue until the age of sixteen years is reached.

The tendency is towards a decrease in the incidence of illegitimacy in Europe and America, despite the increase in promiscuity and amateur prostitution. The same factors contrive to keep the illegitimate birth-rate down as are working in the case of the legitimate birth-rate, notably the increased sterility in men and women, the extended use of contraceptives and the decline in drunkenness. In the West Indies, Central America and certain South American states the illegitimate birth-rate is in excess of the legitimate.
IMMISSIO PENIS. The intromission of the male organ of copulation into the female vaginal passage.
IMPERFORATE ANUS. An abnormal condition where there is no anal opening for the outlet of fæces. It can only be corrected by an operation.
IMPERFORATE HYMEN. Where the membrane at the entrance to the vagina in the virgin woman completely covers the opening.
IMPETIGO HERPETIFORMIS. A chronic inflammatory disease of the skin which sometimes occurs towards the end of the period of gestation or immediately after parturition. It often causes death.
IMPOTENCE IN THE FEMALE. Inability to take part in the sex act, which

is the meaning of impotence, is a rare condition in the female. The causes are relatively few. Congenital impotence is induced by absence of the vagina, as in cases of pseudo-hermaphroditism; and in certain cases of genital infantilism. The hymen may be so thick or tough as to resist every effort at penetration, and in this way may prevent true coitus. But such cases are few.

Pathological impotence may be due to severe inflammation of the vagina or vulva, to the presence of a tumour, or to occlusion of the vaginal passage. Again the vagina may be abnormally narrow, or adhesions may be present, or the clitoris may be hypertrophied. In all such cases any attempt at penile intromission would probably be so painful as to induce vaginismus.

Vaginismus may also be caused by hysteria or other emotional disturbance. It is a growing feature in modern civilization and probably accounts for most cases of impotence, real or simulated, in women to-day.

Actually, only physiological abnormality or pathological conditions of the female genitals will cause *true* impotence in the woman. Age, general weakness and weariness, do not prevent intercourse, since the woman's part need be nothing more than a purely passive one. Psychological states, although for all practical purposes they induce impotence in women who are able to exercise any choice in the matter of sexual relations, would rarely prevent coitus if the male partner forced it upon his wife. What, in many cases is taken for impotence and in its results acts as such, is really frigidity or disinclination for the sex act.

IMPOTENCE IN THE MALE. If a man, for any reason whatever, finds the performance of coitus a physical impossibility, he may be said, at that particular time, to be impotent.

In the male, sexual impotence is as common as in the female it is rare. In a temporary or sporadic form it may be said, at some time or other in his lifetime, to affect *every* man. Permanent impotence is comparatively rare during the years of sexual virility.

The various forms of impotence may be roughly grouped as: (*a*) Physiological impotence, due to abnormalities or mutilations of the external genitalia; (*b*) pathological impotence, due to various forms of diseases or constitutional weakness; (*c*) senile impotence, the normal condition of the male in old age; resulting from sexual atrophy; (*d*) psychological impotence, due to mental trauma; and (*e*) aberrational impotence, due to homosexualism or perversion.

Comparatively speaking, and luckily, since it is usually permanent, physiological impotence is rare. It may be congenital or it may be acquired. Among the congenital conditions are serious malformations of the penis or its complete absence; total ablation or absence of the urethral canal, and lack of erectile tissue. In some cases impotence may be associated with eunuchoidism, epispadias and hypospadias. Of acquired physiological conditions, complete ablation of the penis, whether due to operation or accident, is one of the most common.

The pathological conditions which cause impotence are many, though in the majority of cases the sexual deficiency is of a temporary nature. Any serious lowering of the general health such as surely follows a debilitating disease or a major operation, causes temporary impotence. Apart from these cases, there are certain diseases which have specific debilitating effects upon sexual libido and capacity. Diabetes is one such. It has a marked subsidiary effect upon sexual appetite, and even where the appetite persists coitus is often a physical impossibility. Obesity is another common condition which adversely affects sexual capacity. In most cases there is a marked diminution in the production of seminal fluid; and the enlargement of the abdomen often makes the sex act extremely difficult or unsatisfactory. Neglected gonorrhea or syphilis are both common causes of impotence. In middle-aged and old men an enlarged prostate is a frequent cause, and here much distress results from fruitless erections. Stricture, mumps, meningitis, Bright's disease, cachexia, myelitis, thrombosis, Addison's disease, myxœdema, nephritis, arteriosclerosis are all potential causes of temporary impotence.

In old age, all men suffer from temporary impotence, and many are unable to have intercourse at all. After the age

of forty-five there is a gradual decrease in the capacity for coitus. There are many and marked exceptions but, generally speaking, at the age of seventy to seventy-five sexual potency is very nearly extinct.

Psychological impotence is usually temporary, but it is far and away the most common of all forms. Its worst feature is that it is progressive, with the result that its neglect extends and intensifies the condition to such a degree that in many instances there is danger of a state of permanent impotence resulting. In all cases of impotence, whether temporary or permanent, the most distressing feature is that sexual appetite is rarely affected, with the result that in many cases there are continual and often frenzied efforts to engage in intercourse. Owing to their futility these efforts make the man's mental condition infinitely worse. He is embarrassed and ashamed because of his partner's knowledge of his inefficiency; he is tortured with the fear that he has lost his virility.

The potential causes are numerous, and they vary tremendously in different men and even in the same man in different circumstances. With some men, particularly those of an æsthetic nature, an emotional disturbance of any kind will be sufficient to prevent an erection or to destroy one even if it has occurred. A domestic or business worry or anxiety, fear, anger, or any other emotional disturbance will have a similar effect. Coldness or lack of response on the part of his wife will often prove sufficient. An objectionable odour or a coarse remark may suffice. Birth control, both in its emotional and practical aspects, may well cause impotence in the male. There are hundreds of men who find that the use of a condom destroys or weakens an erection; and there are others who find the smell of rubber, whether connected with male or female contraceptive appliances, is so repugnant that all desire for intercourse is destroyed. Anxiety in connexion with the possible bursting of a condom or failing to withdraw in time where *coitus interruptus* is practised, may easily cause the attempt at intercourse to be a failure.

What is popularly referred to as "honeymoon impotence" or "first-night impotence" is in a class to itself. It is extremely common. Especially is it likely to arise where a young man has been rigidly practising abstinence over an engagement period of extended duration, resulting in the genitals being in a state of congestion. If he starts worrying about his ability to perform the initial sex act, as so very often happens, the chances of failure will be very greatly enhanced.

What I have termed "aberrational impotence," though much rarer than either the psychological or pathological types, occurs much more frequently than is commonly supposed. The proportion of homosexuals in society is a considerable one. All homosexuals are potentially impotent. There may, it is true, be ability and capacity for normal sex expression, but the repugnance which any such practice arouses renders the homosexual psychologically impotent. Usually in any such case the condition is permanent. Similarly, heterosexuals who have acquired, through choice or necessity, any form of sexual perversion, are often impotent. Fetichists are impotent in all but certain specifically favourable circumstances. Victims of long-continued and excessive masturbation, and patrons of prostitutes who employ abnormal methods of sexual stimulation, are impotent in the company of their wives. Sadists and masochists are impotent in all ordinary circumstances.

The treatment of the trouble varies according to its nature and extent. The first step is concerned with unearthing the true cause. In all physiological cases, operative treatment is the only cure; in pathological cases, the cure of the disease or condition basically responsible and the restoration of general health, are the only possible forms of treatment. Once normal health and virility are restored the condition will probably vanish.

It is the psychological case which presents grave difficulties and where treatment is almost always a protracted affair. Restoration of the patient's confidence in his ability to go through with the sex act is the primary essential. So long as he is beset with doubt or anxiety on this head any improvement is out of the question. The best method of treatment is

concerned mainly with complete cessation of all attempts at intercourse and, as far as possible, the avoidance of any form whatever of sexual stimulation. The single man should eschew female society altogether for a time. Erotic literature, films and plays should be avoided. During this period of sexual segregation every effort should be made to build up the general health. After several months of this treatment the patient will probably feel that his confidence in his virility is restored. Then and then only may sexual relations be resumed.

The question of the effect of diet upon sexual potency is one which so far has been given little attention, but there are strong grounds for assuming that errors in dietetics may have a far greater effect than is dreamed of. The fact that sexual potency diminishes with age, in itself, suggests the truth of this assumption; and the further known fact that food affects fertility—in contradistinction to the stimulatory effects of so-called aphrodisiacs, which is entirely another matter —lends support to the hypothesis. We know, of course, that the consumption of alcohol regularly and excessively has harmful effects upon sexual power; and, according to Hirschfeld, excessive tobacco smoking is similarly injurious. The field, however, being an unexplored one, beyond the fact that in all cases of impotency careful attention to diet in an effort to restore or improve general health would seem to be indicated, there is no satisfactory evidence available as to the therapeutic effects in this specific direction of any particular dietary.

Literature: Arthur Cooper, *The Sexual Disabilities of Man*, London, 1920; W. A. Hammond, *Sexual Impotence in the Male and Female*, Detroit, 1887; William J. Robinson, *A Practical Treatise on the Causes, Symptoms and Treatment of Sexual Impotence and other Sexual Diseases in Men and Women*, New York, 1933; George Ryley Scott, *The Sex Life of Man and Woman*, London, 1937; F. R. Sturgis, *Sexual Debility in Man*, London, 1908; Victor G. Vecki, *Sexual Impotence*, Philadelphia, 1915.

IMPOTENTIA CŒUNDI. Where the male finds himself unable to perform the act of coition. *See* IMPOTENCE.

IMPOTENTIA ERIGENDI. That form of impotence which results from some deficiency in the erectile power of the male member of copulation. *See* IMPOTENCE.

INBREEDING. A term somewhat loosely applied to breeding from closely related specimens, animal or human, as opposed to cross-breeding or outbreeding. It is widely condemned in the human race as leading inevitably to physical weakness or abnormality, and mental unsoundness. At the same time it is much practised by breeders of pedigree stock of all kinds.

The main virtues of inbreeding are concerned with the fixation and retention of qualities already existent. Thus, if it is desired to improve upon the existent qualities of stock, crossing with unrelated specimens bearing the desired features is essential. The breeder of pedigree stock is continually doing this. When a cross with an unrelated strain has introduced the particular points or characteristics that are being sought, inbreeding is practised for the purpose of fixing these added characteristics. It is in exactly this way that have been produced the beautiful specimens of various breeds of cattle, horses, dogs, cats, poultry and rabbits that are to be seen at the many exhibitions which are held throughout the world every year. It is in this way, too, that breeders have produced the new varieties which are constantly springing up. Perfection of markings, of colour, of shape, *et al.*, are established and standardized by inbreeding. They cannot be perpetuated in any other way. Thus, to the breeder of pedigree exhibition stock, inbreeding is indispensable.

It is held that inbreeding exacts a price in the progressive degeneration of the species. This deplorable result is, however, in most cases probably due to promiscuous and unintelligent forms of inbreeding rather than to inbreeding itself. My own considerable practical experience with the breeding of pedigree fowls and animals has led me to the conviction that if the breeding stock selected is mature, free from disease and physiological defects, virile, and in accordance with or preferably exceeding the standard size and weight defined for the ideal specimen, there need be no physical

degeneration, however close may be the relationship. Time and time again I have bred father to daughter, son to mother, and brother to sister with excellent results. It is when the breeder, in his eagerness to secure perfection in some particular point, is led to use for breeding purposes a specimen which excels in this particularly desirable feature but at the same time is below standard requirements in size, or is of poor physique or immature, that evil inevitably follows. The temptation is great and sooner or later almost every breeder succumbs to it. Defects in nutrition, overcrowding, and other errors, in combination with inbreeding, are often the causes of degenerative processes which are blamed wholly upon inbreeding itself.

The effect upon fertility is another matter. Inbreeding of any kind tends to produce sterility (*see* FERTILITY—FACTORS AFFECTING). This is a different factor entirely from perfection in accordance with an artificial standard. The Newfoundland dog, as perfected by man, is a larger and more beautiful animal than the original type, but it is a far less fertile animal.

As regards the human race, it is extremely difficult to secure any reliable data in consequence of the fact that, for the past two thousand years or so, the ban upon consanguinity imposed by Christianity has made close inbreeding rare, and in any instances where it has occurred, of a surreptitious nature. Before the time of Christ, inbreeding was common despite the condemnation of incestuous intercourse mentioned in the Bible. The Ptolemies of ancient Egypt were all closely related, and, if history is anything to go by, they suffered little either in physiological or mental health as a result.

In comparatively recent times the Pitcairn Islanders provide an example of healthy vigorous offspring of closely related parents, though here the reinvigorating effects of transference to a totally fresh environment must not be overlooked. Against this are the pitiable results of unintelligent inbreeding, coupled with excessive childbearing, presented by the inhabitants of some of the islands off the coast of Scotland.

Much has been made of the sterility observable in the marriages between near relatives. According to Kisch, Gohlert, in an extensive inquiry, discovered that of 175 Royal marriages of near kin, 57 or 32·6 were completely barren. In all such cases the effects upon fertility of other causes apart from inbreeding must be considered.

Generally speaking, it is probably a safe assumption that the results of inbreeding are much the same in humans as they are in animals.

INCEST. Sexual intercourse between a male and female so related that marriage between them is prohibited, ranks as incest. Under the provisions of the Punishment of Incest Act, 1908, any male guilty of coitus with his mother, sister,[1] daughter or granddaughter may be sentenced to penal servitude or imprisonment. It is no defence to say or to prove that the female consented to sexual intercourse; and any woman who is more than sixteen years of age, and a willing party to incestuous intercourse, is equally guilty and may be punished in the same way as the male.

Incest has not always been a crime. Apart from the Marriage Act of 1835 which made null and void any union between blood relations, there was not on the Statute Book any Act which defined incest or made of it a specific criminal offence, before the passing of the Incest Act. In many ancient civilizations the marriage of near relatives, so far from being taboo, was openly encouraged. In ancient Egypt the royal houses were hotbeds of incest. Ahmose I was married to his sister, so was Amenhotep I. Queen Hatshepsut, born of an incestuous union, became the wife of her half-brother. Tertullian tells us that among the Parthians and the Persians intercourse between mothers and sons was common. Among the Romans, Emperor Claudius married his own niece. Attila and his own daughter became man and wife. In short, incest was the rule

[1] For the purposes of the Act intercourse between half-brother and half-sister is the same as brother and sister, and provided the relationship can be proved it is immaterial whether or not it is traceable through lawful wedlock.

rather than the exception in all parts of the world, savage and civilized. Thus the Mongols, the Russians, the Corsicans, the Irish, the Siamese, the Medes, the Cambodgians, the Incas of Peru, the American Indians, the Waddas, the Eskimos, the Coucous, the Tertans and many other races were all incestuous.

The Biblical heroes committed incest despite its denunciation by Yahveh. Abraham married his half-sister; Lot achieved paternity through his own daughters; Nahor took his own niece for a wife; Amnon, although he did not marry his sister, raped her.

The present-day attitude towards incest reflects the taboo formulated in the Old Testament. It is justified with much argument along eugenical lines. What exactly was the origin of the laws against incest is doubtful. The commonly advanced explanation that the pitiful results of inbreeding induced the prohibition of marriage between near relatives I cannot accept. It seems to me to be full of flaws. It predicates, in the first place, a knowledge of the principles governing procreation which only came many centuries later. In the second place, it is doubtful if inbreeding, because of the survival of the fittest which was the primary law of nature in those days, would have the harmful effects which in certain circumstances it has to-day (*see* INBREEDING). Writing on this subject in *Marriage in the Melting Pot* I have said:

"My own hypothesis, which I present not dogmatically, but as a guess with as much chance of hitting the truth as any other guess, is that the horror of incest was of gradual growth, eventually coming to fruition simultaneously with the development of property rights and the end of polyandry. Incest and polyandry are bed-mates. Wherever women are scarce, and the males, through isolation, danger, or other causes, are prevented from seeking women of other races or families, polyandry is common; and for precisely the same reasons, incest is common, too. Man is not inclined to turn up his nose at any particular woman, however ugly and unappetizing she may be, if there is no other female for the choosing. It depends, of course, on the age and libido of the man, but, generally speaking, were nothing better available he would have intercourse with his doting grandmother. In modern civilization, poverty, by limiting man's opportunities, acts analogously. The case-histories given by Krafft-Ebing are mostly concerned with peasants and debauchees. Zola in *La Terre* and Sue in *The Mysteries of Paris* refer to the widespread practice of incest among the lower orders. Anyone who keeps his ears open knows that in every village and town carefully-hushed up instances of incest are of common occurrence."

Incest has been part and parcel of various religious orders. In comparatively recent times it was practised as a religious cognizance by the Mormons, forming part of their system of polygamous marriage. Marriages between sisters and brothers were common. A man often married a widow and her own daughter at the same time. It is also probable that incestuous alliances formed part of the "complex marriage" system practised by the Society of Perfectionists in the early part of the nineteenth century.

INCONTINENCE. Absence of control over a natural function. The term is used in two ways in relation to the discussion of sexological matters: (1) failure to retain the excreta of the body, i.e. incontinence of urine and of fæces; and (2) failure to restrain the appetite for venery, as in satyriasis and nymphomania.

INCO-ORDINATION. Lack of co-ordination between the brain and muscular movements, causing irregularity and clumsiness.

INCUBATION PERIOD. In venereal diseases, the time which elapses between an exposure to infection and the appearance of the initial lesion. The period varies considerably in accordance with the virility of the infecting organism and the resistance of the individual.

INCUBUS. A male demon which has sexual intercourse with a woman while she sleeps. Monsters, demons and witches were supposed to result from such connexions.

The origin of the belief was contemporary with the acceptance of the power of gods and angels to have intercourse with or otherwise impregnate women, which was the current explanation for the virgin-born saviours figuring in Christianity and

rival religious cults. The wide acceptance of virgin birth is indicated in the fact that Apollo, Mercury, Hercules, Bacchus, Perseus, Horus, Ra, Codom, Krishna, Buddha and Quetzalcoatl were born of virgins. Nor was the anomaly restricted to actual gods themselves. Many noted kings, philosophers and historians were virgin-born. Thus: Zoroaster, Romulus, Æolus, Ptolemy, Æsculapius, Silencus, Phythagoris, Scipio, Confucius, Augustine, Plato, Cyrus, Julius Cæsar and Alexander the Great.

The power attributed to God and His angels was likewise attributed to the Devil and his demons. We read in Genesis. "The sons of God went into the daughters of men." St. Paul averred that spirits, both good and evil, could enter into a woman through her ears, hence his command to women to keep their heads covered even in church. There were giants on the earth at that time, and these giants were the result of the impregnation of women by demons.

These and analogous beliefs were by no means restricted to the illiterate. To the contrary, they were held and disseminated by the most learned theologians and philosophers of the day. St. Augustine, St. Cyprian, St. Thomas, St. Jerome, Justin Martyr, Plato, Josephus, Plutarch, Tertullian, Philo, Clement of Alexandria, Liguori, Pope Innocent VIII, Jean Baptiste Bouvier, one and all. And there were many others. Martin Luther, founder of the Lutheran Church, not only firmly contended that the Devil and his demons had intercourse with women, but affirmed that monsters and other abnormal infants were the result of such intercourse, and recommended their destruction at birth.

Ambrose Paré, the famous surgeon, while rejecting the idea that a woman could become pregnant by a demon, or even that copulation between the Devil and a woman was possible, held that the Devil could give the woman the impression of being pregnant by him and injure her terribly. He cites the opinion of another medical man, thus:

"John Ruef in his book of the conception and generation of man, writes that in his time, a certaine woman of monstrous lust, and wondrous impudency, had to doe by night with a Divell, that turned himselfe into a man, and that her belly swelled up presently after the act; and when as she thought she was with childe, she fell into so grievous a disease, that she voided all her entrails by stoole, medicines nothing at all prevailing."[1]

Evidence in support of the belief, surprisingly enough, was abundant. There were nuns who boasted of the fact that Jesus Christ had visited them and had sexual intercourse with them. There were others who made similar statements regarding angels. As regards visitations from the Devil, there was even greater volume of evidence. In the course of the witchcraft trials which were so frequent during the Middle Ages, witches confessed to having been visited in bed by the Devil himself. Even the knowledge that by such testimony they were strengthening the case against themselves did not deter these women from asserting and reasserting the reality of such carnal knowledge of the Devil and his associates, but also the birth of children as a result of such connexion. These confessions figured prominently in the witchcraft trials on the Continent. In England, too, they were by no means uncommon. Mathew Paris cites the case of a Herefordshire witch who, in 1249, had a child by a demon, which, at the age of six months exhibited the physical development of a boy of seventeen years and flourished a full set of teeth. In another instance, this time in the seventeenth century, a Suffolk witch, at her trial, admitted on oath that for three years she regularly had sexual relations with the Devil, and that he was the father of her three children. Again and again, in evidence, it was admitted that the Devil visited the woman in the form of a man, usually with cloven feet; but on other occasions he assumed animal form. In many cases the women were unable to give any information as to the precise form which the Devil or his minions assumed. In a considerable number of cases there is little doubt that the whole thing was imagined, but in others there are the strongest grounds for the assumption that some man, in most cases a priest, represented himself as the

[1] Ambrose Paré, *Works*, p. 988.

Devil, occasionally going so far as to don an animal's pelt.

INDECENT ASSAULT. Carnal knowledge, or the attempt to have carnal knowledge, of either a female or a male person without consent is punishable under the provisions of the Offences Against the Person Act, 1861. In the case of a girl or boy under the age of sixteen years proof of consent is no defence. A woman can be convicted of indecent assault on a boy and also on another female, if in the latter case lack of consent can be proved.

No charge of indecent assault can be made against a male upon another male if both parties are over sixteen years of age and there has been consent, but in any such case both the active and the passive partner are liable to conviction for gross indecency. It has been held that it is possible for an assault to be committed by one adult male upon another adult male, without consent, where a condition of stupor has been induced by the administration of chloroform.

Infection with venereal disease may, in certain circumstances, constitute grounds for a charge of indecent assault.

INDECENT EXPOSURE. *See* EXHIBITIONISM

INDIAN HEMP. Cannabis indica.

INERTIA UTERINE. Slow or imperfect contractions of the womb during childbirth, with abnormally long intervals between labour pains, resulting in the process of parturition being considerably extended.

INFAMOUS CRIME. Defined in the old Larceny Act as "the abominable crime of buggery committed with mankind or with beast," the term is not used in the later Act of 1916. In literature it is still employed, however, to indicate sodomy or bestiality.

INFAMOUS FINGER. *See* DIGITUS INFAMIS.

INFANTICIDE. The destruction of newly-born children. In all savage and primitive races infanticide was the method adopted to get rid of unwanted children. In certain cases it was camouflaged as a religious rite, a form of sacrifice to the gods. Sometimes magic or superstition was the reason—witness the practice among many races of killing the first-born infant as a means of preventing future sterility. Occasionally it was carried out unashamedly and wholesale, in order to keep down the number of mouths to feed. To this end it was advocated by Aristotle and Plato. More rarely, it was a form of cannibalism, the infants being hugely prized as delicate morsels. In many Eastern countries the practice has survived in modern times. In China it is still openly practised, as it is in certain of the Polynesian islands. In India there is a good deal of surreptitious infanticide.

In English law infanticide is a criminal offence. It is either murder or manslaughter. If the killing of the child is deliberate it is a case of murder; if there has been no deliberation but the child's death was due to neglect or carelessness, it is a case of manslaughter. Even where the child's death was wilfully induced by the mother, if it can be proved that she was mentally unbalanced as a result of parturition, the case may be held to be one of manslaughter.

According to the provisions of the Infanticide Act, 1922, the crime can only be committed after the child is born. It does not apply to the fœtus *in utero*. Because of the loophole thus provided, the Infant Life (Preservation) Act was passed in 1929. In accordance with the provisions of this Act "any person, who, with intent to destroy the life of a child capable of being born alive,[1] by any wilful act causes the child to die before it has an existence independent of its mother, shall be guilty of felony, to wit, of child destruction, provided that the act which caused the death of the child was not done in good faith for the purpose of preserving the life of the mother."

There are strong presumptive grounds for the belief that despite the apparent stringency of the law dealing with infanticide, the crime is common in all civilized countries. A newly-born child has little hold on life. It can be easily killed in a variety of ways, and in many cases it can

[1] "Evidence that a woman had at any material time been pregnant for a period of twenty-eight weeks or more shall be *prima facie* proof that she was at that time pregnant of a child capable of being born alive."

be killed without suspicion being aroused. The commonest forms are suffocation and drowning.

Proof that a child has been killed after birth rests with the prosecution, it being presumed in law that in the absence of such proof, a newly-born child which is found dead was born dead.

INFANTILISM (PHYSICAL). Failure of the genitalia to develop properly, characterized especially by smallness of the vagina and womb in the female, and of the penis and testicles in the male.

INFANTILISM (PSYCHOLOGICAL). The retention of childish characteristics physical or mental, in the years of adolescence and adult life. This may be accompanied by or the result of physical infantilism, but in very many cases the sexual parts are perfectly developed.

Psychological infantilism that is not due to physical malformations or imperfections is usually associated with narcissism. It is almost exclusively a feminine trait, and, in addition, it is often seen at its highest stage of development in young and exceedingly pretty women.

INFIBULATION. The fastening together of the genitals by means of a metal pin or ring, or by stitches, so that the coital act is impossible.

In the male, the pin, brooch or ring is passed through holes previously bored in the prepuce, so that this integument is drawn forward sufficiently to overlap the glans penis and there held in position. An erection is either impossible or so painful that it cannot be sustained. The practice, which is referred to by Celsius, Martial, Ovid and other writers of antiquity, was evidently common among the Romans and Greeks. It was adopted mainly for the preservation of the voice, as in the case of singers; and for conserving strength and health in athletes. As regards the effects on the voice, it is difficult to imagine on what grounds infibulation attained its reputation unless the procedure was confounded with the operation of castration.

In the female, infibulation is effected by piercing holes in the opposite lips (labia minora) and drawing them together with a sealed metal ring. An even more crude method consists of sewing the lips together with silk, gut or twine. A small opening is left for the passage of urine. A variation of this method, adopted by some tribes, is to cut away part of the labia and allow the freshened edges to adhere in the process of healing, thus closing the opening except for a hole made by inserting a quill or piece of bamboo. Female infibulation is still common among many primitive tribes. Its purposes presumably are to prevent childbirth and to preserve the chastity of the woman. When an infibulated girl marries, the vulva is reopened by the removal of the stitches or by another surgical operation.

INGRAVIDATION. Impregnation.

INGUINAL. Referring to the groin or to something situated in that region.

INGUINAL CANAL. The canal through which the spermatic cord passes.

INHERITED DISEASE. Any disease which the father or mother has transmitted to the offspring.

INOPERABLE. The term is used in relation to a case where in the usual way an operation would be performed, but for some specific reason, applicable only to the individual in question, such procedure is inadvisable or impossible. The reason may be concerned with the stage which the disease has reached or the condition of the patient.

INSEMINATION. Impregnation.

INSEMINATION (ARTIFICIAL). Where the female is fertile but the male though fertile is impotent, artificial insemination is sometimes resorted to in an attempt to bring about conception. It is also indicated where constriction of the cervical os prevents the spermatozoa entering the womb, where for any reason the woman cannot participate in coitus, and in those cases where vaginal conditions prove fatal to the life or motility of spermatozoa.

Artificial insemination is frequently practised by animal breeders and has met with a very high degree of success. So far the results secured in human subjects have not been anywhere near so uniformly successful—in fact the proportion of failures far exceeds the proportion of successes. This is probably due to the fact that in the case of animals it is possible to make the injections at a time of optimum fertility, whereas with the human subject there are many difficulties in the way of accomplishing this.

The first recorded case of artificial insemination is apparently the attempt of Spallanzani to impregnate a bitch, an attempt which proved successful. In man, John Hunter's injection of semen taken from a patient afflicted with hypospadias, appears to be the first successful case in medical literature. The semen was injected into the vagina. Some time later, Sims, an American, injected into the uterus of a woman, whose marriage for nine years had proved unfruitful, semen procured from her husband. The experiment was successful, and from that day, injection into the uterus has displaced the Hunterian technique.

Artificial insemination, to have a reasonable chance of success, calls for the services of a medical man, preferably a gynecologist. The method of collecting the semen depends upon the husband's sexual condition. If the trouble is *ejaculatio præcox*, the semen emitted during the coital act may be available in the vulva, but in most cases this course is plainly impracticable, and the physician instructs his patient to masturbate into a condom or other receptacle. If, through stricture or other cause, an emission is impossible, the fluid is extracted from one of the testicles through an incision made for the purpose. Where the trouble is not connected with the husband but with the wife, masturbation or normal coitus will provide the semen required. The seminal fluid having been secured, after examination to make sure that living spermatozoa are present, a small quantity is placed into a hypodermic syringe. The os is dilated, the nozzle of the syringe passed through the cervical canal, and a few drops of semen released into the uterine cavity. The woman is then instructed to remain perfectly still in the supine attitude for a couple of hours.

Some authorities advocate the sexual stimulation of the woman, either by attempted coitus or masturbation, immediately before the semen is injected. There are, however, many obstacles in the way of any such procedure, and it is very doubtful if this sexual excitation is essential to success or if it has any beneficial effect, seeing that the semen is injected *directly into the womb*. It would appear to be of far greater importance that the woman's time of ovulation should be ascertained within as narrow a limit of time as possible, and the injection made as near this time of ovulation as possible. It seems to me that the main explanation for the successes and failures attending artificial insemination is connected with the experiment having been made during the woman's fertile or sterile periods.

The procedure is not without its dangers, and for this reason artificial insemination is worthy of advocacy only where there are the strongest reasons for wanting conception to occur. There is the risk of inflammation or colic resulting from the injection of too large a quantity of semen. There is the risk, too, of peritonitis. For these and other reasons, *neither the husband nor the wife should ever, in any circumstances, attempt to inject semen into the uterus. It is a procedure fraught with the gravest danger to the woman's life.*

There is, however, a method available to the woman in those cases where the husband is able to emit seminal fluid. It is a crude variation of the original method adopted by Hunter over a hundred years ago, i.e. insertion of semen into the vagina. No apparatus is necessary, other than a sponge, or a wad of cotton-wool or a contraceptive rubber cap. A quantity of freshly ejaculated semen is smeared over the sponge, cotton-wool pad, or placed in the cavity of the rubber cap. The sponge, wad, or cap is then pushed into the vagina as far as it will go, that is, until it is close up to the cervical os. This accomplished, the woman lies on her back with her knees raised for an hour or two.

IN SITU. In the natural and usual place or position.

INSUFFLATION. The process of blowing a powder, air or gas into a cavity. Air is introduced into the lungs of a newborn child in this way in cases where breathing has not commenced or is difficult.

INSUFFLATOR. An appliance specifically designed for blowing powder into a cavity. Powders of various kinds used for contraceptive purposes are blown into the vagina with the aid of an insufflator.

INTEGUMENT. The skin or membrane which covers the whole or certain parts of the body.

INTERFEMINEUM or INTERFEMUS. The vulva.

INTERMENSTRUAL. Midway between two succeeding menstrual periods. Thus ovulation is an intermenstrual phenomenon.

INTERNAL SECRETIONS. The secretions of the ductless glands.

INTERSEXUALITY. Neither completely male nor female. *See* BISEXUALITY.

INTERVENER. An individual who shows or attempts to show some reason against the granting of divorce or nullity.

INTRACERVICAL. Situated or taking place inside the cervical canal.

INTRAURETHRAL. Situated inside the urethra.

INTRAUTERINE. Situated inside the womb.

INTRAVESICAL. Situated or taking place inside the bladder.

INTROCISION. The name given by Roth to the mutilations performed upon the genitals of both sexes in certain tribes of Australian Blacks. The male mutilation of introcision is more generally known as the "Mika" operation or artificial hypospadias. It is dealt with in this work under the latter heading.

The corresponding female mutilation consists of the laceration of the vaginal opening, the cut extending to and into the perineum. This mutilation makes it possible for semen to be deposited in the vagina during coitus by the mutilated penis of the male (*see under* HYPOSPADIAS—ARTIFICIAL). The reason, given by the natives themselves, for the mutilation, says Roth, is to make the woman "'big-fellow' not only for the convenience of escaping progeny, as the men will allege, but also for the progenitor, as the women will say."[1]

INTROITUS VAGINÆ. The vaginal opening. Sometimes written simply introitus.

INTROMISSION. The penetration of the vagina by the penis.

INTUMESCENCE. The swelling, as a result of stimulation, of an organ or part of the body. *See* TUMOUR.

INUNCTION. An ointment for application by rubbing. Also the process of rubbing an ointment into the skin or mucous surface, as in the application of a venereal prophylactic to the external genitals.

IN UTERO. Inside the womb.

INVERSION (SEXUAL). *See* HOMOSEXUALITY.

INVERSION UTERI. An abnormal condition of the womb in which the fundus is turned so that it projects through the cervix and sometimes into the vagina. It is usually due to the presence of a uterine tumour.

INVERT. A homosexual. An invert is not necessarily a pervert. *See* HOMOSEXUALITY.

IN VITRO. The term is used in relation to experiments conducted outside the body, particularly in test-tubes.

IN VIVO. Occurring inside the living body. The distinction between *in vivo* and *in vitro* is important, as it is easy to be led astray in consequence of applying to the living body results obtained through experiments conducted in test-tubes. For instance, a chemical contraceptive which proves especially effective in killing spermatozoa in a test-tube may be singularly ineffective in the vagina of a woman.

INWARD WEAKNESS. A euphemistic term for leucorrhea.

IPSATION. The name given by Hirschfeld to masturbation.

IRITIS CATAMENIALIS. A form of inflammation of the iris of the eye which appears immediately preceding or during each menstrual period.

IRITIS (SYPHILITIC). A form of inflammation of the iris of the eye due to syphilitic infection.

IRRUMATION. *See* FELLATIO.

ISCHIOPAGUS. An elongated double monster in which the two fœtuses are united at the pelvis. *See* MONSTER.

ISCHOSPERMIA. The retention of semen.

ISCHURIA. The accumulation of urine in the bladder in consequence of inability to micturate; or the suppression of the supply of urine through its failure to enter the bladder. The causes of ischuria are many, but among the most frequent are

[1] Walter E. Roth, *Ethnological Studies Among the North-West-Central Queensland Aborigines*, p. 175. Brisbane, 1897.

bladder troubles (inflammation, catarrh, stone, paralysis); atresia or stricture of the urethra; kidney disease or obstruction; phimosis; and spasmodic stricture as a result of cold, shock or hysteria.

ISIS. This Egyptian goddess was one of the most celebrated and widely worshipped deities of antiquity. She is supposed to have made an incestuous marriage with her brother Osiris. Isis was a fertility goddess, represented by the cow, and worshipped in Greece and Rome as well as Egypt along with Osiris. While Osiris was symbolical of the sun, Isis was symbolical of the moon.

ISURIA. The condition where the same quantity of urine is invariably voided, and the intervals between successive micturitions are of equal length.

ITCH. Intense irritation of the surface of the genitals caused by the presence of a parasite, the *Acarus scabiei*. *See* SCABIES.

ITHYPHALLICUS. Relating to an erection of the penile organ.

J

JACK-KNIFE POSITION. The posture assumed where it is necessary to insert a urethral sound. The patient lies on his back, shoulders elevated, legs flexed, and thighs at right angles to the abdomen.

JACOBSON'S RETINITIS. Syphilitic inflammation of the retina.

JACOB'S ULCER or JACOB'S WOUND. The ulcer of chancroidal infection.

JANICEPS or JANUS. A two-faced monster, with two bodies united at the navel. *See* MONSTER.

JEWISH SCISSORS. An instrument for performing the operation of circumcision.

JOHIMBINE. Same as YOHIMBIN.

JUMENTOUS. A descriptive term for the horse-like smell of human urine.

JUNO. The famous Roman goddess of birth and marriage, universally worshipped, and to whom sacrifices were offered.

JURY OF MATRONS. Before the passing of the Sentence of Death (Expectant Mothers) Act, 1931, a woman under sentence of death, if she were found by a special Jury to be pregnant, had the date of her execution suspended until after the birth of her child. This special Jury, consisting of twelve women, was known as a Jury of Matrons. *See under* PREGNANCY (CRIMINAL RESPONSIBILITY DURING).

JUS PRIMÆ NOCTIS. The right of the king, chief, lord or priest, to spend the first night with the bride of any of his subjects or subordinates, which is said to have existed at one time in many countries and among numerous races. That the practice was common in primitive society there can be little doubt. There are for the finding reports of its existence in Malaba, Teneriffe, Cambodia and Nicaragua.

In civilized Europe we are on less sure ground. The statement that it was widespread during the Middle Ages has been hotly disputed, and the historians of each country, for the most part, seem inclined to view the existence of the *jus primæ noctis* as something which may have been present in foreign countries but has been unknown in their own land. The most weighty evidence in favour of its existence is in relation to Scotland.

Its origin is obscure, but it would appear that among primitive races, the practice which we look upon as a brutal and barbaric exercise of lustful might over right was, in reality, a privilege freely granted by the bridegroom, who made every effort to find someone willing to perform the act of defloration. At one time, the belief was widespread that harm would result to the man on the occasion of his first sexual connexion with a virgin. There is justification for the assumption that much of this fear connected with the act of defloration resulted through the hæmorrhage accompanying the rupturing of the hymen—a fear analogous to that associated with the menstrual discharge. In many cases the blood resulting from a first coitus, like menstrual blood, was deemed to be poisonous to ordinary mortals. Only holy persons such as the priests of God, chiefs, and kings, could deflower a virgin girl with impunity. True, occasionally, foreigners or men of other tribes, were induced to perform the act

of defloration. But these too were supposed to be immune from danger. According to Westermarck (*History of Human Marriage*) and Hartland (*Primitive Paternity*), in many races, a stranger was looked upon as a sort of semi-supernatural being, on a par with a priest or holy man. In other cases, men were paid to run the risk—a risk, by the way, which applied specifically to the bridegroom, who was supposed to be at this time of his life peculiarly likely to be the victim of evil influences.

In certain tribes the *jus primæ noctis* becomes an occasion for what in other and in all civilized races would be termed incest. The right of defloration belongs to the father of the virgin girl. Westermarck gives instances of this custom, quoting the statements of a seventeenth-century writer named Herfort, that among the Sinhalese it was usual for the father to deflower his own daughter on the eve of her marriage on the ground of "having a right to the first fruit of the tree he had planted." A similar custom was observed in certain Malayan tribes. In other instances where no specific persons are given the right of defloration, the *jus primæ noctis* is openly offered for sale. Westermarck instances the custom among the Mfiote, a tribe inhabiting the coast of Loango, of dressing up girls who have reached puberty and hawking them round from village to village. Roth, Spencer and Gillen, and other authorities, state that in many Australian tribes each young woman on arrival at puberty, is carried into the bush and forced to submit to coitus with a number of young bucks of the tribe. It is a tribal custom that before any girl becomes the exclusive property of one man, she must submit, after the crude initiative laceration of the vagina, to promiscuous sexual intercourse with a number of selected males.

Literature: E. S. Hartland, *Primitive Paternity*, London, 1909-10; Walter E. Roth, *Ethnological Studies Among the North-West-Central Queensland Aborigines*, Brisbane, 1897; B. Spencer and F. J. Gillen, *The Native Tribes of Central Australia*, London, 1899; Edward Westermarck, *History of Human Marriage*, London, 1921.

K

KAHN TEST. An American test for syphilis.

KAREZZA. *See* COITUS RESERVATUS.

KARYOKINESIS. Another name for mitosis.

KATATONIA. A mental disorder of youth which usually ends in imbecility.

KLEPTOMANIA. A form of mania characterized by an irrepressible desire to steal. It is much more common among women than men and it is often associated with imbecility. It has been repeatedly stated that kleptomania is peculiarly liable to appear in women during pregnancy, at the menstrual periods and the climacteric. It is possible that, in certain abnormal cases, an insatiable and ungovernable craving for unusual and specific foods may be created, which in some circumstances may be satisfied by stealing, but there is always the possibility of such an anomaly being brought forward as justification in cases of plain theft. Cleptomania.

KNEE-ELBOW POSITION. The posture, assumed during an examination of the vagina or rectum, in which the patient rests upon the knees and elbows.

KNEE-JERKS. Normally, the foot and leg, from the knee downward, jerk upwards as a result of a smart tap on the tendon below the knee-cap when the leg is hanging loose. This jerk is a reflex action. The absence of knee jerks is noticeable in meningitis, infantile paralysis, diabetes, and certain forms of tertiary syphilis, notably locomotor ataxia and general paralysis.

KNOCK-OUT DROPS. A solution of chloral hydrate, a powerful drug which induces unconsciousness, used by members of the underworld in kidnapping and robbery.

KRAUROSIS VULVÆ. An atrophied state of the skin of the vulva sometimes accompanied by ulceration. It is characterized by much soreness and itching. It usually prohibits sexual intercourse because of the dyspareunia associated with it. The disease is most common in elderly women and during the menopause. It is extremely difficult to cure.

KYESTEIN or KYESTEINE. A filmy substance occasionally found floating on stagnant urine; formerly looked upon as a certain indication of pregnancy.

KYSTHITIS. *See* VAGINITIS.

KYSTHOPTOSIS. A prolapsed condition of the vagina.

L

LABIA MAJORA. The two outer folds of skin or lips of the vulva. The inside surfaces of the lips are soft and smooth, while, from the coming of puberty, the outside surfaces are covered with hair. During the reproductive years the labia majora are fat and flabby, coming close together and closing the entrance to the vagina and urethra. After the menopause they shrivel and fall apart.

LABIA MINORA. The two inner lips which are covered by the labia majora and themselves enclose the urethral and vaginal orifices. They are free from hair. The nymphæ.

LABIA PUDENDI. The labia majora and the labia minora.

LABIA URETHRÆ. The lips of the urethral opening.

LABIDOMETER. An instrument used for ascertaining the size of the child's head while in the pelvis.

LABIOTENACULUM. A surgical hook used for grasping and holding open the mouth of the womb or the nymphæ during operative procedure.

LABOUR. *See under* CHILDBIRTH.

LABOUR (INDUCED). Premature labour which has been caused deliberately and by artificial means.

LABOUR (MIMETIC). Pains in the abdomen giving the impression of labour but which are due to other causes.

LABOUR (PREMATURE). The delivery of the fœtus after the twenty-eighth week but before the end of the normal period of gestation.

LABOUR PAINS. The pains suffered by the woman during parturition. *See under* CHILDBIRTH.

LACERATIONS. The tears in the cervix, vagina, vulva and perineum which often occur during childbirth, and which are usually surgically repaired afterwards.

LACTAGOGUE. *See* GALACTAGOGUE.

LACTATION. The period during which the breasts of a nursing mother secrete milk. Wherever possible, it is advisable for a mother to suckle her young. The process is beneficial to both mother and child.

LACTOSURIA. The presence of lactose in the urine, often occurring during a woman's gestation and lying-in periods.

LADY OF EASY VIRTUE or LADY OF PLEASURE. Euphemistic terms for a prostitute, now rarely used owing to the word prostitute itself having gained the virtue of being usable by respectable people.

LAGNESIS or LAGNOSIS. Same as NYMPHOMANIA or SATYRIASIS.

LAMBITIS. Cunnilinctus.

LAMINAGE. An operation in which the fœtal head is flattened by compression in order to facilitate delivery.

LAMINARIA TENT. A piece of the dried stem of the laminaria plant inserted in the cervix uteri, which is dilated as the tent swells.

LANCET. A two-edged surgical knife used for the incision of abscesses and tumours.

LANUGO. The soft downy hair found on the fœtus during the latter part of gestation and at birth. It is seen also upon a girl's face.

LAPAROCOLPOTOMY. Same as LAPAROELYTROTOMY.

LAPAROCYSTECTOMY. The surgical operation for the removal of an extra-uterine fœtus and cyst through the abdomen.

LAPAROCYSTOTOMY. The surgical operation in which, through an abdominal incision, the contents of a cyst are removed.

LAPAROELYTROTOMY. In this operation the fœtus is removed by cutting through the vaginal and abdominal walls. The womb is not removed.

LAPAROHYSTERECTOMY. The surgical operation for the removal of the womb by the abdominal route.

LAPAROHYSTERO-OÖPHORECTOMY. In this operation the womb and both ovaries are removed by the abdominal route.

LAPAROHYSTEROPEXY. An operation in which a displaced womb is fixed to the wall of the abdomen.

LAPAROHYSTEROTOMY. Same as CÆSAREAN SECTION.

LAPAROSALPINGECTOMY. The operation for removing a Fallopian tube by the abdominal route.

LAPAROSALPINGO - OÖPHORECTOMY. The surgical removal of the two ovaries and the two Fallopian tubes by the abdominal route.

LAPAROTOMY. Any surgical operation in which the abdomen is opened either for inspection of its contents or the removal of some part.

LASCIVIA or LASCIVITAS. Sexual desire or appetite developed to an abnormal degree, as in satyriasis or nymphomania.

LATERAL POSITION. In reference to the sex act, in the lateral position both husband and wife are lying on their sides, either face to face or the man behind the woman.

LATEROVERSION OF THE UTERUS. A displacement of the womb in which that organ is turned to one side.

LATHERING. A contraceptive method which is more popular in America than in England. A strong lather of soapsuds is prepared. Immediately before and after intercourse the vagina and the cervix are rubbed thoroughly and repeatedly with the finger dipped in the soap lather; the woman adopting a crouching position and straining downward as much as possible. This method is especially useful as an emergency measure where a condom has split or where *coitus interruptus* has been unsuccessful. Lathering calls for a certain amount of dexterity, and it is well for the woman who contemplates its adoption to practise the method a few times in her leisure before attempting it as an actual contraceptive method.

LECHOPYRA. *See* PUERPERAL FEVER.

LEGITIMACY. *See* BIRTH (LEGITIMATE).

LESBIAN. A female who is erotically attracted to her own sex. A homosexual woman.

LESBIANISM. Love between members of the female sex. Homosexuality restricted to females. *See under* HOMOSEXUALITY.

LESBIAN LOVE. *See* AMOR LESBICUS and LESBIANISM.

LESION. A wound, an injury or an infection in any part of the body.

LEUCORRHAGIA or LEUKORRHAGIA. Chronic or excessive leucorrhea.

LEUCORRHEA or LEUKORRHEA. The discharge from the genitals of whitish ropy mucus with which nearly every woman is familiar. It is popularly termed the "whites." To most women leucorrhea has become so usual and so ordinary a matter that it is considered something on a par with menstruation. And for the dissemination of this belief many local practitioners must be held partially responsible.

There is, it is true, normally, a discharge from the female genitals. There is a cervical secretion which keeps the vagina and vulva in a moist state; and at moments of erotic excitation there is a secretion from the sexual glands. Leucorrhea is, however, something quite apart from either of these secretions. It is an *abnormal* discharge from the genitals, and it is a sure indication that something is wrong. This something may be no more than a slight and temporary inflammation of the cervix; on the other hand it may be a tumour in the uterus. But in no case should a leucorrhea be disregarded. If the discharge proves to be persistent, a medical man, and preferably a gynecologist, should be consulted.

Endometritis, chronic vaginitis, ulceration of the vagina, constitutional disease, extreme fatigue, and even neglect to keep the genitals clean, are all potential causes of leucorrhea. In any case where the discharge is not due to some specifically diseased condition of the womb, cervix or vagina, an improvement in the state of the general health will usually effect a cure. Attention to diet is of primary importance, as almost every condition which is not due to some specific disease is brought about by dietetic errors.

LEUCORRHEA (UTERINE). That form of discharge which emanates from the womb. Endometritis.

LEUCORRHEA ANALIS. A term sometimes applied to the discharge from piles.

LEVIRATE. The custom among the ancient Hebrews, and many other contemporary races, whereby in the case of a marriage proving barren, it was the

duty of the diseased husband's brother to marry the widow, any child or children resulting from the union being regarded as the legal offspring of the deceased husband. The position is clearly stated in the Old Testament, thus: "If brethren dwell together, and one of them die, and have no child, the wife of the dead shall not marry without unto a stranger: her husband's brother shall go in unto her, and take her to him to wife, and perform the duty of a husband's brother unto her. And it shall be, that the first-born which she beareth shall succeed in the name of his brother which is dead, that his name be not put out of Israel." (Deut. xxv. 5-6).

LEWD FINGER. *See* DIGITUS INFAMIS.

LIBERALIA. An old Roman festival held in honour of Bacchus. It apparently followed and suspended the Bacchanalia, and was of a much more reserved character, though there are indications that sexual orgies were by no means unknown. Roman boys of the age of sixteen were invested with the insignia of manhood at these festivals.

LIBIDO. Sexual desire or appetite.

LIGAMENTUM LATUM. One of the broad ligaments which support the womb.

LIGATURE. The cord or thread, which may be of gut, silk or other material, used for tying blood vessels or ducts.

LIGHTNING PAINS. The sharp tearing pains characteristic of locomotor ataxia.

LINGA or LINGAM. The ancient symbol adopted by the worshippers of Siva, the main god of the Hindus. Sometimes the symbol took the form of a representation of the erect penis, at other times in a pillar, an obelisk, a pyramid, or a stick. *See* PHALLIC WORSHIP.

LIPS OF THE VULVA. The labia majora and labia minora. Sometimes referred to as great lips and small lips, or simply lips.

LITHOMETRA. The formation of a calculus in, or ossification of, the uterus.

LITHOPÆDIUM or LITHOPEDION. A dead fœtus which has been converted into a stone-like mass. The petrification of such a fœtus is caused by its retention in the womb or the abdominal cavity. Referred to popularly as "stone child."

LITHOPHONE. An instrument used to detect by sound the presence of a stone in the bladder.

LITHOSCOPE. An instrument for determining the size and shape of a stone in the bladder.

LITHOTOMY. The surgical operation in which an incision is made in the bladder for the purpose of removing a stone. It is to-day only adopted in cases which resist the more modern methods of crushing and irrigation.

LITHOTOMY POSITION. The patient lies on the back, with knees wide apart, thighs and legs flexed.

LITHOTRITE. An instrument employed in crushing calculi in the bladder.

LITHOTRITY. The surgical operation of crushing or breaking up a stone in the bladder.

LITHURESIS. The condition where gravel is present in the urine.

LITTRÉ'S GLANDS. The small glands situated in the mucous membrane of the female urethra, the ducts of which open into the canal.

LITTRITIS. An inflamed state of Littré's glands.

LOCHIA. The discharge from the female genitalia which persists for two to four weeks after delivery. At first this discharge is tinged with blood (*lochia rubra*). After two or three days the colour of the escaping fluid becomes paler (*lochia serosa*); finally, in the second week, becoming free from any admixture of blood and of a cream-like colour (*lochia alba*) with an offensive smell.

LOCHIOMETRA. The failure of the lochia to be discharged from the womb.

LOCHIOMETRITIS or LOCHOMETRITIS. Puerperal inflammation of the womb.

LOCHIOPYRA. *See* PUERPERAL FEVER.

LOCHIORRHŒA or LOCHIORRHAGIA. An abnormal amount of lochial discharge from the genitals.

LOCHIOSCHESIS. The condition where the lochia is retained in the vagina.

LOCHOPERITONITIS. Inflammation of the peritoneum occurring after and in consequence of parturition.

LOCK HOSPITAL. The name given in England to a hospital devoted specifically to the treatment of venereal dis-



A ROMAN LUPANAR (After Dufour).

(See text page 181).

eases. The term originated through the custom at one time of keeping the doors of such hospitals locked.

LOCOMOTOR ATAXIA. A degenerative disease affecting the spinal cord, causing muscular inco-ordination and the appearance of lameness. Among the primary symptoms are absence of knee-jerks, and the diminution in the size of the pupils of the eyes. There is usually incontinence of urine and fæces; sexual impotence and wasting of the body. In certain cases, and especially during the earliest manifestation of the malady, there may be inordinate and uncontrollable sexual excitation, frequently leading to assaults on children and women. The most frequent though not the sole cause is syphilis, the first signs of locomotor ataxia usually appearing when from ten to twenty years have elapsed after the initial venereal infection. The disease rarely occurs in women. It is also referred to as tabes dorsalis, posterior spinal sclerosis, and *ataxie locomotrice progressive*.

LOST MANHOOD. A popular euphemistic term for sexual impotence.

LOVE (BOHEMIAN). *See* FREE LOVE.

LOVE-CHILD. A child born out of wedlock.

LOVE POWDER. A term employed by the members of the underworld in referring to cocaine. It originated through the reputed virtues of cocaine as an aphrodisiac.

LOVE SICKNESS. *See* NYMPHOMANIA.

LUCINA. A Roman goddess supposed to possess the power of enabling women to be delivered of children without pain. Some authorities contend that Lucina is merely another name for Juno and Diana, also for the Greek goddess Ilithyia.

LUCOMANIA. *See* LYCANTHROPY.

LUES. Originally the term was used to indicate any form of plague or pestilence. To-day its application is restricted to that of a synonym for syphilis.

LUES VENEREA. Syphilis.

LUETIC MASK. A skin eruption sometimes seen in syphilis.

LUNARIA. An old and almost obsolete term for menstruation.

LUPANAR. A brothel in ancient Rome, the inmates of which were registered common prostitutes. Under Roman law prostitutes were compelled to be registered. "Once a prostitute, always a prostitute" was the dictum of the Roman authorities. In other words, if a girl were inscribed as a public prostitute, the giving up of her profession for any reason whatever did not constitute grounds for the removal of her name from the register. These registered harlots were required to wear clothes of a specified uniform type, and to dye their hair yellow or red or blue.[1] All these and other regulations were ostensibly designed to discourage girls from taking up the profession, and to disgrace in every possible way those who did elect to become prostitutes. Although most of the registered prostitutes practised their profession in the brothels, being permanent inmates or temporarily hired by the owner of the *lupanar*, or themselves renting rooms in the brothels as required, by no means all the prostitutes used these establishments. A registered woman was not compelled to inhabit a *lupanar*. She could receive her clients in a private house provided she affixed on the door the nature of her profession and her fees.

LUST MURDER. *See* SADISM.

LYCANTHROPY. A pathological mental state in which the afflicted individual imagines he or she has acquired the characteristics of an animal. The disease sometimes assumes such a realistic character that an appetite for raw flesh is acquired.

Many of the ancient gods were assumed to possess the power of transforming themselves into animals. Thus Jupiter became a bull for a time, and on another occasion transported himself on the water in the form of a swan. Loki, one of the Scandinavian gods, assumed the form of a mare for the purpose of giving birth to an eight-legged monstrosity. Nebuchadnezzar ate grass and had nails like the claws of a bird.[2] Pliny affirmed that there were men who were turned into wolves and back again from wolves into men. Burton, writing

[1] This rule did not apply to the inmates of brothels.

[2] Daniel iv. 33.

in 1641, in his *Anatomy of Melancholy* says:

"Lycanthropia, which Avicenna calls *cucubeth*, others *lupinam insaniam*, or wolf-madness, when men run howling about graves and fields in the night, and will not be persuaded but that they are wolves, or some such beasts—Aëtius and Paulus call it a kind of melancholy; but I should rather refer it to madness, as most do. Some make a doubt of it, whether there be any such disease. Donat. ab Altomari saith that he saw two of them in his time. Wierus tells a story of such a one at Padua, 1541, that would not believe to the contrary, but that he was a wolf. He hath another instance of a Spaniard, who thought himself a bear. Forestus confirms as much by many examples; one, amongst the rest, of which he was an eye-witness, at Alcmaer in Holland—a poor husbandman that still hunted about graves, and kept in church-yards, of a pale, black, ugly, and fearful look."

The literature of witchcraft abounds with cases of metamorphoses in which the forms of wolves, hares, dogs, cats, and other animals were temporarily assumed by the witches for their own evil purposes. The Devil himself frequently gallivanted about the earth in animal form. Werwolves were common in all parts of Europe, including England, from the most ancient times until the middle of the last century. Herodotus refers to them, so do Ovid, Vergil and Solinus. According to Pliny, Damaenetus, the Olympic champion, spent two years of his life in the form of a wolf.[1] The witches of the Middle Ages confessed that they were able to change themselves into animals by the use of magic ointments given to them by the Devil. Reginald Scot, in his notorious book on witchcraft, says that these ointments were composed of belladonna, aconitum, solanum somniferum, and the fat obtained from cooking babies.

The difference between the werwolf and the lycanthrope is merely that the one is purely apocryphal while the other does actually exist. The belief in the transformation into animal form, so thoroughly attested by the witches and other occultists is due to hallucination; the acquirement of such animal characteristics as brutality and anthropophagism is due to disease. Witches who practised lycanthropy were invariably accused of eating the flesh of cadavers, which, it is averred, they sometimes disinterred for this express purpose. The antiquity of the belief in this practice is indicated by many references in ancient literature, notably those of Apuleius, Lucian and Horace. These and other indications point to lycanthropy, necrophily and sadism being, in many cases, very closely connected. In 1521, Michael Verding and Pierre Burgot were sentenced to be burned to death for having transformed themselves into, and copulated with, wolves in the forest. In modern times there is the remarkable case of Sergeant Bertrand. This man, a monomaniac, confessed at his trial to experiencing sexual ecstasy during the mutilation of animal and human cadavers. There was the case reported by Epanlow where a grave-digger, after dark, disinterred the newly buried corpses of women and children, which he mutilated before reinterment. And occasionally, as every newspaper-reader knows, murderers mutilate their victims.

The abnormality is also sometimes referred to as cynanthropy and lucomania.

LYING-IN FEVER. *See* PUERPERAL FEVER.

LYING-IN HOSPITAL. A hospital or nursing home which specializes in the delivery of pregnant women.

LYING-IN PERIOD. The period immediately preceding and following childbirth, which the mother spends in bed.

LYMPHADENOMA. *See* HODGKIN'S DISEASE.

LYMPHOGRANULOMA INGUINALE. Inflammation of the inguinal glands following an initial sore on the genitals. It occurs in both sexes, and generally

[1] The possibility of a criminal or a sexual pervert donning the skin of a wolf or other animal as a form of disguise must not be overlooked. This is probably the explanation of those numerous cases, which appear in the literature and folk-lore of most countries, where an animal which has been wounded and later tracked to its lair, proves to be a man or a woman.

results from coitus with an infected person. The infection was first identified by Durand, Nicholas and Faure.

The primary lesion is a small painless ulcer, emitting a very slight discharge. This ulcer, which may cause no concern, and if situated under the prepuce or inside the vulva, may pass unnoticed, heals without treatment. Even if noticed, it may be ignored as of no consequence. In severe cases, suppurative inguinal adenitis usually sets in after a period of from two to five weeks from the time of infection. A hard bubo the size of an egg appears in the groin, and there is much pain, especially when walking.

The disease is most commonly found in hot countries and especially among the coloured races. It is sometimes contracted by whites who visit brothels in the tropics. In women the infected parts are the vulva or lips.

Lymphogranuloma inguinale is also referred to as the Sixth Venereal Disease, and Lymphopathia venereum.

LYMPHOPATHIA VENEREUM. *See* LYMPHOGRANULOMA INGUINALE.

M

MACROGENITOSOMIA. A form of gigantism in which the genitalia, in particular, show unusual development.

MACROMASTIA. Excessive development of the breasts.

MACROPHALLUS. An excessively large penis.

MADAME. The manageress or proprietor of a brothel. She may charge each client a fee for the use of the room and allow the girl to keep what she can get; or she may charge an inclusive fee of which the girl gets a percentage. *See under* WHITE SLAVE TRAFFIC.

MAIDENHEAD. The hymenal membrane in an unruptured state. For its value as evidence of virginity see under VIRGINITY (SIGNS OF).

MAIEUSIOMANIA. A temporary form of insanity occurring during the puerperium.

MAIEUSIOPHOBIA. Fear which reaches the stage when it becomes mania connected with the ordeal of childbirth.

MAIEUTIC BAG. A rubber bag which, after insertion, is filled with water or gas, and used for the purpose of dilating the cervix uteri during parturition.

MAISON DE TOLÉRANCE. A place, usually licensed, used for the purposes of prostitution.

MALASSEZ'S DISEASE. The presence of a cyst on the testicle. So-named in consequence of its identification by Louis Charles Malassez, a nineteenth-century French physician.

MALE GENERATIVE ORGANS. The collective name for the internal and external male genitalia; comprising the testicles, the vasa deferentia, seminal vesicles, Cowper's glands, the ejaculatory ducts, prostate gland, the scrotum, urethra and penis.

MALE MEMBER or MALE ORGAN. A euphemistic name for the penis.

MALEMISSION. Where there is no ejaculation of semen during the sex act.

MALIGNANT. A disease or condition which is of so serious or severe a nature as to endanger life, or which is incurable.

MALPOSITION. An abnormal position of an organ or of any part of the body, especially used in relation to displacements of the womb and any wrong position assumed by the fœtus in the womb.

MALTHUSIANISM. In the year 1798, the Reverend Thomas Malthus published his celebrated essay, in which he proclaimed his disturbing discovery that human beings breed much faster than the food can be produced which is required to feed them. Thus the excessive multiplication of human beings brought in its train disease, vice and war. Without these checks on population growth the world would quickly be filled with hordes of human beings starving for want of food. In his first book Malthus apparently had no remedy to offer. Its success, however, encouraged further research, and in the second and vastly fatter volume remedies were propounded, to wit, continence and postponement of marriage.

Since that day numerous other sociological writers have elaborated the Malthusian concept, and have worked out with staggering industry precisely how, in the course of years, the population of the world will have increased to such an extent that there will be, on its surface, barely standing room. For according to

the original Malthusian theory, the population of the world, if unchecked, doubles itself in every quarter of a century.

It was on the basic ground that the future of the race was dependent upon the need to bring about a fall in the birth-rate that the disciples of Malthus began to advocate the employment of birth control as a population check. The original idea, propounded by Malthus, that abstinence and late marriage would suffice to bring into line the amount of food available and the number of mouths to feed, was extended to include the reduction of births by the most scientific modern contraceptive methods. Tacked on to the small-family ideal was the eugenic concept of encouraging the production of children by those most suitable to rear them.

MAMMA (plural MAMMÆ). The breast in the female, the function of which is the secretion of milk.

MAMMALGIA. Same as MASTALGIA.

MAMMALIA. All animals which, possessing mammary glands, suckle their young.

MAMMARY GLANDS. The breasts of a woman. The mammæ.

MAMMA VIRILIS. The breast of the male.

MAMMECTOMY. The operation involving the amputation of one or both of the breasts.

MAMMILLA. The nipple of the male or female breast.

MANDRAGORA. *See* MANDRAKE.

MANDRAKE. From the days of antiquity the mandrake plant has been credited with remarkable magic powers, particularly as a remedy for sterility in woman, impotence in man, and as a love charm. We see indications of such beliefs in the Bible (Genesis xxx. 14-16; Solomon vii. 13). It was mentioned by Pliny as a useful soporific and an aphrodisiac.

The basis of these beliefs was connected with the doctrine of signatures so widespread in all parts of the world at one time and present to some degree to this day.[1] The mandrake root bears some resemblance in shape to the human body, and it was held that there were both male and female mandrakes. Also referred to as mandragora.

MANN ACT. The notorious American Act introduced in 1910 for the prevention of "white slave traffic." It is popularly known as the Mann Act, after the name of its proposer. The Act makes it a criminal offence for a man to take a woman into another State for the purposes of fornication, and it has been interpreted as including ordinary cases of fornication committed, after travelling to another State, by two persons who are not married. Any such offence is punishable by fine or imprisonment, and the maximum penalties are heavy and severe. Although the Act is rarely invoked to deal with ordinary cases of immorality obviously unconnected with "pimping" or "white slavery," the possibility of such a case being brought causes a good many abuses, and leads on many occasions to blackmail. The fact that the woman concerned cannot be prosecuted enhances considerably the manner in which the Act can be used for the purposes of blackmail.

MANUSTUPRATION. *See* MASTURBATION.

MARIE'S DISEASE. *See* ACROMEGALY.

MARIHUANA CIGARETTE. A cigarette containing Indian hemp or *cannabis indica*, the hashish of the Orientals. It has an extensive sale in America, mainly because of its sexually stimulatory powers. Its regular use, however, induces impotence.

MARISCÆ. Wart-like growths on the genitals or anus, which may be due to venereal or other infection. *See* CONDYLOMA ACUMINATUM.

MARRIAGE (COMPANIONATE). The name given by Judge Ben Lindsey to a system of monogamous alliance advocated by him as a solution for some of the sex difficulties which beset the young. It provides for the granting of divorce by mutual consent at any time after marriage so long as there have been no children born to the union. Alimony

[1] Some twenty years ago, when my activities as a judge and exhibitor of poultry and dogs took me to fairs and agricultural shows in all parts of Great Britain, I have frequently witnessed quacks selling mandrake root and extolling its virtues as a cure-all in terms appealing to the superstitious beliefs of the audiences.

should not, in such cases, be granted to the wife unless ill-health or other special circumstances prevent her earning a living. The practice of contraception is recognized as an integral feature of such a system of marriage, and for this reason, the provision by the State of facilities for securing information and instruction in scientific birth control would be necessary.

The time has come, rightly contends Judge Ben Lindsey, when the regulations which were formulated for the marriage in which procreation was the main object, should no longer apply to the childless union.

In favour of Companionate Marriage it must be allowed that it would do much to encourage early unions. As it is, the tendency in all parts of the civilized world is for the age at which marriages are contracted to be delayed, a tendency which cannot but have evil effects upon orthodox morality. Anything which encourages early marriage, coincidentally decreases the incidence of prostitution, masturbation and sexual inversion.

MARRIAGE (JACTITATION OF). The statement, unfounded and illegal, in which one person claims to be married to another. The person making such a false claim is termed a jactitator, and the aggrieved party may secure "a decree of perpetual silence" against such a person.

MARRIAGE (ORIGIN AND DEVELOPMENT OF). Marriage constitutes a method, sanctioned by law, of regulating or rather attempting to regulate, sexual relations between man and woman, in so far as they are concerned with procreation. Its rules and regulations are binding, so far as they are applicable, even where procreation does not result from the union.

There is much dispute as to whether promiscuity was the forerunner of even the crudest forms of marriage. Despite the wealth of adverse opinion I am inclined to believe that, in their beginnings, the polyandry and polygamy of primitive races and savage tribes were actually promiscuity. Polyandry gave place to polygamy and polygamy in turn was ousted by monogamy.

In early civilizations there was no marriage ceremony as we know it. According to the laws of Moses, the mere fact of having sexual intercourse with a virgin constituted marriage. Polygamy at that time was approved. The people were urged to breed to the extent of their power and capacity. The sterile woman and the unmarried man were alike shunned and denounced. God's command "Be fruitful and multiply" was accepted literally and followed faithfully.

The laws governing marriage were based upon two viewpoints: (1) that the husband possessed a property right in his wife as he did in any other of his possessions; and (2) that it was essential for the paternity of every child to be established. Subsidiary to these basic laws were the rules that the husband should be responsible for the keeping of his wife and for the rearing of his children. These fundamental principles have been retained through the centuries in the rules and regulations governing every form of marriage.

With the coming of Christianity and the supremacy of St. Paul's ascetic philosophy, marriage for a time was under a cloud. The imminence of the end of the world and the prospects of eternal life in the heavenly regions, preached so assiduously by St. Paul and his associates, were incompatible with the coincident urging to "replenish the earth." Celibacy was glorified. Marriage was conceded to be applicable only to those who could not overcome their lust.

The failure of the ecclesiastical authorities to compel the people to embrace celibacy in any extensive form, led them to consider the alternative idea of getting the control of marriage itself into their hands. To this end they made marriage a sacrament. They issued licences for marriage and they made it a contract which was terminable only with the death of one partner. This concept of marriage as a union made and blessed by God has flourished through the ages, and is believed in by a huge number of people to this very day. With certain modifications in regard to annulment and dissolution by divorce or separation these ancient ecclesiastical rules governing marriage constitute the basis of legal marriage

now in force. *See also* ADULTERY, ENDOGAMY, POLYANDRY, POLYGAMY.

Literature: Lord Avebury, *The Origin of Civilization*, London, 1912; Iwan Bloch, *The Sexual Life of Our Time*, New York, 1919; Floyd Dell, *Love in the Machine Age*, London, 1930; E. S. Hartland, *Primitive Paternity*, London, 1909; B. B. Lindsey and W. Evans, *Companionate Marriage*, New York, 1928; Bertrand Russell, *Marriage and Morals*, London, 1929; George Ryley Scott, *Marriage in the Melting Pot*, London, 1930; Edward Westermarck, *The History of Human Marriage*, London, 1921.

MARRIAGE (NULLITY OF). A marriage which is annulled is completely wiped out of existence. Neither the man nor the woman concerned is held to have been married. Before the passing of the Matrimonial Causes Act, 1937, the grounds upon which a marriage could be annulled were (*a*) where one party was already married, (*b*) where one party was tricked or forced into marriage, (*c*) where the two parties were within one of the prohibited or incestuous degrees of relationship, (*d*) where one party was under the marriageable age, and (*e*) where either party was sexually impotent.

The 1937 Act extends these grounds considerably. Section 7 (1), which deals with nullity, reads:

"In addition to any other grounds on which a marriage is by law void or voidable, a marriage shall be voidable on the ground: (*a*) that the marriage has not been consummated owing to the wilful refusal of the respondent to consummate the marriage; or (*b*) that either party to the marriage was at the time of marriage of unsound mind or a mental defective within the meaning of the Mental Deficiency Acts, 1913 to 1927, or subject to recurrent fits of insanity or epilepsy; or (*c*) that the respondent was at the time of the marriage suffering from venereal disease in a communicable form; or (*d*) that the respondent was at the time of the marriage pregnant by some person other than the petitioner."

It should be noted that sterility *per se* in either sex is not a ground for annulment.

MARRIAGE (OBLIGATIONS OF). The first and major obligation of marriage is concerned with sexual intercourse. A marriage licence, in blunt terminology, is a licence for copulation. It converts what, in other circumstances, constitutes either a sin or a criminal offence, into a virtuous act or a duty.

It is important that each party to the marital union should clearly understand that participation in sexual intercourse is something which the other partner has a right to expect or to demand. If the man or the woman does not expect or wish to take part in sexual congress marriage should not be entertained. This the law clearly recognizes in making inability or refusal to perform the sex act constitute ground for annulment of the contract.

This obligation in respect of sexual relations does not mean, as so many people think, the right to demand procreation. Such a right is neither specified nor implied in the marriage contract. Whatever may be the views of ecclesiastical authority and however strenuously the avoidance of childbirth may be denounced, there is no legal prohibition of the practice of birth control by either partner irrespective of the approval or consent of the other partner.

Economic considerations loom largely in marriage laws. It is the husband's duty to support his wife and children. Once a marriage is contracted the husband cannot, except in certain specific circumstances, repudiate his economic liabilities.

MARRIAGE (PLURAL). *See* POLYGAMY.

MARRIAGEABLE AGE. In English law the Age of Marriage Act, 1929, provides that "a marriage between persons either of whom is under the age of sixteen shall be void."

MARSUPIUM. The pouch in which newborn young are carried, as in the female kangaroo. In man the term is used as referring to the scrotum.

MASOCHISM. Coined by Krafft-Ebing, the term describes the securing of sexual pleasure through experiencing pain, subjection or humiliation at the hands of the opposite sex. Actually the phenomenon is as old as civilization, but there

was no recognition of it as a definite sexual aberration until Sacher-Masoch presented the world with his detailed analysis in *Venus in Furs*.

Masochism, in its practical aspect, may be either a means of inducing sexual passion preparatory to coitus, or it may rank as a complete substitute for the sex act. Although flagellation at the hands of the woman is by far the commonest form of punishment which the male masochist craves, the perversion occasionally takes strange forms. There is the case recorded by Hammond of a man who, as a substitute for the sex act, paid three prostitutes to tread upon his naked chest.[1] It all depends upon the nature of the act expressing subjection or the degree of attendant violence that is necessary to produce sexual excitation. It may be essential that violence should occur to the extent of blood appearing, and to this end dangerous practices are occasionally resorted to.

The most common form which masochism takes, especially in modern civilization, is the symbolical form, in which no active part is taken by the masochist. The imagination is inflamed to a point of ecstasy in consequence of reading about or imagining masochistic phenomena. Krafft-Ebing gives some remarkable instances. In one case, the subject was a young man troubled with a masochistic desire to be at the beck and call of a mistress who would cause him to perform the most humiliating and disgusting tasks. In another case, a man who, in his youth, obtained erections from reading of the "whippings" in *Uncle Tom's Cabin*, derived pleasure from imagining himself domineered by a mistress who, in his own words, "harnessed me to a carriage and made me take her for a drive, whom I must follow like a dog, at whose feet I must lie naked and be punished—i.e. whipped—by her."[2]

The homosexual element in masochism must not be overlooked. It is by no means rare, and it occurs in relation to both sexes; there being women who find sexual excitation in playing "slave" to another woman, just as there are men who will allow themselves to be flogged by a member of their own sex.

Masochism in an incipient or fundamental form, as opposed to an actual psychological aberration, is widespread in civilization, and there is a tendency towards its extension, as is seen in the growing submission of men to women and to bureaucratic bullying and interference.

MASOCHIST. A person addicted to the the practice of masochism.

MASSAGE. The name now given to a systematic and scientific manipulatory system, consisting of rubbing, kneading and punching with the hands, and sometimes with the aid of mechanical or electrical appliances, various parts of the body. It is contended that massage, as a result of its stimulatory effects, is a valuable form of treatment in a large number of diseases, notably in rheumatism, sciatica, joint diseases, neuralgia and some forms of constipation.

Massage is nothing new. Its therapeutic virtues were extolled by Hippocrates over two thousand years ago. But in the early days of Christianity it lost its reputation, and was not practised again under this name or approved by the medical profession until comparatively recent years.

There are indications that basically massage is little different from flagellation and urtication. Applied in certain ways it has undoubtedly similar sexually stimulatory effects. *See under* APHRODISIAC, FLAGELLATION and URTICATION.

MASTADENITIS. Same as MASTITIS.

MASTALGIA. Pain in one or both of the breasts. Mammalgia.

MASTATROPHIA. Wasting of the mammary gland.

MASTAUXE. Abnormal growth or swelling of the breast.

MASTHELCOSIS. Ulceration of the mammary glands.

MASTIGOSIS. Flagellation or urtication for therapeutic purposes. *See under* FLAGELLATION.

MASTITIS. Inflammation of the tissue around the breasts. It often results from lack of personal cleanliness. Mastadenitis.

[1] W. Hammond, *Sexual Impotence in the Male*, p. 32. 1933.
[2] R. v. Krafft-Ebing, *Psychopathia Sexualis*, p. 145.

MASTOCARCINOMA. Cancer of the mamma or breast.

MASTODYNIA. Neuralgic pain in the breast.

MASTOMENIA. The flow of menstrual blood from the breasts; a form of vicarious menstruation.

MASTONCUS. A tumour of any kind appearing on the breast.

MASTOPEXY. The surgical operation for fixing and supporting an enlarged or pendulous breast.

MASTORRHAGIA. Profuse bleeding from the breast.

MASTOSCIRRHUS. A hard tumour or cancer of the breast.

MASTOSIS. An enlarged or swollen breast usually due to the presence of a tumour.

MASTOSPARGOSIS. The condition in which the mammary glands are distended with milk to their utmost capacity.

MASTUPRATION. *See* MASTURBATION.

MASTURBATION. A substitute for the sex act employed mostly in circumstances where there are obstacles or difficulties in the way of coitus, and occasionally employed in preference to coitus. It is as old as the world itself. It is the vice of all races, classes and ages. It is not restricted to mankind, being practised by animals and birds.

It is essentially and pre-eminently a vice which is practised (with comparatively rare exceptions) in solitude. Hence the popular name "solitary vice." It is practised by nearly all men and most women, who for any reason are compelled or elect to spend any extended part of their lives in segregation. This applies whether the segregation is physical or spiritual. Thus masturbation is rife among prisoners, soldiers, sailors, monks, nuns and priests. It is also employed by men and youths who cannot afford to resort to prostitutes or who fear the contraction of venereal disease or the risks connected with conception. It is resorted to largely by unmarried women who are suffering from sex repression.

It is doubtful if the contention that masturbation is instinctive can be upheld. It is undoubtedly often acquired in the first place accidentally, and in certain cases (infants) unconsciously. These accidental causes are many, and are conditioned by the individual's sexual precocity and repercussions. Thus, provided the individual is in a state of sexual stimulation induced through the proximity of an attractive member of the other sex; as a result of reading erotic literature or gazing at lascivious pictures, the slightest form of irritation of the genitals may be sufficient to induce pleasurable feelings leading to attempts being made afterwards to repeat the irritation. During the years of adolescence, in particular, the genitals of both sexes easily respond to irritation. In the male, even so slight a matter as the rubbing of the genitals with the trousers will often provoke an emission. The irritation caused by the presence of smegma under the prepuce is often a predisposing cause of masturbation; so is posthitis or balanitis. Skin diseases are frequently responsible: thus scabies, pediculosis pubis, herpes genitalis. Inflammation or catarrh of the urethral passage, hemorrhoids, and chronic constipation are all possible causes; so is the itching induced by eczema on the genitals or adjacent parts; or by the presence of threadworms. Climbing poles and ropes, horseback riding, sliding down banisters, and the like feats, or accomplishments, are fertile causes of the vice. Dancing, in particular, through the intimate contact of the two sexes, is a frequent cause.

Granted the existence and incidence of all these possible ways in which the vice can be accidentally induced, for the most part, masturbation is acquired from other individuals. Sooner or later, most boys and girls come into contact with someone who practises masturbation and who takes a delight in initiating a friend or acquaintance into the vice. It happens every day in schools and colleges, in reformatories, in prisons, and in all places where youngsters congregate or where adults are segregated in all parts of the world.

The prevention and cure of masturbation have at one time and another been given much attention by medical men, theologians and psychologists. Many of the methods adopted in the past, such as pinioning the hands at night, confining the genitals in a wire contraption resembling a cage, and sewing up the

pockets of trousers, proved futile. Many doctors to-day recommend circumcision of the male as a preventive or cure, but it has little virtue in either respect if the incentive to masturbate is big enough or the habit has been started. The analogous, but much more rarely adopted method in the female, of clitoridectomy, is similarly of little value. Often, efforts are made to reduce sexual desire by the use of chemical anaphrodisiacs. Mostly, such efforts prove unavailing, as any results produced are purely temporary, and repetitive dosing may have dangerous consequences.

Preventive measures, to be in any way effective, must be adopted *before* the vice has been acquired. Boys should not be allowed to wear pyjamas. They should wear the old-fashioned nightshirts. Apart from the risk of pyjamas causing sexual irritation and predisposing to the acquirement of masturbation, it is not well for the genitals to be kept in the unhealthy state induced by close contact with clothing. It is bad enough for them to be in this condition during the day; there is no need to continue the unhealthy treatment during the night as well.

As a general precaution, applying to children of both sexes, it is well for parents to see that they are free from internal worms. These parasites are common in children and as a result of the irritation of the anus they so often cause, sometimes lead to the acquirement of bad habits. In girls, in particular, the worms often find their way from the back passage into the vulva and vagina, where they cause intense itching.

Another precaution, also applying to both girls and boys, is in connexion with the growing habit of allowing adolescents of both sexes to have their breakfasts in bed. In the first place, *soft beds* for children, whatever they may be for adults, are an abomination. They cause the body to get too hot, they induce laziness, they encourage lying in bed long after awakening from sleep—all possible causes of sexual vice. Breakfast in bed, while it may be an admirable practice where invalids and the aged are concerned, is nothing but an evil in the case of young persons. Lying in bed *awake*, at a time when the sexual organs are congested to start with, is a particularly dangerous habit. It certainly ranks prominently among the causes of self-abuse.

I am not writing this in any alarmist spirit. It is quite possible for an adolescent of either sex to do any or all of the things I have mentioned without contracting any evil habits; but at the same time the risk is one that cannot be ignored and certainly should not be overlooked. I have seen too much that is evil acquired in just such an innocent manner; I have seen too many lives ruined from neurasthenia and hypochondria, the beginnings of which were directly attributable to sexual vice acquired in the most trivial way.

MASTURBATION (FEMALE ASPECTS OF). It was and is commonly thought that masturbation is exclusively a male vice, and because of this general viewpoint there has, until comparatively recent years, been little attention devoted to the practice among the female sex. It is extremely difficult to secure any reliable information respecting the relative prevalence of a vice which is so thoroughly and easily surrounded with secrecy, but the consensus of authoritative opinion is that masturbation is almost as common among the one sex as the other. In girls the vice is probably much less widely distributed than in boys; but, on the other hand, it is far more common among adult females, and especially unmarried women, than among men. It is significant that in response to the questionnaire issued by Davis, 721 out of 1,183 women admitted that they had practised self-abuse.[1]

Masturbation assumes many more forms in the female than in the male, largely because the area of sexual stimulation is very much more extensive and there is no need for the female to restrict herself to digital manipulation. Usually the practice starts in the form of digital irritation of the vulva and the clitoris, extending to the vagina and the urethra. In some females mere thigh-rubbing is sufficient. Where masturba-

[1] K. B. Davis, *Factors in the Sex Life of Twenty-two Hundred Women.*

tion becomes habitual, the fingers soon cease to provide sufficient friction and recourse is had to artificial aids. Thus bananas, carrots, cucumbers, candles, pencils, clothes-pegs, small bottles, hair-pins, bodkins, catheters and other articles are employed. The nozzle of the vaginal douche is often used. Electric medical appliances are popular.

Because of the employment of these various articles, the risk of evil physical effects following in the train of the vice are far greater in the case of the female than the male. Here we are not concerned with the cumulative effects of habitual or long-continued masturbation, we are concerned with the risks which are always present whenever any object, other than a properly constructed contraceptive appliance, is pushed into the genital passages. An article or instrument made of wood, metal, bone or other hard material, forcibly inserted into the vagina or urethra may have most dangerous consequences. If it is pushed into the vagina it may penetrate or damage the wall with most serious results. If pushed into the urethra it may enter the bladder, when every effort at self-retrievement will prove unavailing. It may, in such a case, cause no serious inconvenience at the time, but sooner or later an operation will be inevitable. The case-histories of urologists bristle with instances of foreign bodies being found in the bladder which obviously could have got there only by masturbatory practices.

The psychological consequences of excessive masturbation are mainly concerned with the production of a state of affairs where normal coitus, when the time comes to practise it, fails to give sexual satisfaction. This in particular is likely to happen where the more vigorous forms of titillation resulting from the use of instruments and electric appliances have become habitual.

MASTURBATION (MALE ASPECTS OF). In the male, masturbation is predominantly a vice of youth and adolescence. Probably 95 per cent of the male population have practised masturbation before reaching manhood. It is usually confined to manual manipulation of the penile organ. In rare cases where, after long-continued indulgence, all ordinary forms of friction are insufficient to cause orgasm, bizarre, revolting and occasionally dangerous methods are employed. Apart from the risks of injuries connected with the use of instruments or aids to masturbation which form perhaps the most dangerous feature of female masturbation, there is far greater likelihood of the practice proving physiologically injurious in the male than in the female. This specific risk is connected with those cases where the vice is practised habitually.

A great deal of nonsense has been written and is in circulation respecting the harmful effect of male masturbation. By one authority and another, it has been credited with the responsibility of bringing in its train almost every serious existent disease. The ancient writers on sex and its disorders, from the time of Hippocrates, stressed the serious results of the vice. Tissot's *De l'Onanisme*, which had much effect upon medical opinion, catalogued a formidable list of diseases due to masturbation. In lay circles Voltaire took up much the same attitude. Religious and moralistic writers quoted and elaborated these views, and do so to this day, with the express object, in many cases, of frightening youth into the paths of virtue. On the other hand, John Hunter held that masturbation had no harmful effects of any kind; while in our own day Stekel affirms that even where the practice is habitual it has no injurious effects. Many other present-day sexologists hold somewhat similar views.

Over fifty years ago James Paget stated that "masturbation does neither more nor less harm than sexual intercourse practised with the same frequency, and in the same conditions of general health, age, and circumstances."[1] This does not mean that masturbation, in any circumstances, is no more injurious than coitus. There is an important and significant difference between masturbation and coitus—a difference which is often overlooked. Whereas in the case of coitus there

[1] James Paget, *Clinical Lectures and Essays*, 1875.

are many factors which, in most cases, effectually check its excessive indulgence, in the case of masturbation there are no such impeding or restrictive factors. Here we touch upon one of the most insidious features of the vice: its secrecy. Because of this secrecy it can be indulged in habitually and to the limit of the individual's powers. It involves no expense whatever, another factor which leads to its practice to excess. All these factors together lead to masturbation being practised excessively far more often than coitus is practised excessively. They also lead to masturbation being practised by youths before an age is reached at which normal sexual activity is possible, and by senescents at an age when coitus in any complete sense is out of the question.

The injurious effects of excessive masturbation are mainly concerned with the production of a congested state of the prostate and seminal vesicles through manipulation being continued after the supply of secretions has been exhausted —a common occurrence; and the danger, through repetitive and vigorous manual irritation, of normal copulation proving either unsatisfactory or impossible. Although such cases are, comparatively speaking, rare, they do occur; and wherever masturbation becomes habitual the danger exists.

The prospects of psychological evils arising from long-continued or excessive indulgence are very much greater than physiological evils. In fact, as regards the majority of cases, the resultant harm is solely psychological, due to the widely disseminated popular notion that masturbation necessarily and inevitably has evil results. It is here that the policy which has been so consistently followed in the past, and which, despite the continued denials of responsible sexologists, is largely followed to-day, of painting in lurid pictures the fate of the masturbator, proves itself to be so harmful and dangerous. The youth who has become addicted to the vice learns of the results he is to expect and immediately he becomes alarmed. He feels that his life is ruined, that his sexual virility is endangered, that he is afflicted with some serious physical or mental disease. In other words, he begins to worry. And this precisely is where masturbation so often proves psychologically harmful. It is the horror induced in the mind of the youth who has acquired the habit, when he listens to lectures and reads highly coloured accounts of the terrible consequences which will inevitably be reaped in later life, which leads to neurasthenic disturbances and sometimes to hypochondria.

And because of their essentially psychic nature, any harmful effects resulting from self-abuse are dependent upon the *character and mental reaction of the youth himself*. The moron, or the idiot, or the imbecile, can practise the vice to the full extent of his physiological capacity, and probably feel not the slightest injurious effect. Similarly, the boy devoid of any moral or ethical scruples or æsthetic ideals can, and will, indulge in the vice to an inordinate degree with no ill effects. But with the more intellectual, the more refined, the more æsthetic, the more ethically inclined youngster, the position is altogether different.

It is the youth who is inclined to shun the society of his schoolfellows or college chums as well as that of the opposite sex; the youth who is shy, difficult to approach, and who prefers privacy and isolation to company and games; who is in danger. An adolescent youth conforming to one of the types I have mentioned will, in particular, if he does acquire the habit, be almost sure to suffer some form of emotional disturbance. For, sooner or later, the terrible category of evil effects which are reputed to result from its practice will become known to him. It is then that he begins to worry, to be afflicted with remorse, to look upon himself as a disgusting monster and a social leper. And it is in just such circumstances that he is led to make "contacts" and friendships which may easily turn an imaginary evil into a very real and dangerous one.

MASTURBATION (MUTUAL). The form of masturbation practised by two individuals of the same sex or opposite sexes. It is the form of overt sexual expression which homosexuality most frequently takes.

MASTURBATION (SYMBOLICAL). There are forms of masturbation where no

manipulation or irritation of genital or erogenous areas is attempted. Lascivious thoughts, mental images or hallucinations, aided in some instances by the reading of erotic literature or viewing pornographic pictures, provide the stimulus necessary to produce sexual excitation cumulating in orgasm and ejaculation.

MATERNAL IMPRESSIONS: THEIR INFLUENCE ON OFFSPRING. The old belief that the emotional reactions following shock, fright, or other disturbance suffered by a pregnant woman affect the fœtus and are the cause of birth-marks and other abnormalities is still widely accepted throughout all civilized countries. In medical literature, books on folk-lore, etc., there are many cases which are held to have been proved true. Further, it is common to hear, in conversation, stories of similar cases. "In some countries," say Gould and Pyle, "the exhibition of monstrosities is forbidden because of the supposed danger of maternal impression. The celebrated 'Siamese Twins' for this reason were forbidden to exhibit themselves for quite a period in France."[1]

The hypothesis of the influence of a maternal impression involves the acceptance that a mental impression received by the mother makes a physical impression on the child. There is no evidence that such a phenomenon is possible, and, on the other hand, there is abundant evidence in support of coincidence proving an acceptable explanation for such cases as have been brought forward in proof of the hypothesis.

MATULA. A chamber-pot or any vessel or place used as a urinal.

MAZA. *See* PLACENTA.

MAZALYSIS or MAZISCHESIS. Failure to expel the placenta after delivery of the child.

MEATOTOME. A surgical knife used in the operation for enlarging a meatus.

MEATOTOMY. Any surgical operation that involves cutting into a meatus, usually for the purpose of enlarging it. The term is used especially in relation to the urinal meatus.

MEATUS SOUND. An instrument used for dilating the urethra in cases of stricture.

MEATUS URETHRÆ. The outlet or external orifice of the urethra.

MEATUS URINARIUS. Same as MEATUS URETHRÆ.

MECHANICAL NURSE. *See* COUVEUSE.

MECOMETER. An instrument for ascertaining the length of a new-born child.

MECONIUM. The dark-green fæces of a new-born child.

MEDICAL PRIVILEGE AND SECRECY. There is a general notion among the public that any information divulged to or any knowledge gained by a doctor during consultation or examination is deemed to be private and confidential, and that even in a court of law a medical man will not and cannot be compelled to disclose such information. It is, for instance, thought that no doctor would or could be compelled to divulge in a court any information regarding the infection of a client with venereal disease. The idea is an erroneous one. The ethics of the medical profession, which hold that a consultation represents a secret conference between client and doctor, however rigidly they hold good in relation to the ordinary course of events, do not apply in an English court of law. No privilege of any such nature, despite the Hippocratic Oath, is granted to a medical practitioner.[2] He must answer such questions as are put to him, and which the judge decides are relevant, irrespective of whether or not they constitute a breach of confidence between client and doctor. The only exceptions to this rule are those questions which might be held to implicate the doctor himself in a breach of the law. A witness cannot be compelled to answer a question if the answer would, in the slightest degree, incriminate himself.

In America the matter is on a different footing, for although in common law the position is much the same as in England, most of the States, following the lead of New York, have statutes which provide

[1] George M. Gould and Walter L. Pyle, *Anomalies and Curiosities of Medicine*, p. 81. Saunders, London, 1900.

[2] The only person to whom, in English law, any such privilege is granted is an attorney in respect of his relations with his client.

that no physician shall disclose any information secured from his patient without that patient's express consent.

MEDOBLENNORRHEA or MEDOBLENNORRHŒA. Gonorrheal urethritis. *See under* GONORRHEA.

MEDORRHEA or MEDORRHŒA. A general term for any discharge from the genitalia. *Medorrhœa urethralis* is sometimes used to indicate gonorrheal urethritis in either sex; while *medorrhœa virilis* refers specifically to a gonorrheal discharge from the male urethra. *Medorrhœa fæminarum insons* refers to the discharge from the female genitals known popularly as the "whites."

MEGALGIA. Abnormally severe pain.

MEGALOMANIA. A variety of insanity in which the main characteristic is the delusion of grandiloquence. It is often associated with general paralysis.

MEGALOPENIS. A condition where the penis is abnormally developed.

MEGALOSCOPE. A variety of speculum which magnifies.

MELANCHOLIA. That form of insanity, or approaching insanity, in which the main characteristic is the most intense depression.

MELANOLEUCODERMA COLLI. A skin eruption which usually encircles the neck like a collar, characterized by a marbled or mottled appearance, sometimes following syphilitic infection. Known also as Venus's collar.

MELANORRHŒA. Persistent discharge of black fæces.

MELANURIA. The discharge of urine of a black or dark brown colour.

MELASMA GRAVIDARUM. A form of skin discoloration sometimes seen in women during gestation.

MEMBRUM MULIEBRE. Another name for the clitoris.

MEMBRUM VIRILE. Another name for the penis.

MENACME. A term coined by Kisch to indicate the reproductive period of woman, that is, from the beginning of menstruation to the end of the menopause.

MENARCHE. The term introduced by Kisch to designate the time in the life of a woman when menstruation first appears.

MENDELISM. In 1865, Gregor Mendel, Abbot of Brüun, published the results of his experiments with peas which later were to found the science of heredity known throughout the world as Mendelism. Mendel's fame was to be posthumous, as it was not until some sixteen years after his death in 1884, that the Mendelian theory really attracted serious attention among biologists and geneticists, and that Mendelism was accepted generally as governing all hereditary aspects of sexual reproduction.

Mendel's famous original experiments were as follows. He took tall peas and dwarf peas and crossed the two. The hybrids were all talls. These were allowed to self-fertilize with the result that the offspring comprised 75 per cent talls and 25 per cent dwarfs. Further self-fertilization resulted in the dwarfs producing nothing but dwarfs and the talls producing both dwarfs and talls in certain proportions. It was from these experiments that Mendel elaborated his theory that in the germ-plasm there are two sets of units or genes, one of which is dominant and the other recessive. When cross-breeding occurs, the meeting or union of two similar units produces a pure dominant, and the meeting of two recessives produces a pure recessive.

The early disciples of Mendel made further experiments with plants and birds. Thus the crossing of different coloured specimens of the *Mirabilis jalapa* (commonly called four o'clock) further illustrate the workings of Mendel's law. Suppose red-flowered plants are crossed with white-flowered. The resultant hybrids will be pink-flowered. The pink-flowered hybrids, by self-fertilization, produce white, pink and red in the ratio of 1:2:1. In turn, these whites breed whites; the reds breed reds; while the pinks again produce whites, pinks and reds in the proportion of 1:2:1. But the case which is supposed to illustrate best the working of the Mendelian law in practical breeding is that of the Andalusian fowl. The Andalusian, a domestic fowl of the Mediterranean type, is of a slatey-blue colour. It is a hybrid, and it does not breed true. It was produced, and it can be produced, by crossing white and black fowls of the correct physiological conformations. It is asserted that if a white male and a black female, or vice versa, be bred from, the progeny are blue fowls. If these resultant blues are inter-

bred in turn, the progeny will comprise whites, blues, and blacks in the Mendelian proportions of 1:2:1. Further breeding from the blacks produces all blacks; from the whites, all whites; and from the blues again there will come blacks, blues and whites in Mendelian proportions of 1:2:1. The blacks and whites bred together will produce all blues.

In recent years much doubt has been cast upon the correctness of the Mendelian theory. Biological research has proved that the workings of what is known as heredity are by no means so simple as the Mendelian hypothesis assumes. The basic error which Mendel made and the error which his disciples repeated was in assuming that each characteristic existed and was hereditarily transmissible as a single unit or gene. Actually, it is far more probable that each characteristic consists of scores or hundreds of genes, and that if a single one out of the lot is not inherited in its original form the hereditary content will be affected. Apropos of this Jennings says:

"In the fruit fly at least fifty genes are known to work together to produce so simple a feature as the red colour of the eye; hundreds are required to produce normal straight wing, and so of all other characteristics. And each of the co-operating packets is necessary; if any one of the fifty is altered, the red colour of the eye is not produced."[1]

My own experience with the breeding of pedigree fowls and animals leads me to agree with those who doubt the accuracy of the Mendelian hypothesis, particularly in its application to any other than vegetable life. I have had no experience with tall and dwarf peas or with the *Mirabilis jalapa*, but I have had experience in the breeding of the Andalusian and other blue varieties of fowls. In 1929, I wrote as follows:

"Anyone reading the writings of a professed Mendelian would gather most firmly the idea that to produce blue fowls successfully and scientifically the breeder will mate blacks with splashed-whites, and thus secure 100 per cent blue specimens. He would further gather that should he be so incredibly foolish as to mate blues to blues half only of the progeny would be blues, the other 50 per cent being blacks and splashed-whites in exactly equal quantities. On these points, and as regards these percentages, every Mendelist speaks positively and unanimously. It is certainly true that the mating of blues to blues gives a percentage of blacks and splashed-whites. It is further true that the originator of a new blue variety usually secures his foundation by using a black or a splashed-white, but he does not, as the Mendelist assumes and advocates, cross the black with the splashed-white, he crosses the one or the other with a specimen of an existent blue variety. And after this initial start, he never, unless he is an absolute novice or has been studying some work on Mendelism, again uses a pure black or a splashed-white. He invariably uses a pure blue on one side, crossing with a black-splashed-blue, and at other times with a white-splashed-blue, the cross being determined by the shade of blue already secured and whether he wishes to darken or to lighten it. . . . I gravely doubt if anyone, breeding strictly along Mendelian lines, will ever produce a specimen that can win a prize at the Crystal Palace or the Madison Square Garden Show. The blues, bred from black and white parents, are without exception very inferior specimens of all shades of colour and degrees of quality: absolutely useless, except in the founding of a new blue variety. In the case of the Andalusian itself, or of any other established blue variety, specimens fit for exhibition can be bred only by using pure blues on one side of the mating. Every *experienced breeder* of blue fowls, whether they be Andalusians, Leghorns, or Orpingtons, knows well enough that Mendel's hypothesis, so far from being of the slightest value as an aid to successful breeding, would, if put into practice, prove utterly ruinous."[2]

[1] H. S. Jennings, *Prometheus or Biology and the Advancement of Man*, p. 27. Kegan Paul.

[2] George R. Scott, *The Truth About Poultry: An Exposure of Humbug*, pp. 90-91. London, 1929.

MENELLIPSIS. The end of the menstrual periods. The climacteric.

MENIDROSIS. Vicarious menstruation through the sweat glands.

MENINGURIA. The presence of membranous shreds in the urine.

MENISCHESIS. Failure of menstruation to commence at the proper time in an adolescent girl.

MENOCELIS or MENOKELIS. A pigmented skin eruption sometimes accompanying failure to menstruate.

MENOLIPSIS. Absence of menstruation during the reproductive years.

MENOMETASTASIS. Same as vicarious menstruation.

MENOPAUSE (ARTIFICIAL). Complete extirpation of both the ovaries brings about, at once, and irrespective of the age of the woman, what is called an artificial menopause. Menstruation ceases completely and immediately in contradistinction to the gradual cessation which is characteristic of the natural menopause. Apart from this, all the symptoms of the natural menopause occur in connexion with the one induced by operative measures. Because of the great change produced, surgeons are reluctant to remove all traces of both organs unless pathological conditions make complete extirpation essential.

MENOPAUSE (NATURAL). In most women, between the ages of forty-five and fifty years, the organs of reproduction undergo a great change, known as the menopause or, in popular terminology, the "change of life." Ovulation stops, the menstrual discharge gradually ceases, and pregnancy is no longer possible. There are cases where pregnancy has occurred after menstruation has stopped, but in any such case ovulation must still have taken place. There are, too, exceptional cases where the menopause occurs much earlier than the age of forty-five and much later than fifty. The change does not take place suddenly. It is a gradual process, usually continuing over a period of two or three years, during which the menstrual discharges gradually diminish in frequency and in capacity.

The reaction of woman to the menopause varies greatly in different individuals. Much depends upon the woman's previous sex life. If she has suffered considerably at each menstrual period, or if, during her married life, she has been haunted continually by the dread of an unwanted pregnancy, the probability is that she will look upon the menopause as marking the beginning of a new era of health and happiness. Others, comprising most single women and a not inconsiderable proportion of married ones, through listening to the accounts of older women of post-menstrual age, and through reading lurid descriptions in popular sex guides and advertisements connected with feminine hygiene, dread the onset of their "change of life," with its dismaying and dangerous concomitants. In most cases it is looked upon as a cross which woman is destined to bear.

These descriptions, whether they are the oral ones gathered wherever old women congregate, or are culled from sex literature are, in the main, either wholly apocryphal or greatly exaggerated. There is no truth whatever, for instance, in the widely held belief that every woman during her "change of life" is in such a state that she cannot be held responsible for her actions, and in the further belief that a considerable proportion of women end up in a state of temporary or permanent insanity as a result of the menopause. It is of the highest importance that every woman who is approaching the age of forty-five should realize thoroughly that the menopause is a perfectly natural phenomenon which, in the ordinary way, is dangerous neither to physical nor mental health; that, in a healthy woman, it need cause little disturbance or uneasiness and interfere but slightly with the kind of life she is leading.

The initial symptoms are usually concerned with disturbances of the menstrual periods. The cycles become noticeably erratic. There may be the complete skipping of a period, followed by two or three cycles of marked brevity. The quantity of blood lost may decrease to a mere trifle; on the other hand there may be a marked increase both in the volume and the duration of the flow. At the same time there is generally an increase in girth, the abdomen becoming swollen and the

buttocks noticeably fatter. Hair may begin to appear on the upper lip and chin, while at the same time the pubic hair thins and begins to fall out. Other physical symptoms are the shrinking of the vulva and vagina and breasts. All these changes are the result of the diminution in the functioning of the ovaries, and the markedly smaller quantity and enfeebled quality of the internal secretions produced by these organs.

With these physical signs there are the hot flushes which sweep over the face and body. There may, too, be palpitation, bladder irritability, pruritus, indigestion, constipation and insomnia. On the mental side, there is usually a certain amount of depression, and in the case of those who have anticipated a catalogue of menopausal evils and malaises, there will probably be melancholia and attendant neurosis. The noises in the ears which are frequent symptoms of the menopause sometimes lead to hallucinations.

Much can be done to minimize any discomfort and inconvenience which these symptoms may cause. The point of first importance is not to worry. This is one half the battle. The next important points are the avoidance of over-eating and attention to genital cleanliness.

There are, of course, the exceptional cases where pathological conditions do develop or existing lesions manifest themselves at this time. This is especially applicable to tumours of the womb, ovaries and tubes, of both the malignant and non-malignant types. These new growths are not caused by the menopause. They appear or produce symptomatic conditions at about the age of forty-five to fifty, and because of this they are, somewhat naturally, connected by most women with the menopause itself. The most noticeable indication of the presence of any tumour is an excessive discharge of blood from the genitals at the menopausal age. If this discharge is persistent, and if it continues after all other signs and symptoms of the menopause have disappeared, there are grounds for suspecting the presence of a tumour, and medical advice should be secured without delay.

Prolapsus uteri (falling of the womb) often occurs during or immediately after the menopause. The atrophy of the vaginal walls and adjacent genitalia weakens the supports provided for the womb, with the result that the organ tends to drop.

Much nonsense is in circulation respecting the effects of the menopause upon the sexual life of the married woman. There is a commonly held idea that thereafter she is incapable of participating in sexual intercourse, or, if she does partake, incapable of experiencing any sensation. Both are fallacies. Apart from comparatively rare cases where, at this age, pathological conditions occur which make coitus inadvisable, painful or impracticable, most women experience no diminution either in the capacity for intercourse or the satisfaction securable from it. Indeed, in a considerable number of cases, the relief from worry over pregnancy gives new life to the sex act. It is not unusual at this time for nymphomania to develop in a woman of heretofore pronounced sexual anæsthesia.

In connexion with sexual intercourse it should be remembered that inability to conceive only occurs when the menopause is *complete*; that is, when the ovaries have ceased to function. As the cessation of menstruation is not an infallible sign that ovulation is no longer possible, there is always a danger that conception will occur at any time during the course of the menopause, and often for some time after all signs of menstrual discharge have disappeared. Many married couples make the error of assuming that the *commencement* of the menopause and the ending of the reproductive period are synonymous. In consequence, they cease to practise birth control, with the result that, to their consternation, pregnancy sometimes occurs. It is a safe rule to continue the use of contraceptives until at least a year has elapsed after any sign of menstrual discharge.

During the course of the menopause careful attention should be paid to diet. Overfeeding and wrong feeding are the causes of many of the troubles. Owing to the fact that the heart is invariably affected at this time, all foods which are

likely to induce cardiac trouble should be strictly avoided—in particular alcohol. For the same reason, cigarette smoking should be curtailed or given up.

MENOPHANIA. The first menstrual discharge.

MENOPLANIA. Same as vicarious menstruation.

MENORRHAGIA. Prolonged and excessive menstrual discharge. The cause is usually endocrinal disease or some pathological condition of the womb or ovaries. It is, in particular, a result of fibroid growths in the uterus. Menorrhagia is commonly referred to as "flooding."

MENORRHALGIA. *See* DYSMENORRHEA.

MENORRHEA or MENORRHŒA. Menstruation.

MENOSCHESIS. Arrested menstruation.

MENOSEPSIS. Blood-poisoning due to the retention of the menstrual discharge.

MENOSTASIS. Suppression of the menstrual discharge, causing the blood to accumulate in the cavity of the womb.

MENOSTAXIS. The continuation of the menstrual discharge long after it should normally cease. It is an indication of uterine disease.

MENOXENIA. Erratic or vicarious menstruation.

MENSES. The flow of blood containing uterine debris from the woman's genitals at regular intervals between puberty and the menopause. Menstruation.

MENSTRUA. The menses. The term is now rarely used. Similarly, *menstrua alba* is an almost obsolete term for leucorrhea, and *menstrua difficilia* for dysmenorrhea.

MENSTRUAL COLIC. Excessive abdominal pain at the time of menstruation. The cause is some pathological condition of the womb.

MENSTRUAL CYCLE. The period that elapses between the commencement of one menstrual bleeding and the first appearance of the succeeding menstrual bleeding. The cycle varies in length in different women, ranging from twenty days on the one hand to forty days on the other. There are cycles of fewer or more days than these, but they are rare. The average cycle is twenty-eight days, hence the popular term monthlies. The duration of the cycle also varies considerably in the same woman, being affected by climatic and environmental conditions, emotional shocks, and general health. The menstrual cycle is restricted to primates, and must not be confused with the œstrus period of the lower mammals.

MENSTRUATION (HYGIENE OF). For two thousand years the ascetic philosophy of St. Paul and the amoral conception of anything pertaining to sex have resulted in a neglect and an ignorance of the fundamental aspects of sexual hygiene which are as astounding in their universality as they are appalling in their results. The feelings of shame at the display of any interest in one's sexual parts and of repugnance for any actual touching of those parts, particularly in the case of women, have caused physical filth and moral cleanliness to be coexistent. Even to-day, despite the so-called sexual emancipation of the age, most men and almost all women allow their genital parts to get into and to remain in a dirty state.

Menstruation is nothing of which to be in any way ashamed. It is a perfectly natural phenomenon which every woman of reproductive age experiences. The only thing of which one has any reason to be ashamed is neglecting to keep the genital parts perfectly sweet, clean and wholesome during the time that the menstrual discharge persists, as well as at all other times. These points should be instilled into every girl on the arrival at puberty, by her mother or guardian.

There is a notion current among women in all ranks of life that during the menstrual period no water should be allowed to come into contact with the vagina or vulva. This is a fallacious idea which is responsible for many forms of menstrual trouble. The discharge from the womb, especially if it is copious and insistent, dries on the external genitals and is a frequent cause of inflammation of the vulva and vagina. Any such inflammatory condition may, in turn, cause catarrh of the cervix.

The cleansing of the genital passages may be effected either by douching or swabbing. In douching, a fountain syringe should be used. *Warm* water may be employed alone, or, if preferred, a solution of bicarbonate of soda (one

tablespoonful of soda to a pint of water) or of hydrogen peroxide (one part of peroxide to two parts of water). If, for any reason, the use of a syringe is impracticable, the vagina can be cleansed thoroughly with the aid of a pad of cotton-wool used as a swab. Cold water should not be used. Nor should strong antiseptics or germicides be used. They are likely to cause inflammation of the genital passages. Pads of clean lint, cloths or sanitary towels should be worn during the day to soak up the vaginal discharge. They must be changed frequently. The use of these hygienic contrivances does not, as so many women seem to think, do away with the need to wash the exterior genitals, and to douche or swab the interior passages, twice a day.

MENSTRUATION (PHENOMENON OF). During the reproductive years of woman, at periodic intervals, which may be regular, irregular or erratic, there is a bloody discharge from the uterus. This is known technically as menstruation, and popularly as the "monthlies" or "being unwell."

The average age at which, in Great Britain, menstruation commences is fourteen years. The average age at which the discharge ceases is forty-five years. There are many and wide variations, particularly as regards the time of the climacteric. In tropical countries, menstruation commences much earlier; while in cold regions it is delayed, and the intervals between successive discharges are much longer. The average duration of the discharge is four days, and the total quantity of fluid lost is approximately five or six ounces. In many cases the amount of blood is so small as scarcely to be noticeable, while in other instances the quantity lost is so great as to be alarming, and the flow continues for a whole week or even longer.

The variations both as to the quantity of blood lost and the duration of the discharge are so numerous and so great in different women that it is almost impossible to define what constitutes normality. What is abnormal in one woman may be normal in another. The important point, in relation to all aspects of menstruation, is *regularity*. If the woman loses a large amount of blood *regularly* there is rarely any cause for alarm. It is when the flow is scanty one month and profuse the next that one should suspect the presence of some pathological condition. In any such case the need to consult a gynecologist is indicated.

Much suffering during menstruation is due to constipation. It may be taken as certain that if constipation is present during the menstrual discharge the pain and inconvenience will be greatly increased. For this reason alone every woman should observe carefully the length and regularity of her menstrual cycles, and immediately before the next expected onset should take care to ensure the regular evacuation of the bowels by the use of a suitable cathartic. *See also* AMENORRHEA, MENORRHAGIA, and DYSMENORRHEA.

MENSTRUATION (PRECOCIOUS). The appearance of the menstrual discharge in girls long before the normal approach of puberty. There are many extremely early cases recorded in medical literature, i.e. at eight or nine years of age.

It should be noted that not every case of bleeding is necessarily the result of menstruation having commenced. An ulcer or a tumour may be the cause. Stains on the underclothes made by urine are sometimes mistaken for blood. No doubt many of the early cases cited were wrongly diagnosed.

In instances of true precocious menstruation there are usually observable other signs of sexual precocity, such as pubic hair, large breasts, and well-developed labia. The cause is almost always pathological.

MENSTRUATION (SUPERSTITIONS CONCERNING). Possibly no physiological condition in either man or woman has had more profound and far-reaching effects than the monthly discharge of menstrual blood in the female. These effects have been physical, psychological and sociological.

In all primitive races this blood lost by the female has been looked upon as imbued with magic properties—for the most part evil and dangerous. Because of this, the menstruating woman, in most cases, was shunned and segregated. In the Bible we read that everything with which she comes into contact, including man, becomes temporarily un-

clean.[1] In the Talmud and in the Koran too, there are injunctions against intercourse with a menstruating woman. Not only is she unclean at such times, said the Zoroastrians, but in addition she is under the influence of demoniac possession.

It was perfectly natural therefore that at these periods a husband would not, on any account, engage in sexual intercourse with his wife. The uncleanness of the woman during this period suggested any such procedure as peculiarly dangerous to the man even in races where there were no specific laws on the subject, such as those enunciated in the Bible, the Talmud and the Koran. The taboo, for all practical purposes, has survived in our own day. There are few women who will have sexual intercourse during these periods: there are fewer men, through the widely accepted idea that menstrual discharge is a cause of venereal disease, who will indulge in coitus with a woman at such a time.

Other superstitions concerning menstrual blood were concerned with the belief that it possessed magic medicinal properties. These beliefs were generally accepted during the Middle Ages. The old medical books abound with references to the virtues of the blood of a menstruating woman as a remedy for such varied and widely differentiated distempers and afflictions as gout, leprosy, warts, itch, small-pox, and dog-bites. In *The London Dispensatory*, a widely consulted seventeenth century medical treatise, by Dr. William Salmon, it is affirmed that the menstrual blood of a virgin is of great value in the treatment and prevention of disease. Taken as a medicine, it will cure the falling sickness and stone; used as a lotion it is a cure for gout; dried and worn in an amulet it "is good against the plague."

The belief, which at one time was widespread, that the touch of a menstruating woman contaminated meat and turned milk sour, has almost died out. Recent research has established grounds for the supposition that, in certain circumstances, this belief may have a foundation in fact.

MENSTRUATION (VICARIOUS). The occurrence of menstrual hemorrhage from some place other than the vagina, usually the nose, stomach, eyes, rectum or breasts. *Aberratio mensium.* Atopomenorrhea.

MENTULA. Another name for the penis.

MENTULAGRA. Involuntary and usually painful erection of the male member, as in chordee or priapism.

MENTULATUS. A man who possesses an exceptionally large penis, or one which is capable of unusual distension.

MENTULOMANIA. A rarely used name for masturbation.

MERCURIAL OINTMENT. An ointment containing metallic mercury, used as a venereal prophylactic, and popularly referred to as blue ointment or Trooper's ointment.

MESOMETRITIS. Inflammation of the tissue surrounding the body of the womb.

MESOMETRIUM. The tissue surrounding the body of the womb.

METACYESIS. Gestation occurring outside the womb.

METASYPHILIS. A form of congenital syphilis where the symptoms are purely constitutional and degeneratory, as opposed to local or secondary lesions.

METATOCIA. An abnormal or irregular process of childbirth. Cæsarean section.

METRA. The womb.

METRALGIA. Pains in the womb.

METRANASTROPHE. Uterine inversion.

METRATONIA. Weakness of the womb. A condition which often follows parturition.

METRATROPHIA. Atrophy of the womb.

METRAUXE. Hypertrophy of the womb.

METRECTOMY. The surgical operation for removal of the womb.

METRECTOPIA. Any form of uterine displacement.

METRITIS. A general term for any form of inflammation of the womb. Hysteritis.

METROBLENNORRHEA or METROBLENNORRHŒA. The discharge of mucus from the cavity of the womb.

METROCLYST. An apparatus used in applying a douche to the cavity of the womb.

METROCYSTOSIS. The presence of cysts in the cavity of the womb.

[1] Leviticus xv. 19-28.

METRODYNIA. Pain in the womb.

METROPTOSIS. Falling of the womb. *Prolapsus uteri.*

METRORRHAGIA. The occurrence of uterine bleeding apart from and in addition to the normal periodic menstrual discharge. It is often referred to as intermenstrual bleeding. Metrorrhagia is a symptom of some local pathological condition and it should never be disregarded. The cause may be some easily remedied uterine trouble, or it may be cervical cancer.

METRORRHEA or METRORRHŒA. Any form of morbid discharge from the womb.

METROSCOPE. An instrument used in an examination of the womb.

METROSTAXIS. A continuous trickling of blood from the womb between the menstrual periods. It should be looked upon as an indication of some pathological condition.

METROTOME. A surgical appliance for cutting into the womb.

METROURETHROTOME. A surgical cutting instrument used in certain cases of urethral stricture.

METRYPERCINESIS. Labour pains of an intensity far greater than normal, due to abnormal contractions of the womb.

MICTURITION. The process of passing water. Urination.

MIDWIFE. A woman (not a qualified obstetrician) who delivers or assists at the delivery of pregnant women.

MIKA OPERATION. *See* HYPOSPADIAS (ARTIFICIAL).

MILK LEG. *See* PHLEGMASIA ALBA DOLENS.

MISCARRIAGE. In medical and popular terminology, miscarriage includes both abortion and premature delivery. In legal terminology it is a synonym for criminal abortion.

MISCEGENATION. Breeding between two races.

MISDEMEANOUR. A criminal offence which is not a felony, and usually punishable by fine or imprisonment.

MISOGAMY. A violent opposition to marriage.

MISOGYNY. The hatred of women is inherent in the early Christian sexual doctrines advocated by St. Paul, his compatriots and satellites. It was St. Paul who delineated woman as a temptress, a lustful creature, a mountain of sin, to be avoided by man. The glorification of celibacy, the branding of sexual libido as unadulterated sin, the essential connotations between menstruation and filth, implied if they did not actually express the benefits accruing from female physical and psychical segregation.

It is this basic Christian misogyny which, for nineteen centuries, has coloured and largely activated man's treatment of and reaction to woman. Man, thanks to the blinkers so efficiently manufactured for him, has never realized that the psychopathic delusions of the founder of Christianity were responsible for the perpetuation of a method of treatment which, if it did not go so far as those Bishops, who in solemn conclave, at the Council of Macon, discussed whether or not woman was actually a human being, treated her either as an infant or a moron.

Misogyny, almost always, is of pathological orgin. Thus the misogyny of the Marquis de Sade, due to the development of the contrary sexual libido even to the extent of perversion; thus, too, the misogyny of Schopenhauer's later syphilitic years.

MITOSIS. Reproduction by cell-division.

MIXOSCOPIA or MIXOSCOPY. The securing of sexual orgasm or excitation as a result of seeing human beings or animals engaged in copulation.

MOGOSTOCIA. A general term for difficult childbirth from any cause. *See* DYSTOCIA.

MOLE. A mass of flesh or tissue usually consisting of the degenerative remnants of a fœtus which has succumbed at an early stage in its development. In the majority of cases it is expelled from the womb as an aborted fœtus, in rarer cases it is retained and forms a cyst or tumour. The presence of such a formation in the womb is often a cause of irregular uterine bleeding.

MOLLITIES OSSIUM. *See* OSTEOMALACIA.

MOLLY. A male who affects feminine habits or mannerisms. A Mary-Ann. A homosexual.

MONOGAMY. The system of marriage in which a man can have one wife only and a woman one husband only at a time.

MONOMANIA. Concentration, to an abnormal and often a morbid extent, on one

subject. Thus monomania may assume any one of many forms. Religious, erotic, homicidal and persecutional are the most common. It is doubtful if the usual contention that monomania is a form of insanity is justifiable.

MONORCHID or MONORCHIS. The man who has one testicle only in the scrotum. The other may be an undescended testicle, or it may have been destroyed by disease or accident.

MONS PUBIS. The male pubic eminence analogous to the female mons veneris.

MONSTER or MONSTROSITY. A fœtus which shows such a degree of deformity or abnormality as to interfere with normal growth. Monsters take various forms and are classified and named according to the nature of the malformation.

There is, in English law, no justification for either a medical attendant or the mother destroying a monster after birth. In the case of a suspected monster, an abortion could only be induced justifiably if there were clear indications that the mother's life was in danger.

Although usually a monster is either born dead or dies soon after delivery, there are many cases of monsters being born alive and surviving for long periods. Such specimens are to be seen on the music-hall stage and in circuses. The most notorious perhaps were the Siamese Twins, who attained the age of sixty years; the "Two-headed nightingale" (twin negresses); and the Hungarian sisters. (*See under* TWINS).

Many cases of truly remarkable monsters have been cited in medical literature. Paré gives several cases, some within his own experience. "In the yeere 1546," he writes, "a woman at Paris in her sixt month of her account, brought forth a child having two heads, two armes and four legs: I dissecting the body of it, found but one heart, by which one may know it was but one infant."[1] He also cites the case of a monster born in Germany, "out of the midst of whose belly stood a great head." This monster lived to man's estate. Even more strange is the following account by the same authority:

"In the yeere 1530, there was a man to be seene at Paris, out of whose belly another, perfect in all his members, except his head, hanged forth as if it had been grafted there. The man was forty years old, and he carried the other implanted or growing out of him, in his armes, with such admiration to the beholders, that many ran very earnestly to see him."[2]

An extraordinary case of a monster with a double skull, born in India in 1783, is given by Home.

"The body of the child was naturally formed, but uncommonly thin, appearing emaciated from want of due nourishment; but the head appeared double, there being besides the proper head of the child another of the same size, and to appearance almost equally perfect, connected to its upper part. This upper head was so attached that they seemed to be separate heads united together by a firm adhesion between their crowns, but with a considerable indentation at



[*after Paré*

PARASITIC MONSTER

For description see text

[1] Ambrose Paré, *Works*, 1634, p. 966.
[2] Ibid., p. 964.



[*after Paré*

PARASITIC MONSTER

For description see text

their union; however, the surface from the one to the other was smooth. The face of the upper head was not over that of the lower, but had an oblique position, the centre of it being immediately above the right ear."[1]

The midwife in attendance was so horrified at the sight of the creature that, in an attempt to destroy it, she threw the child on the fire. It was rescued, but not before one eye and both ears had been seriously burnt. Despite its monstrous form and these injuries, the child lived and would probably have grown to maturity had not the bite of a cobra ended its career at the age of three years.

Another remarkable case was communicated by Mr. John Torlese in 1782, in a letter to the Hon. William Hornbey, Governor of Bombay. The monstrous child, which was delivered and lived a few days, "had but one body, at the extremity whereof were two heads, one larger than the other. It had four hands and arms perfect, two legs on one side of its body, and one on the other, which began on the middle of its back, and appeared by nature intended for two by its size and from the appearance of the foot, which looked as if two had been squeezed or rather mashed together. It had but one navel and one anus, but two genitals of the female. It was fed during its short existence by hand with goat's milk. It is remarkable that one head would sleep whilst the other was awake; or one would cry, and the other not. They both died at the same instant."[2]

At one time the causes of the birth of monsters were admitted to be impregnation by demons, the practice of bestiality and maternal impressions. Aristotle, as an additional reason for their birth, stated that sometimes the seed implanted in the female by the male was too great in quantity for the formation of one body or of any normal body, and the result was monsters or twins, a view which so celebrated a surgeon as Ambrose Paré upheld. Even as comparatively recently as 1840 we find that celebrated surgeon James Blundell saying in his *Principles and Practice of Obstetric Medicine* "the fancy of the mother may have an effect on the formation of the fœtus." At the present day there is a fairly widespread notion among the laity that monsters are the products of unions between women and male animals, representing God's punishment for the sin of bestiality. The fact that monsters occasionally resemble somewhat various forms of animal life is no doubt the reason for this belief.

MONSTRIPARA. The mother of a monster.

MONS VENERIS. The Mount of Venus. The soft fleshy prominence, covered with hair in the adult, in front of the entrance to the female genitalia. Owing to the shape of this eminence, it has been symbolized in phallic religion by the triangle.

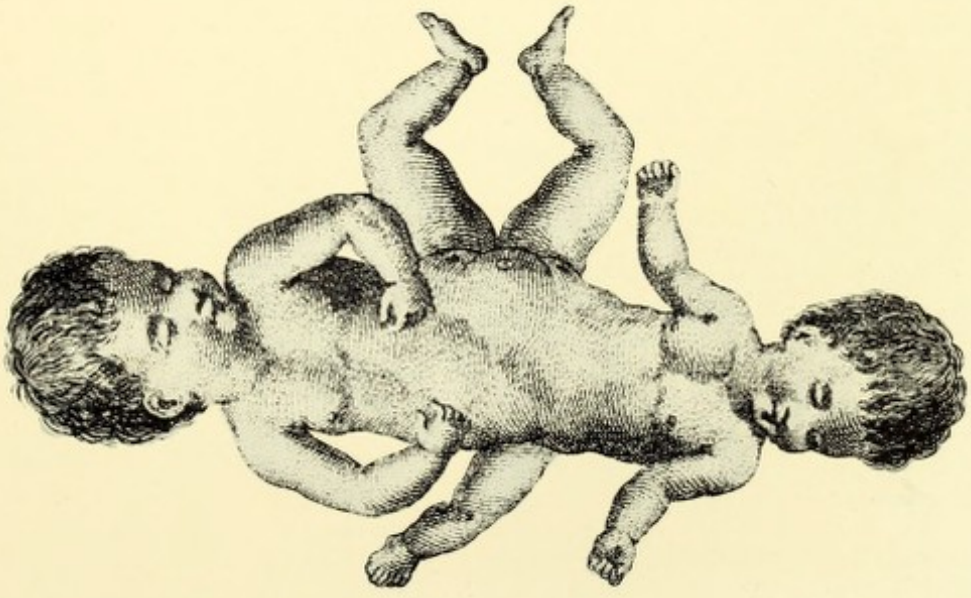
MONTHLIES. A popular name for menstruation.

[1] Sir Everard Home, *Lectures in Comparative Anatomy*, Vol. III, p. 385. 1823.
[2] *Philosophical Transactions*, Vol. LXXII, pp. 44-45. 1782.



MONSTROSITY: TWO-HEADED CHILD (After Home).

For description see text page 201.



MONSTROUS CHILD WITH FOUR ARMS AND THREE LEGS

For description see text page 202.

MONTHLY FLUX. The menstrual discharge.

MONTHLY SICKNESS. Menstruation.

MOONCALF. A popular name for a monster; also sometimes used in reference to a mole.

MORBUS GALLICUS, MORBUS HISPANICUS and MORBUS ITALICUS. These are names which were once given to syphilis, and sometimes to venereal disease generally. They are now obsolete.

MORBUS VIRGINEUS. The so-called disease of virgins or green-sickness. Chlorosis.

MORMONISM. The popular name for the doctrines preached by the Church of the Latter-Day Saints, a religious and social organization founded in 1830 by Joseph Smith. The polygamous system of marriage which is inevitably associated with Mormonism was not part of the Church's policy in the early years of its existence when the small band of adherents were travelling from one State to another in the American republic. It was only after their final settling at Salt Lake in Utah, under the leadership of Brigham Young, that the advocacy of polygamy, as a result of divine revelation, was begun. Eventually the United States Government interfered, and, in 1890, polygamy was officially discountenanced. *See* POLYGAMY.

MORNING DROP. The drop-by-drop discharge from the urethral orifice on arising in the morning, which is characteristic of gleet.

MORNING SICKNESS. The nausea from which pregnant women so often suffer, usually restricted to the first two or three months of gestation, and considered to be a sign of pregnancy. Usually it may be looked upon as an indication of either pathological disease or psychological neurosis. Nausea gravidarum. *See under* PREGNANCY (SIGNS OF).

MORON. A male or female whose intelligence has been arrested at a comparatively early age, and who, in maturity, remains at this stage of arrested mentality or feeble-mindedness.

MORPHIA. Same as MORPHINE.

MORPHINE. Morphine sulphate. A drug manufactured from opium, and possessing narcotic properties. It is usually taken in the form of a hypodermic injection. It can be and is sometimes taken by the mouth, but in this case its effects are delayed. Moreover, it is unpleasant to take in this way, having an extremely bitter taste. Morphine has largely displaced opium because of its convenience and other advantages.

The addict places a small quantity (termed a "shot") of the powder in a spoon and mixes it with a little water. He warms the water over a gas-jet or a candle, and then injects the solution into his arm with the hypodermic syringe. Sometimes, when a hypodermic is not available or the addict cannot afford to buy one, a vein in the arm is slit open and the solution dropped in. The use of dirty needles in the syringe, and of dirty pins where a syringe is not used, both of which are common practices, introduce infection, causing the ugly abscesses that are to be seen on the arms of many addicts. The practice, too, which is common, of piercing the arm without raising the coat sleeve or rolling up the shirt-sleeve, predisposes to infection.

The vice is contracted and developed in many ways, usually through mixing with other addicts. In some cases it is developed as a result of the use of morphine as an anodyne. Accessibility to the drug is also a causative factor, which accounts for so many doctors and their wives being addicts.

MORSUS DIABOLI. The fringed, trumpet-shaped end of the Fallopian tube, where the matured ovum enters.

MOUNT OF VENUS. *See* MONS VENERIS.

MUCOUS MEMBRANE. Any membrane which produces and is covered with a slimy secretion, e.g. the urethral tract, the vagina, the mouth, the stomach.

MUCOUS PATCH. The moist, whitish papule which occurs in the secondary stage of syphilis, attacking the mucous membrane.

MUCUS. The secretion of a mucous membrane.

MUJERADO. The name given by the Pueblo Indians to a sexually impotent male whose condition was deliberately induced and who was employed as a pathic in the orgiastic religious festivals which were held annually. The impot-

ency, according to Hammond,[1] was created by continual masturbation and bare-back riding. It is probable that the practice is now obsolete.

MULATTO. The offspring resulting from a first cross between white and negro blood. The term, however, is used loosely to indicate any person of mixed white and negro blood.

MULE. A hybrid product resulting from a first cross between a male ass and a mare.[2] The mule is sterile in all circumstances. The breeding of mules is as old as civilization and is referred to by Herodotus and other ancient writers. The extreme hardiness and usefulness have led to their breeding being continued until the present day.

MULIEBRIA. The reproductive organs of the female.

MULIEBRITY or MULIERITAS. The state in which the female can fulfil the functions of womanhood. Puberty.

MULTIGRAVIDA. A woman whose pregnancies have been two or more.

MULTIPARA. A woman who has given birth to two or more children at separate pregnancies, or who has given birth to more than one child at a first parturition.

MUMPS. An acute inflammatory disease of the parotid glands, and which may also involve other glands, frequently affecting children and adolescents. It is contagious, with an incubation period of two weeks. Orchitis is a common complication in the male, causing impotence.

MUTILATION (SEXUAL ASPECTS OF). In many savage races mutilations are practised for decorative purposes, the basis of which is the enhancement of sexual attraction. The fingers, the teeth, the lips, the ears, the nose, the mouth, the cheeks and even the skull itself are all mutilated by one race or another. Thus the Hottentots and Bushmen of Africa, and the Indians of America, amputate one finger or more. The Australian Blacks remove some of the teeth and colour the remainder; the natives of Borneo have a method of inlaying the teeth with various metals; the Senegalese pierce the lip and wear decorations in it; in many African tribes and in the islands of Polynesia it is customary to bore the nose for the wearing of rings; certain South American aborigines pierce the cheeks and stick feathers or other ornaments in the holes thus formed; while the wearing of ear-rings is too widely distributed among both uncivilized and civilized races to call for comment. In many instances these decorations were strictly limited to certain members of the tribe, in others they were marks of differentiation between the tribesmen and their servants or slaves, as in the skull mutilations of the Tahitians and certain tribes of American Indians.

Sexual mutilations, too, were not always, and rarely altogether limited to their religious significance. The Malay *ampallang*, for instance, added to the male's attractiveness in the eyes of the female (*see under* AMPALLANG).

It must not be overlooked that in every case the value of ornamentation or decoration is circumscribed, applying only to the race or nation where it is practised. Such a custom is closely bound up with other allied and interlinked social observances, and cannot function effectively divorced from its own peculiar environment. In the eyes of an alien observer it becomes ridiculous, vulgar and offensive. Thus the native chieftain transplanted into European or American surroundings, so long as he retains his ornaments, becomes something to gape at patronizingly in the circus or on the music-hall stage; the moment he dons the decorations of the white man he ranks as a menial to be insulted and kicked from pillar to post.

MYLITTA. The fertility goddess of the Babylonians and Assyrians. It was to this goddess that the women of Babylonia were compelled, according to ancient historians, to sacrifice their virginity. Herodotus[3] says they were required to sit in the temple of Mylitta until some men claimed the right to have intercourse with them. In other words, each woman was required to become a temporary prostitute, the fee paid by the man constituting an offering to the goddess. Each woman was virtu-

[1] W. A. Hammond, *Sexual Impotence in the Male and Female*, p. 163.

[2] The female ass is much more rarely crossed with the stallion; the offspring being called a hinny. It is far inferior in strength and hardihood to the mule.

[3] Herodotus, Book I, ch. cxcix.

ally imprisoned in the temple until some man selected her—the plain and ugly were often compelled to remain for months and sometimes years on end before the act of prostitution released them.

MYOMA UTERI. A fibroid in the womb. *See under* FIBROID.

MYOMATA. Same as myoma uteri. *See under* FIBROID.

MYOMECTOMY. The surgical operation for the removal of a fibroid from the womb through an abdominal incision.

MYSOPHOBIA. A morbid fear of disease resulting from infection or contamination with filth.

MYTHOMANIA. A passion for telling lies.

MYXŒDEMA. A disease which would appear to be connected with degeneration or atrophy of the thyroid gland, and possibly defective or wrong nutrition. It is characterized physically by thickened and roughened skin, and puffiness of the hands and face. The most serious lesions are in connexion with mentality. There is marked loss of memory and impaired intelligence, with slow responsive movements to mental stimuli, and, during the reproductive years, amenorrhea.

N

NABOTHIAN GLANDS. Small mucous follicles in the cervical canal, especially at the mouth, which sometimes develop into cysts. Named after Martin Naboth, a seventeenth-century anatomist.

NABOTHIAN MENORRHAGIA. A uterine discharge during pregnancy due to excessive secretion of mucus.

NAMELESS CRIME. A euphemism employed in referring to many forms of sexual perversion, especially in relation to overt forms of homosexuality, i.e. sodomy, pederasty, buccal coitus, bestiality, *et al.*

NARCISM. *See* NARCISSISM.

NARCISSISM. A condition where self-love reaches such a degree as to become an obsession and rank as a state of morbidity. Every woman is afflicted with narcissism in a potential form. In extreme cases, which may be psychopathological, the solitary contemplation of the nude body, and especially the sexual parts, usually in a mirror, induces pleasure and often libidinous thoughts. *See also* FEMINISM AND SEX.

NARCOMANIA. A form of insanity which manifests itself in or is due to an insatiable craving for narcotics (cocaine, morphine, etc).

NARCOTIC. Any drug which induces stupor or unconsciousness. There are many such drugs, of which the best known are belladonna, cannabis indica, cocaine, hyoscyamus, digitalis, morphine, opium and stramonium.

NATES. The region of the body upon which one sits. The buttocks or clunes.

NATUARY. A hospital or nursing-home specifically devoted to women during parturition. A lying-in or maternity ward.

NATURAL BIRTH CONTROL. *See* SAFE PERIOD.

NATURALIA. Male or female genitals.

NAUSEA GRAVIDARUM. *See* MORNING SICKNESS.

NAVEL. The circular pit-like depression in the middle of the abdomen, formed by the shrinking of the severed stump of the umbilical cord. The umbilicus or belly-button.

NAVEL STRING. The cord which connects the placenta with the child's navel. The umbilical cord.

NECROMANIA. A morbid desire to die or an interest in death or corpses. *See also under* NECROPHILISM.

NECROPHILISM. A revolting form of mania in which sexual excitation is secured by disinterring corpses, and in some instances engaging in intercourse with the cadavers. The classic example is that of the monomaniacal Sergeant Bertrand. According to his own statement in court, Bertrand had, from childhood, been addicted to masturbation. As a young man he continued the practice to excess, invariably conjuring up the vision of a woman whom he killed and then defiled. He began his gruesome activities by securing corpses of various animals, which he mutilated to the accompaniment of the most intense sexual pleasure and masturbation. In time, animals ceased to satisfy. He visited graveyards at night, disinterring recently buried bodies and mutilating them. In all, he succeeded in taking up fifteen cadavers before his activities were discovered. His procedure

was to dig up the corpses with the aid of any implement he could secure, dissect the bodies with a knife or sword, remove the entrails and genitals, and then masturbate. He described his condition during the revolting task as one of extraordinary sexual ecstasy.

The term necrophilism is also used to indicate the eating of human corpses, a form of cannibalism which at one time would appear to have been practised by many races mainly owing to the belief that in this way could be secured the qualities or characteristics of the dead person. Browne, in a discussion of the subject, considers it to be a symptom of "melancholia or impulsive insanity." He says: "I was much struck, when frequenting the Parisian asylums as a student, with the numbers of anæmic, dejected females, who obtruded upon me the piteous confessions that they had eaten human flesh, etc."[1] And further the same writer says: "Berthollet describes a man who not only ate human flesh, but decaying human offal of the most disgusting kind; and the case of an idiot boy is before me, who being left alone for some days with the remains of his mother, devoured a portion of the shoulder."[2]

NECROPSY. *See* AUTOPSY.

NECROSPERMIA. Male sterility resulting from spermatozoa contained in the seminal discharge being dead or lacking motility. The term is often wrongly used to indicate impotence.

NEISSER'S COCCUS. The micro-organism responsible for gonorrheal infection, so-called from its discovery by Neisser.

NEOARSPHENAMINE. A preparation used in the treatment of syphilis. Also called NEOSALVARSAN, which see.

NEOPLASM. Same as NEW GROWTH.

NEOSALVARSAN. A drug used in the treatment of syphilis, somewhat similar to salvarsan. It is the result of further experimentation and research by Ehrlich. The preparation is weaker than salvarsan, and for this reason can be given in larger doses. It is popularly known as "914."

NEPHRITIS. *See* BRIGHT'S DISEASE.

NEURASTHENIA. A condition of general exhaustion, physical and mental, characterized by nervous prostration, sluggish mentality, deficient memory and depression. Almost always is the sexual function affected in some way. In men this disturbance usually manifests itself in impotence; in women there may be amenorrhea, erratic menstrual periods and leucorrhea.

NEUROSIS. A morbid condition of the nervous system, resulting specifically from functional disturbance, without any organic disease.

NEUROSYPHILIS. A form of syphilis which attacks, in particular, the nervous system, as in the later stages of the infection and sometimes in congenital syphilis.

NEW GROWTH. Any abnormal new formation of tissue, either benign or malignant, including all varieties of tumour. Neoplasm.

NIGHT PALSY. The feeling of extreme numbness at certain times in the night and at the moment of waking, which sometimes affects women during their change of life.

NIGHT SOIL. A term, now almost obsolete, referring to the contents of earth-closets, so-called because it was customary for this refuse to be collected during the night.

NIGHT WALKER. A prostitute who promenades the streets, such as is commonly to be seen in the west end of London and in many large English and continental cities.

NINE-DAY FITS. A form of tetanus occurring during the first few weeks of an infant's life. The infection usually gains entrance through the navel. *Trismus nascentium.*

NIPPLE. The erectile projection in the centre of each breast. It is susceptible to sexual excitation. In the female the nipple has a small opening to allow the milk to escape.

NIPPLE PROTECTOR. An india-rubber shield which is used to protect the nipple of a woman during the suckling period.

NOMA PUDENDI and NOMA VULVÆ. An ulcerated or gangrenous condition of the vagina or vulva which is sometimes seen in young girls.

NON COMPOS MENTIS. One who, in

[1] W. A. F. Browne, in *Journal of Mental Science*, p. 557. 1875.
[2] Ibid., p. 559.

law, is adjudged to be of unsound mind, but whose condition is the result of disease or accident, as opposed to being congenital.

NONIGRAVIDA. A woman who has been pregnant nine times.

NONIPARA. A woman who has given birth to nine children at separate pregnancies or who is undergoing her ninth confinement.

NOTCHED TEETH. Another name for HUTCHINSON'S TEETH, which see.

NUBILITY. The time in life when the individual has arrived at sexual maturity, indicated, in the male, by the ability to consummate marriage; and, in the female, by being able to conceive.

NUDITY AND SEX. The horror of nudity is really the horror of *sexual* nudity. It all arose with the concept of the sinfulness and uncleanness of the sex act and of the sexual parts, ordained, inculcated and reiterated with tireless industry by St. Paul, his satellites and his disciples. Starting with the protection from public gaze of the sexual apparatus, it gradually extended in its scope as the Christian Fathers hammered home their dictum that any part of the human body which was graceful or beautiful in curve or outline served to arouse passion in those who chanced to see it. Thus, in woman in particular, the danger zone was extended from the pubic region to nearly the whole carcass—the breasts, the legs, the ankles, were all completely and carefully covered. This Pauline doctrine reached its apogee, and at the same time its supreme ridiculousness, in the objection of Erasmus to nudity even in isolation, on the grounds that the sight of the naked body would shock the susceptibilities and æsthetic principles of the angels.

The old property right of the husband in the wife also had something to do with it. Man argued, illogically, it is true, but none the less surely and heatedly, that clothing acted as a protective agent in respect of woman's virtue — forming a sort of vicarious chastity belt. In accordance with the current reactions of his kind, and with the memory big in him of the ideas that he flourished during his bachelor days, he has always been wont to trace a definite connexion between the approach to nakedness in woman and her morals. He never expected to see his wife's naked body, but he both expected and demanded to see the naked body of a prostitute as part of the programme he paid for.

The place of the sex taboo in the reaction of the average individual to nudity is clearly seen in the way in which nothing shameful or indecent is associated with the total nakedness of the new-born infant, often photographed in the nude for the admiration of relatives and friends; or the partial nudity of children up to the age of puberty.

The growth of the child represents a gradual education in, and development of, sexual shame and disgust. Starting off with excrementary and urinary disgusts thoroughly instilled during the years of infanthood, there follows the development of the policy of concealment of the anal and pubic regions long before any conscious realization of the sex motif can possibly be arrived at. With the arrival of puberty there is coincidentally present, in all normal individuals, a keen interest in what has been suppressed or concealed. It is Eve's desire to taste the forbidden fruit that crops up generation after generation in every boy and girl, every man and woman. It is not a healthy curiosity, but an unhealthy one. Its essence is morbidity or pruriency, according to the peculiar environment in each individual case.

"I am told," says Havelock Ellis, "there is often difficulty in getting men to pose nude to women artists."[1] The same authority also mentions that Sir Jonathan Hutchinson found it necessary to "exclude lady members of the medical profession from the instructive demonstrations at his museum 'on account of the unwillingness of male patients to undress before them.'"[2]

It was inevitable that as a corollary to the belief in the sexual lure of the nude there should arise the concept that

[1] Havelock Ellis, *Studies in the Psychology of Sex*, Vol. I, p. 75.
[2] Ibid.

NUDITY AND SEX

the height of feminine modesty was represented by the rigorous concealment of the flesh, and the adoption of garments designed to turn any signs of grace into amorphous outlines. Thus the garments of the nun, of the Quaker, of the policewoman, of the Salvation Army official.

Arising out of all this is the need for those who practise nudity to take elaborate precautions that no human beings, especially of the female sex, who are not themselves *nude* witness their unclothed bodies. There is no law against nudity practised in strict privacy; that is, behind the closed doors and drawn curtains of one's private residence, or where there is no possibility of being seen by an onlooker who happens to disapprove of nudity—in an outdoor enclosure effectually screened from the curious eyes of Peeping Toms, for instance; or on an uninhabited island.

But nudity in public or in circumstances where any outsiders may catch a glimpse of a completely naked body, is entirely another thing, and may lead to trouble with the authorities. In fact, apart from the social obloquy attached to police court proceedings, it may very easily lead to a heavy fine or even to imprisonment. Such proceedings usually come under Section 4 of the Vagrancy Act of 1824, wherein wilful exposure of the person "with intent to insult any female" constitutes a punishable offence. Nudity can also be proceeded against as "indecent exposure" where there may be no question of intent "to insult any female" if the offence occurs in the street or any other place to which members of the public have common access.

The so widely expressed fear, whenever the question of nudity crops up, that it must of necessity, in all cases where the sexes come together, lead to immorality and sexual degeneration, is altogether fallacious. The general expression of such a view merely shows how ignorant are the mass of the people as to the causes which lead to the arousing and extending of sexual desires and appetites.

Nudity *per se* has little or no power as an aphrodisiac. The charm of nudity lies solely in its concealment, or its rarity: in other words, in the fact of nudity being tabooed. Its charm is on a par with the charm of pornography, of Sunday-night plays, of French postcards, of sexual perversions. Nudity possesses no charm for the Congo savages, or the Australian Blacks, or the Papuans of Melanesia. To the contrary, here the charm lies in clothing; and one of the primary and most influential factors in the evolution of clothing was the need to adopt some form of ornamentation to attract the attention and arouse the desire of the opposite sex. (*See* CLOTHING IN RELATION TO SEX).

In its nascency we see the sexual lure conveyed by ornamentation in the painting of the face and body which is in vogue among so many savage and primitive races all over the world. The girls paint themselves when seeking a husband, and the men adopt an analogous practice when hunting for wives. There are many examples of these practices given by Westermarck in his *History of Human Marriage*. In most instances painting and ornamentation of the skin by tattooing, scarification and mutilation have preceded the wearing of clothing.

With the development of dress both in the extent of its concealment of the body and in the degree of its ornateness, permanent forms of decoration (i.e. scarification, mutilation, and tattooing) have declined. Painting, however, and the wearing of ornaments, have continued to exist and to develop coincidentally with the evolution of clothes. In these modern days throughout the civilized world, the painting of the face, lips and nails of woman has reached degrees of universality and skill never before known. Nor is woman in any circumstances inclined to dispense with these forms of decoration. In this connexion, there is a significant passage in Dr. Parmelee's account of his experiences of nudism:

"During our gymnosophic practices the women often wear bands or garlands of flowers around their heads, usually retain such jewellery as they are in the habit of wearing, such as rings, bracelets, ear-rings, and necklaces, and sometimes don slippers with brightly coloured

ribbons. More rarely they drape a transparent veil about the shoulders."[1]

To gather an adequate idea respecting the true value of dress and ornamentation as sexual aphrodisiacs we have only to turn to the prostitute. The prostitute has always been one of the first to realize the immense importance of dress and other forms of adornment to enhance the charms of the human body, and to arouse the sexual passion of man. There is nothing unnatural in the prostitute being the first to realize clearly the immense importance of this. It is her business to arouse passion. Sex is her trade.

The prostitute knows that the sex appeal of her body can be expressed only in terms of clothes appeal, supplemented by other aphrodisiac devices such as jewellery, rouge, paint, powder, perfume, and the use of her eyes. The successful actress knows all this, too; so does the society beauty; and so, in ever-increasing numbers, do women in more orthodox walks of life.

It is true that many of these ladies of joy and their imitators appear in varying states of semi-nudity. But there is a difference, vast and profound, between semi-nudity and complete nudity. There is no suggestiveness in nakedness; there is no hint of the mysterious, the ineffable, the unknown, which constitute the lure of sex. It was because he fully realized this that Montaigne said that a complete survey of the naked body was recognized as a sovereign remedy for the passion of venery. It was through a precisely similar conviction that Burton in his *Anatomy of Melancholy* stated that " the greatest provocations of lust are from the apparel."

It is because of all this that the semi-nudity of the bathing-beach in vogue today is far more dangerous to morals than complete nudity would be.

If the truth could be got at it is not the lure of " the flesh," as the Church has it, that causes a man to dog the footsteps of a girl through the streets; it is the lure of an elegant fur coat, a stylish hat, a pair of dainty high-heeled shoes, a rouged and powdered face, the enamelled finger-nails of a pair of jewelled hands. Sexual passion may be an inevitable aftermath, but it must be preceded, aroused and excited by one or several of the factors I have indicated. The sight of a badly dressed, down-at-heel, blowsy charwoman, or of a severe-looking, unburnished plain Jane, is insufficient to arouse any kind of passion in the average man.

So true is all this that I think, if the moralists thoroughly realized the anaphrodisiacal influence of the completely naked body, as regards 95 per cent of the population in all circumstances, and as regards the lot in some circumstances, they would sweat at the task of attempting to have nudity made compulsory by Act of Parliament.

NUDITY (ITS EFFECTS UPON HEALTH). Man's existence in a healthy state is very largely dependent upon the sun and the atmosphere. He cannot live at all for any extended period without light and air. The researches and experiments of Quincke and Behring have demonstrated beyond any possibility of error that the oxygen consumption of living cells is very greatly intensified and extended where there is exposure to light. In view of the part which oxygen plays in cellular activity, this point, in itself, is one of immense significance.

It may be stated specifically and as an incontrovertible fact that, except as regards a small minority, and on certain special occasions and for curtailed periods, we all wear a good deal more clothing than is necessary or advisable. We do this in winter and in summer, indoors and outdoors, by day and during the night. The result of wearing too much clothing, or unsuitable clothing, is to surround the skin with an unhealthy atmosphere, to clog up the pores and prevent or seriously impair their action. The unexposed human skin, thus deprived of light, is in a situation analogous to that of a plant growing in a cellar—it becomes morbifical and anæmic, and in comparison with that of the face and hands has

[1] Maurice Parmelee, *Nudity in Modern Life: The New Gymnosophy*, p. 90. Noel Douglas, 1929.

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the appearance of being afflicted with marasmus.

In addition to preventing the access of pure air to the skin itself, the custom of wearing clothes inevitably tends to increase the risk of contracting colds and allied disorders through the fact that, with rare exceptions, all articles of clothing are damp to some degree. The materials of which clothes are made absorb moisture from the air. Some materials have greater absorbing powers than others; in instance, wool and silk take from the atmosphere far more moisture than cotton does. One can obtain proof of this by noting the way in which wool underclothing absorbs the perspiration of the body more quickly and in greater quantities than does cotton. In the absorption of perspiration there is no danger. The risk of contracting chills is in putting on clothing which is damp through lying about in a moist atmosphere. In such circumstances the moisture-laden garments, in the process of drying, chill the body. When one considers that the atmosphere in England is nearly always saturated with moisture, it will be realized that it is almost impossible to avoid the presence of moisture, to some extent, in one's clothing. Thus the more clothing one wears the greater the risk. Conversely, the nearer the approach to nudity the less the liability to the ill effects of drying damp clothing by means of body heat. One can, of course, avoid any such risk by thoroughly drying one's clothes immediately before putting them on. Incidentally, sun-bathers should dry their clothes in the rays of the sun *before* resuming them.

The ill effects of wearing too many, or unsuitable, or damp clothes, are added to by the general habit of sitting about, still overclothed, in badly ventilated rooms, breathing for hours on end a humid, stagnant atmosphere, which, often enough, is laden with disease-producing microbes. It is here that we touch the reason for the greater prevalence of disease in winter than in summer: the epidemics of colds, influenza, catarrh, bronchitis and the like. The blame for these disorders is placed upon the cold and damp weather. True enough, climatic conditions are responsible, but it is an indirect and avoidable responsibility rather than a direct and unavoidable one. It is not the cold itself that causes the contraction of these diseases—they result from the habit of spending the major portion of the day in stuffy, warm rooms, breathing moist poisoned air, and then going straight into a cold sunless atmosphere. There are the strongest possible grounds for the belief that the ravages of influenza in the winter months are due to the lack of fresh air and sunshine. It is not that the influenza germ disappears during the summer months, but that it is kept at bay, vanquished or vitiated, by the individual's powers of resistance, induced or extended by the more healthy life he is able to lead.

Sunlight in combination with fresh pure air together constitute Nature's greatest safeguards against disease, performing the double action of building up the power of skin and the body to resist disease and destroying the bacteria in connexion with existing infections.

The effect of coloured light on individuals is known in a general sense, although there are many points in connexion with it which call for research and consideration. Some colours soothe, others depress, others again irritate.[1] The proverbial saying connected with the red rag and the bull is not without foundation. The deficiency of light during the winter months, apart from the stimulation it imparts to germ development, has a singularly depressing influence on the individual.

Every unprejudiced observer is well aware of the great improvement in the health and physique of the modern girl since she began to discard the major portion of that mass of clothes which woman, through the centuries, has been

[1] T. Howard Plank, referring to the effects of light, says: "Cleaves quotes a Russian physician as stating that the Czarist government put the alert, intelligent Socialists in rooms where only blue or higher frequencies were allowed to enter. The results were depression of spirit and a benumbing of the mental faculties sufficient to make intelligent, consecutive thinking impossible."—*Actinotherapy and Allied Physical Therapy*, p. 48. Manz, Chicago, 1926.

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accustomed to wear. The open neck, the gossamer stockings, the thin and scanty underclothing, have all had a great deal to do with this improvement.

The ancient Greeks and Romans were well aware of the benefits of exposure of the human body to the sun. The sun-bath (called *heliosis*), in which the body, entirely nude except for a protective covering worn on the head, was exposed to the sun's rays for a certain period, formed part of the daily programme. It must, however, be borne in mind that these ancients were unaware of the existence of the ultra-violet and infra-red rays; they had no technique, in the sense of present-day ray technique. In other words, the best of them had no explanation worthy of the name to offer as to why sunlight was beneficial to the human body.

In view of this the dour puritanical fathers of the Christian Church had little difficulty in finding grounds for their condemnation of this exposure of the nude body as a relic of the ancient pagan sun-worship. And so, gradually but surely, their censure of nudity as licentious and sinful gained strength; and although there were, in the early centuries of Christianity, no legal statutes prohibiting nudity so long as the sexual parts were suitably covered, it ranked as a pagan or heretical practice, as well as a vice, and a salacious vice at that.

Thus, from the dawn of Christianity, we find the beneficial effects of the sun's rays unknown and unsung for the best part of a thousand years. So far as can be ascertained, no physician or scientist rediscovered the healing powers of the sun's rays until John of Gaddesden in the fourteenth century subjected a son of King Edward I to light treatment; and Faure, some four hundred years later, treated ulcers of the leg by exposure to the sun. He published the results of his treatment in a treatise issued in 1774. Then, in the year of grace 1800, the scientific world was startled by the momentous discovery made by Herschel in the course of his experiments in connexion with the spectrum. The constitution of white light had been known for over a century, in fact ever since Newton's discovery of the spectrum. But that there existed any solar rays other than the visible rays was undreamed of. Sir John Herschel had the honour of discovering the infra-red invisible rays while testing the relative heating capacities of the various rays constituting the visible spectrum. And a year or so later, Ritter, the German chemist, made another equally sensational and even more important discovery. He discovered the existence of the invisible short rays which are known to the world to-day as the ultra-violet rays.

It may be well to give here a brief description of the composition of light, for the benefit of those unacquainted with the spectrum and its analysis. White light is composed of a number of rays of different wavelengths, which, on passing through a prism, give the well-known colours of the spectrum: red, orange, yellow, green, blue, indigo, violet. It is not the prism, through which the light passes, which gives to the rays their colours. Colour is dependent on wavelengths and degrees of vibration. The rays which are invisible to us may be visible to the eyes of other forms of animal life. The red rays are the longest and hottest; the violet rays are the shortest and coolest. The rays of these various wavelengths giving the colours of the spectrum constitute the visible rays. For long after the discovery of the spectrum it was thought that visible light constituted the whole of the sun's rays, and it was not until Herschel's and Ritter's researches resulted in the discovery of other solar rays, some, called the infra-red, longer than the long visible rays which produce red when passed through the prism; and others, called the ultra-violet, shorter than the short visible rays producing violet, that an explanation of the therapeutic properties of sunlight became possible. There are, too, other more recently discovered rays, such as the Röntgen rays, and the rays used in wireless telegraphy, but these do not concern us here.

The result of the discovery of these invisible rays was to turn once more the attention of medical men and scientists to the possibilities of the sun's rays in the treatment of disease. Thus Loebel, in the year of Waterloo, invented an

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appliance called a "hot air bath," which he used for local application of the sun's rays in the treatment of certain distempers. In the same year Cauvin prescribed sunlight as a method of treating debilitating diseases. Years later, Gregory used the infra-red rays for healing purposes; Turck advocated sun-baths for many maladies, so did Rosenbaum. In 1885, Rickli, a Swiss, in a scientific monograph entitled *The Atmosphere Cure*, made the first serious attempt to give publicity to sun and air-bathing; while about the same time Florence Nightingale accidentally discovered that certain Crimean war victims who were being treated in the open air made more rapid steps towards recovery than did the indoor patients. Also Bownes and Blunt, in 1877, had announced that sunlight was a bactericide of much potency.

These attempts, however, to gain popularity for the sun as a health-giver and disease healer, were all more or less sporadic, and met with little in the way of success. The advocates of the "sun cure" were looked upon as quacks, or fanatics, or stunt merchants.

And so we skip some half-century or so, during which the "sun cult" made little or no headway, and come to 1890, when Dr. Adrian Palm announced that the exposure to sunlight of rickety children was followed by marked improvement. This was the beginning of modern attention being directed to the virtues of sun and air as therapeutic agents. Three years after Dr. Palm's startling pronouncement, Finsen started using artificial light for the treatment of lupus and surgical tuberculosis. The attention of the whole medical and scientific worlds was concentrated on the Finsen experiments in Copenhagen, and in 1899 Dr. Sequira began work in the London Hospital with a Finsen lamp. The next step was the opening at Leysin, Switzerland, in 1903, of the Rollier clinic for the treatment of surgical tuberculosis and other diseases by exposure to the sun's rays. This, the first clinic of its kind, has since become world famous; and although the Alpine slopes, owing to the purity of the atmosphere, are peculiarly fitted for outdoor sun-ray treatment, other places have been selected for the establishment of similar clinics, and have proved eminently successful. In England the clinics founded by Sir Henry Gauvain at Alton in Hampshire and at Hayling Island have turned out to be notably effective and satisfactory. Clinics for the treatment of disease by artificial sunlight can, of course, be established anywhere. In England the first Municipal Sunlight Clinic was started by the Borough of St. Pancras in 1925. Since that date many other cities have followed the example thus provided. So successful have these establishments proved, that sun-ray therapy, as it is called, is now a recognized part of modern medical treatment; and the value of sunlight, both natural and artificial, as a preventive and a healer of disease is definitely established and widely recognized.

The main difference between the "sun cult" of to-day and the "sun cult" of the time of Hippocrates lies in the fact that modern science is able to explain why the rays of the sun are beneficial to the human body in health and in disease; with the result that in place of the crude and haphazard exposures of two thousand years ago, medical men who have mastered the principles and technique of heliotherapy are in a position to control it, and apply it to the treatment and cure of specific diseases. Sun-ray treatment can no longer be lightly and contemptuously dismissed as so much quackery.

The sun emits rays of various wavelengths, constituting what is known as light, and, in addition, invisible rays known as the infra-red and ultra-violet rays. The beneficial effects of the sun upon the growth, development and health of the human organism generally, depend upon the whole of the various rays working in combination. It is a popular error to assume that any beneficial effects are due to the ultra-violet rays alone, or to the visible rays alone, or to the infra-red rays alone. It is true that, in certain specific diseases or conditions, treatment with ultra-violet rays, either alone or in predominating force, is essential; but, for the moment, we are dealing with the value of sun-bathing to the average individual in normal health, and not with its therapeutic aspect.

Roughly speaking, sunlight is composed of visible rays, infra-red rays and ultra-

violet rays in the proportions of 13 per cent, 80 per cent and 7 per cent respectively. Thus it will be seen that in the most favourable circumstances the proportion of infra-red or heat-generating rays far exceeds the visible and ultra-violet rays—where the conditions are such that the ultra-violet rays are absorbed by the atmosphere, as on foggy days anywhere, and every day in cities and towns, the relative proportion of infra-red rays increases.

Each of these kinds of ray has its particular qualities. The visible rays have far greater penetrating powers than have the other constituents of sunlight. According to Kinney, visible rays penetrate human tissue to the extent of from one to one and a half inches. They have a decidedly stimulating effect on the exposed skin, increase the metabolism, and raise the body temperature. Pigmentation of the skin, which forms an absolute barrier to the penetrability of the ultra-violet rays, has no such effect in the case of visible rays; a point demonstrated by Kinney of New York in experiments with negroes and white-skinned men.[1]

The main action of the infra-red rays is the production of heat at the point of absorption. These rays are absorbed by the skin, and it is through over-heating of the brain, induced by too-long-continued exposure to sunlight, rich in infra-red rays, that the condition known as sunstroke occurs. The infra-red rays and also the visible rays penetrate the clothing, if not too thick or close in texture. They are absorbed by water, a fact which does much to explain the relative coldness of wet days even in the summer months.

The short ultra-violet rays are almost entirely devoid of any heating properties, and they are invisible. They are absorbed by fog and smoke, by glass and by clothing: the thinnest gauze is sufficient to provide an impenetrable barrier, so that it will be readily understood that most individuals deprive themselves for the best part of their lives of the beneficial effects of these rays. Their action on the human body is twofold. First, there is their direct action on the skin surface exposed to the rays; second, there is the indirect action induced through the blood stream and affecting the whole metabolism. The ultra-violet rays cannot penetrate to any depth—they cannot, for instance, invade the tissues as can the visible light rays—their action being limited to the epidermis. But Finsen proved that these rays were absorbed by the blood stream; and later, Steenbock showed that, in addition to the blood stream, chloresterol, the name given to a substance which is present in the human skin and tissue, is also an absorbent of ultra-violet rays and is thereby energized and activated, with beneficial therapeutic results. These discoveries were of profound significance. The inability of the ultra-violet rays to penetrate beyond the surface had been thought to constitute a definite limitation to their value, and had been made much of by those who contended that ray therapy was so much quackery. The observed beneficial results from exposure had been incapable of proper explanation, and there had been more than an insinuation that, as in the case of so many much-vaunted "galvanic cures," mesmeric and hypnotic treatments, *et al.*, the explanation owed much to suggestion. The experiments and researches of Finsen, Steenbock and McCollum, however, did much to clear up the mystery. Anything which affects the blood stream clearly affects all parts of the human frame. And simultaneously with its explanatory role this discovery opened up new possibilities in the way of treatment of diseases which had before been considered quite outside the scope of sunlight therapy.

While all rays from the sun are to a certain extent bactericidal, and may be looked upon as the enemies of infection and disease, just as darkness is favourable to the spread of infection, it is the ultra-violet rays which are far and away the most effective, and which possess the specific power of actually destroying bacteria.[2] It must, however, be kept well

[1] Ultra-violet rays, on the other hand, have far more effect on light-skinned races than on negroes. Similarly, in blondes the skin more rapidly shows erythema and blisters much more quickly than in dark-skinned and darker-complexioned individuals.

[2] So far as is at present known ultra-violet radiation, if in sufficient quantity, destroys all forms of bacteria with the exception of spirochetes.

in mind that anything which possesses the power of killing bacteria may also, if the dose is powerful enough, damage or destroy human tissue. It is for this reason that the epidermis is so often injured or destroyed during sun-bathing. And it is for this reason, too, that where sun-bathing is practised for the cure of disease it should be under the direction of competent advice. In this connexion, Plank says: "Herein lies the scientific application of radiation therapy—to use a sufficient intensity and duration to kill or damage the bacilli, but not so intense as to harm the cells of the body."[1]

Now much of the radiation emitted by the sun never so much as reaches the earth; it is either shut off or absorbed by the atmosphere, the extent of this shutting off or absorption depending upon many factors, chief of which are local atmospheric conditions, altitude, and time of the year. In England, for instance, for six months out of the twelve, the human body, in any circumstances, is deprived of the benefits of ultra-violet radiation. The strength of the sun, even on the sunniest day that may occur from October to March, is too feeble in ultra-violet rays to prove of any benefit whatever. Smoke, too, proves an effectual barrier to the short ultra-violet rays, and in consequence, even in summer, in all large towns and cities, such, for instance, as London, Birmingham, Manchester, Cardiff, Liverpool, Glasgow, Leeds, *et al.*, the inhabitants are deprived of the health-giving ultra-violet rays.

It is a different matter entirely where there is no smoke-permeated air to absorb the valuable ultra-violet rays. For instance, in the Alpine regions there is no such obstruction; nor is there in the mountains of Colorado. In England we have no areas which can quite compare with the Alps or with Colorado, but at the seaside, and especially on the southern coast, we can get something approaching these ideal positions. Next to the seaside ranks the country: here there is sufficient ultra-violet radiation to effect strikingly beneficial results.

It must, however, be observed that the beneficial effects of sunlight, not only in a general sense as affecting the health of the human body, but as a curative agent in certain diseases, depend not solely on the short ultra-violet rays, but also, to a lesser and contributory extent, on the visible and the infra-red rays, which are, too, of definite therapeutic value. The effect of the air, in addition, is not to be overlooked. It is, in fact, in the combination of fresh air playing on the skin and keeping it healthy, of the heat-giving infra-red rays, and of the cell-stimulating ultra-violet rays, that the great value of the sun-bath lies. In the ordinary way few individuals ever, in any real sense or for any length of time, get this valuable combination. They get, often enough, the fresh air and the infra-red rays, but through the fact of wearing clothes or of protecting themselves with window-glass, they get no ultra-violet radiation whatever.

Literature: William Beaumont, *Fundamental Principles of Ray Therapy*, London, 1931; Sir Henry Gauvain, *Sun, Air and Sea Bathing in Health and Disease*, London, 1933; Leonard Hill, *Sunshine and Open Air*, London, 1925; Maurice Parmelee, *Nudity in Modern Life: The New Gymnosophy*, London; Ronald Millar and E. E. Free, *Sunrays and Health*, New York, 1929; A. Rollier, *Heliotheraphy*, 2nd edition, London, 1927; Hans Suren, *Man and Sunlight*, London, 1927.

NULLIPARA. A woman who has never given birth to a child, particularly used in relation to a married woman.

NYCTALGIA. Pains experienced mainly or solely during the night, especially the bone-wearying pains associated with the later lesions of syphilis.

NYCTURIA. Incontinence of urine during the night.

NYMPHÆ. The labia minora, or inner lips of the vulva.

NYMPHECTOMY. The surgical operation for the removal of one of or both the labia minora. Nympholepsy.

NYMPHITIS. An inflamed state of the labia minora.

NYMPHOLEPSY. Same as NYMPHECTOMY.

NYMPHOMANIA. Abnormal sexual libido in the female usually expressing itself in an excessive desire for coitus or masturbation. It is probably far more common

[1] T. Howard Plank, *Actinotherapy and Allied Physical Therapy*, p. 62.

than is generally believed or admitted, though it is impossible to get any reliable information as to its extent. There are indications that nymphomania has developed in recent years: the sexual emancipation of woman favours such growth.

As regards the individual woman, once nymphomania has manifested itself there is little check on its development. Unlike satyriasis in man, physical fatigue rarely suffices to act as a safety valve, and there are no prohibitive or retardatory factors such as the lack of seminal fluid in man. The nymphomaniac, therefore, not only potentially but for all practical purposes, is physically insatiable. Where she happens to be married, the position of her husband is often a most distressing and an embarrassing one. Marital happiness is quite impossible. In a man's most virile period of life it is rare for him to be able to satisfy a wife afflicted with nymphomania; in later years the position is an impossible one. It is safe to say that a nymphomaniac is sure to be unfaithful to her husband. Actually she should never marry. But usually she does.

Many nymphomaniacs are habitual masturbators. Many, too, are addicted to some form of sexual perversion. They will adopt all sorts of methods to secure some means of outlet for their sexual libido. Huhner says that many women of this type invent diseases of the genitals for the express purpose of securing gynecological examination and manipulative treatment, even going so far as to "voluntarily retain the urine in order to have to be catheterized."[1]

NYMPHONCUS. A tumour or other new growth on the labia minora.

NYMPHOTOMY. The surgical operation for cutting away the labia minora, whether the amputation is indicated owing to the presence of a tumour or because the lips are greatly enlarged.

O

OARALGIA. *See* OVARIALGIA.

OARIOCYESIS. That form of extra-uterine pregnancy in which gestation occurs in one of the ovaries.

OARIOTOMY. *See* OÖPHORECTOMY.

OARITIS. *See* OVARITIS.

OARIUM. One of the ovaries.

OBESITY. Abnormal or excessive fatness throughout the whole body.

OBSCENITY (CONCEPT OF). The basis of Puritanism, and incidentally of its sycophantic satellites, censorship and Comstockery, is hatred. It is because of this basic factor that the whole field in which Puritanism works is an amorphous one, and that the objects which the Puritans assail with the ferocity and pertinacity of fanatics are ever-changing ones and incapable of definition. Every Puritan, every moralist, every vice-crusader, talks of obscenity, but no one attempts, or can successfully attempt, to define it. The representatives of half the Governments of the world, in solemn conclave, at the International Conference on Obscene Publications, held at Geneva in 1923, tried to define obscenity, and, after much argument, decided that it was undefinable.[2]

The Puritan can give his own individual definition of obscenity only, which definition may, and probably does, differ from the definition of a contemporary Puritan, and will probably be entirely different from that arrived at by a Puritan of another age or in another country.

Words shock, where they shock at all, says D. H. Lawrence, in referring to the terminology employed in the unexpurgated *Lady Chatterley's Lover*, by the strangeness of their appearance in print. He might have amplified this by including the strangeness of their use in unexpected circumstances. A woman who, on tram or 'bus, hears without

[1] Max Huhner, *A Practical Treatise on Disorders of the Sexual Function*. 2nd edition, Davis, Philadelphia, 1926.

[2] The Conference sat from August 31 to September 12, and the verbatim report of the debates occupies some 120 foolscap pages of type. Incorporated in the final resolution is the following: "After careful examination of the question as to whether it is possible to insert in the Convention a definition of the word 'obscene' which would be acceptable to all the States, the Conference came to a negative conclusion and recognized, like the Conference of 1910, that each State must be allowed to attach to this word the signification which it might consider suitable."

surprise or shock, the usual profane and sanguinary terminology affected by workmen, gasps with astonishment when she hears the same expletives issuing from the mouth of a pretty and beautifully dressed girl on the stage or in the drawing-room. There seems, too, to be something adscititious and intempestive about sulphurous words and bawdy phrases spoken in cultured accents; much as there is something incongruous in any words of piety coming from the lips of a painted hussy of the streets.

It depends again on the precise degree of Puritanism in the reader or hearer, exactly what will be the reaction. The word, because of its strangeness in actual sound or in environment, may merely induce pleasurable titillation or it may promote a cry for its suppression. The Puritan's attitude is an attitude of weakness. It is moreover a confession of affliction with the very vice which it aims to suppress. For if that vice were not present, the attitude of mind which develops into Puritanism would never so much as exist. The typical Puritan, whether or not he realizes its existence, has a penchant for what he himself describes as vice. He finds it necessary for his soul's sake to protect himself against an obsession which threatens to outrage his conscience. And because of this necessity for his own protection, he exaggerates the vicious side, and sees the need for protecting everyone else against this selfsame obsession. Thus, because in hortatory self-protection he has to run to his Bible every time he peeps between the covers of *Fanny Hill* or *Venus and Tanhauser* or Mirbeau's *Diary of a Chambermaid* or the unexpurgated *La Terre* or Burns' *Merry Muses*, he argues that pornographic literature will contaminate every man's immortal soul; because he finds it necessary to shut himself up in his bedroom and pray for help each time he sees the picture of a naked girl, he imagines every other man is not only in the same perilous position but lacks the moral strength to resist temptation; because every time he encounters the broadcast smile from a gaudy *fille de joie* he has to grip his little ivory cross in a frantic effort to overcome the libidinous passions that beset him, he imagines that every young man who crosses the path of this girl is in danger of succumbing to temptation and probably of contracting a foul disease.

The Puritan tackles his problem, a problem largely of his own making, from the wrong end. He tackles it as a coward would. In reality, the Puritan *is* a moral coward. He fears his own inability to overcome temptation, and because of this fear, his policy is not to develop the strength whereby he can overcome temptation but, to the contrary, his aim is to remove the source of temptation itself. In fact, he tacitly admits that in competition with sin, the good and the holy are at an immense disadvantage.

The discomfiture of the Puritan is usually achieved so efficiently, so gradually and so ecumenically that he can make no attempt that is not utterly futile, to prevent it. Often he is unaware of his defeat until it becomes an accomplished fact. For the immorality of one generation is the custom of the generation that succeeds it. And the moment a one-time immorality receives the sanction of custom or fashion it ceases to rank as an immorality. In instance, divorce, once a sufficient cause for social ostracism, is now fashionable; so is its concomitant, adultery; so is pre-marital promiscuity. In further instance, books banned in a previous age, such as *The Yoke*, *The Song of Songs*, *The Rainbow*, would not drive even a clergyman to suggest their suppression; the once notorious *Madame Bovary* almost ranks as a moral tract; *Three Weeks*, which twenty-five years ago was kept in a closed drawer, would to-day send the sophisticated babe of seventeen to sleep.

Many things have contributed towards this change of front; but one of the most influential is, I think, the particular factor nailed to the counter by that skilful and brilliant prober of the sores of civilization, to wit, George Jean Nathan. This factor then is the different terminology now employed in the ordinary conversation, not only of neoteric youth, but of the whole of respectable society. The moralist maintains that literature teaches people immorality and obscene terminology. I very much doubt it. It

is true that eroticism in novels and other books often stimulates sexual desire and appetite, but in the creation of actual immorality I am inclined to think that, at any rate as regards the masses, there are substantial grounds for the contention that literature plays a relatively small part. Except for expensive and obscure books unknown to the general public and largely incomprehensible even if they were known, fiction in any popular sense, in consequence of the dragon of censorship, is always, so far as are concerned morals, very much behind current sophisticated public opinion. So is the drama. So is the cinema. So is the radio. The ban was lifted from Ibsen's *Ghosts* only after venereal disease had become a subject for discussion in the family circle; from *Mrs. Warren's Profession* only when every schoolgirl discussed prostitution without a blush; it still holds in the case of *The Well of Loneliness*, although lesbianism is now a tea-table topic.

And so we get back again to Lawrence and his edict that words shock, where they shock at all, by the strangeness of their appearance in print. Precisely! For generations on end no gentleman used certain so-called obscene words in the presence of a lady, which words, if any pretence of printing them was made at all, were indicated by lacunæ or asterisks. And every lady, with fussy and smirking elaboration, professed ignorance as to their use and meaning. Now, however, that girls of gentle birth not only claim complete understanding of and acquaintance with all obscenities, slang expressions and bawdy phrases, but, in addition, themselves use the lot in ordinary conversation, the censor and the moralist find themselves in queer street. Except for a few of the most crude specimens of Elizabethan slang, of the language of venery, and of brothel-jargon, modern novelists have managed to feature the whole armamentarium of concupiscent and profane terminology. So accustomed to this has the novel-reading public become that the word which thrilled all London society when Shaw's *Pygmalion* was produced, no longer induces so much as a note of protest from a suburban audience: the moderns greet it with cynical sneers. Witticisms and innuendoes that, ten or fifteen years ago, were considered shocking and caused parents to keep their young daughters away from the music-hall and the theatre, to-day pass unnoticed.[1] Indeed, the adolescent girl has to read *Lady Chatterley's Lover* in its original edition, in order to find anything that shocks; her boy friend has to lap up the most frankly obscene parts of *Fanny Hill* to get a libinistic kick.

One result of all this increased freedom of speech is the additional speed with which, as again the astute George Jean has observed, a couple not only get to know each other but rattle along to the intimate stages that end either in an affair or an engagement. There is none of that hesitancy, that preliminary skirmishing, that exchange of polite banter, which formed such marked characteristics of and prolonged so unduly the Victorian flirtations.

Coincident with all this growing familiarity with words that once were considered filthy, blasphemous, or obscene, is there observable a striking decay of the association of these words with their original meanings. Many words actually are dying out; others, if they live at all, will do so merely as meaningless expletives, as already the legal synonym for pædicatio is widely employed as a form of *anathema maranatha*. This loss of the merely filthy words unassociated with sex must be accompanied with some lessened degree of taboo in connexion with the words which connote purely stercoraceous or venereous ribaldries. These, if not ranking as meaningless expletives, will become ordinary slang expressions with no more force or scabrousness than purely potted paronomasia.

The birth of this heteroclitic tendency

[1] Hannen Swaffer, in discussing Marie Lloyd and her songs which once were thought so shocking, says: "Well, what do these two songs mean now? Alas, nothing! To-day, *Crazy Month* and its indecencies, and the blatant improprieties of innumerable films, have made Marie Lloyd's songs seem so proper, in comparison, that you cannot understand why, twenty years ago, they made so much fuss. . . . 'We might almost as well be singing hymns,' said Alice Lloyd."—*The People*, February 12, 1933.

stares at one in all its obviousness. Until quite recently, it has been a custom, with centuries of usage behind it, to bring up children, from the earliest stages of comprehension, to view the acts of micturition and defecation as ineffably disgusting affairs to which no references in any circumstances should be made. There is little essential difference in this training of the child from that accorded the family dog or the domestic cat. Thus the child inevitably grows up to connect everything relating to sex with this disgust, uncleanness and obscenity associated with the urinatory and defecatory functions. In many cases the parents instil, additionally and specifically, allied disgust with the sexual apparati. But whether or not there is any such specific admonition, the child itself, through this confusion of the sexual, urinary and anal parts, naturally conceives of anything connected with the sexual members as disgusting, coarse and foul. The almost universal adult view of sex as something filthy and unmentionable is in very great measure due to this insistence on the excrementory function as peculiarly dirty and obscene. It was this concept that led to the plastering of the walls of public lavatories and conveniences with smutty words and lickerish drawings all relative to the sexual parts or to intercourse itself.

Recent years have seen the coming of a great change, a change which is growing in extent every month and every week. One notes a diminution in the obscene references to the copulative act on the walls of public places; already is there a decidedly decreased appetite for purely scatological humour. So much so, in point of fact, that with the passing of another generation I can well believe that *The Merry Muses* will become quite incomprehensible to anyone who dips into a copy; that even *Droll Stories* and portions of Rabelais will require the most profuse annotation. And, in consequence, I can well imagine the recording angel's one-time whistle of astonishment giving place to an air of unmitigated boredom!

OBSCENITY (LEGAL ASPECTS OF). The basis of the present legal position in respect of obscenity lies in the interpretation of the statement made by Chief Justice Cockburn in the case of Reg. *v.* Hicklin (1868), thus: "I think the test of obscenity is this, whether the tendency of the matter charged as obscenity is to deprave and corrupt those whose minds are open to such immoral influences, and into whose hands such a publication may fall." It is a fair interpretation of this ruling that where the publisher takes such steps as may reasonably be considered adequate to prevent a medical work dealing with sexual topics from falling into the hands of members of the ordinary public, the concept of obscenity would not hold, justification or privilege having been established. At the same time the plea of privilege does not hold good in circumstances where one might naturally expect it to do so, i.e. that it is a true and accurate report of the proceedings in a Court of Justice. For example, the Judicial Proceedings (Regulation of Reports) Act, 1926, provides that "It shall not be lawful to print or publish, or cause or procure to be printed or published in relation to any judicial proceedings any indecent matter or indecent medical, surgical or physiological details being matter or details the publication of which would be calculated to injure public morals."

The essence of obscene libel is publication. This is held to have taken place if the matter complained of has been shown to another person, other than a husband or a wife. Every time an offending publication is shown to another party represents ground for a separate action. Moreover, the obscene libel complained of need not be printed. It may be in writing. Thus the sending of an obscene manuscript to a publisher or a printer may be held to be publication and proceedings taken, as in R. *v.* Montalk.

Prosecutions are usually made under the Obscene Publications Act, 1857, generally known as Lord Campbell's Act, which provides for the search for and seizure of any obscene books, goods, pictures, kept on the premises for "sale or distribution," exhibition for the purpose of gain, lending upon hire, or being otherwise published for purposes of gain. Before a search-warrant can be issued, however, a sworn statement must be made that a sale or publication of such obscene matter has actually occurred.

The Vagrancy Act, 1824, provides that the "wilful exposure to view of an obscene print, picture, or other indecent exhibition," renders the offender liable to conviction as a rogue and vagabond and punishment by fine or imprisonment. The Vagrancy Act, 1838, specifically includes the exhibition of obscenities in shop or other windows. The Metropolitan Police Act, 1839, and the Town Police Clauses Act, 1847, make the exhibition of an obscene book, print, etc., punishable by fine or imprisonment, practically repeating the older Acts, with the addition of the singing of "profane or obscene song or ballad" and the use of "profane or obscene language." The Indecent Advertisement Act, 1889, provides for the punishment of obscene references in advertisements, by fine or imprisonment. The Customs Consolidation Act, 1876, prohibits the importation into this country of "indecent or obscene prints, paintings, photographs, books, cards, lithographic or other engravings or any other indecent or obscene articles," and if imported provides for their seizure and destruction. Under the Post Office Acts of 1884, 1908 and 1935, it is a misdemeanour, punishable by fine or imprisonment, "to send or procure to be sent through the post a postal packet enclosing any indecent or obscene print, painting, photograph, lithograph, engraving, book or card or any indecent or obscene article."

Literature: Gilbert Armitage, *Banned in England*, London, 1932; Sir Edward Tindal Atkinson, *Obscene Literature in Law and Practice*, London, 1937; Clive Bell, *On British Freedom*, London, 1932; Lord Brentford, *Do We Need a Censor?* London, 1929; B. Causton and G. C. Young, *Keeping it Dark or the Censor's Handbook*, London, 1930; Samuel Beach Chester, *Anomalies of the English Law*, London; Alec Craig, *The Banned Books of England*, London, 1937; Morris L. Ernst and William Seagle, *To the Pure. . . . A Study of Obscenity and the Censor*, London, 1929; W. M. Gallichan, *The Poison of Prudery*, London, 1929; Frederick Harris, *The Law and Obscenity*, London, 1932; D. H. Lawrence, *Pornography and Obscenity*, London, 1929; Theodore Schroeder, *Obscene Literature and Constitutional Law*, New York, 1911.

OBSTETRIC CANAL. The continuous channel formed by the womb and the vagina when the cervix is widened during the process of parturition. The birth-canal or parturient canal.

OBSTETRICIAN. A male or female medical practitioner who specializes in attending women during childbirth, and in the diseases peculiar to parturition. A midwife is not an obstetrician.

OBSTETRICS. The branch of medicine and surgery concerned specifically with pregnancy, childbirth and the puerperium.

OBSTETRIST. *See* OBSTETRICIAN.

OBSTETRIX. An accoucheuse.

OCHEUS. The pouch (scrotum) containing the testicles.

OCTIGRAVIDA. A woman with child for the eighth time.

OCTIPARA. A woman who has given birth to eight children at separate pregnancies or who is undergoing her eighth confinement.

OCTOROON. The result of a cross between a quadroon and a white.

ODYNOPŒIA. A means of bringing on, facilitating, or shortening the process of childbirth.

ODYNURIA. Pain experienced during the act of passing water.

ŒDEMA. Referred to in popular terminology as dropsy. It is a symptom of disease rather than a disease in itself. The swelling of the tissues under the skin which is characteristic, results from the accumulation of serous fluid at certain spots. These swellings readily pit when pressure is applied.

ŒDIPUS COMPLEX. The neurotic and sexual disturbances which result, according to the psycho-analysts, from the suppression by an adult male of love for his mother.

ŒSTROMANIA. Abnormal sexual desire or capacity, as in satyriasis or nymphomania.

ŒSTRUM or ŒSTRUS. The periodical onset of sexual desire or response in animals, popularly referred to as "heat."

ŒSTRUM VENERIS. Satyriasis or nymphomania.

OLIGÆMIA or OLIGOHÆMIA. Where the blood is of poor quality or greatly deficient in quantity. A form of anæmia.

OLIGOGALACTIA. Insufficient secretion of milk by the mammary glands, calling for recourse to bottle-feeding of the infant.

OLIGOGENICS. The method of family limitation by the practice of contraception.

OLIGOMENORRHEA or OLIGOMENORRHŒA. An abnormally slight or occasional menstrual discharge, such as occurs, normally, in most women at the change of life. In young women and during the reproductive years, it indicates some pathological condition or an infantile womb.

OLIGOSPERMIA. The condition where the testicles fail to secrete spermatozoa in sufficient quantities. A frequent cause of sterility.

OLIGOTRICHIA or OLIGOTRICHOSIS. The scanty growth or the absence of hair, especially on the face, body, legs, pubes, and under the armpits in man; and on the pudendum and axillæ in women. The condition is more common in men than women and is thought to be an indication of homosexual taint. More often it is an indication of endocrine disturbance or abnormality.

OLIGOZOÖSPERMIA. Absence or an insufficient quantity of spermatozoa in the seminal fluid.

OLIGURESIS. A scanty supply of urine.

OLIGURIA. Insufficiently frequent passing of urine.

OLISBOS. *See* DILDOE.

OMPHALECTOMY. The surgical operation for removal of the navel, indicated in a case of umbilical hernia.

OMPHALELCOSIS. An ulcerated condition of the navel.

OMPHALITIS. An inflamed state of the navel.

OMPHALOCELE. Umbilical hernia, in which part of the bowel protrudes at the navel.

OMPHALOLYSIS or OMPHALOTOMY. The cutting or division of the umbilical cord immediately after the delivery of the child.

OMPHALORRHAGIA. Bleeding from the navel.

OMPHALOS. The navel.

ONANISM. *Coitus interruptus* or "withdrawal," but more properly any form of coitus in which either as a result of "withdrawal" or incomplete intromission, the semen is ejaculated outside the vagina. Onanism is widely but wrongly employed, largely by theological writers, as a synonym for masturbation. *See also under* BIRTH-CONTROL METHODS (MALE).

ONANISMUS CONJUGALIS. *Coitus interruptus* or "withdrawal."

ONANIST. Strictly speaking, one who practises onanism, but generally used to indicate a male masturbator.

ONE-CHILD STERILITY. It is a relatively common occurrence for a woman to find, after giving birth to a child, that she is thereafter sterile. This is known as one-child sterility.

ONEIDA COMMUNITY. The name given to the religious and social organization established by the community of Perfectionists in Oneida, Madison County, New York State. The community was inaugurated in 1838 in the State of Vermont, by one, John Humphrey Noyes, migrating, some years later, to Oneida. Here the members of the society lived a communal life, practising a form of "free love" which Noyes termed "complex marriage," and a method of birth control which he termed "Male Continence." These practices gained for the community a good deal of notoriety and fomented such strong and persistent opposition from other religious organizations and the public generally that Noyes deemed it expedient to abandon the experiment. *See also under* COITUS RESERVATUS and STIRPICULTURE.

ONEIROGMUS or ONEIROGONOS. The emission of seminal fluid during an erotic dream. Popularly termed "wet dream."

ONYCHIA SYPHILITICA. A diseased condition of the nails resulting from syphilitic infection. The nails assume a whitish appearance, they become brittle and rough, they scale and split easily, and usually there is suppuration at the roots and edges.

OÖCYESIS. Imbedding and development of the fertilized ovum in an ovary.

OÖPHORALGIA. Neuralgic pain in one or both of the ovaries. Ovarialgia.

OÖPHORAUXE. An enlarged ovary due to disease of that organ.

OÖPHORECTOMY (DOUBLE). The surgical operation in which both ovaries are removed, constituting the old method of female castration, or spaying, now supplanted by salpingectomy. Oöphorec-

tomy, whether double or single, is now performed in case of ovarian disease only. The operation is followed by the usual symptoms of a natural menopause, except that menstruation ceases totally and abruptly instead of gradually. The hot flushes, typical of the natural menopause, are more pronounced and more frequent when the ovaries have been removed surgically.

The effect of oöphorectomy upon sexual libido and capacity has been widely discussed, and has been the subject of much controversy, some authorities asserting that the operation has no effect upon the sexual impulse, others asserting just as vehemently that it destroys all sexual feeling. These opinions are mainly based upon statements made by women who have undergone the operation, a fact which sufficiently explains their unreliability. As regards *capacity* for sexual intercourse the removal of the ovaries can have no effect whatever. It is doubtful too, if there can be any effect, beyond a purely suggestive one, upon the sexual libido.

The operation is also referred to as oöthectomy, oariotomy and ovariotomy.

OÖPHORECTOMY (SINGLE). The surgical operation in which one ovary only is removed. In this case the symptoms of a natural menopause do *not* follow.

OÖPHORITIS. An inflamed state of the ovary.

OÖPHOROHYSTERECTOMY. The operation for removing the womb and both ovaries.

OÖPHOROMA. A new growth of the ovary.

OÖPHOROMANIA. A species of insanity resulting from disease of the ovaries.

OÖPHORON. The ovary.

OÖPHOROSALPINGECTOMY. A surgical operation for the removal of a Fallopian tube and the adjacent ovary.

OÖPHORRHAPHY. A surgical operation in which a displaced ovary is fixed in its proper position by stitching.

OÖTHECALGIA. *See* OÖPHORALGIA.

OÖTHECTOMY. *See* OÖPHORECTOMY.

OÖTOCIA. The phenomenon of ovulation.

OPHTHALMIA GONORRHEAL. Infection of the conjunctiva by the gonococcus. In the case of a person suffering from gonorrhea the micro-organisms are often carried by the fingers to the eye.

OPHTHALMIA NEONATORUM. Purulent gonorrheal ophthalmia in a newly-born child, the result of infection by a mother suffering from gonorrhea. The infection shows itself within three or four days of birth, the lids of the eyes adhering being a primary symptom. For generations *ophthalmia neonatorum* was the commonest cause of blindness in newly-born infants, but since prophylaxis in the form of swabbing with boracic acid solution or the injection of silver nitrate solution or protargol was made obligatory there has been a marked decrease in its incidence. *Ophthalmia neonatorum* is the only form of venereal disease which is compulsorily notifiable under the provisions of the Public Health Regulations Act, 1926.

ORCHECTOMY or ORCHIECTOMY. The operation for removing a testicle.

ORCHICHOREA. A peculiar painful jerking or twitching of one or both of the testicles. Where only one testicle is affected the condition is known as *Orchichorea simplex*; when both organs are attacked simultaneously, it is known as *Orchichorea completa*; and when the disease affects first one testicle and then the other, it is referred to as *Orchichorea alternans*.

ORCHIDATROPHIA. Atrophy or wasting away of one or both of the testicles.

ORCHIDECTOMY. The surgical operation for the removal of both testicles. The old method of castration.

ORCHIDITIS. Same as ORCHITIS.

ORCHIS MASCULA. A herb, popularly known as ballockgrass or dogs' stones, and to the ancients as satyrion, once vastly famed for its supposed aphrodisiacal qualities, which were based, in accordance with the doctrine of signatures, on the fact that the root of the plant is shaped like a human testicle. In the *Satyricon* of Petronius there are references to its value as an aphrodisiac, and Pliny mentions its virtues as a stimulant of sexual virility in animals as well as mankind.

ORCHITIS. Inflammation of one of or both testicles. Orchiditis.

ORCHITIS (SYPHILITIC). *See* SYPHILITIC ORCHITIS.

ORCHOTOMY. The surgical operation in which the testicle is extirpated or cut out. The old operative procedure in castration.

ORGANA GENITALIA. The reproductive organs of either the male or the female.

ORGANA GENITALIA MULIEBRIA. The reproductive organs of the female.

ORGANA GENITALIA VIRILIA. The reproductive organs in the male.

ORGASM. The peak of sexual excitement during coitus. In the male it immediately precedes ejaculation of the seminal fluid. The rising of the sexual tempo which culminates in orgasm is very much slower in the female than in the male, with the result that mutual orgasm is comparatively rare. If the woman does not experience orgasm before or at the same time as her husband, she rarely experiences it at all, for the achievement of orgasm and ejaculation by the male are followed by subsidence of the penis, and no further sexual stimulation, so far as that particular act of coition is concerned, is possible for the female.

Certain fundamentals are essential to the occurrence of orgasm. The most important is that the sex act should be carried out in pleasurable circumstances. Especially does this apply to the woman. If she is beset with anxiety over pregnancy, for instance, or if intercourse is being pressed or forced upon her, it is unlikely that she will experience orgasm. Similarly, anxiety on the part of the man in respect of venereal infection or due to other causes will often prevent orgasm.

It should be noted that it is natural for orgasm in the male to be followed by ejaculation. No attempt should be made to prevent ejaculation. If sexual intercourse is attempted at all it is most advisable that both male and female should experience orgasm. Failure to do so, from any cause, leaves the genitals in a congested state. It is not contended that such an occurrence, if it is merely occasional, will have harmful effects, but its repetition with any frequency cannot fail to prove both physiologically and psychologically harmful to both husband and wife. *See also under* COITUS (TECHNIQUE OF).

OSCHEITIS or OSCHITIS. An inflamed state of the scrotum.

OSCHEONCUS. Swelling or new growth in the scrotum.

OSIANDER'S SIGN. An indication of pregnancy is vaginal pulsation, which occurs in the early stages of gestation.

OS PUBIS. The pubic bone.

OSSIFICATION. The progress of conversion, by induration, into bony substance.

OSTEOCELE. Induration of the testicle or the formation of a bony tumour.

OSTEOMALACIA. A somewhat rare disease characterized by softening of the bones due to the change in structure through loss of phosphates or other salts. It is peculiarly likely to attack women during the puerperal period. Also referred to as *mollities ossium.*

OS UTERI. The entrance to the womb through the cervical canal. The external orifice of the cervical canal is sometimes referred to as the *os uteri externum* and the internal orifice as the *os uteri internum.*

OTTAWA (OTTAWAY) DISEASE. An eighteenth-century Canadian name for syphilis. It is now obsolete.

OULOID CICATRIX. A scar which forms the initial lesion in certain cases of syphilis, elephantiasis and lupus. Sometimes referred to simply as ouloid.

OUTBREEDING. The crossing of unrelated specimens. Outbreeding is the usual form of legal mating among humans. The term is employed by animal breeders to indicate the importation of unrelated blood into a strain in order to increase or preserve stamina. Cf. INBREEDING.

OVA. The female reproductive cells produced by the ovary. Eggs.

OVARIALGIA. A general term for pain of any kind in one or both of the ovaries. Oaralgia. Oöphoralgia.

OVARIECTOMY. The surgical operation for the removal of an ovary.

OVARIES. The two oval-shaped female organs of generation. Each ovary measures about two inches in length and one inch in width. They start functioning at puberty, and continue until the completion of the menopause. Not only do the ovaries produce the thousands of ova or eggs which are essential to reproduction, but they also produce

a most important internal secretion.

OVARIOCYESIS. Embedding and development of the fertilized ovum in one of the ovaries.

OVARIOHYSTERECTOMY. The surgical operation for the removal of the womb and the ovaries.

OVARIOTOMY. *See* OÖPHORECTOMY.

OVARITIS. An inflamed condition of the ovary.

OVIDUCTS. *See* FALLOPIAN TUBES.

OVISAC. The Graafian follicle.

OVULATION. The biological process by which a mature ovum is detached from the ovary responsible for its formation, thence, in most cases, to find its way into the adjacent Fallopian tube, is known as ovulation. Without this process there can be no such thing as conception.

In certain animals, notably the rabbit, it is known that copulation brings about ovulation, and, reasoning from analogy, it has been held that coitus precipitates ovulation in women. There is no evidence however that the hypothesis is a correct one.

Hartman[1] has shown that, in the monkey, the only animal which menstruates like a woman, ovulation occurs about the middle of the menstrual cycle. This supports the hypothesis presented by Knaus, Ogino, and others, that ovulation in women occurs about the middle of the cycle irrespective of its length. *See also under* SAFE PERIOD.

OVULE. The ovum before it is released from the Graafian follicle.

OVUM. An egg. A female reproductive cell. The singular of ova.

OXALURIA. An abnormal chemical condition of the urine, the oxalates being greatly increased. It is probably due to dietetic faults.

OXYBOLIA. Premature and extremely rapid emission of seminal fluid during coitus. A form of *ejaculatio præcox*.

OXYTOCIA. Where the process of childbirth takes place with abnormal rapidity. Measured by modern standards, childbirth among savages would be termed rapid.

OXYTOCIC. A drug used for shortening the period of labour.

P

PACHYVAGINITIS. Thickening of the vaginal lining, with hæmorrhage and inflammation.

PAGEISM. The name given to a specific variety of masochism, the dominant note of which lies in the patient securing erotic satisfaction from acting as a servant, page or slave, or imagining himself acting in one of these capacities, to some beautiful, lascivious and imperial woman who forces him to perform the most humiliating and often disgusting services. Sacher-Masoch, the most powerful exponent of masochism, depicts such a connexion between lover and mistress in his novel *Venus in Furs*. *See* MASOCHISM.

PAGET'S DISEASE. A chronic eczematoid disease of the nipple and adjacent area. It usually ulcerates and is inclined to become cancerous.

PALPATION. A method of examination, for the purpose of diagnosis, in which, by manipulation of the fingers, the condition of certain parts of the body and the underlying or adjacent organs is ascertained. Palpation is especially employed in the examination of the womb, the bladder and the rectum. If both hands are employed simultaneously the method is termed bimanual palpation.

PALPITATION. Unusual beating, fluttering or throbbing of the heart, of which one is acutely aware, often accompanied by difficult breathing. It is a common accompaniment of the sex act, especially in the case of a man who is physically or mentally tired, or who finds much exertion necessary to accomplish the act.

PAMPLEGIA or PANPLEGIA. Complete paralysis of the limbs.

PAN. One of the Egyptian gods, worshipped everywhere as the active principle of fecundity. In Greece sacrifices were made in his honour. In Rome, as Lupercus, he was worshipped as a satyr; and his priests, known as Luperci, were permitted to go about in a state of nudity.

PANEL-CRIB. A slang term used in relation to a special kind of brothel

[1] Carl G. Hartman, *Time of Ovulation in Women*. Baillière, Tindall & Cox, London, 1936.

where clients are systematically robbed by an accomplice of the prostitute who has lured her victim to the house. The bedroom is provided with a secret panel or door which the accomplice uses.

PANHYSTERECTOMY. The surgical operation in which the womb is completely removed.

PANHYSTEROKOLPECTOMY. The surgical operation in which the vagina and the womb are removed, and the cavity left by the extirpation is obliterated.

PANMIXIA. Uncontrolled and indiscriminate breeding. The lack of selection in animal breeding which results in the production of mongrels, as distinguished from pedigree or selective breeding. As regards mankind, the predominant method of breeding which is authorized by law and religion might well be described by this term.

PANNECROTOMY. A suggested method of ensuring against the possibility of the burial of persons while still living, by the dissection of all dead, or supposedly dead, bodies.

PANSY. A male homosexual. The term is used particularly in relation to a male prostitute or a passive homosexual.

PANTOGAMY. Sexual promiscuity, such as it is suggested was the precursor, among all primitive and savage tribes, of any system of polygamous or monogamous marriage.

PANUS INGUINALIS. The swelling in the groin which so often accompanies chancroidal infection. A "pig" or bubo.

PAPILLÆ. The nipples on the male or female breasts. Paps.

PAPILLECTOMY. The surgical operation for the extirpation of the nipples or of any other papillæ.

PAPS. Same as PAPILLÆ.

PARACOLPITIS. Inflammation of the outer covering as well as the cellular tissue of the vagina.

PARACYESIS. Any pregnancy which is outside the womb.

PARADOXIA SEXUALIS. Any form of sexual excitation or appetite, conscious or unconscious, which appears in children before the arrival of puberty.

PARAGOMPHOSIS. The lodgement of the child's head in the birth-canal as a result of narrowing of the canal.

PARALOGIA. A form of mentality characterized by lack of logical or coherent thought.

PARALYSIS. The sudden absence of feeling or lack of power of movement in any part of the body. It takes many specific forms according to the nature of the causative disease. Popularly referred to as a stroke.

PARALYTIC DEMENTIA. General paralysis of the insane.

PARAMASTITIS. An inflammatory state of the tissues surrounding the nipples and areola.

PARAMENIA. Any abnormality or disorder connected with menstruation.

PARAMETRIC HÆMATOCELE. Pelvic hematocele.

PARAMETRITIS. A form of inflammation affecting the cellular tissues connected with the womb. Pelvic cellulitis.

PARAMETRIUM. The cellular tissues connected with the womb.

PARAMNESIA. A distortion of cerebration characterized by lack of the power to distinguish between the real and the hallucinatory, in particular as regards the past. Paramnesia is a responsible factor in many of the accounts of psychical experiences which besprinkle the annals of religion and spiritualism. It is also a factor which should never be lost sight of in the sexual and medical histories presented by patients afflicted with psychopathological neurosis.

PARANOIA. A mental disorder in which the patient is the victim of delusions or hallucinations of a specifically related type. In many cases these intellectual aberrations take the form of persecutions, or of religious inspirational visions. The formation of many new religions has been due to the hallucinatory ecstasy of paranoia. Thus St. Paul was a paranoiac. Swedenborg, Mohammed, Martin Luther, and Joan of Arc were all paranoiacs.

PARAPARESIS. A form of partial paralysis restricted to the legs and feet.

PARAPATHIA. A form of insanity in which the afflicted person is devoid of all moral restraint.

PARAPHIMOSIS. An abnormal condition of the penis in which the prepuce either cannot be drawn over the glans, or if drawn forward cannot be retained in this position. It is usually associated

with swelling of the glans. If the abnormality is due to some congenital defect circumcision is indicated as the only means of correction. If however it is due to gonorrheal or other infection, the clearing up of the causative disease will probably be all that is necessary.

PARAPHRENESIS. A form of temporary delirium or insanity.

PARAPROCTITIS. An inflamed condition of the tissue around the anus and rectum.

PARASPADIA. An abnormality of the urethra in which the outlet is on one side of the penis instead of at the end.

PARASTATADENITIS or PARASTATITIS. *See* PROSTATITIS.

PARCHMENT-INDURATION. A primary syphilitic chancre which feels like a piece of parchment under the skin.

PAREPITHYMIA. A depraved, vicious or unnatural habit or desire, as in the case of a sexual perversion or vice.

PARESIS. A disease characterized by partial or complete paralysis of the brain. It does not, as is sometimes said, necessarily indicate syphilitic infection, though the term is often used as a euphemism for general paralysis of the insane.

PARETIC DEMENTIA. General paralysis of the insane.

PAREUNIA. Copulation.

PARONIRIA SALAX. A condition which is characterized by the experiencing of lascivious dreams in connexion with emissions of seminal fluid.

PARONYCHIA SYPHILITICA. *See* DACTYLITIS SYPHILITICA.

PAROTITIS. *See* MUMPS.

PAROUS. Applicable to a woman who has given birth to a child or children.

PARTHENOGALACTOZŒMIA. The emission of milk from the nipples of a young and virgin girl.

PARTHENOGENESIS. Reproduction is of two kinds, sexual and asexual. In unicellular organisms, which constitute the lowest form of life, the asexual mode of reproduction, usually by simple fission or budding prevails. Actually one may say that the unicellular organism never really perishes, as it merely divides into two smaller cells, which in turn repeat by mitosis. It is possible that the virtual immortality of the single cell is largely conditioned by its solitary existence in a favourable environment. It is significant that somatic cells taken from animals or human beings and placed in a suitable environment can be kept alive for long periods.

If, as becomes increasingly evident from the trend of modern biological research, the life of any orgasm is merely the time taken to accomplish a specific chemical process, we are confronted with a staggering explanation of life and of reproduction which smashes to the knees every metaphysical or theopneustic explanation. There are facts connected with the phenomena of parthenogenesis which let light on this thesis. It is evident that parthenogenesis is a stepping-stone between fission and bi-parental reproduction. In every asexual form of life the cell is never differentiated in male and female; in hermaphroditic and in bi-parental propagation there can, with relatively few exceptions, be reproduction only when the male spermatozoön unites with the female ovum. There are, however, certain organisms where the ova, through the incidence of specifically favourable circumstances, can develop into new individuals without the aid of the male spermatozoa. There are others where reproduction is sometimes sexual and sometimes parthenogenetic.

The male bee is produced by parthenogenesis, while the queen bee and the " workers " are produced bisexually. Here we have an example of parthenogenesis acting as a method of sex determination.

Of extraordinary interest and vast significance were Leob's marvellous experiments with the sea-urchin and the starfish, in which, by means of chemical action, the unfertilized ova of these organisms were induced to conjugate.

Plant-lice, sometimes called aphides, normally reproduce parthenogenetically, no males being produced at all, but as autumn with its colder atmosphere approaches there appears a wonderful change. No longer are females exclusively bred in their shoals; males begin to appear and thenceforth reproduction becomes just as exclusively sexual. But change the plants bearing the aphides to the warm atmosphere of the heated greenhouse and the males

disappear. In such conditions parthenogenetic reproduction may apparently be continued, not indefinitely without chemical changes, but for a very considerable time.

Now let us turn for a moment to the experiments made by Northrop with flies. The freshly laid eggs were deposited on sterilized yeast and the temperature raised and maintained at 30° Centigrade. The flies lived two and a half days. By reducing the temperature the duration of life was lengthened, reaching, in a uniform temperature of 10° Centigrade, 177 days.

On record are a considerable number of similar or allied examples. The trend of all is in the same direction: that life in any one form is conditioned by chemical and environmental action. The removal of the thyroid gland from the tadpole ensures its continued existence as a tadpole: the feeding to the tadpole at any stage in its existence of thyroid or of inorganic iodine, as Schwingle demonstrated, induces prompt metamorphosis.

The multicellular organism differs from the unicellular organism, apart from its mode of reproduction, in consisting of two kinds of cells, what are known as germ cells and somatic cells. The germ cells concern themselves exclusively with the business of reproduction; the somatic cells build up the various organs and tissues of the body.

Whenever and wherever sexual reproduction takes place two distinct kinds of germ cell must be existent: the male germ cell or sperm and the female germ cell or ovum. Not of necessity does this imply the existence of two distinct individuals, male and female; both sperm and ovum may be produced by the one organism, as in all true hermaphrodites. Thus the snail, the tapeworm, numerous coelenterates, sponges and worms, certain molluscs and crustaceans are completely hermaphroditic.

PARTURIENT CANAL. The womb and the vagina as a combined canal for the passage of the fœtus during childbirth; also known as the obstetric canal and the birth-canal.

PARTURIFACIENT. A drug or other agent which promotes, helps, or facilitates labour.

PARTURIOMETER. An instrument used for ascertaining the degree of expulsive force of the womb during childbirth.

PARTURITION. Delivery of a child. *See* CHILDBIRTH.

PARURIA. A general term for a diseased or abnormal state of the urine, whether connected with the nature of the fluid or the manner of its ejection. There are specific terms for various abnormalities; thus incontinence of urine is called *paruria incontinens*; the passing of water from the rectum or vagina is termed *paruria erratica*; the presence of albumen in the urine as *paruria mellita*; inability to pass urine in consequence of its retention in the bladder is known as *paruria retentionis renalis*; and the experiencing of difficulty in passing water as *paruria stillatitia*.

PATERNITY (BLOOD-TESTING AS PROOF OF). Until recently, in those cases, and they are common, where a woman applies for an affiliation order, and the man cited denies that he is father of the child, there has never been any satisfactory means of arriving at the truth. In most cases proof that the man has been known to keep company with the girl has been accepted as sufficient evidence; in others the supposed resemblance of the child to the alleged father has been enough. Undoubtedly in thousands of cases men have had to pay for the maintenance of children of whose parentage they were innocent; and in thousands of others, men have been induced, by threats or entreaties, to marry girls and give the blessing of legitimacy to children for whose birth they have been in no way responsible. In the case of a girl who has indulged in promiscuity, there has been nothing to prevent her selecting, as the one to whom the paternity of her bastard child should be attributed, the man most likely to be able to pay the costs of maintenance, irrespective of his responsibility. In many such cases, too, the girl herself does not know who is the father of her child.

Because of these possibilities, and because the so-called resemblance between child and father is almost wholly subjective, it has long been desirable that some more reliable evidence should

be securable. In recent years, more and more attention has been given to blood-tests as a means of establishing the truth in cases of disputed paternity. They have been used for this purpose for some time in several continental countries and in the United States of America.

It has long been known that the blood in different individuals varies. It is because of this variation that, in cases of blood transfusion, it is essential that, by preliminary tests, it should be established that the individual who proposes to give blood should belong to the same blood group as the one who is to receive the blood. It has been further established that children belong to the same blood group as one or both of the parents. All human beings, male and female, belong to one of twelve blood groups.

In view of these facts, it is now possible, by blood tests, to establish, in a case of disputed paternity, whether the child belongs to the same blood group as the alleged father. This, although an undoubted help, does not, of course, solve the problem. If the alleged father and the child belong to different blood groups, the man's innocence is established; if they belong to the same group the position remains as before, it being possible for another man belonging to this blood-group to be the father. In practice, however, a finding which indicates that the defendant might possibly be the father would probably prove damaging; and because of this possibility many men would refuse to submit to such a test. Again, in a case where a woman, for any one reason out of many reasons, is deliberately bringing an allegation which she knows to be false, she would probably refuse to submit herself or her baby to such a test. In England magistrates have no power to compel any of the parties concerned to submit to a blood test.[1]

PATHFINDER. A surgical instrument used in the location of a stricture in the urethral canal.

PATHIC or PATHICUS (plural PATHICI). A male prostitute. One who plays the passive part in sodomy or pederasty.

PATHOGENIC ORGANISMS. Micro-organisms which, when introduced into the body in various ways and in certain circumstances, are responsible for the causation of disease. Bacteria. Popularly referred to as germs or microbes.

PAVOR NOCTURNUS. Terror or horror experienced during sleep. The stories of visitations by incubi are mostly associated with this condition.

PEDERAST. A man who indulges in anal intercourse with boys.

PEDERASTY. Sexual intercourse between a man and a boy. In English law it is a criminal offence and comes under the general title of buggery (which see). It is a form of sexual vice to which both heterosexuals and homosexuals may be addicted. Pederasty was widely practised in ancient Greece, where it did not rank as an offence but met with toleration and, for the most part, openly expressed approval. Aristides, Solon, Themistocles, Alcibiades, Plato, Socrates, and Demosthenes were all addicted to the vice.

Bancroft mentions the practice, among certain tribes of North American Indians, of training boys for pederastic purposes. "A Kadiak mother will select her handsomest and most promising boy, and dress and rear him as a girl, teaching him only domestic duties, keeping him at woman's work, associating him only with women and girls, in order to render his effeminacy complete. Arriving at the age of ten or fifteen years, he is married to some wealthy man, who regards such a companion as a great acquisition. These male wives are called achnutschik or shopans."[2]

PEDEROSIS. The term proposed by Forel to describe the passion for sexual abuse of children which is pathological and hereditary. It is questionable, however, whether there is any such thing as a hereditary predisposition towards the sexual abuse of children.

PEDICATION. Same as PEDERASTY.

[1] On May 16, 1938, "For the first time in England," says the *Daily Mail* (May 17, 1938), "evidence of a blood test led to the dismissal of a paternity suit."

[2] Herbert Howe Bancroft, *The Native Races of the Pacific States of North America*, Vol. I, p. 82. London, 1875.

PEDICULOSIS. An affection of the skin of the scrotum in males and the labia in females, characterized by itching and eczema, due to the presence of lice (pediculus pubis) which infest the pubic hair. These parasites are usually associated with filth. They may be acquired as a result of sexual intimacy with infested individuals, and more rarely from the upholstery of public conveyances. Treatment is directed towards the destruction of both the parasites and their eggs. Sulphur and zinc ointment, or a weak solution of bichloride of mercury, will effect this.

PEDICULUS INGUINALIS. The crab-louse which is the creative factor in pediculosis.

PEDICULUS PUBIS. Same as PEDICULUS INGUINALIS.

PEG-TEETH or PEG-TOP TEETH. Teeth shaped like a peg-top, the base being wider than the crown. A sign, though not an infallible one, of congenital syphilis. Hutchinson's teeth.

PELVIC CANAL. The birth-canal or parturient canal.

PELVIC CELLULITIS. Inflammation of the cellular tissue surrounding the uterus. Parametritis.

PELVIMETER. An appliance used by obstetricians to ascertain the capacity of a woman's pelvis.

PELVIOTOMY. A surgical operation in which the bones of the pelvis are cut in a case of difficult childbirth.

PELVIS. The frame-work of bones, at the bottommost part of the trunk, which forms the pelvic cavity or ring.

PENAL SERVITUDE. The term is restricted to imprisonment for a period of not less than three years. It was inaugurated in 1853 by the Penal Servitude Act, which substituted penal servitude for transportation. A prisoner who is sentenced to penal servitude is known as a convict. Any sentence for a shorter period (two years or under) is known as imprisonment and the person serving such a sentence is called a prisoner.

PENETRATION. The entrance of the male organ of copulation into the vagina of the female.

PENIS. The male organ which performs the functions of urination and copulation. It is used daily and habitually by males of all ages for the purpose of urination; it is used during the reproductive years, occasionally and usually sporadically, for the purpose of copulation. Normally it is flabby and relaxed, measuring in the adult from two to three inches in length and from one inch to one inch and a quarter in diameter. Under sexual excitation it becomes rigid and greatly enlarged, measuring from five to seven inches in length and one-and-a-half to two-and-a-half inches in diameter. The size and capacity for enlargement vary greatly in different individuals. In medical literature there are instances of the penis, in a state of erection, measuring from nine to twelve inches in length, and in rare cases even longer. In the majority of men the most sensitive portion of the organ is the glans penis, which in the uncircumcised, is covered by the prepuce.

The extremely sensitive penis reacts considerably to changes of temperature. Thus in cold weather, it often shrivels up to half or a quarter its normal size, the glans being entirely covered by the overhanging prepuce. The size of the penis is no indication of sexual capacity, nor is there any relation between size and fecundity.

It is rare for the penis to be absent altogether—in any such case the urine is voided with the fæces through the anus, the urethra opening into the rectum.

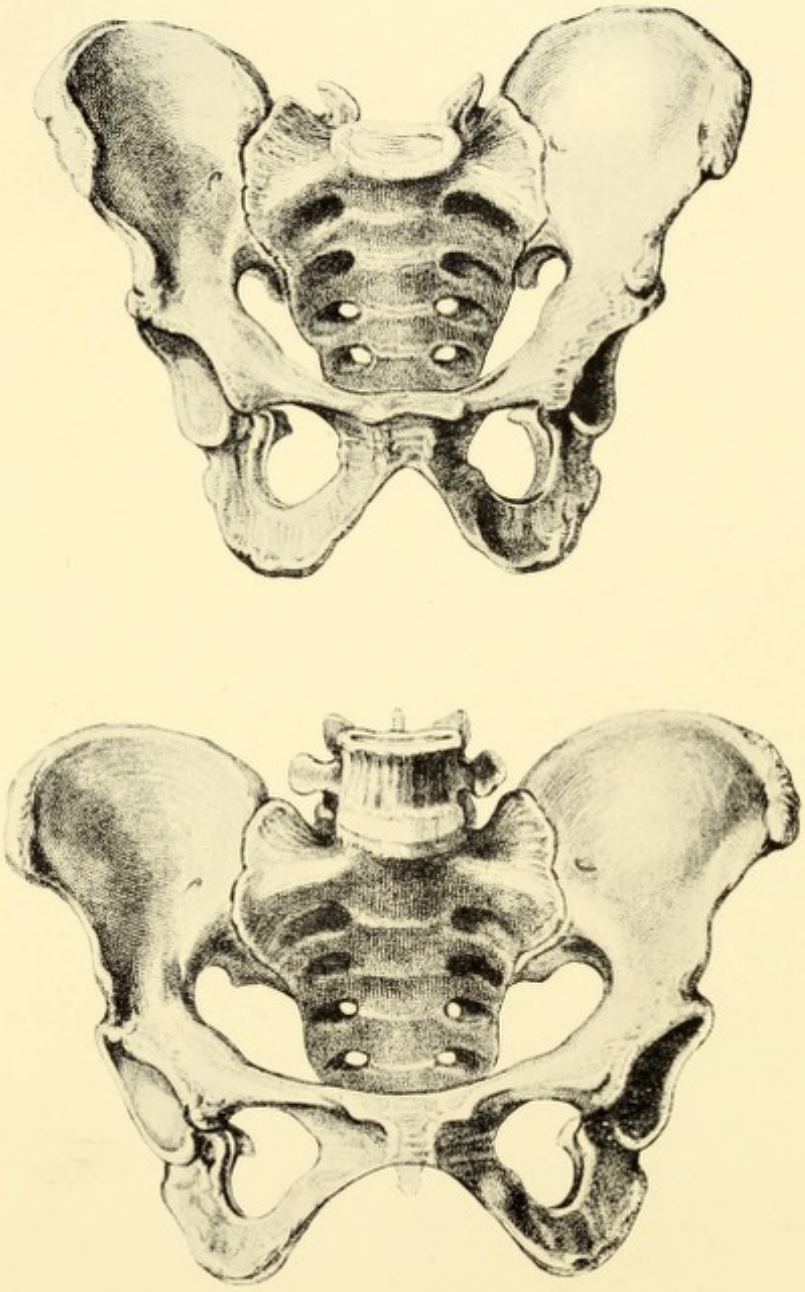
PENIS (ARTIFICIAL). *See* PHALLUS (ARTIFICIAL).

PENIS (WEBBED). *See* PENIS PALMATUS.

PENIS CAPTIVUS. A rare condition in which at the conclusion of the sex act the male is unable to withdraw the penis from the vaginal passage, or can only do so at the expense of the most severe pain and possibly injury to both the male and female organs. The condition is brought about by the spasmodic contraction of the female perineal muscles. This contractive state persists for some time, and there have been cases where withdrawal of the male organ has been possible only after the administration of an anæsthetic to the female.

PENISCHISIS. Epispadias or hypospadias.

PENIS FACTITIOUS. *See* PHALLUS (ARTIFICIAL).



MALE PELVIS AND FEMALE PELVIS
(After Ramsbotham).

PENIS FEMINEUS. A name sometimes given to the female clitoris because of its resemblance to the male organ.

PENIS LIPODERMUS. *See* PARAPHIMOSIS.

PENIS LUNATUS. Chordee.

PENIS PALMATUS. An abnormality of the male organ in which it is partially or wholly enclosed in the scrotal skin. Sometimes referred to as webbed penis.

PENIS SUCCEDANEUS. *See* PHALLUS (ARTIFICIAL).

PENITIS. Inflammation of the male sexual organ.

PENOLOGY. The branch of medico-criminological science which deals specifically with the causes, prevention and punishment of crime.

PEOTILLOMANIA. The habit, almost always of nervous origin, of continually pulling at or touching the male member. It must not be confused with masturbation. It may, however, lead to the acquirement of masturbation.

PEOTOMY. The surgical operation in which the male organ of copulation is completely amputated.

PERFECTIONISTS (SOCIETY OF). *See under* ONEIDA COMMUNITY.

PERIMETRITIS. Inflammation of the membranous covering of the womb.

PERIMETRIUM. The membrane which covers the womb.

PERINEAUXESIS. Colpoperineoplasty.

PERINEOPLASTY. The surgical operation in which a lacerated perineum is repaired by stitching.

PERINEUM. The part between the scrotum in man, or the vulva in woman, and the back passage. It is this particular region, in woman, which is so likely to be torn during difficult childbirth.

PERIODS. The menses. *See under* MENSTRUATION.

PERISALPINGITIS. An inflamed condition of the tissue around a Fallopian tube.

PERISPERMATITIS. An inflamed condition of the tissue surrounding the spermatic cord.

PERITOMY. The surgical removal of the prepuce. *See* CIRCUMCISION.

PERITONEUM. The membrane which lines the abdominal cavity, and covers or surrounds the contents of that cavity, including the womb.

PERITONITIS. Inflammation of the lining of the abdominal cavity. It is much more common in the female than the male; often being caused by attempts, whether or not successful, to procure abortion by instrumental means. The introduction of any liquid, including water, into the uterus, through its entry into the abdominal cavity by way of the Fallopian tubes, may cause peritonitis, as in the case of liquids forced into the womb to procure abortion or accidentally by the use of high-pressure douches.

Peritonitis was formerly described as inflammation of the bowels.

PERTUNDA. The Roman goddess of copulation presiding over sexual intercourse during marriage and especially in relation to the wedding-night defloration.

PERVERSION. *See* SEXUAL PERVERSION.

PESSARY. A ring or other device of rubber, metal or celluloid for insertion into the vagina in cases of uterine displacement or falling of the womb. There are many varieties.

PESSARY (CONTRACEPTIVE). A rubber diaphragm used for inserting into the vagina in the immediate vicinity of the cervix with the object of occluding or shutting off the cervical os, thus preventing the entry of semen into the womb. The contraceptive diaphragm exists in a large number of varieties.

The cervical cap is also referred to as a pessary, but the usage is undesirable and likely to create confusion. *See also under* BIRTH-CONTROL METHODS (FEMALE).

PETTING. In American slang the practice of fondling, kissing and otherwise arousing sexual excitation, which may or may not be followed by overt sexual acts.

PHALLANASTROPHE. A deformity in which the penis is bent or twisted backwards.

PHALLANKYLOSIS. Another name for chordee.

PHALLICISM. *See* PHALLIC WORSHIP.

PHALLIC WORSHIP. All the religions that have been evolved have one common fundament, and because of this, all religions, stripped of their decorative verbiage, their rubrics, their ritual, are basically alike. This common fundament is fear in the face of the unknown and the mysterious.

The sun, the moon, the planets, the sky and the earth, unknown, mysterious and awe-inspiring, were, one and all, worshipped by the ancients, as they are worshipped to this day by savages. The Chaldeans worshipped the seven planets, the ancient Greeks and Romans worshipped the sky and the earth. Most of the old gods were personifications of the sun. Thus Bacchus, Priapus, Adonis, Khem, Pithras, Sabozius, Bel, Hercules, Horus, Krishna, were all sun-gods. Jehovah, or Yahveh, the god of Israel, was a sun-god. Christ, the "Saviour," was a sun-god. And similarly the "Saviours" of a dozen other contemporary religious cults were all sun-gods.

These sun-gods were endowed with the power of fecundity. The sun, in other words, was universally recognized as possessing the power of fertilization. It is easy to see how the sun, radiating heat and light, came to be personified as a god, who, after resting or dying in the winter, with the coming of Spring, appeared as a rejuvenated and restored being. With the appearance of new life on earth, the concept arose of the union of the sun-god with the earth. "Mother" earth was literally believed in, just as surely as the sun or the sky appeared in the role of father.

The personification by the savage of every unknown animal, object or force with powers possessed by himself, which formed the fundament of religion, led to the creation of a multiplicity of deities, male, female and hermaphroditic. Everything, animate, inanimate and spiritual, was masculine or feminine or both.

At first, and this applied to all savage and primitive races, the whole world over, no connexion was traced between coitus and childbirth. Children were universally recognized as being magically created in the woman by the gods. Copulation was looked upon solely and purely as a pleasurable act with a supernatural significance. The preliminaries to coitus, whether in the form of dancing, petting or other types of erotic stimulation, and the sex act itself, because they gave pleasure to those indulging in them, were conceded to give pleasure to the gods. The dream and the hallucinations in which sexual connexion with the gods formed an integral part were part and parcel of this erotic symbolism.

At a later stage in evolution, by all the races emerging from savagery, some connexion was envisaged between the child that was born and the sexual act. In this recognition, dim though it undoubtedly was, lay the foundation of the phallicism or sex worship which has formed so significant a part of every form of religion that has ever been evolved, not excepting Christianity.

Again and again among ancient races we find evidence of the belief, well-nigh universal, that the seeds in the right testicle produced male children and the seeds in the left testicle produced females. The penis and the testis, making the phallic trinity, were deified in the Assyrian trinity, Asher, Anu and Hoa, with Asherah the fertility goddess represented by the vulva of woman. Yahveh, creator of the hermaphroditic Adam, in likeness of himself, was worshipped as "the opener."

The sexual organs of man were looked upon as representatives or symbols of the phallic gods. The Assyrians and the Persians, says Ptolemy, worshipped the phallus. So did the Hebrews, making phallic images of gold and silver.[1] According to Plutarch, Osiris was invariably represented by the phallus in a state of erection, a tribute to his recognized immense powers of generation; the tree of the knowledge of good and evil referred to in Genesis is evidence of the widespread phallicism pervading early civilization. The female external genitalia, similarly, were looked upon as symbols of the fertility goddess. Broughton says Lingon is the name given to an idol worshipped by the pagans of Indostan. "This idol is made of brass, and is a very lewd figure, the parts of a man and a woman appearing joined together. It is placed in a Pagod, or Temple, which is opened but once a year. Some of the votaries of Lingon wear his image about their necks out of devotion."[2]

[1] Ezekiel xvi. 17.

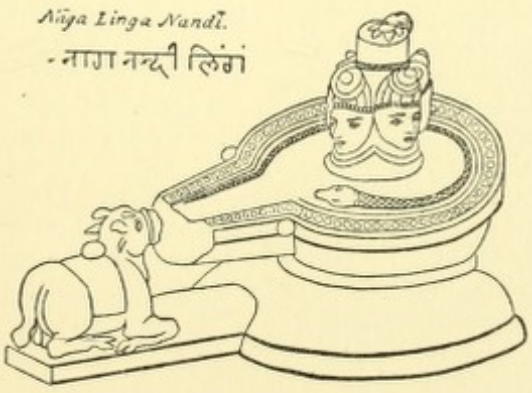
[2] Thomas Broughton, *An Historical Dictionary of all Religions*, p. 20. London, 1741.



HINDU LINGA-YONI

The significance of sex worship is, too, evidenced throughout the Old Testament in the laying of the hand upon the penis when taking an oath, as to-day we lay our hands on the Bible. We read: "And Abraham said unto his eldest servant of his house, that ruled over all that he had, put, I pray thee, thy hand under my thigh."[1] The practice, says Dulaure, is still customary among the Arabs.

In England, the ancient Druids were phallic worshippers, as is evidenced in their worship of "sacred stones," symbolical of the erect penis. Stone pillars were set up everywhere and were worshipped as the temporary residences of gods. Moses, David, Jacob and others refer again and again to rocks and stones in language that admits of no interpretation other than a reference to God Himself. Throughout Europe, Asia and Africa, these pillars and rocks, representing the erect penis, are scattered in their thousands. Similarly, the cross, in all pagan religions, was a phallic symbol.



HINDU YONI WITH SERPENT

There are indications that phallic worship survived through the ages in many parts of the civilized world, for despite the efforts of theological authorities and leaders of modern cults, to disguise, efface or explain away all such manifestations, occasionally evidence crops up that cannot be waived aside. An interesting instance of this nature is provided in a letter from Sir William Hamilton, Minister at the Court of Naples, to Sir Joseph Banks, Bart., then President of the Royal Society. The letter is dated December 30, 1781, and refers to the worship of Priapus: "the obscene Divinity of the ancients." Every year, says Sir William Hamilton, there is held at Isernia the Fête of St. Cosmo and Damiano and at this time "in the city, and at the Fair, *ex-voti* of wax, representing the male parts of generation, of various dimensions, some even of the length of a palm, are publickly offered for sale."[2]

The asceticism of early Christianity was but an admission of an interest in sex that bordered upon the pathological, and called for vigorous repressive measures. Even in Christianity as practised to-day there are plain survivals of the phallicism upon which it was founded. The Holy Virgin of Catholic mythology is the reincarnation of Aphrodite, the Great Goddess: the Communion Service, as administered in a million churches, is a cannibalistic and an aphrodisiacal rite.

PHALLOBLENNORRHŒA. *See* GLEET.

PHALLOCAMPSIS. *See* CHORDEE.

PHALLORRHŒA. Any kind of urethral discharge. Gonorrheal urethritis.

PHALLUS. The penis in the male and

[1] Genesis xxiv. 2. See also Genesis xlvii. 29 and Lam. v. 6.
[2] Richard Payne Knight, *The Worship of Priapus*, p. 6. 1883.

the clitoris in the female. Also used in reference to the images and representations of the penis employed so extensively in the phallic religions of antiquity. Images of the erect penis were placed everywhere by the ancients. They were carried in procession at their religious festivals (Dionysia); they were worn on the body as amulets (*fascinum*) to avert the evil eye, diseases and the machinations of the devil; they were placed on the graves with the dead. In India the phallus is termed the Lingam. *See under* PHALLIC WORSHIP.

PHALLUS (ARTIFICIAL). One of the most ancient and most widely used sexual contrivances known. Made of wood, ivory or other material, this appliance, in shape and size closely resembling the erect male member, is used by tribades for giving sexual satisfaction to their associates. Some of these phalli are extremely elaborate. According to Von Maschka,[1] there are phalli made of india-rubber with a tube running through in simulation of the urethra, and fitted with a hollow appendage which can be filled with warm water, milk or other liquid. This appliance is strapped to the body with a belt to heighten the realistic effect. By squeezing the container liquid is forced from the extremity of the phallus giving the impression of ejaculation. A somewhat similar appliance is described by Mirabeau.

The antiquity of the artificial phallus is indicated by the references to its use in the Bible, thus: "Thou hast also taken thy fair jewels of my gold and of my silver, which I had given thee, and madest to thyself images of men, and didst commit whoredom with them." In the Mimes of Herondas and in the *Lysistrata* of Aristophanes, there are references to the device. Later, Brantôme refers to its use in France. It was sold in shops in both London and Paris.

In many cases of women marrying other women and successfully assuming the role of the male, an artificial phallus is employed. The device is variously referred to as dildoe, consolateur, bijou indiscret, *penis succedaneus* and *gaude mihi*.

PHALLUS IMPUDICUS or PHALLUS VULGARIS. The liquid prepared from a poisonous and vile-smelling species of fungus found in some parts of southern Europe. Mixed with alcohol, it is widely used as an aphrodisiac for both men and animals. It was at one time used as a specific for gout, arthritis and allied ailments.

PHILTRE or PHILTER. An aphrodisiacal preparation.

PHIMOSIS. An abnormal condition of the penis in which the prepuce cannot, without difficulty, be drawn back sufficiently to expose the glans. In chronic cases it cannot be retracted at all. Phimosis interferes with erection, and in some cases is a cause of impotence. Also inflammation is likely to arise under the prepuce. The condition may be congenital or acquired. The congenital type is due to malformation, tightness or adhesion.[2] The acquired type may be the result of injury or chronic ulceration, but in most cases it is a sequel to gonorrheal inflammation. In all cases of congenital phimosis operative procedure, of which circumcision is perhaps the most satisfactory, offers the only prospect of cure. Where the condition is of pathological origin a clearing up of the responsible infection may put matters right.

PHIMOSIS CIRCUMLIGATA. *See* PARAPHIMOSIS.

PHIMOSIS CONGENITA. Congenital phimosis.

PHIMOSIS VAGINALIS. Constriction or atresia of the vaginal passage.

PHLEGMASIA ALBA DOLENS. Inflammation of the veins of the thigh and leg, characterized by pain of the most severe nature and a considerable amount of swelling. It sometimes occurs in women after childbirth. The most common causes are infection of the womb, general debility and local injury. Popularly referred to as white leg or milk leg.

PHOBIA. Fear which reaches such a degree of intensity and morbidity, usually without any real grounds, that it verges upon insanity. There are many varieties.

[1] Quoted by E. Heinrich Kisch, *The Sexual Life of Woman*. 1910.

[2] Tightness of the prepuce and difficulty in its retraction are found in the majority of infants and must not be confounded with true phimosis.

PHOSPHATURIA. An abnormal condition of the urine, which has a thick milky appearance, due to the excessive amount of phosphates it contains. It is usually significant of dietetic errors.

PHRENALGIA. Morbid depression. Melancholia.

PHYSOCELE. An enlargement of the scrotum due to its distension with gas or the presence of a tumour.

PIG. A vulgar name for the swelling in the groin which often accompanies chancroid or syphilis. *See* BUBO.

PILES. *See* HEMORRHOIDS.

PIMP. A man who lives on the proceeds of prostitution. His connexion with the woman may be that of husband or lover, or it may be purely a business arrangement.

The relation between prostitute and pimp or bully, as he is often termed, has often proved a puzzle to sociological students. It seems strange that any woman will be willing to prostitute her body in order to keep a man in idleness, who, often enough, is not married to her; especially as it is a well-known fact that these pimps are often cruel to their women. It is held by many that the explanation lies in the fact that these bullies are in reality the lovers of the prostitutes who work for them, supplying the psychological factor that is lacking in their clients, and that the attachment of the prostitute to her lover is close and deep. Other observers contend that the true explanation lies in fear. These bullies are cruel, callous criminals who will stop at nothing, and the women who have got into their clutches are afraid to leave them, just as much as they are afraid to give them away to the police. Now, I have no doubt both these explanations possess some atom of truth, but they by no means reveal the whole or indeed the main truth. The bully is the woman's protector. Prostitutes are human, like other women. Not all of them are the brass-faced, hard-mouthed harridans popular opinion personifies; many, even in the lower ranks of the profession, are nothing like a match in hardness, vindictiveness and unscrupulousness for their clients. There are in existence, and in considerable numbers, too, men who do not hesitate to decamp without paying the fee agreed upon. The prostitute cannot invoke the aid of the law in securing her just dues. She is socially ostracized, and her word would count for nothing against that of a so-called respectable member of society. It is for these reasons that she often finds a bully, upon whom she can rely to put in an appearance when called upon, to accord her psychical as well as physical protection, to negotiate on her behalf with landlords, owners of flats, hotel-keepers, and in other business deals; a most valuable aid in the pursuit of her profession. Also there are a number of young, inexperienced and unintelligent prostitutes who not only learn to rely upon some man to look after them, but who would be helpless without guidance. These are the girls who are handed from pimp to pimp, or from brothel to brothel, like so many pieces of merchandise. They are bullied and trampled on hopelessly. They have no knowledge of their rights as human beings; they have no notion of rebellion.

The Vagrancy Act of 1898 provides that " every male person who knowingly lives wholly or in part on the earnings of prostitution shall be deemed a rogue and vagabond within the meaning of the Act of 1824, and may be dealt with accordingly." The fact that a man lives with or is " habitually in the company of a prostitute and has no visible means of subsistence," is sufficient evidence that he knowingly lives " on the earnings of prostitution." Despite the law, however, pimps are everywhere. The number of prosecutions bears no relation to the number of pimps and the extent of their operations. They are mostly married to the prostitutes who are working for them, and run some sort of business or agency or follow some occupation or other as a blind. In all such cases the police are practically powerless. It is exceedingly difficult to make out any sort of case against a pimp who is married and is engaged in any kind of work or trade; it is further almost impossible to charge a married woman as a prostitute.

PINHOLE OS. The state of the mouth of the womb sometimes found in females at the time of puberty, and occasionally in virgins at a later age. It is a frequent cause of sterility, as the secretions of the uterus or the cervical canal may easily

block the entrance and prevent spermatozoa entering the womb.

PLACEBO. A drug, medicine or other agent, having no therapeutic virtues, which is administered in order to placate or humour the patient. The valuable psychic effects of such medicines are recognized by some physicians, and especially by psychological healers. In the case of the imaginary maladies that feature so largely in the armamentarium of female troubles, the placebo undoubtedly has a useful function. Many so-called aphrodisiacs are of this nature, and in the treatment of certain forms of male impotence have definite value.

PLACENTA. The organ which forms the main medium of communication between the child in the womb and the mother. It develops during the third month of gestation, and is attached to the wall of the uterus on the one hand and to the embryo or fœtus on the other by means of the umbilical cord.

PLACENTAL BRUIT. The murmur or blowing sound which sometimes emanates from the pregnant womb, probably resulting from the circulation of blood in the fœtus.

PLACENTAL SOUFFLE. Same as placental bruit.

PLACENTOMA or PLACUNTOMA. A new growth which sometimes results from the retention of some portion of the placenta. In childbirth and in abortion, in particular, whether self-induced or therapeutic, part of the placenta is likely to be retained. Syncytioma.

PLANURIA. The condition where the urine is discharged from some place other than the urethral meatus.

PLATONIC LOVE. The relation between man and woman, advocated by Plato, in which the tie between them consists of spiritual or psychical attraction, free from any sexual connotations. Plato erred in confusing affection or *camaraderie* with love. There is no such thing as platonic love, which represents a contradiction in terms. The attraction between two individuals of the opposite sex, during youth, which is called love, is preeminently sexual, and if it continues, leads inevitably to sexual expression or suppression. There is no form of attraction between young people of the opposite sexes which is not *basically* sexual. The attraction between two older individuals, if it has not developed from youthful love, and is devoid of sex, is affection, usually coloured by expedience.

PLEOMASTIA. The presence of several breasts or of supernumerary nipples.

PLUG (CONTRACEPTIVE). A pad of cotton, lint, or other material used for the purpose of occluding the mouth of the womb, for birth-control purposes. *See under* BIRTH-CONTROL METHODS (FEMALE).

PLUG (KITE-TAIL). A plug or tampon in the form of balls of cotton fixed to a string at intervals, after the manner of a kite-tail, and used for inserting into the vagina to prevent hemorrhage.

PLUG (MUCUS). The presence in the cervical canal and especially in the os, of a collection of thick mucus. This plug is often a cause of temporary sterility in the woman, preventing the spermatozoa entering the womb.

PLURIGRAVIDA. A woman who has been pregnant on more than two occasions.

PLURIPARA. A woman who has given birth to several (with a minimum of two) children.

POCKY. A slang term used to describe the condition of an individual suffering from syphilitic infection, especially in its eruptive form.

PODALIC VERSION. The process of turning the fœtus in the womb so as to bring the feet opposite the os uteri.

POLLAKIURIA. The condition where urine is passed with abnormal frequency.

POLLUTIONS. *See* EMISSIONS.

POLYANDRY. Marriage between one woman and a number of men. There appear to be two distinct forms in which polyandry was and is practised: (*a*) where the men concerned all belong to one family, brothers or other near relatives; and (*b*) where the men are unrelated, but for one reason or another share a common life.

Polyandry is much less common than polygamy. While polygamy has always been a luxury for the rich and powerful; polyandry is a plebiscite for the poor and weak. Poverty is the main cause. In communities where one man cannot bear the expense of keeping a wife, he shares this expense with others. Thus the woman serves the sexual require-

ments of a group of men, varying in size according to their collective economic resources. Another cause is a deficiency in the number of women. This applied especially in those primitive and savage races where the majority of females were destroyed at birth. To-day the practice of polyandry is restricted to Tibet, certain parts of India, and a few African tribes.

POLYCYESIA. An abnormal degree of fecundity in a woman or a race. Also multiple pregnancy.

POLYGALACTIA. The secretion of milk in abnormally large quantities.

POLYGAMY. The form of marriage in which one man is allowed to have a number of wives at the same time. In many races polygamy preceded monogamy. It was practised by most ancient and primitive nations. It is still practised in certain Eastern civilized countries and among many savage tribes.

There are indications in the Bible that polygamy was almost universally practised by all the Hebrews who were able to afford the luxury of a plurality of wives. Moses, Abraham, David, Joash, Ibzar, Solomon, Abdon, Esau, Gideon, Ahab, Lamech, Jacob, were all polygamists, justifying the practice in their efforts to observe God's command and "replenish the earth." And there appears to have been no limit to the number of wives each male could elect to have for his own use.

Mohammed allowed a form of polygamy limited to four legal wives—any other women which a man attached to himself were concubines. In recent times, polygamy has been practised on an extensive scale among most Eastern nations, and in various parts of Africa. The king of Benin, for instance, is credited with having a thousand wives, and the king of Uganda with even more.

Polygamy, as a religious ordinance, was practised by the Anabaptists in the fifteenth century, and more recently by the Oneida Community and the Mormons in the nineteenth century. Until its prohibition by the United States Government towards the close of the century, the polygamy of the Mormons aroused the widest interest and was the subject of much controversy and denunciation from the rest of America and Europe. Actually, however, polygamy was never general among the inhabitants of the Mormon community in Utah. It was restricted to certain chosen members. These were granted the right to practise polygamy, which included, as it very often does, the practice of incest as well. The tale goes that Joseph Smith, the Mormon founder and leader, when faced with the exposure of his adultery, explained that God, a practising polygamist Himself, in one of His private revelatory talks had urged upon the prophet the need to "multiply and replenish the earth," and to this end had given express permission for Smith and his chosen associates to practise polygamy.

The causes of polygamy are many. The basic and compelling cause is man's insatiable appetite for novelty in sex appeal, leading him to desire and, wherever possible, to secure legally and openly, as in polygamy, or illegally and surreptitiously, as in adultery and promiscuity, frequent changes in the women who minister to his sexual requirements. This is the cause, and usually the sole cause, in civilized countries. In primitive and savage communities there are, in addition to this basic and universal cause, other subsidiary reasons, varying in degree and in ecumenity according to environment and sociological conditions. Thus, wherever and whenever there is an excess of women over men, polygamy is likely to be practised. Where parentage is exceptionally desirable, either for economic reasons or in accord with the behests of religious leaders, polygamy is usually sanctioned.

The obstacles to polygamy are mainly the cost of maintaining a plurality of wives and the incidence of female jealousy. For these reasons, even when and where polygamy has been allowed and even exalted, its actual practice has been reserved to a comparatively small section of the population. Only the rich and the powerful could bear the heavy expenses attached to the upholding of such a household, and only the powerful could exercise so great a hold over the various wives as to ensure the continuance, for any length of time, of such an arrangement.

POLYHYDRAMNIOS. The presence of an excessive amount of amniotic fluid.

POLYMASTIA. More than two breasts on a man or a woman.

POLYMENORRHEA or POLYMENORRHŒA. An excessive menstrual discharge coincident with a reduction in the length of the customary menstrual cycle. It is a common sequel of fibroyoma. Sometimes referred to as epimenorrhea.

POLYORCHIDISM or POLYORCHISM. The existence of three or more testicles in the scrotum. The anomaly is a rare one, though of great antiquity. The earliest reference is that of Aristotle. In 1894 Arbuthnot Lane reported a case in a fifteen-year-old boy. He removed a third testicle the size of a marble from the right side of the scrotum.

POLYORCHIS. A male who has more than two testicles.

POLYPUS (plural POLYPI). A pedunculated tumour which may be benign or malignant, attached to a mucous membrane. These polypi appear frequently in the womb, the vagina, the cervical canal and the bladder.

POLYSPERMIA. The production of an abnormally large quantity of seminal fluid. This condition usually leads to frequent emissions, especially where there is little or no normal means of sexual outlet.

POLYTHELIA. The condition where there are more than two nipples.

POLYURIA or POLYURESIS. The production and excretion of abnormally large quantities of urine, a characteristic symptom in diabetes and Bright's disease.

POMMES D'AMOUR. *See* RIN-NO-TAMA.

PONCE. *See* PIMP.

PORNOGRAPHY. The presentation in an indecent or obscene manner, either in writing or pictorially, of anything relating to the sex opus. It is not precisely the same as obscenity, though the one often includes the other, and for this reason the two words are often considered to be synonymous. A book may include an obscene word used as an expletive, and in other respects the book may be innocuous. Such a book cannot be termed pornographic. On the other hand a work may be innocent of any word capable of being labelled specifically obscene, and yet the whole work may rank as indecent or pornographic.

That there is such a thing as a pornographic book or picture is undeniable. The difficulty is to define what exactly constitutes pornography. But when the popular and therefore the judicial view of pornography is submitted to analysis certain facts emerge.

The concept of pornography is conditioned by the individual's desire to prevent anyone else enjoying what he lacks the moral courage to enjoy himself—representing the dog-in-the-manger attitude *in excelsis*. It always manifests itself in connexion with what is *verboten* in respectable circles, what can only be enjoyed surreptitiously. The moralists, the Puritans, the Comstockians, are largely responsible for any filthiness associated with sex by their policy of driving it into corners and encouraging perversions and abnormalities. The more they can eradicate or reduce their own cravings and the more they can induce so-called respectable members of society to confine their sexual orgies to circumstances surrounded by the closest secrecy, the more apparently successful is their campaign against immorality. "Indecency," said the late Lord Brentford, "in itself is, of course, not a crime: herein it differs from those acts which are criminal in themselves, such as theft or murder. But exactly in the same way as murder is a crime, so indecency committed in public is a crime."[1] Precisely! It is all right so long as you don't make a song about it, say the Government, the Puritans, the clergy, the vice-crusaders, in effect. And so long as it must be committed in secret, the act itself ranks as a sin. But once the one-time sinful act takes on the mantle of respectability, the Puritan's campaign against it ends completely and dismally.

In the main, therefore, pornography is amorphous, unstable, jactitious. What was pornography ten years ago is decent, tolerable or approvable to-day. From the standpoint of the law what is pornography when sold to one individual is not pornography when sold to another. And, apparently, what is pornography when offered to the public at five shillings per volume

[1] Viscount Brentford, *Do We Need a Censor?*, p. 5. Faber & Faber, 1929.

is not pornography when offered at as many pounds. *See also under* OBSCENITY.

PORNOTHERAPY. The regulation and medical examination of prostitutes as a measure of limiting or preventing the diffusion of venereal disease.

POROCELE. A solid hard tumour of the testicle or scrotum.

POROTOMY. The surgical operation for the enlargement of the urethral orifice by incision or slitting.

PORRO'S OPERATION. The surgical removal of the womb by the abdominal route where indicated through the presence of fibroids in addition to a fœtus. Celiohysterectomy.

PORTIO. *See* PORTIO VAGINALIS for which portio is an abbreviation.

PORTIO SUPRAVAGINALIS CERVICUS. The upper section of the cervix uteri or neck of the womb, lying above the vagina.

PORTIO VAGINALIS. The lower section of the cervix uteri or neck of the womb, protruding into the vagina.

POSTHALGIA. Pain in the foreskin of the penis.

POSTHETOMY. The surgical operation in which the foreskin is removed. Circumcision.

POSTHITIS. Inflammation of the foreskin. Acroposthitis.

POSTHOCALYMMA or POSTHOCALYPTRON. A sheath or veil for the penis. A condom.

POSTHONCUS. A condition in which the prepuce is swollen through inflammation or the presence of a tumour.

POST-MORTEM. The medical examination of a cadaver.

POST-NATAL. Applied to anything which occurs soon after birth.

POST-OPERATIVE. The state of the patient or any occurrence connected with but happening after an operation.

POST-PARTUM. Anything which occurs immediately after childbirth.

POTENTIA CŒUNDI. The capacity to perform the sex act.

POTENTIA GENERANDI. The capacity to fertilize or to bear young.

POTENTOR. A mechanical apparatus for enabling the male organ to be introduced into the vagina. It is sometimes used in the treatment of impotence.

POX. A slang synonym for syphilis.

POX HOSPITAL. A slang term used in reference to a hospital where venereal disease is treated.

PREGNANCY. The state of pregnancy begins with embedding of the fertilized ovum and ends with the birth of the child. Normally, pregnancy takes place in the womb, but there are many forms of extra-uterine pregnancy, that is, where embedding takes place outside the womb. Thus pregnancy may occur in the abdominal cavity (abdominal pregnancy); in the cervical canal (cervical pregnancy); in one of the horns of the uterus (cornual pregnancy); in one of the ovaries (ovarian pregnancy); in one of the Fallopian tubes (tubal pregnancy); or in the part of a Fallopian tube which enters the womb (interstitial, intramural or parietal pregnancy).

PREGNANCY (BIGEMINAL). Twin pregnancy.

PREGNANCY (CARE NECESSARY DURING). The tendency during the period of gestation is towards overfeeding. And in the majority of cases, under the mistaken assumption that the growing child in the womb requires a lot of nourishment, the pregnant woman deliberately overeats. Moreover, the abnormal desire for specific and often unusual foodstuffs, which is one of the characteristics of the woman during pregnancy, leads not only to overeating, but often to over-consumption of most unsuitable foods. If overeating is combined with lack of exercise, as it so often is in these days of motor-cars and public travelling facilities, the effects are very much intensified. Lying in bed in the morning, sitting about in easy chairs and negotiating the shortest of journeys in a motor-car, which constitute the programme of so very many young women during pregnancy, is the surest way of ensuring a difficult parturition.

Good wholesome natural food in adequate but not excessive amounts should be consumed. The dietary should include plenty of fresh vegetables, butter, eggs, cheese and fish. Butcher's meat should be eaten sparingly. Plenty of water is essential: at least two or three pints between meals. Because of the increased frequency of micturition, many women are inclined to cut down to a minimum the consumption of liquid.

This is a grave error. Alcohol must be taken sparingly. It is better to give it up altogether.

One of the greatest troubles of pregnancy is connected with constipation, which brings in its train so many other evils. The rectum, bulging with excrement, presses upon the womb, causing much discomfort and pain, and if continued for long periods and especially during the later stages of pregnancy involving the risk of injury to the child.

PREGNANCY (CRIMINAL RESPONSIBILITY DURING). A pregnant woman cannot be sentenced to death under English law. According to the Sentence of Death (Expectant Mothers) Act, 1931, "where a woman convicted of an offence punishable with death is found in accordance with the provisions of this Act to be pregnant, the sentence to be passed on her shall be a sentence of penal servitude for life instead of sentence of death."

Before this Act came into force, if a woman, duly sentenced to death, was found by a special jury, consisting of women, to be pregnant, execution was held over until the child was born.

PREGNANCY (ECTOPIC or EXTRA-UTERINE). Where embedding and development of the ovum take place anywhere outside the cavity of the womb. *See under* PREGNANCY.

PREGNANCY (FALSE). The fallacious diagnosis of pregnancy by a physician, or self-diagnosis by the woman herself due to the simulation of conditions pointing to a state of gestation. Any swelling of the abdomen is likely to create such an impression, especially the presence of a fibroid or other new growth in the womb, tympanites or ovarian cysts. The abdominal expansion characteristic of the menopause often gives rise to a belief that a state of pregnancy exists.

Féré and others cite analogous instances of false pregnancies in animals and birds, but it would appear that some of the cases are based upon doubtful premises. In instance, Féré affirms "That birds have an instinctive knowledge of the state of their eggs during incubation is generally known. Hens, for example, are credited with knowing when the eggs are rotten, and throwing them out of the nest, and with knowing whether the eggs contain living or dead chickens, which, in the last case, they do not abandon till the normal end of incubation has come."[1] This is not in accord with my own practical experience extending over a period of twenty-five years. Hens will sit upon eggs which are infertile and which contain dead chickens. They will even sit upon porcelain eggs. In some cases, through the carelessness of the hen or the nest having been badly made, eggs roll or are pushed out of the nest, but it is a matter of accident whether such eggs contain dead or living chickens or are infertile. As, however, a living chicken will succumb after a few hours exposure, the odds are that the uncovered egg will either contain a dead chick or be infertile when it is discovered. It is probably for this reason that the idea has gained currency respecting the hen's exercise of judgment in this matter.

PREGNANCY (INSANITY OF). A form of mania occurring during gestation, or the puerperium. It varies considerably in its duration. Its occurrence is an indication for the avoidance of any future pregnancies.

PREGNANCY (MASK OF). *See* UTERINE MASK.

PREGNANCY (MULTIPLE or PLURAL). *See* TWINS.

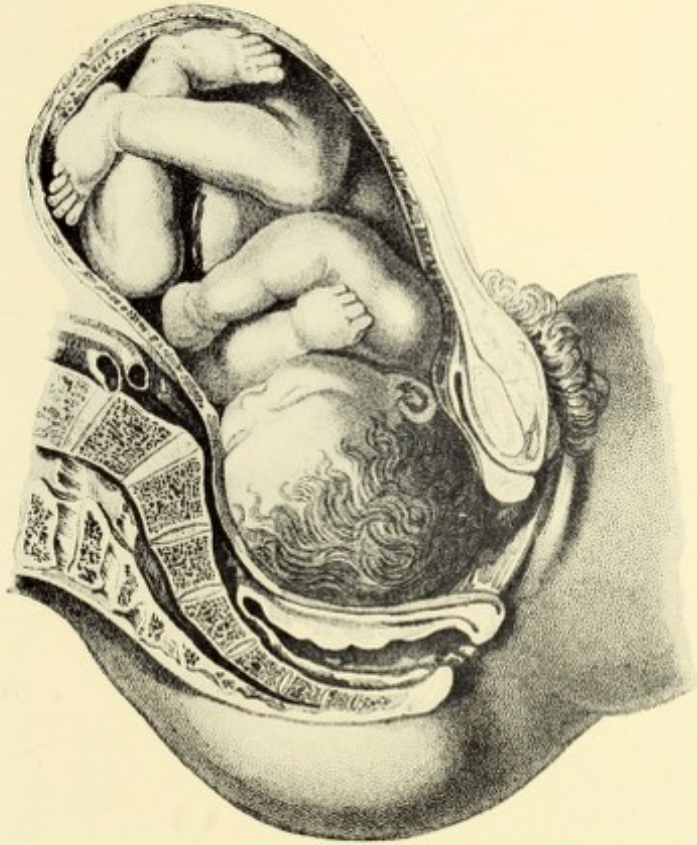
PREGNANCY (MURAL). *See* GESTATION (MURAL).

PREGNANCY (PERNICIOUS VOMITING OF). Continuous and uncontrollable vomiting during the period of gestation, often to a degree and an extent that endangers life. It usually occurs during the first half of pregnancy.

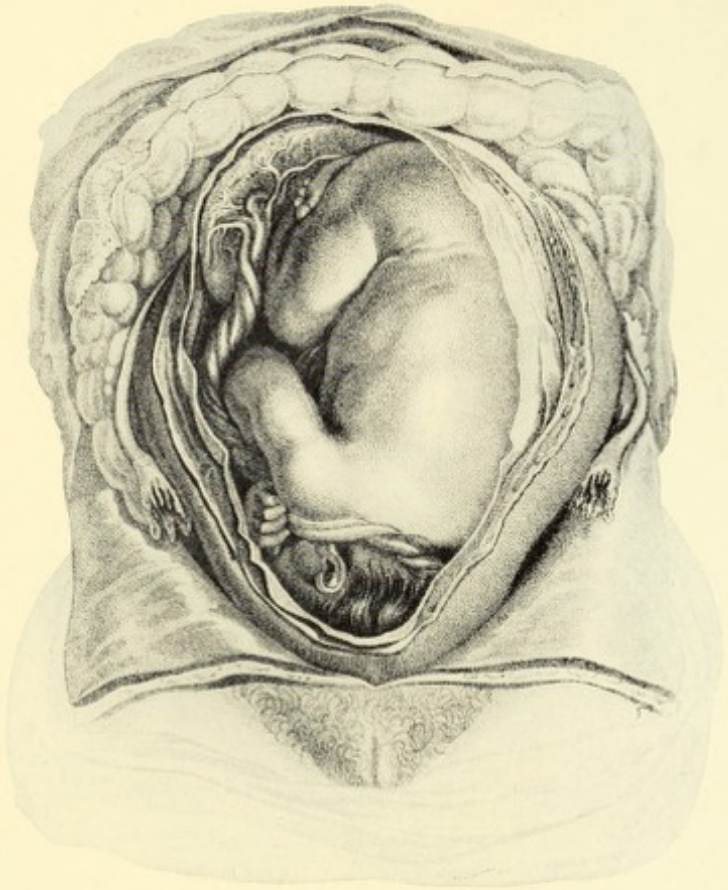
PREGNANCY (PHENOMENON OF). The moment the fertilized ovum becomes embedded in the uterine wall (or, in rare cases of extra-uterine gestation, outside the womb) a state of pregnancy is said to exist. The process of pregnancy is a physiological one and involves great changes in the whole female metabolism.

Normally, the duration of pregnancy is 280 days, that is 280 days from the day upon which conception occurs. As no

[1] Ch. Féré, *The Sexual Instinct: Its Evolution and Dissolution*, p. 77.



FŒTUS DURING PROCESS OF LABOUR
(After Ramsbotham).



FŒTUS IN WOMB: ADVANCED PREGNANCY
(After Ramsbotham).

woman knows the exact date of conception, any calculation must of necessity be a rough and ready one. The usual method is to count 280 days from the final day of the last menstrual bleeding. Often, however, the term of gestation is shorter than the 280 days normally allowed. Often, too, the period is extended.



MULTIPLE PREGNANCY
[*after Paré*

During the whole of this period of gestation the fœtus in the womb is growing, and the uterus is expanding in size to make room for its continually increasing contents. Much depends upon the size which the baby ultimately attains before parturition, but, with rare exceptions, the uterus increases to a size approximating 600 times its own bulk. In weight, from a few ounces, it reaches twenty to twenty-five pounds. Anything beyond the greater of these weights means danger to the mother.

The sensational stories of males having given birth to children are in all cases purely apocryphal. It is true there are instances where tumours or cysts containing fœtuses or parts of fœtuses have been taken from males. It is on such occurrences that have been based the more sensational accounts which are to be met with in literature. Perhaps the most noteworthy case of this type is that observed, in 1841, by Nathaniel Highmore, an English surgeon. It is described by Dr. Blundell, thus:

"Some years ago I was shown, by Mr. Highmore, of the West, a preparation of a child—on the whole not imperfectly formed—of the size of six or seven months, and which had been taken from the body of a boy between fifteen and sixteen years of age. The boy (literally and without evasion) was 'with child'; for the fœtus was contained in a sac communicating with the duodenum; and was connected to the side of the cyst by a short umbilical cord. This fœtus did not make its appearance till the boy was eight or ten years of age, or more, when—after much enlargement from this 'pregnancy,' and much pain and flooding—the boy died. This case is not singular. There are others on record. A seed, or an egg, may lie for years without becoming evolved. A serpent may, I believe, become enclosed under the egg-shell of the goose—the shell, I presume, forming over it as the animal lies in the oviduct of the bird. These facts explain, very clearly, the phenomenon just narrated, for when this unfortunate child was begotten, a twin was begotten at the same time; but while the brother formed in the usual manner, the impregnated ovum of his companion lay dormant: and, without resistance, became closed up within the fraternal abdomen; like the viper in the egg-shell. Like the seed in the bag, or the egg upon the shelf, these living rudiments lay quiet for a few years, within the body of the brother, and then, formation commencing, the wonder and the catastrophe ensued. The boy became pregnant with his twin brother. His abdomen formed the receptacle, where, as in the nest of a bird, the formation was accomplished."[1]

PREGNANCY (PLURAL). *See* BIRTH (PLURAL).

PREGNANCY (SIGNS OF). The first and the best known of all signs of pregnancy is the suppression of menstrua-

[1] J. Blundell, *Obstetric Medicine*, p. 665. London, 1840.

tion. In itself, however, it is not at all reliable. The suspension of menstruation may be due to any one of a number of causes other than pregnancy. Or a woman who is pregnant may continue to menstruate for several months. Cases where one period occurs after conception are relatively common.

The second and almost equally well-known sign is the occurrence of what is termed "morning sickness." On getting out of bed there is a sudden feeling of nausea and an attack of vomiting. Here again, the symptom is by no means an infallible one. There may be other reasons for the nausea and vomiting. And again about 50 per cent of pregnant women never suffer from "morning sickness" at all. Usually it is a woman of the neurotic type who suffers from this phenomenon. In many cases it is a dangerous symptom, as its persistence may have serious consequences.

Other signs of pregnancy are enlargement of the breasts with tingling sensations; and pigmentation on and around the nipples. There is a marked and frequent desire to pass water, which, owing to the continually increasing pressure of the enlarging uterus on the bladder, increases as the pregnancy advances.

These various symptoms in conjunction provide strong presumptive evidence of an existent pregnancy. Even so, there have been many erroneous diagnoses by medical men, and apart from laboratory tests, it is almost impossible for any doctor to be certain that pregnancy exists until gestation has progressed for six to eight weeks.

After the first couple of months, with every week that gestation continues, the symptoms indicative of pregnancy increase in number and in extent. The abdomen begins to swell, the cervix softens, the pelvic floor sinks, the breasts become much bigger with a greater area of discoloration, and there is usually a clear secretion from the nipples. Towards the termination of the period abdominal expansion and the dragging weight of the fœtus cause shortness of breath, and the characteristic waddling walk of the woman who is carrying a child. Subjective symptoms, especially in neurotic women, are depression and possibly melancholia.

PREGNANCY (TESTS FOR). Previous to 1928 it was impossible for any medical man to diagnose a state of pregnancy with any surety until at least six weeks had elapsed since the occurrence of conception. In that year, however, Aschheim and Zondek made their famous discovery of a laboratory test for pregnancy, which was to be followed by several other analogous tests. The result is that in most cases a state of pregnancy can be established or discredited within a few days of its existence being suspected. A quantity of the morning urine passed by the woman is injected into immature female mice. After four days (ninety-six hours) the mice are killed. Their ovaries are then examined and certain changes indicate pregnancy in the woman.

In the Brouha test, a modification of the Aschheim-Zondek test, the male mouse is used. The test takes ten days, however, and is apparently not so reliable in normal pregnancies.

In 1929 Friedman used the rabbit instead of the mouse. In the rabbit, ovulation usually occurs some ten hours after coitus. Urine is injected into a mature virgin rabbit and the animal is killed after twenty-four hours. A positive reaction, that is, the appearance of a new corpus luteum, indicates that the woman is pregnant.

These pregnancy tests are not infallible but they show a small proportion of failures only.

PREGNANCY (VOMITING OF). *See* MORNING SICKNESS.

PREMATURE EJACULATION. *See* EJACULATIO PRÆCOX.

PREPUCE. The loose piece of skin protecting and covering the glans penis. It is cut away in the operation of circumcision. The under side of the prepuce, which contacts with the glans penis, is composed of mucous membrane. Normally the prepuce should extend almost to the end of the glans, that is, when the male organ is in its customary flaccid condition. If the prepuce extends beyond this to any appreciable extent, or is so tight at its open extremity as to render retraction difficult, surgical attention may be advisable. The prepuce is more popularly known as the foreskin. *See also under* CIRCUMCISION.

PREPUCE OF THE CLITORIS. The fold of membrane, formed by the inner lips, which covers the clitoris. Also referred to as *preputium clitoridis*.

PREPUTIAL CALCULI. The presence of stones or calculi in the preputial sac, usually the result of a dirty state of the penis with accumulations of smegma and stale urine. There is invariably present phimosis or balanoposthitis. Joly[1] reports a case of a boy with stones the size of a hen's egg; and suggests that preputial calculi may easily be wrongly diagnosed as carcinoma of the penis.

PREPUTIUM CLITORIDIS. *See* PREPUCE OF THE CLITORIS.

PRESBYOPHRENIA. A form of dementia occurring in old age. Known also as Alzheimer's disease.

PRESENTATION. A term in obstetrics which indicates the particular part of the fœtus which is in the vicinity of the mouth of the womb. Normally the head should be so presented, but often it is some other part of the body, an arm, a shoulder, a leg or the buttocks.

PREVENCEPTION. The term introduced by Dr. William J. Robinson (U.S.A.) to designate the control of conception, in preference to contraception or birth control. Birth control, it is contended, gives rise to misunderstanding as it is popularly confused with abortion.

PRIAPISM. An erection of the penis due to any cause other than sexual excitation. The only points of difference are that the erection of priapism is usually painful, and intercourse does not relieve the erection. Despite the accompanying pain, it is often mistaken for sexual excitement, and because of this error, there is frequently delay in securing medical advice and attention.

The cause, in young men, is generally inflammation due to neglected gonorrheal urethritis or syphilis. The irritant action of cantharides or other poisonous aphrodisiacs is another frequent cause. Cystitis, stricture and prostatic calculus are other causes. In old age, it may be due to enlargement of the prostate gland, or to catarrh of the bladder. It is in such circumstances that priapism sometimes results in old men featuring in unsavoury police-court offences.

PRIAPITIS. Inflammation of the male sexual organ.

PRIAPUS. The god of fertility, worshipped throughout Asia Minor, Greece and Italy. He was represented by phallic symbols, and the festivals held in his honour were sexual orgies of the most repulsive nature.

PRIMARY BUBO. An enlargement of the inguinal gland resulting from syphilitic infection and without any initial sore on the genitals.

PRIMARY LESION. The first ulcer or chancre in a case of syphilitic infection.

PRIMARY SORE. Same as primary lesion.

PRIMIGRAVIDA. A woman with child for the first time in her life.

PRIMIPARA. A woman with or who has given birth to a child for the first time.

PRIVATE PARTS or PRIVATES. A popular euphemistical term for indicating the external genitalia in both sexes.

PROBE. An instrument, long, slender and rod-like, used for exploring channels or wounds.

PROCIDENTIA UTERI. An exceptional degree of *prolapsus uteri* in which the whole of the womb has fallen outside the vagina.

PROCTAGRA or PROCTALGIA. Pain, often of a neuralgic character, in the anus and rectum. It differs from proctitis in there being no accompanying inflammation.

PROCTECTOMY. A surgical operation in which the anus or rectum is removed.

PROCTENCLEISIS. The condition where the anus or lower part of the rectum is narrowed or blocked, causing painful and difficult defecation, or preventing the ejection of fæces altogether.

PROCTEURYNTER. A bag which can be inflated, or other device, used for dilation of the anal passage in a case of stricture.

PROCTITIS. Inflammation of the anal or rectal mucous membrane. Orchitis.

PROCTITIS (GONORRHEAL). *See* GONORRHEAL PROCTITIS.

PROCTOCELE. *See* HEDROCELE.

PROCTOCYSTOTOMY. An operation, involving cutting into the bladder through the rectum, for the removal of stone. Rectocystotomy.

[1] J. S. Joly, *Stone and Calculous Disease of the Urinary Organs.*

PROCTOPARALYSIS. Paralysis affecting the muscular tissue of the rectum or anus.

PROCTOPEXIA. The surgical operation in which the rectum is fixed to some other part by stitching.

PROCTORRHAPHY. An operation for stitching the anus or rectum.

PROCTORRHEA or PROCTORRHŒA. The condition in which there is an emission of mucus from the anus.

PROCTOSCOPE. An instrument used for the purpose of inspecting the rectum.

PROCTOSTENOSIS. Narrowing or complete stricture of the anal opening or the rectum. Rectostenosis.

PROCTOTOME. A surgical knife used for cutting into the anus or rectum.

PROCTOTOMY. The surgical operation for the relief or cure of stricture or the correction of an imperforate anus. An incision is made into the rectum or anus. Rectostomy.

PROCURATION. The enticement or securing of a girl or woman for the purpose of prostitution, or of any girl or woman, under the age of twenty-one years, who is not a "common prostitute" for sexual connexion with another person. Procuration, or an attempt at procuration, is a criminal offence under the provisions of the Criminal Law Amendment Acts, 1885 to 1922.

PROFETA'S LAW. Named after its promulgator, Giuseppe Profeta, an Italian physician, this hypothesis, which received credence for many years and is still often cited, is concerned with the immunity to syphilitic infection of children who, showing no stigmata of the disease, are the offspring of syphilitic parents. The so-called law was founded upon insufficient knowledge. The supposed immunity to infection was not an immunity at all. It was due to the fact that children born of a syphilitic mother are infected pre-natally and therefore cannot acquire the primary syphilitic chancre.

PROFLUVIUM SEMINIS. The involuntary expulsion or escape of the seminal fluid from the vagina immediately after male ejaculation. To a certain extent the escape of semen is normal. The amount lost varies considerably in different women according to the nature of the vaginal canal, and in the same woman at different times in accordance with the degree of penile intromission, the amount of semen ejaculated in coitus, and the state of the vagina and cervix at the time.

In the older text-books profluvium seminis was often cited as a cause of sterility, and women desirous of becoming pregnant were advised to adopt various precautions immediately after the male member was removed from the vagina, in order to prevent the escape of semen; such, for instance, as lying perfectly flat with the thighs pressed together or with one leg over the other.

Recent research has established the fact that profluvium seminis is rarely an actual cause of sterility. It may prove a contributory factor in some cases. Forsdike truly says: "While it is true that a quantity of semen is forced out of the vagina after coitus, there is sufficient left to impregnate a harem if there be no other abnormality present."[1]

PROGRESSIVE PARALYSIS OF THE INSANE. *See* GENERAL PARALYSIS OF THE INSANE.

PROIOTIA. The appearance of sexual appetite or capacity at an abnormally early age.

PROLAPSE OF THE RECTUM. *See* PROLAPSUS ANI.

PROLAPSE OF THE UTERUS. *See* PROLAPSUS UTERI.

PROLAPSUS ANI. The falling or sinking of the rectum until it protrudes beyond the anal orifice.

PROLAPSUS UTERI. The dropping of the womb into the vaginal canal, popularly known as falling of the womb. It is extremely common, especially in married women after the first parturition, and in middle-aged and old women after the menopause. It is much more prevalent among poorer women who have to work for their living than among the prosperous middle and upper classes, who can rest for prolonged periods after childbirth. Injuries to the perineum consequent on childbirth, especially injuries that have never been adequately repaired or wounds that have been reopened through too early resumption of intercourse, are frequent causes of prolapsus. Repeated pregnancies without sufficiently long in-

[1] Sidney Forsdike, *Sterility in Women*. Lewis, 1928.

tervals between, enteroptosis, general debility and ill-health are other causes. The condition causes much suffering and inconvenience, especially in women who have work to do. Backache and a dragging feeling are almost always present. The wearing of a rubber ring pessary, which gives support to the womb, helps in many cases.

In the presence of severe prolapse, i.e. where the cervix descends into the vulva, it is impossible for the woman to use any efficient contraceptive device. Where birth control is indicated, the man should employ one of the methods available to him.

PROLAPSUS VAGINÆ. Falling of the vagina. Colpoptosis.

PRONAUS. The opening between the labia minora, which forms the entrance to the vagina.

PRONE POSITION. The attitude assumed when lying horizontally face downwards.

PROPHYLAXIS. Any method, medicine, or agent which is used for the prevention of disease. A prophylactic is not a cure for disease. It is most important that the distinction should be clearly grasped. *See under* VENEREAL PROPHYLAXIS.

PROSOPOTHORACOPAGUS. A double monster united at face, chest and abdomen, thus presenting four arms and legs and a double body and head. *See* MONSTER.

PROSTATALGIA. Any kind of pain experienced in the prostate gland.

PROSTATAUXE. *See* PROSTATE (ENLARGED).

PROSTATE (ENLARGED). Hypertrophy of the prostate gland is a common condition in men over the age of fifty. The gland is tremendously swollen, usually as a result of congestion and inflammation. As it increases in size, it exerts more and more pressure upon the bladder and the rectum, until there is some degree of interference with both micturition and defecation.

The first indications are usually concerned with urinary difficulties. There may be difficulty in commencing the act of passing water; scalding or smarting during its actual passage; continual desire to make water resulting in the passing of small quantities at frequent intervals or continual dribbling. With the progress of the disease these difficulties increase until inability to empty the bladder at all causes the sufferer to seek medical advice. These urinary troubles may not however be indicative of prostatic enlargement, as much the same symptoms occur in stricture.

On the other hand there are cases where the prostatic enlargement proceeds for a long time without presenting any symptoms which may lead to the suspicion that anything is wrong. Young and Lewis mention a case where "the patient's only complaint was that his abdomen was constantly getting larger, and he had to buy new trousers frequently, because of his increasing waist band."[1]

Urologists are by no means unanimous as to the cause of the disease. While one school inclines to the opinion that it is the result of sexual excess, another school holds the opposite view, contending that it is induced by sexual inactivity in the reproductive years. Possibly both opinions are true in part, for it is probable that congestion of the prostate gland, through whatever cause, is a potential source of inflammation and enlargement. Sexual excess and continence are both, in certain circumstances, causes of congestion and irritation. It depends upon the individual case. The man who makes demands upon his sexual organs in excess of their powers, whatever the outlet may be, whether coitus, masturbation or perversion, causes congestion. The man who stimulates his sexual libido in any way and then neglects to provide the necessary relief similarly causes congestion.

Dietetic errors, in some cases, may be responsible. Strong alcoholic drinks and stimulating foods irritate the genito-urinary system; idling in bed and resting in easy-chairs for hours on end each day predispose to congestion. Careful attention to the general health during middle age, the strict avoidance of overeating and over-drinking, would do much to prevent prostatic trouble.

An enlarged prostate is sometimes the

[1] Hugh H. Young and Lloyd G. Lewis in the chapter on "Prostatic Obstructions" in Cabot's *Modern Urology*, p. 675.

basic responsible factor in sexual crime. Any pathological state of the prostate gland increases sexual desire, and in old men is a frequent cause of reawakened sexual appetite at a time when the capacity to gratify the desire has been lost. One of the features of prostatic trouble is that erections are induced mechanically and irrespective of sexual excitation through fullness of the bladder and urethral irritation. The old man mistakes these erections for indications of recaptured sexual capacity, and attempts to gratify his appetite either by marrying a young girl, by having recourse to prostitutes, and where these courses, for many reasons, are impracticable or impossible, by violating young boys and girls with the consequences with which all readers of police-court cases are familiar.

PROSTATECTOMY. The surgical operation in which a part of or all the prostate gland is removed.

PROSTATE GLAND. Situated at and surrounding the base or neck of the urinary bladder, where the urethral channel commences, the gland produces an important secretion which enters the urethra at this point.

The gland itself varies in size in different individuals and in the same individual at different times. It gradually increases in weight from the time of puberty until about the age of fifty, after which, unless the pathological condition known as enlarged prostate (which see) arises, it gradually atrophies. The prostate is often the seat of gonococcal infection.

PROSTATIC CALCULUS. A stone or other concretion which has formed in the ducts of the prostate gland.

PROSTATIC FLUID. The liquid secreted by the prostate gland and constituting part of the semen.

PROSTATIC URETHRA. The section of the urethral canal which connects with the bladder and is surrounded by the prostate gland.

PROSTATISM. A morbid nervous state characterized by the most profound depression, resulting from the presence of prostatic disease or the belief that one is afflicted with it.

PROSTATITIS. Inflammation of the prostate. The gland is much swollen and an abscess often forms. It is occasionally a complication of gonorrheal urethritis. Where the inflammation is not due to infection with the gonococcus or other organism, the cause may be a severe chill, excessive indulgence in coitus or masturbation, irritation resulting from dietetic errors, or some injury to the bladder or urethra. The symptoms are difficulty in passing water, pain or discomfort in the rectum, and occasionally the presence of blood in the urine.

If an abscess forms operative treatment may be necessary. In cases which are not associated with gonorrhea, attention to the general health, cessation of sexual intercourse or excitation, and avoidance of irritating food and drink such as spices and alcohol, will usually clear up the trouble. Also referred to as parastatadenitis and parastatitis.

PROSTATORRHŒA. This common but not serious pathological discharge of prostatic secretion from the urethral aperture, is often taken for spermatorrhœa. There may be a continual discharge of milk-like fluid from the penis, or it may escape in drops after each act of urination.

The congestion caused by intense sexual excitement is a frequent cause, particularly if there is no relief in the form of coitus or masturbation. An inflamed state of the neck of the bladder, and straining during defecation will often provoke an emission. Prostatorrhœa rarely occurs where there is regular sexual relief. The condition need occasion no anxiety.

PROSTATOTOMY. A surgical operation in which an incision is made into the prostate gland.

PROSTATOVESICULITIS. An inflamed condition of the prostate gland and the seminal vesicles.

PROSTITUTION (CAUSES OF). Writers on the subject in the past have differed widely in their attempts at arriving at a definition of what constitutes a prostitute. Paul Lacroix classed as prostitutes all women who were guilty of intercourse outside the married state; similarly Wardlaw, writing in 1842, defined prostitution as "the illicit intercourse of the sexes." On the other hand the popular conception of a prostitute as a woman who temporarily loans the use of her body to a miscellany of men in return for money, is obviously too

narrow and restricted; as is also Webster's dictionary definition, "to give up to lewdness for hire." In most cases essential factors to come within the meaning of prostitution are held to be immoral relations with at least two men contemporaneously, and for gain in each case.

It is as important to differentiate between a mistress and a prostitute as it is to differentiate between a married woman and a prostitute. The woman who lives with a man for an extended period, even though she forsakes him or is forsaken by him, and becomes the mistress of another man, is no more a prostitute, at this particular stage in her life, than a married woman who obtains a divorce and marries another man is a prostitute. She may have been a prostitute before or she may become one later, but this does not affect the point. Thus to include mistresses in the category of prostitutes, is to give to prostitution too wide a scope. Actually these points may not be of any great practical importance in England; but in France and in certain other countries where prostitutes are inscribed, the distinction is one of considerable significance.

On the other hand, to limit prostitution to those who are entirely dependent for their livelihood upon promiscuous intercourse is at once too narrow and too illogical a definition. For these constitute but a fractional part of the vast army of women who indulge in promiscuous sexual relations as a sideline or a part-time occupation, and in many instances for other reasons than those connected with pecuniary reward. The distinction between the amateur and the professional is always conceded to be a distinction of money. In its ultimate analysis it is a meaningless distinction. It overlooks the fact that one may be willing to do something, whether distasteful or not does not matter, for some form of reward or recompense other than coin of the realm. Money is merely a token. The wealthy hobbyist or amateur has invariably some "object" other than pure altruism. The fact that there is no cash transaction does not necessarily mean the work, in popular parlance, is done for nothing.

These amateur prostitutes, as they may be conveniently called, are increasing in all civilized countries, year by year, and are continually intruding more and more upon the professional prostitutes' preserves.

The contention that the disgust associated with prostitution in the mind of any respectable member of society really lies in the sex-lust which manifests itself in every transaction, and not in the mere fact that it is a trade, fails to take into account that the same argument applies to many State and Church-authorized marriages; just as the other contention that there can be no act of prostitution where a monetary transaction does not take place overlooks the fact that few marriages are free from financial taint and economic considerations.

Any true definition, in contradistinction to a legal definition, of a prostitute, would embrace both the professional and the amateur fornicator. The law and, in the main, the Church and the public, in their rulings, take no cognizance of anyone other than the woman who makes a living exclusively out of promiscuity. The popular supposition that the role of marriage precludes the possibility of prostitution, while in accordance with the law's interpretation, seems at variance with an ethical or a sociological viewpoint.

In indulging in promiscuous intercourse the prostitute is influenced in part or whole by some incentive other than or in addition to love or passion. The prostitute seldom becomes a nymphomaniac, though the nymphomaniac may become a prostitute. Nor does the absence of love from the prostitute's professional dealings imply that she is incapable of love. The twin popular assumptions that every prostitute is a volcano of lust towards all the men she can attract, and coincidentally incapable of feeling anything resembling love for any individual man, are both fallacies. It is because the prostitute, despite the fact that she may be loaning her body to man after man without any voluptuous sensations, is capable of feeling real love for one individual man that, in some cases, is explainable the apparently inexplicable fact that it is common enough for a prostitute to herself keep what is termed a "fancy man."

Many observers contend that the absence of the love element is the one essential factor that stamps the woman as a prostitute. It is argued that a vital element in prostitution is that the woman derives no pleasure from her sexual escapades, but is concerned solely with the fees she receives in return for her services.

It seems to me, however, that the question of pleasure or otherwise cannot logically or justifiably enter into any definition of what constitutes a prostitute. Further there appears to be little in the way of actual facts to support this assumption of universal insensibility, and even the microscopic amount which does exist seems to be founded upon the most dubious premises. We all know well enough that every pleasure loses its pristine flavour if it is repeated often enough or continued long enough, and there is not the smallest doubt that prostitutes who have followed the profession for years on end can derive little or no pleasure from the sexual relations to which they are so accustomed. But then it is doubtful if many married women, after regular repetitive sexual relations over a long period of years, get any pleasure from the act. The crux of the matter lies in the question of whether the prostitute, *at the commencement of her career, derives pleasure from the sex act?* And the answer, I venture to submit, is that in nine instances out of ten she does experience pleasure. She makes, in many cases, a point of combining business with pleasure, to the extent of selecting for her partners in sexual enjoyment those willing to bestow upon her money or its equivalent.

Pleasure in connexion with the sex act does not necessarily imply love. Love is entirely another thing. Most men who resort to prostitutes for sexual satisfaction experience pleasure, but relatively few fall in love with the women who are mainly instrumental in providing this pleasure. The prostitute, once she is regularly embarked upon her career, rarely experiences love in the course of her work.

The female harlot, therefore, in contradistinction to the married woman (in theory, at any rate) and to the mistress, offers the use of her body to various men in exchange for money or its equivalent, and apart from or in addition to any thought of love. In many instances she goes through the sexual act and its concomitants devoid of any pleasurable feelings whatever; often, indeed, her feelings for her temporary lover are dislike or even hatred. That she performs her part in the transaction competently and apparently passionately is not, as is so often thought, evidence of her sensuality or lust; it is merely a tribute to her skill as a professional love-maker.

It is true that many married women have no feelings of love for their husbands even at the time of marriage; it is equally true that soon after marriage thousands of wives develop frigidity and *anæsthesia sexualis* towards the men they are supposed to love. In these cases the only thing that distinguishes the role of such a woman from that of a prostitute is that *one* man has contracted for the use of her body, and that the contract is sanctioned and upheld by Church and State.

There is, too, the question of the male prostitute. Prostitution is not exclusively a woman's profession; nor are those who consort with and support prostitutes exclusively members of the male sex. Male prostitutes, often euphemistically described as gigolos, are employed and paid by women; catamites are employed by homosexual and perverted men. Thus our definition of a prostitute must include both sexes, and bearing this essential point in mind as well as our previous observations, we arrive at the following: A prostitute is an individual, male or female, who for some kind of reward, monetary or otherwise, or for some form of personal satisfaction, and as a part or whole-time profession, engages in normal or abnormal sexual intercourse with various persons, who may be of the same sex as, or the opposite sex to, the prostitute.

The fundamental cause of female prostitution does not rest with the woman at all; it rests with the male animal. It is a biological cause. This is never stated bluntly, but it is admitted by implication.

The reasons which induce women to take up prostitution as a career are confused with the basic cause of prostitution

itself, which is something quite different. In its essence prostitution is physical. Its existence is due to the physiological urge which drives the virile male animal to search for his mate and to have intercourse with her. It is, stated in plain language, the selfsame urge as that which actuates the dog hanging around the bitch which is in heat.

It is this biological urge which has led, during the two thousand years of the Christian era, a miniature army of religious, moral and social leaders to look upon prostitution as an evil which must be endured; a cancerous sore which can never be eradicated but can only be checked. Always at the back of their minds was the fear that the eradication of prostitution, supposing it were possible, would bring worse evils in its train. It is this viewpoint which causes governments to view with tolerant eyes the " camp followers " of the soldiers during peace and war, and even on occasion to go so far as to provide brothels for the use of troops stationed in colonial and foreign lands.

All through the ages prostitution has presented a knotty problem; and nothing in all the world has provided a more pronounced subject for the hypocrisy of the theologians and the self-elected guardians of public morals. The difficulty they have always been faced with, and which they are faced with to-day, is to justify the denunciation of something which they consider it would be inadvisable to suppress; and, in addition, to justify the punishment and ostracism of one party only to a contract, which is conceded to be evil, between two parties. For prostitution exists not because it is impossible to suppress it in the sense that murder, or robbery, or infanticide, is suppressed; but because no really thorough or sincere attempt has ever been made at suppression. In some countries it is openly regulated; in others it is curbed, restricted, and, to some extent, curtailed; in none is it rigidly suppressed.

This attitude of coincident denunciation of something against which only half-hearted measures of regulation or restriction have been taken, has required a certain amount of justification. The plea for toleration of the evil has always taken, despite modern ornamentation, the fundamental lines laid down by St. Augustine seventeen hundred years ago. He held that the prostitute was an essential member of society. Sinful she was, depraved she was, sordid she was; but she was required for the express purpose of keeping lust within bounds and in proper channels. Just as St. Paul before him had contended that although all sexual intercourse was sinful, yet it were better to marry than to " burn "; so St. Augustine contended that despite the immorality of all fornication it were better that man should sin with a prostitute for his partner than that he should rape a respectable woman. In his own words: " What is more base, empty of worth, and full of vileness than harlots and other such pests? Take away harlots from human society and you will have tainted everything with lust. Let them be with the matrons and you will produce contamination and disgrace. So this class of persons, on account of their morals, of a most shameless life, fills a most vile function under the laws of order." Similarly, according to Athenæus, Solon sanctioned the purchase of female slaves to be used as prostitutes in order to prevent the raping of respectable women; and Salvianus stated that the Romans established brothels as a preventive of adultery.

On the whole, however, theologians after St. Augustine's day contented themselves with wholesale and comprehensive denunciation of all intercourse outside the married state, and where it became necessary to give any explicit opinion, with a denouncement of prostitution generally. Sexual intercourse itself ceased to be a subject for theological denunciation; and with the sanctifying of marriage the views of St. Paul and his contemporaries were judiciously ignored, glossed over, or converted into a specific injunction against intercourse outside the marital state. Fornication became the special purlieu of prostitution and was condemned unreservedly.

So matters rested until in the early part of the eighteenth century Mandeville, in his notorious satire, *The Fable of the Bees*, restated the doctrine of St. Augustine, propounding the theory that society was indebted to the prostitute for the safety of female morals.

A century later others took up the tale. Schopenhauer averred that prostitutes were " human sacrifices on the altar of monogamy "; Lecky justified the harlot's existence on the grounds that she was " the most efficient guardian of virtue "; Balzac, writing of prostitutes in his *Physiology of Marriage*, said " they sacrifice themselves for the republic and make of their bodies a rampart for the protection of respectable families." And others hymned the same tune. Man's sexual needs outside marriage, and his polygamous nature, both of which were admitted by implication if not explicitly, and woman's coincidental need of protection against man, were the justifications for prostitution which have continued to hold sway wherever and whenever the problem has received consideration.

With all this granted, it seems strange that, at the same time, the true cause of prostitution, and the fact that man is mainly responsible for its existence, have not been realized and admitted. It seems strange that, after these admissions, students of the subject should present as the major cause of prostitution the economic need of woman. True, this is a contributory cause, but it is not the basic cause. The need for woman to earn a living outside orthodox respectable forms of labour, and of marriage, does not mean, as is so often submitted, that prostitution must exist. The real cause is the sexual appetite of man. This appetite creates the demand for fornication outside the married state; and the fact that man is willing to pay for the means of satisfying his sexual requirements brings into being the professional prostitute. Were man unable or unwilling to pay the price asked there would be no professional prostitutes, but there would be an enormous increase in the number of cases of rape and seduction. Thus St. Augustine's original dictum, supplemented by Lecky, Schopenhauer, Balzac, *et al.*, is dependent upon man being able to pay for his pleasure. The alternative to rape and seduction, in circumstances where economic conditions precluded the payment of the prostitute by her clients, would be the provision of free professional public women by the State either as slaves or paid fornicators.

PROSTITUTION (CAUSES OF)

Man is essentially polygamous, and the development of civilization extends this innate polygamy. In any society, therefore, where comparatively a small proportion only can afford polygamy, or a succession of wives (which is really polygamy legalized and camouflaged), or a number of mistresses, the majority of men must have recourse to prostitutes, professional or amateur.

Every step forward in civilization extends man's biological urge for fornication, where it does not express itself along homosexual or perverted lines. Sexual stimulation develops alongside civilization. It is a fact that domesticated animals have sexual appetites developed far in advance of animals in the wild state. Every zoologist knows the truth of this. It is a fact that the two primary things with which mankind is concerned, as Marx pointed out, are food and sex. In a race where the struggle for existence is a difficult one, food dominates sex; in civilization, where the struggle for food, as regards a big proportion of the people, is no longer anything to worry about, sex dominates food. The tendency in modern luxurious life, where every decade the standard of living becomes higher, is towards a sex-dominated age, as in England and America to-day. In such circumstances, where more and more are men and women brought into intimate and disturbing contacts, where sex-appeal is a cultivated feminine art, continence becomes increasingly more difficult. The evil effects of continence are not due to continence *per se*, but to the forcing of continence upon a sexually stimulated nation.

As regards 95 per cent of the prostitutes in this or any other civilized country, the profession is deliberately chosen. It may, and it is, chosen for a variety of reasons, and often through the influence of environmental factors, but it is chosen in preference to other forms of occupation which are available. So that, in strict truth, as regards the huge majority, what it is customary to call *causes* of prostitution are rather *reasons* for the taking up of the profession of prostitute.

These reasons are many. One cannot point a finger at any particular one and

say this is the sole reason for girls going on the streets. One cannot fix upon a certain social failing which should be remedied or a certain reform which should be instituted, and say this is the solution of the whole difficulty.

Generally speaking, however, the main reasons which induce girls to take to the streets are love of luxury and idleness. Often the two are combined. The one breeds the other to such an extent that it becomes difficult to separate them. The love of "fine and fashionable clothes" is strongly developed in every normal girl, and in many cases the loss of virtue seems to her a small enough price to pay for the realization of this ambition. In most cases she pays the price. In ever-increasing numbers girls are willing to buy their way to ease, position and fame, through the sale of their bodies. Shopgirls, typists, secretaries, mannequins, chorus girls, domestic servants, and a host of others working at plebeian jobs, who possess any pretence to prettiness, experience the smallest difficulty in finding men who are willing to give them money, to take them out, and to buy them clothes, in exchange for the surrender of what, through the facile morals and precocious sophistication of the day, is becoming of decreasing value. A girl may jib at the idea for a while but, sooner or later, with examples for the finding on every hand, she surrenders.

For truth to tell, in many cases, they place, these girls, few obstacles in the path of their seducers. They are usually delighted to have the opportunity to be taken out to dinner, to a show, and to have a good time generally. Chorus girls and actresses are notorious for their free and easy morals, and many of them are indistinguishable from professional prostitutes in all but name. Some, indeed, are prostitutes who work on the stage without payment because of the opportunities afforded to get in touch with wealthy clients. Others find they must part with their virginity to get any chance at all of climbing towards the stardom which they so feverishly seek.

The first step taken, the rest is easy. The girl becomes what is best described as an amateur prostitute. It is easy to see how from this she gradually drifts into full-time prostitution. The life is comparatively easy, there is no drudgery of work attached to it, and in its initial stages, at any rate, once the step has been taken, it is not without its glamour. There is no disputing the fact that the successful prostitute is well-dressed. In fact, she is better dressed by far than 50 per cent of other women. There is, further, no disputing the fact that the higher-class prostitute comes into contact with men in a far better social position than she could ever have hoped to meet had she continued in the walk of life in which God or circumstance had placed her.

It is all very well and good for the woman moving in expensive circles, whose parents are wealthy, or who is married to a millionaire husband, to express amazement at any girl choosing so degrading a profession as that of a harlot, and to argue that she must have been forced into it by poverty or by seduction. It is all very well and good for the raddled and dour Puritan, who is so ugly or so unattractive that the most gorgeous upholstery would serve to intensify rather than to camouflage her shortcomings, to express similar amazement. But neither the one nor the other knows anything about the reasons which induce the girl of poor parentage to look with envy on the successful *fille de joie*. Born of parents and in an environment which hold out the faintest hope of anything beyond a job in a factory or as a domestic servant, with the ultimate hope of marrying a working man, the vision of the stylish garb of dozens of her kind who have taken to the streets is sufficient to make her long to do the same. There are girls in the slums of London who look upon the profession of the prostitute as something to aspire to and to long for. There are girls by the hundred who consider that the role of professional harlot is no more degrading, sinful or immoral than the role of wife or mistress.

As regards the slum women found in London and in all big cities, this viewpoint is nothing new. It has always been prevalent. The children are brought up in circumstances where there is no mystery attached to the sexual parts or even to the sexual act itself. Promiscuity is thought little of. The overcrowding which, even in these civilized

days, is rife in every town, causes whole families to sleep in one bedchamber, and girls and boys are brought up to see the sexual act committed by their parents. Brothers take liberties with their sisters, mutual masturbation is common, incestuous relations are often the inevitable aftermath.[1] And in the country villages conditions are every bit as bad. The sexual sophistication of country-bred youngsters who are familiar with the erotic intimacies of animals, often far exceeds that of their city brethren. Little wonder that girls reared in such circumstances commit sexual misconduct at an early age, and often drift to the life of the streets as a matter of course. Moreover, in such an atmosphere, there is inculcated neither respect nor admiration for marriage. To the decided contrary, the sight of quarrels, of poverty, of drudgery, of beatings, is well calculated to make children look upon prostitution as infinitely preferable to marriage. The meretricious finery of even the lower-class harlot stands out prominently from the shabby drabness of nine-tenths of married women. In many cases the mother is a prostitute herself, the father is a pimp, and they send their daughter on the streets without the slightest compunction, often themselves initiating her in sexual intercourse.

In their own primitive way these girls of the slums have grasped the fact which Marro (quoted by Ellis) observes: "The actual conditions of society are opposed to any high moral feeling in women, for between those who sell themselves to prostitution and those who sell themselves to marriage, the only difference is in price and duration of the contract." Both in marriage and in prostitution, sex is the bait which woman offers to man. Sex represents the basis of her bargaining. In the case of marriage she holds out for a lifelong partnership or its economic equivalent; in the case of prostitution she accepts a price varying according to circumstances and in all cases representing the best bargain she is able to make for a temporary sexual association.

There are circumstances, too, where even women of gentle birth will choose prostitution as a profession. They may, through circumstances over which they have no control whatever, be compelled to choose between prostitution and suicide or death from starvation. After the Bolshevik revolution, many starving and destitute Russian refugees had to make just this choice. They were on foreign soil, they knew nothing of the language, they were neither trained nor fitted for work of any kind. Naturally, inevitably, in sheer despair, they elected to sell that which finds a ready market wherever men forgather.

Much conflict of opinion exists as to how far sex itself enters into the choice of the profession of prostitute. Morasso says that sexual desire constitutes the main causative factor, and would have us believe that the majority of prostitutes are nymphomaniacal or something not very far removed from it. At the other extreme is Lombroso, who asserts that prostitutes are frigid; and Maverick, writing in specific reference to London prostitutes, backs up Lombroso's assertion. On the whole, the majority of investigators incline to the view that sensuality is often a predisposing factor in the choice of prostitution as a profession; and this, too, is the view held by the public, strengthened by the evidence of men who have associated with professional harlots.

In very many cases, however, a simulated sensuality or show of passion may well be mistaken for real sensuality or passion. It should never be forgotten that sex is the prostitute's trade; that she has all the tricks of this trade at her finger-ends. The simulation of passion and more still, of lust, in the shape of exciting the sexual passion of her partner by gratifying his needs or requirements in ways from which a woman of respectability would shrink even if she had any knowledge of their technique, and sometimes to the extent of indulging in perverse practices, have again had a lot to do with the reputation for gross sensuality which the professional harlot has earned for herself. The client of the prostitute, himself gorged with lust,

[1] The author of *The Prevention of Destitution* (London, 1912) says that among the slum children "to have a baby by your father is laughed at as a comic mishap."

somewhat naturally credits his partner with similar feelings to his own.

It is doubtful, therefore, if prostitutes, *in the main*, at the time of selecting their career, are more sexual than are their respectable sisters. It is, of course, exceedingly difficult to secure any evidence on the point worth the name. It is futile to ask the prostitutes themselves.

It is equally doubtful if they are more frigid than are females in any other class of society. Statements upon which any observations respecting the frigidity of prostitutes are based are almost wholly drawn from *old harlots*, and because of this, if for no other reason, are of amazingly little value. For while there is conceivably room for doubt as to the sensuality or lack of it in young and successful practitioners, in the case of old and unsuccessful ones, there is little room for doubt. The old harlot is invariably frigid. She becomes frigid as she plies her profession. There is abundant evidence of this in the universality of masturbation among prostitutes and in the commonness of homosexualism. The woman who gets pleasure from normal coitus seldom masturbates, and even more seldom is she addicted to homosexualism. It is the lack of pleasure associated with coitus which on the one hand induces and develops masturbatory practices as a means of satisfying sexual desire; and which on the other hand turns her against intercourse with the opposite sex outside her work, and often leads to the development of homosexual tendencies. The argument that she may have been a homosexual before she became a prostitute will not hold water. It is rare to a degree for a homosexual woman to take up professional prostitution apart from tribadism. But, to the contrary, prostitution is a potent factor in the development of homosexualism and in the fostering of pervert practices. In this connexion Moll's assertion that Lesbianism is common among Berlin prostitutes—no less than 25 per cent of them being addicted to its practice—is worthy of note.

If nymphomania were more general it would be a predisposing cause of prostitution of some significance. But nymphomania, though admittedly much more common than in previous ages, is not general enough to affect more than a small proportion of those who become professional harlots.

At one time it did most assuredly lead a woman to become a prostitute. In ancient Rome there were ladies of gentle birth who became registered as public prostitutes in order to obtain satisfaction for their sexual passions and appetites. Others had slaves for the express purpose of providing them with sexual pleasure. But in these days of female emancipation, a nymphomaniac has opportunities for indulging, under the guise of respectability, in her passion for venery, that were unavailable to women of other generations. The modern girl who is allowed to go for unchaperoned "car rides," "week-end jaunts" and "holiday expeditions," with a procession of young men, is in an entirely different position from that of the guarded maiden of a quarter of a century ago.

Apart from those among the poorest classes who prefer to turn a natural inclination into a profession, it is from the ranks of these better-class girls that are recruited the few nymphomaniacs who to-day become temporary or permanent prostitutes. The *fille de joie* who has had the advantage of education and culture is not so rare a phenomenon as most people appear to imagine. Hirschfeld says that "more than one woman of good social standing consults me in the course of a year whose daughter has fallen to prostitution."[1]

The force of example is a factor not to be overlooked, especially in these days when parents more and more exhibit a tendency to allow their daughters to leave home and live in rooms. Undoubtedly it leads to a certain number of such girls taking up prostitution as a part-time or whole-time profession. A girl happens to secure lodgings in the same building as an amateur prostitute and makes her acquaintance; or, quite unknowingly, she is led to share a room or a flat with one. The sequel, often enough, is that in a relatively short time

[1] Magnus Hirschfeld, *Sexual Pathology: Being a Study of the Abnormalities of the Sexual Function*, p. 147. Julian Press, Newark, 1932.

there are two amateur prostitutes where before there was only one.

PROSTITUTION (MALE). The idea that prostitution is exclusively a female profession is as widely diffused as it is erroneous. There are male prostitutes in all large cities, and, although, owing to the different way in which they are regarded by society and by the law, they pursue their profession much more surreptitiously than do female prostitutes, those who are in search of the services of male prostitutes usually know where to look for them and are quick to recognize them. Actually male prostitution is as old as female prostitution; indeed, the two branches of the profession have been coexistent in some form or other from the beginning of civilization.

Homosexuality is common in almost every savage tribe. In many cases it is associated with the religious beliefs of the tribe, and sexual perversions form part of certain religious festivals and ceremonies.

In all religions, ancient and modern and the whole world over, in which celibacy is imposed upon the priesthood, homosexualism is rampant among its members, ranging all the way from mutual masturbation to the most degenerate of sexual perversions. Because of the opportunities religion affords for the comparatively safe practice of homosexualism, the clerical profession offers special inducements to congenital inverts and sexually depraved young men.

According to various observers, among the Pueblo Indians of New Mexico it was the custom in each village to keep a trained catamite or man-woman (*mujerado*), dressed in female clothes, and rendered impotent by long-continued masturbation and other practices, for the use of the bucks of the tribe on certain occasions. The *Mahoos* of Tahiti, according to Turnbull, writing some one hundred years ago, were men of effeminate appearance and dressed in woman's habiliments, who practised a profession he did not care to put into words. Klaatch and Roth affirmed that the *mika* operation is performed for homosexual purposes, the men and boys who have been operated upon playing the part of the female to the other males and being said to "possess a vulva." Among the Dyaks, there are men who are dressed as women and used during the feasts for pederastic purposes. Some of these *basir*, as they are named, are, according to Hardeland, actually married to other men. Havelock Ellis,[1] quoting Lasnet, mentions that the Sakalaves of Madagascar bring up certain boys, called *sekatra*, as girls, for the purpose of having sodomitical connexions with men; and refers to the boy prostitutes of China, who, according to Matignon, are sold by their parents expressly for the purpose of prostitution, and after a special training, which includes dilatation of the anus, massage of the buttocks and removal of the pubic hair, "luxuriously dressed and perfumed," they are "ready to grace a rich man's feast." Westermarck[2] mentions professional male prostitutes in Bali, and states that homosexual love is prevalent among the Persians, Sikhs, Afghans and Tartars.

In the seventeenth century, according to Herbert, pederasty assumed such a degree of universality in Siam that in efforts to tempt the interest and attract the notice of the local male population, the young women walked about with their vulvas exposed.

Among the ancient Greeks pederasty was common, and male prostitution a most flourishing trade. We read in the works of Aristophanes: "And they say the boys do this very thing, not for their lovers, but for money's sake. Not the better sort, but the sodomites; for the better sort do not ask for money." All the larger towns had special brothels where male prostitutes could be found, mostly young boys. These brothel-boys were for hire; but in many cases the parents sold their boys at a tender age to become pathics for wealthy men. In ancient Rome male prostitutes were as numerous as female prostitutes. In fact, before and contemporaneously with the early days of the Christian era, pederasty was preferred to normal copulation. Almost every member of the aristocracy and all the leading lights in art and science openly

[1] Havelock Ellis, *Studies in the Psychology of Sex*, Vol. II. Third edition. Davis, Philadelphia, 1926.

[2] E. Westermarck, *The Origin and Development of the Moral Ideas.*

practised it, seeing neither disgrace nor sin in such indulgence.

Male prostitution has always been a prominent feature in Indian native races, and, according to Burton, at the time of Sir Charles Napier's entry into Karachi, when he conquered Sind, several brothels, containing boy prostitutes and eunuchs, were found in the town.

Bancroft mentions that among the Indians of California, "when the missionaries first arrived in this region," were men "dressed as women and performing women's duties, who were kept for unnatural purposes";[1] while Catlin refers to the "*Berdashe*" or "*I-coo-coo-a*," a Sioux male dressed in woman's clothes, who, "being the only one of the tribe submitting to this disgraceful degradation, is looked upon as *medicine* and sacred, and a feast is given to him annually."[2]

In the Bible we find many references to the existence of male prostitution.[3] Most of the religions in rivalry with Hebrewism, particularly the Midianite and the Chaldean cults, were addicted to pederasty and bestiality; and almost without exception, the temples which housed female prostitutes (*Kedēshōth*) also housed male prostitutes (*Kādēshim*). These male prostitutes, handsome, epilated young men, were dedicated to the service of the gods just as were the females. They were sacred men, and it was held that benefits were conferred upon anyone who had intercourse with them. According to Rosenbaum, the eunuch priests who were attached to the temples of Artemis and Cybele were sodomites.

Not unnaturally, some of these prostitutes, male and female, entered the land of the Hebrews and began to spread far and wide a knowledge of the more unnatural forms of sexual vice. That these practices were secretly indulged in is evident from the many references to the worshipping of heathen gods, and the persistence of strange and idolatrous cults in the land. Thus:

"But the high places were not taken away: the people still sacrificed and burnt incense in the high places" (2 Kings xii. 3). And thus:

"And they set them up images and groves in every high hill, and under every green tree: And there they burnt incense in all the high places, as did the heathen whom the Lord carried away before them; and wrought wicked things to provoke the Lord to anger: For they served idols, whereof the Lord had said unto them, Ye shall not do this thing. . . .

"And they left all the commandments of the Lord their God, and made them molten images, even two calves, and made a grove, and worshipped all the host of heaven, and served Baal" (2 Kings xvii. 10-12, 16).

A reading of the Old Testament reveals that the true worshippers of Jehovah viewed these pagan practices with repulsion and fierce resentment. They put into the mouths of their god the strongest condemnation of sodomy; they threatened the vengeance of the Lord God upon anyone indulging in the worship of Baal or Moloch; they meted out the direst punishments to men and women alike, whether of foreign origin or belonging to their own people, who were found practising these abominable rites. Thus we read:

"If a man also lie with mankind as he lieth with a woman, both of them have committed an abomination; they shall surely be put to death; their blood shall be upon them" (Leviticus xx. 13).

And again.

"And he brake down the houses of the sodomites,[4] that were by the house of the Lord, where the women wove hangings for the grove" (2 Kings xxiii. 7).

And yet again:

"There shall be no whore of the daughters of Israel, nor a sodomite of the sons of Israel" (Deut. xxiv. 17).

[1] Herbert Howe Bancroft, *The Native Races of the Pacific States of North America*, Vol. I, p. 415. Longmans, Green, 1875.

[2] Geo. Catlin, *Letters and Notes on the Manners, Customs and Conditions of the North American Indians*, Vol. II, pp. 214-215. London, 1841.

[3] "And there was also sodomites in the land, and they did according to all the abominations of the nations which the Lord cast out before the children of Israel" (1 Kings xiv. 24).

[4] These men, *Kādēshim*, were attached to the temples and consecrated to the goddess, in a precisely similar manner to the consecrated women. They were male prostitutes for the service of the priests and worshippers.

In the New Testament, St. Paul refers to the cult.

"And likewise also the men, leaving the natural use of the woman, burned in their lust one toward another; men with men working that which is unseemly, and receiving in themselves that recompense of their error which was meet" (Romans i. 27).

It was the practice of sodomy which was given out as the reason for the wiping out of the Canaanites and the destruction of Sodom and Gomorrah; and there can be little doubt that the horror and fierce resentment induced by its practice, together with the fiendish nature of the punishment meted out to those caught practising it, were intimately associated with the fact that sodomy was indulged in by the followers of a rival and hated religious cult. Westermarck, who subscribes to this belief, points out that incest was evidently not looked upon as anything so grave as sodomy,[1] and the Roman Catholic Church considers unnatural intercourse to be a graver sin than incest. "The fact is," says Westermarck, "homosexual practices were intimately associated with the gravest of all sins, unbelief, idolatry or heresy."[2] This connotation between heresy and sodomy persisted for generations and coloured the reaction of Christianity and Mohammedanism to homosexuality—it colours the reaction of society and the State to homosexuality even to this day. The intimate connexion between unnatural vice and heresy is clearly indicated by the fact that in the Middle Ages the same terminology[3] was employed in referring to both, and very often the punishment meted out to heretics and sodomites was identical.[4] In most cases this punishment was death, and, although in the eighteenth and nineteenth centuries, the extreme rigor of the law was rarely inflicted, the death penalty was retained on the English statute book until as recently as 1861.

In all classes of society, and especially wherever men have been segregated, sodomy has been rampant through the ages. Michelangelo was a homosexual; so was Frederick the Great; so was Aretino; so, too, Francis Bacon; and so, unless the scanty available evidence lies, was Shakespeare. The *mignons* of Henri III of France; the "favourites" of James I of England were alike notorious.

The causes of male prostitution come under three general headings: (1) The demand for the services of male prostitutes, owing to women being unavailable, usually where the sexes are segregated, as in army camps, barracks, prisons, *et al.*, (2) a preference for males, as in cases of true homosexuals who are antipathetic to the female sex; and (3) the acquirement of sexual perversions by those seeking abnormal forms of sex stimulation, and in certain cases as a means of avoiding the contraction of venereal disease or as a contraceptive method.

In old and sexually impotent men, the male prostitute really finds the bulk of his clients. These clients may not be and probably are not true homosexuals at all. They are impotent so far as all response to normal sexual excitations are concerned. The causes are many. The subsidence of sexual potency may be the result of excessive coitus over a long period of years; persistent masturbation; or the use of mechanical or other aphrodisiacs. The role of the passive agent in pederasty is thus adopted as yet another means of producing sexual excitement in sufficient degree to induce erection.

The idea that male prostitutes themselves are all homosexuals is likewise a mistaken one. The majority are heterosexual men and youths who make a profession of the vice, and in most cases are prepared to take either an active or a passive part as required by their clients. The true homosexual is rarely a prostitute.

In continental cities there are brothels

[1] Immediately after the destruction of Sodom and Gomorrah, Lot committed incest with his own daughters.

[2] E. Westermarck, *The Origin and Development of the Moral Ideas.*

[3] Bugger, the English synonym for sodomite, derived from the French *bougre*, according to Lea, originally referred to a member of an eleventh-century sect of Bulgarian heretics.

[4] The Zoroastrian religion, like the Christian and Hebraic cults, looked upon pederasty and other forms of unnatural intercourse as conclusive evidence of unbelief, and its practitioners as infidels.

exclusively devoted to male prostitution, which are known to and regularly visited by homosexual men. Other catamites frequent the hotels, making the acquaintance of homosexuals there. Others again secure employment as bath attendants—bathing establishments of all kinds and in all countries are rendezvous for homosexuals and hunting-grounds for male prostitutes. In St. Petersburg, before the war, according to Tarnowsky, catamites charged the same fees as did the female prostitutes.

Despite the fact that sodomy is a criminal offence in Great Britain, there are large numbers of professional male prostitutes and secret clubs devoted exclusively to perverts, in London and other large cities, and in the University towns. Actually it is extremely difficult to get any idea as to its prevalence. Convictions are rare and this gives rise to the false idea that homosexualism and male prostitutes are rare. But the number of blackmail cases which come into the courts, and the number of cases in which men are charged with offences against young boys, present sufficient evidence of the widespread nature of sexual perversion in this country.

Prosecutions are made under the Criminal Law Amendment Act, 1885, which provides that "any male person who commits or is a party to the commission of any act of gross indecency with another male person may be imprisoned for two years"; or under the Vagrancy Act, 1898, for solicitation.

In countries where the practice of homosexualism is not a criminal offence, there are bars, night-clubs and dance halls where perverts meet openly. In Paris there are many such resorts.

There is another form of male prostitution to which reference must be made. In this case there is no criminality attached to it and no perverse practices associated with it. There are numerous young men who bear exactly the same relation towards wealthy women, as female prostitutes bear towards men. They provide nymphomaniacs, and other passionate or sex-starved women, with the sexual excitement they require. In Vienna these men are known as stallions (*hengste*). In some continental cities there are special brothels where women go to seek such partners. These male prostitutes also frequent smart dance halls, night clubs and restaurants which women patronize. The gigolo in many cases is nothing but a male prostitute.

The practice is nothing new. Wealthy Roman ladies regularly visited brothels containing male prostitutes. Each lady patron had her favourite, who was reserved for her exclusive use, his allegiance being secured by infibulation—a method then in common use to ensure sexual abstinence, and bearing a striking analogy to the female "girdle of chastity."

Also there were libidinous females in ancient Rome and Greece, and in certain Eastern countries, who had in their service circumcised slaves and eunuchs for the express purpose of ministering to their sexual requirements. *See also under* HOMOSEXUALITY and SODOMY.

PROSTITUTION (MODERN). Professional prostitution to-day flourishes in many forms, the precise form or forms flourishing in different countries, and in different parts of the same country, varying considerably. For instance, there are no brothel prostitutes in England, as there are in so many continental and foreign countries. On the other hand, street-walkers, which are so common in English cities, are rarely seen in many foreign countries. Then again, in some States, prostitutes are registered, in others there is no system of regulation whatever. Usually, brothels and registration go together, though there are registered prostitutes who are not inmates of brothels or in any way connected with them. It would appear to be customary in all regulationist countries (i.e. countries where there is a system of registration and medical inspection) to regard prostitution as an evil which must be endured; and in all non-regulationist or abolitionist countries (i.e. countries where there is no registration or medical inspection) to ignore the question of prostitution except where and so far as it can be linked with some other offence and penalized or punished vicariously. The modern tendency is undoubtedly against regulation, as is instanced by the steady decline in the number of countries adopting registration. Most, if not all, the systems of

registration and examination are founded upon that which has been in vogue in France for so many generations. There are variations, of course. For instance, in some countries all the prostitutes are inmates of brothels; in others, while there are no brothels, the women are all compelled to submit to registration and examination.

Of all classes of prostitutes, those who live in brothels are the most slave-like, and, apart from a few old raddled and diseased harlots who infest the poorest parts of the cities, they earn the smallest sums of money. True, the brothel is often a most profitable affair, but little of this profit is garnered by the harlots attached to it. The usual practice is for each girl to receive a percentage of the fees she earns, which are fixed fees and paid to the head of the establishment, usually an aged procurer referred to as the *Madame*. Against these earnings, the girl has to pay for her clothes, perfumes, etc.—costly items, the money for which in the first instance is advanced to her by the management. Often, too, she has to pay for her food. As a rule, in the end, there is little for her to draw, and often she is perpetually in debt to the house. The life is a hard one, as the girl is not allowed any choice as regards the type of men or the number of men she sleeps with—she is compelled to serve all comers and at all times.

In the houses of assignation, which are so numerous in Paris and many other continental cities, the prostitute is much freer, and usually earns much more money. She is, like the brothel prostitute, in the employment of the management and works on a percentage basis, but she has to be available at certain times only, after which she is free to go to her home.

Many of these brothels and houses of assignation largely rely upon touts to secure clients. These touts are usually chauffeurs, waiters, bartenders, barbers, garage workers and others, who are likely to come into contact with large numbers of men and particularly of commercial travellers and visitors to the city. They work on commission. In many cases a stranger finds it difficult to make the acquaintance of a prostitute except through one of these intermediaries. To anyone familiar with the tactics employed by the women frequenting the West End of London, and the main streets of many provincial English cities such as Liverpool, Sheffield, Leeds, Cardiff and many others, this statement seems incredible, but nevertheless it is a fact, as those acquainted with colonial and foreign cities will testify.

In most cities which still provide specific "red-light" districts, whether the brothels are openly conducted or are "underground" affairs, the employment of touts or other intermediaries is a common practice. In certain dubious hotels, such as there are for the finding in most of the larger cities in all countries the world over, there is sometimes an arrangement whereby, on request, girls of easy virtue can be readily secured.

Then there are the registered prostitutes who are not attached to either brothels or houses of assignation. They work on the streets, in the café-bars, and the night clubs. All they earn is their own, and, to a certain extent, they are free to pick and choose their men. They are, however, continually harassed in other ways. They must keep within certain specified districts; they must solicit at certain specified times, and at these times only; and they are often subjected to demands from the police which are little removed from blackmail.[1] It is largely from the ranks of these freelances that the brothel harlots are recruited. A girl falls on bad times, she cannot meet the heavy expenses which her mode of life entails, she is weary of the continual police interference—in sheer desperation she enters a brothel.

The unregistered women are known as clandestine prostitutes. In a country which has a system of licensing, there are not supposed to be any prostitutes other than registered women, but in actual fact there are large numbers who

[1] The prevalence of blackmail constitutes one of the major evils in connexion with prostitution. The peculiar reaction of society and the law to this particular social phenomenon creates, encourages and develops blackmail. The evil applies in every country, regulationist or non-regulationist.

are unregistered.[1] This is true of every country the world over. It is quite impossible, however stringent are the regulations, however vigilant are the police, to prevent unregistered or clandestine prostitutes from plying their trade. The reasons for this are many. The majority of women do not wish to be branded as prostitutes; nor do they wish to submit to the indignity and trouble of regular medical inspection. They may wish at some later date to marry, or to enter some other profession; and the stigma which attaches for life to the registered prostitute is the very thing they are anxious at all costs to avoid.

It is owing to the huge proportion of clandestine harlots that it is impossible to gauge with any pretensions to accuracy the number of prostitutes in any country, any city or any town. The figures issued by various official and social organizations, and which are quoted in books and pamphlets, are mainly guesswork. They are as much guesswork as applied to Paris and other continental cities where registration is in force, as they are in relation to London or Liverpool or Leeds, where there is no such thing as registration.

It is highly probable that the number of prostitutes fluctuates from time to time in accordance with the prosperity of the country. It is affected, too, by other special circumstances; such, for instance, as the movements of large bodies of men and the outbreak of war. During the European conflict of 1914-18, the number of prostitutes in French and English cities far exceeded those in evidence at any other time; and for several years after the cessation of hostilities the boom in trade was responsible for much prosperity among the prostitutes of New York, London, Paris, and many smaller cities throughout the world. According to Bishop,[2] there were in London, immediately before the outbreak of war, some 38,000 professional prostitutes; and at a conservative estimate the close of hostilities would see double that number practising their trade in the capital city. The report of the "Committee of Fourteen," appointed to examine into conditions in New York City, states that prostitution reached its peak in the year 1928, despite the fact that a campaign against vice had cleared the city of streetwalkers and abolished the "red-light" districts. Also prostitutes move from city to city in each country, and from district to district in each city.

Thus, in every case, these women follow the movements of men, whatever may be the reason for men congregating in certain spots. Also prostitutes of certain nationalities show a marked preference for following in the wake of their own countrymen; in certain cases they are encouraged to do so by the authorities concerned. Thus a government will encourage the emigration of, and, if necessary, will actually provide, women for the use of its nationals in foreign countries.[3] Chinese prostitutes follow in the tracks of Chinese emigrants; and similarly with Japanese, Malayan and other races.

Every big city attracts prostitutes because these women are well aware that wherever men forgather in numbers there are potential clients. The fact that in some cities prostitutes may not appear to be present in such profusion or may not parade themselves so blatantly as in others does not mean they are not there for the finding; it merely means that the bye-laws or regulations are such that soliciting or loitering on the streets would be risky or dangerous. In most cities where soliciting is prevalent, there are certain well-known streets or localities which the prostitutes frequent and where their clients look for them. In instance, the Unter den Linden and the Friedrichstrasse in Berlin; the St. Pauli district in Hamburg; the Place Pigalle and the Place Blanche in the Montmartre of Paris; the Karntnerstrasse in Vienna; the Altmarkt in Dresden; the Leicester Square district in London; the Sixth and

[1] It may safely be asserted that in all countries where a system of registration is in force the number of clandestine prostitutes is to the number of registered prostitutes as ten is to one.

[2] Cecil Bishop, *Woman and Crime*. Chatto & Windus, 1931.

[3] Usually this policy is associated with the prohibition of intercourse with native or foreign women, as many men show a preference for women of another nationality.

Seventh Avenues in the neighbourhood of 42nd Street, New York.

There are, of course, various grades of street-walkers. The best dressed and the most expensive frequent the more fashionable streets, such as Bond Street and Regent Street. Another and not so expensively upholstered class frequent Wardour Street, Gerrard Street and the adjacent alleys; a third and lower class are to be found parading in the neighbourhood of the Southampton Street hotels, or near Charing Cross and Victoria stations.

Most of these women intersperse their "street-walking" with patronage of the drinking-lounges, dance-halls, restaurants and cafés in the districts they favour. Others never solicit on the streets at all, but confine their attentions to the night clubs and drinking-lounges. Many of these prostitutes are attached to the night clubs and are allowed free entrance and given a percentage on the sales of drinks, chocolates and cigarettes, which they induce their partners to buy at exorbitant prices. These practices are particularly prevalent in continental cities, not only in the most expensive night clubs, but in café-bars, dance-halls and drinking saloons. Many of the restaurants in the Champs-Élysées, for instance, are frequented by the highest class of prostitute. Similarly, every *nacht lokal* in Berlin is thronged with harlots. So, too, the famous amusement parks, such as the *Volksprata* of Vienna and the Luna Park of Berlin. Many of the so-called dance hostesses are in reality prostitutes practising their profession in camouflaged circumstances.

Naturally the earnings of prostitutes and the fees they charge vary enormously. The cheap harlots who frequent the docks in seaport towns, the East End of London, and the cheaper parts of provincial cities, are often content with a shilling or two and perhaps a glass of beer. A soldier, into whose company I happened to be thrown during the war, who came from a certain Yorkshire industrial town, told me that he had never paid more than a shilling and he had slept with hundreds of women. The girls on the Wardour Street and Gerrard Street beat will ask and get anything from ten shillings to two pounds, according to the age and luxuriousness of the girl, and whether her services are required for the whole night or for a "short time." The Bond Street prostitute will probably turn up her nose at any offer under a couple of pounds.

It is popularly believed that the West End harlots, at any rate, earn a good deal of money, and are able to live in the most prosperous circumstances. This is certainly true of the few. It is not true as regards the majority. There are too many professional prostitutes in the West End of London, as there are in most towns and cities the world over, and competition is extremely keen. It is no unusual thing for a girl to go night after night without earning a penny. And her earnings, when she is in luck, have a habit of dwindling rapidly. It is essential, if she is to be able to charge adequate fees and, in fact, to secure any clients at all, that she must be well-dressed, and often expensively dressed. She has to pay a heavy and often an exorbitant rent, for owners of flats, and landladies letting off rooms, make a "street-walker" pay through the nose.[1] And there are other incidental expenses, all of which are heavy.

Many of the less prosperous prostitutes, catering almost exclusively for working men, and especially drunken men (incidentally drunken men constitute at least 75 per cent of a prostitute's clients), dispense with flats or rooms. For the carrying on of their trade they make use of dark doorways or passages in unlighted and unfrequented streets, adopting the form of intercourse known as *coitus in stationе*. Better-class women, and especially amateur "street-walkers" who have no regular "place of business," often suggest the use of a taxi. The London prostitute's invitation to "come for a taxi-ride, dearie?" is almost as frequently to be heard on the streets as "will you come to my flat for a little while, darling?"

[1] In a trial at the Old Bailey in connexion with the arranging of "marriages of convenience" between alien women and Englishmen, it was revealed that "flats in the Bond Street area were let to these women at from £6 to £10 a week."

A noticeable feature in recent years is the marked number of exceedingly young prostitutes. There is no doubt whatever that to-day prostitutes commence their careers at earlier ages than they did in previous generations. This is doubtless a result of the remarkable precocity of youth which is such a feature of the age we live in.

The young prostitute, provided she is not actually under age, almost invariably possesses an added attractiveness in the eyes of the average man. Few of those looking "for a girl" fail to be tempted by youth or the appearance of youth, and, especially, by virginity. In ancient times and among savages, the possession of virginity was not considered to be of any great value and in some cases was to be despised; but in these civilized days an intact hymen is thought a great deal of by the man who is looking for a *prostitute* to act as a sleeping partner.

There are, in every big city, a few prostitutes who work hand in hand with various types of criminals, notably blackmailers and cardsharpers. After the woman has enticed a client to her room, an "indignant and threatening husband" bursts upon the scene. Eventually, for a monetary consideration, he agrees to overlook the incident. Or the prostitute may introduce her client to some private and exclusive club or other establishment where gaming for high stakes is in progress. Other women make a practice of robbing their clients while they are sleeping, or whenever an opportunity offers. Especially does this apply where the man is drunk. The prostitute has little fear of any charge being brought against her. True, such charges are made occasionally, as the police-court reports show, but for every case of robbery where an accusation is lodged against the prostitute who has engineered the robbery, there are a hundred cases where the consequent exposure deters the man from mentioning his loss to anybody, least of all to the police.

In addition to the women who are entirely dependent for their bread and butter on their earnings from the hire of their bodies, there are large and ever-increasing numbers who have other means of earning part or all of their livelihood, and who indulge in promiscuous sexual intercourse as a means of supplementing their incomes. These are prostitutes in all but name. They may be aptly described as amateur prostitutes.

These amateurs for generations have flourished prominently in all big towns and cities. Twenty years ago the shop-girls almost invariably supplemented wages which were insufficient to feed and clothe them adequately, with money earned on the streets. Chorus girls and unstarred actresses, from the days when theatres and music-halls were born, secured the bulk of their meretricious finery by just this means.

To-day, true enough, in all walks of life, wages are very much better than in pre-war times. Few girls, from sheer necessity, need walk the streets. But, paradoxically as it may seem, there are far more amateur prostitutes to-day than there ever were before. They exist in every strata of society, and the fact that these girls would burst into hot anger at the mere suggestion that they were prostituting their bodies, does not alter the fact that they are, in everything except name, morally indistinguishable from the most brazen harlots of Piccadilly.

The reasons for this vast development of amateur prostitution during the last ten years are many. In the first place the desire for smarter clothes and accoutrements has a lot to do with it. Anyone who cares to use his eyes can see, in every city, working girls by the hundred who are dressed in clothes they could not possibly afford if they were dependent solely on their wages. The saying that "men buy their clothes" is as true to-day as it was a quarter of a century ago. The clothes which the girls wear and which the men buy for them are better and smarter—that's the only difference. Then the emancipation of women, with the concomitant tremendous increase in their freedom, has had a lot to do with it. The decline of parental control over so many young girls has been so great in the past few years that one can justifiably say the girl of to-day enjoys a greater degree of freedom from parental restriction or regulation than did the young man of the same age a couple of decades ago. This freedom is not without its dangers. The sophistication of the youngsters of both

sexes, so much talked of in the Press and in social circles, is a sophistication in theory rather than in fact. It must be remembered that it is now fashionable for adolescent girls to be sophisticated, daring, and even vulgar; just as it is fashionable for them to smoke cigarettes, to drink cocktails, to use lipstick, and to suggest an attitude of bibacious libertinage, in which the avowal of knowledge concerning sex and birth control, the telling of *risqué* stories, the discussion of obscene literature, are predominant features. Much of this boasted knowledge is erroneous, much more of it is merely silly; all of it is superficial; many of the paraded sex adventures are apocryphal. Apart from certain fundamentals, it is questionable whether the young woman of to-day has any more *real* sex knowledge that is of any use to her than had the girl of a previous generation. The difference is that whereas in another age it was the vogue to simulate complete innocence as regards anything remotely connected with sex; to-day it is the custom to shout any scraps of knowledge one possesses from the house-tops, and to suggest by innuendo an acquaintance with the more tabooed aspects of the sexual credo.

It is easy, as so many modern ignorant parents do, and as the young themselves do, to mistake precocity for knowledge. It is, in fact, this facile confusion, one of the most disturbing and, in a sense, most disgusting, aspects of modern democratic civilization. Thus, the young modern girl is probably fully convinced that her knowledge of sex, and of all pitfalls connected with it, is adequate. Similarly, modern parents are convinced that their children are "well able to take care of themselves." They are inordinately proud, these parents, of the so-called sex knowledge and moral sophistication of their children; just as, in another age, they would have been ashamed of these selfsame things. It is here precisely that we touch the danger—a danger all the more pronounced and insidious because both the parents and the children are not only unaware of it but meet with guffaws any suggestion of its existence.

Thus girls, in ever-increasing numbers, are indulging in sexual intercourse before marriage; so much so, in fact, that the girl who goes to the altar a virgin in any true sense of the word is becoming a rarity. It is true that spectacular evidence of moral guilt, in the shape of unexpected pregnancies, are noticeably less frequent—though even to-day the number of girls who "have to get married" is a very considerable one—but the reason for this lies in the wider acquaintance of men with birth-control technique, and the extensive practice of *coitus intra femora* or perineal coitus. True enough, girls, too, have more facilities for acquiring birth-control information than they ever had before, and there is no doubt that the acquaintance with the technique of contraception which so many of them acquire, gives them confidence and leads them to indulge in sexual adventure to a far greater extent than they would be inclined to do were the fear of pregnancy the bugaboo it once was; but, despite all this, the man is mainly responsible for the decrease in the number of pregnancies.

Another factor is the entry of women, in such overwhelming numbers, into the business world and into the professions, in competition with men. This has led to an increase in the promiscuity of women, a lowered standard of morals generally, and a decrease in the resistance offered to man's erotic advances. It has led to all these things in two different ways. Before woman's emancipation, a girl in any but the peasant class had one profession open to her, and one only, that of marriage. Her whole aim in life was to make a good match; in other words, to find a man who would provide her with a home for life. For this reason she prized her virginity as she prized a rare and expensive jewel. And it was this very prize which she everlastingly dangled in front of man. To-day marriage is no longer the big and important thing it was. True, most normal girls look upon a successful marriage as the culmination of their careers, but they no longer are obsessed with the urgency and necessity of it, they no longer spend all their waking hours in the rigorous pursuit of it. To the contrary, in most cases, they defer any serious contemplation of marriage until they have had that "good time" which nowadays is on every girl's lips, as at one time it was on every man's. All of which means that, while matrimony is relegated to the shadowy future, sex adventure looms up

more importantly than ever. Virginity is laughed at as something terribly old-fashioned.[1] So much so that those who stress its importance are in danger of being accused of worse practices than normal sexual promiscuity. The modern girl's credo is to drink her fill of enjoyment while she is young. To this end she frequents dance-halls, night clubs, restaurants, drinking saloons; she goes joy-rides with young men whom she scarcely knows from Adam. In other words, she puts herself deliberately and repeatedly into environments and circumstances designed to induce and to develop sexual excitement; and she indulges increasingly in promiscuous intercourse as the inevitable aftermath.

Often it is the girl who takes the initiative. The seduction of boys, by girls of approximately the same age, is no uncommon occurrence. Mr. Justice Humphreys, commenting upon a case at Wiltshire Assizes, in which a sixteen-year-old boy was charged with a serious offence against a girl aged twelve, according to a report in the *News of the World* (October 7, 1934), said: "Unfortunately, one finds it all over the country, that these young women, whom we used to regard as mere children, are accomplished prostitutes. Many of them go up and invite men to immoral association, and I have no doubt it is true in this case. . . . It is not peculiar to Wiltshire, or the agricultural counties; it is the same all over England. It is want of parental control and discipline that is at the root of the whole trouble. One of the most painful, horrible things one comes across in these days is the dreadful traits one finds in the female."

Often, through the very fact of entering into man's domain as her profession or business in life, she puts herself, this modern emancipated girl, into circumstances which lead to her seduction. From the beginning of the industrial era, girls who, through force of circumstances, were compelled to leave the shelter of their home, and to earn their livelihood in domestic service, in factories and in shops, have been known to produce from among their ranks the bulk of the prostitutes. It is assumed that the reason for this was the fact that in the past the majority of these girls belonged to the peasant class, and, in consequence, were ignorant, of feeble mentality and unsophisticated. It is a false assumption. The reason for their liability to fall from the path of virtue was in the very fact of having to go out to earn their living, and of being placed in circumstances inimical to the retention of virtue by all except the strong-minded and the ugly. Twenty years ago, almost every shop-girl was a clandestine prostitute. To-day, although the wages paid are such that most girls can live without having recourse to side-lines, the other incidents which lead to seduction and promiscuous sexual relations are not only all present, but they are much more potent. In certain cases the continuance of the girl's position is dependent upon her complacency, in other instances seduction is the price that must be paid to obtain promotion. Every woman is a potential prostitute, just as every man is a potential chaser of prostitutes. It is mainly a question of price, using the word price in a larger and more comprehensive sense than a matter of coin of the realm. The girl who will reject with scorn the proposals of a man belonging to her own station in life, will prove easy prey to the social or stage celebrity; the lady of title will succumb gleefully to the advances of a prince.

All these causes together are responsible for the fact that to-day more by far than ever before in the world's history, there are for the finding, in every city in Europe and in America, large numbers of girls of respectability who are willing, for all sorts of reasons, to meet men half-way in the hunt for sexual excitement and satisfaction. These are the amateur prostitutes of modern civilization.

The net result of all this is that the professional prostitute's life is becoming an increasingly difficult one. She has to meet the competition of these amateurs, and inevitably, she sees more and more her potential army of clients decreasing. For the average man, on the hunt for sexual adventure, prefers immensely to obtain what he wants from one of these

[1] Ironically enough, to-day it is the incipient professional prostitute and her client, also pimps and procurers, who attach value to the possession of virginity.

amateurs than from a professional. He always has preferred the amateur to the professional; the respectable girl to the prostitute. But, until recent years it was impossible for more than a fraction of the men of any country to find girls who were not professional harlots whom they could approach with safety. Always, apart from their comparative rarity, was there the decided risk of these amateurs becoming *enceinte*. Neither the men nor the girls had more than the crudest idea of birth-control technique. More and further, there could rarely be anything regular in these orgies with girls of respectability. They were, for the most part, fortuitous affairs, to be taken advantage of when opportunity offered, and not in any sense to be looked upon as providing regular means for the indulgence of libidinous desires. And so, in the overwhelming main, men had to rely upon getting their sexual needs satisfied by the professional prostitute.

There are many reasons why, now that the amateur harlot looms so large on the horizon, men prefer her. For one thing she is cheaper. It is rare that any money is asked for or offered. The girl, in nine cases out of ten, would scorn any such idea. The cost of a drink or two, a theatre seat, a box of chocolates, is usually all that the man is called upon to pay. In many cases he pays nothing at all. But the question of cost is not the main reason which leads the man to prefer the amateur. There are other reasons, compelling reasons, which weigh bigly with him. The most cogent of all, it cannot be too strongly stressed, is the dread fear of venereal disease. There is an idea, so widely disseminated and so firmly established that it is ecumenic as well as axiomatic, that nearly every professional *fille de joie* is afflicted with one of the venereal infections. There is similarly a coincident idea current that the amateur fornicator, who is not considered to be a prostitute at all, is free from infection. Finally, there is the preference which nearly every man has, for a girl who has not been the common property of a number of his kind.

PROSTITUTION (RELIGIOUS). In its earlier phases prostitution was always associated with religion; and it seems reasonable to assume that the first brothels were run by priests. But instead of being called brothels, they were described as temples, and their inmates, instead of being dubbed prostitutes, were referred to as daughters of the temple, priestesses of Venus, or in other euphemized terms.

The origin of religious prostitution has been the subject of much speculation and various hypotheses have been formulated to account for it. Many early anthropologists looked upon it as a form of fertility cult, arguing that the promiscuous unions of men and women at certain festivals were thought to have marked effects upon, and to be essential to, the fertility of animals and the productiveness of the land. With the coming of monogamous marriage and the consequent decline of promiscuity, it became necessary to segregate a certain proportion of the female population for these essential fertility cults. These women, who sacrificed their virginity and their right to marriage, were looked upon much in the way that we to-day are accustomed to look upon nuns and priests who, in the service of God, eschew all rights to the sexual pleasures and amenities of normal life.

This fertility-rite hypothesis, however, though conceivably it may have applied in certain instances, is much too narrow to serve as a universal explanation of the origin of religious or sacred prostitution. It certainly can have had no connexion with the origin of male prostitution which, in those early days, was as widespread and as intimately connected with religion as was female prostitution.

There would seem to be far stronger ground for assuming that religious prostitution was an outcome of the beliefs, common to almost every ancient race, that sexual intercourse with a god or goddess, or with anyone intimately associated or connected with a god or goddess, was beneficial to the human participator. This explanation accounts for the practice in some countries of every female assuming, with neither shame nor reluctance, the role of temporary harlot, and of no stigma attaching to this in the eyes of either her female or male compatriots.

Herodotus and the Scribes responsible for the *Epistle of Jeremy* assert that the

women of Babylonia prostituted themselves in the service of their goddess (*see* MYLITTA).

Herodotus further refers to a similar temple in Corinth; Juvenal asserts that the Roman temples were all licensed brothels; and customs requiring females to act as temporary prostitutes in the service of the goddesses were frequent in many parts of Asia and Africa. In other instances permanent prostitutes were attached to the temples. Strabo, a contemporary historian, referring to the Temple of Aphrodite Porne at Corinth, says it contained over one hundred *hetæræ*, all of whom were required to serve the goddess. Sumner says that "under the Cæsars the most beautiful girl of the noble families of Thebes was chosen to be consecrated in the temple of Ammon. She gained honour and profit by the life of a courtesan, and always found a grand marriage when she retired on account of age."[1] The dancing girls who, until recently, were openly attached to so many temples in India, were prostitutes who had intercourse when required with the priests and other temple officials, and with visitors for payment. For generations it was the custom in many parts of India for every first-born female child to be dedicated to the tribal god, to whom she was supposed to be married, and made to serve as a temple prostitute. How far this and other analogous customs survive to-day it is almost impossible to discover. Under British rule efforts have been made to stamp out temple prostitution, but there are reasons for believing that it still exists in modified and surreptitious forms. Among some of the Western African tribes, certain girls are not allowed to marry. They are, like the nuns in more civilized countries, dedicated to the service of their god and known as priestesses consecrated to the deity.[2] In all but name they are prostitutes. As such they serve the priests attached to the tribe; and in addition, any other men willing to pay for their services, in the form of a gift to the god. According to Westermarck,[3] certain female members of the Eiwe-speaking tribes of the Slave Coast, who are dedicated to the god, are in reality prostitutes, though this is in no way anything to merit reproach, every act of licentiousness of which they are guilty being looked upon as directed by their god. Similarly, on the Gold Coast, the priestesses are forbidden to marry, but may have sexual intercourse with any man they desire, having a right of choice analogous to the *jus primæ noctis* exercised in so many countries by kings and priests.

In any consideration of religious prostitution one must not overlook the fact that, in some cases certainly and in many cases probably, the cloak of religion was used to excuse, justify or camouflage what was nothing but licentiousness of the most shameless brand. It would be difficult indeed to name any form of sexual vice, from promiscuity to perversions of the most loathsome type, that has not, under some euphemized name or other, been sanctioned by and upheld by religion. And this is by no means restricted to ancient pagan or savage forms of religion. The polygamy of the Mormons, the free-love practices of the Oneida Community, are examples in comparatively recent times and in civilized countries; the obscene and perverse rites which characterize the devil worshippers of Paris and London are examples in our own day.

The Bible, and particularly the Old Testament, contains a good many references, and a certain amount of information, about prostitution before the advent of Christianity. In the opinion of theologians and moralists it contains too much information, and there are religious teachers, clergymen, and others, who hurriedly turn over certain scandalous pages and omit certain obscene passages when reading from the Sacred Books for

[1] W. G. Sumner, *Folkways*, p. 541. Boston, 1907.

[2] This pagan belief is paralleled by the early Christian dedication of virgins to God and Christ and the belief that the Lord had intercourse with these "consecrated" women (e.g. the Virgin Mary). The only difference is that while the "consecrated" pagans were prostitutes, the Christian "consecrated" women were the wives of God and Christ. This belief was in accordance with the early Christian concept of celibacy.

[3] Edward Westermarck, *The Origin and Development of the Moral Ideas*. Macmillan, 1917.

the edification of the young and the unsaved. As long ago as the days of St. Jerome, the young were forbidden to have access to the Book of Ezekiel; and even to-day, divorced from their context, I have an idea that the descriptions of the whoredoms of Aholah and Aholibah would be put down by the moralists and Comstockians as rank pornography.

At that particular period with which the Old Testament deals, consorting with prostitutes appears, from all the available evidence, to have been looked upon much as in civilized countries it is looked upon to-day—or perhaps it would be more correct to say that, after all these centuries, apart from the fortuitous spasms of persecution and attempted repression, there has been no appreciable alteration in the reaction of society as a whole to prostitution. Publicly the prostitute was denounced, just as she is to-day; privately she was supported and encouraged. Of this denunciation the Bible gives many instances. Thus Solomon denounced her in the following terms:

"My son, keep my words, and lay up my commandments with thee. Keep my commandments, and live; and my law as the apple of thine eye. Bind them upon thy fingers, write them upon the table of thine heart. Say unto wisdom, Thou are my sister; and call understanding thy kinswoman: That they may keep thee from the strange woman, from the stranger which flattereth with her words. For at the window of my house I looked through my casement, and beheld among the simple ones, I discerned among the youths, a young man void of understanding, Passing through the street near her corner; and he went the way to her house, In the twilight, in the evening, in the black and dark night: And, behold, there met him a woman with the attire of an harlot, and subtile of heart. (She is loud and stubborn; her feet abide not in her house: Now is she without, now in the streets, and lieth in wait at every corner.) So she caught him, and kissed him, and with an impudent face said unto him, I have peace-offerings with me; this day have I paid my vows. Therefore came I forth to meet thee, diligently to seek thy face, and I have found thee. I have decked my bed with coverings of tapestry, with carved works, with fine linen of Egypt. I have perfumed my bed with myrrh, aloes, and cinnamon. Come, let us take our fill of love until the morning; let us solace ourselves with loves. For the good man is not at home, he is gone a long journey. He hath taken a bag of money with him, and will come home at the day appointed. With her much fair speech she caused him to yield, with the flattering of her lips she forced him. He goeth after her straightway, as an ox goeth to the slaughter, or as a fool to the correction of the stocks; Till a dart strike through his liver; as a bird hasteth to the snare, and knoweth not that it is for his life. Hearken unto me now therefore, O ye children, and attend to the words of my mouth. Let not thine heart decline to her ways, go not astray in her paths. For she hath cast down many wounded: yea, many strong men have been slain by her. Her house is the way to hell, going down to the chambers of death."

And yet Solomon's famous temple, ornamented with phallic symbols, harbouring sodomites and whores, was nothing but a brothel, in which perversions associated with the worship of Baal and Moloch, and so vigorously denounced in the Sacred Books, were surreptitiously practised, and Solomon himself, in common with other Biblical kings, had mistresses and concubines numbering many hundreds. The widow Tamar, in an attempt to secure for herself a husband, assumed the attire of a prostitute.

It was Moses, spokesman for Jehovah, who railed at the idea of prostitution: "Do not prostitute thy daughter, to cause her to be a whore; lest the land fall to whoredom, and the land become full of wickedness" (Leviticus xix. 29). And again: "There shall be no whore of the daughters of Israel, nor a sodomite of the sons of Israel. Thou shalt not bring the hire of a whore, or the price of a dog, into the house of the Lord thy God for any vow: for even both these are abomination unto the Lord thy God" (Deuteronomy xxiii. 17-18). And all the while he was winking at wholesale cohabitation of the young men with prostitutes from other lands.

Most of the old Hebrew prophets and lawmakers themselves patronized harlots, and looked upon such escapades as the mildest of peccadilloes. In instance, the powerful and wealthy Judah, praised and worshipped by his brethren,[1] slept with a harlot[2] and made no secret of the fact. Jephthah, the Gileadite,[3] who was a judge in Israel for six years, was the son of a prostitute. In short, promiscuous sexual relations on the part of men, so long as they were not unduly advertised, came in for little in the way of censure. But the woman caught in adultery, or pursuing the profession of the harlot, was denounced, harassed and punished. It was the universal attitude of man towards woman asserting itself. Women, other than his own relatives, were to be pursued and seduced. Hence, to preserve as much as possible the chastity of his female adherents, the punishments for adultery or fornication on the part of the married or betrothed woman were enacted; the harsh stipulation against prostitution within the race; the command against the employment of prostitutes in the temples.

When we come to consider the many references to male prostitution in the Old Testament we see an entire change of attitude, and the new attitude here expressed has dominated the reaction of society towards sodomy and its analogues in all Christian countries through the ages. We have seen that female prostitutes were attached, under various euphemistic names, to most of the temples throughout the then known world, and that the Hebrew temples were no exceptions. But in certain races, worshipping gods other than Jehovah, male prostitutes also were attached to the temples. The vehemence with which sodomy was denunciated by the Hebrews was due more to the fact that it was a feature of a rival and so-called heretical religion than because of the practice itself. Westermarck has pointed out that "the word *Kādēsh*, translated 'sodomite,' properly denotes a man dedicated to a deity; and it appears that such men were consecrated to the mother of the gods, the famous Dea Syria, whose priests or devotees they were considered to be."[4] The sin which, according to the Hebrew ideology, towered above every other sin, was disbelief in the Lord God Jehovah and the worshipping of other gods. The first commandment was essentially the most important. It was natural that the mere fact of worshippers of rival gods practising sodomy should have led the Hebrews to give to the world this explanation as their justification for a policy of rigorous persecution and oppression. Sodom and Gomorrah were destroyed because they were the seats of heretical cults, of which the practice of unnatural sexual vice was but one feature. Thus connotations between idolatry and sodomy were established, and we see the recurrent denunciation which runs through the Bible:

"Thou shalt not lie with mankind as with womankind: it is abomination" (Leviticus xviii. 22).

"And there were also sodomites in the land, and they did according to all the abominations of the nations which the Lord cast out before the children of Israel" (1 Kings xiv. 24).

With the coming of Christianity there was a change from the relentless and sadistic cruelty which was so marked a feature of the Mosaic code; and the adulterer and the prostitute were no longer hounded to death for their sins. The teaching of Christ was mainly one of forgiveness and charity. We see this well exemplified in His treatment of the harlot:

"And the scribes and Pharisees brought unto him a woman taken in adultery; and when they had set her in the midst, They say unto him, Master, this woman was taken in adultery, in the very act. Now Moses in the law commanded us, that such should be stoned; but what sayest thou? This they said, tempting him, that they might have to

[1] "Judah, thou art he whom thy brethren shall praise: thy hand shall be in the neck of thine enemies; thy father's children shall bow down before thee" (Genesis xlix. 8).
[2] Genesis xxxviii. 18.
[3] Judges xi. 1.
[4] Edward Westermarck, *The Origin and Development of the Moral Ideas.*

accuse him. But Jesus stooped down, and with his finger wrote on the ground, as though he heard them not. So, when they continued asking him, he lifted up himself, and said unto them, He that is without sin among you, let him first cast a stone at her. And again he stooped down, and wrote on the ground. And they which heard it, being convicted by their own conscience, went out one by one, beginning at the eldest, even unto the last: and Jesus was left alone, and the woman standing in the midst. When Jesus had lifted up himself, and saw none but the woman, he said unto her, Woman, where are those thine accusers? hath no man condemned thee? She said, No man, Lord. And Jesus said unto her, Neither do I condemn thee: go, and sin no more" (John viii. 3-11).

PROTECTIVE. A popular euphemism for condom or "French letter."

PROTOPLASM. The organic substance which is supposed to be the fundament of life. In appearance it is like the white of egg, and all living cells, vegetable and animal, are formed from it.

PRURITUS ANI. Itching of the anal orifice.

PRURITUS VAGINÆ. Itching of the vagina. It may be at the orifice or it may extend up the canal. Leucorrhea and menstrual discharge are the most frequent causes. For this reason the condition is usually found in women who neglect to keep the external genitals in a clean state. The use of strong antiseptics for contraceptive purposes or as venereal prophylactics may cause pruritus. This is often the cause in low-class prostitutes who use antiseptics daily.

PSEUDO-CYESIS. Imaginary or false pregnancy. Cases are common. The cessation of the menstrual periods coupled with swelling of the abdomen, which frequently occur at the time of the menopause, lead women to think they are pregnant. A notable case of pseudocyesis was that of Queen Mary of England ("Bloody Mary"), who was so sure of her pregnant state, as a result of cessation of menstruation, that she even asserted she was experiencing labour pains. It is highly probable that the strong desire to give birth to a successor, fortified by prayer, induced the signs of pregnancy by mere force of suggestion.

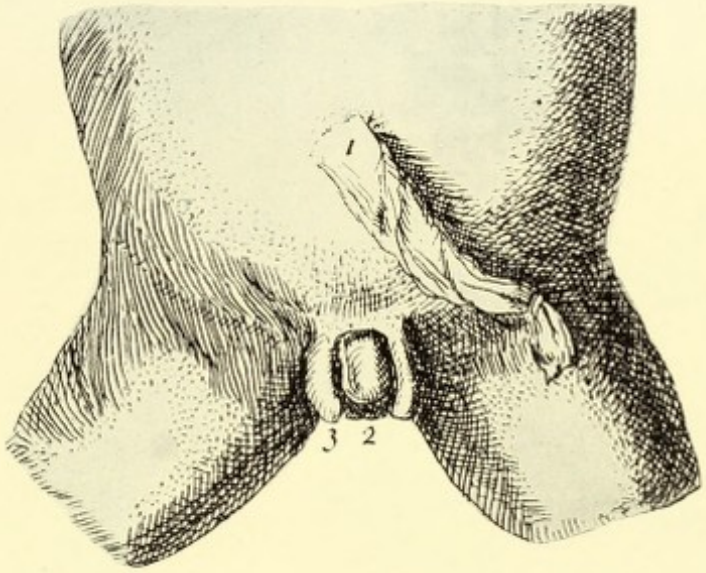
PSEUDO-HERMAPHRODITISM. Most of the instances of so-called hermaphroditism which so plentifully besprinkle medical and sexological literature, and which are mentioned in various books of general interest, are, in reality, cases of pseudo-hermaphroditism. The one condition is as common as the other is rare. For this reason, it is of importance that the distinction between the two should be clear.

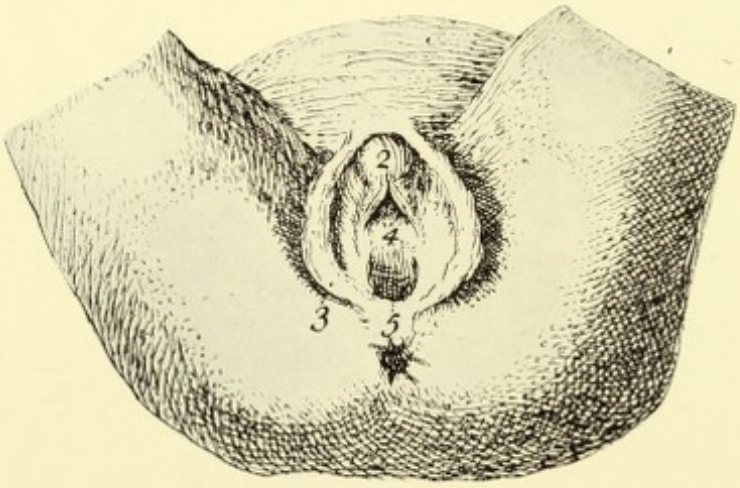
While a true hermaphrodite is a person possessing both male and female sex organs, that is, a testis and an ovary; a pseudo-hermaphrodite possesses either testicles or ovaries, but not both, exhibiting sexual secondary characteristics which rightly belong to the opposite sex from that indicated by the internal gonads. Thus a person with external male characteristics possesses ovaries instead of testicles; or an individual exhibiting external female characteristics has undescended or otherwise hidden testicles in place of ovaries. In all such cases the true sex can be established by operative procedure only.

Although pseudo-hermaphroditism is truly a rare condition, it is by no means as rare as it is thought to be, nor are specimens of the phenomenon restricted to circuses and museums. Cases occasionally get into the newspapers, usually as a result of legal or criminal proceedings connected with offences or marriage difficulties, but it is safe to assume that for every one such established case there are a number of instances where a male pseudo-hermaphrodite lives and dies a woman, or a female pseudo-hermaphrodite lives and dies as a man.

The confusion and embarrassment that may well be occasioned in cases where parents, as a result of pseudo-hermaphroditism, diagnose a child's sex wrongly, are indicated in the following case of a girl with an enlarged clitoris being dressed as a boy, recounted by Dr. James Parsons.

"At a great Tavern in London, there lived, some few years ago, two Drawers who were a considerable time servants in the House, and always lay together; one of them gets the other with child. who was with a great deal of shame and confusion turn'd away, and obliged to put on women's clothes. The rumour of the Drawer's being chang'd into a woman





TWO VIEWS OF THE EXTERNAL GENITALIA OF A PSEUDO-HERMAPHRODITE

(After Parsons).

1 The umbilical cord; 2 Enlarged clitoris; 3 Labia majora; 4 Labia minora; 5 Anal orifice.

made a great noise all over the neighbourhood, and very likely would never have been recorded for truth, if it had happen'd in an age a little earlier."[1]

The cause of both hermaphroditism and pseudo-hermaphroditism which, as Marañón[2] affirms, are but different degrees of the same abnormality, rests basically with the bisexuality inherent in every individual; and specifically with the action of some pathological process or anomaly in connexion with the sex glands. Time and again has it been discovered that the appearance of contrary



MONSTROUS TWINS

secondary sexual characteristics has been due to the presence of adrenal tumours in both sexes, ovarian tumours in females, and pineal tumours in males.

Home gives two illustrative cases of pseudo-hermaphroditism, one male and the other female, both of which came under his own observation.

"A marine soldier, aged 23, in the year 1779, was admitted a patient into the Royal Naval Hospital at Plymouth, under my care. He had been there only a few days, when a suspicion arose of his being a woman, which induced me to examine into the circumstances. He proved to have no beard; his breasts were fully as large as those of a woman at that age; he was inclined to be corpulent; his skin uncommonly soft for a man; his hands fat, and short; his thighs and legs very much like those of a woman; the quantity of fat upon the os pubis resembled the mons veneris; the penis was unusually small, as well as short, and not liable to erections; the testicles not larger in size than we commonly find them in the fœtal state; and he had never felt any passion for women."[3]

The female case provides, says Home, an example of how it is possible for a displaced or dropped womb to "put on an appearance resembling a penis, and has been actually mistaken for one, even by medical men of character, who examined the parts."

"A French woman had a *prolapsus uteri* at an early age, which increased as she grew up; the cervix uteri was uncommonly narrow, and at the time I saw her (when she was about twenty-five years old) projected several inches beyond the external opening of the vagina; the surface of the internal parts, from constant exposure, had lost its natural appearance, and resembled the external skin of the penis; the orifice of the os tincae was mistaken for the orifice of the urethra. The woman was shown as a curiosity in London; and in the course of a few weeks, made four hundred pounds. I was induced by curiosity to visit her, and on the first inspection discovered the deception; which, although very complete to a common observer, must have been readily detected by any person intimately acquainted with anatomy. To render herself still more an object of curiosity, she pretended to have the powers of the male. As soon as the deception was found out, she was obliged to leave England."[4]

PSORA. An old name for SCABIES, which see.

[1] James Parsons, *A Mechanical and Critical Enquiry into the Nature of Hermaphrodites*. London, 1741.
[2] Gregorio Marañón, *The Evolution of Sex and Intersexual Conditions*. Trans. from the Spanish by Warre B. Wells. Allen & Unwin, 1932.
[3] Sir Everard Home, *Lectures on Comparative Anatomy*, Vol. III, p. 320. London, 1823.
[4] Ibid., p. 318.

PSORELCOSIS. Abrasion or ulceration caused by scabies.

PSYCHALIA. A form of mental trouble in which there are marked sensitory and auditory hallucinations.

PSYCHIATRIST. A specialist in the science of diagnosing and treating mental disease. An alienist.

PSYCHO-ANALYSIS. The term psycho-analysis was invented by Freud to designate his method of treating neuroses and other psychical disturbances, a method based upon his hypothesis concerning the relation of the active expressed life of the individual to the repressed and unconscious life exemplified in "unconscious" longings and motivations objectified in the form of dreams and hysteria. In every individual there is a continual struggle, largely unconscious, going on between the wish to do certain things and the knowledge that one must not do them. Many of these desires are connected with forbidden, unpleasant, obscene and possibly repulsive subjects. These desires and the thoughts in connexion with them are active in the "unconscious" part of the mind, being repressed or driven down, as it were, by the conscious cerebration moving strictly along conventional and moralistic lines. But every now and then, according to Freud and his school, these repressed desires peep out and, to the initiated (i.e. the psycho-analysts) reveal themselves and their true wishes through the medium of dreams, hallucinations, and the like phenomena. By an interpretation of these dreams the psycho-analysts are able to lay bare the basic desires, wishes, etc., which, as a result of their repression, are causing all sort of physical and mental disturbances, ranging from masturbation to homosexuality and sadism.

The root cause of the disturbance is the so-called sexual instinct, which, according to the Freudian hypothesis, becomes active in infancy and childhood, resulting in the beginning of all sexual perversions, abnormalities and neuroses being traceable to some event in the pre-pubertal life of the individual.

That there is much that is true and much that is important and valuable in psycho-analysis is beyond dispute. The effect upon the individual of the continual efforts (whether these efforts are conscious or unconscious) to repress or suppress desire in accordance with current concepts of morality and respectability cannot be, in the majority of cases, anything but evil, and the responsible factor in many forms of neurosis and hysteria. But the trouble with the psycho-analysts is that they go too far. They have succeeded in drawing attention to the fundamental causes of many of the neuroses affecting mankind to-day, and for this they deserve high praise. But the same praise cannot be bestowed upon the deductions they have elaborated from these basic premises and the method of treatment they have popularized for these neuroses. The dream analyses are, in many cases, far-fetched to the point of absurdity, as an examination of many of the cited case-histories shows.

Literature: S. Freud, *Collected Papers*, 4 vols., London, 1924-5.

PSYCHONEUROSIS. Any form of mental disease which is not due to an organic lesion, and which is not insanity.

PSYCHOPATH. An individual afflicted with some mental disease which distorts or alienates all ideas of morality or ethics. The employment of the term to include a person who practises any form of sexual perversion or aberration is to be deplored, for while it is true that many psychopaths are sexual perverts it is certainly not true that all sexual perverts are psychopaths.

PSYCHOPATHIA SEXUALIS. The combination of psychopathy and sexual perversion in one individual.

PSYCHOSEXUAL. A term used in describing a disease or disorder which is both mental and sexual.

PTERYGOMA. The condition in which the labia minora are swollen or enlarged to an extent that interferes with or prevents sexual intercourse.

PTOMATOPSIA or PTOMATOPSY. The examination of a dead body. An autopsy.

PUBERTAS PRÆCOX. The appearance of all the manifestations of puberty at an abnormally early age. *See under* PUBERTY.

PUBERTY. The period in life when the secondary sexual characters appear. The male is able to discharge seminal fluid containing spermatozoa, and the female commences to menstruate. In other words, the processes of spermatogenesis and ovulation have begun.

The average age of the arrival at puberty in temperate countries is fifteen in the male and thirteen in the female. Generally speaking, puberty is much earlier in warm countries and much later in cold countries, than in temperate climates. Precocious puberty is by no means uncommon. The cause is usually a pathological one. There are many instances in medical literature, but one of the most remarkable of such cases is cited by Dr. T. Woods in the *Lancet* (September 2, 1882, p. 377). It concerns a boy aged six years and seven months, in whom, says Dr. Woods, the "genital organs were as fully developed as in the adult, and his pubes covered with a thick crop of dark brown hair, presenting the appearance of a youth of seventeen or eighteen; hair is also commencing to grow on his upper lip. . . . His voice for more than a year has been gruff and hoarse as it usually is at puberty, and his grandmother tells me that he has had hair on his pubes since he was three years of age."

Puberty does not mean that the individual has attained maturity. Growth, both physical and mental, in normal circumstances, continues for many years. It is for this reason that the suspension of sexual libido and expression until the fullest possible physical maturity has been attained is most advisable. Animal breeders are well aware that the mating of immature specimens not only stops or retards further growth of the specimens used for breeding, but leads to physical degeneration in the offspring. There is little doubt that the same thing applies in the case of the human species.

The arrival of puberty, as signified by the appearance of menstruation, does not necessarily mean that conception is possible. Hartman and Crew have both expressed the view that for three or four years after commencing to menstruate the female is sterile.

PUBES. That part of the external genitals in both male and female which is covered with hair.

PUBESCENCE. *See* PUBERTY.

PUBIC BONE. One of the two bones which form part of the pelvis.

PUBIC HAIR. The hair covering or surrounding the external genitals in man and woman.

PUBIOTOMY. A surgical operation for the purpose of facilitating delivery. The pelvic opening is enlarged by cutting through the pubic bone in one or more places.

PUDENDA (singular PUDENDUM). The external genitalia of the female.

PUDENDAGRA. A name given to the first stage in syphilitic infection of the female. It is also sometimes used in referring to any form of pain in the female genitals, whether or not such pain is associated with venereal disease.

PUDENDAL HÆMATOCELE. A sanguineous tumour appearing on one of the labia.

PUERICULTURE. The branch of medical science dealing with the rearing and welfare of children, also with the care of the mother during gestation, parturition and the puerperium.

PUERPERAL ECLAMPSIA. Convulsive movements, especially of the eyelids, mouth and fingers, which sometimes occur during or immediately after childbirth.

PUERPERAL FEVER. A contagious form of septic fever sometimes occurring after delivery of a child. Often called child-bed fever or puerperal sepsis. Lochiopyra.

PUERPERAL INSANITY. A form of delirium which occurs within a short period following childbirth. It varies considerably in extent but is almost always curable.

PUERPERAL MANIA. *See* PUERPERAL INSANITY.

PUERPERAL PERIOD. *See* PUERPERIUM.

PUERPERAL SEPSIS. *See* PUERPERAL FEVER.

PUERPERIUM. The period of convalescence immediately following childbirth during which the womb and adjacent genitalia are returning to their normal state. In the average case the period covers six weeks.

PUNK. An old term for a prostitute.

PYGMALIONISM. A form of sexual abnormality characterized by the feeling of erotic excitation through gazing at or touching statues of nude subjects, and, more rarely, paintings or photographs. According to Lucian and other writers, the anomaly seems to have been prevalent among the ancient Greeks.

PYOCOLPOS. An abscess or accumulation of pus in the vaginal passage.
PYOMETRA. An abscess in the womb. It is most commonly found in old women, though it may occur at any age following blockage of the cervical canal.
PYOMETRITIS. An accumulation of pus in the cavity of the womb as a result of inflammation.
PYOSALPINGITIS or PYOSALPINX. The condition in which a Fallopian tube is clogged with an accumulation of pus.
PYROLAGNIA. The condition where the witnessing of a fire causes sexual gratification or excitation. It is often associated with sadism.
PYROMANIA. A form of mania in which the subject is seized with an uncontrollable and insatiable desire to set fire to buildings, haystacks, etc.
PYURIA. An abnormal state of the urine in which it contains pus.

Q

QUADRIPARA. A woman who has given birth to four children at separate pregnancies, or is confined for the fourth time.
QUADROON. A child resulting from the cross-breeding of a white individual and a mulatto.
QUARTIPARA. A woman who has given birth to four children at separate pregnancies or who is undergoing her fourth confinement.
QUICKENING. During the seventeenth or eighteenth week of gestation the movements of the fœtus in the womb are usually felt by the mother. This is known as quickening. In the original English Statute dealing with the crime of abortion, the punishment, if abortion was performed after the commencement of quickening, was death; if before quickening, the punishment was imprisonment or whipping
QUINTIPARA. A woman who has given birth to five children at separate pregnancies or is confined for the fifth time.

R

RACE SUICIDE. The term given to the decline in the birth-rate by those opposed to the practice of contraception on naturalistic grounds. It is contended that such decline is largely or wholly the result of birth-control, and that ultimately it will lead to the extinction of the race.
RADESYGE. An old name for a form of skin disease, showing chronic ulcerative lesions, which was common in Norway and Sweden a century ago. It bore a marked resemblance to syphilis, for which reason the disease is sometimes referred to as Scandinavian syphilis.
RAPE. Carnal knowledge of a female, without her consent or knowledge, obtained by force, deceit or without lawful right, in English law, constitutes rape, and is a criminal offence. At one time it was a capital offence, but with the passing of the Offences Against the Person Act of 1861, rape became a crime punishable with penal servitude for life or not less than three years, or imprisonment.

The question of whether the woman is a virgin or otherwise does not affect the matter. The fact that she is a known prostitute, in itself, is no defence to a charge of rape. Inducing a woman to consent to intercourse by impersonating her husband constitutes rape. So does the securing of intercourse while the woman is drunk or drugged, or under anæsthesia.

There are certain cases where a charge of rape cannot possibly be sustained. Before the age of fourteen years is reached a boy, in English law, is presumed to be sexually impotent, and therefore cannot be charged with rape. Because of this anomaly, there are cases of rape which go unpunished. Sexual capacity in boys under fourteen is by no means uncommon, and the very fact that such boys are sexually precocious makes them all the more likely to engage in sexual relations. In no circumstances can a husband be charged with the rape of his own wife.

Complete coitus need not be essential to a charge of rape. In the case of a virgin the hymen may not be ruptured. Nor is it even necessary to prove ejaculation. Proof that the penis entered the

vulva is all that is necessary. It is essential, however, in any case concerning a female over sixteen years of age, in order to sustain a charge of rape, that there must be clear evidence of resistance.

In any case of attempted rape, the killing or maiming of the man by the woman in defence of her virtue, is justifiable.

In English law, rape is recognized as peculiarly and essentially a male offence. By a curious omission, the raping of boys by females, a by no means uncommon occurrence, is not specified. According to Taylor's *Medical Jurisprudence*, however, in the case of R. v. Hare (1934) the Court of Criminal Appeal "has held that a woman can be convicted of an indecent assault on a boy under Section 62 of the Offences Against the Person Act, 1861, and also that a woman can be convicted of an indecent assault on another female under Section 52 of the Act."

RECESSIVE CHARACTER. The name given in genetics to the hereditary factor which is subdued or overcome by the more robust, so-called dominant, factor.

RECIDIVISM or RECIDIVATION. The return to a life of crime, or the repetition of a certain class of offence, after punishment and supposed reformation. The term is also used to indicate the relapse of a disease.

RECIDIVIST. A criminal who returns to a life of crime or one who again commits an offence similar to one for which he has been punished.

RECTALGIA. Pain in the back passage.

RECTITIS. Same as PROCTITIS.

RECTOCELE. Protrusion of the rectum into the vagina.

RECTOCYSTOTOMY. A surgical operation involving the cutting into the rectum through the bladder. Proctocystotomy.

RECTOSCOPE. An instrument used for examination of the rectum.

RECTOSTENOSIS. Narrowing or atresia of the rectum. Proctostenosis.

RECTOSTOMY. The surgical operation for the making of an artificial anus in the case of permanent stricture of the rectum. Proctotomy.

RECTUM. The end or lower portion of the intestine or large bowel. It measures some five inches in length, receives and holds the excrement, pending its discharge at stool.

RED-LIGHT DISTRICT. The name given to a street in which brothels or houses inhabited by prostitutes are situated.

REJUVENATION. The prolongation of virility or the recapture of youth has always attracted the attention of scientists, doctors, quacks, *et al.*, and has invariably proved of immense popular interest. Every century almost has seen the rise and fall of some mysterious method or some miraculous drug for which extravagant claims have been made.

As long ago as the time of King David the belief in the youth-restoring powers of copulation with young girls, and particularly with virgins, has been widespread. It persists to this day. It is but one example of the scores of beliefs in magical powers based upon the doctrine of signatures, which forms one of the root-principles of many types of sympathetic magic.

From the belief common to many primitive races that the drinking of the blood of a powerful animal gave strength and courage, there followed the belief in the development of sexual vigour through the consumption of the seminal fluid of animals and of man. From this it was but a step to the realization that the retention and absorption of the semen by the male prolonged his sexual virility, his general health and vigour, and the duration of his life; a theory vigorously enunciated by many advocates of *coitus reservatus*. More recently, several medical writers have denounced this same practice, and, similarly, *coitus interruptus* and certain other birth-control methods, on the ground that they deprive the *woman* of the beneficial results following the absorption of the male seminal fluid.

At the time when these basic ideas respecting the virtues of the male semen as a rejuvenating and invigorating agent originated nothing was known respecting the internal secretion produced by the testicles. With the discovery of the ductless glands and the realization of the important part played by these glands in the metabolism of the body, and especially the part they played in the sexual function, the position shifted somewhat. The hypothesis relative to

REJUVENATION

the rejuvenating properties of the testicular secretions took on new and additional importance. It is in connexion with the testicular hormone that have been developed the three methods of male rejuvenation which are now employed and for which, in recent years, such sensational claims have been made.

The oldest, and, to-day, the most extravagantly attested of the three methods is the use of testicular extract, which is either injected or taken by the mouth. The method was originated by Brown-Séquard, in 1889, at a time when little or nothing was known of the ductless glands and their functions. The testicular extract used was taken from a dog, and the experiment was conducted by Brown-Séquard upon himself. He claimed that the result was the restoration of the physical power and mental vigour of youth. These claims met with much hostile criticism, possibly mainly because extracts from animal testicles were used. In recent years, as a result of wide interest in the new science of endocrinology, attention has been paid to the use of extracts made from the secretions of the testicles and other glands. Great claims have been made for these glandular extracts, and there is little doubt that they are very widely used in all parts of the world, both by men and women, not merely as aphrodisiacs but in efforts to retard the coming of senility.

There is, however, a very powerful body of authoritative opinion which regards the beneficial results following the administration of these glandular extracts as due largely, if not entirely, to suggestion. Alluding to the claim that the introduction of male hormone has a stimulating effect upon the hypofunctioning testicle, Moore says, "It cannot be too strongly emphasized that in this field of investigation subjective indices are misleading and independable."[1] From a careful study of the evidence so far presented it would certainly appear that in no case have any results followed such administration of testicular extracts, either by the mouth or by injection, that could not be accounted for by suggestion.

Operative methods of rejuvenation are the transplantation of testicles from another man or from an animal, popularly known as the "monkey gland" method; and the Steinach operation, consisting of the ligation of the vas deferens. Voronoff's original transplantations were of portions of the testicles of young monkeys, followed by those of other animals, and finally, of man. It has been accepted that a graft from a specimen of the same species is much more likely to prove successful. The hypothesis is that the grafted gland starts functioning in its new environment, reinvigorating in every way the senile body. The transplantation of human material is necessarily extremely restricted in its possibilities, as the testicular tissue must be both living and healthy. Here again there is no evidence of any results having been secured which are not explainable as the results of suggestion.

The beneficial effects of the Steinach operation have, too, been repeatedly advanced and just as repeatedly denied. This operation consists of ligation of the vas deferens. It differs from the sterilizing operation only in that where rejuvenation or the restoration of sexual virility is the object of the operation, unilateral ligation is all that is necessary. The reduction or the complete cessation (where bilateral ligation is adopted) of spermatogenesis, which, it is contended, follows the operation, enables the testicle to concentrate upon the formation of the hormone which has such beneficial effects upon the whole metabolism, resulting in increased vitality, sexual virility, and general health. Gosney and Popenoe, writing in 1929, say: "In the sixty-five operations which we have studied carefully, and which were performed in private practice, the patient seemed to get 'rejuvenation' when he expected it and paid for it; when he did not expect it, and paid merely for sterilization, he got nothing but sterilization. One would suspect from this that any other effect than sterility is a psychic, not a physical effect."[2] On the other hand, Norman

[1] C. R. Moore, *Journal of the American Medical Association*. 1931.

[2] E. S. Gosney and Paul Popenoe, *Sterilization for Human Betterment*, p. 89. Macmillan, New York, 1929.

Haire has pointed out that whether or not the effects of the Steinach operation in man can be explained by auto-suggestion on the part of the patient or suggestion on the part of the surgeon, no such explanation is allowable in the case of animals.

RELIGION (SEX IN). *See* PHALLIC WORSHIP.

RENIFLEUR. A pervert who is sexually stimulated by the odour of excrement or urine belonging to a loved person.

RETINITIS SYPHILITICA. An inflamed condition of the retina of the eye due to syphilitic infection, and usually a characteristic of the tertiary stage of the disease.

RETROCOPULATION. The method of carrying out sexual intercourse in which the male takes up a position behind the female.

RETROFLEXIO UTERI. *See* UTERUS (RETROFLEXION OF THE).

RETROPOSITION. A displacement of the womb in which it falls backward with neither flexion nor version.

RETROVERSION. *See* UTERUS (RETROVERSION OF THE).

RHACOMA. A condition of the scrotal skin in which it is flabby and hangs loosely.

RHAGADES. Ulcerous abrasions or fissures in the skin or mucous membrane in and around the anal orifice, in most cases resulting from syphilitic infection.

RHEUMATISM (GONORRHEAL). *See* GONORRHEAL RHEUMATISM.

RHEUMATOID ARTHRITIS. Chronic inflammation of the joints usually due to gonorrheal infection.

RHINITIS. An inflammatory state of the mucous membrane of the nose, often due to syphilitic infection.

RHODOPE or RHODOPIS. A Greek courtesan, who, after serving as a slave in Samos, was taken to Egypt. It is stated by contemporary historians that one of the pyramids was built with the money which she earned by prostitution, but the story is of doubtful authenticity.

RHYPOPHOBIA. A morbid psychological state characterized by abnormal fear or disgust in connexion with any form of filth, and especially as regards defecation and its products.

RIMA CLUNIUM. The opening or fissure between the buttocks.

RIMA PUDENDI or RIMA VULVÆ. The opening between the lips of the vulva.

RIN-NÓ-TAMA. An ingenious appliance used by Chinese and Japanese prostitutes and geishas, when practising self-abuse. It consists of two hollow metal balls, one of which contains quicksilver while the other is empty. These balls are pushed into the vagina and held in place by a cotton or paper plug. The vibration produced by the balls while swinging or rocking the body is said to promote sexual libido of the most intense order. Similar balls, known as *pommes d'amour* were, according to Bachaumont, in use among French women in the eighteenth century.

ROSEOLA SYPHILITICA. An inflammatory condition of the skin characterized by an eruption of dull red spots. An early manifestation of secondary syphilis.

RUBIN TEST. A new method of testing the patency of the Fallopian tubes, devised by Isador Clinton Rubin in 1919. It replaced and rendered obsolete the older method of laparotomy with all its dangers and drawbacks. In the Rubin test carbon dioxide gas is introduced, under pressure, into the womb and the Fallopian tubes. The procedure is also useful in remedying sterility in certain cases of salpingitis. Many instances of pregnancies following insufflation are recorded.

RUMP. The buttocks.

RUPIA SYPHILITICA. The large, thick, dark-coloured, ulcerative crusts which sometimes occur in the tertiary stage of syphilis.

RUPTURE. The protrusion of an organ or part into an adjacent opening or into a part which is susceptible to pressure, as the loaded rectum protruding into the vagina. A hernia.

The term is also used to indicate the tearing or laceration of any organ, as the tearing of the cervix during childbirth.

RUT IN ANIMALS. The recurring period in many female animals when there is a strong desire for copulation. It is at such times that pregnancy is usually possible. Often referred to as "heat." There is much confusion between rut in animals and menstruation in women, and it is a popular fallacy that the terms are synonymous.

In most cases the female not only shows revulsion for sexual intercourse at any

other than her period of "rut," but she makes every possible effort to avoid it. This seasonal period of sexual excitation, with its possibilities as regards conception, varies greatly in different animals. For instance, in the mare there is a rutting period of from six to eight days every four weeks; in the cow a period of twenty-one hours every three weeks; in the bitch a period of seven to fourteen days every six months or so, and in the sow three days in every three weeks.



THE FLOGGING OF MARY CLIFFORD BY MRS. BROWNRIGG

S

SACRUM. The triangular-shaped bone forming the bottom-most section of the vertebral column.

SACTOSALPINX. The name given to a distended condition of the Fallopian tube resulting from retained secretions.

SADISM. The securing of sexual pleasure through the infliction of cruelty, the witnessing of cruelty, or the imagination of cruel acts. Cruelty in itself does not constitute sadism; there must be a sexual connotation. It is important that this distinction should be clearly grasped. There is a tendency to-day, particularly in the popular Press and in novels, to confuse sadism with cruelty and to use the one word as a synonym for the other. The term sadism was coined by Krafft-Ebing to describe the sexual perversion analysed at such length by the Marquis de Sade, and with whose name it has for so long and so intimately been associated.

In its practical aspects sadism may be roughly divided into two groups. In the first of these groups, the sadistic act may be intimately connected with sexual intercourse, or it may immediately precede intercourse, or it may accompany intercourse or yet again it may occur after the sex act has been consummated. In the second group there is no intercourse at all actually, the sadistic act being a complete substitute for coitus.

The sadistic act, as a preliminary to coitus, takes many forms. Flagellation is one of the most common. Debauched and impotent men are willing to pay prostitutes handsomely to submit to flagellation. Sometimes the sadistic acts are perpetrated upon animals and birds. Proal gives an instance where a farmer at Barles, owing to a number of deaths among his ewes that he was quite at a loss to account for, on the advice of the Public Prosecutor, engaged a night-watchman, who "saw a young shepherd, a tall, sturdy young man, enter the building, seize an ewe by the neck and strangle it,

while performing acts of bestiality upon its body."[1]

It is worth noting that there is a definite connexion, in certain circumstances, between strangling and sexual excitation. Many men have a marked impulse to strangle the woman with whom they are having intercourse, and there are cases on record where women have actually been killed in this way.

invariably instances of sadism. Among the most notorious have been the Jack the Ripper murders in London; the remarkable case of Vacher the Ripper; and in more recent times that of Peter Kürten. "The Dusseldorf Monster," as Kürten was called, was convicted and sentenced to death in 1931. He was responsible for a ghastly array of sadistic murders of children and adults of both sexes.



FLOGGING A WOMAN IN JAMAICA

Woodcut by George Cruikshank.

Such scenes as that depicted above were everyday occurrences in the West Indies during the early decades of the nineteenth century, before the abolition of slavery.

There is an instance recorded by Brantôme of a woman who confessed to obtaining pleasure from seeing the writhings of her own daughter under the whip. There is the case of the notorious Mrs. Elizabeth Brownrigg, executed at Tyburn in 1767, for the sadistic murder of several children. The cases of lust-murder which occasionally make front-page news in the Press are

Vicarious or symbolic sadism, which Féré terms "imaginary sadism" and Krafft-Ebing designates as "ideal sadism," is probably the most widespread of all forms which the aberration assumes. Scenes of revolting cruelty are pictured in the mind and induce the most pleasurable feelings.

Somewhat allied to these imaginative

[1] Louis Proal, *Passion and Criminality in France*, p. 275. Carrington, Paris, 1901.

methods of sadistic excitation is the practice, which Taxil says is common in Parisian brothels, of whipping prostitutes with air-filled tubes and other harmless instruments of flagellation. The sadist, in this way, is provided with the illusion that he is beating the woman with unmerciful vigour.

It is popularly assumed that sadism is pre-eminently a male characteristic, but the supposition is a false one. There are both male and female sadists, and it is impossible to say whether, in sheer numbers, the one sex outnumbers the other. It is certain, however, that where sadism does exist, it is every bit as intensified in the female as in the male.

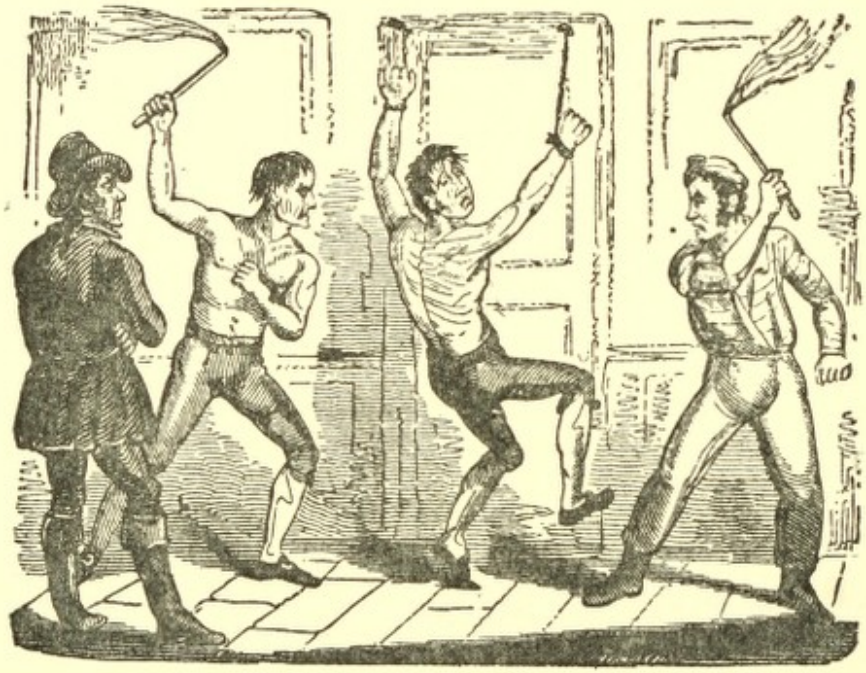
Literature: Iwan Bloch, *The Sexual Life of Our Time*, London, 1919; C. R. Dawes, *The Marquis de Sade: His Life and Works*, London, 1917; Ch. Féré, *The Sexual Instinct: Its Evolution and Dissolution*, London, 1900; R. v. Krafft-Ebing, *Psychopathia Sexualis*, New York, 1925; George Ryley Scott, *The History of Corporal Punishment: A Survey of Flagellation in its Historical, Anthropological and Sociological Aspects*, London, 1938; Erich Wulffen, *Woman as a Sexual Criminal*, New York, 1934.

SADIST. A man or a woman who practises sadism in any of its forms.

SAFE PERIOD. The days in the menstrual cycle when a woman is considered to be biologically sterile.

No female method of avoiding conception has been so widely practised as the restriction of intercourse to this "safe period." And for many reasons. In the first place the method gained a very wide degree of publicity long before such appliances as rubber pessaries, cervical caps, *et al.*, were introduced. Many early writers on sexual topics gave publicity to the hypothesis that at one period in the monthly menstrual cycle conception was unlikely if not impossible. Thus before any considerable literature on the subject of birth control was available to the general public, the restriction of intercourse to the end of the monthly cycle was recognized and practised as a means of avoiding pregnancy.

In recent years, although condemned by medical and other authorities on con-



RICHARD HAWKINS WHIPPED TO DEATH

In order to extract a confession from Hawkins, John Mills and other members of a gang of highway robbers, after stripping their prisoner, whipped him with such severity that he died soon afterwards. Mills was subsequently arrested, convicted of the murder of Hawkins, and executed on August 12th, 1749.

traception as a most unreliable method, it has still retained a considerable measure of popularity. The reasons for this popularity are many. In the first place it is perfectly natural that everyone contemplating the practice of birth control will greet with eagerness any method which dispenses with those preparations which prove so irksome as regards the majority of contraceptive methods. Then again, every mechanical or chemical method involves a certain amount of dissatisfaction, or repugnance, for the wife or the husband or both; whereas the "safe period" involves neither the one nor the other. Finally and importantly there is the significant fact that it has the approval of the Churches. For this reason alone there are doubtless thousands of married couples who still rely upon the "safe period," and further there can be no doubt that as regards thousands of others, who have no knowledge of the condemnation showered upon the method by scientific and medical opinion, the very fact of being recommended by eminent theologians is sufficient in itself, to give to it a considerable degree of virtue and a formidable reputation.

The history of the hypothesis is not a lengthy one. Years ago, the researches of Walton, Pouchet, Raciborsky, and others laid bare the fact that in many forms of mammalian life conception can take place *only at a certain time in the ovular cycle*, and that this period of potential conception is probably a *very brief one*. At these times, and at no others, animals mate. Thus intercourse between most animals is restricted to the time when fertilization is possible.

Now with humans—especially civilized humans—this is not the case. Except for a few days when the woman is having what are popularly known as her periods, intercourse is practised at all times in the month and during any or every month in the year. This being so, it is not unnatural that the idea has been formulated that conception is possible on any day in the month.

In the ordinary way, however, only *one* ovum or egg matures and is detached from the ovary during the menstrual cycle, and all biologists are in agreement that the life of this egg, provided it does not meet with a male spermatozoön, is of very brief duration.

The theory upon which the method known as the "safe period" is based assumes that for a number of days in each month a woman is sterile, and that by restricting intercourse to these days of sterility, conception can be easily avoided. Siegel gave new impetus to the theory when, in 1915, he published an article in the *Münchener Medizinische Wochenschrift*, stating that the period from the twenty-second day of the menstrual cycle to the commencement of the following cycle represented a time of total sterility. This statement, based upon observations relative to the sexual activities of soldiers' wives, obtained a very wide degree of publicity, and gave a fresh wave of popularity to the "safe period" as a practical birth-control method. Two years after his first statement, however, Siegel, in a reconsideration of the matter, admitted that his original conclusion had been founded upon inconclusive evidence.[1] That the hypothesis was a most dubious one was certain owing to the very large number of pregnancies that occurred where the "safe period" was solely relied upon. And thus in the opinion of all scientific birth-control authorities the "safe period" was relegated to the scrap heap. For although it was realized that a "safe period" did exist, the available evidence pointed to the fact that this period varied in different women, and probably in the same woman in different circumstances.

So the matter stood until as recently as 1929, when Dr. Hermann Knaus, an Austrian biologist, and Dr. Kyusaka Ogino, a Japanese gynecologist, working independently, threw new light on the subject. Knaus states that, as a result of considerable research and experimentation, he has solved the problem of ascertaining beyond any doubt or

[1] Siegel's original statement that impregnation never occurred after the 22nd day was based upon a 28-day cycle; and subsequently he admitted that the rule would not hold good in the case of women whose menstrual cycle covered a longer or a shorter period than 28 days.

question the period in each month when a woman is sterile. If this claim is correct it has a most important bearing on the control of conception, and the old discarded and discredited "safe-period" method at once assumes, in its new habiliments, another lease of life and fresh importance.

To understand the Knaus-Ogino theory it will be necessary to glance for a moment at the theory of ovulation. Each month a matured ovum is detached from the ovary and starts on its journey through the Fallopian tubes. If it is fertilized by a spermatozoön, conception results. Where no union with a spermatozoön occurs, the ovum perishes. At one time it was thought that ovulation and menstruation were necessarily coincident, but research has proved the hypothesis to be fallacious. Ovulation is a process quite independent of menstruation. It may be coincident with the menstrual flow or it may not. Years ago, too, it was thought that the ovum could live for long periods in the tubes or uterus, and could be fertilized at any time during these periods of existence. Similarly, spermatozoa were supposed to be able to retain their virility and motility for long periods after being deposited in the uterus. Medical literature abounds with cases where both ova and spermatozoa are stated to have lived in the vagina and uterus for days and even for weeks on end. Recent research has proved these ideas to be fallacies, and the instances recorded to have been apocryphal. According to newer biological knowledge, an ovum can be fertilized by a spermatozoön during a period measured by a few hours only, immediately following ovulation; while the spermatozoa, once they have left the testicles and, during sexual intercourse, have entered the female vagina, soon begin to lose their virility through the destructive influence of the temperature of the female genitals. Hammond and Asdell give the duration of virility at thirty hours; Knaus says the spermatozoa "lose their fertility within forty-eight hours of coitus."

Now these two facts—the short time during which the ovum is capable of being fertilized, and the brief life of the spermatozoön—taken together, *limit the possibilities of conception occurring to a few days in the monthly menstrual cycle.* The point is one of immense significance.

Arising out of all this, it became evident that if the date of ovulation could be definitely ascertained a big step would have been made towards determining the time when conception would be an impossibility. Knaus claims to have made this discovery in 1929, after experimental research[1] involving the recording of contractions of the uterus; and from these observations he has laid down as a law of ovulation applying to the female of the human species that the process is a spontaneous one, occurring on the fifteenth day preceding the commencement of the menstrual flow.[2] And it was from these experiments and researches that Knaus deduced his famous general rule for ascertaining the period of fertility in each month. This rule is: "The period during which conception can take place consists of the ovulation period plus three days before it and one day after it."[3] Ogino stated that, in his opinion, ovulation took place at some time between the twelfth day and the sixteenth day preceding menstruation. The researches of Ogino and Knaus would seem to establish that there is a definite relationship between the time of ovulation and the time of menstruation.

Bearing in mind that in every menstruating woman the day of ovulation, according to Knaus, occurs on the fifteenth day before the onset of men-

[1] The full account of the experiments and researches which resulted in this discovery by Knaus, and which makes most interesting reading, is given in Knaus's book, *Periodic Fertility and Sterility in Woman*, to which students of the subject are referred.

[2] In his evidence before the Medical Committee appointed by the National Council of Public Morals in connexion with the National Birth Rate Commission, F. H. A. Marshall stated that Dr. Wilfred Shaw of St. Bartholomew's Hospital, through his observations in connexion with operation cases, had shown that ovulation usually takes place about the fifteenth day. (See *Medical Aspects of Contraception*. Martin Hopkinson, 1927.)

[3] Hermann Knaus, *Periodic Fertility and Sterility in Woman: A Natural Method of Birth Control*, p. 90. Wilhelm Maudrich, Vienna, 1934.

struation, the calculation of the sterile period is a matter of no great difficulty provided there is in the possession of the woman or her adviser certain essential data, and this data she must procure herself. Women show great variations in the length of time which elapses between one menstrual period and another. The popular term, monthlies, implying regular periods of four weeks each, gives a most inaccurate idea so far as many women are concerned. There are plenty of women who menstruate every three weeks, and there are others whose interval between successive discharges is a regular five-weekly one. Now, before any woman can ascertain her period of sterility she must observe the lengths of these intervals accurately for *a whole year*, keeping a careful record of the number of days (not weeks) which elapse between the commencement of each successive menstrual flow. The keeping of this record, as Knaus asserts, is essential if this method of "natural birth control" is to be put into operation. Provided this record shows regularity in the lengths of the intervals, the date of ovulation is easily determined, being in all cases the fifteenth day before the commencement of the discharge, counting backwards in the preceding menstrual cycle. Where there is some fluctuation in the lengths of the intervals, the day of ovulation will lie between the variations recorded.

The time of ovulation having been established, the fertile period, says Knaus, "consists of the ovulation period plus three days before it and one day after it."[1]

According to Ogino's researches and calculations it is advisable to allow a period of eight days so as to cover the time of actual ovulation and the periods before and after, which, because of the life cycles of the ovum and the spermatozoa, are potential days of fertility. This means the day preceding and the two days following the fertility period of Knaus.

It is interesting to note that Hartman has established that "there is an absolute Safe Period for the monkey female."[2] As a result of a long series of observations relating to ovulation in the rhesus monkey he finds that from the twenty-first day of the menstrual cycle to the seventh day of her next cycle she is absolutely sterile.

Now if the basic hypothesis formulated by Ogino and Knaus, and the deductions made from it, are correct (and an unprejudiced examination of the evidence upon which they have been built up certainly lends colour to this assumption), there can be no doubt that the discoveries are of the most profound significance and importance. And although the assertion made by Knaus to the effect that temporary abstinence from sexual intercourse during the periods of fertility thus indicated provides a perfect, certain and natural method of controlling conception, exhibits the exaggeration of an enthusiast obsessed with the virtues of his own discovery, the hypothesis, taken in conjunction with the independent researches and findings of Ogino, is well worth serious consideration.

The method, in its *practical* aspects, has many drawbacks. The need to keep a careful record of menstrual cycles over a considerable period of time, while a simple matter, actually, is likely to be bungled by a careless woman.

Then there are the cases where, after the period of fertility has been established, some psychological, pathological, or other change disturbs the normal rhythm and renders the sterile period no longer to be relied upon. Various physical, pathological and psychological conditions cause such disturbances in the equilibrium of the cycle. The most noteworthy are parturition, miscarriage or abortion; accidents; operations; chronic diseases; severe mental disturbances; and, in fact, any considerable jactitation or sudden transformation in the ordinary routine of life.

In all cases of alteration in the menstrual cycle, it is necessary to suspend the placing of any reliance upon temporary abstention as a birth-control

[1] Hermann Knaus, *Periodic Fertility and Sterility in Woman: A Natural Method of Birth Control*, p. 90. Wilhelm Maudrich, Vienna, 1934.
[2] Carl G. Hartman, *Time of Ovulation in Women*, p. 183. Baillière, Tindall & Cox, London.

measure, until a number of periods have been observed, and it has been ascertained that a return has been made to the cycle in evidence before the disturbance.

All these drawbacks and defects conceded, however, to the woman who will carry out the observations which are so necessary in order to ascertain the period of fertility, I think the method is well worth adoption, preferably in combination with a simple mechanical contraceptive or with withdrawal. It has exceptional possibilities for, and is specifically applicable to, the virgin woman, in whose case the use of any really efficacious mechanical female contraceptive method is precluded. By keeping a careful record of her periods during the year preceding marriage she may arrange her wedding day suitably. This procedure would certainly seem to be indicated as an auxiliary measure apart from any other method of avoiding conception she or her husband may be able or may care to practise.

SAGE FEMME. A midwife. Not an obstetrician or an accoucheuse. The distinction is important.

ST. JOB'S DISEASE. A euphemistic name for syphilis.

ST. ROCH'S DISEASE. A euphemistic name for a bubo.

ST. SEMENT'S DISEASE. A euphemistic name for syphilis.

ST. VITUS'S DANCE. *See* CHOREA.

SALPINGECTOMY. The extirpation of part or all of a Fallopian tube. Double salpingectomy is the method usually adopted for sterilizing the female. One tube or both tubes may be removed in case of disease.

At one time the operation was performed through the vaginal route, but this method has been almost universally displaced by the abdominal incision. Under a general or spinal anæsthetic a transverse incision of three to five inches enables the fundus of the womb to be exposed and lifted. The Fallopian tube is next exposed by means of a short incision in the covering. It is cleared and either removed *in toto*, or, if there is no inflammation and the operation is purely for sterilizing purposes, ligated in two places an inch apart and the intervening portion removed. The same procedure is repeated with the other tube. Then, after suturing and sealing in each case, there is confinement in bed for a fortnight and the usual long convalescence which follows every operation involving an abdominal incision.

Salpingectomy, as a sterilizing measure, is not always successful. The most minute opening is enough for an egg to pass through, and if, in consequence of any slip in operative technique, such an opening is left or forms during the process of healing, a further pregnancy may follow.

SALPINGES. The Fallopian tubes or oviducts.

SALPINGITIS. An inflamed state of one or both of the Fallopian tubes. The tube is swollen and partially or completely blocked. Because of the blockage, salpingitis, affecting *both* tubes, is a frequent cause of sterility. It is also a cause of menstrual disorders, and there is a pathological discharge from the vagina.

SALPINGOCYESIS. The embedding and development of a fertilized ovum in the oviduct.

SALPINGO-OÖPHORECTOMY or SALPINGO-OVARIECTOMY. The surgical operation for the removal of a Fallopian tube and the adjacent ovary.

SALPINGO-OÖPHORITIS. An inflamed state of both ovary and Fallopian tube.

SALPINGOSTOMY. The surgical operation in which an artificial canal or fistula is constructed in a Fallopian tube for the purpose of draining away any accumulated secretions.

SALPINX. A Fallopian tube.

SALVARSAN. The trade name for the arsenical compound discovered by Ehrlich, the German physician, and popularly known as "606," and technically as dioxydiaminoarsenobenzol. It is used in the treatment of syphilis. A newer preparation, known as neosalvarsan, has largely supplanted it.

SANITARY CLOTH, PAD or TOWEL. A piece of material or a pad made specifically for the purpose, worn by women during their periods of menstruation to catch the discharge and avoid soiling the clothing. It is important that the cloth or pad, irrespective of its material, should be changed frequently and be perfectly clean when used. The wearing of a sanitary cloth must not be considered, as it so often

is, to represent all the hygienic care that is necessary during menstruation. Frequent washing of the genitals is essential. *See also under* MENSTRUATION (HYGIENE OF).

SAPHISM or SAPPHISM. The practice of homosexualism between women, particularly in relation to that form of the perversion in which overt practices are indulged in. The term is derived from the beautiful and licentious Greek poet, Sappho, who had a number of homosexual attachments. Also termed Lesbianism.

SARCOCELE. Enlargement of the testicle resulting from the growth of a fleshy tumour which is very often malignant. Where the tumour is due to syphilitic infection it is known as *sarcocele syphilitica* or syphilitic orchitis.

SATYRIASIS. Sexual libido in the male when it reaches an abnormal degree of intensity, is termed satyriasis. The condition has nothing to do with sexual capacity. Satyriasis may be present in an individual whose potency is lower than normal. Through the fact that it is often associated with some form of insanity, it is sometimes termed "erotic insanity." In my opinion, while satyriasis may often result from insanity, it is rarely, if ever, the cause of insanity.

Satyriasis is the responsible factor in many forms of rape, incest, assaults on children, sodomy and bestiality. In certain cases, it is sporadic and the result of sudden temptation after a long period of enforced abstinence.

Often the cause is a pathological one. Particularly does this apply to old men afflicted with satyriasis. An enlarged prostate, congestion of the verumontanum, catarrh of the bladder, and the presence of calculi in the urethra or bladder are all predisposing causes. Satyriasis is also referred to as lagnesis.

SATYRION. *See* ORCHIS MASCULA.

SATYROMANIA. *See* SATYRIASIS.

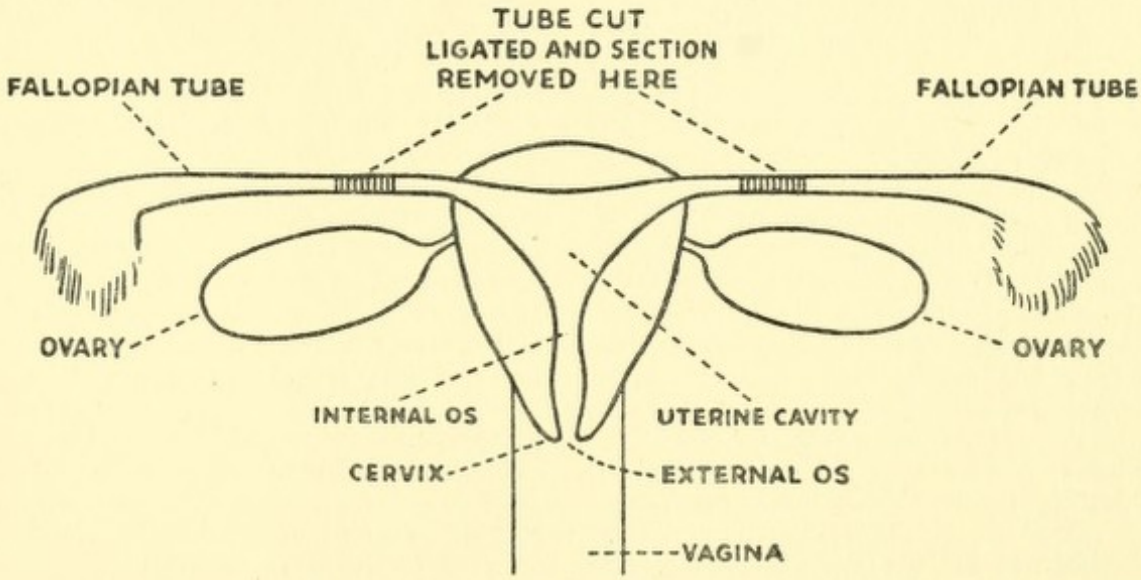


DIAGRAM SHOWING POINTS WHERE THE FALLOPIAN TUBES ARE CUT, TIED AND PARTIALLY EXCISED IN DOUBLE SALPINGECTOMY FOR THE PURPOSE OF STERILIZATION

[*from* Facts and Fallacies of Birth Control

SCABIES. A skin affection of the genitals marked by severe itching, especially in bed, caused by a specific parasite, the *Acarus scabiei*. The parasite burrows under the skin, forming papules and crusty excrescences.

Sulphur and zinc ointment applied liberally to the affected parts every day for a week, on each occasion followed by washing with hot water, or the daily application of a weak solution of bichloride of mercury, will usually effect a cure. Scabies is often referred to as itch.

SCARIFICATION. A crude form of decoration, with a sexual basis, practised by Australian Blacks, American Indians and other primitive races. Clay is inserted into a series of patterned cuts made in the skin, thus producing permanent ridges.

SCATACRATIA. Inability to retain the contents of the rectum.

SCATOPHAGIA or SCATOPHAGY. The eating of dung. It is usually associated with mania and fetichism, and sometimes ranks as a form of masochism. The practice was common among religious fanatics. There are many instances recorded in literature. Marie Alacoque ate human excrement, so, too, did Antoinette Bouvignon de la Porte. Ezekiel, as we are informed in the Bible, mixed it with the flour of which he made his bread. And at one time fæces, like urine, was used for medicinal purposes. Also termed coprophagy.

SCHIZOPHRENIA. *See* DEMENTIA.

SCHLITTEN. A mechanical contrivance used in Germany and other continental countries for the cure of male impotence. It consists, says Kisch, of two splints made of gold, silver or white-metal, to which are attached at one end a metallic ring and at the other end an india-rubber ring. The appliance is affixed to the flaccid or partially erect penis. It is claimed that the organ, thus supported, is able to enter the vagina.

SCIRRHOCELE. Cancer of the testicle.

SCLEROSIS (POSTERIOR SPINAL). Tabes dorsalis.

SCROTITIS. An inflamed condition of the scrotum.

SCROTUM. The loose hanging integument which contains the testicles. It is highly susceptible to the effects of temperature, contracting and hardening with cold, becoming pendulous and soft with heat. Variations of temperature to which the scrotum is subjected affect the spermatogenic functioning of the testicles; the application of hot water bandages to the exterior surface having stopped spermatogenesis.

SCYBALA or SCYBALUM. The presence in the rectum or the discharge of hard roundish lumps of excrement.

SCYTHIAN DISEASE. An old term for pederasty.

SECONDARIES. The secondary symptoms of syphilis, which usually appear a few weeks after the initial lesion.

SECRET DISEASE. A popular euphemism for any form of venereal infection.

SECRET VICE. A popular euphemism for masturbation.

SECUNDIGRAVIDA. A woman with child for the second time.

SECUNDINES. The placenta and its membranes, collectively known as the afterbirth. The secundines are discharged during the third stage of labour.

SECUNDIPARA. A woman who has given birth to two children at separate pregnancies or who is undergoing her second confinement. Deuteripara.

SEED. Strictly speaking, the spermatozoa contained in the seminal fluid, but generally used as a synonym for semen, irrespective of its fertilizing power.

SELF ABUSE. *See* MASTURBATION.

SELF DISINFECTION. *See* VENEREAL PROPHYLAXIS.

SELF POLLUTION. *See* MASTURBATION.

SEMEN. The fluid ejaculated from the male organ during coitus or masturbation, or discharged during involuntary emissions. It comprises the secretions of the testicles, the seminal vesicles, the prostate and Cowper's glands. It may or may not contain spermatozoa.

Dried semen leaves stains on clothing. These stains often constitute evidence of rape.

SEMINAL FLUID. Same as SEMEN.

SEMINAL VESICLES. The two reservoirs situated near the base of the urinary bladder and the prostate gland, between the rectum and the bladder.

SEMINIFEROUS TUBULES. The tiny tubes which compose part of each testicle, producing and storing or carrying the seminal fluid.

SEMINURIA. The condition in which the semen or some portion of it is discharged with the urine.

SEMIRAMIS. The ancient fish-goddess of the Assyrians, notorious for her licentiousness and remarkable for her beauty.

SENESCENCE. Extreme old age. Dotage.

SEPSIS. The poisoning of the body, which may be general or local, resulting from the absorption of the products of putrefaction.

SEPTICÆMIA or SEPTICEMIA. The condition resulting from the presence of micro-organisms in the blood stream. Commonly referred to as blood-poisoning. It is often due to harmful bacteria invading the womb.

SEPTIGRAVIDA. A woman who is with child for the seventh time.

SEPTIPARA. A woman who has given birth to seven children at separate pregnancies or who is undergoing her seventh confinement.

SEPTUPLETS. Seven children born to one woman at the same confinement.

SERAGLIO. A house of prostitution. A brothel.

SERPENT WORSHIP. The antiquity of serpent worship is beyond dispute. Wherever it flourished serpent worship was associated with or derived from the phallicism which impermeated or preceded every form of religion. It is easy to understand how the serpent came to be looked upon with reverence and awe; how it came to be associated with the mysterious power of generation. A strange and awesome creature, possessing the power of shedding its skin, suggested to the primitive mind immortality. "It was worshipped," according to Plutarch, "because of a resemblance between it and the operation of the Divine Power." The wisdom of the serpent was proverbial. We read in Matthew: "Be ye therefore wise as serpents." The Gnostics and other contemporary religious cults looked upon the serpent as a symbol of intelligence and power. Certain races identified it with the sun-god; thus the worship of Tonacatlcoatl by the Mexicans, of Kneph and Harpocrates by the Egyptians, of Bel by the Chaldeans. As a beneficent god and as an evil demon the serpent was worshipped in Africa, Central and South America, in Japan, and above all in India. The Chinese worshipped a dragon-god living in the heavens, all powerful giver of life. We have evidence of serpent worship in the Bible: "And Moses made a serpent of brass, and put it upon a pole; and it came to pass, that if a serpent had bitten any man, when he beheld the serpent of brass, he lived" (Numbers xxi. 9).

The association of the serpent with generative power and its elevation to the rank of a fertility deity are indicated in ancient symbolism by the widespread use of the serpent twining around a rod as a representation of sexual excitation and power.

There are indications that in some parts of the world the serpent itself was worshipped. Some authorities contend that this form of serpent worship preceded any form of worship in which the serpent was looked upon merely as a representation of a mythological serpent god. As evidence of this, it has been pointed out that in many ancient races it was customary, as Lucian and others have mentioned, for women to allow snakes to suck their breasts. It is possible, however, that this practice, so far from being in any way connected with serpent worship, was a form of sexual perversion.

SERRE-NŒUD. A surgical instrument used in tightening ligatures, especially where it is desirable for the process to be a slow and bloodless one.

SEX-APPEAL. It has been featured in the popular novel and the popular play for years, it has got into the films, it crops up in advertisements, it has become a tea-table topic wherever the sexes forgather. Modern young men talk a lot of rot about sex-appeal. Whenever they run after a chorus girl flourishing a whitewashed face; whenever they exchange smiles with a gaudy shop-girl; they maunder to their friends some slobber or other about sex-appeal. But ask any sophisticated young woman who possesses the knack of getting free meals and free theatre seats out of men, and if she can be induced to tell the truth, she will promptly disillusion you. Ask any successful prostitute and she will spit out words that no man would like his mother or his sister to hear.

Sex *per se* is rarely in a man's mind when he starts to run after an attractive

girl. It is later that sex *consciously* enters into the thing. What is commonly called sex-appeal is not really sex-appeal at all: it is clothes-appeal. What the man falls for, in ninety-nine cases out of a hundred, is the sight of an alluring dress, a smartly-cut coat, a pair of high-heeled shoes, a hat of elegance. In short, it is the outward appearance of the girl that gives him queer feelings up the back, without this external attractiveness her smile would be greeted with cold disdain. It is a safe assumption that you will never hear any man, young or old, talking of the sex-appeal of a shabby servant girl or of a fat charwoman, or of a girl with a face reminiscent of the *steatopyga* of a Hottentot, though all three may be excessively sexual. But he will rave about the sex-appeal of an elegantly attired lady of fashion who in actual truth may be of a coldness comparable to a castrated cat.

This appeal to man of the smartly attired woman, which he mistakenly attributes to sex attraction, is really a most potent weapon in woman's hands. And because it is the attraction of artifice, and not of woman's natural, physical form or sweetness, or sex, it is an enormously growing one. Whatever else the machine age has done it has enabled women, in tremendous numbers, to make themselves immensely more attractive to the male animal. In Leeds or Manchester or Birmingham or Southampton or Glasgow or Bradford or Cardiff or Huddersfield, one cannot walk so short a distance as a couple of hundred yards without meeting a dozen gaudily upholstered girls indistinguishable from the harlots of Piccadilly. What with the replicas of model gowns, hats and shoes turned out in millions by mass-production factories; what with the educative influences of the cinema and the picture newspaper; the factory girl and the servant have acquired sufficient taste in the selection of clothes, and sufficient skill in the application of cosmetics, to be able to simulate the appearance of the professional *fille de joie* on the one hand and the girl of genuine culture on the other. They are, through the influence of the radio and the talkies, even adopting those so-called refined accents which once were the prerogative of the products of the boarding-school and college.

Even age itself is not always a bar to the display of at least a simulated form of sex-appeal. The art of make-up and the standardization of dress, conjointly render it difficult for the average man, ever ready to be deceived by appearances, in circumstances other than where he is in the closest proximity, to differentiate between the girl of twenty and the woman of forty. From a rear position such differentiation is impossible. Many a man has stalked through the streets a smartly dressed, short-skirted, high-heeled female, only to discover, when he has mustered up courage to approach near enough to accost her, that what he took for a young *fille de joie* was a raddled old hag of sixty summers!

SEX DETERMINATION. The question of what determines the sex of the offspring has been hotly debated for many decades, and the riddle would still appear to be unsolved. It has not yet been established whether sex is determined before, during or after the occurrence of fertilization, although the consensus of opinion seems to favour the theory that in mankind, at any rate, it is only after the fertilized ovum has been embedded that the factor or factors governing sex come into operation. These factors are held to be (1) nutrition (2) the relative ages of the parents, and (3) the relative virility of the parents. Statistics show a slight preponderance of total male over total female births. Analyses of these births in various countries show that in the poorer classes the preponderance of male over female births rises considerably, and is held to prove that this fact in itself is an indication that the better nutrition of the upper and prosperous classes has a tendency to increase the proportion of female births. The theory fails to consider the possibility of other factors, such as the greatly increased birth-rate of the poorer classes, affecting these proportions.

SEX EDUCATION OF CHILDREN. In the upbringing and education of children sex has always been the *bête noire*. It has always presented a problem of such immensity that parents, with so relatively few exceptions as to be negligible, have subscribed to the

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Christian concept of treating sex as a tabooed subject. They have never mentioned sex to their children; they have forbidden any and everyone else to mention it to them.

The trouble is that *sex cannot be ignored.* The sexual organs function just as certainly as the stomach and the bowels function. An actual sexual appetite may not have been aroused, but it is there in a latent form. It only needs certain forms of stimulation to cause it to develop and become fully pronounced.

With every organ that functions there is, in certain circumstances, a danger associated with the denial or the attempted denial, of its right to function naturally. The danger in connexion with the sexual function is the risk of it being turned into wrong channels. This is one of the greatest risks connected with the policy of taboo—it is a risk and a danger the full extent and the true nature of which few parents thoroughly realize.

The old policy, almost universally adopted by parents, educators and the clergy, had two interlinked and associated aims: to evade the provision of any real and adequate information respecting sex; and, at the same time, to instil thoroughly into the minds of the young, the notion that the subject of sex was dirty, degrading, inexpressibly vulgar and obscene; that any knowledge concerning it which was acquired before maturity and before marriage was severely denunciable; that anything in the way of actual sexual experience, in similar pre-marital circumstances, was sinful and likely to have terrible results.

Now there are those to-day holding high rank in the spheres of theology and education who continue to preach the virtues of this selfsame system. They point out triumphantly that the system has stood the test of time; that it is consonant with all the tenets of the Christian faith; that the present age, in which facilities for obtaining sex knowledge are greater by far than ever before, is characterized by a degree of licentiousness almost rivalling that depicted in the *Satyricon* of Petronius.

It is a superficial argument, and it tends to convince mainly on account of its superficiality. It is impossible to compare, with any degree of truth, one age with another. The social and economic conditions vary so greatly in different ages and often in different generations, that any such attempted comparison is fatuous. The method which gave admirable results half a century ago may be a futile method to-day. More, it may be a dangerous method.

Fifty years ago, even twenty years ago, children, especially girls, were brought up in an atmosphere where any discussion of sex *could* be literally tabooed. It was possible for a girl to reach womanhood without any experience of or acquaintance with sexual libido, and without any conscious connotations between her monthly disturbances and the sexual impulse. More, it was common. So common indeed that the girl who went to the marriage bed with any previous experience in or knowledge of sexual matters was the exception. There were young men too, reared in cloistered circumstances, whose knowledge of sex matters was singularly meagre. Now, in such circumstances, the policy of evasion and taboo had something perhaps to be said for it. Not much, but something. While it might not be an advisable method of dealing with the sexual credo, it was not a dangerous one.

This is no longer true. To-day we live in a world where it is impossible to keep sex knowledge from any youngster who can see, read and hear. Simultaneously with the growth of the reading habit, there has never been a time when sexual problems and matters pertaining to sexual physiology have been so frankly discussed or presented so baldly in the guise of fiction. The films feature sex alluringly. There is very little put on the screen to-day which has not, as its basic point of interest, what is termed, in the jargon of the trade, sex-appeal. The total result is that to-day the interest in and concern with sex is far greater than it has even been, in any general sense, before.

There are the different standards of relationship between the sexes. The tendency in the Victorian age was towards sex segregation of the young:

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the tendency to-day is precisely the opposite. As a result of the emancipation of women; their entry, in competition with men, into so many of the trades and professions; the vanishing of the chaperon; girls in ever-increasing numbers and at their most susceptible ages, are thrown into close companionship with men. All this leads to the arousing of the sexual impulse, to its development, and to the creation of sexual appetite. More than this, the social life of the community tends more and more to create and to liberate sexual libido. City night life, dancing in the closest possible intimate contact, mixed bathing, diaphanous clothing, cocktail parties, "petting," hiking, motoring: all have distinctly aphrodisiacal effects. In the mere arousing of latent sexual appetites lies a danger which, surprisingly enough, few modern parents seem to realize.

In these changed conditions, in which it is quite impossible for anyone but an anchorite to escape contact with factors which inevitably arouse sexual desire and appetite, the young girl or boy without sexual knowledge *of the right kind* is in a dangerous environment. The more unsophisticated he or she is in this matter of sex, the more perilous the position.

It is true that all youngsters of to-day secure sex information of some kind. In accordance with the present mode of sexual sophistication, they parade this knowledge whenever an opportunity presents itself. They go out of their way even to avow a degree of knowledge they do not possess. It is the rule rather than the exception to hear young girls blatantly affirm that they know "all there is to know." The assertion is as ridiculous as it is piteous. Moreover, it begets a frame of mind brimming with potential dangers.

In this reaction to sex the youngsters are often backed up and encouraged by their parents. In a considerable number of cases, the parents, in recent years, have changed their own attitude towards sex. The pendulum has swung the other way with a vengeance. These ultra-modern parents, for the most part men and women in their thirties, applaud the new attitude towards sex displayed by adolescents of both sexes. Taboo in any shape or form they consider to be old-fashioned and Victorian. They laugh at, or they cheer, the sexual sophistication of their infants. They boast of the supposed fact that, because of this sexual sophistication, their sons and daughters are "well able to take care of themselves."

Here they make a mistake, these modern parents, almost as productive of tragic and unhealthy consequences as the error subscribed to by the older type of parent who affirms that ignorance of sex is the only correct, safe and healthy position. Both parties overlook what should dominate everything connected with sex in childhood and adolescence: *that the points of the utmost, and of vital, importance concerning any or all knowledge respecting sex and its ramifications are from whom and in what circumstances has this knowledge been acquired?*

The bulk of the sex information which youngsters acquire is superficial. Much of it is erroneous. It is, in short, the wrong kind of information. And precisely because it is the wrong kind of information does it constitute a potential and often an actual source of danger.

To realize the truth of this one has only to consider where this so-called knowledge is secured. It is, in ninety-nine out of every hundred cases, secured from companions. An older boy or girl conveys, usually to the accompaniment of leers and smirks, what passes for "sex knowledge," to a younger companion. In many cases the "tutor" does not adequately understand what he is trying to convey, with the result that he gives a garbled description; in all cases he pretends to possess a far greater degree of knowledge than he actually does possess, and in consequence promotes wrong ideas. All of which is cumulative in its effects. So that, all things considered, whatever way one looks at it, sex information obtained from playmates and school chums is of an extremely dangerous brand.

It is often suggested and contended that sexual physiology and hygiene should be taught in the schools. They *are* taught in *some* schools. Parents, ever eager to foist a disagreeable task upon the educational authorities, for the

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most part welcome any scheme for sex instruction in schools.

But any scheme of class-room instruction in sexual matters has its very definite limits. It is for this reason that school instruction, to be of any value, must be amplified by *individual* instruction. This individual instruction, which should deal with the more *intimate* side of sexual physiology and treat sexual problems which are unsuited for class-room instruction, must, wherever possible, be undertaken by the parents. The fact that, even in these days, parents rarely do give their children any sex information, merely means that in many cases they are shirking their responsibilities. It may not be a pleasant subject to discuss, this sexual theme, but life is full of unpleasant duties. It is, admittedly, a delicate subject. For this reason the task of inculcating the essential information must be carried out in a delicate manner. The great point is that it is not an impossible task. It calls for an understanding and appreciation of the problems of sex as they apply specifically to children. In the discussions which every parent should have with his or her child, it is important that there should be a thorough realization of the danger of too much elaboration, and of too reiterated references to the topic. For generations the cardinal sin of the parent has been to ignore sex altogether. There is, now that the importance of sex is being realized, the risk that there will be too much insistence upon it. The last thing that any parent wishes to do is to create in the child a sex obsession.

Because of this danger only the essentials of sexual physiology should be instilled. There is not the slightest need, as some writers on sexual topics and some promoters of school educational courses seem to think, that boys and girls should be instructed in sexual physiology as though they were budding doctors or biologists. Nor is it necessary or advisable to preface any actual reference to human sexual matters with elaborate and intricate studies of the sexual physiology of plants and animals. In many cases where school courses of instruction are concerned there is practically no reference at all to human physiology; but in its place and as a sort of indirect and euphemized method of instruction, there are the most detailed studies of the sexual habits of insects and animals, studies which are inexpressibly vulgar and disgusting. All such courses of instruction fail completely in their object: that is, to instruct the youthful mind in human sexual matters. They merely serve to direct the thoughts of the youngsters into unhealthy channels.

It is of the utmost importance, therefore, to know what aspects of sex should be left alone. In instance, there is no need whatever to deal, in anything except the most general sense, with childbirth. Apart from the fact that it is high time that all parents ceased those ridiculous attempts to satisfy the curiosity of their offspring with tales of babies being brought in the doctor's bag, or by a stork, or being dug up from beneath a tree, there is no need to go into the details of parturition, or to show pictures of the human fœtus in its various stages of development as it lies in the woman's womb. These are matters for students of physiology, not for ordinary school children.

The tendency on the part of many parents of both sexes to put off the telling of the essential facts of sex until later is likely to end in there never being anything told at all. Because of this, it is well that the course of instruction should begin at an early age—not later than eleven or twelve. As the boy or girl gets older, the task, to the father or mother, becomes more and more distasteful and embarrassing. There is always the fear of being greeted with embarrassing questions. By means of an early, and a *gradual*, approach, all this can be avoided. At the same time, no effort should be made to get the thing over with in one huge gulp. This is essentially the wrong approach.

In these early talks the fact that they are concerned with and related to sex should not be stressed unduly. Any stressing should be in respect of *cleanliness and hygiene*, sex being treated as an auxiliary or incidental aspect of the subject.

It is as deplorable as it is true that few fathers ever instruct their sons in the hygiene of sex. It is further a fact that few adults themselves give anything like

sufficient attention to sexual hygiene. Individuals of both sexes who in every other respect are scrupulously clean, allow their sexual parts to become indescribably dirty—a fact which every medical man with an extensive experience in the treatment of sexual disorders will bear out.

The penis and the scrotum should be washed frequently. It is not sufficient to wash the outer surface of the penis. The prepuce or foreskin should be drawn back, and the inner surface of the penis washed thoroughly with soap and warm water. Underneath the foreskin will be found a cheesy deposit, the result of the action of the glands. If this cheesy deposit is not removed frequently—daily, or every other day, advisedly—it gives off an offensive odour, there is a tendency to irritation, and, where the accumulation is excessive or of long duration, to inflammation. The mucous membrane which covers the glans or end of the penis under the foreskin, and on which this deposit forms, is extremely sensitive and delicate. It will not stand rubbing or rough usage of any kind. It is best to use a pad of cotton wool to remove the smegma or cheesy deposit. Strong disinfectants or antiseptics should not be used in washing the penis—they will cause burning and smarting of the mucous membrane.

If there is any actual soreness on the glans or any other part of the penis, the reddened or inflamed mucous membrane or skin should be dusted with a powder of 4 parts talcum powder, 1 part boracic acid powder.

Every father should take care to instil into his son the danger of retaining water in the bladder for long periods at a time. There have been numerous cases where severe injury has resulted to boys and young men, who, owing to excessive shyness when in the company of girls or women, have refrained from answering the call of Nature.

A full bladder, too, is likely to cause an erection of the penis. This phenomenon, in particular, often occurs on awakening from sleep in a morning. An erection due to bladder fullness is non-sexual in character, and in the absence of erotic thoughts will not be consciously associated with sex. There is also a form of non-sexual erection, known as priapism, which is the result of an inflamed and congested state of the erectile tissue of the penis. It is usually exceedingly painful. Stricture, cystitis, chordee or calculus are the most common causes. In any such case medical attention is indicated.

Both a full bladder and a full rectum may cause an involuntary emission through pressure on the seminal vesicles. It is most advisable that the boy should be trained to cultivate the habit of regular defecation and urination.

In the sphere of mental hygiene the youth should be encouraged to take up some hobby or other. Anything which takes his mind away from sex during the time of arrival at puberty and all through adolescence is admirable as a prophylactic against the rise of sexual libido.

As the father is the best of all persons for instilling into his son the most intimate facts of sex, so is the mother the best of all persons for giving this information to her daughter.

It is true that, because of the troubles inseparable from menstruation, most mothers do give their daughters some modicum of instruction in sexual hygiene. But, in the main, this information is crude, sketchy and largely erroneous. And there are mothers who leave the girl to pick up scraps of knowledge as she can and where she can.

The main tenet of what the girl is told is that the monthly menstrual flow of blood is something of which she must be ashamed, something unclean and sinful, something to be referred to, if at all, in euphemistic terms, and in whispers. In short, she is told just the opposite to what she should be told.

In addition, it is rare for the girl to be given the necessary information *in time*. It is, as a rule, only *after* the menstrual flow has started that she is given any information; which means, in most cases, after she has suffered the initial shock which inevitably follows the first appearance of the discharge of blood and mucus.

Before the time approaches for the commencement of menstruation (usually at the age of thirteen to sixteen years) the mother should give her daughter

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some idea of what she must expect to happen, at the same time explaining briefly what menstruation is and what it implies. (*See* MENSTRUATION—HYGIENE OF.)

It should be pointed out that, physiologically speaking, the girl is on the threshold of womanhood. She is reaching puberty, and the onset of the menstrual flow will be the signal that she is sufficiently developed sexually to become the mother of a child.

Moreover, the girl should be warned to expect, with the coming of puberty, the appearance of hair in the pubic regions and under the arms. The youngster who has no idea of any such growth appearing is apt to be terribly disconcerted and worried when the hair begins to show itself.

It is advisable to get every girl into the habit of watching her own menstrual dates. If this habit is instilled during adolescence the probability is that it will persist all through the reproductive life, to the great advantage of the woman. Apart from its value in checking irregularities, it enables her to be prepared in many ways for these trying and awkward times; moreover it enables her to do something to mitigate any pain or inconvenience which accompanies the discharge itself.

It is important to remember that menstruation reduces or lowers the vitality. The popular description of "unwell" is an apt one. It is easy to see, therefore, that the extent of the ill-effects of menstruation is largely conditioned by the *health of the individual at the time menstruation commences.* Any girl or woman who is in ill-health generally will suffer far more pain and inconvenience during her periods than will her more robust sister. Every mother should bear this fact well in mind, and should exercise constant vigilance over the health of her daughter, especially during the period of puberty. If women, throughout their reproductive years, would bear well in mind this important point and would pay more attention to their health, many of, if not all, the troubles connected with menstruation might be avoided.

As health is largely dependent upon the quantity and quality of the food and drink which is consumed, especial attention should be given to diet. As staple foods, fresh vegetables, fruits, eggs, butter and cheese cannot be improved upon. Meat may be eaten, but sparingly. Pastries, cakes, rich puddings, and the tea-shop products that to-day are consumed in such quantities, do untold harm, playing havoc with the health of both young and old.

The best of all beverages is water—abundance of water. It may be drunk either warm or cold, but in every case it should be sipped. The glass of port wine every morning which so many parents prescribe for their daughters during the years of adolescence does far more harm than good. Spirits in any form are even worse.

Some attention to the youngster's mental diet is advisable. Much, of course, depends upon the individual boy or girl, for the literature that may well prove deleterious in one instance might be quite harmless in another.

It is idle to deny that there is in circulation at the present time, and has been for some years now, a good deal of literature that is dangerous stuff for the susceptible adolescent to read.

The danger is probably greater to-day than it has ever been; not only because of the increase in the volume of erotic literature published, but also because of the greatly extended facilities for obtaining this literature and the general increase in the taste for reading.

The fashionable novel of to-day is concerned either with psychological themes or with the caperings of the decorative members of what is termed the "smart set." Biography, in the main, is concerned with the scandalous chronicles and sexual intimacies of film stars, actresses, courtesans, and criminals. In addition, there is a type of book which, while ostensibly dealing with psychology, health and sexual hygiene, treats sexual themes with the most pronounced frankness and licence.

The featuring, in the field of fiction, of characters who are over-sexed, in many cases to the point of actual perversion, does undoubtedly tend to produce in the mind of the reader, and especially the unsophisticated reader, a notion that abnormal sex conduct is a natural and an inevitable part of the lives of the people

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portrayed. In this lies a potential danger. It is a danger all the more insistent because the film stars, the actresses and the society beauties are the particular types of women who are most admired and most envied. And all this portrayal by the novelists of the day is solidified and backed up with noise and effect by the newspapers and the films.

The respectable parent, catching his child reading one of the modern psychological novels which has been denounced in some paper or other as "salacious" and "dangerous to public morals," sweats in indignation, rails at the morality of novelists in general, and calls for a more rigid censorship. It is in some such way, often enough, that is initiated the prosecution and subsequent destruction of one such book out of a hundred volumes of similar calibre.

In keeping with society's general attitude towards sex and its problems, the modern parent wishes to disclaim all responsibility, putting the onus upon the State. Just as he expects the State, through its system of education, to instruct the youngster in sexual physiology and hygiene, so too does he expect it, through a rigidly exercised and comprehensive censorship, to keep out of circulation such books as might tend to stimulate eroticism and inculcate ideas that were better durably buried.

It is this attitude, common to parents, the clergy and moralists generally, which is responsible for much of the censorship that does exist, and particularly for those sporadic campaigns against obscenity, real and alleged, with which we are familiar.

It is, of course, a wrong attitude. It is wrong because it is dictatorial, suppressive, and opposed to all true ideas of freedom. It seeks to impose the will of a section of society upon society as a whole. It works on the assumption that because certain ideas are dangerous to an immature section of the community, they must be withheld from all sections of the community. In an analogous way one might argue that because father's razor is a dangerous implement in the hands of a child, razors should no longer be manufactured and sold to the public.

Obviously, there is a logical and a proper course to adopt. A wise father keeps his razor under lock and key or, at any rate, where his children cannot get hold of it. Similarly, father must keep any of his books which are dangerous for immature minds, under lock and key too, and he must exercise a careful surveillance over such literature as his children do read.

The necessity, where children and morons are concerned, for censorship is admitted. No sane person can deny its necessity. The censor, however, should not be the State, but the parent. For, as applicable to children and to adolescents, any censorship undertaken by the State, without rigid and almost universal suppressive measures which would be ridiculous, could at best be but a partial censorship. In any complete or adequate sense censorship *must* rest with the parent.

Admittedly, in these days of free and "twopenny" libraries, the task of supervision is very much greater than in previous generations when a boy's and a girl's reading was restricted to such books or periodicals as they could buy themselves with an amount of pocket money that was infinitesimal in comparison with what is customary nowadays.

Even so, the task is not either a hopeless or a formidable one. It calls for a sense of responsibility *fully awakened in the parent* and a determination not to shirk this responsibility. It does not call for the reading from cover to cover of every book which the youngster brings from the library or the bookshop. *The direction of the adolescent mind into healthy channels is the most important thing to bear in mind.* The boy should be encouraged to read novels of adventure, thrillers, detective stories, *et al.* If encouragement is not enough, there should be absolute restriction. The girl's choice should similarly be narrowed down to stories by authors who leave sexual problems alone—romantic novels of the Ethel M. Dell and Ruby M. Ayres type. There are plenty of stories and novels of all the types I have mentioned, for the finding. There are hundreds published every year, apart from the thousands of reprints which are featured in the publishers' lists.

As far as possible, parents should exercise some supervision over the kind of films their children see. Admittedly it is

difficult in these days to carry out in any effective way such a process of supervision. Here again, as with literature, the most effectual and best course is the cultivation in the youngsters of a liking for the right type of picture. The parents should take the initiative themselves. They should take their children, *at the start*, to see the right kind of films: healthy adventure stories devoid of sex-appeal. Films devoted to morbid themes, cruelty, the activities of gangsters and criminals, should all be avoided. If once the liking for healthy films and healthy books is awakened in a youngster there are the strongest grounds for expecting that this initial preference will be continued and developed.

Parents should make every possible effort to encourage in their children a love for animals and birds. While allowing the youngsters to have pets, *all parents should at the same time exercise a strict supervision over the care of these pets.* Any suspicion of ill-treatment, or lack of proper attention, should be checked at the very outset. The keeping of pets is the best and surest way to prevent the development of cruelty, a failing only too common in children of all ages, and, I regret to say, in a very large number of adults. If the love for animals and birds is thoroughly instilled in childhood it is nearly always retained and developed in manhood and womanhood. It is a fine human characteristic, bringing in its train the negation of every form of cruelty.

SEXOLOGY. The science dealing with sex in its ethnological, anthropological, physiological, pathological and psychological aspects.

SEXTIGRAVIDA. A woman with child for the sixth time.

SEXTIPARA. A woman who has given birth to six children at separate pregnancies, or is undergoing her sixth confinement.

SEXTUPLETS. Six children born to one mother at the same parturition.

SEXUAL ABERRATIONS. A generic name for all departures from the norm of sexual behaviour. Aberrations of sexual behaviour include unusually developed forms of orthodox heterosexualism as well as *all* forms of sexual perversion. Because of this and owing to the changing standards of sexual behaviour from time to time, the line between what ranks as moral and normal and what is amoral and unnatural varies constantly, and from generation to generation in every country. It also varies contemporaneously in different countries.

SEXUAL ANÆSTHESIA. *See* FRIGIDITY.

SEXUAL BONDAGE. Krafft-Ebing's descriptive term for an abnormal degree of dependence, originating from sexual feeling, of one individual upon another of the opposite sex. In every case there is domination, almost to the point of tyranny, of the one by the other. It would seem that the love element which, in the dominated partner, is an essential part of such bondage, is purely one-sided. The causative factor is the fear of losing the affection or the pleasure associated with submission to tyranny at the hands of the loved one. We see everyday manifestations of sexual bondage in the submission of old men to the whims of young wives, and in the henpecked husbands of all classes. It is important, as Krafft-Ebing points out, to distinguish clearly between sexual bondage and sexual slavery (masochism) on the one hand, and between sexual bondage and sexual dependence resulting from economic and social conditions, on the other.

Sexual bondage may be either masculine or feminine. Krafft-Ebing's contention that cases of feminine bondage are by far the most numerous, even if it applied at the time his book was written (1887-1894), which is doubtful, certainly does not apply in these days of female sexual emancipation. In Great Britain and the United States, sexual bondage is largely a male characteristic. The majority of cases where, apparently, feminine bondage exists would probably, if inquired into, turn out to be instances of economic or social bondage.

Krafft-Ebing is on much firmer ground in his implication that wherever sexual bondage exists there is a possibility of masochism developing out of it. He says: "Anyone living for a long time in sexual bondage becomes disposed to acquire a slight degree of masochism. Love that willingly bears the tyranny of the loved one then becomes an immediate love of tyranny. *When the idea of being tyran-*

nized is for a long time closely associated with the lustful thought of the beloved person, the lustful emotion is finally transferred to the tyranny itself, and the transformation to perversion is completed. This is the manner in which masochism may be acquired by cultivation."[1]

SEXUAL DISEASE. Any disease connected with the genitals, but the term is generally used in specific reference to venereal infections.

SEXUAL GLANDS. The testicles in the male and the ovaries in the female.

SEXUAL INTERCOURSE. *See* COITUS.

SEXUAL INVERSION. Sexual attraction towards a person of the same sex coupled with repulsion for anyone of the opposite sex. True sexual inversion is not necessarily coupled with overt sexual acts. *See* BISEXUALITY and HOMOSEXUALISM.

SEXUAL PERVERSION. The term, strictly speaking, applies only to those forms of sexual expression or practice which are abnormal in character, e.g. sodomy, bestiality, homosexualism, cunnilingus. In current usage, however, many forms of sexuality which are unusually developed forms of normal sexual expression are wrongly classed as perversions. In instance, narcissism, nymphomania, satyriasis, exhibitionism, *et al.*

SEXUAL SELECTION. The theory evolved by Darwin to account for the development of ornamental and other secondary sexual characteristics which proved unexplainable by his original theory of natural selection. Briefly stated, Darwin contended that the female of the species exercises a selective choice, being attracted to the most beautiful and accomplished males, e.g. males exhibiting the finest physique or ornamentation, and which draw attention to themselves by singing, capering, etc. In other cases, Darwin contended, the males of the species do the selecting. In this way the finest and most beautiful specimens mate and produce offspring.

The idea, as expounded by Darwin and a miniature army of disciples, is a specious and an ingenious one, but unfortunately it does not hold water in the face of known facts. It is difficult to discover cases where it can be proved that males or females of any species other than mankind observe such selective rules, and where there is apparently a selective process at work it by no means is concerned with the traits or features to which Darwin drew attention. Anyone who has had wide experience in the breeding of livestock knows that, in the majority of instances, the female accepts the overtures of the first male that comes her way, and that the male, on his part, is ready to copulate with any and every female available.

SHAKERS or UNITED BODY OF BELIEVERS. A religious sect actually founded by Ann Lee, but which undoubtedly owed much of its rubric to the English Shaking Quakers and the French Prophets. In 1774 Ann Lee and a handful of her followers trekked to the New World, and eventually settled at New Lebanon. In the next fifty years or so the society gathered many adherents in all parts of the United States. It was a communistic society, accepting literally St. Paul's dictum of the evils of the flesh. The members lived in a state of continual celibacy, sexual intercourse, even between husband and wife, being prohibited.

SHAMEFUL FINGER. *See* DIGITUS INFAMIS.

SHANKER. The primary ulcer of syphilis or chancroid.

SHEATH. *See* CONDOM.

SHEATH (FEMALE). A rubber appliance for insertion in the vagina, preventing contact, during coitus, between the penis and the female genitalia. It is used as a contraceptive, and also as a venereal prophylactic. *See under* BIRTH-CONTROL METHODS (FEMALE) and VENEREAL PROPHYLAXIS.

SHIMOYU. A contraceptive method originating in Japan, where it is much used by prostitutes to prevent both conception and venereal infection. A soft paper serviette is wrapped around the finger, dipped into an antiseptic solution where possible, and the vaginal passage is carefully wiped out with the wrapped finger. In this way, it is claimed, all

[1] R. v. Krafft-Ebing, *Psychopathia Sexualis*, p. 206. Authorized adaptation of the twelfth German edition. New York, 1925.

traces of seminal fluid are removed.

SHOW. The bloody discharge from the female genitals during the first stage of labour or catamenia.

SHUNAMMITISM. The ancient belief that sexual intercourse with a young woman, and particularly with a girl before puberty, exercises a rejuvenating effect upon an aged man. In the Bible we read that King David slept with Abishag the Shunammite and was rejuvenated thereby—it is to this incident that we owe the term Shunammitism. The belief still persists in certain quarters and is one of the reasons for the sexual violation of children and young girls.

SIBBENS. An old Scottish name for a severe eruptive syphilitic skin disease, the lesions of which in shape somewhat resemble that of a raspberry.

SIBLING. Where there are two or more children in a family, one of them is sometimes referred to as a sibling.

SIGMOIDOSTOMY. The surgical operation for the construction of an artificial anus performed from the front.

SIMON'S POSITION. A posture adopted in certain vaginal operations, the patient lying on her back, with hips elevated, thighs abducted and legs flexed.

"SIX HUNDRED AND SIX," "SIX-O-SIX" or "606." The popular name for the drug discovered by Ehrlich and extensively used in the treatment of syphilis. *See* ARSPHENAMINE.

SKENE'S GLANDS. The two small glands within the female urethra and close to the meatus.

SKOPTZIE. A religious sect originating in Russia in the middle of the eighteenth century. The sect took as its basic doctrine an emasculatory concept founded upon a belief that in castration lay the true road to salvation. The highest members of the sect had the penis as well as the testicles amputated; the lower members were relieved of the testicles only. The typical Skoptzie, according to Maxim Gorky, was "indistinguishable from a woman."

SMEGMA. *See* SMEGMA PRÆPUTII.

SMEGMA CLITORIDIS. The cheese-like substance secreted by the glands of the clitoris and which collects around that organ.

SMEGMA PRÆPUTII. The foul-smelling cheese-like substance, produced by the secretions of Tyson's glands, which collects under the prepuce. It is a common cause of irritation and inflammation, and for this reason should be removed regularly by washing. It is often referred to simply as smegma.

SNOW. The common underworld term for cocaine.

SNUFFLES. The characteristic sound made in breathing by one suffering from chronic inflammation of the mucous membrane which lines the nose. It is common among infants afflicted with congenital syphilis.

SOD. A slang term for sodomite.

SODOMITE. A man who practises sodomy, especially one who takes the active part.

SODOMY. Sexual gratification secured by *immissio penis in anum*. The passive agent in sodomy may be either male or female. The name is derived from the sin described in the nineteenth chapter of Genesis, because of which it is held that Sodom and Gomorrah were destroyed by God.

Sodomy is usually associated in popular imagination with homosexualism, but actually it is pre-eminently a heterosexual vice. Comparatively few homosexuals indulge in anal coitus. It is the most rarely practised of all forms of sexual perversion.

The vice is as old as the human species, and is found in all countries and among all races in circumstances where normal forms of sex expression are impossible. Hence its prevalence in prisons, among soldiers, sailors and all who are sexually segregated. It is also sometimes practised by old men who find normal methods of sexual intercourse either impracticable or devoid of stimulatory power. It is not in any sense hereditary or congenital.

The common notion that sodomy is practised between men only is a fallacy. There are probably as many cases where a woman assumes the passive part in sodomy as there are cases where a man is the passive agent. There are several reasons for this. Many men believe that by indulging in sodomy with prostitutes they can avoid all risk of venereal infection. Again, in some countries, it is the most widely adopted method of avoiding conception. According to Man-

tegazza, it is preferred to vaginal coitus in some instances, particularly by those residing in tropical countries, because of the excessive width of the female vagina. In other cases, malformations of the female genitalia, extreme delicacy following surgical repair or operation, and chronic falling of the womb, may lead to sodomitical intromission.

Sodomy is a criminal offence. It is a criminal offence between a man and a woman, and the criminality is in no way lessened if the woman happens to be the man's wife. The fact that the passive partner consented is no defence; but, to the contrary, consent is proof of guilt, both parties being liable to prosecution. Consent is inferred in any case where the passive partner is not insensible or otherwise incapacitated, as resistance in the slightest degree would suffice to prevent the sodomitical act. Proof of penetration, with or without emission, is sufficient evidence of guilt.

One of the consequences of the extensive practice of active sodomy is the loss of the power to engage in normal sexual intercourse.

The widespread notion that sodomy leaves tell-tale signs upon the person practising it, especially as regards the active participator, is erroneous. Tarnowsky states that, for the most part, the genital organs of active sodomites are in no way different from those of men practising heterosexual intercourse. Long-continued passive indulgence may, however, result in a dilated anus, and fæcal incontinence is a possible aftermath. Fournier is of opinion that an anal chancre merely warrants a presumption that abnormal intercourse may have occurred, as there are other ways of infection besides penial intromission. The infective organisms may have been conveyed by the fingers or even by the mouth. *See under* PROSTITUTION.

Literature: Ch. Féré, *The Sexual Instinct: Its Evolution and Dissolution*, London, 1900; R. v. Krafft-Ebing, *Psychopathia Sexualis*, New York, 1925; Paolo Mantegazza, *Sexual Relations of Mankind*, New York, 1935; Benjamin Tarnowsky, *Anthropological, Legal and Medical Studies on Pederasty in Europe*, New York, 1932; L. Thoinot, *Medico-legal Aspects of Moral Offences*, Philadelphia, 1911.

SOFTENING OF THE BRAIN. A euphemism for general paralysis of the insane.

SOLARIUM. The name originally given by the Romans to special places, usually on the roofs of the houses, in which sun-bathing was practised. Now used in reference to any special enclosure used for sun-bathing or for therapeutic artificial light treatment.

SOLICITATION. According to English law no action of any kind can be taken against a prostitute solely on the ground that she is a prostitute. For any steps to be taken against her she must have committed some other act which, either in itself or coupled with the fact of her being a prostitute, constitutes an offence. Actually, the prostitute is penalized to the extent that, although there is no law against her making her living as a professional prostitute, this very fact, in certain circumstances, may make her actions illegal. Thus an act which, in any other woman would constitute no infringement of the law, in the case of a prostitute becomes a nuisance and, as such, constitutes a punishable offence. In instance, a girl who works in a shop or factory can loiter about the streets and ogle men to her heart's content: the selfsame actions on the part of a girl known to be a "common prostitute" is an offence in the eyes of the law. The Metropolitan Police Act, 1839, Section 54 (11), contains a clause which states that a common prostitute "loitering or being in thoroughfares[1] for the purpose of prostitution to the annoyance of passengers" may be arrested; and a further clause (Section 54 (13)) reading: "Every person who shall use any threatening, abusive or insulting words or behaviour with intent to provoke a breach of the peace or whereby a breach of the peace may be occasioned," which has often been the ground for a charge against a prostitute caught in the act of solicitation. Similarly, Section 3 of the Vagrancy Act, 1824, has a clause which pro-

[1] The act of loitering must be committed on public property. It is not an offence within the meaning of the Act if committed on private premises.

vides that "every common prostitute wandering in the public streets or public highways or in any place of public resort and behaving in a riotous or indecent manner" may be considered to be a disorderly person. These are the clauses which have so often been invoked in charging prostitutes. There is no legislation against female soliciting *per se*.

Section 28 of the Town Police Clauses Act, 1847, contains a clause which reads: "Every common prostitute or nightwalker loitering and importuning passengers for the purpose of prostitution in any street to the obstruction, annoyance or danger of the residents or passengers may be arrested by a constable without warrant, and on summary conviction be fined forty shillings or imprisoned fourteen days."

In practice, however, to-day these clauses are rarely put into effect. There was a time, not so many years ago, when a police officer would arrest a prostitute for soliciting, and, on his bare evidence, would have little difficulty in securing a conviction. One or two recent sensational cases have changed this, and nowadays an officer must provide corroborative evidence. This is exceedingly difficult to secure. Few men will make a complaint against a street-woman, however persistent she may have been in her soliciting. The result is that loitering for the purposes of prostitution, and open solicitation, are both common, as anyone can see for himself who cares to parade the short streets and the arcades in the Leicester Square and Piccadilly districts.

The outstanding feature of almost all legislation concerned directly or indirectly with female prostitution is that the law is concerned with penalizing, where there is any such intent, or regulating, the woman's part. Although prostitution is essentially a dual affair, the law rarely takes any cognizance whatever of the man's share in the act. Nor does it, in Great Britain, take any cognizance of fornication so long as the woman does not make of it a profession. If she has other means of support, whether it results from employment or private means or from marriage, there is no risk, whatever promiscuity she indulges in or whatever soliciting she may do, of her being proceeded against under any of the provisions of the various Acts dealing *inter alia* with prostitution. Even if she is a professional common prostitute and is known as such, the law can take no action against her for selling the use of her body in fornication *per se;* but it can take action against her as a street-walker, and, in certain circumstances, as a brothel-keeper or for engaging in solicitation.

The position as regards male solicitation is different. The Vagrancy Act of 1898 specifically provides that "any man who in any public place persistently solicits or importunes for immoral purposes, may, if dealt with summarily, be imprisoned for six months; or if proceeded against on indictment may be imprisoned for two years, and for a subsequent offence may be whipped." It is noteworthy that in practice the law concerns itself almost exclusively with the solicitation of men by men. Cases of men soliciting women are very rarely brought to the courts, although the wording of the Act includes such solicitation.

SOLITARY VICE. *See* MASTURBATION.

SORORIATION. A characteristic indication of puberty is the development of the female breasts and nipples. This is known as sororiation.

SOTADIC ZONE. The section of the globe, comprising China, Japan, Afghanistan, India, Asia Minor and the countries on both sides of the Mediterranean, which Sir Richard Burton marked out as being specifically addicted to the practice of homosexualism, presenting a hypothesis which accounted for the distribution of the vice being restricted to certain countries and races. This hypothesis, which has been accepted in many quarters, is fundamentally erroneous. *See under* HOMOSEXUALITY.

SOUND. An instrument, consisting of a metal rod of small bore, which is inserted into the urethra and sometimes into the bladder in order to ascertain if a calculus is present. The sound is made in a number of sizes and shapes.

SOUND (UTERINE). An instrument used by gynecologists as an aid to the diagnosis of diseases or displacements of the womb, and also for ascertaining the size and direction of that organ.

SOUTENEUR. A man who is connected with the traffic in women for the purpose of prostitution. He usually acts as an agent for the brothel-owners, his particular task being to find and convey to the brothels suitable women. In certain cases he engages prostitutes himself, acting as their business manager and living off their earnings. A souteneur is also referred to as a bully, a ponce and a cadet. *See also under* PIMP.

SPADONE. The ancient Roman name for a man who had been castrated by the amputation of the testicles only.

SPANÆMIA. A form of anæmia.

SPANISH FLY. *See* CANTHARIDES.

SPANISH GOUT. A euphemistic name for syphilitic infection.

SPANOMENORRHEA or SPANOMENORRHŒA. The condition where there is a very small amount of menstrual discharge.

SPARGANOSIS or SPARGOSIS. A swollen condition of the breasts through excessive secretion or retention of milk.

SPAYED. The castration of the female by the removal of both the ovaries. The term, as regards woman, is now practically obsolete, as ovariotomy is no longer adopted in artificial sterilization. It is almost confined in its application to the castration of female animals and birds.

SPECIFIC DISEASE. A euphemism for syphilis.

SPECIFIC ULCER. The initial lesion of syphilis.

SPECULUM. An instrument used for the inspection of a cavity, particularly of the vagina. It dilates the opening.

SPERM or SPERMA. The seminal fluid.

SPERMATANERGIA. The condition where the male is sterile.

SPERMATEMPHRAXIS. Sterility caused by some obstruction which prevents the emission of seminal fluid.

SPERMATIC CORD. The cord consisting of lymphatics, veins and nerves, and containing the vas deferens. It runs from the testicle to the seminal vesicles and urethra. In thickness it is about equal to a man's little finger.

SPERMATIC DUCT. The canal through which the seminal fluid passes. The vas deferens.

SPERMATICIDE. Same as SPERMICIDE.

SPERMATISM. The hypothesis, now long exploded, that the spermatozoön, or male germ cell, is alone responsible for the production of the fœtus. Sometimes called animalculism.

SPERMATITIS. An inflamed state of the spermatic cord.

SPERMATOCELES. Cysts occurring in the epididymis or the testis. They vary greatly in size, and the smaller ones may be unnoticed, as they cause neither pain nor inconvenience.

SPERMATOCLEMMA. An emission or uncontrollable ejaculation of seminal fluid. Also called an emission or a pollution.

SPERMATOCYSTITIS. An inflamed condition of the seminal vesicles.

SPERMATOGENESIS. The production of the male germ cells necessary for the purpose of fertilization. In certain species, of which man is one, the testes produce spermatozoa continuously; in other species production is sporadic or restricted to certain seasonal periods.

In man and in some animals, it has been demonstrated that various factors affect spermatogenesis. The production of sperm can only take place if temperatural conditions are favourable. The scrotal temperature, which is lower by several degrees than the abdominal temperature, is favourable to the process of spermatogenesis, as has been repeatedly proved by transplantation of the testes to the peritoneal cavity and by moving undescended testicles into the scrotum. Temporary sterility, through the suspension of spermatogenesis, has been induced in rams and guinea-pigs by the application of heat, in various ways, to the scrotal surfaces. According to Remondino,[1] in pre-Christian days, heathen priests induced sterility by means of hot-water bandages.

SPERMATOPHOBIA. A morbid psychological state marked by melancholia caused through the fear that one is afflicted with spermatorrhea.

SPERMATORRHEA or SPERMATORRHŒA. A pathological emission, representing the escape from the penis, without erection or sexual excitation, of seminal

[1] P. C. Remondino, *History of Circumcision*. Davis, Philadelphia, 1891.

fluid containing spermatozoa. In popular parlance, it is referred to as "loss of seed," "loss of manhood," and "loss of vigour." The seminal fluid leaks or seeps from the urethral orifice, resulting in the penis being continuously in a wet or moist state. Apart from this moistness, there is rarely any other indication of spermatorrhea.

The causes are inflammation or congestion of the seminal vesicles, the prostate gland and the ejaculatory ducts. Pressure upon the seminal vesicles, such as sometimes arises during urination or defecation, may be a cause. The condition is not common, there being far more cases of spurious spermatorrhea than of the true variety. These spurious cases arise in consequence of over-secretion of Littré's and Cowper's glands, usually brought about by sexual excitement, and resulting in the emission of clear mucus, which is thought to be spermatorrhea, from the urethra.

Spermatorrhea is not, in itself, harmful, and need give rise to no anxiety. No medical treatment is necessary. Any effects it may have upon health are purely psychological, being the results of worry over the emissions.

SPERMATOZOA (singular SPERMATOZOÖN). The microscopic sex cells of the male. They are produced by the testicles in millions, and stored in the epididymis, to be released and ejaculated in the sex act and in masturbation, or spontaneously in emissions. Each spermatozoön consists of three parts, the head, the body and the tail. Also termed zoösperms and often simply sperms or seed.

SPERMATURIA. The emission of sperm with the voiding of urine.

SPERMICIDE. Anything which is capable of killing or of rendering immobile the spermatozoa in the genital passages. Water is a spermicide if present in sufficient quantity. Soap is an efficient spermicide. Baker has pointed out the possibility of there being some connexion between the decrease in the birth-rate among the prosperous part of the community and the wide employment of hot baths.[1] Ordinary table-salt, vinegar, lactic acid, peroxide of hydrogen and alum are all spermicides in general use for contraceptive purposes.

SPERMIDUCT. The canal through which the seminal fluid is conveyed. The vas deferens.

SPERMOLITH. The presence of a stone in the vas deferens.

SPHENOTRIBE. An obstetrical instrument used for breaking the fœtal skull in the operation of craniotomy.

SPHENOTRIPSY. A surgical operation which involves the crushing or breaking up of the skull of the fœtus.

SPHINCTER ANI. The two layers of muscle which surround the orifice of the anus and the extremity of the rectum. They are termed respectively the *sphincter ani externus* and the *sphincter ani internus*. Together they control the discharge of the contents of the rectum.

SPIROCHAETA PALLIDA. The name given by Schaudinn and Hoffman, in 1905, to the micro-organism responsible for syphilitic infection. The term is now obsolete, having been superseded by *Treponema pallidum*.

SPONGE (CONTRACEPTIVE). *See* BIRTH-CONTROL METHODS (FEMALE).

SPONGE-TENT. A tent made of prepared sponge, used for dilating the cervix uteri or the anus.

SPOUSE. A husband or wife. The use of spouse may be restricted to the male, the married female being termed a spouseess. The distinction, however, is a clumsy one and rarely employed.

STAPHYLOCOCCUS. A micro-organism which is the responsible infective agent in the formation of pus (matter).

STEATOCELE. A fatty tumour of the scrotum.

STEATOPYGA. Abnormal development of the female buttocks. Because of its commonness among the Hottentots, it is sometimes referred to as Hottentot rump or bustle. Among this tribe, and in many other savage and primitive races, such posterior development in the female has always been considered a mark of beauty. This admiration of the female buttocks reached such a degree among the ancient Romans that it ranked as a form of worship, and as such is referred to by Petronius. In England and Europe generally, at one time, feminine development in the region of the buttocks was

[1] John R. Baker, *The Chemical Control of Conception*. Chapman & Hall, 1935.

looked upon as something to be admired, and its sexual stimulatory powers were widely accepted; but to-day the pendulum has swung to the other extreme and fashion has decreed that the comparative absence of fat on the gluteal region is essential to feminine attractiveness.

STEINACH'S OPERATION. *See* REJUVENATION.

STERCORÆMIA. A form of blood-poisoning resulting from the absorption of toxic alkaloids from fæces retained in the rectum.

STERCORAIRE. A variety of male voyeur who derives sexual excitation at the sight of a woman performing the act of defecation.

STERILITY (BIOLOGICAL). The periods in a woman's life when she cannot conceive; i.e. before puberty, after the menopause and during gestation. The "safe period" is also considered by many authorities to represent a continually recurring period of biological sterility.

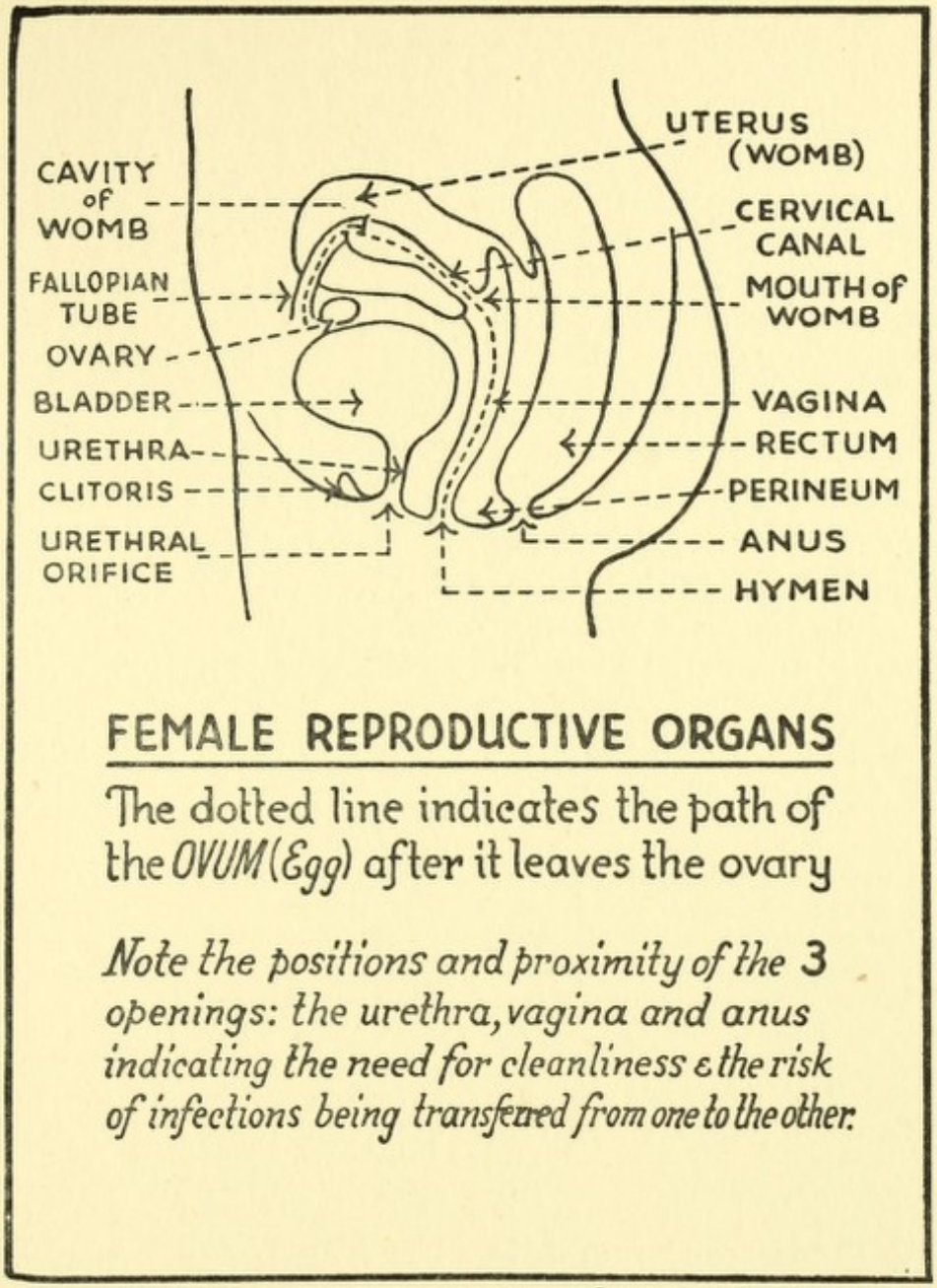
STERILITY IN THE FEMALE. Common as is sterility in man, it is equally common in woman, and it would appear that every step forward in civilization's march is marked by an increase in the percentage of sterile men and women. In the female any condition, physiological or pathological, which prevents the maturation and release of the ovum on the one hand, or the entrance into the womb of the living spermatozoa on the other, is sufficient to cause sterility. From puberty to the menopause, the normal woman should be able to conceive.

Apart from the temporary physiologically suspended functioning of the ovaries through pregnancy and lactation, there may also be temporary suspension of activity induced by cretinism, anæmia, or chronic exanthemata; by excessive drug-taking; or there may be complete cessation through organic or specific disease.

Although the average woman knows nothing whatever of their functioning, the proper working of the Fallopian tubes is absolutely essential to fertility. Bi-lateral tubal occlusion, the result mainly of inflammatory processes, is a certain cause of sterility. The condition is far from being uncommon. It almost certainly follows invasion by the gonococcus; it results in many cases from infection by the streptococcus or the staphylococcus induced by abortion or miscarriage; and in some instances by labour; it may follow severe lacerations of the genital organs or passages. For this reason the fact of having given birth to a child is not, as is generally thought, a certain sign of continued fertility: a huge number of multiparous women are permanently sterile. Ovarian disease is not uncommon. The presence of inflammation may prevent the ova ever reaching maturity. Tumours and other new growths of the ovaries usually necessitate the total extirpation of these organs, thus creating an artificial menopause.

If from any cause whatever the seminal fluid carrying the spermatozoa is prevented from entering the cervical canal, the odds are there will be no impregnation. There may be stricture of the cervical canal itself; or what is far more frequent, inflammation of the mucous surface or of the cervical tissue, characterized by a pathological discharge. Not every leucorrhea is indicative of cervicitis, for it must be remembered that the uterus and the cervix normally give rise to a thin, translucent, more or less continuous discharge, the purpose of which apparently is to keep the vulva in a moist condition. It is the thick, stringy, opaque mucus induced by some infective organism, which may be the gonococcus, the streptococcus, the staphylococcus, or the colon bacillus, which blocks the cervical canal or the external os, or both, and thus presents an effectual barrier to the entrance into the uterus of the spermatozoa. So effective is this barrier of mucus that in the nulliparous woman, with her small canal and diminutive os, it is almost impossible for the most virile spermatozoön to surmount it. Even the wider entrance presented in the multiparous woman would be effectually occluded in cases of chronic cervicitis except possibly when orgasm occurred simultaneously with the male's ejaculation.

The importance of orgasm as a means of facilitating conception cannot be too greatly stressed. In most instances the male ejaculates long before the woman has experienced orgasm, and there can be little doubt that this alone, in a not



[*from* Sex in Married Life

inconsiderable number of cases, prevents conception. Ordinarily the glans penis is much more sensitive than is the female clitoris, hence the premature orgasm of the male. Here we lay bare a reason, though an almost universally overlooked one, for the increased fertility of the Jews. The ancient Hebrews were perhaps the first to get some inkling of the connexion between female orgasm and conception. There are plain indications of this knowledge in the Book of Genesis. The removal of the protective foreskin hardens and makes considerably less sensitive the glans, with the result that ejaculation can only be induced by prolonged and increased stimulation, this delay in turn greatly increasing the chances of the female orgasm and male ejaculation being coincidental.

Often enough the spermatozoa when they actually reach the uterus are inert. The normal vaginal secretion is acid: an unfavourable environment for spermatozoa. Thus unless the seminal fluid is ejaculated either directly into the cer-

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vical canal or in the immediate vicinity of the external os so that it is able to penetrate the cervical canal easily and quickly, the chances are that any extended delay will destroy their motility.

Even when the spermatozoön has successfully entered the uterus, found its way into the Fallopian tube, and there met the mature and waiting ovum, impregnation may not be followed by conception. In any consideration of the factors governing conception the conditions of the uterine cavity and the cervical canal leading to this cavity are of the greatest importance. The mucous membrane which lines the cervical canal contains a considerable number of glands which secrete the mucus that normally pervades the whole of the lower genitalia and which in pathological conditions gives rise to an offensive leucorrhea. Any condition which induces severe inflammation of the uterine mucosa is pretty sure to interfere with either impregnation or embedding. So much so is this the case that the gynecologist recognizes that the restoration of the uterine mucosa to its normal healthy condition is of paramount importance in the treatment of all cases of sterility apart from such as are resultant from structural causes. Thus one of the most prolific of the various causes of sterility is salpingitis, which may be induced by gonococcal or puerperal infection. The uterus itself is not infrequently diseased; it may be atrophied, it may be infantile, it may be displaced: any one of which conditions can cause sterility or induce abortion.

Where the membranous lining of the body of the uterus is chronically inflamed, inducing a thickening of the membrane known as endometritis and a continuous muco-purulent secretion; or the shedding of the lining as in membranous dysmenorrhea, either the pathological secretions present will destroy or injure the spermatozoa, thus preventing conception; or the fecundated ovum will be prevented from embedding in the uterine wall. In a similar way retroflexion of the uterus, by its congestion and the resultant thickening of the endometrium, often prevents the fixation of the fertilized ovum.

Sterility may be the result of a pathological cervical discharge. Such a discharge may, in the case of a nullipara, effectually block the tiny external os, the thick sticky mucus acting as an efficient plug. Or the chemical nature of the discharge may be such that it kills or injures any spermatozoa that are ejaculated into the vagina or the cervical canal.

The infantile uterus, often mistaken and treated as a case of anteflexion, is, strictly speaking, neither more nor less than restricted uterine development. It causes sterility because the ovum, even if impregnated, cannot develop in such an environment. Often enough, too, it effectually prevents insemination or even intercourse, through the dyspareunia so frequently associated with it.

Retroversion, anteversion, anteflexion, and prolapse of the uterus all induce sterility, for pregnancy, where it occurs at all, is usually succeeded by early abortion. Abortion and miscarriage are frequent causes of uterine displacements. According to Kisch, the retention of urine in the bladder, a common habit in girls, by straining and stretching the ligaments which hold the womb in position, is often a cause of retroflexion.

Certain malformations of the cervix predispose to a condition of sterility. Often the cervix projects into the vagina an inch or more, a state which is, as Sims has pointed out, extremely likely to cause sterility. Injuries to the cervix, or the vagina, such as frequently happen during parturition, are likely to induce sterility. Inflammation of the cervix or the vagina is another frequent cause.

It is by no means rare for childbirth itself to be followed by sterility. The idea that because pregnancy has resulted once the continued fertility of the mother is certain is a fallacy. Lacerations of the cervix are remarkably frequent at parturition, and not by any means always are they repaired. It is a fact that pregnancy occurs and goes to term in thousands of women with such lacerations. But occasionally the tear damages severely the internal os, and the fertilized ovum, as it gains in weight, prolapses, the state of the cervix alone deciding whether there is cervical pregnancy or abortion. In ninety-nine out of a hundred cases it is abortion.

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Again, the return of the uterus approximately to its state of normalcy after parturition is not always complete. Occasionally there is subinvolution, where the organ never returns to normal but remains permanently enlarged and congested. This condition, and also that of puerperal atrophy of the uterus, both cause sterility either by preventing conception, or, when pregnancy results, by promoting abortion.

A venereal infection, unless taken in hand at once and cured in its incipient stage, is likely to cause sterility. In particular is this true as regards gonorrhea. "It is estimated," says Dr. Norman Haire, "that at least 50 per cent of the cases of sterility in women are due to the after-effects of gonorrhea."[1] Anything which interferes with ovarian activity is likely to interfere with ovulation. It is extremely probable that in woman ovulation is normally spontaneous. For long it was supposed that ovulation occurred regularly so long as there were no physiological or pathological conditions which prevented the maturing of the ova and the rupture of the Graafian follicles. It is, however, becoming more and more certain that there are in addition other causes which exert powerful retarding influences on ovulation. It is relatively certain that an increasingly large number of women are temporarily or permanently sterile through the ova failing to mature or through the ripened ova degenerating. Either of these conditions may be induced through environmental or nutritive conditions altogether divorced from physiological or pathological factors.

Reynolds and Macomber, and Chalmers Watson, have demonstrated that the absence of certain nutritive elements in the food given to rats induces sterility, the former researchers proving that a deficiency of either proteins or calcium will promote sterility in both male and female. By no means is underfeeding the sole or indeed the main factor in causing infertility: the infertility of highly fed and conditioned exhibition cattle, horses, dogs, fowls, is notorious. Nearly a century ago Doubleday stumbled on a remarkably important fact, to wit, that in plant propagation a superabundance of manure exerted on fertility just as prohibitory an influence as did an underdose, and though from this discovery he drew altogether unjustifiable deductions, the basic fact is one of enormous importance.

Change of climate, of conditions, of nutrition, all have their effects on the functioning of the ovaries. Gibbons has pointed out the connexion between unhealthy ovarian conditions and degenerative changes in the ova. He says: "There can be no doubt that the ovaries are influenced by the general condition of the body, and that in cases of emaciation, from whatever cause, ovulation may cease, and there may be rapid degeneration of all ova."[2]

Ovulation being in every case a chemical action, which may be spontaneous as in woman, or may require additional stimulus as in the rabbit, the cat, the ferret, and other animals, where ovulation only occurs after copulation, it is easy to see that any interference with such chemical action will cause temporary or complete sterility. Reynolds and Macomber, from their beforementioned experiments with rats, inferred that nutritive deficiencies resulting in decreased fertility varied considerably in their effects on individual specimens of the same age and parentage; and it is by no means an improbable inference that the reaction of the individual to other factors affecting ovulation will show corresponding variations.

Now when we come to consider the possibility of continence inducing a condition of sterility we are treading on shaky ground—we leave the region of fact and can only frame a tentative hypothesis. This much we know: in the rabbit, where copulation must precede ovulation, as Heape demonstrated, continence causes sterility. Further, every dog breeder knows that failure to mate a bitch for several consecutive heats is liable to cause her to prove barren when ultimately she is mated, as many a breeder has found out to his cost. The bitch does not ovulate after coition, but, like woman,

[1] Norman Haire, *Birth Control Methods*, p. 177. Allen & Unwin, 1936.
[2] Robert A. Gibbons, *Sterility in Woman*, p. 61.

ovulates spontaneously and independently of copulation.

From these facts I am firmly of opinion that there is at any rate a prima facie case for the formulation of a hypothesis that continence in woman as in lower animals leads in many cases to temporary or permanent sterility. If this is so there is opened up an alternative explanation of many childless marriages where apparently birth control supplies the only feasible reason. In this connexion it must be remembered that to-day the number of early marriages is vastly less than in former generations.

STERILITY IN THE MALE. Sterility exists where either there is complete absence of seminal fluid, a condition known as aspermia; where the seminal fluid, although existent, contains no spermatozoa, known as azoöspermia; where the spermatozoa are defective, dead or enfeebled, known as oligozoöspermia; and where, although spermatozoa are produced and present in the seminal fluid, they cannot be deposited in the female vagina.

It is impossible to estimate with any pretensions to accuracy the extent to which the male population of civilized countries is affected with sterility. Authorities differ considerably in their estimates. Thus Engelmann puts it at 25 per cent, Duncan reckons it at 12 per cent, Noeggerath goes as low as 8 per cent, while Huhner veers to the opposite extreme with 59 per cent. But although statistics and estimates are little removed from actual guess-work, there is not the slightest doubt that a very big number of men in the height of their reproductive periods are absolutely or relatively sterile; that the bulk of older men are totally sterile; and, that as regards both, the proportions are increasing annually.

It follows naturally and inevitably that impotence, insomuch as although spermatozoa may be abundant they cannot be deposited in the female vagina, practically implies sterility. Thus every basic cause of impotence is a potential cause of sterility. The converse by no means holds good.

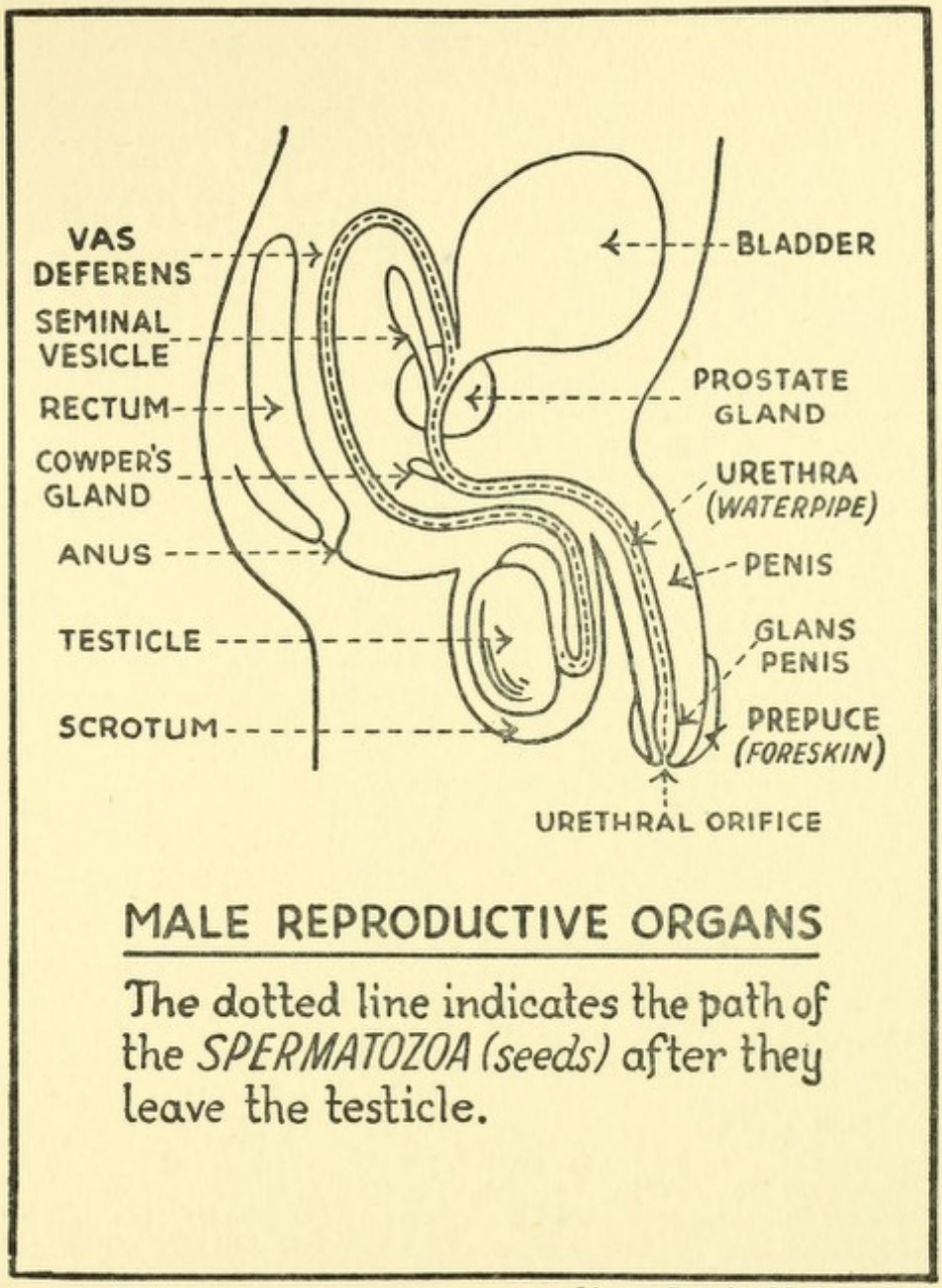
The congenital malformation or absence of the penile organ is rare. Castration, which may be necessary through disease or accident, is a commoner cause. The male organ may be so small that orgasm and ejaculations fail to occur, especially if coincidentally the woman's vagina is wide or flabby, as in most multipara. Though rare, there are cases where the testicles are actually absent. Cryptorchidism is equally rare. Both cause sterility. So too, as a rule, does epispadias or hypospadias.

But while absence of semen is usually only a temporary condition, except where abnormalities or malformations are present, absence of the vitally necessary spermatozoa is common. Then, too, in fecundation, the quality of the spermatozoa is just as important as is their presence. Dead or enfeebled organisms are useless. The testicles are subject to various diseases which may cause sterility. Orchitis, a frequent aftermath of mumps, is one such; so is carcinoma; and so, too, is a gummatous condition of the testicles induced by neglected syphilis.

Any blockage of the urethral canal, as a result of a tumour or an abscess, or through chronic inflammation, may cause sterility. The consistency of the seminal fluid may interfere with the motility of the spermatozoa; *ejaculatio præcox* may cause the semen to be deposited outside the vagina. Coitus wrongly performed may be a cause, as in perineal coitus, or, more rarely, intromission into the female urethra. Forsdike mentions an instance where a man, "aged forty-two, had been married for twelve years and penetration had never taken place"; while Huhner gives instances "where coitus has taken place in the rectum or even urethra, and the hymen itself remained intact for years."[1]

It is not unusual for spermatozoa to be present in the semen even before puberty, but rarely in a virile state. Though there are great variations, the average age at which the male is capable of fertilizing is eighteen, there usually being a steady increase in power up to the age of thirty, after which there is a decline, at first remarkably minute, but increasing gradually until sixty, at which age comparatively few men can fertilize. By seventy to seventy-five all sexual power, except

[1] Max Huhner, *Disorders of the Sexual Function in the Male and Female*, p. 192. Second edition.



[*from* Sex in Married Life

in very rare instances, is absolutely extinct.

Obviously it is at the period of greatest virility, roughly twenty to thirty, that the spermatozoa are present in the biggest quantities and at their highest power. Before and after these ages, generally speaking, they are fewer in number and weaker in motility and fertilizing power. The presence in the semen of a few weak spermatozoa is, so far as possibilities of fertilization are concerned, in no way different to their complete absence. Thus Cooper reports that in the semen of a man of sixty-two, on examination within half an hour of ejaculation, there were spermatozoa "normal in quantity but smaller than usual and without movement."[1] This bears out the statement of Pajot that the spermatozoa found in the seminal fluid of old men are totally different from those found in the ejaculate of a young man in normal health.

Excessive masturbation, like excessive

[1] Arthur Cooper, *The Sexual Disabilities of Man*. Lewis, 1920.

coitus, by exhausting the supply of spermatozoa, will cause temporary sterility. There are many diseases which either prevent the formation of spermatozoa, or cause such organisms as are produced to be enfeebled or defective specimens. Gonorrhea, diabetes, typhoid fever, and Bright's disease often cause sterility in this way. Chronic alcoholism is another cause; so is the taking of drugs.

For the various reasons enumerated it will be apparent that the responsibility of man for childless marriages is probably hugely in excess of popular valuation. The more true is this as the mere fact of the ejaculation of live spermatozoa into the vulva is not, in itself, in the majority of instances, granting a healthy state of the female organs and the presence of a mature ovum, sufficient to ensure conception. As regards most women the semen must be deposited in the immediate neighbourhood of the cervix, otherwise there is great risk of the spermatozoa being destroyed by the vaginal secretion. It is owing to this that, as Huhner states, the condom test recommended and adopted by most gynecologists is by no means reliable. This test takes no account of the male's ejaculatory powers: it overlooks entirely the important fact that stricture or hypospadias may be enough to cause the deposition of the semen in the region of the vulva, or at best in the lower portion of the vaginal canal.

STERILIZATION (HUMAN). The moment you mention sterilization to the average member of the public, he immediately thinks of castration. The inference is a natural one. He has probably never so much as heard of vasectomy, and even if an attempt at explanation is made, he cannot rid his mind of the idea that any tampering with the sexual apparatus to the extent of rendering a man incapable of fertilization, must necessarily prevent, or at any rate seriously interfere with, the sexual act. And similarly with the woman. You cannot get the ordinary layman to understand that the female who has been sterilized by operative measures is capable either of getting any enjoyment out of sexual intercourse herself or of giving any kind of satisfaction to the male.

Although these points have not been put forward, and although (in view of the hypocritical attitude of society towards sex and its connotations) I do not expect them to be widely disseminated, I have not the smallest doubt that the horror associated with the popular conception of castration has been responsible for the major part of the opposition to, or lack of interest in, the movement in favour of sterilization of the unfit.

Modern sterilization bears no relation whatever to the old operation of castration in the male and ovariotomy in the female. In neither the man nor the woman are there any external signs whatever that sterilization has been effected. If the sterilized individual does not care to mention the fact, no one in the world need ever know anything about it.

Vasectomy or vascoligature in the male does not affect either sexual appetite or potency. It does not interfere with ejaculation. In fact, the act of coitus is exactly the same after sterilization as it was before. The only difference is that there are no spermatozoa in the semen which is ejaculated into the female vagina. In the woman, similarly, sexual desire or capacity is not weakened or affected in any way by surgical sterilization. There is no artificial menopause induced as there was with the old method of ovariotomy or hysterectomy. The ovaries retain their potency and continue to pour out their secretions. To the world at large, and to the woman herself, there are no changes in her sexual or ordinary life.

Gosney and Popenoe, who have made an exhaustive study of the subject, say: "Sterilization destroys no organ or gland of the body. Our investigations show that it has no effect upon sex desire, sex performance, or sex feeling of the subject, except a favourable psychological effect in some cases, particularly where the fear of pregnancy is removed."[1]

In recent years sterilization of the un-

[1] E. S. Gosney and Paul Popenoe, *Sterilization for Human Betterment*. Macmillan, New York, 1929.

fit has been the subject of considerable controversy in this and in other countries. It has been pointed out that in Great Britain there are, in large numbers, men and women who are unfit to bring children into the world; and that, to a very big extent, it is these selfsame physical and mental degenerates who are responsible for a considerable proportion of the children that are born. Birth control affects these undesirables scarcely at all. They either cannot or will not take steps to limit their families.

A Committee which made an extensive inquiry into the subject, sitting for two years, issued a report in the January of 1934, in which they recommended the adoption in this country of a *voluntary* system of sterilization, whereby men and women proved to be mental defectives, or who had been afflicted with mental disorders, should, with their own consent or that of their parents or guardians, be sterilized.

A somewhat similar system to the one recommended is already in operation in two Canadian provinces—Alberta and British Columbia. A compulsory system of sterilization for degenerates and criminals has been in force in the United States of America for many years. Indiana was the first state to make sterilization legal. This was in 1907, and in the intervening years many other states have adopted similar legislation, until to-day no fewer than twenty-seven have sterilization laws in operation. In California alone 6,000 sterilization operations have been performed. Other countries which have adopted such laws are Denmark, Switzerland (in the Canton of Vaud only), Germany, and Mexico (state of Vera Cruz).

Now, if one admits the need for sterilization as a sociological desideratum one is bound to consider the question of *compulsory* sterilization. Several countries have considered it. The American states have it. Germany has it.

The justification of compulsory sterilization, so far as there can be any justification, was well expressed by Mr. Justice Holmes, who gave his opinion in the United States Supreme Court Decision in the case of Buck *v.* Bell, 1927, thus:

"We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world if, instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles are enough. But, it is said, however, it might be, if this reasoning were applied generally it fails when it is confined to the smaller number who are in the institutions named and is not applied to the multitude outside. It is the usual last resort of constitutional arguments to point out shortcomings of this sort. But the answer is that the law does all that is needed when it does all that it can, indicates a policy, applies it to all within the lines, and seeks to bring within the lines all similarly situated so far and so fast as its means allow. Of course, so far as the operations enable those who otherwise must be kept confined to be returned to the world, and thus open the asylum to others, the equality aimed at will be more nearly reached."

This opinion and the decision accompanying it were of immense importance so far as concerned sterilization in the United States, and were the causes of laws similar to those in force in Virginia[1] being adopted by several other states.

It is doubtful if any law allowing the voluntary sterilization of defectives is, from a sociological point of view, worth the paper it is printed on. Those particular individuals whom any such law is intended to reach, in the overwhelming main, *will not consent to sterilization*. The Brock Committee, while ad-

[1] According to the Virginian sterilization law, vasectomy and salpingectomy are compulsory in cases of imbecility, epilepsy, idiocy, feeble-mindedness and hereditary insanity.

mitting the need for sterilization of defectives for the good of the State, expressed itself as unanimously opposed to *compulsory* sterilization. It did not, apparently, see that one cannot have the one, on any scale that can prove to possess a national effect, without the other.

The question really reduces itself to a consideration of whether the evils connected with any scheme of compulsory sterilization would outweigh the advantages accruing from the putting into operation of such a scheme. Let us see.

The reasons which are advanced in favour of sterilization are eugenic reasons. It is, for the most part, the eugenists who are working tooth and nail to secure the legalization of surgical sterilization. They hold, and hold most strongly, that the thousands of certified mental defectives and decadents scattered throughout the country are spawning the land with their kind. The defectives, for the most part, are a burden upon the country, and this burden is growing at a rate which can only be adequately described as alarming.

The argument is a specious one, and to many, it is a convincing one. But it is founded upon the most dubious premises. In the first place the evidence that defective mentality is hereditary is far from convincing or unanimous. The actual causes of mental imperfections are not known. In recent years, bit by bit, has been amassed a farrago of facts which have rocked the heredity hypothesis to its very foundations. Even the Mendelian hypothesis is nothing like the secure and sure thing it was thought to be some twenty years ago. (*See* MENDELISM.)

The eugenic hypothesis is based upon the observed hereditary nature of physical factors. From this, arguing solely by analogy, the same principles are assumed to apply to mental factors. And here precisely the dubiousness of the argument appears. Arguments by analogy are dangerous arguments. They are full of holes. It is a far cry from physical characteristics to mental characteristics. Precisely what proportion of mentality is hereditary I do not know. No one knows. Every attempted calculation is so much guesswork. Actually, if the truth could be got at, I strongly suspect that 99 per cent of mentality would be found to be acquired.

In the second place, every observer must be familiar with the many cases of idiocy and feeble-mindedness where the parents appear to be perfectly normal. The probability is that the number of such cases is at least equal to the number where one of the parents exhibits a similar degree of feeble-mindedness or of idiocy. Insanity is another matter. Almost without exception, it develops long after birth.

This question of heredity is of the greatest importance in any consideration of sterilization. For if mental deficiencies are not hereditary, the whole case for the sterilization of mental defectives falls to the ground. It is easy for the pity aroused by the spectacle of feeble-mindedness, or the abhorrence induced by sexual perversity, to lead to the propounding of sterilization as the solution of sociological problems quite outside its scope, with the possibility of consequent evils far in excess of its good effects.

It is necessary to consider the evils which are inevitably associated with any policy of sterilization. They are many. They are psychological and physical. First and foremost is the unavoidable intrusion upon or interference with the freedom of the individual. It is this particular evil more perhaps than anything else which has aroused fierce resentment and opposition among the more intellectual sections of the British public. And little wonder. There is already, in these days of democracy, so much officialdom and so much intolerable snoopery that the mere suggestion of an additional form of interference smacks of something suspiciously like persecution.

Then there are the possibilities of cases of gross injustice arising through the putting into the hands of officials the power to force men and women to submit to surgical sterilization on the grounds of being mentally defective. Medical opinion is by no means unanimous as to what exactly mental defection is; doctors, even the best of them, make a good many mistakes. They make errors where diagnosis is very much simpler and more straightforward

than in cases of schizophrenia and psychoses.

And, in addition, there is the danger associated with salpingectomy itself. Sterilization of the male is not dangerous; but sterilization of the woman is, despite any opinion to the contrary. Any operation which involves the giving of a general anæsthetic and an abdominal incision is a dangerous operation. And the woman is partly or wholly incapacitated for months after its successful issue. The eugenists rarely mention these points, but they are nevertheless true, and they are of major importance to the individual who is undergoing the operation.

The possibility of sterilization increasing promiscuity and the toll of venereal disease, must not be overlooked. More than a possibility indeed, it is an almost certain result, as at least one state in America has discovered. This is Massachusetts, which, after passing a sterilization law, and operating upon hundreds of mentally defective females, found these women developed promiscuous sexual habits until they were little better than prostitutes. Soon they became once more a burden upon the public exchequer; and, infected with venereal disease, a menace to the health of the community. It was because of these developments that Massachusetts decided to abandon sterilization.

There are other dangers, not the least of which is the admitted fact that the operation of salpingectomy is calculated to increase in gravity any mental condition from which the patient is suffering at the time of the operation. Then, too, it must not be forgotten that the very diseases which are considered to indicate the advisability of sterilization increase considerably the risks connected with the administration of an anæsthetic and the opening of the abdomen.

All these points to which I have drawn attention are potent factors against the *forcing* of sterilization upon any individual. And the same objections may be lodged against the recommendation of sterilization as a voluntary submitment. I include the recommendation of the operation, because I can well imagine, in the case of the poor, the ignorant and the moronic, that this so-called recommendation can very well amount, in all except name, to actual coercion.

As regards women, sterilization should be voluntary in every sense of this much-abused word. Before any person is allowed to give the necessary consent to the operation being performed, its exact nature, the dangers associated with it, and possible after-effects, should be explained in detail. Then, and then only, should so momentous a decision be made. The only exceptions to this rule should be cases where, owing to serious disease or abnormal parturition, an abdominal incision is essential—in all such cases, if for any reason, mental or physical, sterilization would appear to be advisable, the operation should be performed.

What are the diseases and the conditions which indicate the need for sterilization? First and foremost comes pulmonary tuberculosis. It is a crime that any man or woman suffering from this dread disorder should be responsible for bringing a child into the world. Diabetes, hyperthyroidism, chorea, syphilis, hæmophilia, dementia præcox, certain forms of cardiac disease, and pelvic or spinal conditions or deformities which make pregnancy dangerous to the woman's life, are other indications. Habitual drunkenness is another. So are the presence of hereditary physical defects, e.g. hare-lip, osteopsathyrosis, syndactyly, cleft-palate, and brachydactyly.

Freedom of the individual, with certain exceptions, to refuse to be sterilized, should be coincident with freedom of any person to be sterilized if he or she desires.

As the position stands to-day in Great Britain there is no law on the Statute Book which specifically prohibits or allows sterilization. The legal position can only be surmised from an attempt to interpret how far the clause in the Offences Against the Person Act, dealing with mayhem, could apply in a case where proceedings were taken against surgical sterilization. The State view of maiming was that it constituted a criminal offence whether done by another party, with or without the patient's consent, or self-inflicted; presumably on the ground that it incapacitated a potential defender of

the country. A wider, more tolerant and, generally speaking, more sane attitude on these matters has evolved in recent years; and I think the chances of an action being brought against any male who, on purely economic grounds or for other private and personal reasons, sought sterilization by vasectomy,[1] or an action against the surgeon who performed this operation, are equally remote. What is certain, however, is that sterilization (voluntary or otherwise) is illegal in the case of a mental defective or anyone who is not in a state of mind to give proper consent.

One of the main arguments against surgical sterilization as a contraceptive method is the permanent nature of the operation. The changing of one's attitude towards childbirth which might conceivably result from improved financial conditions could possibly lead to unhappiness and bitterness on the part of either the wife or the husband. It is this possibility that might lead a surgeon to refuse to perform the operation where no reason other than a contraceptive one were indicated. The successful restoration of fertility by operative measures is not impossible, but, owing to the difficulties in reuniting the degenerated ends of the vasa deferentia in the one case and of the Fallopian tubes in the other, its success could not be guaranteed, and probably, in a number of such operations, the proportion of failures would be a heavy one. Moreover, in the woman, at any rate, a second major operation would rarely be welcomed, and could not be recommended.

Another method of female sterilization devised by Dickinson of New York consists of cauterization of the points where the tubes connect with the uterus, with the object of blocking these openings. The cautery, usually a sound with a platinum tip, is inserted through the cervical os into the uterus, and when the tubal opening has been located, an electric current cauterizes and occludes it. The process is repeated with the other opening. An alternative method consists of similar strictures induced by cauterizing with silver nitrate or other suitable chemical attached to a uterine probe. Cauterization by either method can be accomplished under local anæsthesia. The drawback inseparable from these methods at the present stage of surgical technique, is the difficulty experienced in locating the exact spots at which to cauterize. However great the care and trouble taken to map out the size and conformation of the uterine cavity by means of preoperative examination, the operator is working in the dark. For this reason the method, whether electrical or chemical, is not always successful. It is indicated in cases, which are common enough, where the risks attached to an abdominal incision would be more than ordinarily grave.

The search for a temporary method of sterilization that is both safe and reliable has so far failed. Some experimental work in connexion with the injection of male semen into the woman in an attempt to secure immunization against conception has been carried out. Up to the present time, however, no results which promise anything in the way of success have been secured. Radiation has proved little more satisfactory as a practical method. True, temporary sterility in both men and women has been secured by dosage with X-rays; but many difficulties have been met with in arriving at the requisite dose, time and frequency of exposure. The method is also a dangerous one, and, at present, is inadvisable.[2] Difficulties of much the same nature are experienced in the practical application of radium as a sterilizing agent. Here, as with the X-ray treatment, in the male, destruction of the semniferous cells causes a condition of azoöspermia, and in the female there is ovarian atrophy. Neither method

[1] It is important to distinguish between vasectomy and the older sterilizing operation of castration, which, with or without consent, would be an illegal operation punishable under the Offences Against the Person Act.

[2] In women, there is the risk, through miscalculation of the requisite dosage, or through too many exposures, of bringing about a sudden and premature menopause with, of course, in the case of a comparatively young woman, all the physiological drawbacks connected with the change of life.

affects sexual potency or appetite in male or female.

All things considered, exposure to radium and to Röntgen rays may be looked upon as methods of the future. Both certainly have possibilities, and further research may evolve practical means of overcoming the difficulties and dangers which, at present, appear to be inseparable from their application.

The application of heat to the testicles offers certain possibilities as a temporary method of male sterilization. In recent years it has been demonstrated that spermatozoa are injured and rendered incapable of fertilizing female ova by exposure to heat. The temperature of the vagina, for instance, according to Knaus, is unfavourable to the life of the spermatozoön. Similarly in an undescended testicle, spermatozoa either do not form at all or if formed are useless for fertilization. The scrotum, which contains the testicles, provides an environment which reduces the temperature and favours the development of spermatozoa. Meaker mentions that a condition of temporary sterility has been produced in rams by so simple an expedient as a scrotal suspensory of red flannel.[1]

From these observations it would appear that a rise in temperature may put a stop to the formation of spermatozoa in the testicles. This can be effected by the application to the scrotum of cloths soaked in hot water or of a poultice for thirty to forty-five minutes, which should produce a state of sterility for a short period. The drawbacks in connexion with this procedure are the difficulties experienced in discovering when *exactly* the sterile period thus induced begins and ends. Also, there is some doubt as to how far the fully developed spermatozoa actually present in the testicles are affected by the heat, or indeed whether they are affected at all. The method, therefore, would appear to be in an experimental stage, and the need for further research is indicated.

STEW. An old name for a brothel, used particularly in relation to early London brothels. Now obsolete.

STIGMATA. The characteristics or marks which indicate the presence of some condition or disease, as the stigmata of congenital syphilis.

STILL-BORN. The delivery, after the twenty-eighth week of gestation, of a properly developed child which, on complete expulsion, is incapable of movement or breathing, and shows no other sign of life.

STIRPICULTURE. The name given by John Humphrey Noyes to the science of selective breeding of mankind advocated by him and actually practised by the Society of Perfectionists at Oneida County, New York State. In the first annual report of the Community, Noyes stated:

"We are not opposed to procreation. But we are opposed to involuntary procreation. We are opposed to excessive and, of course, oppressive procreation, which is almost universal. We are opposed to random procreation, which is unavoidable in the marriage system. But we are in favour of intelligent, well-ordered procreation. We believe the time will come when scientific combination will be applied to human generation as freely and successfully as it is to that of other animals."

It was in accord with this scheme that Noyes introduced his "complex marriage" system, and his birth-control method known as "Male Continence." The former was a sort of group marriage, whereby both sexes, in marriage, preserved their sexual freedom. Mr. Allan Estlake, a member of the Community, says of the system:

"This most remarkable departure from established custom constituted each male member of the family husband of all the females, and each female the wife of every man. Each man assumed the responsibility and protection of each and every woman as he would to a wife under the monogamic system, and so sacredly was this trust observed that during a period of over thirty years, not a single instance occurred of rejection of it."[2]

This free and easy sexual congress was something far removed from the promiscuity with which hostile opinion credited it. The Community boasted a "Stirpiculture Committee," and a couple desir-

[1] Samuel Raynor Meaker, *Human Sterility*.
[2] Allan Estlake, *The Oneida Community*, p. 87. Redway, London, 1900.

ing to produce offspring were compelled to secure permission from this committee. Before such permission was granted an exhaustive inquiry into the medical history of both the man and the woman, as well as individual medical examinations, were made. For the experiment was really a eugenic one, antedating and anticipating the proposals of the eugenists of to-day. It was undertaken to ensure that breeding was indulged in by those best fitted to bring into the world children who would be physically and mentally healthy. In justification of the experiment it has been asserted that there were no blind, crippled, deaf or dumb or idiotic children ever born during the Community's existence.

This did not mean, however, that the marriage system with its unrestricted opportunities for sexual communion was denied to those unfortunates who, in the opinion of the "Stirpiculture Committee" were unsuitable to become parents. It meant that these couples must continuously practise birth control, the method adopted being *coitis reservatus*, or, as Noyes called it, "Male Continence."

It will be noted that Noyes's system was really the application, in the case of human beings, of those principles of selective inbreeding practised by breeders of pedigree live-stock in all parts of the world. It called for the selection of breeding stock and inbreeding, the two essential principles recognized by breeders of exhibition stock. The main obstacle to any such form of breeding applied to mankind was overcome by Noyes by the adoption of birth control as a means of restricting the number of progeny produced by desirable breeders and preventing the offspring of undesirable breeders.[1]

Despite its defects, one of the most prominent of which was the adoption of a method of birth control which could not but fail in a considerable proportion of cases, the experiment of Noyes, and the principle behind it, cannot but be strongly commended. It is possible that in the future a method of breeding in some respects similar to stirpiculture may be adopted.

STOMATOMENIA. That form of vicarious menstruation in which the blood is discharged from the mouth.

STONE. A popular term for a calculus.

STONE CHILD. *See* LITHOPÆDIUM.

STOOL. The emptying of the accumulated excreta.

STRANGULATION. The sensation of choking caused by constriction of the neck. The process is not without its effects upon the sexual centres. De Sade, in *Justine*, describes in detail the practice known as *jeu de coupe-corde*, a form of strangling which may be employed purely as a means of inducing sexual orgasm, or may be of masochistic significance. The subject allows himself to be suspended by the neck and is cut down before respiration ceases.[2]

A sensational case of this nature, involving the death of a distinguished musician named Francis Kotzwarra, occurred in London in 1701. Bloch[3] gives a most interesting account, culled from contemporary records, of this tragic affair. It appears that Kotzwarra, whose private life was that of a sexual pervert, was accustomed to pay street-women to become his accomplices in suspension for sexual stimulatory purposes. The procedure was that the girl should hang him to the ceiling for five minutes, at the expiration of which period she cut the rope. On the occasion of this last and tragic experiment the girl, one Susannah Hill, found that all her efforts to revive the musician, after she had cut him down at the end of the prescribed period, resulted in failure. Kotzwarra was dead. The girl was arrested and tried for murder but was acquitted.

STRANGURY. Pain coincident with the passing of urine, which is discharged very slowly and often drop by drop. It is an indication of urethral or bladder inflammation.

[1] A form of communistic eugenics was advocated, some 2,000 years before the time of Noyes, by Lycurgus, who contended that children should be looked upon as the property of the community and sired by the best men available.

[2] In this connexion, Eulenburg's observation, mentioned by Havelock Ellis, that "the method of treating diseases of the spinal cord by suspension—a method much in vogue a few years ago—often produced sexual excitement" (Havelock Ellis, *Studies in the Psychology of Sex*, Vol. III, p. 152), is significant.

[3] Iwan Bloch, *Sex Life in England*, pp. 164-5. Panurge Press, New York, 1934.

STREET-WALKER. The type of prostitute who walks the streets in search of clients, in contradistinction to the brothel prostitute. Street-walkers are restricted mainly to the lower strata of prostitution, and they are mostly to be found in countries where there is no system of regulation or registration. The street-walkers of the West End of London are notorious, frequenting Shaftesbury Avenue, Leicester Square, Wardour Street, and especially the short streets adjoining. *See also under* PROSTITUTION (MODERN).

STREPTOCOCCUS. A species of micro-organisms, of which there are many varieties, causing chronic inflammation.

STRIÆ GRAVIDARUM. The whitish lines which appear on the abdomen of a woman during pregnancy, and especially after delivery. They are caused by the abdominal stretching due to the development of the fœtus.

STRICTURE IN THE FEMALE. The disease is not nearly so common in women as in men. At one time it was looked upon as a condition of great rarity, but, in view of the present-day opinion of urinary specialists, either the urologists of the past were in error or women of to-day suffer much more frequently from urethral stricture than did those of previous generations.

There are rare cases of congenital stricture, but it usually results from infiltration of the urethra by cancerous or other growths, from gonorrhea, syphilitic or chancroidal ulceration, and, more rarely, from injury or operation. There may be partial or spasmodic stricture due to the pressure of a fibroid in the uterus. The indications are frequent desire to pass water or difficulty experienced in the actual process of urination; though it is well to remember that other pathological conditions of the bladder and urethra give rise to similar symptoms. Stricture is often associated with urethritis. Treatment usually consists of dilatation with sounds of gradually increasing size.

STRICTURE IN THE MALE. The blocking, usually by constriction or loss of elasticity, of the urethral canal. This blocking may be partial or complete; spasmodic, temporary or permanent; it may be congenital or acquired. It is due to infiltration or scar formation. Micturition is difficult and in cases of total stricture it is impossible. There is, in any form of stricture, much discomfort and embarrassment.

The causes are many, but ranking high in the etiology of the more serious forms, are neglected gonorrheal urethritis and syphilis. Inflammation of the urinary canal, from any cause, will however cause partial or complete stricture. So will adhesions. Apart from spasmodic and temporary attacks due to catarrh or other passing states, the development of serious or permanent stricture is usually slow and gradual.

Congenital stricture may be present and entirely unsuspected, as the blockage is not sufficient to give rise to any symptoms which would send its possessor to seek medical advice. In many cases of congenital stricture it is only a chronic urethritis, gonorrheal or otherwise, which leads to its discovery.

The first indication, which is often ignored, is a discharge from the urinary meatus—"morning drop" or gleet. This is followed by difficulty in passing water and sometimes pain. Often some few seconds elapse before a start can be made, and there is a burning or scalding sensation when urination does commence. In other cases there is frequent desire to urinate, but only a small quantity is passed and often it dribbles forth in drops. Or there may be total inability to pass water.

All these symptoms may be produced by an inflammation of the urethra which is not likely to develop into stricture. Such an inflammation may be due to a severe chill, to over-consumption of alcohol, or to dietary errors. If the inflammation is not cleared up in a week or two, and the urinatory difficulties persist, it is time to secure medical advice. Treatment consists of dilatation, and if this fails, operative measures.

STRICTUROTOME. A surgical knife used for cutting into a stricture.

STRICTUROTOMY. The surgical operation for the division of a stricture.

STUPRATION or STUPRUM VIOLENTUM. The forcing of sexual intercourse upon a woman by a man who is not her husband. Rape.

STURT'S RITE. *See* HYPOSPADIAS (ARTIFICIAL).

STYMATOSIS. A discharge of blood

from the penis in association with priapism.

SUBAGITATRICE. A Tribade.

SUBINCISION. The mutilation of the penis customary among certain tribes of Australian aborigines. The under-surface of the organ is cut open so as to expose the urethra from the meatus to the scrotum. Also called the "Mika" operation, introcision, Sturt's rite and "whistling." *See also under* HYPOSPADIAS (ARTIFICIAL).

SUBINVOLUTION. *See* UTERUS (SUBINVOLUTION OF THE).

SUBUBERES. Children which are being suckled.

SUCCUBA. *See* SUCCUBUS.

SUCCUBUS. A demon which assumes female form for the purpose of having intercourse with a male. In ancient mythology, the possibility of such visitation during sleep was widely admitted, and it was considered possible for such a union to prove fruitful; a belief which persists to this day in some parts of the world.

SUCKLE. The process of feeding a child at the breast.

SUCTUS VOLUPTABILIS. The sucking of the fingers by children who derive a pleasurable sensation from the act.

SUN-BATHING. The practice of sun-bathing—at any rate, sun-bathing to the extent of producing any beneficial effects—is not the excessively simple affair it would appear. To the average individual it simply connotes exposing the partially or wholly uncovered body to the warming effects of the sun's rays, and that is all there is to it. In reality, it is much more than this. For instance, the heating power of the sun's rays is no indication whatever of the presence of the ultra-violet radiation which is so essential a part of sun-ray treatment. The heat comes from the red and infra-red rays, and may be felt during the winter months in towns and cities, and in other circumstances where there is little or no ultra-violet radiation. It can be felt through ordinary window-glass, which absorbs practically the whole of the ultra-violet rays.

Nor would ultra-violet radiation alone (except in the treatment of certain lesions or cutaneous affections by artificial therapy) represent the most beneficial way of taking the sun cure. It would almost inevitably result in serious sun-burning, with destructive effect on the cells and tissue.

As a result of much experiment and prolonged observation, the consensus of authoritative opinion is that to ensure the best results from the practice of sun-bathing, there must be simultaneously exposure of the *whole body* to the combined effects of the ultra-violet and the infra-red rays as well as to free moving air. It is because of this that outdoor sun-bathing is infinitely superior to so-called artificial sun-bathing. The artificial light can produce the ultra-violet rays even more effectively than they are available in sunlight, but there are no means by which there can be created artificially the "air-bath" which has so marked an effect. Indeed, the hot, stagnant, and usually humid atmosphere created under artificial conditions has often a damaging effect.

In addition, therefore, to the power of the sun, the state of the atmosphere, the period of the year, and the time of the day, we must also take into consideration the local climatic, geographical and environmental conditions. Water and sand reflect the health-giving rays, with the result that the actinic power of sunlight is much greater at the seaside than it is in the country. In a similar way snow reflects the rays, and this, in combination with the clean, pure air of the mountains, provides an explanation for the superior value of the Alpine sunlight.

Additional benefits would also appear to result from environmental changes in combination with continued sun and air-bathing. "There appears," according to the experience of Sir Henry Gauvain, "to be both a seasonal and a diurnal variation in response to the stimulus of sunlight."[1]

The effect of sunlight in combination with fresh moving air on the exposed

[1] Sir Henry Gauvain, *Sun, Air and Sea Bathing in Health and Disease*, reprint of a lecture delivered in the Great Hall of British Medical Association on Feb. 21, 1933, and published in the *British Medical Journal*, Feb. 25, 1933.

skin of the human body is analogous to that of a tonic on the viscera. It induces greatly enhanced metabolism, with the result that the muscular and nervous systems are toned up, oxidation is increased, absorption is heightened, and the skin and kidneys speed up their work of waste elimination.[1] Little wonder that those who have joined the nudist clubs speak of the beneficial results they have sustained, the increase in muscular and mental energy, the additional zest in life.

Alone, *air-bathing*—that is, exposure of the nude body to the air—is distinctly beneficial; which explains why the nudist, once thoroughly accustomed to and able to stand exposure to an *unpolluted atmosphere*, whether sun-warmed or not, can derive considerable benefit from the practice of nakedness during the winter months and in circumstances where sunlight radiation is comparatively feeble.

In England the best results are obtained during the months of June, July, August and September (always supposing, that is, weather conditions are reasonably normal); and at all times and in all conditions the morning sun is most potent.

The stranger to sun-bathing should approach the thing with some caution. Nothing is to be gained by casting off all one's clothes in a hurry, and exposing the nude body, suddenly and without any preliminary inurement, to the rays of the midday sun. So rash an experiment has often a painful and distressing aftermath in the shape of blistered and peeling skin, even if sunstroke is escaped.

A good deal depends upon age, condition, and the like, but the average individual cannot stand any sudden exposure to the hot sun for any length of time. Here so many persons make their initial mistake. They go to the seaside and expose themselves for extended periods under the sun's rays before the skin has become tolerant to their action. The result is a blistered skin.

It is best to sit in the shade for a time each morning or afternoon, until gradually the body becomes accustomed to air and light. Especially is this procedure advisable if one has lived a sedentary life. The effects of sun-bathing vary tremendously with different individuals, and it may be taken as an axiom that in all cases are these effects conditioned by the degree of exposure to air and light to which the individual has previously been subjected.

In every case the beginner should commence by exposing a portion of the body only, and for a short period, day by day increasing the amount of nude skin exposed and the length of each exposure. Hans Surén, in his book *Man and Sunlight*, advises the beginner to precede the practice of actual sun-bathing by spending "a few days naked in the open air as far as possible in the shade, so that the skin becomes accustomed to air and light."[2] In any case it is well to avoid midday exposure until one is well accustomed to the sun's rays.

Apart from the physical advisability of preceding complete nudity by partial nudity, there is, in addition, a psychological reason for adopting this method. Few people, even in these days of cigarette-smoking and cocktail-drinking women, have the moral hardihood to bridge the gap between the clothed and the naked state at one big jump. They require to go through a probationary or experimental period, during which their garments are shed one by one, until finally these incipient nudists are able to stand before their fellow creatures, as did Adam and Eve, "naked and unashamed." Because of this inherent self-consciousness, modesty, or whatever one likes to call it, I think it is well for the prospective nudist to practise this gradual stripping process in the society of a few intimate friends of like tendencies in private grounds.

In this connexion, it may be remarked here that no one, however reluctant or indisposed they may be to allowing anyone to see their naked bodies or witnessing the nudity of others, need for these reasons be debarred from securing the benefits of air-bathing and sun-bathing.

[1] To ensure the best results, the sun-bather should always make a point of drinking large quantities of water daily.

[2] Hans Surén, *Man and Sunlight*. Sollux Publishing Co,, 1927.

They can practise nudity in their own grounds. I think the future will see a vast extension of the practice of nudity in this form. There are many and obvious reasons why a considerable number of persons are debarred from joining clubs and societies where nudists gather.

The aim should be *complete nudity* if the full benefits of light and air are to be secured. The thinnest material is enough to prevent the ultra-violet rays reaching the skin. The bathing-costumes affected by so many semi-nude posturers, which are allowed to dry on the body while lying in the sun, are likely to promote unhealthy conditions.

The anointing of the skin with olive oil, coco-nut oil or vaseline, or indeed any form of greasy unguent, before exposure, prevents sunburn with subsequent blistering and peeling. Natives of the tropical regions oil the skin, the ancient Greeks used an inunction, and many modern advocates of sun-bathing advise this oiling or anointing process as a preliminary to every exposure, until the skin becomes pigmented, when oiling may be discontinued, as after pigmentation, or tanning, as it is popularly called, all danger of sunburn is over. In this practice, however, the beneficial results of sun-bathing are seriously impaired, if they are not altogether precluded or destroyed. Thousands of holiday-makers return to their homes generously tanned, and display this pigmentation as evidence of the benefits they have received from sun-bathing, when, in strict truth, the very fact of this pigmentation is definite evidence to the contrary. It cannot be too thoroughly impressed that sitting in the sun and becoming tanned is in itself no conclusive evidence that one is being benefited, the notion that the browner the skin the more beneficial the exposure being a fallacy. Similarly, the popular idea that exposure to the sun's rays which does not cause pigmentation is devoid of any beneficial effects is another fallacy. It has already been pointed out that the ultra-violet rays cannot penetrate the most flimsy of coverings—that they cannot, in sufficient degree to have any appreciable effect, pass through window-glass. Neither can they pass through a layer of grease or oil. Pigmentation acts in a somewhat similar manner: it largely nullifies the action of the ultra-violet radiation. Leonard Hill mentions that in New York negro babies are more susceptible to rickets than are white babies; and quotes Hess as finding that for black rats to respond to ultra-violet radiation longer exposure is needed than in the case of lighter-skinned rats.[1] It is because of this that, in medical ray therapy, treatment is discontinued immediately pigmentation occurs, this indicating what is known as the "dead end." Until the skin recovers, further dosage with ultra-violet rays is so much waste of time and money.

Oil or grease, if used at all, should be discontinued after a few days, when the skin has become accustomed to air and light. There are, of course, great variations in the susceptibilities of individuals to pigmentation, but every effort should be made to avoid it in any excessive degree, if the full benefits of the ultra-violet rays are desired. The best method is to keep out of the direct rays of the sun—by sitting and exercising in the shade one can secure all the benefits necessary or desirable from light and air. Certainly sun-bathing should always take place where shade is available, so that direct exposure can be alternated with periods of shade. The moment erythema occurs is the signal for the cessation of direct exposure.

There are other reasons why the popular custom of exposing the skin, either of the whole body or of any part of it, until it blisters and peels is positively inadvisable. Peeling is an indication that the skin has been burned. Burns caused by the sun's rays are not in any way different, except as regards the manner of causation, from burns caused by fire or water. The result is destruction of the skin tissue and may have serious effects. Where, however, despite every care, blistering does result, as indeed sometimes does happen where every possible precautionary measure is adopted, there should be no more sun-bathing until the injured areas are healed. They should be kept perfectly

[1] Leonard Hill, *Sunshine and Open Air*. Edward Arnold, 1925.

dry and dusted with salicylate powder.

Always, when sun-bathing, one should feel comfortable, virile, active. There should be no suggestion of chilliness. If there is, it is time to put on clothing. Sometimes, when exposure is continued until the sun has gone, there may be a slight feeling of chilliness. In such cases, Dr. Parmelee recommends a brisk rub down with a towel before putting on one's clothes, and asserts that in this way he has "practised nudity in the open in a cold northern climate in every month of the year."[1]

Common sense enters into the practice of nudity. The middle-aged cannot stand the length and frequency of exposure that the young can. But it is surprising what the human body can stand in the way of exposure to both cold and heat, *provided it is gradually attuned to these unaccustomed temperatures by carefully graduating the length and degree of the exposures.* By these methods one can eventually practise nudity during the winter months. Sir William Arbuthnot Lane mentions having witnessed in Switzerland the spectacle of nudists lying on the ground at times when the thermometer registered many degrees of frost.

It cannot be too strongly impressed upon the sun-bather that *the great virtue of nudism lies in the exposure of the body to air and sun simultaneously.* For the full benefits to be obtained there should be movement. Thus games, sports, or some forms of work are far better than sitting or lying about quiescent. The ideal is to alternate the one with the other.

Of course, not all games and exercises are suitable where a state of complete nudity prevails. Cricket, football, hockey, and the like, may cause serious injuries, and the exercises recommended by some physical culturists are much too strenuous and risky for the average individual. But among games, tennis, bowls, quoits and skittles are all suitable; while skipping, dancing and most forms of physical exercise which do not involve the use of apparatus are excellent.

Where *exercise and nudity* can be and are combined, the maximum benefits to health will naturally result. Nothing perhaps equals this combination as a cure for obesity. It is a natural cure. It entails none of the dangers too often connected with the "fasting" and "dieting" systems so much in vogue at the present day. It tends more than any other method that can be devised to the moulding of well-proportioned, active, virile, healthy bodies. Those afflicted with constipation should practise bending exercises and movements with a view to stimulating the muscles of the abdomen—there is no surer and safer remedy for constipation and allied digestive disorders.

Those not in robust health, like those of advancing years, must adopt certain precautionary measures. Thus, if the ground is damp, shoes or sandals should be worn. Anyone who is in any way anæmic should be content with short exposures; those bothered with kidney or bladder troubles should wear a belt of flannel to protect the vulnerable abdominal parts. All except the very young, when exposed to the midday sun, should wear some sort of head covering; all, whether young or old, should avoid exposure when the stomach is filled with food.

It may be mentioned here that lying about on the beach in bathing-suits, exposed to the rays of the sun, is not in any true sense of the word sun-bathing. Holiday-makers regale their friends with tales of the sun-bathing they have enjoyed when, in strict truth, they have never done any sun-bathing at all. Apart from the fact that the flimsiest bathing-suit prevents the ultra-violet rays reaching the skin, this practice of drying the soaked bathing-suit on the body, even in the hottest sun, is harmful. It may, and it often does, cause grave disorders to be contracted, through the fact that the body, in the process of drying, becomes chilled as it is gradually deprived of its store of heat. The abdomen and the loins, perhaps the parts most vulnerable to chills of the whole body, in this way often become affected, especially where there is the slightest predisposition to kidney or bladder trouble.

[1] Maurice Parmelee, *Nudity in Modern Life: The New Gymnosophy.*

Just as one can have too much of a good thing, so can the most beneficial rules, regulations and methods, in certain circumstances, prove decidedly dangerous. The practice of nudity is no universal panacea for all the ills to which human flesh is heir; neither is it to be advocated for every individual irrespective of age, condition or circumstance.

It is one thing for a healthy active youngster of a dozen summers, and for a young man or a young woman in the early twenties, to divest themselves of every stitch of clothing, and romp about under the sun's rays; it is quite another matter for an old man to make any such attempt, or for a middle-aged woman, afflicted with nephritis or *endarteritis deformans*, to spread-eagle herself on the heated sands.

Generally speaking, all middle-aged and old people, whatever their precise state of health, and all young people suffering from any specific disease, or who are run down in any way, should indulge in sun-bathing only under medical advice, and, in many cases, under medical supervision. Rollier, whose experience with light treatment, both natural and artificial, is an extensive one, mentions that to gain any beneficial result from exposure to sunlight it is essential that the body should possess certain vitamins. He draws attention to the experiments of Eckstein, which showed that rats when fed on food free from these essential vitamins and treated with quartz light, ceased to develop and died quicker than rats which were not exposed to the light.[1]

In the human subject the ways in which the sun may affect those not in fit condition or robust health are many. And the reason is not far to seek. I have mentioned that the ultra-violet rays possess the power, in certain circumstances, of injuring or destroying the human epidermis. Wherever you have rays of sufficient power to kill bacteria, you have rays of sufficient power to destroy healthy tissue. This point should never be overlooked. But in normal and healthy subjects it *usually* takes considerably longer to destroy tissue than it does to kill bacteria. So that, in effect, the question of whether a human being exposed to the force of ultra-violet rays will be benefited or otherwise depends upon the reaction of the individual in question to ultra-violet radiation, the power of the radiation applied, and the duration of exposure.

Generally speaking, the young and the healthy can stand a good deal of exposure to sunlight (the more powerful artificial lamp is another matter) without any ill effects. But in the case of older persons, of the diseased and the weak, each individual case needs special consideration.

There is invariably the risk of sunstroke, where the metabolism is impaired through general weakness; there is often the risk of sunburned areas being infected. The sensitiveness of the skin in different individuals, even apart from the state of health, varies tremendously. Some people can stand far more exposure than others. In certain instances erythema results after the slightest exposure. In this connexion Rollier instances the Venetian blondes, who, he says, react so strongly to exposure that burns, followed very frequently by vesicular dermatitis, can only be avoided by covering the skin to be treated with gauze, which procedure necessarily prolongs the cure.

The life one leads has also, even in normal healthy persons, a good deal to do with the reaction to sun-bathing. It is, for instance, the height of folly for clerks, shop assistants, and others who have led sedentary lives for years on end, without any preliminary tentative partial exposure, while on holiday to suddenly divest themselves of the whole of their usual clothing and sprawl about under the blazing sun. The outdoor worker may, perhaps, adopt this procedure with impunity, though even here in most cases a gradual exposure both as regards time and skin area is to be recommended. Fat persons, too, should be most cautious in exposing themselves, and would do well to avoid the midday sun.

Even the young, the active and the healthy can easily overdo the thing. Indeed, most of those who go in for nudity do overdo it. They overdo it either by exposing their bodies to the hot sun for too protracted periods, or they engage in exercises or games until they are tired, and then remain sitting or standing about until they feel chilled.

[1] A. Rollier, *Heliotherapy*. Second edition. Oxford Medical Publications, 1927.

Both methods are in all cases inadvisable, as no benefits can possibly accrue from such practices and injury may result.

In every case, however, there are certain warning signs which indicate when the nudist, whether well or ill, should get out of the sun and put on normal clothing. Discomfort of any nature is the first general sign. If one feels chilled in any sense, or too hot, it is an indication that something is wrong. Blistering of the skin is another indication:[1] immediately there is any sign of this a move should be made into the shade, or clothing should be resumed. No further exposure should be attempted until the blistered skin is healed. Among the more pronounced after-effects of too-prolonged exposure are insomnia, headaches, loss of appetite, diarrhœa, nausea, and general weariness of body and mind.

Cases where nudity or artificial-light treatment is unsuitable and very often dangerous include certain forms of heart disease. Thus Rollier says: "Cardiac insufficiency even in its initial stage is an absolute contra-indication of Alpine heliotherapy. Each case of valvular disease, advanced myocarditis and bad arteriosclerosis, is unconditionally ruled out."[2] In less serious forms of cardiac disease, the same authority recommends that the whole of the skin in the region of the heart should be "covered with a white cloth," and that a wide-brimmed white linen hat should be worn.

There are, too, other conditions which prohibit any thought of practising nudity. Nephritis is one, smallpox[3] is another, scarlet fever is another. And drug addicts would do well to keep on their clothing.

Finally, there is the risk of the practising nudist developing an enormous appetite. Anyone with experience of outdoor life is well aware of its effects on food consumption; and according to the Merrills the Germans who go in for *Freikörperkultur* surpass themselves when it comes to eating. It is a danger, this, which is not to be overlooked in these days of dear food. Imagine the weekly food bill of a large nudist family!

Far more dangerous than the sun's rays are the rays produced artificially by the carbon arc and the mercury vapour lamps. It has been indicated that these lamps produce rays to which, under the most favourable conditions, such as the Alpine slopes or the Colorado mountains, even the out-and-out nudist is never exposed. It was to these rays, and to this danger, that Professor Dixon in an address to the British Medical Association, referred: "The radiations from ultra-violet lamps which emit rays of shorter wave-length than those found in the solar spectrum are as foreign, when applied through the skin to the body, as to be comparable with the administration of a poisonous drug."

It is because of this that artificial-light exposure should never be contemplated unless advised by a specialist in ray therapy, and then only under skilled supervision. *See also under* HELIOTHERAPY.

SUPERFECUNDATION. The fertilization by separate copulations, which may be with the same man or different men, of two or more different ova released at the same ovulation period. The condition is extremely rare.

SUPERFŒTATION. Fertilization of two separate ova which have been released at different periods of ovulation, resulting in a second fœtus developing while the woman is pregnant. The anomaly is rare, and a second impregnation could not possibly occur after the twelfth week of pregnancy. It is held by some authorities that in any case superfœtation is impossible in any normal uterus, the abnormality known as a double uterus alone making it possible. This hypothesis, presuming it to be correct, explains the rarity of the occurrence.

Many cases of superfœtation have been recorded. Aristotle mentions a married woman of loose morals who gave birth to two sons in succession, one of whom bore a striking resemblance to her husband and the other to her lover. Buffon gives a case of a woman living in Charlestown, South

[1] This applies only to nudity in a general sense undertaken by the healthy, and not to clinical ray therapy in the treatment of local disease. For instance, at the Finsen Institute, in the treatment of lupus by ultra-violet radiation, blistering is an essential part of the technique.

[2] A. Rollier, *Heliotherapy*. Second edition.

[3] If a patient suffering from smallpox is exposed to sunlight, the pustules become septic.

Carolina, who, in 1714, gave birth to a black child and a white one in quick succession, and who confessed that soon after her husband's departure following intercourse, a negro servant entered her bedroom and forced her to have connexion with him. A somewhat similar case is recorded by Home, thus:

"A particular friend of mine, who has an estate in the parish of St. Thomas in the East, near the Manatee River, knows a black woman who has two children now alive, that are twins and were suckled together; one quite black, the other a mulatto. The woman herself does not hesitate in stating the circumstances. One morning, just after her husband had left her, a soldier for whom she had a partiality came into the hut, and was connected with her about three or four hours after her leaving the embraces of her husband."[1]

Another well-authenticated case, according to Paris and Fonblanque, was communicated to the College of Physicians by Dr. Maton. Mrs. T——, an Italian lady was delivered of a male child at Palermo, on November 12, 1807, and on February 2, 1808, of a second male infant.[2]

SUPERIMPREGNATION. *See* SUPERFŒTATION.

SUPERINVOLUTION. The wasting away of the womb after childbirth. Hyperinvolution uteri.

SUPERLACTATION. The secretion of milk in abnormal quantities or for an unusually long period after childbirth.

SUPINE. Lying in a horizontal position with the face upwards.

SUPPOSITORY. A chemical or other preparation made into a cone of suitable size for insertion into the vagina or rectum for therapeutic purposes, chief of which are the arrestation of bleeding, the relief of pain, and in the case of rectal suppositories in particular the inducing of evacuation. Also a spermicidal agent inserted into the vagina for contraceptive purposes. *See under* BIRTH-CONTROL METHODS (FEMALE).

SUPPURATION. The process of pus formation.

SUPRA-RENAL CAPSULES or GLANDS. The two small triangular flattened organs adjoining and immediately above the kidneys. *See* ADRENALS.

SUSPENSORY BAG or BANDAGE. A bag-like affair which supports the scrotum in cases of rupture of that organ or testicular disease.

SUTURES. The stitches used in surgery to unite the edges or lips of a wound.

SWAB. A ball of cotton, a sponge, or other material, either fastened to the end of a stick or held in the hand, used for cleaning out the vagina.

SWEETBREAD. The name given to various animal glands (notably the testicles and the pancreas) which are esteemed for their edible properties. They are popularly but erroneously supposed to possess specific aphrodisiacal properties.

SYLLEPSIOLOGY. The branch of medical science dealing with the processes of conception and gestation.

SYLLEPSIS. Impregnation and gestation.

SYMPHYSEOTOMY. The surgical operation in which the symphysis pubis is divided. It is indicated in cases where the narrowness of the canal makes delivery of the child extremely difficult or dangerous.

SYMPHYSIECTOMY. The surgical operation in which the whole or part of the symphysis pubis is removed as a means of making delivery possible or easier.

SYMPHYSIS PUBIS. The point where the pubic bones join together.

SYMPUS. A general term for monsters with the legs fused. Where both feet are absent the monster is termed *sympus apus*; where one foot is recognizable the monster is termed *sympus monopus*. *See* MONSTER.

SYNCEPHALUS. A double monster with two sets of limbs and two bodies attached to a single head. *See* MONSTER.

SYNCYTIOMA. *See* PLACENTOMA.

SYNORCHIDISM. An anomaly of the genitals in which the two testicles are partially or completely fused, either in the scrotum or the abdomen. It is a very rare condition.

SYNOSCHEOS. Adherence of the skin of the penis to the skin of the scrotum.

[1] Sir Everard Home, *Lectures in Comparative Anatomy*, Vol. III, p. 302. London, 1823.
[2] J. A. Paris and J. S. M. Fonblanque, *Medical Jurisprudence*. London, 1823.

SYPHILELCUS. The initial ulcer in syphilitic infection.

SYPHILICOMA. A hospital specifically devoted to the treatment of those afflicted with syphilis.

SYPHILIDE. Any one form out of a number of forms of skin disease caused by syphilitic infection.

SYPHILIDOCOLPITIS. Inflammation of the vagina due to syphilitic infection.

SYPHILIDOPHTHALMIA. Inflammation of the conjunctiva resulting from syphilitic infection.

SYPHILIS. A specific disease of the genitals, for which the term syphilis was first used in 1530 by Fracastoro, in a poem entitled *Syphilis sive Morbus Gallicus*. The bacillus of syphilis was not identified until 1895, when Schaudinn and Hoffman named it *Spirochaeta pallida* (now known as *Trepomema pallidum*), and shattered for all time John Hunter's thesis that syphilis, gonorrhea and chancroid all resulted from infection with one organism.

The origin of the disease has been the subject of much controversy. It is the contention of some authorities that before the bringing of the infection to Spain by the sailors of Columbus, venereal disease was unknown in the Old World.[1] The hypothesis is of the greatest dubiety, and is founded for the most part on the fact that in ancient literature there are no recorded references to syphilis and gonorrhea specifically as such. But there are references to "the plague" and to the "great pox"; there are references to "running issues"; and there is little room for doubt that leprosy was often confounded with syphilis. All things considered, the theory of Gabrul Ayala, quoted by Gluck, wherein he holds that the fifteenth-century outbreak was really an epidemic, in a virulent form, of a disease which had existed for centuries, has much to be said for it. In the light of recent trends in the study of the pathology of disease, there is a school of research which more and more inclines to the belief that in the case of most infective diseases a wave of comparative quietude is followed by an epidemical outbreak, the severity of which is in direct ratio to the length of time during which the disease has been latent; or, alternatively, to the degree of mildness which has characterized its endemic form. The reason advanced in favour of this theory is that every race, in time, develops a degree of immunity to an infection, and that the more complete is the immunity enjoyed the more severe will be the nature of the attack when a fresh and particularly virile kind of germ is introduced from another country or by another race. An example of this is the recent epidemic of influenza in Europe after many decades of comparative freedom from the disease. In syphilis, in particular, there seems grounds for thinking that racial syphilization is possible and this provides an explanation for those long periods of apparent quiescence which mark the medical history of civilization.

Assuming such a hypothesis is the correct one, we can easily discover indications of the presence of venereal diseases as far back as history goes. In the Bible itself there are many references which seem to refer to venereal infections; in instance, the malady from which the Assyrian king, Esarhaddon, suffered. The pitiable condition of David, described in the 38th Psalm, reads suspiciously like a catalogue of the afflictions of someone suffering from syphilis; the plague of Baal-Peor, which carried off 24,000 Israelites might well have been syphilis; there are references by St. Paul to throat and mouth affections reminiscent of the secondary manifestations of the disease. Then again, Hippocrates refers to ulcers on the genitals; Thucydides mentions sores on the sexual

[1] Much of the controversy over the origin of the venereal infections is coloured by moral and religious prejudices; and there is a tendency for each country to put the blame on some other country. Sanger, in his *History of Prostitution*, asserts that syphilis came to America from Europe, pointing out that the infection was known in England long before the time of Columbus; as in 1430, some sixty years in advance of the expedition to America, police regulations were put into force in London with the object of prohibiting the entry into brothels of those afflicted with a disease bearing striking points of resemblance to syphilis. In Naples, in 1495, when the city was suffering from a venereal epidemic, the name given to it was "the French malady."

organs; Galen, Celsus, Aretaeus and Crisbasius all refer to dry or non-suppurating genital ulcers; Susruta, in his *Ayurvedas*, describes diseases bearing resemblances to venereal infections, which, three thousand years ago were prevalent in India.

There are scattered references to "ulcers," "sores," and "runnings," in connexion with the genitals, through the ages; and certainly there are references to what seem remarkably like venereal infections long before Columbus made his notable journey to the West Indies. Certainly, too, diseases affecting the genitals were known in England nearly two hundred years before that date. In 1430, there was a London police regulation which excluded from the hospitals any patients suffering from infections which, from their description, bore distinct points of resemblance to venereal diseases. It is this regulation to which, presumably, Sanger refers, in disclaiming that syphilis came to Europe from America.

The full significance of the disease, and the dread fear of it, did not arise however until, as already mentioned, the sailors taking part in the expedition of Columbus, on their return to Europe while suffering from a particularly virile form of syphilis gave the disease to the prostitutes whom they patronized in Barcelona. From Barcelona the infection quickly spread through all the cities of Spain, and thence into France and other countries. So great was the fear of the dread malady that in 1497 an ordnance was passed into law, by the Parliament of Paris, whereby any person suffering from the "large pox" was compelled to leave the city within twenty-four hours and to stay away until cured. In this same year, James IV of Scotland was responsible for the banishment from the city of Edinburgh of all venereally infected persons. About the same time, too, Italy was ravaged by syphilis. Cardinals, scholars and nobles alike fell victims to the scourge. Charles VIII was accused of introducing the infection; Benevenuto Cellini admitted having contracted it from a prostitute; Sextus della Rovere was "rotten" with it. Indeed, by the close of the fifteenth century syphilis seems to have been rampant in every European country. To-day it is rampant throughout the world.

Syphilitic infection is, in ninety-nine cases out of a hundred, the result of sexual intercourse with an infected individual. An extra-genital infection, or a genital infection apart from intercourse, referred to as an innocent infection, is acquired through drinking out of infected vessels, the use of infected towels, bedding, vaginal syringes, catheters, speculums, dental forceps and other instruments. The initial lesion may appear on the mouth, as a result of kissing or cunnilingus; or at the anus through pederasty. The comparatively low incidence of accidental infection is due to the fact that the *Treponema pallidum* is easily killed, and in any case cannot live for more than a few hours away from the human body.

Syphilis has an incubation period varying from ten to twenty-eight days. There are exceptional cases where the initial lesion does not appear until three months have elapsed after exposure to infection. In the male, the primary sore usually appears on the glans penis under the prepuce, but it may also appear on the scrotum, the urethral orifice, or the outer skin of the penis. In the female, the cervix, the urethral orifice, and the vulva are the usual points of attack. The appearance of an initial chancre on the anus or rectum, according to Tarnowsky, may be accepted as "proof of sodomy."[1]

The main characteristics of the primary syphilitic chancre are its painlessness, induration and slight local inflammation. There may be irritation or stinging, but this is usually so slight that it receives no attention, and the infected individual is unaware of his condition for some time, probably until the secondary symptoms begin to appear.

If treatment of syphilis does not begin immediately the initial chancre appears, the lesion may and often does heal itself. This merely means that the *Tre-*

[1] Benjamin Tarnowsky, *Anthropological, Legal and Medical Studies on Pederasty in Europe*. New York, 1932.

ponema pallidum has secured a firmer hold. The infection passes from the primary to the secondary stage. A rash appears on the body, particularly on the chest and back; the mucous surfaces of the mouth and throat are attacked. The gums are sore, the hair dry and brittle, glandular enlargements appear and the general health is affected.

The tertiary stage commences some two years later. By this time the infecting organism has invaded every organ and tissue in the system. Deep-seated ulcers appear. There is ulceration of the joints. In time, there is gummatous infiltration of the brain, followed by general paralysis of the insane. The spinal cord may be attacked, with tabes dorsalis as an inevitable sequel.

In congenital syphilis there is no initial lesion, and there is rarely any indication of infection at the time of birth. But usually within six months or a year the well-known secondary symptoms begin to show themselves. In rare cases the disease may not give rise to any recognizable signs until puberty.

Syphilis is a curable disease provided the infection is not neglected. The earlier treatment is commenced the better are the prospects of effecting a complete cure. Treatment consists of injection of arsphenamine and mercury. The initial chancre may be cauterized or excised provided it is not too deep-seated.

Self-treatment should never in any circumstances be attempted. It is sure to fail. The applications of antiseptic ointments and lotions, which are so common when the initial ulcer appears, are quite ineffective. More they drive the infection inwards and make medical treatment, when it is secured, a much more difficult and prolonged process.

SYPHILIS (EXTRA-GENITAL). The form of syphilitic infection where the initial lesion appears at some place other than the genital organs.

SYPHILIS (HEREDITARY). Congenital syphilis.

SYPHILIS (SCANDINAVIAN). *See* RADESYGE.

SYPHILIS (VISCERAL). Applied to those cases of tertiary syphilis in which the disease has invaded the viscera, producing gummatous formations or chronic inflammation and ulceration.

SYPHILIS D'EMBLÉE. Syphilitic infection which manifests itself in the form of secondary symptoms not preceded by the characteristic initial local ulcer. This must not be confounded with congenital syphilis. It is extremely probable that in all cases of so-called *syphilis d'emblée*, the initial lesion has actually existed but has been overlooked, the patient being unaware of the presence of the infection until the secondary symptoms appear.

SYPHILIS DU CHEVAL. A name sometimes given to *Mal de coit*, a contagious disease which affects horses, characterized by inflammation, ulceration and other symptoms somewhat similar to those of syphilis in man, and usually contracted during copulation. Also called equine syphilis and dourine.

SYPHILIS INSONTIUM. The name given to syphilitic infection contracted by the use of infected drinking vessels or utensils, by kissing, or in any other innocent or accidental manner and unconnected with sexual intercourse. *Syphilis œconomica.*

SYPHILIS NEONATORUM. A form of congenital syphilis where symptoms of the disease are apparent at birth.

SYPHILIS ŒCONOMICA. Syphilitic infection acquired innocently or accidentally through contact with household utensils or drinking vessels. Also called *syphilis insontium.*

SYPHILIS TECHNICA. A form of syphilitic infection contracted during the course of one's professional or technical work. Physicians, surgeons, dentists and nurses are sometimes infected in this way, and occasionally those engaged in industrial occupations.

SYPHILIS VENEREAL. Syphilis contracted through sexual intercourse with someone to whom one is not married. Although the majority of cases of syphilitic infection are acquired in this manner, the number of wives who contract syphilis from their husbands is a very considerable one.

SYPHILITIC ARTHRITIS. A form of arthritis, characterized by enlarged joints, resulting from long-standing acquired syphilis or congenital syphilis. It is often referred to simply as arthritis.

SYPHILITIC FACIES. The aged expression seen in the face of a child afflicted with congenital syphilis.

SYPHILITIC LARYNGITIS. A manifestation of tertiary syphilis in which there are gummatous lesions in the larynx.
SYPHILITIC ORCHITIS. An inflammatory condition of the testicles which usually causes atrophy of the organs, with consequent sterility. The testicles are much swollen but there is rarely any pain.
SYPHILODERMA. *See* DERMATO-SYPHILIS.
SYPHILOMA. A soft or gummy tumour due to syphilitic infection. The name given by Ernst Wagner to the gumma of syphilis. *See also under* GUMMA.
SYPHILOPHOBIA. The name given to a state of morbidity, in which a person either fears the contraction of syphilis to an extent which makes life a perpetual misery owing to the measures he takes to avoid infection, or imagines that he has actually been infected with the disease.
SYPHILOPHYMA. The name given to the crusty skin lesions or excrescences which are characteristic of certain forms of syphilis.
SYRINGING. *See* DOUCHE.
SYRINGOTOME. A surgical knife, with a curved cutting edge and probe point, used in operations involving the incisions of fistulæ.

T

TABES DORSALIS. A wasting disease of the spinal cord characterized by lack of muscular co-ordination. One of the manifestations of tertiary syphilis. *See also under* LOCOMOTOR ATAXIA.
TABETIC. One afflicted with tabes dorsalis.
TAMPON. *See* PLUG.
TARNIER'S SIGN. A change in the state of the uterus indicating that an abortion is about to occur.
TARTARIZATION. A method of treating syphilis in which tartarated antimony (tartar emetic) is used.
TATTOOING. One of the most ancient forms of decoration of the body and face. Herodotus mentions its popularity among the Thracians, asserting that it was a recognized sign of nobility.
TEAT. A nipple on the breast of a woman or a female animal.
TECNOTONIA or TECNOTONY. The destruction of a child immediately after its birth. Infanticide.
TELEGONY. The influence which the first male with which a female was mated is supposed to have upon all the progeny of that particular female by other sires. Where all the sires that are mated with a female are pedigree specimens the telegonic influence can have no dangerous consequences, but where, through any reason, the female contracts an alliance with a notably inferior specimen of the breed, or a specimen of another breed altogether, the position is held to be a serious one. In the latter case it is conceded that all subsequent progeny of the female, irrespective of the purity of the male, will be mongrel or tainted stock. Telegony, for a hundred years, has been widely accepted by breeders of all kinds of pedigree stock, so much so indeed that many breeders have destroyed females which have been the victims of accidental *mésalliances*. As applied in particular to human beings it is held by those upholding the telegonic theory that the children born to a woman by a second husband or by a first husband after pre-marital sexual promiscuity, are affected physically and mentally by the previous partner or partners in sexual intercourse.

The most noteworthy case of telegony on record and the one which has been repeatedly quoted in proof of the hypothesis, is Lord Morton's mare. In 1820, Lord Morton reported that he bred a striped colt from a chestnut mare and a quagga. In this there was nothing extraordinary. But when this same chestnut mare was mated with a black Arab stallion the extraordinary did happen. Twice in succession the mare gave birth to a colt and a filly both showing clearly defined stripes. The case aroused the keenest controversy and the consensus of opinion seemed to be that the mare had been "infected" by the quagga. Darwin affirmed, "there can be no doubt that the quagga affected the character of the offspring subsequently got by the black Arabian horse." Romanes and Agassiz both believed in the telegonic explanation; Herbert Spencer was convinced of its truth and elaborated a theory showing exactly how the "infection" made its influence felt in subse-

quent matings. Millais told of a fox-terrier bitch which, when mated to a male of its own breed subsequent to its having been bred to a dalmatian, produced a litter of spotted puppies. As the years went by a hundred other instances were given in various papers on the subject. In conversation with breeders of dogs, cattle, poultry, *et al.*, I have myself heard of many such instances.

When experiments have been made under scientific rulings, however, no such results as would justify any belief in the principle of so-called telegony have been secured. Again and again have females, after a deliberately planned *mésalliance*, produced perfect specimens of their breed when mated to pure-bred pedigree males. No breeder, working under scientifically controlled methods, seems to have been able to secure results in any way resembling the case of Lord Morton's mare, and the only tenable conclusion which one can reach is that the striped colt and filly were throwbacks, reversions, or accidents such as occasionally come within the experience of every breeder of pedigree stock.

TEMPUS AGENESEOS. *See* SAFE PERIOD.

TENESMUS. The futile effort, attended with straining, to empty the bowel; or the unsuccessful attempt to pass water.

TENT. A plug, usually in conical form, composed of cotton, lint, sponge, seaweed or vegetable root which swells as a result of absorbing moisture. It is inserted in a dry state into the cervical canal or the anal orifice, inducing gradual dilatation in the process of swelling.

TENTIGO. Excessive preoccupation with venery, applicable to either sex. *Tentigo veretri* refers specifically to satyriasis; and *tentigo venerea* refers specifically to nymphomania.

TERATOMA. A tumour which contains hair, skin and other remnants of a dead fœtus.

TERM. The end of the normal period of gestation at which delivery of the child is expected to occur.

TERTIPARA. A woman who has given birth to three children at separate pregnancies or is undergoing her third confinement.

TESTECTOMY. *See* CASTRATION.

TESTES (singular TESTIS). *See* TESTICLES.

TESTES MULIEBRES. A term at one time used to designate the ovaries. It is still occasionally used in medical and sex books.

TESTICLE (RETAINED). Same as UNDESCENDED TESTICLE.

TESTICLE (UNDESCENDED). A testicle that has failed to descend into its normal position in the scrotum.

TESTICLES. The two oval bodies which constitute the male organs of generation. They produce the spermatozoa and a secretion which is largely responsible for the formation, development, and retention of the male secondary sex characteristics. Each testicle is about one and a half inches long and an inch thick, and both are normally situated in the scrotum. In most cases the left testicle is larger and hangs lower in the scrotum than the right. Many young men, on first observing this, are perturbed, thinking that one of the testicles is wasting away. There is nothing to worry about. It does not affect sexual appetite or capacity.

The position and looseness of the scrotum protects the testicles from injury in all but exceptional cases, such as bullet wounds in warfare, injuries during fighting, and accidents.

TESTICULAR CORD. *See* SPERMATIC CORD.

TESTICULAR DUCT. *See* VAS DEFERENS.

TESTIS (DESCENT OF THE). While the fœtus is in the womb each testicle usually and normally descends by way of the inguinal canal into the scrotum.

TESTIS (FEMALE). An ovary. The term is now rarely used.

TESTITIS. Inflammation of one or both of the testicles. Also called orchitis and sarcocele.

TEST-TUBE BABY. A popular and most misleading term used, especially in the newspaper Press and in fiction, to designate a child resulting from artificial impregnation.

THAMURIA. The passing of water with abnormal frequency.

THELALGIA. Pain in the vicinity of the nipple.

THELASIS or THELASMUS. The process of sucking. Also sometimes used to indicate the phenomenon of lactation.

THELE. A female nipple.

THELITIS. An inflamed condition of a female nipple.

THELYGONIA. The production of children of the female sex exclusively.

THEOMANIA. A specialized form of insanity in which the subject imagines some close connexion existing between himself and God. Often referred to as religious mania.

THORACOPAGUS. A double monster. The two bodies are joined at the chest. *See* MONSTER.

THREMMATOLOGY. The science of breeding and evolution as governed by genetics and eugenics.

THROW-BACK. The appearance in the offspring of some physical or mental characteristic which is known to have been present in some ancestor, male or female, remote or recent. The term is widely employed among breeders of pedigree stock, and in particular relation to such breeds or varieties as have been evolved by cross-breeding, to indicate a reversion to one or other of the original breeds used in the evolution of the new variety. How far the term is applicable in the case of human beings is of great dubiety, especially in relation to psychological or mental factors.

THYROIDECTOMY. The surgical operation for the removal of the thyroid gland.

THYROID GLAND. An organ comprising two lobes, united by an isthmus, one lobe being on each side of the trachea. It produces a secretion which is poured into the blood stream, profoundly affecting the whole body metabolism. Where the thyroid gland is undeveloped or diseased from infancy, physical and mental growth are affected. Where the gland, although functioning, never reaches its full growth, or is affected by disease, after puberty, the mental powers are involved: there is lack of interest in everything apart from oneself. At the other extreme, excessive development or functioning of the gland leads to nervous disorders which sometimes end in insanity. There is extreme restlessness, the affected person never being able to sit still or remain in one place for any length of time, and intense excitement over the most trifling matters. There may be palpitation from no apparent cause, and almost always sleeplessness.

THYROID THERAPY. The treatment of disease by the use of thyroid gland extract secured from sheep or other animals. It is indicated in cases of cretinism, goitre, myxœdema, and certain forms of skin affections.

TOCOLOGY or TOKOLOGY. The section of medical science relating specifically to childbirth. Obstetrics.

TOCOMANIA or TOKOMANIA. Insanity due to childbirth.

TOCOPHOBIA or TOKOPHOBIA. A morbid fear of undergoing parturition, leading in some cases to the practice of criminal abortion.

TOCUS or TOKUS. The process of parturition.

TOMOTOCIA. Removal of the fœtus from the womb by Cæsarean section.

TRACHELECTOMY. The surgical operation for the cutting away of the cervix uteri.

TRACHELITIS. Inflammation affecting the neck or cervical portion of the womb.

TRACHELOCYSTITIS. An inflamed condition of the neck of the bladder.

TRACHELOPLASTY. A surgical operation for the repair or restoration of a torn cervix.

TRACHELOTOMY. A surgical operation involving cutting into the cervix uteri, usually for the purpose of enlarging the opening.

TRANSFORATOR. An obsterical instrument used in perforating the skull of the fœtus in craniotomy.

TRANSVESTISM. The term given by Hirschfeld to the phenomenon in which a marked partiality for dressing in the habiliments of the opposite sex manifests itself. This "cross-dressing," as it is sometimes called, may be practised sporadically or it may be carried to the extent of the man actually living as a woman or the woman as a man. There have been many of these extreme cases.

Cases of transvestism should not be confused with those of pseudo-hermaphroditism where the individual is unaware that the external genitals do not indicate the true sex. The transvestite is in no doubt as to his or her actual sex but prefers to masquerade as a member of the opposite sex. Nor are there present any physical homosexual stigmata such as facial hirsutism in the female or feminine build in the male. It is probably owing to the secondary



WHIPPING A WOMAN IN PUBLIC

For the Offence of Adopting Masculine Attire, and Marrying as a Man.
From an English copper-plate, *circa* 1750.
(See article on Transvestism, page 324).

sexual characteristics being normal that Hirschfeld and Havelock Ellis are of opinion that the phenomenon bears no relation to homosexualism, and that the true transvestite experiences normal sexual reactions. The hypothesis seems to me to be extremely doubtful, and the evidence upon which it is built is to be looked on with suspicion. Stekel would appear to be on much firmer ground in his opinion that transvestites "are merely bisexual persons with strong homosexual leanings,"[1] in whom overt homosexual expression is repressed. It is also worthy of note that in considering any outward manifestation of the contrary sexual urge, the danger of social ostracism, and, in certain circumstances, of criminal prosecution, are factors which necessarily have considerable effect upon any open manifestations of that urge. Sporadic or episodic expressions of transvestism unconnected with any other manifestations of homosexuality are not likely to lead to a criminal prosecution.

Whether the phenomenon is looked upon as an independent form of sexual abnormality or as a form of homosexualism, there is little doubt that in its sporadic, partial and incipient forms it is a growing feature in modern civilization.

TRANSVESTITE. A male or female afflicted with transvestism.

TRAUMA. A wound or an injury used in the psychological as well as the physical sense.

TREPONEMA PALLIDUM. The micro-organism responsible for syphilis.

TRIBADE or TRIBAS. A woman who indulges in sexual relations with another woman. It is important to distinguish between a tribade and a female homosexual. The terms are often confounded. A tribade indulges in overt sexual acts. A homosexual may or may not do this. Indeed many homosexuals are not tribades.

The sexual perversion practised by tribades is termed tribadism, which see.

TRIBADISM. The name given to sexual relations between two women, usually taking the forms of sleeping together, mutual masturbation, and cunnilingus. In certain extreme cases, the use of an artificial phallus or the presence of an enlarged clitoris allows one partner to adopt the male role in intercourse. According to Parent-Duchâtelet, it is a common practice among prostitutes who are driven to a preference for this form of sexual relief in consequence of the disgusting practices to which they are compelled to submit by their male clients. It is very widely practised among female prisoners.

Tribadism, although an unnatural sexual practice, is not a criminal offence. In certain circumstances, however, it is probable that an action for indecent assault could be sustained.

TRICHOMONAS VAGINALIS. A microscopic organism which sometimes infests the vagina and the discharge of women suffering from leucorrhea and other pathological conditions. The presence of the organism should be suspected when the leucorrhea has an objectionable smell and sets up a certain amount of irritation of the vulva. The condition is very often mistaken for gonorrheal infection.

TRICHOSYPHILIS. A diseased condition of the hair due to syphilitic infection. The hair becomes brittle, splitting and breaking off easily.

TRIORCHID or TRIORCHIS. A male who has three testicles in the scrotum.

TRIPARA. A woman who has given birth to three children at separate pregnancies or who is undergoing her third confinement.

TRISMUS NASCENTIUM or TRISMUS NEONATORUM. A spasmodic affection which sometimes attacks newly-born children, usually not later than the first two weeks of independent existence. The prospects of recovery are slight. Popularly referred to as "nine days' fits."

TROOPER'S OINTMENT. *See* MERCURIAL OINTMENT.

TUBÆ UTERINÆ. *See* FALLOPIAN TUBES.

TUBECTOMY. The surgical operation for the removal of one or both of the Fallopian tubes.

TUMOUR. An enlargement or a swelling due to a new growth in contradistinction to a similar enlargement or swelling

[1] William Stekel, *Bi-Sexual Love*, p. 70. New York, 1933.

which is the result of inflammation. There are many varieties, some of which are benign, e.g. fatty growths, fibroids; and others malignant, e.g. cancer, sarcoma.

TUNICA ALBUGINEA TESTIS. The thick, white fibrous membrane which forms the covering of the testicle.

TWILIGHT SLEEP. A form of partial anæsthesia sometimes employed in parturition. It is not, as so many people believe, necessarily restricted to childbirth, but can be employed in certain surgical operations. Morphine and scopolamine are the drugs usually used. They are injected hypodermically.

Scopolamine belongs to the class of drugs termed hypnotic. It induces a form of anæsthesia which bears a marked resemblance to natural sleep. By administering the drug in small doses at regular intervals the state of anæsthesia can be prolonged over a protracted period—that is, with rare exceptions, until labour is completed.

On the other hand the method is not without its disadvantages and in some cases there are distinct elements of danger to mother or child or both. In the first place, labour itself is likely to be prolonged; in the second, the breathing of the infant is often affected. For these reasons many obstetricians view "Twilight sleep" with disfavour, and only employ it where the patient is insistent. It is a method largely restricted to the prosperous classes, and especially to those women who are in fear of the pain associated with normal labour.

TWINS. Two children born at the same time at the same parturition. It is a popular belief that twins are invariably identical in appearance and sex, but this is not necessarily so, depending upon the cause of the double pregnancy.

Twins may result from one ovum, or from two separate ova both of which have been fertilized. Those produced by a single ovum are known as monozygotic or identical twins. They bear the closest possible physical resemblance to each other and, without exception, they are of the same sex. If produced from separate ova they are called dizygotic or fraternal twins. They do not necessarily resemble each other closely and may be both of the same sex or of opposite sexes. Twin children are subnormal in size and a twin pregnancy rarely goes to full term.

There has been a good deal of controversy in relation to the question of whether the tendency to give birth to twins is hereditary or whether it is due to the influence of environmental factors. The question is still undecided. It is a fact that a woman who gives birth to one pair of twins is likely to give birth to another pair. But this in itself is not evidence of the hereditary nature of twinning.

The remarkable similarity in mental traits with which twins are popularly credited is much exaggerated, and such cases as have been scientifically observed and recorded probably owe far more to environmental conditions than to heredity. The exact duplication of environmental conditions is possible in relation to twins only and this factor does not seem to be credited with its full influence and significance.

Occasionally twins assume abnormal forms. In many of these cases the twin fœtuses are still-born, in other cases they survive for a few hours or days; but there are rare instances where they live for extended periods. It is these which find their way into travelling shows and circuses.

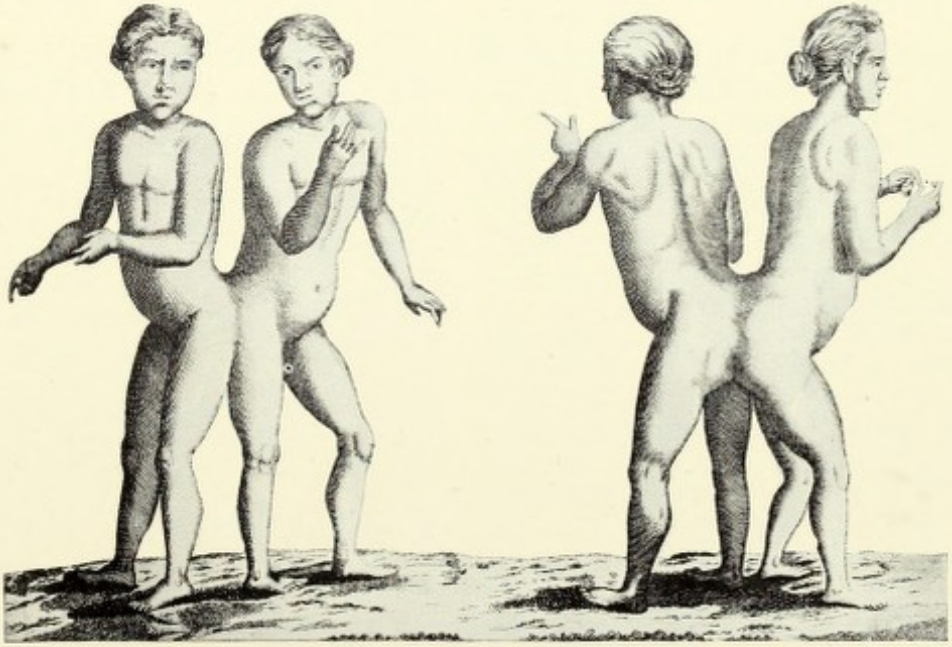
Paré mentions such a case reported by Munster, who saw "two girles perfect and entire in every part of their bodies, but they had their foreheads so joined together that they could not be parted or severed by any art: they lived together ten years, then the one dying, it was needful to separate the living from the dead: but she did not long out-live her sister, by reason of the malignity of the wound made in parting them asunder."[1]

Among the most remarkable cases in modern times was that of the Siamese twins, two brothers, Chang and Eng, born in Siam in 1811, both fully formed and normal in every way except for being joined together at the lower part of the sternum by a band some four inches long which allowed them to turn

[1] Ambrose Paré, *Works*, p. 967. London, 1634.



TWIN FŒTUSES IN UTERO
(After Ramsbotham).



THE HUNGARIAN TWIN-SISTERS
For description see text page 327.

slightly sideways in the direction of each other. They slept and took their meals at the same time. They were a little over five feet in height. After touring the world they settled down as farmers in America, marrying two English girls. Chang had six children and Eng five. They died in 1874 at the age of sixty-three, on the same day, Eng surviving a few hours longer than Chang.

Another celebrated case of abnormal twins was that of the Hungarian sisters, Helen and Judith. They were born at Szony in 1701. Joined together at the small of the back, they stood half-sideways in relation to each other, and when one sister went a step forward the other was compelled to move backward. Du Plessis, who was the first to describe these sisters, says: "I asked the father and mother if they could not be separated one from the other? but they answered, no; because the urinary and fæcal vessels and passages were so united, as to have but one issue for the urine, and another for the excrement, betwixt both."[1] They were exhibited in many European countries, and it is stated, were intelligent and could speak three languages. They lived to the age of twenty-three years.

In even more rare cases one twin exists as a parasite upon the other. Perhaps the most remarkable case of this nature is described by Gaspar Bartholini in his *Historiarum Anatomicarum Rariorum* (1654). A Genoese named Lazarus Colloredo was born with a small brother attached to and growing out of his breast. The only part of this parasitic child which developed was the head, which grew much larger than that of Lazarus. Apparently the parasite was practically unconscious, securing its nourishment through the brother. The excrement, says Bartholini, "was emitted from the parasite's own mouth, nose and ears."

TYMPANITES. Chronic distension of the abdomen, as a result of an accumulation of gas. Popularly termed drum-belly. It is sometimes mistaken for pregnancy.

TYSON'S GLANDS. The sebaceous glands of the corona penis and the foreskin producing the smegma which collects underneath the foreskin.

U

UBERIS APEX. The nipple on the female breast.

ULCER. A necrosis of the tissue of which the skin and mucous membrane are composed. There are many different types of ulcer. The initial lesion of syphilis is often referred to simply as an ulcer.

ULCUS DUREM. The hard syphilitic chancre.

ULCUS MOLLE. The suppurating ulcer or chancroid.

ULCUS SYPHILITICUM. The syphilitic chancre.

UMBILICAL CORD. The rope-like structure, consisting of arteries and the umbilical vein, which connects the fœtus in the womb with the mother, and through which nourishment is obtained. It measures about twenty inches in length and half an inch in diameter. The cord is cut immediately after the birth of the child.

UMBILICAL SOUFFLE. *See* UTERINE SOUFFLE.

UMBILICUS. The conical depression in the centre of the abdomen. It is the cicatrix resulting from the severing of the umbilical cord after birth. Called also the navel and belly-button.

UNCTION. Same as UNGUENT.

UNGUENT or UNGUENTUM. A medicament or an ointment for rubbing into the skin or mucous membrane.

UNGULA. A surgical instrument employed in the removal of a dead fœtus from the womb.

UNICELLULAR ORGANISM. An organism consisting of one cell only.

UNICISM. The belief, which has now few adherents, that all forms of venereal disease result from infection with one kind of organism.

UNIGRAVIDA. A woman with child for the first time.

UNILATERAL. Restricted to one side of the body only.

[1] *Philosophical Transactions*, Vol. L, p. 316.

UNIPARA. A woman who has given birth to one child only or who is undergoing her first confinement.

UNISEXUAL. The normal state of human beings and animals, i.e. having the sex organs of either male or female only as opposed to the state of pseudo-hermaphroditism.

UNSEXED. Devoid of sexual powers, as the castrate. The term is often wrongly used to indicate sterility.

UNWELL. A popular euphemism for the menses.

URACRATIA. *See* ENURESIS.

URÆMIA. The condition caused by the retention in the blood of substances which should pass away in the urine. It is characteristic of some forms of albuminuria, and is a cause of nausea, headache, foul breath and other conditions.

URANISM. *See* HOMOSEXUALITY.

URANIST. A male who experiences sexual attraction towards his own sex. *See under* HOMOSEXUALITY.

URATURIA. The condition where the urine contains an excessive proportion of urates.

URELCOSIS. An ulcerated condition of the urethral canal.

UREORRHEA or UREORRHŒA. The passing of an abnormal quantity of urine, as in diabetes.

URESIÆSTHESIS or URESIESTHESIS. The urge to pass water, especially where the desire is more than ordinarily frequent or urgent.

URESIS. The act of passing water.

URETER. A tube (one of two tubes) which acts as a canal for the passage of urine from the kidney to the bladder. It is about eighteen inches in length.

URETERECTOMY. The surgical operation for the removal of the whole or part of one or both of the ureters.

URETERORRHAPHY. The surgical operation for the repair of the ureter by suturing.

URETHRA (FEMALE). The canal connecting the bladder with the vulva, used solely for the voiding of urine. It is wider and shorter than the male urethra, measuring only some one and a half inches in length.

URETHRA (MALE). The canal which runs from the bladder through the penis, used habitually and daily from childhood to old age for the passing of water. It is also used at times of sexual excitation, during the reproductive years, for the conveyance of seminal fluid. It measures some eight or nine inches in length.

URETHRALGIA. The experiencing of pain in the urethra.

URETHRATRESIA. Narrowing of the urethra through atresia, or imperforation of the canal.

URETHRECTOMY. The surgical operation for the removal of the whole or part of the urethra.

URETHREMPHRAXIS or URETHROPHRAXIS. Any form of obstruction or blockage of the urethral canal.

URETHRISM or URETHRISMUS. An irritable condition of the urethra.

URETHRITIS (CHRONIC). An inflammatory condition of the urethra. It is deep-seated and continues for long periods at a stretch. It usually follows urethritis of gonorrheal or non-gonorrheal origin. The indications are concerned with the passing of urine. There is much discomfort both before and after micturition, pain during the actual voiding of urine, and an almost continual desire to empty the bladder.

URETHRITIS (GONORRHEAL). A specific form of urethral inflammation due to gonorrheal infection. Usually the symptoms are slight and clear themselves up as the infection, by continuity, affects other genital organs. This is the most disturbing feature of gonorrheal urethritis, as, in so many cases, it causes the infected individual to delay treatment. Indeed, in the woman, the infection is very often never even suspected. *See* GONORRHEA.

URETHRITIS (NON-SPECIFIC). *See* URETHRITIS (SIMPLE).

URETHRITIS (SIMPLE). An inflammation of the urethra resulting from some cause other than infection with the gonococcus. It is referred to popularly as a "cold in the bladder." It may be due to dietetic errors, a severe chill or chronic alcoholism. In some cases it results from irritation by strong chemical douches, through injury caused by insertion of metal objects or instruments used for masturbatory purposes, or even the loss of these implements in the urethral canal. Once the cause of the inflammation is located, a cure is an easy matter.



THE SIAMESE TWINS

For description see text pages 326–7.



LAZARUS COLLOREDO

For description see text page 327.

URETHRITIS (SPECIFIC). *See* URETHRITIS (GONORRHEAL).

URETHRITIS (SYPHILITIC). The primary syphilitic chancre is sometimes situated at the orifice of or within the urethra. The discharge which usually accompanies the lesion may lead to a diagnosis of simple urethritis.

URETHROBLENNORRHEA or URETHROBLENNORRHŒA. Gonorrheal urethritis.

URETHROCELE. Falling of the mucous membrane of the urethral wall so that it protrudes through the urinary orifice. It looks like, and is sometimes mistaken for, a tumour, hence the name. It is peculiar to the female.

URETHROMETER. An instrument used in ascertaining the diameter of the urethral canal.

URETHRORRHAGIA. Bleeding from the urethral canal.

URETHRORRHAPHY. The surgical operation in which an opening or fistula in the urethra is closed by stitching.

URETHRORRHEA or URETHRORRHŒA. A discharge of thick sticky fluid from the urethral aperture, usually in the morning and immediately following an erection. Sometimes there is more or less continuous leakage. Urination is often difficult in consequence of the lips of the meatus being stuck together. For these reasons, urethrorrhœa is very often confounded with gonorrheal urethritis.

The condition is rarely pathological, being due solely to over-activity of the urethral secretory glands. This over-activity may result from much sexual excitation or activity whether in the form of coitus or masturbation. The evil effects of urethrorrhœa are almost wholly psychological, due to worrying over the discharge after reading alarming nonsense in popular sex guides and advertisements. The cure lies in becoming convinced that the condition is one that need occasion no anxiety.

URETHRORRHŒA EX LIBIDINE. The name given by Fürbringer to the discharge of thick fluid from the male urethra which sometimes occurs during the sex act and before orgasm.

URETHROSCOPE. An instrument which dilates the urethra and facilitates the interior examination of the canal.

URETHROSCOPY. The inspection of the urethral mucous membrane with the aid of the urethroscope.

URETHROSTENOSIS. Another name for stricture.

URETHROSTOMY. The surgical operation for the creation of an opening or fistula into the urethra where the stricture is incurable.

URETHROTOME. A surgical instrument for cutting into a stricture of the urethra.

URETHROTOMY. The surgical operation for dividing a stricture of the urethra.

URINÆ PROFLUVIUM. Discharge of an abnormally large quantity of urine, as in diabetes.

URINA JUMENTOSA. Urine that is cloudy and smells like that of a horse.

URINARY BLADDER. *See* BLADDER.

URINARY CALCULUS. *See* CALCULUS.

URINE. The fluid or water excreted by the kidneys. It passes into the bladder and is finally expelled through the urethra. Normally urine should be transparent, amber-coloured and bitter to the taste. It varies, however, in appearance according to the nature of the food and drink consumed. It is greatly increased in quantity and frequency of urination if considerable amounts of liquid, especially water or beer, are taken.

Among most primitive and savage tribes urine was supposed to possess magical powers. It was frequently sprinkled over individuals to ward off evil or to bring good luck. There are strong grounds for the supposition that the original holy water consisted of human or animal urine.

With the coming of civilization urine ranked as a therapeutic agent of much value and at one time was much used by the medical profession. William Salmon, a seventeenth-century physician, in *The London Dispensatory* (1678) advocates the use of urine in the treatment of dropsy and jaundice, and for facilitating delivery during childbirth. Two hundred years later we find G. F. Masterman, in a letter published in the *Lancet* (October 2, 1880, p. 562), saying that "beef-tea, except in the absence of uric acid, differs but little from healthy urine." Richard Neale, in the *Practitioner* (November 1881, p. 345), mentions that in South America and

Batavia urine has a high reputation as a medicine. He says: "One of the worst cases of epistaxis ceased after a pint of fresh urine was drunk, although it had for thirty-six hours or more, resisted every form of European medicine. This was by no means an unusual result of the use of urine, as I was informed by many of the natives." And further, says Dr. Neale, "I have frequently seen a glass of a child's or young girl's urine tossed off with great gusto and apparent benefit." More recently, Cyril Scott mentions a Yorkshireman named Baxter who asserted "that he had cured himself of a cancerous growth by applying his own urine in the form of compresses and by drinking his own urine neat."[1]

It may, too, be worthy of mention that among breeders of poultry, and particularly game-fowls, human urine has a great reputation as a "conditioner" for birds intended for exhibition.

URINE (INCONTINENCE OF). Inability to retain the contents of the bladder. A condition which occurs in children and in old age. The causes are many. *See under* ENURESIS.

URINE (RETENTION OF). This condition is the exact opposite of incontinence, the urine being retained in the bladder. Most pathological cases are due to some form of urethral obstruction, such as stricture, or the presence of a calculus or new growth. Inflammation of the prostate gland and tabes dorsalis are other causes. In old age it may be due to loss of muscle tone or weakened nerve endings of the bladder.

In young men the cause is often psychological and purely temporary, as in cases where although desirous of emptying the bladder one finds it impossible to pass water in the presence of other men, particularly where a public urinal is filled to capacity and others are awaiting their turn. Hammond instances a case of this nature which he himself witnessed. It concerned "a wager between two men that one of them could not urinate in the other's hat." The man who undertook to perform the act, despite the fact that he had a full bladder, found himself unable to void a single drop of urine; and after straining for a full half-hour, the time limit agreed upon, to the accompaniment of the ribald cheers of the spectators, he desisted. "Five minutes afterwards," says Hammond, "in the solitude of a woody lane, he evacuated over a pint."[2]

Deliberate holding of the urine in the bladder may sometimes result in micturition being impossible without surgical attention. Young men should never, through exaggerated shyness in the presence of the female sex, neglect to answer the call of Nature.

In the female the pressure of the fœtus is a common cause during pregnancy. Also a large fibroid in the womb or a new growth in the cervix will exert sufficient pressure on the neck of the bladder to interfere with urination. Hysteria is also a frequent cause of temporary retention of urine.

URINE (SUPPRESSION OF). This condition should not be confounded with retention of urine. In cases of suppression the fluid either does not reach the bladder or is secreted by the kidneys in abnormally small quantity. In most cases it is the result of disease of or injury to the kidneys, or some obstruction in the ureters which convey the urine from the kidneys to the bladder. Purely temporary instances of suppression may be due to psychological causes, such as hysteria or a sudden shock, and must not be confused with suppression due to pathological causes.

URINOMETER. A hydrometer used for ascertaining the specific gravity of the urine.

URINOSCOPY. The examination of a patient's urine for diagnostic purposes.

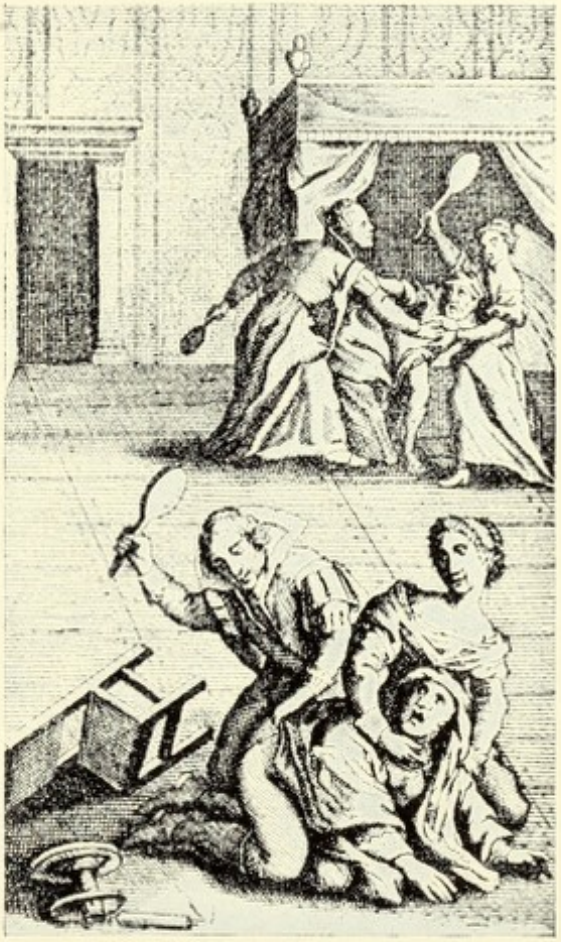
URNING. The term coined by Ulrich to designate a male homosexual. The female homosexual he termed an urningtin.

URNISM. That form of sexual perversion known as homosexualism.

UROCELE. An enlargement of the scrotum due to the collection of urine.

UROCHESIA. A condition where urine is discharged through the bowel with the fæces.

[1] Cyril Scott, *Doctors, Disease and Health*, p. 284. Methuen, 1938.
[2] W. A. Hammond, *Sexual Impotence in the Male and Female*, p. 232. Davis, Detroit, 1887.



PUNISHMENT WITH BRUSHES

From a seventeenth-century copper-plate engraving.

(See article on Urtication, page 331).

UROCLEPSIA. The dribbling of urine, of which the sufferer is unconscious, sometimes found in old men.

UROCYSTIS. The bladder.

UROCYSTITIS. Inflammation of the bladder.

URODIALYSIS NEONATORUM. The partial or complete failure to pass water in infancy due to suspension of the activities of the kidneys following some illness.

URODIALYSIS SENUM. The partial or complete failure to pass water in old age due to suppression of the activities of the kidneys following some illness.

URODOCHIUM. A vessel for catching the urine in cases of incontinence.

URODYNIA. Pain experienced in the act of making water.

UROLAGNIA. Where sexual libido is aroused by the sight of a person, usually of the opposite sex, in the act of passing water. It is a rare form of sexual perversion in the human race.

UROMANCY. The method of diagnosis based upon inspection of the patient's urine.

UROMELUS. A monster, with imperfect, distorted and fused lower limbs, and with one foot only. *See* MONSTER.

UROPSAMMUS. The presence of gravel in the urine.

URORRHAGIA. The discharge of urine in abnormally large quantity.

URORRHEA or URORRHŒA. An inclusive term used to indicate both polyuria and enuresis, which see. *Urorrhea mellita* is a form of diabetes.

UROSIS. A general term for all forms of disease affecting the urinary organs of both sexes.

URTICATION. A form of flagellation in which the instrument of fustigation is a bunch of ripe nettles. Urtication was widely employed by the Romans and contemporary races as a sexual stimulant and in the treatment of certain diseases. The practice undoubtedly survived to some extent through the ages, being recommended by Millingen as comparatively recently as 1839.

Although this particular form of erotic stimulation is now obsolete, a somewhat analogous practice is by no means unknown. The method adopted is to employ a stiff-bristled hand-brush, with which the flesh is both belaboured and rubbed. There are many references to the use of the brush in works on flagellation, and apparently this form of stimulation is customary in many continental and South American brothels. *See under* FLAGELLATION.

UTERINE APPENDAGES. The Fallopian tubes and ovaries.

UTERINE BROTHER. A male child comprising one of two or more children with the same mother but different fathers. Also used in reference to one of two male fœtuses while in the womb together.

UTERINE CATARRH. Inflammation of the lining of the womb.

UTERINE MASK. The pigmentation sometimes occurring on the face and body during gestation. Also referred to as *chloasma uterinum* or *chloasma gravidarum*, and the mask of pregnancy.

UTERINE SOUFFLE. The vascular sound in the womb from the sixth month of pregnancy onwards, distinguishable with the aid of the stethoscope.

UTERINE SOUND. *See* SOUND (UTERINE).

UTERINE SWAB. *See under* SWAB.

UTERINE TUBES. *See* FALLOPIAN TUBES.

UTERO-CERVICAL CANAL. The passage or channel formed by the womb and the cervix in continuation.

UTEROGESTATION. Pregnancy devoid of any abnormal features.

UTEROMANIA. Same as NYMPHOMANIA, which see.

UTEROTOMY. Another name for Cæsarean section.

UTERUS. This pear-shaped organ is about three inches long and two inches wide. It is capable of tremendous expansion to accommodate the growing fœtus during pregnancy. The uterus is composed of three parts: (1) the fundus or upper portion of the organ, (2) the cavity or body, and (3) the cervix. The cervical part projects into the vagina in the form of a knob of flesh, containing a small aperture, the termination of the cervical canal, known as the external os or mouth of the womb. Between the internal os, where the cervical canal joins the cavity of the womb, and the external os, the canal bulges somewhat. The position of the uterus, between the bladder and the rectum, renders it liable

to displacement through the pressure exerted upon it by either of these other two organs. Thus a full bladder forces the womb backward, while a full rectum presses it forward.

UTERUS (GRAVID). The womb during the period of gestation.

UTERUS (INVOLUTION OF THE). The return of the womb to its normal size and state after childbirth. This return is a gradual process, occupying some six weeks, as the organ has to shrink to a twentieth part of its size immediately after parturition.

UTERUS (MALFORMATIONS OF THE). The womb is subject to many malformations, of which the most common are:

Uterus acollis: a womb minus the neck or portion which protrudes into the vagina.

Uterus bicornis: where the body of the womb is divided into two parts.

Uterus bifidus: a womb with two cavities.

Uterus biforis: where the mouth of the womb is divided into two parts.

Uterus cordiformis: a womb shaped like a heart as a result of imperfect development.

Uterus duplex: a double uterus.

Uterus infantile: a womb that has never developed.

Uterus unicornus: where one half only of the womb is properly developed.

UTERUS (RETROFLEXION OF THE). A displacement of the womb in which it is bent sharply upon its own axis. It is a frequent causative factor in dysmenorrhea and uterine colic. Kisch mentions the danger of this displacement being caused by the habit, common among young girls, of holding the urine in the bladder for long periods. Also he instances neglected constipation as another frequent cause.

UTERUS (RETROVERSION OF THE). A displacement of the womb where it is tilted backward, without any bending upon its own axis as in retroflexion.

UTERUS (SUBINVOLUTION OF THE). The condition where the womb does not fully recover its normal condition after childbirth and the puerperium. It is usually caused by a curtailed lying-in period, resumption of sexual intercourse too soon after parturition, cervical tears, or failure to expel the afterbirth.

UTERUS (SUSPENSION OF THE). The surgical operation in which the womb is sutured to the wall of the abdomen. Hysteropexy.

V

VACCINOSYPHILIS. The transference of syphilitic infection in the process of vaccination. This is possible in two ways; either by the use of an infected instrument, or by means of vaccine containing the micro-organisms of syphilis.

VAGINA. The canal or passage which connects the womb, at its cervical end, with the vulva. It is situated between the urethra and the anus. It is into this passage that, during normal coitus, the male organ is inserted and where ejaculation occurs. The sides or walls of the vagina come together and the organ only becomes a canal or tube, in the true sense of the term, during penile intromission or the passage of mucus or menstrual discharge. These walls are capable of great distension, and for this reason it is rare that the penis is too small or too large, irrespective of the relative sizes of man and wife.

As the vagina is devoid of glands, the secretion, which is an acid one, is relatively small and scarcely noticeable. This slight secretion serves the useful purpose of keeping the genitals moist and facilitating the sex act. Any persistent excessive secretion should be looked upon as indicative of a pathological condition of the vagina, cervix, womb, or tubes. It may be nothing serious, but it is well in any such case to secure medical attention. If the discharge consists of blood or is foul-smelling, there are presumptive grounds for fearing cancer of the womb or the cervix, and not a moment should be lost in securing expert advice.

The vagina measures some three or four inches in length along its anterior wall, and five to six inches along its posterior wall.

VAGINA (FALLING OF THE). *See* COLPOPTOSIS.

VAGINAL CANAL or PASSAGE. Same as VAGINA.

VAGINAL CUL-DE-SACS. The two depressions or pouches, one on either side of the womb. One is situated between the womb and the rectum, the other between the womb and the bladder.

VAGINAL DOUCHE. *See* DOUCHE.

VAGINAL HYSTERECTOMY. The surgical operation for the removal of the womb through the vagina.

VAGINALITIS. Inflammation of the membrane surrounding the testicle, i.e. the tunica vaginalis.

VAGINAL OPENING (SIZE OF). The size of the mouth of the vagina varies considerably in women according to their age and sexual experience. In a virgin girl, with an intact hymen, the opening will normally admit the entrance of the tip of the first finger only. In a woman who has experienced sexual intercourse, but has not given birth to a child, three fingers bunched together can usually be inserted. In a woman who has given birth to children the whole hand can often be inserted with ease.

VAGINECTOMY. The surgical operation for the removal of all or part of the vagina in the female or the tunica vaginalis in the male.

VAGINISMUS. Spasmodic painful contractions of the muscles at the entrance to the vagina when the sex act is attempted, preventing its completion in circumstances other than brute force. The cause may be an abnormally tough hymen, inflammation or trauma at the vaginal orifice. More often the trouble is purely psychological. It is common in neurotic women, particularly in cases where coitus has proved painful and there is marked fear of or disinclination for its repetition.

The possibility of vaginismus being simulated is not to be overlooked. Where there is dread of pregnancy or of contracting venereal disease, in many cases the creation of an imaginary vaginismus provides a means of avoiding cohabitation.

Vaginismus is often confounded with dyspareunia. The distinction is important. Whereas in vaginismus coitus (except by force) is impossible; in dyspareunia coitus is painful and difficult but it can be performed.

Sometimes termed colpospasmus.

VAGINITIS. Inflammation of the vagina. Owing to the absence of any marked symptoms other than a purulent discharge, which may be thought to be of no consequence, the condition is often neglected. Kysthitis.

VAGINODYNIA. The experiencing of pain in the vagina.

VAGINOSCOPE. An instrument used in the examination of the vagina. Sometimes called a vaginal speculum.

VAGITUS. The squalling noise made by a newly-born child.

VAGITUS UTERINUS. The squalling of the child during the process of labour, but before delivery. It commences as soon as the ruptured membranes permit the access of air to the womb.

VAGITUS VAGINALIS. The squalling of the child at the stage of labour when the fœtal head is within the vagina.

VAMPIRISM. The belief that certain dead persons known as vampires leave their graves during the night and suck the blood of living persons. At one time this belief was prevalent throughout most parts of the civilized world, reaching perhaps its greatest ecumenity during the witch-persecutions of the Middle Ages. Many forms of disease characterized by progressive weakness or emaciation were attributed to the nocturnal bloodsucking activities of vampires.

VARICOCELE. Enlargement or thickening of some portion of the spermatic cord. It is usually unilateral, and in most cases on the left side. It is a condition noticeably prevalent in the young and unmarried. Sanford suggests that varicocele is probably "due to a local chronic passive congestion induced by unrelieved sexual stimulation or by overindulgence."[1]

The indications are a "dragging down" feeling in the affected testicle, which may hang much lower than the other. It is usually the sight of this enlargement which induces the subjective symptoms of depression, melancholia, and

[1] Henry L. Sanford, in chapter on "Hydrocele, Hematocele, Spermatocele and Varicocele" in Cabot's *Urology*, p. 474.

general alarm, and often causes the sufferer to answer quack advertisements. "The quack and the charlatan," says Sanford, "have found in varicocele a gold mine."[1] It is important that every young man should remember that the left testicle normally hangs lower than the right, a fact which has often caused a false self-diagnosis of varicocele.

Unless there is chronic enlargement and much pain operative treatment is rarely necessary or advisable in view of the risk of testicular atrophy as a possible aftermath. Where there are no symptoms except psychological ones, treatment other than the disbursing of the patient's fears, is unnecessary.

VARICOCELECTOMY. The surgical operation for the removal of the whole or part of a varicocele.

VARICOMPHALUS. A varicose swelling at or in the region of the navel.

VASA EFFERENTIA. Numerous small ducts which convey the secretion of the testicle into the epididymis.

VAS DEFERENS (plural VASA DEFERENTIA). The duct or canal which empties the secretion produced by the testicle and stored in the epididymis, into the ejaculatory duct of the urethra. It runs from the epididymis to the base of the bladder, a distance of some twenty-four inches. It is the vas deferens which is severed and tied for the purpose of sterilization. *See under* STERILIZATION and VASECTOMY.

VASECTOMY. The cutting or tying of the vas deferens, which thus prevents that part of the seminal fluid produced in the testicle reaching the urethra. It is the operation now employed for the purpose of sterilizing the male. To this end, double vasectomy is essential. The operation is also adopted for rejuvenating purposes, but here unilateral vasectomy (the Steinach operation) is sufficient.

The operation may be carried out under general or local anæsthesia. Norman Haire advises the use of a general anæsthetic, which does not involve the retardation of healing which is characteristic of any operation performed under a local anæsthetic. The spermatic cord in the testicle is easily identified under the skin of the scrotum. A two-inch incision is made and the exposed duct lifted with forceps and separated from the adjacent tissue. The cord is then ligatured in two places an inch or so apart and the intervening portion cut away. After this the wound is closed by suturing, and sealed. The operation takes about five minutes. Also termed deferentectomy and sterilization.

VECTIS. An obstetrical instrument used as a lever for the fœtal head in a case of difficult labour.

VELAMEN VULVÆ. The abnormal elongation of the nymphæ seen in the females of certain South African tribes. It is better known as the Hottentot apron. *Ventrale cutaneum.*

VENEREAL DISEASE. The term includes any form of infective disease of the genitals acquirable through sexual intercourse.

VENEREAL DISEASE (FOURTH). Erosive and gangrenous balanitis, which see.

VENEREAL DISEASE (SIXTH). *See* LYMPHOGRANULOMA INGUINALE.

VENEREAL DISEASE (THE WAR ON). Ever since Columbus, rightly or wrongly, was credited with bringing syphilis to Europe, civilization has waged war on venereal disease. It was only when Europe became thoroughly alarmed at the incidence of the most dreaded of venereal infections, that prostitution touched its lowest depths of obloquy. Now, as then, prostitution and venereal disease are linked together, and, by implication, the idea is widespread that if prostitution could be eradicated venereal disease would be unknown. Actually there is no evidence to prove that any such result would follow the end of the professional prostitute.

Nothing in the world has done more to retard the struggle to decrease the toll of venereal disease than the mixing of what should be a purely medical and scientific question with ethics, morality and religion. It is this ecclesiastical reaction of society to the problem that has, for hundreds of years, caused the bulk of the people, including many members of the medical profession, to look upon

[1] Henry L. Sanford, in chapter on "Hydrocele, Hematocele, Spermatocele and Varicocele" in Cabot's *Urology*, p. 474.

VENEREAL DISEASE (THE WAR ON)

a venereal infection as a visitation from God. How this conception has retarded progress towards the conquest of venereal disease is apparent if we glance for a moment at certain historical records.

Towards the close of the fifteenth century, syphilis was playing havoc among the civil and military population of almost every city in Europe. The afflicted were to be found in all ranks of life. No treatment seems to have been given or offered. The infected individuals were treated like so many lepers—driven from their homes or lodgings, they were left to die or to recover according to the whim of God. As the prostitutes were speedily infected and in turn spread the disease among their clients, the outcry against them reached great dimensions, and they were hounded from one city to another. In those days the nature and treatment of the venereal infections were so little understood, that a cure, if it were ever attempted, was rarely effected. Moreover, the prevailing opinion was that any venereal disease constituted God's punishment for the sin of man. This attitude, coupled with the dread fear of infection, resulted in the ostracism of, and lack of any sympathy for, the suffering. Physicians, partly on religious and moral grounds and partly through fear of contracting the infection themselves, for a long time refused to treat venereal disease.

At last, however, when it was demonstrated that venereal infections were almost always contracted through sexual intercourse alone, some crude attempts were made to provide places for the treatment of the malady. In 1505 the French Government passed a decree providing for the building of a hospital for persons attacked by the "large pox," but through the opposition of the clergy, it was not until some thirty years later that provision was actually made for the treatment, along with sufferers from other diseases, of those afflicted with syphilis. Even with this much accomplished, the plight of the patients was a pitiable one. The conditions inside the hospital were deplorable, the treatment was of the crudest, and, because of the moral obloquy attached to the infection, every patient suffering from a venereal disease was soundly whipped both on entering and on leaving the establishment.

Towards the close of the seventeenth century, and for some hundred or so years after, we find in France two hospital-prisons in evidence for the treatment of venereal infections; that of Bicêtre for severe cases and that of Salpétrière for mild infections.

According to contemporary accounts by those in a position to have intimate knowledge of the subject, these hospitals were blots on the civilization of their day. The conditions under which the poor wretches afflicted with venereal infection were housed and the nature of the treatment meted out to them were alike almost unbelievably bad. It is true that in those days all medical treatment was primitive to a degree, that surgery was of the crudest stamp, and that hygiene was practically unknown. But even so, the physicians and surgeons attached to the hospitals themselves admitted the barbarity of the treatment dispensed to those who were looked down upon as social lepers and outcasts. The wards were badly overcrowded, in each bed several women were compelled to sleep together, the bed-linen was filthy, vermin-infested and often in rags, the food was of the poorest and cheapest procurable and deficient in nutritive qualities. All told, it was a marvel of marvels that any patient ever came out alive. This catalogue of evils was a sufficiently terrible and heartrending one; but, in addition, the hospital treatment was limited to six weeks' attention, after which, whether better or worse, cured or dying, the patients were bundled out to make room for others; and, to cap the lot, all the afflicted were compelled to suffer from the distempers with which they were burdened for a full year before they could be admitted.

At this time syphilitic patients, male and female, prostitutes or otherwise, were all treated at these hospitals, or prisons, as they virtually were. Gradually, however, a series of reforms were made; the sexes being segregated, and better treatment and conditions in every way being provided. In 1828 the Government decreed that all prostitutes infected with venereal disease should be

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sent to Saint Lazare, the establishment which, in later years, was to earn notoriety as the prostitute's venereal prison.[1]

Around the beginning of the eighteenth century, a system of medical inspection was instituted in Germany. Once a fortnight prostitutes were forced to submit to examination and all infected women were detained until cured.

In England, the first serious attempt to provide any form of treatment for the venereally afflicted appears to have been in the reign of Queen Elizabeth. W. Clovves, a surgeon to the Queen, mentions in his writings that syphilis was as prevalent in England as in any other European country at that time. He speaks of over a thousand cases of venereal infection having been treated at St. Bartholomew's hospital, during a period of five years.

Later, the Lock Hospital, Southwark, founded, according to Acton, "on the site of a house for lepers," specialized in the treatment of the venereally afflicted. This hospital, which was largely kept up by private subscription, found it advisable to camouflage its real work. Acton, writing in 1857, says: "It would almost seem to one reading the annual report of the charity, that the governing body are painfully nervous lest its real aim should appear in black and white upon their pages."[2]

This would appear to have been in keeping with the policy of avoiding any mention of the venereal infections by their real names, which policy prevailed during the whole of the nineteenth century, and, in certain circles, prevails to this day.[3] Thus syphilis and gonorrhea were invariably referred to as "social diseases" or "blood poison" or "bad sickness"; brothels were dubbed "houses of ill fame" or "sporting-houses"; prostitutes themselves were described as "fallen women" or "gay ladies."

Meanwhile, in various European countries, as all attempts to suppress prostitution by punishment, imprisonment, segregation and exile, had completely failed, and the prevalence of venereal disease showed no sign whatever of abating, the thoughts of the Governments centred more and more on the medical inspection of prostitutes. It was found impossible to drive the women, diseased or otherwise, out of the cities. It was equally impossible, even with the provision of hospitals for the treatment of venereal diseases, to get those afflicted to attend these hospitals of their own free will. The only solution, it was argued, lay in making attendance compulsory. To do this entailed the rigorous observance of two regulations. All prostitutes must be registered, and all must be medically examined at frequent and regular intervals. Many continental countries adopted this system of registration and compulsory medical inspection. But others, notably Great Britain, refused to adopt any such system; the opponents of regulation basing their case mainly on the contention that the licensing of prostitutes implied the licensing of vice and was indefensible on moral and religious grounds.

With the failure, now generally admitted among those who have given to the subject careful study, of all methods of combating venereal disease by a system of medical examination restricted to prostitutes, in recent years the problem has been approached in other ways. In certain of the British colonies, notably Australia, Canada, New Zealand, and South Africa, venereal diseases are classed as infectious diseases, and notification and treatment are stated to be compulsory. It is, however, one thing to make a disease notifiable and treat-

[1] At one time as many as 100,000 diseased women were examined in France every year, the majority of whom were sent to prison for treatment.

[2] William Acton, *Prostitution Considered in its Moral, Social and Sanitary Aspects*, p. 135. Churchill, 1857.

[3] It is true that since the war a remarkable change has taken place in respect to the terminology employed by the public and by writers in contemporary novels. But this applies to expletives, vulgarisms and slang, rather than to the language of venery. *(See* OBSCENITY—CONCEPT OF.) The Press rarely refers to sexual matters in any but euphemized terminology; it still refers to pregnancy or parturition as "an interesting event."

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ment compulsory; it is quite another thing to enforce such an Act. Those who advocate these measures, and there are in every country many who favour their adoption, overlook the fact that there is no point of comparison between a venereal infection and an infectious disease such as typhoid, or smallpox, or diphtheria. One might just as well pass an Act branding constipation, or colic, or acne, or lumbago as a notifiable disease. The net result of making venereal disease notifiable is to cause the majority of the afflicted to take elaborate precautions against the discovery of their condition, even to the extent of eschewing medical advice and in its stead attempting self-treatment.[1] It must be remembered that the concealment of a dose of gonorrhea or of syphilis, at any rate in its early stages, presents no difficulties whatever. Neither of these infections indisposes the party afflicted. Indeed many women suffer from gonorrhea and do not know it. In view of all this, therefore, one need feel no surprise that at a Canadian conference held in 1931 it was admitted that there was no evidence of a fall in the incidence of venereal disease since compulsory notification was introduced. Similarly at a Medical Conference of the Commonwealth and States of Australia held in 1922, it was admitted that "private patients do not get notified," and there was "no evidence to show that the passing of this legislation has resulted in any reduction of the prevalence of congenital venereal infections." The available evidence seems to support the contention that the compulsory system fails dismally in any true sense. Its application is necessarily restricted to certain sections of the population, such as criminals, beggars, workhouse inmates, and hospital patients.

In Great Britain there is in force a voluntary system of treatment for those infected with venereal disease. Free clinics are provided in many towns and cities, where patients may be treated. There are 188 of these centres or clinics, and, according to the official figures, at these centres, during the year 1932, a total of 14,167 cases were dealt with for the first time. These figures tell their own tale. They include all three venereal infections, and it is surely too much to believe that out of the millions of men and women running the risk of venereal infection during the year, only some 14,000 become infected. Clearly these cases constitute but a fraction of the venereally diseased in the country. The failure of the scheme, for failure it is, is due to the fact that comparatively few people are prepared to advertise to the world that they are suffering from a venereal infection. It is true that the *treatment* is given in privacy, but, as in all cases of anything securable through governmental or official bodies, before the treatment can be obtained, there is a long period of waiting to be endured. This period of waiting is passed in a public room and at a certain specified time—these stipulatory conditions suffice to advertise the patient's infection as thoroughly as if his name and ailment were placarded on a public notice-board. Thus, of the infected, relatively few present themselves for treatment. In addition, those who do make an initial visit to a clinic, rarely continue their attendances until thoroughly cured. The moment the outward signs of the disease have vanished they cease to attend.[2]

In dealing with venereal disease, the great difficulty is to obtain any figures that can be conceded to be in any way reliable. The social obloquy attached to any admission of infection is so great that men and women go to any lengths, adopt any subterfuge, and lie like Ananias, rather than admit or betray that they are afflicted, or ever have been afflicted, with one of the venereal infections. The State and the medical profession aid and abet

[1] Even when those afflicted with venereal disease are discovered and reported by doctors or others to the authorities, in numerous cases they disappear and cannot be traced. In other instances fictitious addresses are given. Again, many doctors do not carry out the provisions of the Act by reporting cases to the Medical Officer of Health.

[2] The international scheme, known as "The Brussels Agreement," for the treatment of seamen afflicted with venereal disease, has largely failed for similar reasons. This Agreement, made in 1924, enables all merchant seamen and watermen of any nationality to be given free medical treatment at clinics provided at various ports.

the policy of evasion and camouflage.[1] Except in regard to inmates of prisons, workhouses and asylums, deaths from syphilis and gonorrhea are never signified as such on death-certificates. It is for this reason that the idea has got abroad that criminals, lunatics, prostitutes, *et al.* are more afflicted with venereal disease than are any other classes of society. It is probable that, popular opinion notwithstanding, prostitutes are less likely to be infected than are many of the so-called girls of respectability, and a goodly number of married women. Professional prostitutes, for the most part, in these days, take great care to avoid infection. It is a serious matter for a prostitute, registered or unregistered, to become infected, admitting that she can often and, at any rate, for some time, prevent her condition being known even to a medical man. Many prostitutes patrolling the West End of London insist upon the man using a prophylactic—they go so far as to carry in their handbags and to keep in their flats supplies of these mechanical preventives of infection. In addition, a very considerable proportion of these women themselves use a chemical prophylactic, even though it may be a somewhat crude one. Now, the majority of amateur prostitutes neither adopt themselves, nor insist upon their partner adopting, any protective measure at all—in the main they have no knowledge of prophylaxis. The minority who do know something of venereal prophylaxis, with scarcely an exception, leave the matter to the man. Married women, similarly, know little or nothing of these things, and it is a safe assumption that there are more respectably married women infected with syphilis and gonorrhea every year than there are professional harlots so infected. The bulk of the prostitutes who suffer from venereal infections are the cheap low-class women who frequent the poorer parts of the cities, and, especially, the docks of seaport towns.

There is another reason why the incidence of venereal disease is relatively lower in the ranks of professional prostitutes than among amateurs and women of respectability. After years of practice in her profession the harlot often acquires a certain degree of immunity to infection.

VENEREAL PROPHYLAXIS. Self-disinfection or personal prophylaxis is a method of preventing the contraction of venereal disease, adopted before or after intercourse. For centuries the condom has been employed as a mechanical male prophylactic; and its counterpart, the female sheath, has been used by women. But until comparatively recently little was known about chemical prophylaxis.

Metchnikoff, in 1905, was the first to draw attention to the fact that syphilitic infection could be prevented by chemical means. He used an ointment composed of calomel and anhydrous lanolin. Immediately after inoculation with the *Treponema pallidum* this ointment was rubbed into the infected area. There were no further developments. Although Metchnikoff's discovery made some little commotion in scientific and bacteriological circles, the general public knew little or nothing about it, and for moralistic, ethical and religious reasons, no practical use was made of the discovery until the war of 1914 caused venereal disease to sweep Europe. Within two years of the outbreak of hostilities the number of troops which were *hors de combat* through venereal disease was so enormous that the authorities, despairing of any method of preventing prostitutes from infecting the men,[2] became alarmed, and, despite the strong opposition of the Church, decided

[1] Euphemistic names for venereal disease are adopted by doctors and their patients. Cases of gonorrheal arthritis are referred to as rheumatism; gonorrheal vesiculitis is recorded as peritonitis or appendicitis; G.P.I., which so often is the aftermath of long-standing syphilitic infection, is described as paresis, or dementia paralytica or softening of the brain; cerebral hæmorrhage, caused by syphilis, is nearly always called apoplexy or "a stroke."

[2] Soldiers on active service, in considerable numbers, so far from avoiding infection, welcomed it. In giving evidence before the Special Committee on Venereal Disease appointed by the Birth Rate Commission, Miss Ettie A. Rout (Hon. Secretary, New Zealand Volunteer Sisters) stated it to be a fact that prostitutes suffering from venereal disease could command a higher fee than those free from disease. In considering the conflicting evidence relative to the efficacy of venereal prophylaxis, this point, that the men did not wish to avoid an infection, must not be overlooked. In her evidence Miss Rout said:

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to give the hitherto spurned discovery of Metchnikoff a trial. In the British Army, ablution rooms were provided, the men were instructed in the technique of prophylaxis, and they were supplied with the necessary materials for self-disinfection. This scheme gave place to the "packet" system. Supplies of "packets," each of which contained a bottle of permanganate of potassium tablets and a tube of calomel ointment, with instructions for use, were provided. The "packets" were not forced on the men. Any soldier could take a "packet" if he wanted one.

Practically all the armies adopted this plan, or some modification of it, during the years of war, though there was a good deal of dispute as to its efficacy. Although prophylaxis has never been made available to the civil population, it is evidently still largely relied upon to keep down the incidence of venereal disease in the forces, for, as recently as 1930, a question in Parliament respecting the provision of "pocket anti-venereal outfits, or prophylactic packets for self-disinfection," in the Navy, elicited the statement that it was "proposed to continue to provide such facilities for the voluntary use of naval personnel"; but that lectures are given conveying warnings respecting the dangers connected with "promiscuous sexual intercourse" and "no coercion is employed to induce men to make use of these facilities."

The incidence of venereal disease in the forces, as the published figures establish, certainly shows a steady and considerable decrease, but whether this decrease is wholly or partly or in any sense due to prophylaxis, is a debatable point.

In theory, chemical prophylaxis is admirable and foolproof. The specific organisms of syphilis, gonorrhea and chancroid, during the sex act, and for a little time after, either remain on the exterior surface of the genitals or at the entrance to the urethra. In these positions their destruction is an easy matter. For the organisms, deadly as they prove to be in the long run, are easily killed. Almost any germicide will suffice, even soap and water.

Certainly there can be no question that calomel ointment applied at the *proper time and in the right way* will prevent syphilitic infection; and that, in the majority of cases, permanganate of potassium, also applied at the *proper time and in the right way*, will prevent gonorrhea. But the trouble is that few men will apply chemical prophylaxis with sufficient care. In many cases, through drink, they are incapable of carrying out the essential technique at all. To be effective, prophylaxis must be done within an hour of exposure to infection; the ointment in the one case, and the solution in the other, must be applied thoroughly and carefully. Often there are no proper facilities for self-disinfection; often the man is careless; often he does it only half-heartedly; often he intends doing it but neglects or forgets until it is too late.

The technique of self-disinfection presents difficulties that are not apparent in theory. In the prevention of syphilis and chancroid, calomel or mercuric ointment must be rubbed thoroughly into every part of the penis and testicles, and in particular under the prepuce and in the region of the corona. It is often painful; it is always messy. For preventing gonorrhea, the solution of silver nucleinate, potassium permanganate, protargol, or whatever germicide is employed, *must* be forced into the urethral channel and held there for some minutes to be in any way effective. As the man is obviously unaware which of these infections he is protecting himself against, he must of necessity take precautions against the lot, that is he must irrigate the urethra with an antiseptic as well as use an inunction on the penis.

To be in any way effective, self-disinfection must be carried out after each coital act, or each attempt to perform the act. And here we touch a drawback

"Some men wanted to get diseased during the war. They would sell the discharge to other men and they would infect their genital organs with it. Some infected their eyes and came in blind." In reply to a question, "If people are going to do that to avoid the firing line, prophylaxis will not be of use?" the witness stated: "That is where the failure came in; it accounted for one-third of the Paris leave infections." *Prevention of Venereal Disease*, pp. 91-92. Williams & Norgate, 1921.

and a danger connected with the use of chemical prophylaxis. The use of antiseptics regularly is almost certain, sooner or later, to cause urethritis or balanitis. Much, of course, depends upon the resisting power of the individual concerned, but cumulatively, the use of chemicals is bound to prove harmful. Some men cannot use any protective chemical measure against syphilis or chancroid, e.g. one afflicted with phomosis, or where the glans penis is extremely sensitive. In neither the one case nor the other can an ointment be applied in sufficient quantity or with the requisite rigour and thoroughness to ensure adequate protection.

There can be no doubt, too, that the mere fact of being in possession of a prophylactic packet causes a man to take risks which, in other circumstances, he would hesitate to incur. It is true that lectures are given on the dangers of "promiscuous sexual intercourse," but such lectures are robbed of any value they might otherwise possess by the provision, coincidentally, of venereal prophylactics. You cannot tell a man on Saturday how to avoid the evil results of pleasurable vice, and on Sunday expect him to take much notice of a moral lecture against the practice of that vice.

One of the greatest arguments against self-disinfection, however, is that it inevitably leads to attempts at self-treatment. The average individual is inclined to consider that the method of self-disinfection which he is told will prove an efficient preventive of infection will prove equally efficacious as a curative agent should an infection be contracted. No argument will drive this idea out of his head, with the result that much valuable time is wasted while he is vainly attempting to effect a cure with prophylactics.

Self-disinfection in the female is much more difficult than in the male, and any chemical prophylactics used give a much smaller degree of security. Vaseline has long been employed by prostitutes as a venereal prophylactic, and while it does certainly give some degree of protection, it by no means ensures freedom from either syphilitic or chancroidal infection, and it is useless against gonorrhea. Calomel ointment, mercuric ointment, and glycerine are similarly of some service, but the female genitalia provide so many fissures and cracks which it is impossible to reach that any protection afforded must be slight. Douching with germicides often merely serves to drive the gonococci further afield. There is, too, the danger with women as with men of the constant use of antiseptics resulting in inflammation of the genital passages.

The position may be summed up by saying that, at the present stage of our knowledge, chemical prophylaxis, for both men and women, is, so far as the vast majority are concerned, impracticable and in some respects dangerous, in so far that it serves to create a false sense of security. Actually the condom is a far more efficient prophylactic, for the majority of men, than is any chemical method available. For women the one reliable method of preventing infection, where the man will not or cannot use a condom, is the wearing of a rubber sheath.

In Great Britain the sale of prophylactics, *specifically* for the purpose of preventing a venereal infection, and the sale or prescription of medicinal or other preparations for the treatment of any infection, by any other than a qualified medical man, are *illegal*.

Literature: D. Lees, *Practical Methods in the Diagnosis and Treatment of Venereal Disease*, 2nd edition, London, 1927; Sir G. A. Reid, *The Prevention of Venereal Disease*, London, 1920; George Ryley Scott, *The Sex Life of Man and Woman*, London, 1937; *Prevention of Venereal Disease* (Being the Report of the Evidence taken by the Special Committee on Venereal Disease)—Birth Rate Commission and the National Council of Public Morals, London, 1921.

VENEREAL SORE. The initial chancre of syphilis or chancroid.

VENEREAL ULCER. The suppurating ulcer of chancroid.

VENEREAL WART. *See* CONDYLOMA ACUMINATUM.

VENERY. Sexual intercourse, especially when indulged in excessively.

VENTER. The womb.

VENTRALE CUTANEUM. Same as VELAMEN VULVÆ or HOTTENTOT APRON.

VENTROSUSPENSION. The surgical operation for the correction of a displaced womb by suturing to the abdominal wall.

VENTROVESICOFIXATION. The surgical operation in which the womb is fixed in position by stitching to the bladder and the abdominal wall.

VENUS. The beautiful goddess of love and prostitution. She is supposed to have been married to Vulcan, Jupiter's deformed son, and to have had affairs with most of the gods in heaven. Venus was worshipped in many countries and under many names. Sacrifices were made to her, and the festivals dedicated to the goddess were characterized by sexual orgies of the vilest kind.

VENUS'S COLLAR. *See* MELANOLEUCODERMA COLLI.

VERNIX CASEOSA. A fatty cheese-like substance with which the skin of the newly-born fœtus is coated.

VERRUCA ACUMINATA. The moist wart-like excrescence which is sometimes found on the genitals. Also termed *condyloma acuminatum* and venereal wart. There are often numbers of these warts present at the same time, particularly if the initial lesion is neglected. Treatment consists of the application of iodoform powder or ointment.

VERSION. The moving or turning of a fœtus in the womb so that the head is brought into the correct position for normal delivery.

VERTEBRAL COLUMN. The backbone or spine. It runs from the head to the pelvis.

VERUMONTANUM. The projection of mucous membrane in the prostatic male urethra containing the openings of the ejaculatory ducts. Also called gallinaginis caput.

VESICA RUPTA. A ruptured condition of the bladder.

VESICA URINARIA. The bladder.

VESICOTOMY. A surgical operation involving cutting into the bladder.

VESICULÆ SEMINALES. *See* SEMINAL VESICLES.

VESICULITIS. Inflammation of the seminal vesicles, due to the presence of some infective organism, usually the gonococcus.

VESTIBULE OF THE VULVA. The space containing the urethral and vaginal openings. It is apparent when the inner lips are parted.

VIABLE. The term denotes that a fœtus is held to be capable of living outside the mother's womb. A normal fœtus born at any time after the completion of the seventh month of gestation, is viable; and from thence onwards to the full term of pregnancy its viability is considerably increased. There are, however, many fœtuses which go to full term and are delivered, but are not viable. This applies to practically all monsters.

VICARIOUS MENSTRUATION. *See under* MENSTRUATION (VICARIOUS).

VINCULUM CANINUM. Same as FRENUM PENIS.

VINCULUM PRÆPUTII. Same as FRENUM PENIS.

VINCULUM UMBILICALE. The navel string.

VIRAGINITY. The assumption by a female, of masculine habits, mannerisms and tastes.

VIRGA. The male organ of copulation

VIRGIN. An individual, male or female, who has never experienced sexual intercourse. In popular terminology it is applied almost exclusively to a girl. In legal terminology a female possessing an unruptured hymen. *See under* VIRGO INTACTA.

VIRGINAL GENERATION. Parthenogenesis.

VIRGINAL MEMBRANE. The intact hymen.

VIRGINITY (SIGNS OF). The presence of an unruptured hymen is popularly supposed to be evidence of virginity. It was so considered by the ancients. Inability to provide evidence of the hæmorrhage attending defloration, considered to be sufficient proof that the bride was not a virgin, was punishable with death by stoning.[1]

Although in most cases the virgin possesses a hymen of some kind, there are a few instances where the membrane is congenitally absent or has been destroyed or ruptured accidentally.

The accidental causes of rupture are many. Much depends upon the thickness and toughness of the membrane.

[1] Deuteronomy xxii. 20-21.

In some women it is so thin and delicate that the slightest force will be sufficient to effect rupture; in others it is so tenacious that nothing short of a surgical operation will suffice. In the case of the tender variety much horseback riding will be enough to cause rupture. So will jumping or any form of strenuous physical exercise. A persistent pathological condition, especially extensive ulceration, may cause destruction of the hymen. Masturbation is frequently cited as a cause of hymenal rupture, but this is doubtful. The manipulation would have to be extensive, habitual, and in most cases painful, to effect rupture.

On the other hand the presence of an intact hymen is not proof of virginity. It is not even proof that the woman has never been pregnant. Coitus can take place, and in certain cases of abnormality, such as the folding type of hymen, penetration can occur, without the membrane being ruptured.

Efforts have been made in the past, and still are made, to simulate the signs of virginity, particularly in civilized countries where virginity has always been a valuable possession. The practice is most common among prostitutes, for virginity is much sought after by their patrons. It is, for one thing, considered to be a one-hundred-per-cent guarantee against venereal infection. For another thing, to many men, intercourse with a virgin approximates to marriage. So prized an asset is virginity *in a prostitute* that in brothels the fee demanded in the case of a virgin is invariably considerably higher than that asked for the services of an experienced inmate. Often an astringent solution, such as alum dissolved in water, or vinegar, is used to tighten up the relaxed vaginal walls, and a simulacrum of the vaginal hæmorrhage is produced by arranging the "deflowering" to occur during the menstrual period. In rare cases surgical measures are resorted to, the hymenal opening being restored to the virginal one-finger dimension by suturing.

VIRGINITY (VALUE OF). Before the coming into existence of the property right in woman, and parental responsibility for the maintenance of children, virginity was not a greatly prized asset. In certain races its existence, after the coming of puberty, constituted a definite handicap. Thus, among the Tibetans, says Marco Polo, no man would "on any consideration take to wife a girl who was a maid; for they say a wife is nothing worth unless she has been used to consort with men." This attitude has persisted in many parts of the world. According to Westermarck, among the Akamba tribe in British East Africa, a pregnant girl is regarded as "a most eligible spouse"; and in the Mongwandis of the Upper Mongala and the Bagas of French Guinea, men intending marriage prefer for their wives girls who have already given birth to children.[1] Among many savage races the very fact of a woman having been the lover of many men is a great asset to her in securing a husband. The man who marries such a woman looks upon her as a most desirable creature seeing she has been successful in attracting the attentions of so many other men. "The American Chibchas and Caribs," says Sir Richard Burton in *The Arabian Nights*, "looked upon virginity as a reproach, proving that the maiden had never inspired love."

The rise of mankind from savagery to civilization, with all its economic connotations, saw a huge change. Virginity became something of value. It was a property right which woman sold to the highest bidder, the price asked being a life-long alliance with and dependency on man. After the best part of two thousand years, the sexual emancipation of woman has succeeded in bringing about a concept of virginity which, in its practical aspects, is tantamount to that prevailing among savage and primitive races. The perfection of contraceptive methods and the wide dissemination of birth-control technique, have (rightly or wrongly) negated the fear of any economic drawbacks connected with the practice of promiscuity.

VIRGO INTACTA. Strictly speaking, a female who has never experienced sexual intercourse; the evidence of which is presumed to be the presence of an intact hymen. Actually the presence of the

[1] Edward Westermarck, *The History of Human Marriage*. Fifth edition. Macmillan.

hymenal membrane is not an infallible indication of virginity; nor is the absence of the hymen infallible evidence of carnal knowledge. (*See under* HYMEN and VIRGINITY—SIGNS OF.)

Proof of a woman being virgo intacta is not nowadays, in itself, proof of sexual purity, and it does not represent sufficient evidence in a charge of adultery, as was stated in the Divorce Court as recently as March 31, 1938, by Mr. Justice Langton, thus: "No one nowadays contends that the fact that a woman accused of adultery is found to be virgo intacta is inconsistent with partial intercourse sufficient to sustain the charge of adultery."[1]

A woman cannot be *compelled* to submit to a medical examination. In the course of a trial, the judge may suggest the advisability or desirability of such an examination; but the accused has the right to refuse, and the further right to select the doctor who is to conduct any examination to which she consents. Any medical examination, without her express consent having been secured, would constitute an assault.[2]

VIRGULA. The male organ of generation.

VIRILE MEMBER. The male organ of copulation.

VIRILESCENCE. The acquirement, by a woman, usually after the menopause, of certain of the secondary sexual characteristics of the male; notably the growth of hair on the upper lip and chin, and a marked deepening of the voice.

VIRILIA. The male organs of reproduction

VIRILISM. The appearance in a woman of male secondary sexual characteristics. It occasionally appears at the menopause.

VIRILITY. The sexual potency which it is assumed is consistent with manhood.

VIRIPOTENT. The state of being fit to be married, implying in a male sexual potency; and in a female capability of conceiving and bearing a child.

VIVIPAROUS. Applicable to those animals whose offspring are brought forth alive, to which class belongs the human race.

VIVIPATION. The form of generation where the egg develops within the body of the mother.

VOMIT OF PREGNANCY. *See under* PREGNANCY (VOMITING OF).

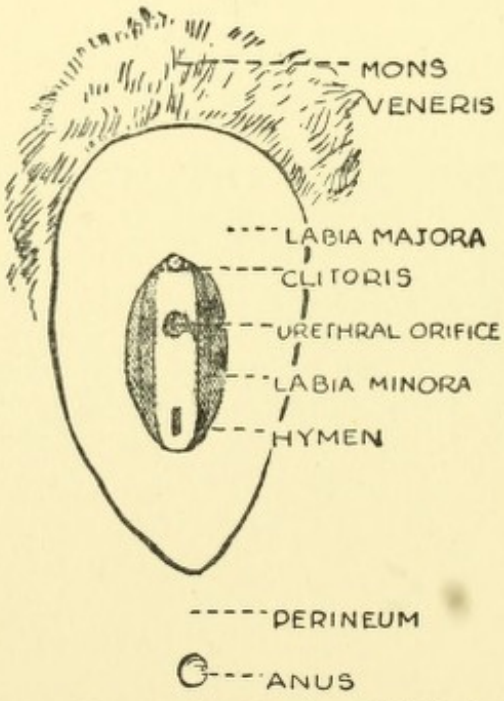
VOMIT (STERCORACEOUS). Vomiting of excrement.

VORONOFF'S OPERATION. *See under* REJUVENATION.

VOYEUR. One who derives sexual pleasure, and often sexual orgasm, from witnessing acts of intercourse and especially sexual perversions such as sodomy and bestiality. Many of the more notorious houses of prostitution pander to the perverted tastes of voyeurs by providing them with opportunities of witnessing both normal and abnormal forms of sexual intercourse.

Voyeurs often bore holes in the partitions between public conveniences for the express purpose of watching others perform the acts of masturbation which so often take place in such places.

VULVA. The entrance to the internal female private parts. It comprises the labia majora, the libia minora and the clitoris.



[*from* Facts and Fallacies of Birth Control

[1] From a report in the *Daily Mail*, April 1, 1938.

[2] With the exception of cases concerned with military law, a male person can similarly refuse to submit to medical examination.

VULVA CLAUSA or VULVA CONNIVENS. The condition where the labia majora are in close proximity, no opening being apparent until the lips are parted. This is the normal condition of the unmarried and virgin woman.

VULVA HIANS. The exactly opposite condition to *vulva clausa*, the labia majora gaping open. The condition is seen in most women who have borne children and in many prostitutes. It is common after the menopause as a result of atrophy.

VULVISMUS. *See* VAGINISMUS.

VULVITIS. Inflammation of the vulva. It is far more common in children than in adults. There is a marked inflammation of the vulva and a purulent discharge.

VULVITIS BLENORRHAGICA. A thick pathological discharge from the vulva. It is often associated with gonorrhea.

VULVO-UTERINE CANAL. The vaginal passage and the cervical canal.

VULVO-VAGINAL GLANDS. *See* BARTHOLIN'S GLANDS.

VULVOVAGINITIS. Inflammation which affects both the vulva and the vagina simultaneously.

W

WASSERMANN TEST. Although not infallible this is perhaps the most reliable test known to medical science for detecting the presence of syphilitic infection. This particular reaction of the blood is common to leprosy and yaws in addition to syphilis, but the comparative rarity of these other diseases, and their other marked characteristics, enable the physician to distinguish the syphilitic case.

It is important to take into consideration the length of time the initial lesion has been in existence, as during the first three weeks of infection the reaction is negative, while after this period it is positive. Alcohol consumed by the patient within a few days of the test being made causes the reaction to be negative irrespective of syphilis being present. A *strong* positive Wassermann reaction may be admitted as presenting indisputable evidence of infection.

A single negative is no indication of cure, and neither the physician nor his patient should ever be satisfied with it. Many cases of syphilis have developed through treatment being discontinued on the strength of one or two negative Wassermanns.

WET DREAM. A popular name for an emission of seminal fluid during the night, usually at the moment of awakening from an erotic dream. *See under* EMISSIONS.

WET NURSE. A woman engaged to suckle an infant in place of its mother, who is either unable or unwilling to suckle it herself.

WHARTON'S JELLY. The jelly-like substance which is contained in the umbilical cord.

WHIPPING. *See under* FLAGELLATION.

WHITE LEG. *See* PHLEGMASIA ALBA DOLENS.

WHITE SLAVE TRAFFIC. One outcome of modern brothel prostitution is what is generally and popularly known as "white slave traffic." Everybody who reads the newspapers has heard of "white slavery," and most people have gathered a grossly exaggerated idea as to its extent. As a result of reading the lurid accounts in the sensational Press, there are those who immediately jump to the conclusion that every girl or young woman who disappears from her home has been carried off forcibly by the monsters in human form which throng the streets of London on the look-out for girls to kidnap.

The term "white slave traffic" is a misnomer. Not by any means all the girls who are inveigled into becoming brothel prostitutes or mistresses, belong to the white races. In the East the brothels are thronged with women of every shade of black and yellow; and these girls of colour are searched for by those engaged in the business of prostitution with the same diligence as are girls flourishing paler skins.

As far as white women are concerned, the bulk of them are shipped to the Argentine and other South American States; and to Shanghai, where there is a big and steady demand for young girls of all European races.

The reasons for this demand are many. In every country in the world where the

number of males is largely in excess of the number of females, either permanently or temporarily, the demand for prostitutes is a considerable one. In newly settled countries and in other spots where, for any reason whatever, women are in the minority, does this apply. Thus the demand may shift from one place to another in accordance with the movements of men. This is well exemplified in the case of troops moving from one country to another. Wherever there is such movement, there is a demand for women. In the case of soldiers the demand is for the cheaper type of prostitute. Countries, too, which attract tourists in any quantity are suitable places for the opening of brothels, and call for the importation of foreign prostitutes.[1] Then again the erotic requirements of wealthy men, even where the shortage of women is not a particularly noticeable feature, is a factor not to be overlooked. These men are constantly requiring fresh mistresses. As the charms of one girl wear off, a new mistress is called for. And some men have a strong predilection for virgins. Then again, there are men willing to pay phenomenally high prices for girls or women who are willing to be parties to perverse sexual practices. They prefer, too, in many cases, women of a foreign race. Inevitably is there an added incentive where novelty can be added to the basic allurement of sex.

Even where the supply of native women may be adequate, it is often difficult to fill the brothels with girls of a type which the clients of these brothels require. In *all countries* having brothels and a licensing system, with or without medical inspection, it is becoming increasingly difficult to obtain recruits in sufficient numbers from among the native population. The conditions of life in these brothels, the poor remuneration, and other drawbacks, cause girls more and more to engage in free-lance prostitution; and, in countries where free-lance prostitution is not allowed, to elude registration as long as possible. In consequence, in brothels which rely upon recruiting their inmates from the local population they have to be content, in the majority of cases, with the lowest type of harlot. Often these brothels are peopled with raddled old whores. The only way to secure the services of pretty young girls is for the owners to get into their clutches foreign girls.

There is, too, yet another reason which applies in certain countries where the bulk of the prostitutes are aliens; a reason which not only leads to the retention of a system which encourages the importation of foreign women, but also prevents any measures being taken to deport such women as have entered the country.[2] This reason is simply that the Governments of these countries consider the employment of foreign prostitutes affords a considerable degree of protection to their own girls and women.

The brothels of Buenos Ayres, Shanghai, and other cities are always looking for European women suitable for their purpose.[3] Their clients are men of considerable wealth who will pay handsomely for youth and prettiness, and who tire so quickly of any one girl that they are everlastingly seeking fresh charmers. Usually a girl, after acting as a sort of temporary mistress to a wealthy client, is returned to the brothel and thence, stage by stage, sinks into the position of common prostitute. By the time the girl's freshness has worn off she has proved a most remunerative investment to the trafficker.

The business is highly organized and gives employment to a number of intermediaries, all of whom have to earn their livings in one way or another out of the girls whom they provide for the enjoyment of the brothel patrons. There are

[1] According to the League of Nations Report, Egypt, Algiers and Tunis, being tourist centres, are supplied with prostitutes by the traffickers. "The *madame* of a house of prostitution in Algiers admitted that inmates from Parisian houses were sent there at the seasons of the year when it was frequented by tourists." *Report of the Special Body of Experts on Traffic in Women and Children*, Part One, p. 14.

[2] Deportation of alien women is one of the methods of combating the traffic in women recommended by the League of Nations Investigation Committee.

[3] According to the League of Nations Report, it is estimated there are at least 4,500 foreign prostitutes in Buenos Ayres.

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the *souteneurs*, or other agents, who procure the girls in the first instance, and in some cases live on them; there are the *madames*,[1] who manage the brothels into which the girls are placed; and there are the owners, who provide the capital for the establishment of the brothels and the procuration of the girls, but who rarely appear on the actual scene of operation.

Now, despite the sensational stories which are current respecting the number of innocent girls lured from their homes by the "white slave" traffickers, the bulk of the recruits secured are already engaged in prostitution, either as fully fledged professional harlots or as amateurs. And, even of these, the professional women outnumber the amateurs by ten to one. The reasons which cause professional prostitutes to throw in their lot with the *souteneurs* who approach them are many. One compelling reason is the promise of big earnings in the South American or Eastern brothels, or the chance of becoming the temporary mistress of some wealthy business man. Especially does this prospect appeal to the inmate of a European brothel, where the earnings are probably microscopic. Again, in the case of a free-lance prostitute, the continual pressure of police interference, the difficulty experienced in earning a living, or any one of a dozen other reasons, may cause her to embrace with glee the prospect of entering a brothel in a foreign country and, especially, in one which is presented to her as a Golconda.

The amateur prostitute often falls for the bait offered by the experienced *souteneur*, only here he is not quite so sure of his ground. It is becoming increasingly difficult to distinguish between the girl who, in all but name, is a "street-walker," and the one who is merely out for a good time and would jib at the notion of becoming a professional prostitute. With the amateur, therefore, the agent adopts a different method. He takes the girl to the theatre, to the cinema, to dance-halls and to restaurants, gives her presents, and acts the part of the wealthy man about town. Eventually he suggests a foreign trip, and usually the bait is swallowed. This method is *sometimes* adopted and occasionally proves successful in the case of respectable girls of poor parentage or orphans, who are working in London or some other city far removed from their homes. With girls of these types, if every other plan fails, marriage, bogus or real, overcomes every difficulty.

Chorus girls and artistes attached to low-grade theatres and touring companies, and the hordes of girls of every kind who are anxious to get on the stage, provide a certain number of recruits. It is not difficult for a skilled *souteneur*, posing as a producer or a theatrical agent looking for likely talent for continental shows, to induce inexperienced girls to go abroad on these pretences. In many cases the girls are given jobs as dancers, singers or entertainers at cabarets which are really brothels, and sooner or later they are compelled to prostitute themselves. The first step taken, it is not long before they become brothel prostitutes in every sense of the word.

Although, in most countries, there are stringent laws against the employment abroad of girls under twenty-one years of age, the traffickers succeed in getting a good number of "underweights," as they are called.[2] They falsify the papers, and instruct the girls to swear, when questioned, to being over twenty-one.

With a negligible number of exceptions these girls who become "white slaves" do so voluntarily, and even where they may not be exactly aware of the precise nature of their proposed employment, they have a tolerably good idea that promiscuity and immorality are part of the duties expected of them. The bulk of these girls, for one reason or another, are in difficulties. Their difficulties may be of many kinds, though lack of money or prospects of securing employment of a kind they will accept are the predominating motives. Even the prostitutes who are recruited for service in foreign brothels are mainly

[1] A *madame* has usually herself been a prostitute and knows every phase of the profession.
[2] In some cases girls secure entry into a country as stowaways.

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in distress—the *successful* free-lance prostitute would spit in the face of any trafficker who made overtures to her.

Summed up, it is a relatively safe assumption that 95 per cent of the girls recruited for work in brothels have already had some experience of promiscuity; and of the remainder, 4 per cent are not unwilling to give it a trial. The traffickers are not keen upon recruiting girls who are likely to give them a deal of bother, and who, even when they are lured into a brothel, have to be raped by the clients. Few men, despite the sensational stories related in the Press, in novels, and in pamphlets published for purely propagandistic purposes, are enamoured of girls, however pretty they may be, who reject every advance and whose surrender entails the employment of force. For all these reasons the cases of kidnapping or abduction of girls for the purposes of prostitution, *against their will*, are rare.

If a young prostitute, professional or amateur, can be induced to leave her own country, she becomes a mere tool in the capable hands of those whose business it is to exploit her. Usually the girl works on a commission basis, but out of this commission she has to pay for clothes, food, perfumes, doctor's fees, and graft to the police. In most cases she is constantly in debt to the *madame* who runs the brothel. It is part of the *madame's* policy to see that the girls are indebted to her, as this gives her power over them.

Apart from fluctuations due to the movements of bodies of men, and changing conditions, the one country which, in the past twenty years, has provided the biggest scope for traffic in women is, without question, the Argentine Republic. Brazil, Uruguay, the Panama, Mexico, and Egypt also take considerable numbers of women. But overshadowing all these, and ranking next in importance to the Argentine, as a market for white women, is Shanghai. Moreover Shanghai presents a rapidly growing market. The huge Chinese and considerable cosmopolitan population of this city seem to have an insatiable appetite for prostitutes; and it is a noteworthy, and at the same time a disturbing fact, that the coloured men, in constantly growing numbers, prefer *white women*. To Shanghai, then, there is a stream of women—women of every white race and nationality, though at the moment Russians predominate. To other Chinese and Eastern cities, too, these white women, in ever-increasing numbers, are migrating. This movement is perhaps the most alarming and significant point in connexion with recent trends in the traffic in women.

So, in one guise or another, women are drawn to the cities of the Argentine, to Shanghai, and to other places, from every European country. Even England supplies a certain number, though, owing to the extra difficulties which are experienced in getting girls out of this country, the proportion of British-born recruits, in comparison with those of other nationalities, is relatively small. But, difficult as it undoubtedly is to pilot a girl past the British emigration officials, it is not an impossible feat. The practice, during recent years, of allowing those travelling to certain continental ports on day-trips to dispense with a passport, has facilitated greatly the task of the agents engaged in securing recruits. It is not by any means a difficult matter for a *souteneur* and his "wife" to make the acquaintance of a pretty unattached girl, and to get her to accompany them on a trip to France. Once on French soil, the administration of a few drops of chloral hydrate solution[1] and the girl knows nothing until next morning she wakes up in a bedroom with a strange man. She is compromised, she is helpless, she probably has no acquaintance with the language. The rest is easy.

All the seaside resorts, and especially Brighton and Blackpool, are favourite hunting-grounds for these *souteneurs*. After a few days in France, the recruits are shipped from Marseilles—the world's most notorious centre for "white slave" traders—to the Argentine and other places.

Mixed up with the traffic in women is the traffic in drugs and in obscene literature and pictures. Both drugs and obscene publications are sold in brothels at

[1] Known in the underworld as "knock-out drops."

exorbitant prices. Pictures illustrating every form of sexual perversity are part of the stock in trade of many prostitutes.[1]

Most of the girls who are recruited into the trade, even by false pretences, continue to work as prostitutes for some time. They do not leave the profession at the first opportunity. The popular idea, fanned by sensational accounts in the Press, in novels and on the films, that these "white slaves" are virtually prisoners and cannot escape, once they are "within the toils," is nonsense. Even allowing for the difficulties occasioned through being in a foreign country, with the language of which they are unfamiliar, they are not kept inside a prison cell or guarded. They could escape if they wanted to, and there is usually a representative of their own country to whom an appeal could be made. The fact that they put up with their lot is significant. And the reason they put up with their lot is, unless I greatly err, that they can see no other way of earning a living that they care to adopt.

All warnings, issued by Governments, by moralists, by social workers and by others, against entering the profession of prostitution have proved unavailing. You cannot put down vice by warning people against it. Every warning against vice is an advertisement for vice.

Attempts to suppress the traffic in women by legislative and other remedial measures have only proved partially successful. So long as women can be obtained, by any means short of actual kidnapping, there will be found men and women willing to undergo the risks connected with the traffic, and skilful enough to devise means of evading every regulation, in return for the handsome profits to be made out of the business. The root cause from the woman's standpoint, is *relative poverty*. Without the removal of this fundamental cause, which resolves itself into an economic problem of major importance, all measures to prevent or to suppress the traffic, useful as they may be in a supplementary sense or as palliatives, are essentially futile.

WHITES. A popular name for leucorrhea. See under this heading.

WHORE. A prostitute.

WHORE-HOUSE. A vulgar term for a brothel.

WIPING OUT. The process of removing seminal fluid from the female parts after coitus. It is adopted as a means of avoiding conception. The practice is said to have been originated by Japanese prostitutes as a method of preventing venereal infection. *See under* BIRTH-CONTROL METHODS (FEMALE).

WITHDRAWAL. *Coitus interruptus. See under* BIRTH-CONTROL METHODS (MALE).

WOMAN (THE EMANCIPATION OF). Wherever men forgather and the discussion of the female sex crops up, invariably does any question of woman's equality with man give effect to much jeering, ridicule and dispute. By the majority it is held that woman is intellectually inferior to man. And as evidence in support of this assumption is trotted out the hoary argument that in no walk of life has woman produced a genius: that in literature, science, theology, art, among the hundreds of names which have achieved world prominence, there are so few of them belonging to the female sex that the number ranks as a negligible one. Indeed, for every woman that the feminists, after diligent search, can discover, can be cited a list of men running to a hundred or more. One comes across statements of this nature, by the score, in books by prominent sociologists.

Even so sane an observer as Havelock Ellis makes this selfsame error when he propounds his hypothesis that genius will always find a way, and that for this very reason, woman, as is proved by all the available evidence, is inferior to man. In other words, he contends that if woman possessed mentality, courage and ability to a degree equal to the development of these same qualities in man, she would overcome every obstacle and rise to fame

[1] Free-lance prostitutes themselves are buyers of obscene literature and pictures. They find these provide additional attractions for their clients, and a man will often go home with a girl who can offer him suchlike excitants of his sexual appetite. Many of the London "street-girls" in soliciting stress the fact that they have "naughty books and pictures" in their flats.

and power. It is the old Samuel-Smiles formula for success reburnished and amplified.

In support of his argument Havelock Ellis made a detailed study of the lives of great men. The marvel of it is that one of Ellis's penetration did not realize how thoroughly his analysis upset the theory he was attempting to prove. But somehow or other he failed to take sufficiently into account the *economic* factor. He failed to grasp the profound significance of the fact that, in the overwhelming majority, his selected men of mark were *economically independent* of their respective professions. Perhaps one day some sociologist will publish a study of genius in relation to economics. I am confident that such a study would prove that, with a minority of exceptions, the chance of ability blossoming into genius owes rather more to the state of the individual's bank balance than to any other single factor. It was a thorough realization of this that caused Sir Arthur Quiller-Couch to say that in the struggle for fame a *poor* poet hadn't a dog's chance.

True enough, there have been relatively few women who have made their mark in what are considered to be the more important fields of endeavour. But it is easy to draw fallacious conclusions from this basic fact. It is not a question of whether there have lived, or there are living to-day, more men of genius and talent than women of genius and talent: it is a question of whether or not it is *possible* for woman to reach the same height of intelligence as man. And in the very fact that one woman has succeeded in climbing to the rank of genius lies the answer. If one woman can achieve what man can achieve there can no longer be any weight in the contention that woman is incapable of doing what man can do.

The error that has been made in almost every sociological inquiry into the relative intellectual capacity of man and woman, is that insufficient consideration, or no consideration at all, has been given to the economic, moral and social factors which act adversely in the case of woman and beneficially in the case of man.

The evidence procurable from historical records as to woman's remarkably poor showing in comparison with man's, is of the smallest worth. If, after locking up securely all his possible competitors, a man embarks upon a journey of discovery, however incessantly, on his return, he may bang the big drum and shout from the house-tops, it is no evidence that he has accomplished something no one else could do. And yet this is precisely what, in the past, man has done in relation to the competition between the sexes. Man, after taking the most elaborate steps to prevent any members of the female sex competing with him, has brazenly boasted of his superiority. He has made of woman a slave, a piece of property, like a horse or a rococo table; he has raised barriers to prevent, in the most effectual manner possible, her engaging in any profession or business except such as were likely to enhance the illusion of her feebleness, physically and mentally; he had saddled her with children; he has disseminated fictions respecting her unreliability, her regular affliction with queer illnesses: in short, in a hundred different ways, he has contrived to hobble her movements and to curb her mentality. So much so indeed has this been the truth that it is a matter to marvel over that in past centuries even a handful of women ever succeeded in escaping from man's imprisonment and in providing evidence of their capabilities.

Resort to this disreputable trickery has been essential in order that man could keep up the fiction of his superiority. The dual concept of God's martyr and man's plaything, created for woman by man, has been a satisfactory one. The child role, whereby all women of any culture and breeding were encouraged not to bother their heads about anything serious, but to concern themselves exclusively with looking majestically pretty, was conceded to be woman's destiny, and it very thoroughly disarmed feminine criticism in all circles where it was at all likely to crop up. Consciously in some cases, unconsciously in others, man thoroughly realized that a woman of mature intelligence constituted a potential source of danger. Even apart from anything else, it is rare to find a man who is keen on marrying a woman who is superior to himself,

whether that superiority be physical or intellectual.

Man has been helped enormously in his assumption of female inferiority by the significant fact of the stronger physique of the male, and the further fact that, for centuries, continuously recurring pregnancies and their appendages monopolized women's time, while, in addition, females were bothered throughout the most vital years of their lives by distempers peculiar to their sex. Arguing by analogy, man has disseminated the assumption that because the female sex is physically inferior to the male it is similarly mentally inferior. Scientists, medical men, psychologists and theologians have all industriously circulated this apriorism. And, not unnaturally, woman herself, a victim of male environmental influences, has accepted the notion as axiomatic: indeed, it has never occurred to her so much as to question it. Even to-day, with all her talk of freedom and equality, the modern girl is concerned almost exclusively with the idea of *sex* equality; with all her seeming iconoclasm, she still has a sneaking suspicion that she is mentally as well as physically inferior to the male sex.

The root of all this lies in the fallacious assumption that mentality is hereditary. This basic idea, together with the twin notion already referred to, that because of woman's slighter physique she starts out with an inferior capacity for mental acquirement, have become ecumenic. They take their place with the Ten Commandments. And yet they are myths. (*See* EUGENICS.)

It is true enough that modern woman, when it comes to a mere matter of brawn, is, on the average, inferior to man. But, even so, this superior physique of the male is not and never was biological. In many species of animals the female is physically more powerful and more pugnacious than the male. In many primitive races of mankind the female is the more powerful; and in others, where both sexes go about naked, there are no marked difference in the physique of the sexes.[1] It was with the advancement of civilization and woman's adoption of an ornamental role, that a marked physical differentiation became apparent. In recent years, through the coincident trend towards masculinity in woman and the physical degeneration of man, this disparity between the sexes is gradually but surely disappearing; and, additionally, in consequence of the development of the machine age, it is rapidly becoming a negligible factor in modern civilization. The huge improvement in working conditions, and the replacement of manual labour by machinery, have robbed man of any advantage that superior physique gave him. It is true, too, that during pregnancy and parturition, woman is partially or completely incapacitated. Here again, however, we have a factor which is becoming less and less effective.

It is easily demonstrable that physique has nothing to do with mentality, that many of the world's most famous men have been of the poorest physique, and in some cases actually diseased. Flaubert was an epileptic; Dumas *père* died an imbecile; Goethe suffered from hallucinations, so did Sir John Herschell, so did Mozart; Donizetti was a lunatic; Schumann died in an asylum; William Blake conversed with spirits, so did Socrates; Turner was a moron, and a vulgar moron at that; Newton, in his later years, was a gibbering maniac; Dr. Johnson heard voices, so did Descartes; Cowper spent eighteen months in a madhouse, Charles Lamb was six months in a similar institution; Southey degenerated into an imbecile; Swift required a keeper; Mohammed had visions; so did St. Paul; so, too, did Swedenborg; so, too, did Wesley; so, too, Plato; Comte's philosophy was the work of a bedlamite; Kant died an imbecile; Bunyan had hallucinations, so did George Fox, so did Francis d'Assisi; Schopenhauer, Beethoven and de Maupassant all had syphilis; Baudelaire was killed by G.P.I.; Congreve had a gonorrhea which sent him blind; Casanova suffered time after time from *both* the dreaded venereal infections.

[1] In his book, *Nudity in Modern Life* (published in 1929), Dr. Maurice Parmelee points out that in those circles where nudity is practised, there is a tendency for men and women to become more alike.

It is true that woman, in comparison with man, has made a poor show; and it is further true that the argument propounded by feminists that women have never had the same opportunities granted them as have men, is a sound argument; but all this is not sufficient to account for the great disparity between the recorded performances of the sexes. For woman has not been deprived of *all* opportunity. In addition to the openings specifically provided for her on the stage, in literature, and in art, she has had her own colleges for over a century. In recent years she has entered Parliament, and she has had sufficient opportunities for competing with man on equitable terms to render it necessary to look for some other reason, apart from and in addition to sheer lack of chance.

This reason is, I think, not far to seek. To get at it, we have only to consider the causes, apart from purely spectacular reasons, which spur man on to strenuous effort. First comes money, and second comes pride. With relatively few exceptions, men make huge and compelling efforts to make money at their profession or business—in the majority of cases it is a matter of dire necessity, this making of money. In addition, apart from the economic side, no man cares to admit failure.

Now these reasons are, so far as woman is concerned, merely incidental—they are not of primary or essential importance. As regards those particular walks in life where talent and genius find outlets, in the majority of instances, it is not so essential that such women as enter them should make money, in many cases it is not necessary at all. What to man is a serious affair; in woman is the mere whim of a dilettante. Nor does failure, in any other than a monetary sense, bother the woman. She greets it with a laugh because it is easy for her to save her face. She has always at hand, in the shape of one of the many distempers peculiar to her sex, an unimpeachable excuse for failure.

There are, therefore, indications that woman, with rare exceptions, does not exert herself to anything like the degree that does man. Through the great extension of economic difficulties in recent years, and the possibility of a still greater extension in the near future, it is conceivable that there may, in the years to come, be an alteration in this respect. When this time comes I think we shall see that woman, in literature, in art, in science, and in commerce, will prove herself in every way equal to man.

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WOMB. *See* UTERUS.

X

XENOGENESIS. The process which results in progeny markedly different from both father and mother. Heterogenesis.

XENOMENIA. Menstruation which presents some abnormal feature, as vicarious menstruation.

XIPHODIDYMUS or XIPHOPAGUS. A twin monster, the two bodies being united by the epigastrium. The Siamese twins were of this type. *See* MONSTER.

Y

YOHIMBIN. A widely recommended vegetable aphrodisiac, greatly praised by Eulenburg. It has been used by many medical men in the treatment of impotence, though its virtues in this respect, beyond those attributable to the power of suggestion, are of dubious authenticity.

YONI. The Hindu name for the female organs of generation. The yoni is symbolized and worshipped in various ways. *See* PHALLIC WORSHIP.

YOUNG PERSON. According to the Children and Young Persons' Act, 1933, a young person is "a person between the ages of fourteen and eighteen years."

Z

ZOANTHROPIA or ZOANTHROPY. *See* LYCANTHROPY.

ZOÖERASTIA. Krafft-Ebing's term for copulation between a man or a woman and an animal. *See* BESTIALITY.

ZOÖLAGNIA. A form of sexual perversion in which a man or a woman experiences erotic excitation or stimulation in the presence of animals. Such a phenomenon need not necessarily result in any overt form of sex expression, such as bestiality or zoöphilia erotica.

ZOÖMANIA. A degree of love for animals approaching insanity. It should be differentiated from zoölagnia or zoöphilia erotica, in being unconnected with sexual excitation.

ZOÖPHILIA EROTICA. Krafft-Ebing's term for the securing of sexual gratification by the mere fondling and stroking of animals. It is a form of sexual perversion often found in unmarried middle-aged and old women.

ZOÖSADISM. The name given to that form of sadism where the acts of cruelty are specifically directed against animals.

ZOÖSPERMS. The male generative organisms. Spermatozoa.

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