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SEX PROBLEMS AND DANGERS IN WAR-TIME

A BOOK OF PRACTICAL ADVICE FOR MEN AND WOMEN ON THE FIGHTING AND HOME FRONTS

BY

GEORGE RYLEY SCOTT

F.Ph.S.(Eng.), F.Z.S.

Author of "The Sex Life of Man and Woman," "Marriage in the Melting Pot," "Facts and Fallacies of Practical Birth Control"

LONDON

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". . . while I have often seen cases in which ignorance of sexual matters has contributed to a patient's misfortune, I cannot recollect ever to have been consulted by one who was suffering from too much knowledge."

J. ROSSLYN EARP *in* "*The Lancet*"
(*December* 15, 1934).

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In ordering the closure of a Soho club, which, says the *News of the World* (December 17, 1939), was "stated by the police to be one of a number of clubs opened in Soho since the outbreak of war simply to 'catch' soldiers, sailors, and airmen," the magistrate observed: "These premises seem to be run in a way which embraces everything one would desire should not exist, particularly having regard to the times in which we live."

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PREFACE

You cannot ignore sex either in peace or in war. But in war particularly it creates specific problems and difficulties. Moreover, it extends in their gravity those problems and difficulties already existent. "War," said a writer in the *English Review* (May, 1916), "is the greatest of all immoralities and leads always to sexual licence."

Young men and young women are torn from their homes and protective environments. They are thrown helter-skelter and unprepared into conditions involving exposure to the evils inseparable from war, and especially modern war. Naturally, the unsophisticated and uninitiated are in the greatest danger, and are likely to suffer most grievously.

These dangers are ever-present, whether the individuals concerned are in France, in the British camps, in the munition factories, or on the farms. Further, they affect those who are not actually engaged in war work. In the present conflict, with the black-out conditions prevailing during the long winter months, the dangers become even more insistent.

Many of us have not forgotten the war of 1914–18, and the ruin it brought into thousands of homes through ignorance, through indifference, and through neglect, on the part of the authorities, of parents, and of the youngsters themselves, in relation to the sexual difficulties and dangers which inevitably result from war and war conditions. The result was a crop of misery that only reached its fruition after the Armistice, and which, in many ways, produced reactions and aftermaths that are with us to this day. For the problems and evils created by and during war continue to exist and to have their repercussions long after the conclusion of hostilities.

During those terrible years which ended in the November of 1918, many of these evils could have been avoided if the hush-hush policy had been replaced, *in time*, by education and guidance along the right lines; by the firm tackling, at the outset, of the many perils and pitfalls peculiar to war-time conditions.

It is not too much to say that every form of sexual expression is affected by war. Even the problems concerned with adolescence, with menstruation, and the intimate difficulties peculiar to married life, take on an added significance and are extended or developed along abnormal lines as a result of the sociological and physiological upheavals due to a major war.

In the realization of all this lies the justification of the present little book, in which I have attempted to deal concisely and yet adequately with those phases of sexual life and those problems of sex which affect the social and individual welfare of all of us during war-time.

No intelligent person can deny the importance of these social problems. No one can deny the need for their treatment NOW. Upon the recognition of their importance, upon the realization of their urgency, and upon the methods adopted in dealing with them while the war is actually in progress, depend, in large measure, the future happiness and welfare of countless thousands of young men and young women living in this country to-day.

GEORGE RYLEY SCOTT.

CAMBRIDGE.

For the meaning of any words you do not understand, please consult the Glossary at the end of the book.

SEX PROBLEMS AND DANGERS IN WAR-TIME

CHAPTER I

DANGERS ASSOCIATED WITH WAR MARRIAGES

The Increase in the Marriage Rate

A FEATURE of the war of 1914–18 was the phenomenal increase in the incidence of marriage. This was only to be expected. War causes young people who are already courting to cut short the period of engagement. It induces young men and young women who, previous to the outbreak of hostilities, had no thought of marrying for years to come, to become engaged overnight, with marriage as a quick aftermath. Already, with the war of 1939 only a few months old, young people are acting exactly as did their forerunners in 1914. Engaged couples are hastening to accept full marital responsibilities; others, for the first time, are turning their thoughts to marriage.

There are many reasons for this exhibition of undue haste to embrace the marital state. As regards those couples who are already engaged, the calling up of the young men to the colours, as happens in so many cases, or even the prospect of donning uniform at an early date, is, in itself, sufficient, in a large number of instances, to cause them to marry at once.

But it is among the unengaged youngsters that most of the "war marriages" occur. Here, as regards the majority, they marry purely and simply because there is a state of war. Men who would probably have

waited years before accepting the responsibilities which marriage brings, contract alliances in haste; girls who had no thought of such a thing as marriage hasten to leave the ranks of the celibate.

In all such cases, the alternation of enthusiasm with despair, the frenzy that is associated with patriotism, the feeling that all ordinary standards and concepts of life have been swept away, lead to a recklessness that is absent in normal times. Also, with the added uncertainty of life, which is almost a universal concomitant of modern warfare, affecting the civilian population as well as those constituting the fighting forces, there is engendered a perfectly understandable wish to get the most out of a life which is threatened with sudden and tragic termination. This factor applies to both sexes; to the soldiers more perhaps than their lovers, but to both nevertheless. Hence occurred daily, in the last war, those hurried alliances in which the man on leave married before returning to the front, often his partner in the union being a girl whom he had known only a matter of days.

Why War Marriages so often fail

In nine cases out of ten the "war marriage" is a failure. At least half the total number of such marriages end in divorce or separation; the others, for the most part, drag along in circumstances of the greatest unhappiness. There are, of course, the exceptions: those cases which have proved successful in every way, but they are relatively few. The reasons for this wholesale failure are apparent if we pause for a moment to consider the circumstances in which, during war-time, such an important contract as marriage is usually made.

In the bulk of "war marriages" the male partner to the contract is a soldier. To the emotional young girl,

bulging with patriotism, every soldier is something of a hero. He does not need to be a war veteran; the mere fact of wearing the King's uniform is sufficient. Indeed, it might be said that the majority of young girls are prepared to fall in love with any young man wearing a uniform. So true is this, and to such ridiculous lengths does the obsession go, that in war-time a uniform, whether of the army, the navy, or the air force, to the average girl, ranks as a fetish.

Now, nothing in all the world, save perhaps nudity, has a greater levelling influence than the wearing of a uniform. Apart from the classification, which is obvious, into officers and privates, all soldiers are more or less alike. At least, to the average inexperienced young girl, there is no essential difference between one and another. For she is in a position where the ordinary standards, social and otherwise, by which in normal circumstances she would be able to discriminate between one man and another, have suddenly vanished.

Coincidentally, the soldier often finds himself temporarily placed in circumstances of which he had never so much as dreamed. Firstly, the levelling influence of the uniform; and secondly, the throwing to the winds of social barriers, have sufficed to enable him to get into the company of girls whom, under ordinary conditions, he could never have approached. The mystery and the attraction of the unknown, coupled with the social courage which the uniform gives, cause him to press home his advantage. As a result he marries a glamorous unknown girl much his social superior. The girl marries a glamorous unknown soldier whose inferiority is camouflaged physically by his uniform and mentally by her own disarming patriotism.

Another factor leading to hasty marriage is the increased adventurousness on the part of girls, and, in particular, girls that, in the usual way of things, would

be influenced by orthodox standards of decorum and respectability. Among the thousands of females who take up war work of some kind, whether of a voluntary or a paid nature, many are such as would, in normal times, remain at home and move in circles flanked by barriers of respectability. In connexion with the work they have elected to do, the potency of any such barrier is seriously jeopardized if it is not thrust aside altogether. Moreover, the influence of other more sophisticated youngsters is not without its effects. The result is that girls of all classes and ages are inclined to meet the young soldiers at least half-way, and flirtations are as much a part of the daily routine as is the work they have elected to do in the aid of their country.

All these marriages between socially and mentally unsuitable partners are doomed to fail. Once the romance, passion and novelty of the alliance have gone to shreds, and a saner outlook prevails, the superior partner, whether male or female, begins to have regrets. There is born a dislike that feeds upon itself, and which quickly flames into something approaching hate. Once the uniform of the soldier is discarded for the drab and unromantic clothes of civilization, the hero and his exploits sink into relative insignificance. People have had enough of war, and in a peace setting it is often difficult for a onetime soldier to live up to his reputation. Similarly, the man, in many cases, finds the wife he has chosen, relieved of her officer's or nurse's uniform and background, a very ordinary little girl of small mental power. All round, therefore, with the end of the war, and very often before, there come disillusionment and unhappiness.

Then there are the multiplicity of cases where no social or mental barriers obtrude themselves, but through sheer hurried mismating, induced by war-time conditions, tragic mistakes are made.

At all times falling in love is an occasion when sanity is at a very low ebb. Sex appeal is the ruling motive which causes the young man to fall in love with a girl. Now sex appeal is largely beauty appeal. Beauty in these modern days is 5 per cent. natural good looks, grace and charm, and 95 per cent. clothes and make-up. At all times romance knocks out to a very big extent common sense. In war-time it knocks it out altogether. Love-matches, says Westermarck, come to grief easily. They have no solid foundation.

Not to be overlooked are the cases where girls deliberately set out to secure a husband, and to this end take advantage of the conditions and opportunities brought about by war. Love does not, so far as the girl is concerned, enter into the matter. From her point of view it is more or less a plain and rather sordid business transaction. In most of these cases immediate marriage is one of the features of the scheme. The W.A.A.C., Blimey, in Helen Zenna Smith's war novel *Not So Quiet* . . . , expresses the girl's viewpoint succinctly and cynically: "If 'e comes through the war 'e works and keeps yer; if 'e won't work an' keep yer 'e gets sued for maintenance; if 'e gets wounded 'e gets pensioned; an' if 'e's killed there's yer widow's allowance . . . yer can't go wrong."

Where more than one country is fighting in a common cause there is, in addition, the attraction of the foreign soldier. During the war of 1914–18, and immediately following the cessation of hostilities, the number of marriages contracted between foreign and colonial soldiers and English girls was tremendous. It was natural there should be many such alliances. Here the attractiveness of the unknown, which, when all is said and done, constitutes a primary cause of marriage, is enormously extended. The English girl finds the French soldier or the Australian soldier, or the

Canadian soldier, intriguing and charming. The French girl finds the English soldier just as charming and adorable.

In these cases the danger of making an unsuitable marriage is very considerably increased. The risks which I have enumerated in relation to the love attachments between men and girls of the same nationality are accentuated and extended. Influenced by the uniform, it is even more difficult, in the case of the colonial or the foreign soldier, for the young girl to discriminate in any way. Difficulties in terminology and language cover up, and sufficiently camouflage, errors and discrepancies in speech and conduct which might well, to the initiated, prove sufficiently revealing. It is to be expected that the majority of such alliances will prove dismal failures. The fundamental differences in outlook which, when once the glamour of romance has passed, and particularly when war ceases, are bound to obtrude themselves, can result in nothing but unhappiness or misery.

Apart from any question of sociologically or psychologically unsuitable unions resulting from hasty marriages, or difficulties concerned with nationality, the tendency, during war-time, is for girls to marry at earlier ages than normally. This tendency is greatly to be deplored. It is a physiological truism that for most girls under twenty, parturition is a much more severe and risky ordeal than in later years.

The Responsibility of the Parents

For all these countless tragic marriages the parents are to a certain extent responsible. I fear they do not, in time of war, exercise the same discrimination in the choice or examination of their daughters' associates, as at other times; they fail to give advice where it is badly

needed; they accept and even approve alliances where they should condemn, alliances which, in other circumstances, they *would* condemn. This seeming blindness or neglect on the part of parents is due to their seizure with war frenzy only one whit less in degree than that displayed by the youngsters. All the caution of normal life is discarded in the patriotic spirit that afflicts them. Only too late do they discover that war heroes, when peace-time comes, are human beings full of the frailties and faults of other human beings. Thousands of parents during and after the last war discovered this when it was too late.

To the parents of this new generation I would say, therefore, exercise the closest supervision over the friends that your daughters and sons make during these days of war. You are showing no lack of patriotism or duty if you examine into the past life and character of the soldier in whom your daughter is showing an abnormal degree of interest; or into the antecedents of that land girl or nurse who is commandeering the bulk of the time your son is at home on leave.

To the girls and the soldiers alike I would say: think not twice but a dozen times before marrying in wartime. Remember that it is easy to get married; it is difficult, even in these days, to get divorced. And even with divorce as a possible loophole, there are long months of unhappiness before you can end a difficult or an impossible situation.

Apart from really exceptional cases or circumstances, a safe rule is to wait until the war is over, and then go through a peace-time engagement, before taking any final step.

Above and beyond all, however, do not look for a wife or a husband outside your own social or intellectual environment. The commonly asserted statement, in such cases, that "I am as good as he is," or

vice versa, is mainly sophistical nonsense. If you hold this view, it is probable that the other party to the contract doesn't; and such a concept is of no practical value unless *both parties sincerely believe it and live up to all its implications.*

CHAPTER II

THE PROBLEM OF VENEREAL DISEASE

The Risk of Contracting Infection

VENEREAL DISEASE is always with us. It has been with us, now, for many centuries, and it is a matter for contention whether or not it has been with us from the beginning of time.

The term venereal disease is a collective one. It applies and is restricted to infections of the private parts of both sexes. The main infections affecting these private parts are syphilis, gonorrhœa and soft chancre. In addition, there are certain other rare diseases of a venereal nature.

The possibility of a youth becoming venereally infected has always been a potential source of worry to those responsible for his upbringing. Whenever an adolescent youth betrays signs of wildness, or "sowing his wild oats" as it is termed, his parents, in the privacy of their thoughts, are haunted with the fear that he may get a "bad disease"; just as, in analogous circumstances, a girl's parents are always obsessed with the fear that she may "get into trouble."

It is a matter for congratulation that to some extent the "hush-hush" policy in regard to venereal disease has given place to a more rational outlook. The provision of public clinics for the free treatment of the venereal infections has had one good effect. It has educated some of the public to the fact that these maladies can no longer be allowed to go untreated and uncured.

Even so, there are few men or women who are willing to admit that they are suffering from any of the

venereal infections. If there were no more cases of syphilis and gonorrhœa than those actually admitted by sufferers, then, indeed, would these infections be the rarest known to medical science. The public reaction is still one of loathing for the afflicted. Few persons are prepared to express either pity for or sympathy with the afflicted. The majority, faced with the knowledge that a syphilitic was in their midst, would treat him as a leper and an outcast. So that, despite the progress that has been made, there is still a long way to go before we are in a position to deal effectually with what is undoubtedly, despite some reduction in the incidence of infection, one of the greatest scourges of modern times.

Secrecy is always evil. It encourages evil. It breeds evil. The very fact that anyone afflicted with a venereal infection is compelled, by force of public opinion, to keep it to himself, is a big obstacle in the way of the decrease or banishment of the disease. The youth who becomes a victim of gonorrhœa or syphilis, no matter how precisely he gets the infection, must follow a policy of strict secrecy. He tells of his condition to no one. He is afraid to tell his parents, his teacher, his friends. In some cases, he plucks up courage and consults a doctor. In others, and I fear the majority, he consults no one. He nurses his secret disease in fear and trembling; he only goes to a physician when the infection has reached such a chronic stage that he is compelled to seek advice. And by this time, often enough, it is too late to secure an early cure or possibly any real cure at all.

For these reasons, too, it is impossible to arrive at any accurate idea as to the prevalence of the venereal infections to-day, or as to the extent of their ravages. They are still, with rare exceptions, referred to under euphemistic names, the published mortality rate bear-

ing no relation to the truth, owing to the practice of omitting all mention of syphilis or gonorrhœa from death certificates.[1]

There are indications that in recent years the incidence of syphilis has been reduced. The figures concerned with the rate of infection in the army and navy show a considerable decrease. There is presumptive evidence that this is true, too, of the civilian population, though possibly to a lesser degree. The reasons for this decrease are many. One such reason, particularly applicable in the Forces, is the wide employment of venereal prophylactics; a second reason is the increased knowledge of and attention to personal hygiene by prostitutes; a third reason is the wide employment of mechanical and chemical contraceptives; a fourth, and by far the most potent reason, is the striking decrease in drunkenness [2] (see page 30). It is noteworthy that the decrease in the number of infections among men generally has been coincident with an increase in the incidence of the disease among respectable girls and young women.

It may be stated as a fact that despite the decrease in venereal disease among men, it still remains extremely prevalent; that the majority (at least 75 per cent.) of males contract gonorrhœa at some time or other in their lives. It may further be stated that a considerable and a growing proportion of girls and young women are afflicted with one of the three

[1] Only in prisons, workhouses and asylums are deaths from syphilis notified as such.

[2] The Home Office Licensing Statistics for England and Wales reveal the following significant facts, according to the *Daily Telegraph* (Dec. 29, 1939): "During the period 1913–38 convictions for drunkenness fell, per 10,000 of the population, from 51·16 to 11·31. The percentage of women among the convicted dropped from 18·94 to 12·91. Consumption of beer per head of the population declined from 27·86 gallons to 14·22 gallons, and consumption of spirits from 69·65 gallons to 20·65 gallons per 100 of the population."

venereal infections: 50 per cent. of married women are infected with gonorrhœa by their husbands.

So common, and so widely distributed through all sections of the community, is venereal disease, that it is a relatively safe assumption that *every girl and every young man are in danger of contracting one of, if not both, the major infections: gonorrhœa and syphilis.* The risk is an ever-present one. As society is at present constituted, and in view of its reaction to the problem of venereal disease, it is impossible to ensure, by any method short of complete isolation, that any youngster will escape the danger.

Increased Dangers in War-time

What I have said so far applies mainly to ordinary circumstances and everyday life. There are occasions when the risk of contracting a venereal infection is increased considerably. The time when the danger is greatest of all undoubtedly is during war.

According to the Austrian army surgeon, v. Töpley, in most wars venereal disease has accounted for from "17 to 31 per cent. of all the medical casualties."[1] The same authority states that in most armies engaged in war from 50 to 300 out of every 1,000 soldiers contract a venereal infection every year.[2]

It is by no means difficult to account for the wholesale infection of the troops, when it is remembered that each prostitute serves a number of clients. "In the early days of the war," says Engelbrecht, "there are records of women receiving 43, 45, and even 57 men in a single day."[3] According to an official report, in a ten-day period, 60 women in four houses at St. Nazaire,

[1] Quoted in *The Lancet*, Sept. 23, 1916, p. 567. [2] *Ibid.*
[3] *Revolt Against War*, 1938, p. 143, Werner Laurie.

"served 15,000 Americans, that is, 25 men per day per woman." [1]

This conveyance of syphilis or gonorrhœa to one soldier after another by an infected woman is a familiar feature of military prostitution. Dr. M. J. Exner, in his report on prostitution and venereal disease in the United States Army, mentions that during the Mexican expedition of 1916 a prostitute, who presented herself for medical treatment, "was found to be in an active stage of syphilis, and during the previous two days had had sexual relations with 120 men." [2] Moreover, the soldiers infected one another, to which fact was due the necessity for the hospitalization of all venereal cases.

The danger is not restricted, as so many people think, to the troops. It cannot be so restricted. Whenever, through any cause, the incidence of venereal infection increases in regard to any one particular section of society, other sections are affected. In war-time this is peculiarly and essentially so. The soldiers become infected, and this in turn leads to a huge increase in the disease among the civilian population. On leave, the married men infect their wives; the single ones infect their girl friends. And, in addition, there is a great increase in the number of *accidental* infections.

Immediately after war was declared in the August of 1914 the incidence of venereal disease started on the upward jump. It increased by leaps and bounds. After two years of fighting it had reached such a pitch that, in the British army alone, 50,000 men were continually out of action from this one cause alone. The "pox hospitals," as those institutions devoted to the treatment of venereal disease were termed by the troops, were always full. Sir G. Archdall Reid estimated that

[1] Quoted by H. C. Engelbrecht in *Revolt Against War*, p. 162, from George Walker's *Venereal Disease in the A.E.F.*, p. 84.

[2] Quoted in *Revolt Against War*, p. 159.

in the British forces some 2,000,000 men suffered from venereal disease during the war period of 1914–18.[1] Before the widespread use of prophylactics by the American Expeditionary Forces, venereal disease was rampant. In the first three months of 1918, says Mrs. Rout, the venereal rate in the American troops "stationed in and around Paris ran up to *over 480 per 1,000 per annum.*" [2]

Among the civilian population conditions were pretty nearly as bad. Work was being held up, and the health of the community impaired, through the tremendous number of persons of both sexes who were afflicted. In his evidence before a Special Committee on Venereal Disease, Dr. Charles Gibbs stated that the annual attendances at the London Lock Hospital jumped from 30,000 before the war to 100,000 immediately after. Despite the increased use of preventive measures, in 1919, the soldiers returning from the war caused a huge increase in venereal disease in all countries.[3]

Mrs. Ettie A. Rout, who had much experience in fighting the venereal menace, gives an insight into the extent of the disease among both soldiers and civilians. She says: "As to the cost to the British taxpayers—it was *not less than half a million pounds per week from 1914 to 1919*—at least £125,000,000 all told. Each case of V.D. cost approximately fifty pounds—many of them cost far more; and there were at least *half a million fresh infections per annum.* But even this was actually lower than the V.D. rate for civilians—though the civilian rates are 'concealed.' " [4]

[1] *Prevention of Venereal Disease*, 1921, p. 19, Williams and Norgate.
[2] *Two Years in Paris*, 1923, p. 29.
[3] H. C. Engelbrecht, *Revolt Against War*, p. 151. [4] *Loc. cit.*

How to recognize Gonorrhœa

There are three well-known and common forms of venereal disease: gonorrhœa (clap), syphilis (pox), and chancroid or soft chancre. They can all three be contracted both by sexual intercourse and accidentally. They are all curable, if caught and properly treated in the early stages of infection. They are all exceedingly difficult to eradicate from the system, and liable to bring in their train severe and dangerous complications, if neglected or wrongly treated.

Gonorrhœa is by far the most common infection. It is caused by the invasion of the mucous membrane by a specific microbe called the gonococcus. The primary seat of infection is usually the urethral orifice in the male; the urethra (water-pipe) or the vagina (front passage) in the female. Less rarely it infects the anus (back passage), the eyes, and the mouth, in both sexes. The germ can invade the mucous membrane, whether there is an abrasion or not.

The first signs of the presence of an infection may show themselves within 48 hours after contagion, or they may be delayed for as long as a week. It all depends upon the virulence of the attacking gonococci and the resistance of the individual to attack.

In the male, the signs of infection are usually unmistakable, though there are cases where a non-venereal inflammation may be diagnosed as gonorrhœa. The outlet of the urethral passage swells and reddens. There is much itching or tickling in this region, and when water is passed there is a burning or smarting sensation. In a day or two after these initial symptoms appear, urination becomes positively painful, and there is a more or less continuous discharge of viscid greenish-yellow mucus.

Self-diagnosis is not so simple a matter in the female.

The vagina is so subject to pathological conditions, and discharges are so common among girls and women, that it is easy for a gonorrhœal discharge to be put down as so common and ordinary a matter as "the whites." As gonorrhœa in the female is not necessarily accompanied by pain during micturition, there is not always this feature to help in the diagnosis. For these reasons *it is quite possible for a female to be infected and remain quite unaware of her condition.*

Any swelling at the entrance to the water-pipe should be looked upon with suspicion. This swelling is often the first sign of gonorrhœal infection. Should there be pain or discomfort (usually scalding) when water is passed, urethral gonorrhœa is probably present. If a foul-smelling discharge follows, medical attention should be secured at once.

If the victim of gonorrhœa, the moment these initial symptoms appear, consults a doctor, it is not difficult to abort the course of the disease. Under adequate treatment the discharge from the urethra will probably cease in three or four weeks, and the patient will neither be greatly incommoded nor in any danger. But *the importance of early treatment cannot be too greatly stressed.*

Progress of Gonorrhœal Infection

The gonococci, once they have secured a foothold, are not content to rest in one place. Gradually but surely they pass along the urethral channel and into the bladder. So long as the germs are localized in the urethra, the doctor's task is not a difficult one. Let them invade the bladder and adjacent parts, however, and his task becomes not only difficult but a lengthy one. An early cure is quite out of the question.

It is in these circumstances that gonorrhœa becomes

a deadly disease. It gives rise to various complications. It may well cause other maladies which are incurable.

From the bladder the gonococci invade the seminal vesicles, the testicles, the kidneys. Eventually they invade the bloodstream of the whole system, inducing painful affections of the joints, and possibly heart trouble.

One of the most terrible results of gonorrhœal infection is blindness in new-born babies. It has been estimated by competent medical authorities that nearly half the cases of blindness are due to *ophthalmia neonatorum.*

In the female, gonorrhœa usually proves to have far more serious consequences than in the male. The infection is more difficult to treat in the first place; it usually secures a firmer hold before it is discovered, and its course is more complicated. Once the germs get beyond the urethra and the vagina, they invade the bladder, the womb and the tubes. Gonorrhœa is a very frequent cause of salpingitis, a disease of the oviducts which induces sterility and usually ends in the removal of the tubes by a major operation. Gonorrhœa is the cause of a very considerable proportion of surgical operations concerned with the womb and the ovaries. Such an operation is often described as "appendicitis."

How Gonorrhœa is Contracted

In 95 out of every 100 cases, gonorrhœa is contracted during *sexual intercourse.* But it can be and it is sometimes contracted apart from the sex act. There are, despite cynical remarks to the contrary, innocent victims of the disease; individuals who have never experienced sexual intercourse and who do not even know what it is. This point, in itself, presents one of the most damning of all arguments against the attitude of

those who refuse to be a party to any preventive or prophylactic measures against the incidence of venereal disease, on the grounds that it is a just punishment for the sins of the individual.

Gonorrhœa of the genitals can be accidentally contracted from infected lavatory seats, from towels, sponges, syringes, and from public baths. Gonorrhœa of the mouth may come from drinking-vessels, from towels, and especially from kissing.

Nearly all cases of gonorrhœa in children are the result of accidental infection.

Warning to Women.—Never use a syringe which has been used by another person. Never allow another woman to use your syringe. There are few articles which are more difficult to sterilize than a syringe. The odds are that no one restricted to amateur methods will do the job efficiently.

How to recognize Syphilis

According to the popular notion, syphilis is a disease far more to be dreaded than gonorrhœa. Even those sexually sophisticated men who speak of a "dose of clap" as something of slight severity or little importance, adopt an entirely different tone when speaking of syphilis. Actually, if neglected, the one is as dangerous as the other.

Syphilis results from infection with a micro-organism, the *Treponema pallidum*, also referred to as the *Spirochæta pallida*. The germ is quite distinct from the gonococcus which causes gonorrhœa.

This microbe finds entrance into the blood-stream through an abrasion of the skin or the mucous membrane. For this reason syphilis is not restricted to specific areas. An abrasion so slight as only to be discernible with the aid of a microscope affords an adequate enter-

ing-point for the microbe, and most persons have always a tiny opening of this character somewhere or other on the skin surface: the very act of sexual intercourse is often sufficient in itself to cause such an abrasion on the penis of the male and the vulva or vagina of the female. The popular idea that a cut or scratch easily seen by the naked eye is the only means of ingress for the syphilitic germ is a fallacy.

There is also congenital syphilis. Here the infection is a general one, affecting the whole system. There is no initial lesion. The infection has been transmitted to the child before birth, i.e. while in the womb of the mother.

In the huge majority of cases where syphilitic infection manifests itself the site of the disease in the male is the penile organ, usually on the glans or end-part. The first sign of infection is the appearance of a hard ulcer. It is dry, emitting no discharge of any kind, and it is painless. It may appear at any time from a week to a month after contagion.

There are rarely any other symptoms. If the ulcer, which may be quite small, is not treated or bothered with in any way, it will probably disappear in the course of two or three weeks.

It is here that we touch the danger-spot in syphilitic infection. The ulcer, which the youth may look upon as a little "heat spot" or pimple, or which he may not notice at all if he is not in the habit of giving his genitals ablutionary attention, heals itself. Naturally, in such circumstances, nothing is thought of it. If any fear arises of there being "something wrong," with the disappearance of the primary sore all apprehension vanishes. It is precisely in this way that the mischief is done. It would be infinitely better in every way for the future of the infected individual if he suffered the excruciating pain which accompanies the much less dangerous soft

chancre; or if there were an alarming discharge as in gonorrhœa.

In women the position is even worse. There is not much likelihood of the initial lesion being discovered at all. Usually it is on the cervix, quite out of view, and with little prospect of being discovered by touch.

In at least half the cases of syphilitic infection in males and in 75 per cent. in women, the victims do not feel ill until the secondary symptoms appear.

The Deadly Course of the Disease

After the initial sore has vanished, what are known as the "secondaries" appear. All the time the external ulcer has been healing, the deadly microbes of syphilis have been working their way into the blood-stream. A rash appears on the body and sometimes on the face. There is falling-out of the hair, soreness of the gums and throat, white patches or spots in the mouth and on other mucous surfaces. Moreover, the victim now begins to feel ill generally. There is much headache, pains in the back and limbs, sleeplessness and depression. At this stage the infection is extremely contagious.

Nor does this end the tale of woe. If the disease is not diagnosed and treated adequately at this point, it gets a deeper and more general hold on the whole system. It enters upon what is known as the tertiary stage. It is here that syphilis becomes an *incurable* malady. The most that can be hoped for, even with skilled treatment, is an alleviation of the sufferings of the individual and a prolongation of life. The teeth begin to fall from the soft spongy gums, there are gummatous formations and foul ulcers here, there and everywhere on the body, and inside as well as outside. Tabes dorsalis often follows; general paralysis of the insane frequently brings a life of utter misery to an end. Indeed, a very considerable

proportion of those who have to spend the last years of their lives in lunatic asylums are victims of tertiary syphilis.

All in all, syphilis ranks as one of the major *killing* diseases. It is primarily responsible for deaths attributed to a number of maladies bearing no connexion with venereal infection, and because of this, syphilis has always had the notorious and unenviable distinction of being the *hidden*, *unrecognized* and often *unsuspected* cause of death.

The course of syphilis is rarely so severe in females as in males. The infection, from the very start, runs a milder course. In its later stages it is much less serious than in the male and causes fewer complications. There are relatively few cases of cerebral trouble in women due to syphilis.

Perhaps the most serious effect of uncured syphilis in the female is the grave danger, in the event of pregnancy, of the child being infected while in the womb. In this event the infant becomes a congenital syphilitic.

The treatment of syphilis, unless the infection can be taken at the very moment of its onset, is a terribly protracted affair. There is no such thing as a quick and an easy cure.

The reason for this prolonged treatment is that it is usually impossible to be *sure* that all traces of an infection have been vanquished. The far-famed Wassermann test, unfortunately, does not indicate a cure.

How Syphilis is Contracted

Like gonorrhœa and soft chancre, in the majority of instances, an infection follows sexual intercourse with some person already suffering from the disease.

At the same time there are cases of accidental infection. Indeed, there is more risk of contracting syphilis

accidentally and innocently than there is of contracting gonorrhœa or soft chancre accidentally and innocently.

Any part of the skin surface where there is a microscopic abrasion presents an opening for the insidious attack of the *Treponema pallidum*. Drinking-vessels, towels, dental instruments, syringes, catheters, have all conveyed infection to innocent persons.

Syphilis of the mouth is extremely contagious. The saliva is infected with the deadly germs. It is easy therefore to contract the disease from kissing. It is advisable that care should be taken not to drink from a vessel in common use, such as a public drinking-utensil, and especially from one which is not thoroughly dry.

The urine of an infected person contains the *Treponema pallidum*; and the semen, in particular, remains a possible source of infection for long after every outward indication of the disease has vanished. For these reasons it is well never to use the unprotected seat of a toilet that shows any signs of dampness.

How to recognize Soft Chancre

The third well-known form of venereal disease is chancroid, or soft chancre.[1] It is much less dangerous than either gonorrhœa or syphilis, and it is decidedly easier to cure, but in its early stages it is much more distressing in its effects than any other form of venereal infection.

Here, again, infection is the result of contagion with a specific micro-organism. The first indication appears usually within a week of contact, often in twenty-four hours. On rare occasions, ten to fourteen days may elapse before the first signs appear.

The infection is characterized by an ulcer on the penis, usually under the foreskin. It is not a hard ulcer

[1] Often wrongly termed local syphilis.

as in syphilis, but a suppurating one. There is a continuous formation of pus (matter), much inflammation of the surrounding tissue, accompanied with considerable pain and an offensive smell. If treatment is neglected, other ulcers will probably form on adjacent parts.

As the infection spreads, the glands in the groin are implicated. There is much pain as the swelling grows in size, sometimes reaching the dimensions of a cricket ball. This *bubo*, or "pig" as it is popularly called, may become so painful and sore as to interfere with walking.

Chancroid is quickly amenable to skilled treatment, however, a cure being effected in a few weeks. There are cases where failure to obtain proper treatment has resulted in the formation of scars and ultimate deformation of the penis, but they are rare. Actually it is not often that a case of chancroid *is* neglected for long. The pain which accompanies the infection is of so excruciating a nature that the victim is compelled to seek medical advice.

How Soft Chancre is Contracted

Here, again, in most cases, an infection results from connexion with an infected person.

The ulcer being a suppurating one, however, there is greater risk of infection than is the case with syphilis. Especially is there greater risk of accidental infection. Where careless or unthinking individuals who are suffering from the disease are concerned, the matter which is constantly being discharged from the ulcer may easily be conveyed by the hands or in other ways to utensils or objects likely to be touched by other persons.

Other Venereal Troubles

There are several inflammations and infections of the genitals which, although troublesome, are not serious. A case of simple urethritis may easily be mistaken for gonorrhœa; a superficial sore on the glans may be confounded with syphilis. In girls and women the employment of strong antiseptic douches is often the cause of a non-gonorrhœal urethritis. Warts on the glans and the under-side of the foreskin in the male are usually due to failure to remove smegma by regular washing (see page 55). The smegma decomposes, causes irritation, and in time leads to the formation of these warty growths. Another condition due to the same lack of genital cleanliness is balanoposthitis, or inflammation of the penis.

In females, lack of genital cleanliness leads to similar inflammation in the vagina, and the appearance of warty growths (*Condylomata acuminata*) on the labia or lips at the entrance to the passage.

Scabies and pediculosis may affect the exterior genitals. They are distressing rather than serious conditions, and are invariably due to dirt and neglect of ordinary hygienic precautions. Both conditions are likely to occur in soldiers on active service. A thorough application of sulphur and zinc ointment, followed some hours later by washing with soap and hot water, will usually effect a cure.

Lymphogranuloma inguinale (sometimes termed the sixth venereal disease) and *Granuloma inguinale*, both diseases of the genitals usually resulting from sexual intercourse with infected persons, are too rare in this country to call for attention in a book of this nature.

A Parent's Duty

It is the duty of all parents to warn their sons and daughters against the danger of contracting venereal disease. Especially is it the duty of a father to warn his son. The risks involved in sexual escapades with loose women should be pointed out clearly and frankly, and the seriousness of these dangers dwelt upon.

I have already mentioned the risk of children contracting venereal disease accidentally. It is a risk which is bound to be greatly extended in war-time, and it behoves parents to take every possible measure to guard against their children being infected.

In dealing with the risk of contagion, apart from sexual intimacy, the youngster should be warned against using public washroom towels, drinking from unwashed vessels which have been used by others, or from bottles. Both boys and girls are addicted to these practices. Also it should be impressed upon them not to use a public lavatory without inspecting the seat. As a routine measure it is well to rub it dry with a towel or a piece of sanitary paper. Neither the gonococcus nor the *Treponema pallidum* can live on a dry surface: a point which should always be kept well in mind.

It may be well to state here that no good purpose will be served by *exaggerating* the risk of accidental infection. Parents usually err one way or the other. Either they never discuss venereal disease at all with their offspring, or they adopt a method the primary aim of which is to instil such a degree of terror of infection as to frighten thoroughly the youngsters. Both methods are equally objectionable, and both may well have disastrous effects. The result of instilling into a youth the notion that once he is infected with gonorrhœa he is going to be more or less a physical and mental wreck for the rest of his life, and that a syphilitic infection will surely bring in its

train insanity and early death, has been to cause many a young man to magnify a simple inflammation or a trivial sore on the genitals into a venereal infection, and to suffer mental agony in consequence. Similarly, the exaggeration of the danger of accidental infection has made life wellnigh unbearable for many a youngster who has interpreted much too literally the precautionary measures indicated.

Keeping all this well in mind, the aim of the parent should be to instil ordinary caution without inducing the taking of ridiculous measures to avoid infection.

Dangerous Fallacies

There are certain mischievous fallacies connected with venereal disease which are still prevalent among the lay public. It is highly desirable that they should be exposed and contradicted.

Perhaps the most serious is the notion that a venereal infection can be cured by "passing it on" to another. It is this fallacious idea that is responsible for so many young men who have contracted venereal disease, deliberately giving the infection to prostitutes and to girls out for a good time. It is also the cause of a good deal of sexual crime (see page 77).

An opinion commonly held by men is that venereal disease is caused by dirt, and that it is mostly contracted from dirty prostitutes. The only connexion between dirt and venereal disease is that the dirty person is more likely to neglect the taking of precautions against infection. But dirt itself is never a cause of infection. The specific organism of gonorrhœa, syphilis or soft chancre *must* be present. The only diseases of the genitals that can be contracted from dirty women are scabies, pediculosis and simple urethritis.

Another fallacious idea is that intercourse with a

menstruating woman is a cause of venereal disease in the male. The origin of this widespread idea is probably due to the fact that, from time immemorial, a woman, during her monthly periods, has been considered to be unclean.

The Prevention of Venereal Disease

All efforts to deal with the venereal peril in time of war must combine the control of venereal disease with the prevention of venereal disease. They must combine moral measures with medical measures. Experience has proved that moral efforts *alone* always fail.

During the last war, when the ravages caused by venereal infections reached such a degree as to impair seriously the efficiency of the forces, the Government was compelled to consider the question of preventive measures. As regards the soldiers, "the problem was," says Mrs. Rout, "*how to keep them clean*? To keep them continent was impossible in the great majority of cases." [1]

For years medical science had been aware there was such a thing as chemical prophylaxis. In 1905 Metchnikoff had demonstrated that the application of an ointment composed of calomel and anhydrous lanoline *immediately* after inoculation with the germs of syphilis, would abort or prevent the development of the infection. The authorities, however, did not find it easy to put Metchnikoff's discovery to any practical use.

Because of public opinion, and especially theological opposition, they were loth to put any preventive measures into effect. Indeed, only in desperation did they allow themselves, in 1918, to adopt a variation of the system of chemical prophylaxis already in vogue among the colonial and foreign forces.

[1] *Two Years in Paris*, p. 10.

Now chemical prophylaxis has been the subject of much controversy. There are those who contend that it effectually prevents infection; there are others who contend that it fails far oftener than it succeeds; there are yet others, and they constitute the majority, who hold the view that apart from any question of success or failure, the whole scheme of prophylaxis is evil and is morally indefensible.

Venereal chemical prophylaxis is a misnomer. The correct term is disinfection, for what it amounts to is the application of a chemical agent[1] designed to destroy the germs of syphilis, gonorrhœa and chancroid. It ranks as a routine measure for use before and after every exposure to infection.

Theoretically, disinfection is admirably effective. The germs of all three venereal infections, for a short time after exposure, in most cases, *lie on the surface of the skin and mucous membrane of the male penis, or the female vulva, and, in both sexes, at the entrance to the urethra.* In these positions they can be *destroyed easily* by the application of a germicide. Practised by someone with or without medical knowledge, *at the proper times* (before and immediately after intercourse), and *in the right manner*, disinfection will effectually prevent infection in 95 cases out of 100. It is when practised carelessly, superficially, and some hours after exposure to infection, that disinfection is unreliable and the proportion of failures is such a considerable one. Unfortunately, however, most men *are* careless, lazy, dilatory or maladroit. Even those who, at first, follow the instructions diligently and religiously, are inclined, especially if their initial efforts are successful, to become negligent later, or they are dis-

[1] Chemists are not allowed to sell venereal chemical prophylactics or disinfectants *specifically* as such, or to *advise how to use, for the purpose of preventing a venereal infection, any chemical they may sell.* There is, however, no law against the sale of condoms, female sheaths, and other contraceptives, or of chemicals purely as disinfectants or antiseptics.

posed, as a result of a false sense of security being induced, to exercise little or no discrimination in their choice of companions. In many cases, too, the circumstances are particularly unfavourable to the undertaking of any adequate method of disinfection.

It may be said, therefore, that although there can be no doubt that disinfection did cut down considerably the incidence of venereal disease in the armed forces, it was by no means foolproof. It is a mistake ever to think that it is: a mistake which leads to over-confidence and reckless exposures to infection.

It offers no protection against extra-genital infection, such as may result from kissing and other forms of contact during or apart from sexual intercourse. It is almost certain that a man under the influence of drink will fail to carry out the technique correctly or adequately.

The essence of successful disinfection lies in its *immediate* and *thorough* application. Even when applied within a few minutes of exposure it *may* fail. If abrasions are present it will almost surely fail. There are, too, many men who find it difficult or impossible to carry out self-disinfection properly, which means they should never attempt it. For if the disinfection is not adequate it is far worse than no disinfection at all. Thus disinfection is ruled out in the case of any male with a tendency to phimosis. Again, the process, where the glans is highly sensitive (a common condition), is often impracticable, the accompanying pain preventing any thorough attempt at disinfection. In very many cases where there is no undue sensitiveness to start with, repeated applications of antiseptics will bring about such a condition. In other instances, urethritis and balanitis are frequent aftermaths.

Then there is the position of the woman. Self-disinfection is much less likely to prove efficacious in a female than in a male. The main reason for this is that owing

to the sides of the female passage being in close contact and containing innumerable fissures or cracks, it is exceedingly difficult to ensure complete protection before exposure, or destruction of the gonococcus or the *Treponema pallida* after infection. This applies to females generally, but in the case of a virgin, owing to additional specific difficulties, any adequate form of self-disinfection is impossible. The repeated application of disinfectants may cause urethritis or vaginitis. If douching is resorted to there is grave danger of conveying any germs of disease from the vagina into the cervical canal.

The ethical side, too, is not to be overlooked. It is difficult to combat the argument that the whole scheme of self-disinfection encourages vice. What, however, is overlooked by those who are against any attempt being made to prevent venereal infections, on the ground that they constitute punishment for sin, is that in time of war the exposure to infection is so continuous and so abnormal that without some form of preventive disinfection the incidence of disease will rise to heights such as are likely to *endanger the health of all, the moral and virtuous as well as the immoral.*

The greatest evil connected with venereal self-disinfection, however, is that it does undoubtedly lead to self-treatment. It is difficult to impress upon the ordinary man or woman the vast difference between a preventive measure and a curative process. At least seven persons out of every ten will persist in believing that anything which prevents the occurrence or the development of a disease must also be efficacious in curing that disease. The result is that those with any knowledge of venereal disinfection, and with facilities for securing the requisite chemicals, will prefer to use them in attempts to cure their infections rather than consult a doctor or attend a clinic, thus causing delay

in securing proper treatment. This was one of the factors which induced the Special Committee on Venereal Disease, in 1921, to decide that the dissemination, among the general public, of knowledge respecting self-disinfection was inadvisable.

All things considered, therefore, it would appear that, at present, self-disinfection can only be regarded as a make-shift preventive method for use in circumstances where large bodies of men are under control, as in the case of soldiers, sailors, etc.

It is true that the best means of avoiding venereal infection is not to put oneself in danger of contagion, but unfortunately chastity appears to be an impossible virtue in time of war. "War breeds vice and venereal. One is the corollary of the other," writes Brigadier-General Crozier. And once started, the evil is difficult to eradicate. It persists after peace comes. It persisted and took a heavy toll after the Armistice. Brigadier-General Crozier says: "I journey to Brussels and Cologne—but before departure I talk seriously with my colonels. 'The men have evidently gone woman-mad,' I say. 'The venereal sick-rate is mounting.' " [1] And this despite the wide employment of prophylactic packets, which indicates that, with all its advantages, prophylaxis, without other additional methods of control, is not sufficient.

It has been contended that the regular examination of the women in the brothels, with the elimination of all who are found to be infected, is the best method of preventing venereal disease in the troops, and incidentally among the civilian population. Experience, however, has proved this method to be practically useless. *Compulsory* prophylaxis, on the lines adopted in the United States Army, limitation of the number of available brothels and of opportunities for visiting them,

[1] *A Brass Hat in No-Man's Land*, 1930, p. 236, Cape.

proved, during the last war, to be the most effective methods of fighting the scourge.

With regard to specific measures for the prevention of the spread of venereal disease, particularly among the civil population, any measure which *controls or diminishes drinking is a valuable aid to this end.* It is a fact which admits of no dispute whatsoever that drunkenness is a major factor in spreading infection. So much so, indeed, that I am of opinion that the decrease in drunkenness in recent years has had far more to do with the decline in the incidence of syphilis than has any other single factor. When a man is under the influence of alcohol he exercises little or no discrimination and is as likely as not, in certain circumstances, to fall a victim to the first prostitute he comes across.

This danger should be pointed out to the soldiers in lectures or talks connected with social hygiene. They should be warned never to respond to the overtures of a prostitute, professional or amateur, after they have been drinking. The importance of genital cleanliness (see page 55), and the fact that continence is not necessarily harmful (see page 47), should be stressed; while the popular and dangerous fallacies (see page 26) concerning venereal disease, should be exploded. In all such talks namby-pambyism should be avoided. The soldiers should be addressed frankly and in sympathetic terms.

Lectures and talks on social hygiene and along these lines might well be extended to the civilian population.

What to do after Exposure to Infection

Remember it is always much easier to avoid or to *prevent* venereal infection than it is to *cure* the disease once an infection has been contracted.

The *ideal* course to adopt after one has exposed one-

self to the possibility of infection would be to go to a medical man, tell him what has happened, and ask to be disinfected. If this course were adopted *within an hour of exposure* the chances are about one thousand to one against any venereal infection being contracted, irrespective of the state of one's partner in fornication. This is the course which was compulsory [1] in the United States Army during the last war, and it was this course which was responsible for the low rate of infection in that army. It is a method which is worthy of the attention of the British Government. The "prophylactic packet" system, with all its defects, is the next best thing in the case of controlled men.

As regards civilian men and women, however, such methods are, in the majority of cases, impracticable. There are circumstances of one kind and another which prevent those who expose themselves to infection seeking prophylactic treatment. Even if free clinics, in sufficient quantities, were available, and were open at all hours of the day and night, few members of the civilian population would attend them. There is no means whereby such attendance could be made compulsory. The threat of punishment if an infection were contracted, although possible in the forces, could not be applied in civilian life.

So far as concerns the bulk of the people, self-disinfection is similarly impracticable. The Government has decided neither to give information to the civilian population respecting the technique of self-disinfection, nor to provide facilities for the securing of suitable chemical preparations. In view of the risks and evils (to which I have already drawn attention) attending un-

[1] A soldier who contracted venereal disease, and who had not submitted himself to prophylaxis after exposure to infection, was punished by imprisonment, forfeiture of pay, etc. Concealment of an infection, when discovered, was similarly punished. Venereal prophylaxis was not compulsory in the British forces.

controlled or unsupervised self-disinfection, the decision would appear to be a wise one.

Civilians, therefore, both male and female, are restricted to the use of mechanical birth control appliances, with all their limitations and disadvantages. Even those (and they are relatively few) who, in one way or another, have secured some superficial knowledge of self-disinfection, are well advised not to attempt it. The use of disinfectants by the unskilled, without precise directions as to strength and manner of application, is a risky procedure and may easily do more harm than good. Women, too, should not use disinfectants for douching or in any other way.

Avoidance of strong drink and bad company are moral prophylactic measures worthy of attention by all. Genital cleanliness has, too, its virtues. Any further measure available is concerned with securing medical attention should one fear one has been in danger. In this connexion the following points should be noted carefully. They are of the first importance, and they apply equally to both sexes; to soldiers as well as civilians.

1. If there is the *faintest suspicion* that one has been exposed to infection, consult a doctor or visit a clinic at the *earliest possible opportunity, irrespective of whether or not self-disinfection has been attempted.*
2. Remember that disinfection will not *cure* a venereal infection. Once the germs have gone beyond the surface *no method of disinfection will prove of the slightest avail.*

What to do in the Case of Infection

If there exists the slightest ground for thinking one has contracted any kind of a venereal infection, one should secure medical attention from a qualified doctor

immediately. There is no need for anyone to avoid this on the ground of expense. *There are free clinics provided in most large towns. At these clinics treatment may be secured under conditions of strict secrecy.*

In this respect the sufferer is in a far better position to-day than during most of the last war. These clinics were started in 1917. It may be said that they have had some success in reducing the incidence of venereal disease. The figures respecting attendances show a notable decline in the number of persons suffering from syphilis, and a much smaller decline in regard to gonorrhœa. These figures and those relative to continental states where notification of venereal disease is compulsory seem to show that while the incidence of syphilis is decreasing steadily, that of gonorrhœa remains practically stationary.

In the case of infection it is of first importance that one should continue attending the clinic until one is told that the disease is thoroughly cured and there is no need to attend again. Unfortunately the majority of venereal patients do *not* continue their attendances until the infections are eradicated. They cease attending when only partially cured, i.e. when the external symptoms have disappeared, which means that in most cases the infection will break out again later, and thus they constitute sources of danger to other people. There is no means of *making* patients complete the treatment. This is where the whole system of free venereal treatment largely fails. It cannot therefore be too strongly stressed that the attendances should be continued until a clean bill of health is secured. Thousands of individuals of both sexes, in their later years, have regretted bitterly ceasing to submit themselves to this continued treatment.

I would particularly impress upon the individual, whether male or female, who has contracted syphilis

gonorrhœa or chancroid, the following points. Their importance cannot be too strongly urged.

1. The majority of cases of syphilis can be cured if discovered and treated in the *early* stages of infection.
2. The reasons why so many cases remain uncured and uncurable are (*a*) that the initial lesion was not discovered, or, if discovered, was not treated, in time; and (*b*) that treatment was not continued until a cure was effected.
3. Medical attention or supervision for *at least three years* after infection with syphilis may be looked upon as essential. In certain cases this will not be enough. For instance, if the infection has reached the secondary stage before medical treatment is commenced, it may take five years to eradicate all traces of the disease.
4. It is a grave error to look upon gonorrhœa as a minor trouble which will right itself in time. Medical attention should be obtained immediately the infection is noticed.
5. Because chancroid is not so serious as gonorrhœa or syphilis, it should by no means be neglected. The disease may have very serious results if it is not treated at once. Also it often happens that a syphilitic infection is present at the same time, but remains unsuspected because of the chancroidal disease.
6. Until a clean bill of health has been given, sexual intercourse or contact should be avoided. There are two reasons for this abstinence (*a*) the risk of giving the infection to someone else; and (*b*) the danger of retarding the cure.

7. While suffering from venereal disease, avoid beer, spirits, and all irritating spices or condiments. It is almost impossible to cure gonorrhœal urethritis while the patient continues to irritate and inflame the interior surface of the urethra (water-pipe) by the consumption of alcoholic drinks.
8. Do not omit to take precautions to prevent accidental infection of others. While you are suffering from a venereal disease in an active stage of infection all those with whom you come into intimate contact, or who are living in the same building, are in danger of contracting it. All drinking and eating utensils used by you should be sterilized by boiling. After touching the genitals the hands should be thoroughly washed.
9. If suffering from gonorrhœa, be extremely careful not to touch the eyes after handling the affected parts. Many cases of blindness have been caused in this way.
10. Finally, and most importantly, *don't allow any quack doctor or other unqualified individual*[1] *to advise you as regards medical treatment of any venereal trouble.* And *don't, in any circumstances whatever, try a remedy,* whatever may be its reputed efficacy, which is *recommended by a friend.* While you are attempting, *futilely,* to treat the infection yourself, it is getting a firm hold upon your whole system, and every day without proper treatment is a day wasted, *lengthening and making more difficult the cure.*

[1] The prescription or the sale of any drug, medicine, or other preparation for the treatment or cure of venereal disease, by any other than a qualified physician, is illegal.

CHAPTER III

THE PROBLEM OF PROSTITUTION

Development of Prostitution in War-time

THE war on venereal disease is inextricably mixed up with the problem of prostitution. The two go together, just as war and prostitution go together.

It would appear that so far from any attempt being made to prevent or restrict prostitution during war-time, the authorities have always realized the advisability of tolerating prostitution. "It is a fact that prostitutes and loose women always follow the big drum," says Brigadier-General Crozier. "The more big drums there are the more prostitutes abound." [1]

The war of 1914–18, as was to be expected, saw a development in prostitution on a most extensive scale. In France there were prostitutes everywhere. Paris itself was little better than one huge brothel. Many other cities, notably Amiens, Abbeville, Havre and Rouen were centres of prostitution. Behind the German front, according to Hirschfeld, Strassburg, Metz, Sedan, Charleville, Mesières, St. Quentin, Peronne, Cambrai, Lille, Ostende, Bruges, Ghent, Antwerp and Brussels were all thronged with prostitutes.[2] Private soldiers stood outside the brothels in queues, awaiting their turn; the officers had recourse to hotels and restaurants: "it was not uncommon for a menu card to list first the wines and liqueurs and immediately after the price for women, graduated according to the length of a visit." [3]

Even in England, prostitution flourished on a scale exceeding anything that had been previously known

[1] *A Brass Hat in No-Man's Land*, p. 48.
[2] Cited by H. C. Engelbrecht in *Revolt Against War*, p. 142.
[3] *Ibid.*, p. 142.

during the nineteenth or twentieth centuries. "It is not surprising," says the *English Review* (May, 1916), "that the flapper 'on the streets' has ended in the 'flapper syphilitic,' who goes about infecting the soldiers by the dozen." These clandestine prostitutes were responsible for even more cases of infection than the professional women. In an inquiry into the sources of venereal infection of 1,000 German soldiers, we learn that working girls were responsible for 58·1 per cent. of such infections, in comparison with prostitutes, who were responsible for 21·3 per cent.[1]

In ordinary circumstances and under normal conditions of life, one of the major reasons which keep men away from prostitutes is the dread fear of contracting venereal disease. It is useless to deny this. Every man knows full well that it is the truth. The risks associated with intercourse with professional prostitutes have been so often and so persistently reiterated that every man is well aware of them, and for this reason will only resort to the prostitute when all else fails, or when, through the influence of drink, he becomes reckless of or insensitive to consequences.

Now during war-time all this is altered. The soldier's and, to a lesser degree, the civilian's sense of values are likely, nay, certain, to be upset, or at least badly shaken. Respectability, modesty and other ethical or moral values are jeopardized where they are not ignored altogether.

The motto of pretty nearly all the men in the fighting forces, and of a goodly proportion of civilians of both sexes, is "eat, drink and be merry for to-morrow we may die." It is this nearness to death which plays havoc with all restraining influences.

Thus the main bulwarks against consorting with prostitutes are smashed to eternal smithereens. The

[1] *Ibid.*, p. 145, cited from *Images Secrètes Allemandes de la Guerre*, p. 26.

orthodox standards are gone. Not only do men with their feet on the threshold of death reck little of the opinions of moralists and puritans, they care nothing for their own self-respect. Moreover, there is no fear of losing the respect of their comrades, for all are in the same boat. And the increase in drunkenness inevitably leads to the increased risks which are taken.

The Evils of Amateur Prostitution

One of the greatest of the evils which seem to be inseparable from war is the *creation of prostitutes*. The disappearance of those barriers which in times of normalcy do so much to keep girls reasonably pure and respectable, leads almost inevitably to many of them indulging in what is termed clandestine prostitution. In the years from 1914 onwards, until the termination of the war, these clandestine prostitutes were everywhere. They were to be found in huge numbers among the war workers of all kinds, not only the W.A.A.C.s, the V.A.D.s, *et al.*, but also among the munition workers and the land girls. In a considerable number of cases tentative experiments with prostitution caused these young women eventually, and especially after the war, to embrace prostitution as a full-time profession.

It all began easily and simply enough. The girl, in the throes of sexual ecstasy for some passing "hero," or as a means of securing a good time, gave herself to soldier or civilian as the case might be. Her companions were embarking upon these flirtations, and she saw no reason why she should not do the same. She probably dignified her erotic adventure by some such name as "free-love," but it amounted to what, in all except name, was an act of prostitution. The barrier, once let down, there were repetitions of the initial act.

In "*Not so Quiet . . .*" we are given a remarkable picture of the promiscuity prevalent among these war girls. Trix, a V.A.D., is speaking: "I've been on leave twice with different subs and they're both dead: Jerry was one. I liked Jerry awfully, but he died—they don't think anything rotten of a girl who sleeps with them nowadays, just that she's a fool if she doesn't. Cast-iron virgins they call those who won't. There aren't many of them knocking about by all accounts; a lot of them swank they are, but they're not. Easy for the plain ones, the men don't worry them much; but I've got to the stage of wondering what's wrong with my appearance if a sub doesn't ask me to sleep with him—that's what the war's done for me—pretty, isn't it?" [1]

The women attached to the German armies, however fine-sounding were the names given to them, were little better than the camp-followers of the Middle Ages. Engelbrecht says: "About 30,000 of these German aides were also prostitutes, chiefly for the officers. So notorious were these women for this, that, in the coarse language of the front, they were known as 'officers' mattresses.' " [2]

Danger in "Free-love" Alliances

In the houses in both England and France in which soldiers were billeted, "free-love" alliances were common. Many ultra-respectable girls "fell" in just this way. Their parents were to live to regret deeply the lack of oversight which they displayed, and the trust they had reposed in an unknown "officer and gentleman" of British tradition.

Girls, who, previous to the outbreak of war, have led a life of respectability, hedged in by social barriers, are

[1] Helen Zenna Smith, *Not So Quiet . . .*, p. 205, George Newnes.
[2] *Revolt Against War*, p. 143.

suddenly given permission, by patriotic parents, to hie them to London and other large cities in order to engage in war work, or to take up Red Cross duties. The result is inevitable. The amazing thing is that these parents, and particularly fathers, knowing their sex and breed, don't realize the danger into which they are wilfully putting their daughters. Says General Crozier: "A chance of leave appears and I go home. Cupid is running riot in London. In our hotel are three couples, the men are known to me, the girls self-conscious. 'Mum's the word,' I get from all, and 'mum' the word remains. It will take some time, I think, as I look at their daring intrigues, for English decorum to settle down after the last shot is fired!" [1]

There are, of course, other and more excusable reasons for women straying from the straight and narrow path. This same authority mentions the case of young women selling their bodies to secure food for aged dependants or young children. In some of the countries that were badly hit by the war; women in large numbers were forced into prostitution as the only possible means of keeping body and soul together. In other cases they made prostitutes of their young daughters, and procurers of their boys.[2]

Once again drink, to a big extent, is the responsible factor. It leads to an increase in the number of free unions. Its grave responsibility is associated with the weakening of the girl's resistance to temptation. Any man of sophistication and irresponsibility knows that a girl under the influence of drink will willingly and unhesitatingly indulge in amatory adventure; whereas, in other conditions, no amount of persuasion would induce that same girl to capitulate. In hundreds of cases drink alone is the responsible factor in causing the

[1] *A Brass Hat in No Man's Land*, p. 224.
[2] H. C. Engelbrecht, *Revolt Against War*, p. 144.

girl to make the first slip. Similarly drink causes men to become more daring in their methods of approach. Just as there are men who would never, except when under the influence of alcohol, consider having intercourse with a prostitute; so too are there men who would never have the temerity to suggest to a girl of respectability what, when they are half-drunk, they would have no hesitancy in proposing.

There is yet another danger in connexion with these "love alliances," so common in war-time, which are so often lightly disregarded as "war romances." It is a danger which is particularly applicable to the not inconsiderable number of young women who quickly and truly fall in love with a chance acquaintance, who accept wholeheartedly his protestations of requited love and promises of marriage at some later date, only in the end to find themselves disillusioned and seduced. Dr. Harry Benjamin, in his admirable brochure *Prostitution and Venereal Disease* (New York, 1939), says there are disillusioned girls who, after disappointments in their love affairs or marriages, adopt a mental attitude of the "I don't care" or "what's the use" type, and "enter prostitution on the rebound." Even where they do not go so far as to become professional prostitutes, they may join the ranks of the amateurs, become drug addicts, or allow themselves to become demoralized or generally "loose."

Promiscuity and its Evils

In recent years much nonsense has been talked about the girl's right to sow her wild oats, of sexual equality with man, of the vanishing of the double standard of morality. The sexual emancipation of women, initiated and developed during the last war, is responsible for all this. Women indulged in promiscuity, and to their

eternal shame, and I strongly suspect, their eternal regret too, parents imbued with war hysteria neglected to condemn such promiscuity. They even condoned the bringing home of "war babies" of unknown fatherhood; more, they expected that any such sexual adventures should make no difference to their daughters' value in the matrimonial market. Expectation, during a time of mass hysteria is one thing, however; realization in after years when the world has returned to sanity is quite another.

The emancipation of woman, the shattering of the barriers which for so many generations have acted as protective shelters for the virginal, the entrance of females into business and professional life, the increased looseness of morals generally, have all contrived, individually and together, to cause girls in ever-increasing numbers to indulge in sexual intimacies and very often in sexual intercourse. The rapid extension of birth-control technique, the increased facilities provided for acquiring this technique, and securing the necessary appliances, have provided the means to avoid, in a majority of cases, the perils which in previous ages, apart from other difficulties, dangers and obstacles, were often sufficient to preclude any sexual adventures on the part of girls of respectability. All things considered, therefore, a very large number of modern girls are not averse to losing their virginity before marriage. They are out to have, at any cost, the good time they covet.

It may, in theory, appear to be perfectly logical that a girl should be entitled to indulge in sexual promiscuity with the same gusto that the average male does. I agree that, on principle, the argument, in these days of contraception, has much in its favour. But little in the way of logic enters into the viewpoint of the man who is in the throes of a love affair. Whatever decreased

value virginity may have in the girl's eyes, and whatever decreased value the virginity of woman in the aggregate may have in the man's eyes, he continues, despite all arguments of the emancipationists and despite all appeals to logic, to demand a state of virginity in the girl he elects to marry.

In his sexual life man lives a sort of Jekyll and Hyde existence. He has been brought up to consider as a perfectly legitimate pastime of an English gentleman the seduction of any female whose need or innocence causes her to become his victim; and an analogous act by any other man directed against one of his own personal female friends or relatives, and, above and beyond all, his fiancée, as the blackest of unforgivable crimes. Thus every man, measured in accordance with these two opposing standards, is at the same time a gentleman and a scoundrel.

With all her emancipation and sophistication, it is doubtful if woman has yet grasped the full significance of this strangely illogical but intensely and selfishly human male viewpoint. It is doubtful if the girl of to-day realizes that her indulgence in impersonal sex affairs seriously endangers her chances of ever securing real love. Her case, she argues, is analogous to that of man. Also it pleases her to think that the avoidance of parturition is equivalent to virginity!

The essence of love is its exclusiveness, and, for this very reason, there is little likelihood of any man falling in love with one whose sexual favours are known to have been bestowed indiscriminately upon a number of his fellows. Her hope, in the case of an altered philosophy, lies in meeting with a stranger who has no knowledge of her peccadillos; in which case, too, a change of neighbourhood is advisable if she does not wish her future happiness to be marred by fears of accidental disclosures.

Dealing with the Problem

The avoidance of the dangers and evils which I have outlined calls for concerted action by the parents and the authorities. It must be remembered that however grave the position was during the last war, it will be even graver during the present conflict. For *the girl of 1939 started where the girl of 1918 left off.*

There is no suggestion that the girls of Britain and the Empire should be prevented or discouraged from engaging in war work. No such a thing. But the parents should realize that they have a duty and a responsibility towards their children as well as their country. They should endeavour by every means in their power to instil into their daughters, by frank talks, the dangers with which they will be confronted, and the folly of allowing the lure and fascination of a "good time" to threaten with ruin their future lives.

The authorities should supplement these efforts. They should "protect" in every way that is possible the girls who are engaged upon war work in places where they are necessarily outside the possibility of parental control. In the case of the younger girls, the Government should assume the responsibility of parents. Adequate control should be possible without interfering to any rigorous extent with reasonable pleasures. Girls engaged on war work should be forbidden to enter night clubs, drinking-lounges and similar places.

Male Continence is not Harmful

The fallacy of the harmful effects of male continence persists from one age to another. The average young man firmly believes it is essential to his health that he should indulge in sexual intercourse. The average woman who pretends to know anything about sex

believes this, and often accepts it as justification for male sexual pre-marital adventures on the one hand and the existence of a double standard of morality on the other. Parents believe it too. So true is all this that man has always been and still is able to justify, on these grounds, his resort to prostitutes for sexual gratification.

In all normal conditions abstinence from sexual intercourse is not harmful to a young man's health. If there is any undue accumulation of seminal fluid, this will find its own outlet in the shape of emissions. These emissions are not harmful. They constitute no sign that sexual intercourse is necessary. They merely represent nature's way of getting rid of accumulations of semen.

The only exception is where the young man is regularly and deliberately putting himself into circumstances which develop his sexual libido, without at the same time finding any proper relief for such libido. For instance, if he regularly patronizes brothels or other places where prostitutes gather, or indulges in "petting" and other intimate flirtatious practices with attractive young women, resulting in the continuous development of sexual passion or appetite, and at the same time practices strict abstinence, the matter is on an entirely different footing. He is compelled to repress his natural and inevitable desires, a practice which, if continued for any considerable length of time, is bound to have harmful results.

The remedy is obvious. He must refrain from putting himself into such sexual excitatory circumstances, particularly if he is bothered with "erotic dreams." Similarly he must avoid reading sex novels, especially the kind which booksellers classify under the heading of "erotica." In other words, he must practise sexual abstinence in the true sense of the term. If he does this, no harm will or can result.

CHAPTER IV

PROBLEMS OF MARRIAGE AND SEX DURING WAR-TIME

The Trend towards Divorce

PROMISCUITY, which is so prevalent in war-time, creates its own problems. As we have seen, it tends to drive the young and the single into professional or clandestine prostitution. In the case of the married it creates difficulties which can only be solved by divorce or separation. After the Armistice of 1918, there was a tremendous number of applications for divorce due to nothing but conditions created by war-time promiscuity.

The absence of men has its effects upon their wives at home. It is in such cases that arise demands for sexual satisfaction which may, in certain circumstances, reach such a pitch that, given suitable opportunities, they cannot fail to be assuaged in extra-marital intercourse. Women, because of war conditions, are driven to look for company, and especially for sympathy. Their husbands are away for long stretches at a time. What more natural than that these wives should be attracted to other men. It begins, probably, harmlessly enough. It ends in the committing of adultery.

Modern war creates special circumstances favourable to the forming of new acquaintances, who, almost inevitably, have all the glamour and attractiveness of the unknown. For modern war brings to the home the realities of danger and death. The air raids, real or threatened, drive women and men of all classes and ranks into the communal shelters, in circumstances where all punctilios and social barriers are swept aside. The gallant male extends sympathy, help and comfort to the terror-stricken woman. Here is the beginning of

what may well end in a romance, which in turn may cause the woman to figure in divorce-court proceedings. In the last war many soldiers returned to find their wives in the arms of other men, or to find a pregnancy in progress for which, by no possible stretch of imagination, could they be responsible.

In other instances, the man is mainly or wholly to blame. In the course of his soldiering or war work, which may have taken him to places far distant from his home town, or into society different from anything to which he has been accustomed, he falls in love with another woman. It is, of course, an old story. The only difference is that in time of war the opportunities for romance to enter the drab everyday lives of ordinary men are multiplied.

There are, too, the very numerous instances where the soldier brings home to his wife a venereal infection: an open advertisement of his infidelity.

Menstrual Troubles due to War Conditions

One of the sexual disorders to which women in time of stress and excitement are peculiarly liable is the missing or irregularity of the periods. Many a woman in the last war was stricken with panic when she found she had passed her usual time without the slightest sign of menstrual discharge.

The regularity of the periods is affected by any major disturbance in one's customary mode of life. Because of this, one finds that the trials, terrors and anxieties of modern warfare have a most upsetting influence. Thousands of young women who have never been accustomed to anything harder than lounging about a drawing-room or taking part in a dance, engage in physical work of some kind, and the first thing they notice is this upsetting of their periods.

Travelling about the country, worry, fright or other emotional disturbance, will have similar effects.

Now, in the majority of cases, the woman so affected starts worrying. If she is married and does not want any further additions to her family, she is probably frightened at the prospect of another pregnancy; if she is single and has been engaging in erotic adventure, it is likely that she will be even more horror-stricken. Even where no fear of pregnancy enters into the matter, the missing of her periods no doubt causes alarm respecting her general health.

In young girls the onset of menstruation may be delayed through war conditions. Anxiety, fright, under-nourishment: all may cause delay. Normally, a girl may expect to commence menstruating at any time after reaching the age of 13 or 14, the exact time depending upon her sexual development and precocity.

There are other disorders of menstruation, such as excessive or long-continued bleeding, the experiencing of much pain, and intermenstrual hæmorrhage, which may be due to any of or all the causes I have mentioned as being responsible for amenorrhœa. There are, however, besides psychological disturbances and unaccustomed work, other reasons for menstrual abnormalities which may have nothing whatever to do with war.

Thus, chronic constipation is a great offender. It sometimes causes the discharge to be heavy or long. Excessive sexual indulgence during the week immediately preceding the commencement of menstruation may, in the case of the young married woman, cause an increase in the amount or the duration of the bleeding. So, too, immoderate consumption of alcohol in any form leads to excessive bleeding. Great variations in temperature affect menstruation in many women. An unexpected pleasure may cause a neurotic girl to miss a period altogether.

Whatever form the abnormality takes, it is of great importance not to worry about it. Half the troubles in connexion with menstruation are the direct result of worrying about them. Much of the distress or general feeling of malaise connected with the menses is purely psychological in origin, and in particular does this apply to dysmenorrhœa (painful menstruation). It applies, too, to women of all ages, often right through their reproductive years until the change of life ends all such troubles. And it comes about in this way. From the very moment when bleeding first appears, the girl is taught by her mother, by her associates, by her teachers, and sometimes by her doctor, that pain, illness and depression are normal concomitants of menstruation, and that in consequence she must expect them to occur. Because of the power of suggestion with which every psychologist is familiar, the expectation of these symptoms leads to the actual appearance of them. It is here, in the realm of psychology, that the mother could perform a great and valuable service to her daughter by stressing, *before ever the menstrual discharge shows itself*, and afterwards through the impressionable period of adolescence, that *pain is not necessarily incidental to menstruation.*

At the same time it is not advisable to err to the other extreme and ignore the matter altogether. It may be that the irregularity constitutes a danger signal. In times of normalcy, *irregularity IS a danger signal.* If the irregularity or abnormality persists, therefore, it is advisable to consult a medical man.

The Importance of Genital Cleanliness in Females

It should *always* be considered necessary to keep the private parts clean, but never is this more essential than during war-time, when from one reason or

another there is greater danger of infection or disease invading the sexual parts.

It may be unpalatable reading, but it is nevertheless a truism that, as regards the vast majority of females, *of all ages*, the genitals are in a disgracefully dirty and often filthy condition. The secrecy with which everything in connexion with sex and with the excrementary regions has been continuously wrapped up by "nice" people is mainly to blame for the universal disregard for sexual hygiene which, despite these days of baths and sanitation, still exists. It is due to this reaction on the part of mothers and teachers that to this day the old concept that dirt and morality are coexistent persists. And so, among a very considerable number of females, the horror of cleansing, in any thorough degree, the exterior reproductive organs, continues.

The whole of the private parts should be washed regularly. There are two ways in which this necessary ablutionary measure may be accomplished: (1) swabbing, and (2) douching. A bath, whether it is a monthly, weekly, or daily occurrence, and however long one may stay in the water, is not enough. The water cannot in this way enter and cleanse the female passage.

Unless there are present vaginal conditions which indicate the advisability of douching, swabbing is to be preferred. In this way there is never any possibility of harm resulting, as with careless or too strenuous douching. It is, too, a simpler procedure. And in many cases there are no facilities for douching. All the parts should be swabbed out with a rubber sponge or a wad of cotton-wool, dipped in a soapy solution. Particular care should be taken to clean out the vagina (front passage).

If douching is indicated owing to pathological conditions, or if, for any reason, it is preferred, a fountain syringe should be used wherever possible. Plain water or a soapy solution may be employed. The douching

should be thoroughly performed so as to ensure adequate cleansing of the passage.

In all cases, and whether swabbing or syringing is the method adopted, the water or soapy solution should be *warm*. The use of cold water is always inadvisable as it is likely to cause inflammation of the genital passages.

This cleansing process might with advantage be extended to the back passage. In the female, the vagina and the anus are in close proximity, and an infection is easily transferred from one of these passages to the other.

A word must be said about the condition known as leucorrhœa, or, in popular terminology, "the whites." This is a thick ropy discharge of mucus from the womb, the cervix or the vagina. It is pathological, and is an indication that something is wrong. A doctor should be consulted in all cases where the discharge *persists*. Not every discharge from the vagina, however, is pathological. The uterine, cervical and vaginal mucous surfaces are always secreting, resulting in a slight discharge—sufficient to moisten the vulva—and if this discharge is rather free at times it is nothing in itself to provide grounds for alarm. It is when, as a result of inflammation or infection, the discharge becomes abnormal or excessive that the pathological condition known as leucorrhœa truly exists. Constitutional disease is one very frequent cause. *Allowing the genitals to get into a dirty state is another.*

During the menstrual periods, in particular, should careful attention be paid to this matter of genital cleanliness. This will help considerably to reduce the irritation caused by lack of hygiene, and do much to reduce the risk of infection with harmful bacteria at these times.

The idea that water must be avoided during men-

struation is a fallacy that has persisted through the ages. It is largely owing to this fallacy that the ancient notion of female uncleanness during the periods still persists.

The vulva should be washed with warm water every day during menstruation in exactly the same way as at any other time.

It is lack of cleanliness during the periods that is responsible for so many inflammatory conditions which prove so distressing to such a large number of girls and women. The menstrual discharge, consisting of blood, mucus and epithelium, dries upon the exterior genitals and upon the clothes. This dried blood and debris induce irritation, followed by vulvular or vaginal inflammation. Also there is a most unpleasant odour.

A pad of absorbent material should be worn during the actual period of discharge. Suitable pads or "towels" can be purchased, but this is a needless expense. A strip from an old linen sheet or any other piece of suitable material, so long as it is clean, will serve just as well. The pad should be changed frequently. There is no hard and fast rule, as women vary so much in the amount of blood discharged. Every woman should use two pads a day, and in many cases three or four will be necessary. An advantage of using suitable pieces of old material is that they can be burned after use—a course which has many points in its favour, and is far better in every way than washing the soiled pads for subsequent use.

In all cases where the flow of blood is considerable, where the woman is distressed or ill, she should rest as much as possible. This does not mean that every female, irrespective of age, vitality and general health, should stay in bed during her periods. In the average healthy young woman menstruation should involve little interference with her normal routine. During any time of

anxiety, however, such as a state of war, many women who have been accustomed to go through their periods with little or no trouble will find themselves seriously incommoded and often downright ill.

Because of this risk, every woman, during menstruation, should pay careful attention to her general health, and especially to the state of her bowels *before* the appearance of the discharge. This will prevent much discomfort and distress. The use of a cathartic, therefore, some days previous to the expected onset of menstruation will prove most beneficial.

The Importance of Genital Cleanliness in Men

Girls and women are not alone in being genitally unclean. Boys and men are every bit as bad. They allow their private parts to become unbelievably dirty. Although cleanliness of the external genitals in the male is a much simpler matter than in the female, and although in the male there cannot be any horror associated with touching these parts as is so often the case with young women and girls, it never seems to occur to a large proportion of males that the sex organ can only be properly cleansed by drawing back the foreskin or loose flesh which covers the end of the penis, and thoroughly washing the part thus exposed.

If this ablutionary method is not performed regularly and often, a yellow cheese-like, foul-smelling deposit will collect under the foreskin. This deposit, in time, will cause inflammation. Many a young man complaining of a sore sexual organ has nothing to blame for this condition but his own neglect or ignorance.

Apart from the discomfort associated with soreness under the foreskin, and the risk of posthitis developing, in such a state, the danger of acquiring a venereal infection, in the event of there being any exposure,

accidental or otherwise, to contagion, is greatly increased.

For these reasons it is important that the private parts should be kept sweet and clean by regular washing with soap and water. There is no need to employ a disinfectant. Indeed, in all ordinary circumstances, it is better not to use one, as there is risk of the chemical itself causing inflammation as a result of an excessively strong solution being employed, or the undue sensitiveness of the mucous membrane. Men vary greatly in this respect.

If there is any suspicion of soreness, the parts should be dusted with the following powder.

Boracic acid powder, 1 part
Talcum powder, 4 parts.

The Problem of Sterility

An increase in the incidence of sterility is inevitable during war-time, particularly if the war is a protracted one. It is true that such a state of affairs does not concern vast numbers of the population, many of whom in fact would be only too glad to learn that they were afflicted with temporary sterility; but unfortunately fate is usually perverse, and the very men and women who would be grateful to find themselves parents are the ones who are cursed with barrenness.

The main war-time cause of sterility, applying to both sexes, is insufficient nourishment of the right kind. More and more is it being realized how close is the connexion between nutrition and fertility. Lack of vitamins, particularly vitamin E, is a prolific cause of barrenness in both sexes. And it must be remembered that it is only necessary for one partner to be sterile for a marriage to prove childless. Even in ordinary

times, modern diet, especially the tea-shop diet favoured by so many women, is conducive to sterility.

Another frequent war-time cause of sterility is venereal disease. According to Dr. Norman Haire, "It is estimated that at least 50 per cent. of the cases of sterility in women are due to the after-effects of gonorrhœa." [1] Both syphilis and gonorrhœa are causes of sterility in the male. If the husband contracts a venereal infection, he is almost sure to infect his wife. In many cases both are infected before they are aware of it.

The practice of birth control for the spacing of births, in some circumstances, is a cause of sterility. This fact, and fact it is, does not constitute any condemnation of birth control, which, properly carried out, need not endanger in the slightest degree, either the husband's or the wife's future fertility. It merely ranks as a condemnation of unsuitable or dangerous methods, or the use of the wrong technique.

So much for the specific causes of sterility during war-time. Now for the best measures to combat them, and to help the married woman to fulfil her destiny.

With regard to diet, it is impossible to prescribe any specific dietary during the abnormal conditions prevailing in time of war. The most important constituents may be unobtainable. But so far as is possible fresh vegetables, eggs, milk, butter and cheese should be included in the regular diet.

Some of the causes of sterility that have been enumerated can, however, in most cases, be dealt with. They can be reduced in their power, limited in their application, or avoided altogether.

Care should be taken in the choice of a suitable contraceptive where birth-spacing is being practised. If at all possible, a mechanical appliance should be

[1] *Birth Control Methods*, p. 177, Allen & Unwin.

used. If, however, it is necessary to use a chemical method, a suppository or lactic acid jelly would probably prove most suitable. Douching with strong antiseptics should be avoided, whether for birth control or other purposes. Any strong disinfectant is likely to prove injurious if used regularly.

As regards measures for the facilitation of conception, the chief of these consists in arranging that intercourse should occur as nearly as possible during that part of the woman's ovular cycle when she is likely to prove fertile; that is, around the period of ovulation. There is no fixed day or time which is applicable to *all* women, ovulation varying according to the length of the menstrual cycle. This varies from 20 to 40 days in different women. Recent researches have demonstrated that on the fifteenth day preceding menstruation there is the greatest chance of conception occurring, this being the approximate day on which ovulation occurs.

In a woman with a normal cycle of, say, 28 days, the approximate day of ovulation can be ascertained by marking on the calendar the day upon which the next menstrual bleeding is expected to commence, and then counting backwards 15 days, which will give the time of ovulation.[1]

In many instances the condition of the female passage is abnormally acid, and therefore an unfavourable environment for the male sperms. In any such case the acidity can be neutralized by douching with a solution of basic sodium phosphate.

[1] Although, owing to the risk of the menstrual periods becoming irregular or erratic in war-time, the calculation of the time of ovulation and consequent "safe period" does not constitute a reliable birth-control method (see page 68), the information may prove of value in the promotion of conception, and any failure does not involve distressing or possibly tragic consequences.

CHAPTER V

BIRTH-CONTROL PROBLEMS PECULIAR TO WAR-TIME

The Increased Need for Contraception

It is natural that war should not only intensify and extend the perplexities connected with birth control, but that it should, in addition, create new difficulties and problems.

There are, of course, exceptions, but, generally speaking, all those who consider it undesirable to have children in normal times find it even more undesirable to do so in time of war; while most of those who exercise a careful limitation over the size of their families find it advisable to postpone childbirth until more favourable times arrive.

Apart from any such wishes on the part of parents, the stress and strain of modern warfare lead to the creation of physical and psychological environmental conditions which are inimical to successful child propagation and rearing. Women, for the most part, and to a lesser degree, their husbands, are in no mental condition to be burdened with an unwanted pregnancy. Nor is the state of affairs created by war conducive to an atmosphere in which a woman may bear a child to the best advantage. The likelihood is that a pregnant woman during such difficult times will become a mental and physical wreck; and that any child born to her will start life under a distinct and definite handicap. More and more does it become evident that the woman's health during the nine months of pregnancy has important effects upon the child she carries in her womb. Many mothers are under-nourished, and this has deleterious effects on the unborn baby.

Unfortunately most of the pregnancies occur among the poorest classes of the population; not only the poorest classes from the point of view of worldly possessions, but the poorest as regards mentality and physique. For generations now, the huge bulk of the children born have belonged to the slum-dwellers of our big cities; in recent decades this preponderance has become so great that, comparatively speaking, the children produced by the middle and upper classes are negligible in number.

Now, bad as is this state of affairs during normal times, in the years of war it becomes infinitely worse. For one reason or another the more prosperous classes practically cease breeding; just as for other reasons, the birth-rate among the poor and improvident tends to increase. Such a position, from all points of view, is to be deplored.

It may be taken as applicable to a large number of married couples that the *risk* of conception occurring is considerably increased during war-time. In the first place, as regards all married women whose husbands are living with them continuously or for long periods at a time, it is probable that physical intercourse occurs much oftener than in normal times. The tendency during war is for the wish for sexual relations to be much extended, and coincidentally, in many instances where are concerned married men whose home life has not been broken up, there are fewer opportunities for extra-marital relations. As regards those cases where the husband is serving with the forces, there is much less likelihood of being able to restrict intercourse to specific "safe periods," and additionally this method itself is much more likely to fail (see page 68).

It becomes therefore more than ever necessary that the masses should be familiar with the best methods of preventing conception. In war-time, birth control

becomes not only a matter of individual necessity; it is an essential policy in the best interests of the nation.

The Evils of Abortion

There is another and a particularly powerful reason for the dissemination of efficacious contraceptive methods. I refer to the dangers connected with abortion and the attempts to bring about abortion.

It is a fact, of which there can be no denial, that whenever the birth-rate shows signs of increase the incidence of abortion rises also. The *success* of contraception means a *decline* in the number of abortions; the *failure* of contraception ensures an *increase* in the number of abortions. In a very considerable number of cases the women who find it necessary or advisable to practice birth control consistently, will, when these measures fail, resort to the professional abortionist or attempt to bring about abortions themselves.

During the last war there was a phenomenal increase in the practice of birth control; but at the same time there was a tremendous rise in the abortion rate. This increased practice of abortion was largely due to the failure of the anti-conception methods employed. Twenty-five years ago contraception, as a science, was in its infancy: the methods practised were mostly crude and unreliable, the appliances were unsatisfactory and often faulty.

There is another reason why the temptations to employ the abortionist's methods are invariably greatly increased during war-time. It is concerned with the rise in the birth-rate of illegitimate children, and especially the peculiar circumstances in which so many of these illegitimates are conceived. We have already seen how girls, in the excitement engendered by war, and influenced by the glamour attached to the soldier's

uniform, embark upon sexual adventure to an extent, and in circumstances, which they would never entertain in normal times. In many cases, the result is an unexpected pregnancy. These girls, for the most part, have no knowledge of prophylactic methods; the soldiers are either in the same plight or they have no facilities for securing contraceptives. Also they are reckless as to consequences. Often the girl has no knowledge of the identity or whereabouts of the man; in other cases he has been killed by the time the pregnancy is advanced sufficiently to disclose itself. And so, for one reason or another, she is in despair, and, acting upon advice of other and more sophisticated acquaintances, hies her to a professional abortionist or attempts to abort the fœtus herself.

Now abortion is evil and it has evil consequences. Whether it succeeds or fails it is evil, and its practice is greatly to be deplored. The woman who has undergone an abortion never enjoys her previous health: she is inevitably damaged somewhere or in some way. In a majority of instances *she is a physical or a mental wreck for the rest of her life.*

It cannot be too strongly stressed that the taking of drugs to bring on suspended menses, except under medical supervision, is harmful and often dangerous. *There is no drug that can be employed by the woman herself in sufficient quantity or potency to empty a pregnant uterus that does not involve considerable risk to her health and often to her life.* There is no physical or mechanical method involving tampering with the womb which is not *dangerous.* These warnings should be taken to heart by every woman.

In addition, abortion, whether or not it proves successful, and whoever attempts it, is a *criminal offence.*

Here, then, we have another powerful argument in favour of birth control. The provision of facilities for

the supply of contraceptive information to all requiring it, and of advice concerning the best methods to adopt in order to prevent conception, would do much to lower the incidence of abortion.

Why Birth Control is more likely to fail in War-time

The sexual relationship is strongly emotional. Even in the most favourable and most ordinary circumstances it is not always easy to control sexual passion. The more emotional the individual, the more difficult is it to restrain or to control sexual libido. Particularly does this apply to the male partner in the sex act.

The success of contraceptive technique is, to some extent, dependent upon the control of sexual emotion. The necessity for the extent of such control varies according to the method adopted. In relation to the popular method known as "withdrawal," success is almost entirely dependent upon the measure of control which the active partner is able to effect. To a much lesser degree this applies in the case of the condom and of certain chemical methods.

The disturbances, neurotic and otherwise, effected by conditions of war on the one hand, and the extension of erotic excitability and passion on the other, together suffice to lower the efficiency of the psychological safety-valves in either the husband or the wife, and sometimes in both. In particular does this apply on those occasions when the soldier husband is home on leave. Here emotion takes full control: in most cases both partners are inclined, through carelessness or indifference, either to invalidate the contraceptive measures they adopt or to neglect the observance of any precautions at all. It is the vast extension of emotionalism, combined with an indifference bred of fatality, which lead me to say that during war-time

"withdrawal" cannot be advocated as a reliable contraceptive measure in any circumstances.

Carelessness is responsible for more failures than are faults in contraceptive technique, and however influential this factor may be in normal times, its potency is at least doubled during war-time, when ordinarily careful people become negligent and often reckless in matters appertaining to sex. In some instances it is not so much carelessness as indifference resulting from lack of opportunities to secure the proper appliance, to master the correct technique, or to carry out that technique thoroughly. It may be indifference due to sheer weariness, or to despair. Especially does this apply to the female partner. She is perhaps in the habit of employing a method in which a douche is an essential feature, and may neglect to carry out this part of the technique, either through laziness or through lack of facilities for douching. Circumstances where such facilities are lacking are far more likely to occur under war-time conditions than in normal times. Or she may find she is without a supply of contraceptives. One can well imagine that in such a case husband and wife are likely to take a chance where, in other circumstances, they would have delayed satisfying their passions until a more favourable opportunity arrived.

The efficacy of a contraceptive method is often dependent entirely upon the quality or condition of the appliance. This applies invariably in the case of all methods involving the use of rubber appliances or of chemicals. There are on the market, unfortunately, many rubber condoms and pessaries that are unreliable. They are either badly constructed or the rubber is of inferior quality.

Even a perfectly designed condom, made of the finest quality rubber, produced by a highly reputable firm, may have been kept in storage until the rubber

has perished to an extent that makes it quite unsafe to use. These dangers should be kept well in mind when purchasing rubber contraceptives, but never more so than at a time when unscrupulous vendors are prepared to take advantage of shortage of supplies, real or fictitious, and to palm off inferior or spoiled goods on the purchasing public. In other cases it may not be a matter of unscrupulousness. The dealer may be quite unaware that his goods have deteriorated through being kept in stock too long or stored under harmful conditions. But whatever the reason, the results are the same, and I fear many an unwanted child can be traced to the use of a faulty condom or pessary, or a chemical suppository that has lost whatever virtue it originally possessed.

This risk can be avoided by purchasing contraceptive appliances from shops which specialize in birth-control requisites. There are many such in London and most provincial cities. Persons living in the country and in small towns where no such shops are available should obtain their supplies by post direct from the manufacturer.

The Best War-time Contraceptive Methods

It may be well to state at the outset that (1) there is no fool-proof, one hundred per cent. efficient, birth-control method known to science; and (2) there is no *one* method which is the best and most satisfactory for all cases and in all circumstances. The continual broadcasting of these fallacies has led to much disappointment and misery. Moreover, it has given rise, in some quarters, to a condemnation of all contraceptives on the ground of inefficiency: a condemnation which is as unjustifiable as it is mischievous.

In war-time the most reliable appliance, in all cases where it can be employed or where, to its use, there

are no objections of such seriousness as to lead to disagreement or friction between husband and wife, is the rubber condom or "French letter." Much condemnation has been poured upon this device in the past, but despite its antiquity and the risks attached to its use, it is probably, in the majority of cases, the most efficient method available. Moreover, in time of war, it has one added but powerful advantage over other contraceptives. It is the most efficient venereal prophylactic known.

In recent years vast improvements have been effected in the manufacture of rubber condoms, and the newest products, made of seamless rubber latex, are of the highest degree of efficiency. They are strong, durable, and, at the same time, thin and almost transparent. If the purchaser will insist upon being supplied with these new latex protectives, the chances of splitting are extremely slight, provided of course the appliance is correctly used.[1]

Owing to the possibility of bungling or carelessness on the part of the male, or the use of a badly-manufactured or "perished" condom, it is always advisable for the woman to adopt some contraceptive measure entirely independent of and in addition to anything which her husband may do. Such a measure may involve the use of a chemical suppository or of some type of contraceptive jelly; it may take the form of a plug or sponge. But certainly something should be done.

In many cases the responsibility for the prevention of conception must, of necessity, rest with the wife. There are many possible reasons for this. The husband may

[1] The use of the condom calls for a specific technique. There is no space for the detailed exposition of this technique here. The reader requiring further information is referred to my little book, *Male Methods of Birth Control: their Technique and Reliability*, which deals exhaustively with this and all other male contraceptive methods. It is published at one shilling.

not be able to use a condom (many men find this appliance affects adversely their appetite for, or ability to perform, the sex act). Another man may be so careless in carrying out the technique that his wife, with the best will in the world, cannot rely upon any precautions he may take. Others again refuse to take any anti-conception measures at all; and, finally, there is always a possibility that a husband, under the influence of drink, may fail to observe the usual precautions or may carry them out wrongly or carelessly.

Generally speaking, the best female contraceptive is the rubber diaphragm pessary, popularly known as the "Dutch cap," or "Mensinga pessary." In combination with contraceptive jelly, or a chemical suppository, it gives, in most cases, almost complete protection.

There are, however, some women who cannot wear the rubber diaphragm pessary, there are others who cannot insert it properly in the vaginal passage,[1] and there are yet others who are too lazy to carry out its technique properly. In such cases a rubber sponge or a chemical suppository may be used.

Also, the unusual conditions and circumstances which are likely to arise during war-time call for the availability of methods involving no elaborate, expensive or troublesome appliances, for there are so many conceivable occasions when it is essential that some birth-control method should be improvised as an emergency measure. It is in these unusual conditions that the wife who has never had occasion to use anything other than, say, a rubber diaphragm pessary, or a cervical cap, or a quinine suppository, finds herself quite helpless.

[1] For full instructions as to the best method of insertion and removal, and for details of other female contraceptive methods for which there is no space here, see my little handbook, *Birth Control: A Practical Guide for Working Women*, price one shilling.

To meet any such eventuality it is most advisable that every married woman should be conversant with an emergency measure which she can adopt failing the availability of her usual method. The most efficient of all emergency contraceptives is the plug. A piece of cotton-wool, linen, or other *clean, white* material—a pocket handkerchief will do—is rolled into a ball, dipped in or smeared with some spermicidal solution or ointment, and pushed into the vagina (front passage) as far as it will go. It should be big enough to fill the entire upper part of the passage. Lactic acid jelly is an excellent spermicide, but it may not always be available. In which case lemon juice, vinegar and water, or olive oil may be used. If none of these is at hand, soap should be smeared over the material. The plug must be left in position until the following morning.

The "Safe Period" and its Dangers

I feel it necessary to warn every woman against relying upon the "safe period" *in war-time.* In recent years, through the discoveries of Dr. Hermann Knaus and Dr. Kyusaka Ogino, the "safe period" has taken its place as a birth-control method worthy of serious consideration in certain cases where the length of the menstrual cycle can be accurately determined. In normal times it ranks as a valuable auxiliary or supplementary method of controlling conception.

The whole virtue of the method rests upon the *regularity* of the menstrual periods of the individual in question, and of an accurate determination of the length of or degree of variation in these periods. Regularity is the essential element to success. In all cases where the menstrual periods are *erratic* the "safe period" cannot be relied upon.

As I have shown (see page 49), owing to the condi-

tions prevailing in war-time, and especially those due to modern war, where the fear of air raids is always present, it is extremely likely that, as regards the vast mass of the female population, there will be some disturbance of the periods. It is probable that menstruation will be irregular and possibly erratic. For this reason I would strongly advise any woman accustomed to relying upon the "safe period" to abandon this practice temporarily, and use a mechanical device. Alternatively, the method may be continued as a supplementary or auxiliary measure rather than one to be relied upon entirely.

CHAPTER VI

THE PROBLEMS OF SEXUAL VICE AND ABNORMALITY

War as a Cause of Nymphomania

THE sexual excitatory effect of war is known to every student of psycho-pathological problems. The sexual revolution of woman was started, and considerably developed, during the years of 1914–18. The succeeding decades have seen further developments, but it is not too much to say that the movement would never have got the start it did or developed to the extent it has, had not the war awakened and intensified eroticism in women.

As a result of this emancipation, sex has been released from much of its old-time mystery. Taboos, religious and social, to a big extent, have gone to their death. Woman, granted a new-born partial freedom simultaneously with the means of avoiding the consequences of illicit love, has become drunk on sex. She is in an analogous position to that of the youth who, for the first time and with dramatic suddenness, has been thrown into the company of a bunch of bacchanalians; without any adequate preparation she is hurled into circumstances somewhat similar to those in which Emma Bovary commenced that final love affair which was to have such tragic consequences. The modern girl is at the beginning of her emancipation: she has not yet travelled along the road to freedom sufficiently far to create, in the shape of intellectual work, a foil whereby she can subdue the suddenly aroused and developed passions that threaten her.

Everything, apart from the purely mechanical aspects of life, is in a state of flux. One is overwhelmed with the

superficial. One sees everywhere children playing at being grown men and women; one sees everywhere senescents, who in another generation would have been communing with their god, making frantic efforts to ape the mannerisms and activities of the youngsters they helped to create. One sees girls industriously smoking cigarettes: their mothers, who have succeeded in living half a century without so much as thinking of such a thing, are talking balderdash about the "soothing effects" of tobacco after lunch or dinner.

All this social upheaval, this smashing of ancient standards, this morass which is inevitable in any transitional stage, is playing shuttlecock with the old codes of morality. Perhaps, of all the consequences, the most sensational is the dismaying fact that it is no longer possible to control in any adequate sense the chastity of woman. In other words, chastity is in danger of becoming a factor one can only leave to the honour of woman herself.

Now, in the overwhelming main, this has come about since the first great war, and, as I have stated, to a big extent, the initial cause of it was that identical war. These points and their implications are of great importance and significance. For to-day when we are once again at war, woman, so far as are concerned her potentialities for response to sexual excitatory impulses, is in an infinitely more perilous position than she was in 1914. The full extent of the dangerous potentialities inherent in this position I shall attempt to show later in this chapter.

The Evils of Self-Abuse

It is inevitable that during war self-abuse should increase enormously. This increase is to be expected. Wherever conditions arise favouring or compelling the

segregation of large numbers of young men, there is bound to be an extension of the practice of self-abuse. This is lamentable, but it is true. And the same thing applies in regard to the opposite sex. Self-abuse is prevalent among the women who are physically or psychically segregated.

The present-day reaction, on the part of sexologists, physicians and sociologists, to this vice of adolescence, with few exceptions, takes one of two diametrically opposing lines. The one school holds firmly to the antiquated notion that self-abuse is responsible for every conceivable evil, mental, moral and physical; the other school just as firmly contends that the habit is productive of no such evil effects at all, that it is not in any way more injurious to an adolescent than normal intercourse is to a grown man.

Both schools of thought are guilty of exaggeration. The truth is to be found between the two.

Self-abuse is not the terribly dangerous and deadly habit, in the precise sense and to the full extent, that popular opinion has been led to believe. Evidence as to its health-wrecking effects, in a physiological sense, is of an exceedingly dubious nature. The vice certainly does not cause those diseases which in the past it has been credited with causing. It may, if persistently practised over long periods and extensively, arouse disinclination for normal intercourse; it may, in certain cases, cause prostatic trouble; it may even induce a form of impotence, but these dangers represent the extent of its evil physiological effects. As regards producing insanity or serious disease, parents may clear their heads of any such notions—they have been manufactured and distributed, in the main, purely for the purpose of frightening boys and young men, in the *mistaken* assumption that in this way the vice can be prevented or discouraged.

On the other hand, persistent indulgence may, and

in some circumstances it undoubtedly does, have most injurious effects upon the *mental* and *psychical* health of the individual practising it. These effects, although not attributable directly to the vice, but rather to the association of fear, guilt and evil with what has become a habit, are nonetheless serious and may have tragic consequences.

There is no question as to the universality of the habit. At least seven out of every ten men have been guilty of its practice during their schooldays or in the years of adolescence. It is far more common among women than among girls. It is, I fancy, far more common among grown women than among grown men. It must be remembered that self-abuse is rarely practised in circumstances where the complete sex act is available. Few men, under normal conditions, are *compelled* to practise sexual abstinence. This does not apply, to anything like the same extent, in the case of women.

As regards girls, there has never been the same public reaction to the problem as there has with boys. In fact, it is extremely rare for any warnings or admonitions to be uttered in respect of the female sex. For one thing, the public does not associate self-abuse with females. And yet it is extremely common. For another thing, even where any such association is made, the vice is credited with producing nothing in the way of evil results. Probably this is because, in the case of the female, there is no possibility of self-abuse interfering with the capacity for performing the sex act, while in the case of the male it is credited with being a major cause of impotence. And because of this, too, those indulging in the vice rarely associate with it any feelings of guilt or fear. In consequence, girls are not subject, as a result of self-abuse, to neurotic or hypochondriacal disturbances in any way analogous to those affecting adolescent males.

Perhaps the best way of indicating the most satisfactory prophylactic treatment of self-abuse is to point out how it should *not* be treated. Any purely frightening process, in which the painting of alarmist pictures of the inevitable terrible effects of the vice, is the worst possible method of treating the existent evil. The harm that may be expected to follow the continuance of the vice should be mentioned, with the assurance that it can be overcome by the exercise of will power and perseverance, and the development of a healthy outlook on life.

The problem of handling the evil of self-abuse in war-time is the problem of providing the youth of the country with opportunities for indulging in pastimes, recreations and hobbies. During the long winter months especially is there danger of the evil developing.

The Danger of Homosexuality

The same cause which leads to the development of self-abuse leads to the extension in the number of homosexual alliances. Wherever the sexes are segregated sexual vice is to be found. It is a law of nature. It applies to animals and to birds no less than to men. It is partly to minimize this danger that in the past governments have found it advisable to tolerate prostitution. Also not to be overlooked in any consideration of the evil is the attraction which soldiers and sailors have for civilian pederasts.

Against the extension of male homosexuality among the fighting forces must be offset a certain diminution among the civilian population. The absence of men from the civilian centres and the greater availability of females do something to check the growth of, and even to cause a decrease in existent homosexual vice. They do not, of course, affect true inversion. This is something

quite different from the temporary practice of homosexualism, and is not affected by transient conditions.

The growth of homosexual vice among the soldiers is paralleled by the extension of Lesbianism among the female population. Here those affected are not merely girls on war service: nurses, ambulance drivers, and the like. The younger sections of the civilian population are affected as well. The comparative lack of men, in this case, acts in a precisely similar manner to physical segregation.

There are, too, other war-time factors which have their effects. Chief of these is the masculization of woman: an inevitable concomitant of war. Thousands of women, because of the work they are undertaking, find it necessary to dress in trousers and to don other male accoutrements. Moreover, the tendency is inevitably towards a general masculization of feminine fashions irrespective of the work which the women are doing.

In both sexes, the camaraderie engendered by war service, of which so much was made in the last conflict, is not without its element of risk. It is peculiarly likely to develop into something which, if not actually homosexual in expression may, and very often does, ultimately lead to it. There were very many such cases among the nurses and ambulance drivers during the last war. There will be very many more in this. For the danger of Lesbianism has in recent years been extended considerably as a result of the sexual emancipation of woman to which I have already referred. The awakening of sex in woman is a *fait accompli*: this appetite, now that it has been created, must be satisfied. Hence the danger of sexual abnormalities developing.

How is the problem, admittedly of unusual delicacy, to be dealt with? The government and the local authorities can do much to combat the evil by providing

facilities for healthy recreation. On the home front, parents can do a good deal by taking an intelligent interest in the activities of their daughters and in their choice of friends. But the main efforts must rest with the youngsters themselves. The evils of homosexual vice and the possibly tragic effects in after life, once they are realized, should lead to the avoidance of the evil. Every effort should be made to acquaint girls and young women with these evils, and to warn them of the possibility of tragic consequences.

There is little doubt that the spread of homosexual vice in females is to some extent due to the fear of heterosexual alliances resulting in pregnancy. Either through lack of knowledge of, or insufficient confidence in, birth control, women are led to seek outlets for their sexual libido in Lesbianism. Undoubtedly the huge extent to which Lesbianism was developed during the last war was in large measure due to this very desire for sexual expression on the one hand and fear of its consequences on the other.

In men the contraceptive element is not so strong a motive for perversion, although it has undoubtedly its effects. Here the fear is concerned with the risk of having either to marry against one's will or to be burdened with the cost of supporting a baby. A far stronger motive for homosexualism in males is the fear of contracting venereal disease.

For these reasons, therefore, the value of the dissemination of birth-control knowledge as a means of restricting homosexual trends is not to be overlooked.

The Problem of Sexual Crime

War appeals to and develops the baser instincts of men and women. There is always a reversion to primeval savagery.

It is for this reason that war is the sadist's opportunity. For besides giving him unlimited and unique opportunities for indulgence in his particular abnormality, it is a time when there is less likely to be any criticism of his conduct or interference with the satisfaction of his inhuman appetite. In war it is inevitable that, along certain lines, the sadist is encouraged in the expression and development of his perversion. The fact that this encouragement can be justified upon grounds that would be impossible at any other time does not affect the fundamental issue.

Sadism and sexual crime are interconnected. The raping of women and girls, followed by murder, and, to a lesser degree, the practice of bestiality, followed by the slaughter of the animals concerned, are features of actively expressed sadism. Such are the lust murders of which we occasionally see reports in the Press. In some of these sadistic cases there is no actual rape: the very act of murder, and especially the sight of the victim's blood, are substitutes for sexual intercourse.

The majority of cases of rape, however, are not performed by sadists. They are performed by ordinary human beings suffering from sex hunger, who, owing to one cause or another, cannot satisfy their passions by intercourse with their wives, their lovers, or prostitutes. The murder which so often follows rape may be the means of silencing the only witness. The last war saw a vast increase in the number of cases of rape and also in the number of sex murders.

One serious feature of these sex crimes is the huge incidence of virgins and young girls. In the majority of these cases the crime is committed neither by a sadist nor as a means of satisfying sex hunger. It is perpetrated in a deliberate attempt to get rid of a venereal infection. It is a fact, to which medical men and sexologists have repeatedly drawn attention, that the *erroneous* belief

respecting the virtues of connexion with a young and virgin girl, or a child, as a cure for venereal disease, still persists. I have heard it argued that there are few men who, even if they were afflicted with syphilis or gonorrhœa, would be so heartless as to pass on such an infection to an innocent girl in order to cure themselves. The argument is a fallacious one. It is a well-known fact, which anyone with experience will substantiate, that the venereally-afflicted individual, man or woman, has no conscience. Such a person has not the slightest compunction in giving the disease to another. The prostitute will infect half a hundred men without a qualm. The man who has caught a "dose" from one prostitute will gleefully give it to another, or to a pure girl. The only exception appears to be the married man who hesitates to infect his wife, mainly because it would mean the discovery of his condition.

It is high time that this fallacy respecting the cure of a venereal infection by intercourse with a virgin was thoroughly exposed. The authorities should take steps to this end. The information might be given in a leaflet on venereal disease distributed among both the troops and the civilian population.

GLOSSARY

ADOLESCENCE.—The years between puberty and manhood or womanhood.

AMENORRHŒA.—Entire absence of menstruation at any time between puberty and the change of life, due to any cause other than pregnancy.

ANUS.—The back-passage.

ASEXUAL.—Without sex.

BACTERIA.—A general name for the smallest of all vegetable one-celled organisms, which are capable of reproducing with extreme rapidity by cell-division and by spores. Many infectious diseases are caused by germs of this nature.

BALANOPOSTHITIS.—Inflammation of the lining of the foreskin, with or without inflammation of the body of the sex organ.

CATHARTIC.—A medicine for emptying the bowels; a laxative or purgative.

CERVIX.—The neck or lower portion of the womb which protrudes into the vagina (passage).

CHANCROID (SOFT CHANCRE).—The name given to a venereal infection of non-syphilitic origin, marked by the appearance of a pus-forming, painful, foul-smelling sore.

COITUS.—The sex act; sexual intercourse or connexion.

CONCEPTION.—The first stage of pregnancy.

CONDYLOMATA ACUMINATA.—Wart-like growths which appear at the entrance to the female private parts and the back-passage.

DYSMENORRHŒA.—Painful menstruation.

EMISSION.—In sexology a term used to denote the discharge of seminal fluid either during the sex act, or involuntarily, with or without sexual excitation.

ERECTION.—The extended rigid state of the male sex organ during sexual excitement. A non-sexual erection sometimes occurs when the bladder is full of urine, usually on awakening from sleep in the morning. It also occurs in those afflicted with a chronic form of gonorrhœa.

FALLOPIAN TUBES (OVIDUCTS).—The channels or tubes leading from the womb to the abdominal cavity in the immediate neighbourhood of the ovaries.

FŒTUS.—The name given to the child in the womb, from the fourth month to the termination of pregnancy. From conception to the fourth month the child is termed an embryo.

FORESKIN (PREPUCE).—The loose piece of skin which covers the end of the male sex organ.

General Paralysis of the Insane (G.P.I.).—A progressive form of insanity due to long-standing syphilitic infection, popularly termed "softening of the brain." The term "general paralysis" is misleading, as there is no limb disablement or affliction.

Genitals.—The organs of reproduction in both sexes; the private parts.

Glans.—The sensitive end section of the male sex organ.

Gonococcus.—The specific micro-organism responsible for gonorrhœa.

Gonorrhœa (Clap).—An inflamed and suppurative (pus-forming) condition of the mucous membrane, due to invasion by the gonococcus.

Heterosexualism.—Sexual attraction towards a member of the opposite sex, i.e. normal sexual expression.

Homosexualism.—Sexual attraction towards a member of the same sex, i.e. abnormal sexual expression.

Hypochondria.—A morbid condition, in which the sufferer, by exaggeration or imagination, is convinced of the presence of some grave disorder.

Impotence.—Inability to perform the sex act. Impotence may be either temporary or permanent.

Labia.—The lips of flesh which constitute the entrance to the private parts of the female.

Lesbianism.—Love between two females.

Leucorrhœa ("Whites").—A discharge of thick, ropy mucus from the female genitals. It may be from the womb, the cervix or the vagina.

Menses.—See Menstruation.

Menstruation (Monthlies).—The bloody discharge from the female vagina (passage), which occurs usually at regular intervals of about twenty-eight days.

Micturition.—Passing water; urination.

Mucous Membrane.—The thin sensitive lining of the openings of the body, e.g. the mouth, the external genitals and the back passage.

Mucus.—The thick sticky discharge from an inflamed surface.

Neurotic.—A term used generally in reference to any disease of the nerves.

Ophthalmia Neonatorum.—Inflammation of the eyes in a newly-born child, due to gonorrhœa. This disease is compulsorily notifiable.

Ovaries.—The two organs situated in the female abdominal cavity which produce the ova or eggs.

Oviducts.—See Fallopian tubes.

OVULATION.—The periodical discharge of ripe eggs from the ovaries.

PARTURITION.—Childbirth.

PEDICULOSIS.—An irritating skin disease which attacks the genitals, as a result of the presence of the *pediculus*, a genus of human parasite (louse).

PENIS.—The male sex member; the organ of copulation.

PERVERSION.—The term sexual perversion refers to an abnormal sexual practice.

PHIMOSIS.—A condition where the foreskin cannot be drawn back so as to uncover the glans (end portion).

POSTHITIS.—Inflammation of the foreskin.

PREGNANCY.—The period during which the woman carries a child; that is, from the time of conception to birth.

PREPUCE.—See Foreskin.

PREPUTIAL.—Referring to the prepuce or foreskin.

PROPHYLACTIC.—Anything used in preventing a disease or condition.

PROSTATE GLAND.—The gland surrounding the base of the urethra (water-pipe).

PUBERTY.—The time when the secondary sexual characteristics begin to appear, usually at 15 years of age in the male, and 13 in the female.

PUDENDUM.—The exterior sex organs (private parts) of the female; the vulva.

REPRODUCTION.—The process, whether asexual or sexual, of producing offspring, applicable to all forms of plant and animal life.

SADISM.—Cruelty associated with sex.

SALPINGITIS.—Inflammation of the Fallopian tubes.

SCABIES (ITCH).—An irritating and eruptive skin disease caused by several varieties of parasites (lice).

SCROTUM.—The bag or pouch containing the testicles.

SEMEN.—A collective term for the secretions of the male reproductive tract, including the spermatozoa. Semen is the fluid discharged during the sex act.

SMEGMA.—The secretion of the mucous membrane of the glans penis, which forms a cheese-like, foul-smelling deposit under the foreskin.

SOFT CHANCRE.—See Chancroid.

SPERM (SPERMATOZOA).—The male fertilizing germs formed in the testicles. They are ejaculated from the penis during the sex act and during self-abuse. They are invisible to the naked eye.

STERILITY.—The state of being incapable of parenthood, applicable to both men and women. It is important not to confound sterility with impotence, the condition where the sex act cannot be performed.

SUPPURATION.—Formation of pus (matter), as in an abscess.

SYPHILIS (POX).—A highly contagious form of venereal disease, due to infection with the *Treponema pallidum*.

TABES DORSALIS (LOCOMOTOR ATAXIA).—Atrophy or wasting of part of the spinal cord, marked by shooting pains in the extremities.

TESTES.—See Testicles.

TESTICLES.—The two glandular secreting organs situated in the scrotum of the male.

TREPONEMA PALLIDUM.—The micro-organism of syphilis.

URETHRA (WATER-PIPE).—The pipe, canal or channel through which urine is discharged from the bladder. In the male the urethra also acts as a channel for the discharge of seminal fluid.

URETHRITIS.—Inflammation of the urethra from any cause. An inflammation due to the presence of gonococci is usually termed gonorrhœal urethritis; and an inflammation from any other cause as simple or non-gonorrhœal urethritis.

URINATION.—Emptying the bladder; passing or making water.

URINE.—The fluid (water) secreted by the kidneys and stored in the bladder.

UTERUS (WOMB).—The pear-shaped, elastic-walled feminine organ in which the child is formed and developed before its birth.

VAGINA.—The passage or canal connecting the womb with the vulva.

VENEREAL.—Pertaining to sexual intercourse, and to diseases of the genitals.

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