

Sex and its mysteries / by George Ryley Scott.

Contributors

Scott, George Ryley, 1886-

Publication/Creation

London : John Bale, Sons & Danielsson, 1929.

Persistent URL

<https://wellcomecollection.org/works/ttkuf2cn>

License and attribution

Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

SEX
AND ITS
MYSTERIES

SCOTT

7



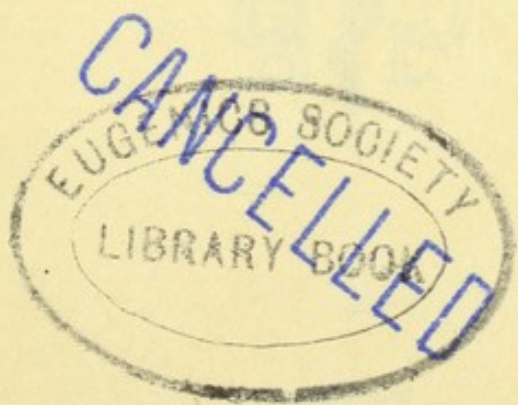
22900402964

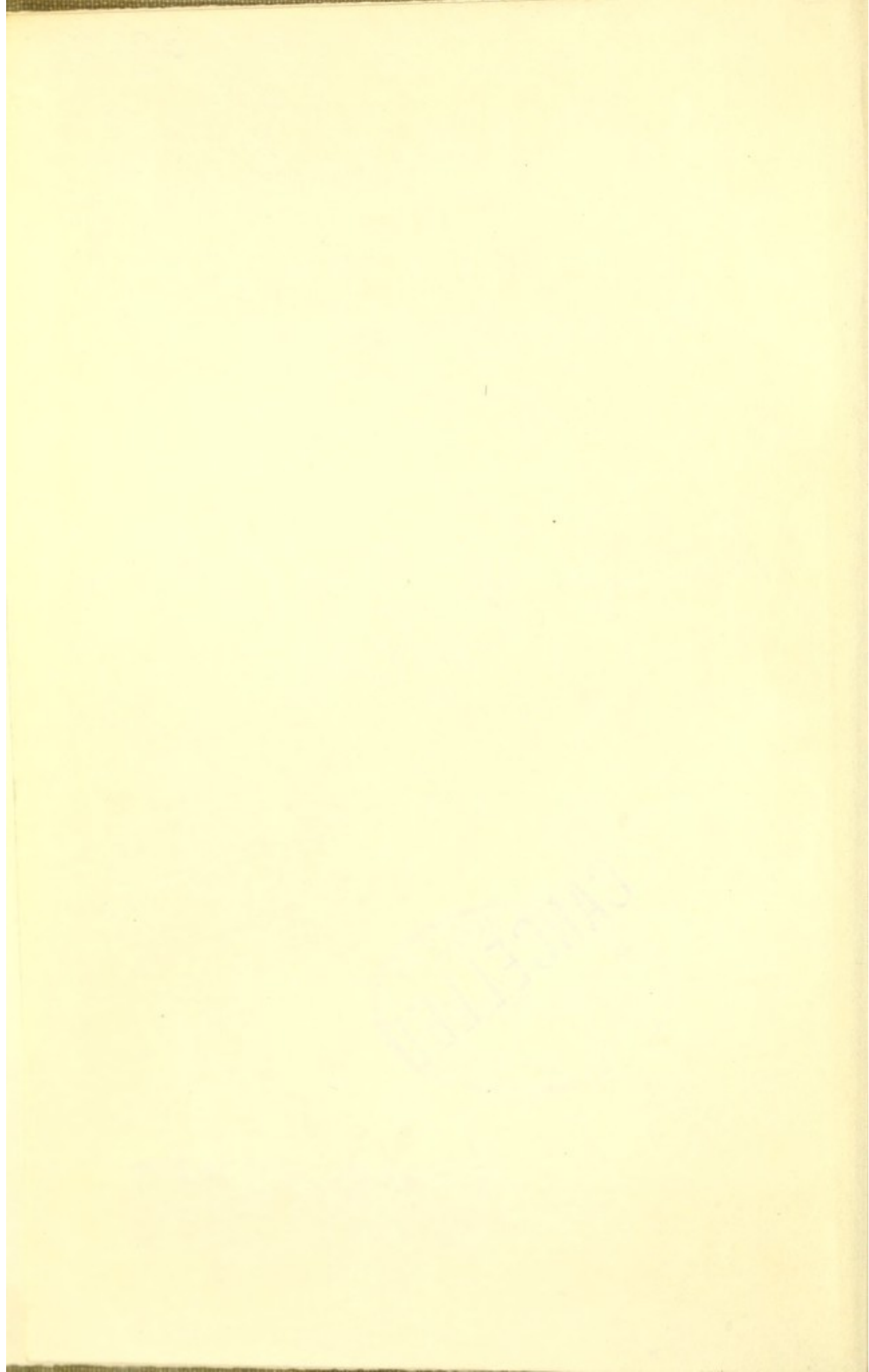
H. I. 3265

LA with
verified

SEX
STERIES

Presented by Dr. C. P. Blacker,
10/4/51.





SEX

AND ITS

MYSTERIES

BY

GEORGE RYLEY SCOTT

*Fellow of the Royal Anthropological Institute,
Fellow of the Philosophical Society of England,
Fellow of the London College of Physiology,
Fellow of the Zoological Society,
Member of the British Society for the Study of Sex Psychology*



LONDON

JOHN BALE, SONS & DANIELSSON, LTD.

83-91, GREAT TITCHFIELD STREET, W.1

—
1929

4 603 213

By the same Author

"THE TRUTH ABOUT BIRTH CONTROL."

WELLCOME INSTITUTE LIBRARY	
Coll.	welMOrnec
Call	
No.	WM

MADE AND PRINTED IN GREAT BRITAIN BY
JOHN BALE, SONS AND DANIELSSON, LTD.,
83-91, GT. TITCHFIELD ST., LONDON, W. I.

Contents.

	Page
INTRODUCTION	1
Chapter	
I SEX AND LIFE	8
II THE FUNCTION OF SEXUAL INTERCOURSE	11
III THE MASCULINE ORGANS	18
IV THE FEMININE ORGANS	21
V PREGNANCY, EMBRYOLOGY AND PARTURITION ...	27
VI SEXUAL DEVELOPMENT BEFORE AND AT PUBERTY	35
VII MENSTRUATION	47
VIII THE SEXUAL ACT	65
IX CONTINENCE	83
X VARIATIONS IN SEXUAL APPETITE	93
XI THE DECLINE IN SEXUAL FEELING	97
XII IMPOTENCE	106
XIII STERILITY	113
XIV HOMOSEXUALITY	122
XV BIRTH CONTROL	130
XVI PROSTITUTION	142
XVII THE PREVALENCE OF VENEREAL DISEASES	152
XVIII THE PREVENTION OF VENEREAL DISEASES ...	158
XIX GONORRHEA	166
XX SYPHILIS	174
XXI OTHER VENEREAL INFECTIONS	188
INDEX	191



Introduction.

I.

IN those old days at which the sophisticated youngsters of this decade sneer and laugh, it was the custom to lock up securely every atom of sex knowledge, it was usual for parents of professed Christian principles to lie glibly to their children when confronted with intimate inquiries; in press and public it was the mode to refer to sexual matters in evasive and delicate terms, to use euphemistic words. There was, in short, a wide and universal conspiracy the object of which was to keep the young of both sexes in ignorance of sexual matters as long as was at all possible. This conspiracy, to some extent, failed, but in the main it succeeded. The bulk of the youngsters reached puberty with little knowledge beyond the pleasurable sensations associated with masturbation; even after marriage a huge number knew little of sexual physiology; beyond the fact that coitus was pleasurable not a few went to their graves looking on sex as a mystery. At the risk of being dubbed old-fashioned I am going to assert that this was all to the good. The attractiveness of woman for man and of man for woman is based on mystery. It always was and it always will be the unknown that attracts. In this lies the whole fundament of love. Strip woman of her mystery, rob the sexual act of its mystery, reduce both to the level of physiological entities, and you destroy at the same

time the only distinction between the intercourse of two lovers and that of the roué and the prostitute.

This distinction is precisely what is being scuttled wholesale by the modern attitude towards sex. H. L. Mencken puts the thing admirably:—

“In the relations between the sexes all beauty is founded upon romance, all romance is founded upon mystery, and all mystery is founded upon ignorance, or, failing that, upon the deliberate denial of the known truth. To be in love is merely to be in a state of perceptual anæsthesia—to mistake an ordinary young man for a Greek god or an ordinary young woman for a goddess. But how can this condition of mind survive the deadly matter-of-factness which sex hygiene and the new science of eugenics impose? How can a woman continue to believe in the honour, courage and loving tenderness of a man after she has learned, perhaps by affidavit, that his hæmoglobin count is 117%, that he is free from sugar and albumin, that his blood pressure is 112/79, and that his Wassermann reaction is negative? Moreover, all this new-fangled ‘frankness’ tends to dam up, at least for civilised adults, one of the principal well-springs of art, to wit, impropriety. What is neither hidden nor forbidden is seldom very charming. If women, continuing their present tendency to its logical goal, end by going stark naked, there will be no more poets and painters, but only dermatologists and photographers. . . .”¹

I am inclined to think the odds, in any society where absolute ignorance prevailed, were strongly in favour of this state of ignorance being allowed to continue as long as possible. I have used the past tense advisedly. For unfortunately there is to-day no such ignorance. Every boy of seventeen years and every girl of fifteen years know as much about sex as did in a previous

¹ H. L. Mencken, *Prejudices: First Series*, 1921.

generation the average married man or woman. The bulk know a good deal more. It is questionable if there is to be found a child over six years who will greet with anything but a guffaw of derision the story of the baby coming in the doctor's bag.

The subject of sex is discussed in lectures at Y.M.C.A.'s, talks at P.S.A.'s: it is even touched upon tentatively in the school curriculum. There is for the buying a small library of books dealing with sexual matters, ranging all the way from "What a Young Man Ought to Know," flaunted gaily in shops and on bookstalls, to Forel's and Krafft-Ebing's works surreptitiously hawked by bootlegging second-hand dealers.

The illustrated tabloids and the cinema, with their portraiture of various stages of semi-nudity; the cult of mixed bathing and the popularity of the witch-doctor's costumes on seaside and health-resort promenades, complete the process of disillusion. As year succeeds year the stripping of woman's mysterious charm proceeds gaily. Foremost in the game, of course, is woman herself. Blindly and with gusto she goes on her way committing *hari-kari*.

Thus knowledge of sexual matters has in this decade reached such a pitch and become so ecumenic that ignorance is not so much deplorable as dangerous. The youth whose adolescence has been surrounded by fences which have successfully prevented his contamination by those of his fellows who are sophisticated in elementary sex physiology is in distinct danger the moment he is set loose. The girl whose incursions into sexology are limited to the knowledge that once a month she is to suffer inconvenience, when suddenly thrown into modern life, runs considerable risks of being branded with the stigma of shame.

The moral attitude towards sex thus becomes mon-

strosly ironical. It has created a position whereby it is, in the overwhelming main, the sinners who are able to point a finger of scorn at the unfortunate. Innocence has become synonymous with danger. It is the girl brought up in purity and innocence, knowing nothing of the methods of avoiding conception, who in the first throes of awakened sexual passion eventually finds herself with a baby to nurse. It was the naive Antonia whose first essay at love resulted in an ill-fated pregnancy, while the sophisticated Lena, coquette and courtesan, escaped the shame of the unmarried mother. It is the youth brought up in an atmosphere of puritanical repression that falls the victim of venereal infection: the habitu  of bordellos, by reason of his knowledge of prophylactic measures, escapes time after time.

Such then is the position. Absolute ignorance on the one hand is largely impossible. And in the relatively few cases where it does exist it is monumentally dangerous. It is dangerous owing to its rarity. It is dangerous for precisely the same reason that it is dangerous for a man armed with his fists to enter into battle with another man armed with a revolver or an axe. Honesty is an admirable policy in a community composed in the main of honest individuals, it would be suicidal in a land where nine-tenths of the inhabitants were thieves and rogues. Similarly, innocence *per se* may be an admirable trait. But it is only admirable within strictly limited circumstances. For instance, the innocence of strong drink and its dangers on the part of half a dozen youthful students is wholly admirable; that same innocence on the part of any one of them when committed to the temptations connected with the company of a few men about town is positively dangerous. In its final analysis innocence is only to be commended in a world of universal innocence; its

possession by the individual in any other society is attended by a risk which is in inverse ratio to the knowledge of society generally.

The popular books, which for the most part are moralistic tracts spiced with salacity, give only half truths. Where they do not frighten the reader by terrible pictures of the results of sexual abuse, they titillate the senses and send the adolescent in search of sensual adventure by unwittingly painting the allurements of sexual vice through the insistence on its extraordinary prevalence and the moral discipline necessary to withstand its temptations. The lectures are even worse.

Thus to-day there is too much sex knowledge and too little. The current view of sex is analogous to the sight of the demi-nude woman, who is submersive to morality by reason of her eternal titillation of the senses. The dowdy, ill-dressed washerwoman has little appeal. The nude has even less. It is the décolleté, with her hint of mystery, of hidden charm, that plays havoc with men. The artist's model who immediately disrobed on entering the studio because she found the semi-nude form stimulating to sensual passion betrayed far more knowledge of sex psychology than all the puritans combined. Montaigne pronounced that the best remedy for venerous passion was a sight of the naked body.

Between them, the moral reformers, the eugenists and the psycho-analysts, in their teaching of the fundamentals of sexual physiology to all and sundry, have brought about a sorry mess. It is, however, even did they wish it, too late to turn back. The only thing to do is to continue to the logical end, to tell to the adolescents of both sexes, not a bit, but to tell them all.

II.

To carry out the plan I have here outlined it is necessary that those who have in hand the education and disillusionment of the young should themselves first be educated. The public, as I have already indicated, has in its possession a whole armamentarium of sex information. In the main, this information is erroneous, incomplete and deleterious. This is mainly the result of those who have set up to disseminate the information having given, consciously or unconsciously, a mass of half-truths. As Moll puts it:—

“The very persons to whom to-day we have to look to effect the sexual enlightenment of children, are themselves to a great extent also in need of enlightenment; and in respect of many of the questions about which the child has to be enlightened, no general harmony of scientific opinion can as yet be said to obtain.”²

Moll might well have gone further. He might with complete justification have indicated that those responsible for the sexual education of adults are likewise in dire need of enlightenment. The position calls therefore for the burying of pseudo-knowledge as well as the acquiring of real knowledge.

Thus the object of the present work. In it I am attempting to state the whole truth, so far as I myself know it, about sex: to pull wholly aside the curtains that still partially conceal its mysteries. This is my object and my justification.

The book is not intended for infants either in years or intelligence. It is not intended for the morons of both sexes who painfully and uncomprehendingly plod through Joyce's *Ulysses* in their search for words

² Moll, *The Sexual Life of the Child*, translated by Eden Paul, M.D.

verboten in polite society; who spend countless hours in searching the Bible for obscene phrases and bawdy tales. It is addressed to and intended for responsible persons who wish to know the whole truth about sex and who can in turn use its information for the edification of the young and unlearned with whom, professionally or otherwise, they come in contact.

GEORGE RYLEY SCOTT.

CHAPTER I.

Sex and Life.

I.

BIOLOGICALLY the true and only function of life is the propagation of the species. The cycle of reproductive power is the cycle of life. When the power to reproduce life ends decay sets in with death as a certainty looming in the distance. In certain low forms of life individual annihilation immediately succeeds reproduction: the organism, the moment it has reproduced itself, has fulfilled its destiny.

This elementary fact has been largely lost sight of in the evolution of civilisation. Partially through the development of emotional ideas, partially through the creation of habits and customs, partially through wilful obscuration by the founders of Christianity, the issue has been confused. For two thousand years has the sexual act been dominated by theological ethics: for two thousand years has it been considered to be a divine act of creation. Thus, while reproduction was conceded to be the sole justification for marriage, reproduction without marriage was held to be unnatural and sinful. Obviously such a position is both illogical and biologically unsound. There are signs of a rebellion against an obscure argument which only the belief in the divine inspiration of marriage is able in any way to justify. The youngster of this post-war era is inclined to boo and jeer when the moralist tells him that the enjoyment of sexual pleasure in the married state is a beautiful natural act and the same pleasure outside the married state is unnatural and a crime.

II.

It is essential that a careful distinction be drawn between sexual excitement and love. An individual can be sexually excited and yet know nothing of love. It is questionable if in most animals love ever enters into sexual excitement at all. It is certain that in all lower forms of life love is an unknown and unknowable factor. It is not necessary to reproduction. The essential factor is copulation, which has nothing whatever to do with love.

The fact that in modern civilisation, in the majority of instances (there are many and notable exceptions) the act of copulation, in its initial manifestations, is usually preceded by love-making has given rise to a very general belief that sexual passion and love are one and the same thing, so long as the partners to the sexual act are man and wife. Society in its hypocrisy has excepted the passion of the sensualist for the prostitute, of the adolescent for extra-nuptial fornication, as lust. But in reality the marriage vow does not mark the difference between love and lust. There are thousands of married men whose intercourse with their wives from the bridal night to the day of death is characterised by nothing but lust.

Strictly speaking, love has nothing to do with copulation. It exists, if it exists at all, in addition to sexual passion. The attraction of the sexual act lies in the fact that it gives rise to feelings of intense and ecstatic pleasure, which feelings are only indirectly connected with love. A man may experience just as much pleasure in copulation with a prostitute as he does with his own wife. In fact he very often experiences more. But he would deny vehemently any feeling of love for the prostitute.

Krafft-Ebing's contention that love cannot exist apart

from sexual desire is untenable. True enough love often induces sexual passion. It is absurd to say that a young man can be in passionate love with a girl and not feel for her any libidinous desire. He may restrain such passion, but it exists none the less. The rare instances where it does not exist are plainly pathological cases.

But there is the love of parents for their offspring, of the offspring for their parents, there is fraternal love, there is homosexual love. In all such cases sexual love *per se* is inexistent: in the comparatively rare instances where it does arise it is abnormal and ranks as sexual perversion.

CHAPTER II.

The Function of Sexual Intercourse.

I.

TREKKED down to its fundament all life as we know it ultimately rests on the activities of a single cell. How precisely that single cell obtains its active principle, what is the origin of life, remains a mystery, and although many hypotheses have been formulated only to smash to splinters in turn under the searchlight of truth, and further, although the present writer has his own particular hypothesis, which he is more or less itching to present for attack, in this book we are not concerned with theories respecting the origin of life.

Life then is cell activity, and in its simplest form, sex itself does not enter into the matter. Every atom of evidence that has been scraped together by ten thousand investigators points indisputably to the fact that in its fundamental form life was, and is, always neuter or sexless. In many lower organisms, notably in a huge number of plants, reproduction by fission is the only form known. What is known as asexual reproduction, in other words, where two sexes are not concerned with the duplication of living forms, runs all the way from simple fission to parthenogenesis. Budding, which occurs in many plants, polysporogonia, spore formation, are all forms of glorified fission. But in parthenogenesis we touch something manifestly different. Here the active agent is the virgin female which carries on the work of reproduction without the agency of a male. Many insects, ants and bees, lay their eggs, which develop parthenogenetically, that is,

by chemical or other environmental influence acting on the eggs.

So clear is this chemical influence that artificial parthenogenesis is quite possible, and can easily be induced, as Mead, Hertwig, Morgan, and notably Jacques Loeb, have amply demonstrated. For instance, by the addition of chemical agents to the water Loeb caused the eggs of the sea urchin and the starfish *Asterias forbesii* to produce living organisms, whilst Mead gained similar results by chemically treating the eggs of the marine annelid *Chætopterus*.

II.

It is from a study of parthenogenesis in particular and asexual reproduction in general that the connection between fission and conjugation has become established. The boiled-down result of a long series of experiments in artificial parthenogenesis is the recognition of the fact that the influence of the spermatozoön in conjugation can, in certain instances, be replaced by physico-chemical action. Thus the birth of young sea-urchins as a result of the chemical meddlings of Loeb; thus starfish reproduced from the eggs of virgin females by mere mechanical irritation as induced by Matthews. Thus, too, Marshall: "Extracts of the testis of a cock, or the dead semen (killed by heating) of a starfish or a mollusc, will induce the initial process of cytolysis in the eggs of a sea-urchin. The dead semen of a sea-urchin, however, is quite inactive against the eggs of a sea-urchin."

Now coupled with the foregoing is the vitally important fact, observed so often as to be indisputable, that continuous reproduction by artificial parthenogenesis results in degeneration. The same thing

applies to simple fission. In this respect the experiments and observations of Calkins are of intense interest and value. There is a species of Protozoa known as *Paramæcium*, possessed, like all its kind, of a marvelously short productive life. Calkins discovered that by chemical stimuli resulting from certain foods, he was able to induce the continuance of reproduction by simple fission long after the normal life-cycle. Similarly by altering the temperature and food supply Sedgwick doubled the rate of fission in the *Stylonychia pustulata*.

All asexual organisms are subject to environmental changes, and there are strong grounds for believing that these physico-chemical changes prevent the extinction of the organism. In higher forms of life conjugation to a very big extent takes the place of this physico-chemical environmental influence. Conjugation, in short, is merely glorified fission, and modern research gives ample evidence that in some organisms physico-chemical action can replace conjugation. But before we get to conjugation itself we must look for a moment at the more fundamental matter of cell-division.

III.

The cell, which represents the basis of all life, whether of the amœba or of man, has been divided into three constituent parts: the nucleus, with its chromatin content; the protoplasm or vitellus, and the centrosome. When the machinery of mitosis or cell-division gets into action, the centrosome takes the initiative by dividing into two parts and separating. Immediately this action takes place the chromatin content of the nucleus splits up into a number of thread-like rods known as chromosomes, the precise number varying according to the particular organism in question. These chromosomes group themselves into two sections of equal numbers in

the proximity of the bisected centrosome, eventually forming two cells exactly similar to the original one. This process is simple fission and applies to all unicellular organisms.

In multicellular organisms there is a distinction inasmuch as except where parthenogenesis is naturally or artificially induced, in the creation of the new individual, two distinct forms of cell come into operation. This mode of reproduction is termed sexual, consisting of the union of the spermatozoön or male germ-cell with the ovum or female egg. The mobile spermatozoön in the act of conjugation moves towards the immobile female ovum, the protoplasm of which it penetrates, thus completing the sexual process. Immediately this penetration occurs, automatically coagulation, resulting in the formation of the vitelline membrane, effectually bars the path for the entrance of any other spermatozoön. In the unlikely though not unknown failure of this protective coagulating process and the entry of several spermatozoa, fertilisation by each in turn results in the birth of those monstrosities which delight the patrons of Barnum and Bailey's show.

The process of cell formation by mitosis in the different sexes is precisely the same as in unicellular organisms, only the spermatozoa in the one case and the ova in the other are in themselves incapable of forming new individuals. Only a fusion of the two will do this, except as we have seen in such low organisms as are themselves parthenogenetic or where the act of conjugation can be replaced by chemical or mechanical action, and additionally in the case of true hermaphrodites.

Hermaphroditism is a vastly misunderstood thing. The term itself is constantly misapplied. For instance one hears of hermaphrodites amongst mankind: an

altogether impossible condition.¹ The presence of residuary or partial sections of the opposite sex does not, as is popularly supposed, constitute hermaphroditism: there must be present in the one individual organism not only both male and female sexual apparati, but in addition these apparati must be capable of actual conjugation. In other words, not only must testis and ovaries exist in the same body, but both spermatozoa and ova must be produced and be capable of conjugation. Pseudo-hermaphroditism, that is, where an individual outwardly of one sex presents on examination some characteristics of the other sex, is fairly common, as in gynandria, where the female exhibits male physical characteristics; and in androgynia, where in outward physical characteristics the male appears to be of feminine sex. Hermaphroditism is the natural sexual state of many groups of lower animal life, such as sponges, snails, tapeworms, molluscs, crustaceans, and of many plants.

But if hermaphroditism *per se* is inexistent amongst mammals, the potential bisexuality of every animal is certain. Huge piles of evidence of the truth of this are available. Steinach, by the transplantation of an ovary into a male rat changed its characteristics to those of a female; there is the assurance of Orton that the male mollusc *Crepidula fornicata* in certain conditions becomes a female; attacks by the parasite *Peltogaster* induce the male hermit crab to produce ova; the parasite *Sacculina neglecta* castrates the spider crab; female birds of all kinds on the removal of their

¹ According to Klebs there are three distinct forms of partial hermaphroditism in man: (1) Bilateral hermaphroditism, a condition in which ovary and testis are present on both sides; (2) Unilateral hermaphroditism, where are existent an ovary and a testis on one side or an ovary and a testis on the other; (3) Lateral hermaphroditism, where an ovary exists on one side and a testis on the other.

ovaries become of male appearance. The list is endless. Well, and what does all this signify? Simply that every individual animal in its sexual make-up possesses the fundamental bases of both sexes, the predominant sexual character which ultimately signifies to what sex the individual belongs, although largely predetermined, is liable to modification or even reversal. Thus we approach the important subject of sex determination.

IV.

It must be thoroughly understood that every animal is a physico-chemical organism. The recognition of this fact is essential for the elaboration of the thesis that follows. Although the point has in the past been hotly disputed, the consensus of authoritative opinion at the present day is indisputably in favour of the hypothesis that whatever chemical factors definitely lead to the development of one sex or the other are present in the sperm and the ovum before fertilisation. At the time of fertilisation the actual swing to maleness or to femaleness is a matter of much niceness, but the tendency is one way or the other. As Dr. Blair Bell puts it: "Every fertilised ovum is potentially bisexual . . . with a predominating tendency towards masculinity or femininity." It is abundantly evident that this tendency, at the outset, is singularly weak, and in consequence is at the mercy of any sudden alteration in the delicate physico-chemical forces governing its disposition.

Now as the male and female organisms develop the whole respective metabolisms become widely and definitely differentiated. The internal secretions which in man and the higher animals constitute the governing power of the whole chemical system stamp the metabolism with its definite sexual character. And as

the organism grows this stamping increases in extent and in fixity, eventually resulting in the formation of the secondary sexual characters which are the outward indications of sex.

From all this it follows naturally enough that at the time of fertilisation any accidental or purposeful modification of the physico-chemical organism will be sufficient to alter the sex. As the body develops this alteration will become increasingly difficult to bring about and coincidentally restricted in its effects. Thus the gelding and the bullock, although desexed, are to superficial outward examination practically indistinguishable from the horse and the bull. The eunuch, if desexed after puberty, when clothed, has the appearance of the ordinary man. Nor does the ablation of the ovaries in a woman produce anything in the way of observable change beyond obesity and strengthening of the voice. Desexing before puberty in both men and women merely produces an infantile condition.

CHAPTER III.

The Masculine Organs.

EVERY normal healthy male during his years of potency provides a breeding ground for an enormous number of spermatozoa. Lode attempted to put a figure to it. He estimated that between the ages of twenty-five and fifty-five a matter of 339,385,500,000 spermatozoa were produced. However, the precise number matters little: the point that does matter is that at puberty the spermatozoa are produced in shoals, and with advancing years the rapidity of production gradually lessens.

Most multicellular animals produce these spermatozoa, which, although varying considerably in size, details and ornamentation all follow pretty much the same general pattern. The human spermatozoön at its complete development resembles somewhat a miniature tadpole: there is the flattened elliptical head, the short cylindrical body, the long mobile tail, the total length averaging one three-hundredth of an inch.

By themselves the spermatozoa are tolerably helpless. To do their work, which work is to search for ova with which to conjugate, they need a carrying agency, which is provided by the seminal fluid secreted in the testes.

The pouch-like appendages known as the testes secrete the spermatozoa in thousands and the seminal fluid which provides their motive power. In themselves the spermatozoa are inactive. They speedily atrophy, unless carried along and eventually ejaculated with the semen, in which they float and propel themselves by means of their tails. The thick milky semen with its peculiar odour, secreted by the seminiferous

tubules, on its journey to the ejaculatory apparatus draws other liquid supplies, consisting of the secretions of the vesiculæ seminales, the prostate gland, Cowper's glands.

Not even nor constant is the supply of spermatozoa in the semen, nor dependent on the actual presence of seminal fluid. There is evidence that many successive ejaculations exhaust the supply of sperms; after such exhaustion a further supply results in a few days through cell-division. Retention in the testis causes degeneration and possibly re-absorption, but despite general belief in the beneficial power of this re-absorption and the consequent advocacy of continence by medical men generally, there is no evidence whatever to the effect that any such benefits accrue.

The seminal fluid then, loaded with its cargo of floating tadpole-shaped spermatozoa, under influences which will be discussed later, rushes through the urethra, a tube of eight or nine inches in length connecting the bladder with the meatus urinus. The urethra is the channel for urine as well as seminal fluid.

In the penis we have one of the most important organs of man, and one which has had a profound effect on the world's history. Ugly it is beyond doubt, hidden carefully from the public gaze, mysterious in its powers of erection and subsidence, the source of man's sexual feeling, primary symbol in world-wide religious cults.

Although the male organ of copulation, its activity in this respect is dependent on intense physical or psychological excitation; erection being essential. In its usual flaccid state the penis, devoid of any voluptuous feeling, merely serves for the emission of urine. The conal extremity, which is extremely sensitive, termed the glans penis, is ordinarily covered with and protected by an integument of excessive thinness known as the prepuce or foreskin, possessed of

the capability of folding or doubling on itself. In certain races, notably the Jews, as a religious formula, and occasionally for pathological reasons, the prepuce is surgically removed or circumcised. The most remarkable feature of the penis lies in its extraordinary capacity for extension and enlargement under the stress of sexual excitement. This capacity varies in different individuals, as also does the size of the penis when at rest. In the negro it assumes relatively large proportions.

CHAPTER IV.

The Feminine Organs.

I.

WHILE, as we have seen, the number of spermatozoa runs into countless millions, in comparison the number of ova generated in the female is small, and all are existent at the time of birth. Estimates as to this number vary from 17,600, the calculation of Heyse, to 100,000, that of Galabin. Probably both verge on guesswork, but whatever the precise number, it is pretty certain that by far the majority of the microscopic follicles never develop into matured ova but are atrophied before puberty.

The ovaries, of which there are two, are situated one on each side of the pelvis and are composed of spongy fibrous tissue traversed by innumerable blood-vessels, less than two inches in length, oval in shape; each is connected with the uterus by a Fallopian tube.

It is in these ovaries that are developed the ova to which reference has already been made. In the form of microscopic follicles the immature ova crowd the ovaries, but it is only at puberty that the process of maturation and penetration of the uterus in readiness for fertilisation takes place. The composition of the ovum is that of a minute protoplasmic cell, with a vitelline membrane, a germinal vesicle, a nucleus or germinal spot. At intervals, usually of twenty-eight days, a matured ovum after migration to the surface of the ovary is discharged by a process known as ovulation into the abdominal cavity, whence it reaches the Fallopian tube, along which, by the active progressive

efforts of the cilia, it ultimately reaches the uterus, there either to be penetrated by a spermatozoön or, failing this, to perish by atrophy or be discharged from the uterus.

The uterus, commonly called the womb, in which after impregnation the fertilised egg develops, is pear-shaped and consists of two parts, the neck opening into the vagina, and the triangular cavity or body. The entrance to the vagina, known as the external os uteri, is usually reached by the penis during coitus, and the spermatozoa floating in the semen are impelled through the passage into the uterus. It will readily be seen that, as the organ of gestation, the uterus must of necessity be capable of great expansion, enlarging as the foetus develops. Any abnormality of the uterus induces either difficulties in parturition or actual sterility. Thus *uterus didelphys*, while offering no real obstacle to pregnancy, renders abdominal incision essential; *uterus bicornis*, *uterus septus*, and *uterus unicornis*, where they do not cause sterility or abortion, make parturition a dreaded and dangerous occurrence.

The vagina, where during coitus the penis is introduced, is simply a constricted connective elastic-walled canal between what is commonly called the vulva and the lower extremity of the uterus. Comprising muscular tissue, thickly lined with mucous membrane, it has the additional importance of acting as a supporting agent for the uterus, and any diseased or emasculated condition of the vagina is in turn the cause of uterine disease, notably prolapsus.

Into the vulva, an embrative term for the mons veneris, the vaginal opening, the clitoris, the labia majora and labia minora, also discharges the urethra, a narrow canal through which are discharged the contents of the bladder, its terminating point, varying in shape and size, known as the meatus urinarius.

Nothing is there in the exposed female form at all analogous in the matter of sheer spectacularity to the male penis. The only observable external portion of the female genitalia is the mere outline of the mons veneris surmounted at puberty and after by its bushy growth of hair. It was undoubtedly this hairy growth, associated with the female generative powers, that in pagan religion led to the phallic symbolism of tree or grove worship. Similarly, the vaginal opening had its phallic symbol of the ring or yoni.

There is abundant anthropological and physiological evidence that women vary greatly in the size and position of the genitalia, and more particularly in the external sections. Thus the vaginal entrance may be unusually posterior or anterior, and in each case coitus is difficult. Havelock Ellis, quoting Delaunay, states that the Moors and certain Afghan races have the vagina situated or sloping so far backwards that coitus is only possible by an adoption of the quadrupedal method.¹ The meatus urinarius varies considerably in size and curvature, the pubic hair may be scanty or profuse, soft or bristly.

The labia majora or outer lips of the vulva, enclosing the labia minora or nymphæ, the two together in turn enclosing both the urethral and vaginal openings, are longitudinal folds of skin, outwardly hairy, internally covered with mucous membrane, running from the mons veneris to the perineum. Situated, except in cases of abnormality, within the labia majora, and almost exactly parallel with them, the serous membranes known as the labia minora, adequately supplied with large mucous crypts and nerve endings, are susceptible to sexual emotion.

Behind the urethral orifice and in the angle formed

¹ Havelock Ellis, *Man and Woman*, 4th ed. p. 65.

by the two lips of the labia minora is an erectile organ measuring, in a state of quiescence, about an inch in length, known as the clitoris. It is homologous to the male penis, and its extremity, known as the glans clitoridis, is composed of small spongy muscular tissue, covered and protected by a prepuce. Unless developed by masturbation, the clitoris is small. Abnormalities, of which adherent and redundant prepuce are fairly common, cause considerable irritation, in turn inducing masturbatory practices. Rarer by far is hypertrophy. It is seen in gynandria, where the clitoris may be developed to such an extent as not only to resemble a male penis, but to be capable of use as such in tribadistic practices. The glans clitoridis is sensitive to a degree and, particularly in girls, is the principal seat of voluptuous emotion. There is indeed a common idea that the clitoris is the sole seat of female sexual pleasure, but this is a fallacy. The female, unlike the male, has many zones of voluptuous feeling. Not confined to any one organ, as the penis in man, is woman's sense of pleasure. Not alone the clitoris, but the vaginal orifice, the nymphæ, and, to a lesser degree, the labia majora, the mons veneris, the anus, the mammæ, are all capable through mere titillation of generating sexual excitement.

It is noteworthy that the operation of clitoridectomy² as a cure for masturbation is only partially satisfactory, and in many cases is wholly ineffective. The difference in results is indicated in the different sexual experiences of the women concerned, which lends colour to the thesis of Krafft-Ebing that in a state of virginity it is likely that the clitoris is the sole erotogenic zone, while

² The members of the Russian Skoptzy sect habitually amputate the clitoris, nymphæ and breasts, yet many young Skoptzy women told the Russian physician, Guttceit, that they were perfectly well able to enjoy coitus.—Havelock Ellis, *Studies in the Psychology of Sex*, vol. v, p. 132.

in the woman experienced in the sexual act the zone is extended to include other parts, notably the vagina, with a consequent diminution in the sensitiveness of the clitoris itself.

The vaginal opening on its dorsal side, in the huge majority of virgin women, is closed by a thin membrane known as the hymen. In connection with this has become accepted by the laity, fanned and nourished by many members of the medical profession, inculcated by scores of pseudo-scientific sexual books, the gargantuan fallacy that the unbroken hymen is a certain sign of virginity, and conversely that its absence is a sure indication of defloration.³ In the Bible the importance of the unruptured hymen as a proof of virginity is stressed, and defloration, as indicated by its absence, was punished by death.⁴ On the other hand, amongst the natives of India for centuries it has been the custom for the mother to dilate the vagina of her child by digital or instrumental means.

How many thousand innocents have been unjustly accused or even punished on these grounds is incalculable, but the number must be an enormous one; while a prodigious number of others have been able to pass themselves off as virgins on unsuspecting husbands and parents.

The truth is that the hymen is useless as a proof of virginity or otherwise. In the first place the hymen itself, like every other part of the genitalia, is subject to variation, and there is a folding type by no means rare, where coition does not cause any rupture. But the great reason for the invalidation of its value as evidence of virginity is the fact that intercourse does not necessarily imply penetration. Moreover, a woman

³ It is significant that the law only requires as evidence of rape proof of penetration.

⁴ Deut. xxii, 20-21.

whose vagina has been widened by continual intromission of the penis, by the application of an astringent can easily and successfully simulate the tightness of the labia, and by arranging the time of intercourse with some niceness can let the menstrual flow supply the bloody indications which are commonly looked for as necessary accompaniments of virgin coition.

Abnormalities of the hymen take many forms, notably *hymen biforis* (two openings); and *hymen cribriformis* (several small openings). Virgins with damaged hymens or without hymens at all are common enough. For one thing the hymen may be accidentally ruptured. Masturbation of the vagina may injure or destroy it. In certain savage races it is impossible to find any woman with an unbroken hymen. Havelock Ellis says its existence is unknown to Chinese doctors. According to Feldner,⁵ the Machacua women of Brazil, by means of hand manipulation and ablutionary measures destroy the hymen and remove all tightness from the labia majora.

⁵ Feldner, *Journey Across Brazil*, 1828.

CHAPTER V.

Pregnancy, Embryology and Parturition.

I.

NOT the mere fact of the sexual orgasm in itself implies conception, nor even the entry of the spermatozoön into the uterus. For conception to result there must be impregnation: that is, a spermatozoön must penetrate an ovum, and in addition there must be the actual attachment of the impregnated ovum to the wall of the uterus or its immediate parts. The moment this occurs there is set in motion all the complicated processes of development of the fertilised egg into the child.

The union of spermatozoön and ovum may occur in the uterus, it may occur in the Fallopian tube, or, according to some observers, it may occur in the ovary. The most likely spot, however, is the Fallopian tube, from whence the impregnated ovum descends into the uterus, there to embed itself in the endometrium. Occasionally there is no such descent: the ovum stops in the tube, usually in the neck, and there results ectopic gestation.

I have already stated that the sexual act does not necessarily imply conception; in fact, it is rare that the virgin conceives as a result of her initiation into sexual intercourse; a fact which erotic novelists habitually overlook. The three things necessary to conception are: (1) the union of the virile spermatozoön with the mature ovum; (2) this union must take place in the internal genitals of the female; (3) the fixation of the impregnated ovum. Provided these three conditions are fulfilled, it matters little where precisely the union

takes place or in what conditions. For instance, the antiquated notion that actual orgasm is essential to impregnation has long gone the way of other myths. Displeasure, anæsthesia, or actual disgust may be violently displayed by the female, and this will not in itself destroy the effectiveness of the impregnation. Further, conception may occur without the sexual act. As a means of overcoming sterility in animals artificial insemination was known and practised centuries ago, and as far back as a hundred years there are records in medical literature of the artificial insemination of women. By means of a syringe, seminal fluid is injected through the os uteri directly into the uterus. The fact that pregnancy has rarely resulted in recorded human experiments does not disprove the fact that it is possible: in all such experiments artificial insemination has only been tried owing to the failure of coitus.

II.

Most married women and a good many single ones make it their business to dabble in gynæcology. Partly through conversation with their more experienced friends, and partly through reference to the pseudo-scientific popular treatises, they gather much information. Usually it is misleading. What are commonly and universally supposed to be certain signs of pregnancy cause many a woman to give herself a pretty severe fright or to indulge in pleasant self-congratulation (as the case may be), only to be needlessly alarmed in the one case and grievously disappointed in the other. For the truth is that each of the well-known early signs of pregnancy in itself is of little value. Long thought to be infallible, the cessation of menstruation is by no means a certain sign—many women continue menstruating all through pregnancy, while others normally

show no evidences of hæmorrhage at the menstrual periods. Even the secretion by the mammæ of liquid, commonly called "milk," is not any sure indication. In virgins occasionally is this secretion observable; in males, too, it is by no means unknown. Strictly speaking, it is only after parturition that the production of milk really begins. Nor is the phenomenon known as "morning sickness" a sure sign; nor, though certainly more reliable, enlargement of the breasts.¹ The coincidental appearance of two or more different symptoms strengthens considerably the evidence, but short of a medical examination, the movements of the foetus referred to as "quickening" in conjunction with one or other of the signs already mentioned may be taken as pretty certain indications of a pregnant condition.

It is not my intention to deal in detail with the development of the child. Strictly speaking, this is outside the immediate purlieu of this particular work, and inquiring readers are referred to a standard book on embryology. It is, however, necessary to touch certain points.

It is obvious that the human ovum, in contradistinction to so self-supporting an organism as the ovum of a bird or a fish, cannot itself furnish the necessary nutriment for the growth of the embryo. In the confines of the uterus, therefore, during the days immediately following conjugation, certain processes, into which it is unnecessary to enter here, result in the formation of the placenta. This spongy body, connected with the foetus by means of an arterial and veinal channel known as the umbilical cord, from the moment of its existence until the actual time of delivery of the child acts as a means of communication between mother

¹ According to the writings of antiquity, polymastia was a common condition and not as now a rare one.

and embryo, supplying the developing foetus with the requisite nutriment.

Not until the sixth week can human resemblance be discerned in the growing embryo. Before this stage it has capered in rapid succession through a number of stages strongly reminiscent of the embryological development of fish or other lower vertebræ. Up to twelve weeks there is no genital development; the sexes are indistinguishable. But in the fourth month the penis of the male, the vulva and clitoris in the female, usually develop. At this stage, too, the foetus begins to move, giving rise to the "quickening" with which every woman who has borne a child is familiar, while the action of the heart can be discerned by a trained ear. By the end of the eighth month the foetus is developed in detail, and even if prematurely born is capable of living. Actual delivery is calculated as usually occurring 280 days after the first day of the final menstrual period, though owing to the impossibility of ascertaining the exact date of conception the reckoning as often as not is misleading.

Now as the end of pregnancy approaches the development of the foetus and its appendages naturally in turn induces considerable distension of the elastic-walled uterus, which indeed at the time of delivery increases to many times its normal size. The child normally lies in the uterus, with its head surrounded by serous fluid, directly over the vaginal orifice. Naturally this enormous enlargement of the uterus is not unattended by serious regional and metabolic disturbance, which explains the nausea, the excessive and frequent urination, the constipation, and the swelling of the legs.

Much too narrow for the passage of the child's head, even in its unossified and overlapping foetal condition, is normally the vaginal canal; distension and, on occasion, actual tearing of the passage are inevitable

during delivery. This essential distension and also delivery itself are induced by contractions. These contractions, which in reality start at the very beginning of pregnancy and continue unconsciously and painlessly during pretty nearly its whole course, are reflex actions and almost wholly automatic. They increase violently in intensity as the time of delivery approaches, and with the accompaniment of pain as the cervix uteri is enormously dilated and the child expelled, they are known as "labour pains." Parturition, or as it is generally termed, labour, is divisible into three stages. In the first, which is prolonged, ranging from twelve hours for an elderly or multiparous woman to sixteen hours in a primiparous case, first at intervals and varying from a quarter to a half-hour in duration; rapidly increasing in frequency to once every two or three minutes, the uterine walls contract violently, gradually forcing downward into the distending channel leading through the cervix to the outer sex organs the embryo in its sac, the lower section of which is popularly termed the "bag of waters." In the second stage, where the painful contractions reach their utmost pitch of intensity, and which rarely exceeds two hours in duration, the child, usually detached from its ruptured membrane, is forced through the vagina and vulva. The third and final stage constitutes the expulsion of the placenta and its appendages, collectively and popularly called the "after-birth."

For the uterus and the vagina to recover thoroughly normally takes a matter of six or eight weeks, and even at that there is, of course, no return to actual virginal conditions. The vaginal outlet after shrinkage remains distinctly and permanently larger; the hymen which, where present, is ruptured, degenerates into residues of tissue known as *carunculæ myrtiformes*; the vulva becomes flabby and shapeless.

Parturition is never unaccompanied with pain or accomplished without difficulty. Alone amongst mammals stands woman in this respect. Her erect position, necessitating a strong tough pelvis and small channel, in combination with the abnormally large head of the human foetus,² render parturition both difficult and painful. It is a penalty that must be paid for departure from the quadrupedal state. The popular notion that amongst savages there is neither pain nor danger to the mother's life is fallacious. True, the natives, through their more natural mode of life, are less susceptible to pain than are the increasingly pampered women of civilisation, and are thus able to continue their daily duties until the eve of delivery and resume them immediately afterwards. In many savage tribes the woman retires to some secluded spot and receives no assistance, but according to Fehlinger,³ who has gone into the subject with some thoroughness, this is rare. Usually assistance is given, in many cases the old women of the tribe acting as midwives. Assistance is generally confined to abdominal manipulation, the navel cord being bitten or cut off and the protruding end knotted by one of the assistants. But in savage and civilised life a first pregnancy is inevitably accompanied by some pain and difficulty, in degree conditioned by the age, mode of life, and physiological conformation of the mother and the size of the child; provided physical defects and pathological symptoms are absent, a second pregnancy is much less painful.

In addition, the tendency in civilised races, through late marriage and contraceptive practices, is more and more towards delay in giving birth to the first child,

² A male infant invariably causes more pain at delivery than does a female through the difficulties induced by the larger head.

³ H. Fehlinger: *Sexual Life of Primitive People*, translated by S. Herbert. Black, 1921.

resulting in increased difficulties in parturition. Metchnikoff was firmly of opinion that impregnation and conception at puberty were accompanied by a tremendous diminution in the pains of labour and the difficulties of parturition.

In all cases of abnormal position of the foetus, or of twins,⁴ the aid of a skilled accoucheur is usually necessary.

III.

As we have seen the embryo in its earliest stages gives no evidence of sexual inclination: it is outwardly neuter, following in this respect the admitted neutral sex of the most primitive forms of life. True, there is no evidence as to the precise stage in development at which sex is determined. Theories are numerous. For instance, there is the school of biology, the members of which hold that sex is determined at the exact moment of fertilisation; others subscribe with equal tenacity to the hypothesis that the actual decision is made during early embryonic life; others, again, hold that nutrition determines sex.

All that is certain is that every individual is potentially bisexual, with one set of sexual characters dominant and the other latent or recessive. Weininger's basic theory that no individual is ever wholly male or wholly female, stripped of the fantastic, extravagant and ridiculous hypotheses which he tacked on to it, was essentially true. Evidence of this bisexual basis is provided by the presence in normal specimens of one sex of vestigial organs characteristic of the other sex. In instance, the male presents the nipple, the utriculus

⁴ Although normally woman gives birth to but one child at each pregnancy, cases of twins are common enough. Triplets and quadruplets are by no means rare; while five, six and even more are not unknown.

masculinas; while the female has the paroöphoron, the epoöphoron and the clitoris.

Out of this original actual bisexuality has arisen the present monosexual tendency in mammalian reproduction, whereby one sex plainly suppresses the other. But in the early stages of embryonic development so minute is this initial dominance of the one over the other that a slight change in the metabolism, whether accidentally or purposely induced, is sufficient to alter the delicate balancing of the scales, allowing the suppressed sexual characteristic in turn to subdue its erstwhile conqueror.

CHAPTER VI.

Sexual Development before and at Puberty.

I.

ALTHOUGH in all but the tropics¹ the male, with a minority of exceptions, is incapable of producing the spermatozoa necessary for fertilisation until he reaches the age of fifteen,² and the female rarely ovulates before the thirteenth birthday is passed, this does not in any sense mean that sexual feelings are inexistent before these ages are reached.

But what is termed sexual feeling, as I have already demonstrated, may be one of two kinds. It may be the feeling engendered by the state of sentimentality called love, an eroticism induced through cerebral excitement and in turn inducing pleasurable feelings in the genital regions; or it may be the pleasurable sensations resulting through peripheral causes. Writers of sex books, with very few exceptions, fail to recognise the vital differences between these two forms of sexual pleasure. Freud, for instance, has so far confounded the two as to build up a theory of sex psychology in relation to children which is little removed from plain idiocy.

The stories told in trashy sex novels and the theories elaborated in many huge tomes on sexual hygiene, on the basic assumption that sexual desire exists in infants, are mainly imbecile. What is assumed to be sexual

¹ In the tropics ovulation and conception frequently take place at the age of eight.

² It is noteworthy that the law presupposes that a boy under the age of fourteen is incapable of committing a rape; and that as regards females under sixteen years the sexual act is either a felony or a misdemeanour.

desire is no such thing. At most it is desire for pleasure. It has no *conscious* connection with sex whatever. Thus when Freud talks of thumb-sucking in infants as a manifestation of sex feeling he verges on talking bosh. If the baby gets pleasure from sucking its thumb, and presumably such a baby does, it no more thinks of sex in connection with the pleasure obtained than does a dog when scratching itself or a hen when wallowing in the dust.

In less exaggerated form Freud's error is a common one. Even the most sincere and earnest observers are liable to fall into the error. In *My First Thirty Years*, an amazingly candid piece of autobiography, Gertrude Beasley states that "I used to press something against myself trying to obtain gratification." This she instances as evidence of sexual desire at so early an age as five or six. Here is an excellent example of false reasoning through the application to a child of six of the mental concepts of a grown woman. This pressure on the part of a girl of twenty might after giving rise to pleasurable sensations arouse desire for sexual orgasm; in a child it merely arouses pleasurable feeling and finishes at that.

The external genitals of male and female are sensory zones which through titillation give rise to feelings of pleasure altogether disassociated with sexual feeling *per se* as connected with the opposite sex. What is termed sexual precocity in children, in nine cases out of ten, is due to accidental or pathological peripheral causes. To make this clear we must consider the causes and nature of masturbation.

II.

About masturbation there has been written an avalanche of misleading information, much of it plainly absurd. In those precious works purporting to give

essential information to adolescents and which sell in vast numbers, masturbation is spoken of in terms calculated to send the practitioner of it to the nearest drug store for a tin of rat poison. Persistence in the evil, it is asserted, is certain not only to ruin health, but will-power, mentality, courage. All of which is the veriest bosh.

Masturbation, often erroneously termed Onanism,³ is the obtaining of sexual excitement, and in the case of males of seminal emission, by manipulation of the external genitals. Whatever harmful result occurs is mostly indicated in the arousing of sexual excitement which cannot be satiated, with the result that the genital organs are left in a state of congestion.

Masturbation and sexual desire though often connected are by no means necessarily so. In fact, this is the main distinction between masturbation before puberty and after puberty, though it is possible for a mature individual to masturbate without consciously associating the practice with the opposite sex. It may be looked upon as a form of pleasurable excitation altogether unconnected with venery. An excellent instance of this is given by Havelock Ellis: "A married lady, who is a leader in social purity movements and an enthusiast for sexual chastity, discovered, through reading some pamphlet against solitary vice, that she had herself been practising masturbation for many years without knowing it."

Once it is thoroughly realised that masturbation in its simpler aspect is merely an extension of the natural irritation induced by the functioning of perfectly normal physiological processes much of the disgust with which it is associated will disappear.⁴ In this form and before

³ Onanism is really *coitus interruptus* and has no connection with masturbation.

⁴ It may be well to state here that masturbation *per se* is not in any sense illegal. Only when practised openly does it become an offence.

having had any actual experience of heterosexual or homosexual intercourse or any information on the subject, orally or otherwise, it is safe to say its sexual significance will be entirely unknown. Strictly speaking, masturbation is merely the natural result of enforced continence; its nature and its extent being altogether dependent on the degree of sexuality of the individual concerned. The truth of this is abundantly evident when it is considered how circumfused is the practice in all human beings and in all animals where the sexes are segregated. Every zoologist knows how widespread is masturbation amongst animals kept in isolation or captivity.

“There appears to be no limit to the age at which spontaneous masturbation may begin to appear.” Thus Havelock Ellis. Moreau tells of a case where a child of two years masturbated; Louyer-Villernay instances a girl of four years; Ernst, engaged in anthropological research amongst the Spanish Creoles of Venezuela, found that boys and girls of all ages indulged in masturbation.

While masturbation is often an acquirement from other children and adults, in numerous cases it is pathologically induced. Children at play, by accidentally irritating the genital organs, will induce pleasurable feelings, and without understanding or in any way associating these feelings with sexual desire, quite easily in this way come to masturbate habitually. In boys friction of the bed-clothes is alone sufficient to induce erection, abnormally acid urine may be the means, a full bladder will lead to the same result. Swinging, as De Sade indicated a century ago, is productive by titillation of pronounced sexual excitement. The hobby-horses so popular at country fairs act in much the same way; while the majority of boys are accustomed to induce pleasurable feelings in the genitals by climbing

poles or other gymnastic exercises. One of the commonest causes of masturbation, especially amongst school-girls, is rubbing of the thighs. The urgency of micturition often induces it, and once the pleasurable feeling is experienced the first step towards habitual masturbation has been taken.

As to the commonness and universality of the practice there can be no doubt. Dukes, quoted by Cooper, estimated that masturbation was practised by ninety to ninety-five per cent. of boys attending boarding-schools. There is, of course, as in all sexual practices, huge difficulties in the way of getting accurate information, and for this reason statistics are of little use; but generally speaking, and contrary to popular opinion, girls and women masturbate more frequently than do men. The reasons for this are many. While in the male manipulation of the glans penis is the only normal masturbatory region, in the female, the mons veneris, the outer and inner labias, the mammæ, the vagina itself are all, in addition to the clitoris, capable of manipulatory excitation. Further, young adolescents have not the opportunities for orthodox sexual intercourse that have men. Whilst the number of females who reach the climacteric without ever having experienced coitus is legion, the number of men to whom this applies is so small as to be negligible; thus for many thousands of women of strong sexual passion masturbation is the only means of satisfying their desires.

The idea that after puberty the practice is restricted to morons, decadents and criminals, is a myth promulgated by moralists, vice-crusaders, reformers, *et al.* Goethe in his younger days was addicted to masturbation, so was Kierkegaard; the so-called "solitary vice" constituted Jean Jacques Rousseau's main means of securing sexual pleasure. Voltaire masturbated very nearly to the day of his death; so, too, Gogol.

The harm resulting from masturbation depends on: (1) the individual who practises it, and (2) the extent to which he indulges in the practice. In moderation its indulgence produces no more and no less in the way of evil results than does actual coitus. Stekel is of opinion that masturbation when habitually indulged in is quite harmless, but here I think he fails to take account of individual variations. Certain individuals of excessive sexuality, in whom the accumulation of seminal fluid is profuse, may masturbate to their heart's content without any harmful result at all;⁵ others whose sexuality is in excess of their capacity (a common condition) may induce serious conditions through its daily practice.

Were masturbation indulged in no oftener than is coitus, it is supremely questionable if in the vast majority of cases any harm could possibly result. But in men and in boys it is indulged in far more often than is coitus. For one thing opportunities are immeasurably greater.⁶ For another masturbation is possible when coitus is physiologically impossible. In boys in particular it is possible to masturbate repeatedly at a time when the sexual development is so incomplete as to render intercourse impracticable. The result of this excessive excitation of the genital apparatus is to promote a condition of hyperæsthesia of the urethral tract. In time, through repeated indulgence, there arises a condition of permanent hyperæsthesia of both the urethra and the prostate gland, inducing eventually permanent urethral irritation. Once this condition arises the case becomes a pathological one. Masturba-

⁵ In Illinois I came across a man of remarkably fine physique, of average mentality, aged 38, who assured me he had practised masturbation daily since boyhood.

⁶ In satyriatic subjects the possibility of masturbation being indulged to avoid rape must not be overlooked. Krafft-Ebing gives an instance of this in his curious case histories.

tion leaves the rank of a habit and becomes a disease. The prostatic irritation which has resulted from long-continued excessive masturbation becomes a cause of masturbation itself. It is in such cases as these that the real evil of masturbation obtrudes itself, with the danger of actual injury to the urethra and prostate through continued efforts to induce erection and ejaculation after the supply of fluid has been temporarily exhausted.

In the female there is decidedly less risk of masturbation ever becoming pathological; in fact, these cases are of such a degree of rarity as to be negligible. What does happen, as in the male, is a disinclination for normal coitus. Usually masturbation in young girls is confined to clitoris manipulation: the result of continued friction is to concentrate the thoughts on the clitoris, with the result that at puberty there may be no normal transference of sensibility from the clitoris to the vagina. This persistence of clitoris sensibility is a fertile cause of sexual anæsthesia in the adult, and in consequence often promotes an extension of simple masturbation to the more complicated and repulsive forms in which the employment of the pseudo-penis is a prominent feature.

This artificial phallus, pseudonymously referred to as *godemiché*, *dildoe*, *penis succedaneus*, *bijou indiscret*, *olisbos*, *consolateur*, *baubon*, from the beginning of time has been employed by both masturbators and tribades. Its ancient origin and use are indicated in the Biblical passage: "madest to thyself images of men, and didst commit whoredom with them." It was extensively used in nunneries. There are numerous references in ancient literature to its widespread employment by the Greek women. (See *The Mimes of Herondas* and the *Lysistrata* of Aristophanes.) Krafft-Ebing gives a curious case where Sarolta (Charlotte), Countess V., living as Count Sandor, "married" a girl and by using a pseudo-penis succeeded in keeping

her real sex a secret. She confessed that she "knew how to imitate a scrotum," to the use of "a priapus," and that she found her own sexual satisfaction "exclusively in *corpore feminæ*, in the form of manustupration of the beloved woman, or cunnilingus." (Krafft-Ebing, *Psychopathia Sexualis*, Twelfth German Edition.) Havelock Ellis refers to a similar case where one Margaretha Lincken in Germany "married another woman with the aid of an artificial male organ"; and to another instance given in Montaigne's *Journal du Voyage en Italie en 1850*, where a girl married to another woman "was hanged for using illicit inventions to supply the defects of her sex." (Havelock Ellis, *Studies in the Psychology of Sex*, Vol. II, Third edition.)

It is a penalty for excessive masturbation, whether of the penis or the clitoris, that there arises a state where ordinary methods of sexual gratification fail completely to induce orgasm. It is when this stage is reached that the danger of masturbation developing into sexual perversion arises.

III.

At the age of fourteen to sixteen, and on occasion later, every youth experiences what are known as "wet dreams."⁷ The term, like most in popular phraseology, is misleading, the seminal emission referred to being often enough unaccompanied by any dream. What happens is simply that with the maturing of countless numbers of spermatozoa, the seminal fluid charged with these sperms, through peripheral irritation or cerebral erotic excitement of the penis, is ejaculated to the accompaniment of those feelings of

⁷ It may be well to refer here to the common notion that emissions or pollutions are necessarily induced by masturbation. They are no such thing. There are hundreds of young men who suffer from emissions who are entirely ignorant of what masturbation is.

pleasure associated with sexual orgasm. There can be no dream of sexual intercourse in any youth without previous experience of coitus. Thus these so-called pollutions, which are really reflex emissions of the secretions of the testes and seminal vesicles in the case of young men and of the vaginal and Bartholin's glands in the case of girls, are never associated with sex in the purely continent; that is, in those who have never experienced the phenomenon of tumescence. Pollutions disassociated from known sexual excitement cannot be harmful; pollutions oft-repeated, through continuous sexual excitation, may cause congestion which in time may prove cumulatively harmful. While pollutions in young men at the time of puberty in consequence of the rapid collection of secretions are unavoidable and often a regular nightly occurrence, in girls any emissions at all are comparatively rare. In masturbators and in those who have ceased to be virgins, they occur often; but the normal girl, devoid of sexual knowledge, is rarely bothered greatly.

These emissions or pollutions as they are often termed are popularly looked upon as dangerous to the health of the adolescent: in the popular imagination they rank on the same level as the pollutions induced by masturbation. Lüther's view, typical of religious opinion, was that pollutions during sleep indicated unhealthy sexual excitement and that the proper remedy was marriage.

The fact that at puberty the seminal accumulations must be got rid of, in conjunction with the repeated warnings against masturbation and emissions, has led to the tacit assumption that, failing early marriage, illicit sexual intercourse is necessary to the health of every young man. The spreading of this fiction in itself is not surprising; but its implication by moralists and even medical men most emphatically is. For when it is gravely asserted that masturbation leads to something perilously approaching insanity, while night

pollutions ruin the health, what is the youngster to do who finds himself in this plight every night and who has no desire for marriage? What indeed except run after a *fille de joie*! Moreover, the excuse thus put into his hands is worked to the limit by the adolescent of sensual inclination.

What is the truth? Simply that most spontaneous emissions are not in the least harmful. A quantity of seminal fluid is ejaculated, and whether this ejaculation is unconsciously induced during the night, or artificially by masturbation, or in the ordinary way of coitus, matters not one jot. So long as the emissions are not so frequent as to induce urethral congestion or weaken the individual (in the case of unconscious emissions there is no fear of this) there is not the slightest risk of evil results ensuing.

There remain those pollutions purposely or pathologically induced. Thus excessive and long-continued masturbation in time induces such a state of congestion that in those whose seminal vesicles are very active the semen, as it accumulates, is voided at the slightest touch. Such a man can never have sexual satisfaction in normal coitus: he experiences ejaculation before intromission. The condition is distressing and not unassociated with disgust, but it is in no way serious. The talk of pollutions leading to insanity or serious disease is so much balderdash.

IV.

Sexual precocity is pretty common, especially in girls. It is, however, important to remember the dimorphic condition of every individual; and that what in many young girls is looked upon as precocious sexual development is in reality the appearance of masculinity. True sexual precocity is indicated by the appearance of the secondary sexual characteristics before their time. In

boys it is indicated by the appearance of abnormal development of the external genitalia, of hair on the body and face; in girls by development of the breasts, the appearance of the pubic hair, early menstruation. Usually there is early appearance of sexual appetite with the possibility of premature conception. According to Kisch, Diamant recorded a case of a six-years-old girl weighing 75 pounds with the thighs, buttocks and breasts of a mature woman, the mons veneris covered with hair, menstruating at two. Tradition has it that Mohammed had intercourse with his wife Khadyah when she was eight years of age.

In most cases of precocious sexual development the primary cause is a pathological one. Roger Williams gives eleven such cases all resulting from ovarian neoplasms. In other cases there are associated general lipomatosis, rachitis or other pathological conditions.

V.

Parents in their avoidance of drawing the youngster's attention to sexual matters often cause, particularly in the case of boys, much perturbation of mind and very often are the indirect producers of the very thing they wish to avoid. In girls it is somewhat different. The onset of menstruation makes some instruction in matters of sexual hygiene essential even if it be crude and perhaps fallacious.

Always beneath the foreskin is there continually accumulating sebaceous matter, and this smegma, if not removed, in time causes irritation. In some instances actual inflammation and possibly laceration result; in all cases is there much irritation, and in a considerable number of instances of confirmed masturbatory practice this irritation is undoubtedly the primary cause. It is because of this that circumcision is recommended by

some medical men, as by this operation there is, of course, no possibility of any accumulation of smegma, and in addition the skin of the glans is rendered less susceptible to irritation or even trauma. There is, however, no real need for circumcision. The youngster should be instructed to keep the preputial sac clean. Regularly and at frequent intervals the genitals should be washed with lukewarm water and afterwards dried gently, the prepuce being drawn back and the corona thoroughly cleansed of all adherent matter. Any soreness or inflammation, which is a very frequent condition where there has been neglect of this cleansing, and particularly where the foreskin is tight, should be treated with a powder composed of boracic acid, 1 part, and talcum powder, 4 parts, lightly dusted on the inflamed surfaces.

CHAPTER VII.

Menstruation.

I.

ANY approach to the subject of the periodic menstruation of women is best made by a consideration of analogous conditions amongst animals. Partly as a result of superstition, partly through religious teaching, but mainly through the fact that alone amongst mammals man apparently has no sexual season, the menses have come to be looked upon as peculiar to woman, bearing no relation whatever to the sexual seasons of animals. The fallacy of this is easily demonstrable.

The sexual season, or di-œstrous cycle, is divisible into four distinct periods: (1) the pro-œstrum, popularly known as "coming in heat," which is signified by marked swelling and inflammation of the vulva, usually accompanied with slight discharge; (2) the œstrus, or period of sexual desire, varying from a few hours to several days, during which fertilisation is alone possible; (3) the met-œstrum, during which the external genitals subside and return to a condition of normalcy; and (4) the an-œstrum, where there has been no fertilisation, a period of quiescence more or less prolonged, with no desire on the part of the female for sexual intercourse. This period of quiescence varies enormously in different animals, and it is this same period which largely determines the number of times per annum that the animal comes in heat. From the occurrence of one "heat" to that of another is termed the di-œstrous cycle; which, provided there is no conception, may in the course of a year be repeated in certain animals as many as a score times. Thus in the cow,

its duration is three to four weeks; in the pig, two to four weeks; in most species of monkey, a month; in the domesticated bitch, six months. There are, too, indications that the sexual season is capable of being influenced by climatic and other environmental conditions; thus in almost all cases where wild animals are capable of breeding in captivity there is increased sexual activity.

Now in the human female the "monthly period," characterised by the flow of menstrual blood, is analogous to the pro-œstrum in the animal. In other words, menstruation signifies "coming in heat," and the time that elapses from the first day of one menstrual period to the first day of the succeeding one represents the equivalent to the di-œstrous cycle in the animal. Many attempts have been made to nullify the truth of this, on the grounds that menstruation, by reason of its bloody discharge, is peculiar to the human female. All such attempts are futile. This loss of blood, as we shall see later, results from congestion in the uterus, and varies enormously in different individuals. Moreover, in many animals the mucous discharge contains blood. There are numberless instances where anthropoid apes have exhibited copious monthly discharges.

It is true that woman can conceive at any time of the year in contradistinction to most animals which have definite breeding seasons. This point has been made much of by those who for one reason or another are anxious to deny any similarity between menstruation in the woman and "heat" in the animal. But, as already indicated, the breeding season of the animal is largely determined by climatic effects, by food, and by environmental conditions. In civilised surroundings many other factors have their effects. It is therefore a matter for little wonder that monœstrous animals, in domesticity, become polyœstrous.

Moreover, there are indications too clear to be overlooked that man's present polyœstrous condition is neither universal nor aboriginal. Observations of travellers and anthropologists point to the fact that in many savage and primitive races there are certain periods of the year when marriage is favoured. In many instances festivals are held, when promiscuous sexual intercourse is allowable, reminiscent of the orgies which were such noteworthy features of ancient and primitive religious ceremonies.

The ancient religious festivals which were so numerous during spring and early summer were beyond dispute sexual festivals, in many cases degenerating into orgies. Thus the pagan flower festival of Dionysus, the Roman Liberalia, the festival of Apollo, the Tammuz festival. With the coming of Christianity there was the Feast of Fools.

II.

Strange as it may seem, the present-day widespread belief in the uncleanliness of woman at the time of menstruation is but a relic of the ancient association of woman with the snake. There is no disputing the fact that in primitive thought menstruation was supposed to result from the bite of a snake. Not that the snake was associated with any murderous purpose so much as it was credited with amorous intent. Evidence of this is there in abundance amongst the serpent worship of various countries.

Between uncleanliness as we in these enlightened years of grace understand it and uncleanliness as the pagans and early Christians understood it is a difference vast and significant. Not was it associated with dirt, with insanitary conditions; but distinctly with something *verboten*. Thus men, children and other women were forbidden to approach a menstruating

woman, much in the way that to-day a man is forbidden to wear his hat in church or to live with a woman without first having gone through the ceremony of marriage.

This pagan approach to menstruation might embrace one of two concepts, but whichever of the two, according to the precise brand of religion in vogue, was in effect, the attitude of uncleanness held good. Whether the serpent or the spirit of the serpent was looked upon as a god or as a demon made no perceptible difference in the attitude of the public to the woman. If it were supposed that she was possessed by a serpent god, approach by her brethren was strictly forbidden; on the other hand, if evil spirits had taken possession of her, then just as surely was any intercourse prohibited until such time as the demons saw fit to clear out of her body.

According to the Mosaic law the menstruating woman was regarded as unclean. Thus in Leviticus :—

“ And if a woman have an issue, and her issue in her flesh be blood, she shall be put apart seven days.”

More, any attempt at intercourse was punished by ostracism of both parties. Thus :—

“ And if a man shall lie with a woman having her sickness, and shall uncover her nakedness; he hath discovered her fountain, and she hath uncovered the fountain of her blood : and both of them shall be cut off from among their people.”

The Council of Nice issued a decree forbidding a menstruating woman to enter a church.

Analogous to the biblical prohibition is an injunction in the Talmud with a stipulation that before intercourse the woman must be purified by bathing. Purification with water after menstruation and before intercourse is decreed in the Koran. Indeed, the forbidding of intercourse with a menstruating woman was world-wide. The *Laws of Manu* decreed that :—

“ The wisdom, the energy, the strength, the sight,

and the vitality of a man who approaches a woman covered with menstrual excretions utterly perish.”

Pliny considered the menstrual fluid poisonous.

The divine power supposedly granted to woman during her periods was clearly indicated in the belief in medicinal virtues attached to menstrual blood. Herman L. Strack, in a curious work entitled *The Jew and Human Sacrifice*, gives details of these ancient beliefs which appeared in early medical literature. Thus:—

“The blood of menstruation, if the bite of the mad dog be smeared with it, cures it.”

“Birthmarks, red moles, and freckles vanish if they are smeared with warm menstrual blood.”

“For itch, wear a shirt, in which a woman has menstruated, during three days on the belly.”

“Linen rags steeped in menstrual blood are poultices against gout known from of old.”

These early beliefs have analogies in the customs of primitive races of to-day toward the phenomenon of menstruation. Amongst many savage races the women at their periods are regularly segregated and not allowed either to prepare their husbands' meals or so much as to touch the cooking utensils. Frazer and Crawley give many instances of this; the literature of travel, exploration and anthropology bristles with them.

Interspersed with these beliefs and explanatory of some of them is the association by primitive races and by children of civilised races of the menstrual flow with excretory processes. Even to-day there are many girls and women who are unaware that the monthly discharge does not come from the urethra.

Amongst civilised races relics of the same basic ideas still survive. According to Havelock Ellis, as recently as 1878, a medical man stated in *The British Medical Journal* that “meat will be tainted if cured by women

at the catamenial period"; while in 1891 Dr. William Goodell asserted that physicians generally postponed all operations until the menstrual period had passed. With doctors and gynæcologists holding these and similar views little wonder that the lay public still clings to the idea that a woman during her period is unclean in the sense of being insanitary, and as a necessary corollary of this, should be strictly avoided by the male so far as amorous feelings are concerned, sexual intercourse not only being considered unnatural but, in addition, distinctly dangerous for the male.

That this is largely a fallacy is admitted by the majority of gynæcologists. Years ago, it is true, Diday and Raciborski pointed out the risk of urethro-rrhœa through coitus during menstruation, but the risk is slight. Provided cleanliness is observed there is not the slightest reason why intercourse should not take place. Equally fallacious is the idea that in the female there is no sexual passion during the periods. The incidence of the age-old idea that coitus is harmful or, at any rate, inadvisable during menstruation, is sufficient to explain the birth and continued life of this second fallacy.

III.

From puberty to the menopause there is, in the case of every normal non-pregnant woman, a bloody vaginal discharge at regularly recurring intervals. This phenomenon is known as menstruation. The discharge is usually preceded by a rise in temperature, swelling of the breasts and of the vulva, and often enough flushing of the face. The discharge itself, which varies enormously in different women, is dark and viscid, consisting of blood mixed with mucus, uterine and vaginal epithelium, and occasionally with membrane. It is

non-coagulative. Normally, apart from a feeling of general discomfort, with or without specific subjective symptoms such as headache, lassitude, bladder irritability, constipation, dark rings under the eyes, swelling of the thyroid gland, there should be no actual pain.

The indisputable fact remains, however, that, apart from savages and a minority of civilised women, the huge majority suffer some degree of pain. According to Chisholm, who made an exhaustive inquiry, 77 per cent. of women suffer pain to some extent, although in only 3 per cent. does it reach the degree of incapacity. Dr. Jacobi concluded that suffering to some extent was present in 46 per cent. of menstruating women.

The duration of the flow ranges from two to eight days, in the majority of women, however, continuing for four or five days. Any discharge which persists for more than eight days or fails to cover two days may be looked upon as indicative of pathological conditions. The entire menstrual cycle, which is analogous to the di-œstrous cycle in animals, averages twenty-eight days, though variations from this norm are remarkably common. From an examination of 4,500 cases, Sanes found that 72 per cent. menstruated every twenty-eight days, 3·8 per cent. every thirty days, and 3·3 per cent. every twenty-one days. But there are rarer instances of intervals of two weeks and others of five to six weeks.

The great thing in these matters is regularity, and every woman from the time of her first menstruation should note carefully not only the duration and extent of the flow itself but the lengths of the intervals between the periods, in every case reckoning from the first day of one flow to the first day of the next. In all cases of irregularity; of prolonged or excessive bleeding; of absence of bleeding through any cause other than suspected pregnancy; of abnormally severe pain, the cause may be pathological and a physician should be con-

sulted. Generally speaking, extensive, prolonged and frequent menstruation indicates retrodisplacement or subinvolution of the uterus or the presence of new growth in the same organ.

IV.

To account for the phenomenon of menstruation theory upon theory have been gleefully presented, and each in turn has been smashed to primitive shreds. We have seen how savages, pagans and the early Christians have given to the phenomenon mystical and phallic significance. Aristotle¹ and a host of other writers, mystics and quacks have associated menstruation with the waning of the moon; a thousand others, including some of the leading physicians and gynæcologists of recent years, look upon it as a monthly cleansing period; many, again, hold that it is a preparation of the womb for the embryo.

The discovery by Von Baer in 1827 of the human ovum marked the beginning of a new stage. The connection between menstruation and ovulation has long been a fertile field for controversy. Early medical writers, notably Astruc, Briere de Boismont, and Bischoff, contended that menstruation resulted from ovulation, that the blood lost at the monthly periods was primarily intended for the nourishment of the embryo; hence the cessation of menstruation with conception. Here, however, was but another instance of a hypothesis built up on an insecure foundation. Heape drove a big clinching nail into all theories in which ovulation and menstruation were looked upon as coincident phenomena by demonstrating that in lower animals ovulation and œstrous were often separated by

¹ Aristotle, *Historia Animalum*.

intervals of varying duration. Two only out of forty-two monkeys at the period of œstrous showed signs of ovulation. Other investigators confirmed Heape's conclusions; in the cat and the rabbit ovulation occurs only after coitus; in most animals there is never ovulation until the pro-œstrum period is at an end.

These facts established, investigators gave more careful attention to the human female. Exhaustive inquiries elicited strange vagaries. Ahlfeld found a case of pregnancy in a woman who had never menstruated. Rondelet capped it with a mother of twelve children who had no knowledge of the menstrual discharge. Joubert reported a similar case in a mother of eighteen children. Further, there have been frequent pregnancies during the menopause; and almost equally frequent cases years later. Even before the commencement of menstruation has pregnancy occurred.

What do these facts establish? Simply that ovulation is possible without menstruation. Indeed, it is a relatively safe assumption that ovulation, besides being not necessarily coincident with menstruation, is not actually associated with it, but to the contrary usually takes place between the seventh and fourteenth days of the menstrual cycle.

What then is menstruation? To get at the truth we must turn to the ovaries. As has already been explained, the ovaries are collections of ova or eggs of microscopic size. As an ovum matures it passes into one of the Fallopian tubes attached to the ovary, where it either meets a spermatozoön and is impregnated, or it travels *viâ* the uterus and vagina outside the body. The process just described is known as ovulation, and for generations it was thought that ovulation constituted the sole ovarian function. The investigations of Blair Bell and others have shown that the ovaries perform another vitally important function.

For although the phenomenon of menstruation is independent of the phenomenon of ovulation, both are controlled by the ovaries. Recent research has established the fact that the ovary manufactures and throws into the circulatory blood a secretion, much in the way as do the thyroid gland, the prepituitaries, the thymus. This internal secretion of the ovary causes the phenomenon of menstruation, by furnishing the "motive" or "impulse" as it were; the blood actually shed at the periods comes of course from the congested uterus. Removal of the ovaries brings menstruation to an abrupt end, inducing what is termed an artificial menopause, with all the psychological disturbances, the uterine atrophy, and other senile characteristics of the natural menopause. If, however, one ovary is left, there is no alteration in menstruation nor are there promoted any of the characteristics resulting from double oöphorectomy. Further, the transplantation of a healthy ovary after the cessation of menstruation will cause the regular reappearance of the catamenial periods. Nor is it necessary for the transplanted ovary to be fixed in its normal position; it may be grafted to some other part of the body, in which case menstruation will reappear, but there will be no ovulation.

True enough, many gynæcologists there are who affirm that menstruation and even ovulation have continued after the removal of both ovaries; they cite many cases where pathological conditions have led to this removal after which normal menstruation has continued. It is, however, exceedingly difficult to ensure complete double oöphorectomy, and the retention of a small portion of ovarian tissue is sufficient to ensure continued functioning. Moreover, according to Meriel, it is no uncommon thing for there to be small supernumerary ovaries and bits of accessory ovarian tissue located in various parts of the pelvis.

V.

Puberty, or the period at which the sexual organs mature, is, or should be, accompanied by menstrual discharge. Hair appears on the vulva, the mons veneris and the axillary parts; there is enlargement of the uterus, the tubes and the ovaries; the labia majora becomes decidedly more prominent. These developments in themselves have no effect on the girl; but with the concomitant activity of the ovaries, uterine congestion and discharge from the vagina, with or without pain, there is a pronounced and wide disturbance of the whole system, physiological and psychological. If the girl has no forewarning of what is coming she may be seriously alarmed.

There is no rigid time for the commencement of menstruation. It varies enormously according to the individual. Years ago climate and race were thought to influence considerably the starting age, but recent research has proved that while these factors undoubtedly account for some variation, as instance the early age of adolescence in the tropics, individual physiological and pathological factors have far more influence. The average commencing age is thirteen and a half years, but it is no uncommon thing for a youngster to menstruate at eight.

There are occasional instances of menstruation at remarkably early ages. Thus Lenz instances no less than 130 cases of *menstruatio præcox* varying from birth to the age of seven. Even pregnancy is not unknown in early menstruating cases. There was a case reported by Mandeso where a child started menstruating at three and at six became pregnant. Even more remarkable is the case given by Von Haller. At the age of two Anna Mummenthaler had her first menstrual discharge. She continued regularly and at nine had her first pregnancy, and actually gave birth

to a child. She menstruated until the age of fifty-two, dying twenty-three years later. Generally speaking, multiparous women, and particularly those who have themselves suckled their children, menstruate to a more extended age than nulliparous women.

In considering reports of precocious menstruation, however, and especially those found in early medical literature, extreme caution is necessary. Not every case of uterine bleeding necessarily implies menstruation. Where there are no accompanying signs of hypertrophied secondary sexual characteristics, hæmorrhage of the genital organs may well be suspected. In this connection Crossen says, "a red stain on the diaper, which the mother supposes to be blood, is often made by urates from a concentrated urine." The cause of precocity in menstruation is often pathological. In 1910 Neuman found twenty-two such cases where tumours of the pineal gland were discovered. Even where no tumour is discoverable there can be little doubt that abnormal functioning of the ovary or of some other gland is primarily responsible. So certain is this that in every case of premature menstruation a physician should be consulted. Many instances of stunted growth through closure of the epiphysis with accompanying ossification are traceable to no other source.

The monthly discharge normally continues regularly (unless interrupted by impregnation) until the coming of the menopause, usually between forty-five and fifty. There are many departures from this average, but these will be considered in a later chapter.

VI.

It cannot be too strongly impressed on every woman that anything abnormal in the monthly discharge must be looked upon with suspicion, and in any case of

persistence of an abnormality the opinion of a gynæcologist should be obtained. As to what constitutes an abnormality only the woman herself can decide. So great are the variations in the nature, duration, and accompanying subjective symptoms of the menstrual flow that what is abnormal in one is normal in the other. There is, for instance, no reason for alarm if the flow of blood is heavy and continues for three or four days, so long as this is a regular monthly occurrence. It is where there are marked irregularities or abnormal pain that a case presents itself for medical treatment.

In the ordinary healthy female there is always a slight muco-epithelial discharge from the external genitals. It is a secretion formed in the cervix, and it moistens the vagina and vulva generally. So slight is this discharge as to be only noticeable on touching the labia. Where there is a sticky, stringy, purulent discharge, popularly known as "the whites," it is an indication of some genital derangement, probably inflammation or congestion of the uterus. In a mild form it frequently connotes anæmia and usually disappears with the return of good health. If there is a yellow pus present in the discharge, accompanied with irritation of the vulva and frequent desire to urinate, acute vaginitis or the presence of an ulcer or a tumour may be suspected. In medical parlance, every form of pathological vaginal discharge which is non-sanguineous is termed leucorrhœa. It should be remembered that leucorrhœa in itself is not a disease, but merely an indication that something is wrong.

Similarly with amenorrhœa—absence or suspension of menstruation between puberty and the menopause. For amenorrhœa is purely a symptom of physiological or pathological conditions precluding menstruation. Amongst physiological causes, apart from pregnancy and lactation, are uterine abnormalities or imperfections,

absence of ovaries, atrophy of the endometrium. In girls who at seventeen have never menstruated and who are not pronouncedly anæmic, the probability is that one of the physiological conditions enumerated is the cause of the amenorrhœa. Where the genital tract is entirely closed, as in imperforate hymen, vaginal atresia, thus preventing the discharge of the menstrual blood, the condition is not amenorrhœa but gynatresia, or retention of the menses. In such cases an operation is essential.

Usually, however, the root of the trouble is anæmia. In later life many pathologic causes induce amenorrhœa, notably obesity, pelvic disease, severe constitutional disease, insanity, and poor health generally. Amenorrhœa does not necessarily preclude ovulation and pregnancy, and in all cases where pregnancy occurs in women who rarely or never menstruate, and they number not a few, the amenorrhœa is pathologically induced.

More serious is dysmenorrhœa, which, however, must be distinguished from menorrhagia, or excessive bleeding. In considering dysmenorrhœa it is necessary to define with some exactness what is meant by painful menstruation. The bald description "painful menstruation" in itself is grossly misleading. Many normally healthy women will tell you that they experience severe pain at their monthly periods, and since pain is largely subjective the mere statement signifies little. But where the pain actually incapacitates the patient or drives her to bed something more than average pain may well be suspected. Here in truth is a case of dysmenorrhœa. Now the pelvic pain known as dysmenorrhœa may or may not be associated with specific pelvic disease. It may, for instance, be due to some mechanical occlusion of the uterine canal, to hypoplasia of the ovaries, the uterus or the vagina; in

any of which cases the first pregnancy often removes the cause. Repeated coitus even without pregnancy will modify if not remove the condition. But to the average single woman neither plan is available. For this excellent reason dilatation of the uterine canal with or without curettage is the usual method.

Pathological dysmenorrhœa is much more serious. It may result from constitutional disease such as tuberculosis, diabetes, syphilis, chlorosis; in all such cases the disease itself requires treatment. Or it may, and indeed very often is, associated with pelvic disease, carcinoma, tumour of the ovary, polypi, retrodisplacement of the uterus.

Pieces of membrane (*decidua menstrualis*) are occasionally found in the discharge. This condition is known as membranous dysmenorrhœa, and usually is characterised in addition by cramp-like pains. The pieces of membrane are from the uterine walls.

The regular occurrence of pains with some discharge between the monthly periods, known as intermenstrual pains, is looked upon by some medical men and by writers of popular sex books as symptomatic of the increase in the menstrual disturbance supposed to be the result of civilisation. The theory is markedly fallacious, for in nearly every instance this intermenstrual flow is mainly mucoid, with only a slight percentage of the bloody discharge so characteristic of the true menstrual discharge, and is indicative of pelvic disease.

Always must amenorrhœa, dysmenorrhœa or menorrhagia be looked upon not as a disease *per se* but as a symptom of disease. Its presence provides indisputable indication of some disease in the ovaries, the uterus or the cervical canal.

VII.

Although with the increased freedom of speech between children and their elders, with the printing in

the popular press of subjects which were formerly taboo, with the sophisticating influence of the cinema, the old-time ignorance has pretty well vanished, and to-day the average thirteen-years-old school girl knows more about sexual matters than does her grandmother,¹ there is still a vast degree of ignorance as regards sex hygiene. Increased information is in many respects a two-edged tool. The sex knowledge available from trashy manuals is mainly unreliable and in many respects is absolutely misleading.

As puberty approaches indubitably is it the duty of every mother to warn her daughter of what she may expect and to see that her life at the time is healthy, with abundance of exercise and fresh air. The anæmic child in particular requires every attention, and efforts should be made to tone up the system and improve the health generally.

Many writers, including medical men who should know better, recommend rest in bed for periods varying from one to three days at each menstrual period, contending that the pain, debility and general distress are normal features of the catamenial flow. This is precisely contrary to the truth. There is no physiological reason why normal menstruation should be accompanied with distress or pain to a degree in any way approaching incapacity for work. In every case where a woman is compelled to take to her bed this very fact is indicative of pathological trouble and a gynæcologist should be consulted.

It is a mistake to look upon the weakness and distress

¹ Tilt wrote in 1852 (*Elements of Health and Principles of Female Hygiene*) after an inquiry into the preparedness for menstruation embracing 1,000 girls: "25 per cent. were totally unprepared for its appearance; 13 out of the 25 were much frightened, screamed, or went into hysterical fits; and 6 out of the 13 thought themselves wounded and washed with cold water."

accompanying the flow as results of the flow itself. In a perfectly healthy woman there would be no such weakness. The root cause may be physiological or it may be pathological. Frequently it is largely due to emotional disturbance, in which case rest in bed and conviction that one is bound to be seriously ill on each occasion is cumulative in its effects, aggravating the condition at each succeeding period.

The belief, handed down for countless generations, that the monthly periods are times of sickness and ill-health is well-nigh universal. It shows no signs of decrease through the remarkable sophistication of the day—to the contrary, it becomes even stronger. Popular medical writers, sociologists and lecturers on sex hygiene drum the message into thousands of ears. The result is that the average woman pampers and pets herself throughout the days of her monthly period, becomes unbelievably dirty, shunning water as she would the devil.

What is the truth? Simply that at no period is it more essential for a woman to keep herself scrupulously clean. The external genitals should be well washed each day with a cleansing fluid. Strong disinfectants should be avoided—they are apt to irritate the delicate mucous surfaces. Nothing is better for the purpose than a solution of sodium carbonate (a tablespoonful to a pint of warm water), or bi-sulphate of quinine, using a hunk of cotton-wool as a swab. In cases of profuse bleeding the cloths used should be changed frequently. Neglect of these precautions may cause inflammatory conditions of the vulva and vagina, through the decomposition of the menstrual fluid with which the pubic hair and the undergarments are soiled.

The universal notion that gin is of value during the menstrual flow is merely a myth.

The common practice of daily douching either with

or without chemical antiseptics is to be deprecated. The vagina, through its position and its openness, is peculiarly liable to infection. Normally there is always present a secretion which has a destructive effect on infective pathologic organisms liable at any moment to enter the vagina. The regular use of an antiseptic douche removes or destroys this secretion, thus leaving the vagina open to the attack of staphylococci, streptococci or other organisms. Even douching with water alone is cumulatively harmful. In many cases the nozzle of the enema itself, which, being of rubber, cannot be properly sterilised, introduces infective organisms.

CHAPTER VIII.

The Sexual Act.

I.

THE vitally essential condition for coitus is erection of the male organ, without which there can be no intromission of the penis and consequently no orgasm. As a result of various influences, the venous sectors in the erectile tissues composing in part the penis, dilated with blood, through the contraction of the ischio-bulbo-cavernosi muscles, cause it to swell considerably, greatly increasing in length and diameter. The normally flaccid organ becomes rigid.

Erection in itself is but the first step in the physical act of coitus. The stiffened penis, and more particularly the sensitive glans, in contact with the clitoris and vagina, through rhythmic motion, is peripherically irritated until ejaculation occurs.

During the sexual act, the urethra, normally a canal for the conveyance of urine, becomes a means of discharging semen into the female vagina. As the corpora cavernosa, engorged with blood, stiffens into erection, the verumontanum enlarges and shuts off the passage to the bladder so as to effectually obstruct micturition; simultaneously the seminal ducts open. The path for the seminal fluid is thus clear.

Fallacious to a degree is the idea that the woman is necessarily purely passive. There are no outward indications of the congestion and inturgescence in the female organs analogous to the erection of the penis. Through sensory stimulation there is considerable peristaltic contraction of the uterus, and from the uterus and

Bartholin's glands there is a mucous discharge which lubricates the whole of the vulva and facilitates the intromission of the penis. Coincidentally there is a sucking reflex motion on the part of the vulva which draws the erect penis and may on occasion cause erection.

The pleasure accompanying the sexual act is dependent on the friction between the glans and the vagina, culminating in what is known as the orgasm, when the semen is ejaculated. The slowness of approached detumescence extends the duration of the pleasure, which explains why eunuchs, negroes, Jews and others of delayed orgasm are favoured by sensual females. For once detumescence has begun the entire process is over in a matter of seconds, and with the free emission of seminal fluid there follows a quick declension of sexual feeling, with accompanying lassitude and inclination to sleep.

There are visceral and psychological disturbances accompanying the sexual act which are of profound significance. Cardiac palpitation, quickened and arrested respiration, increase in blood-pressure, profuse perspiration, tightening of the jaws, dilatation of the pupils, increased salivation; these are all accompaniments of normal coitus. In addition, there is much mental upset; the intellect in all but exceptional instances sinks to that of the village idiot; the faculties are altogether in abeyance. In very many cases the condition at the moment of intercourse is little different from an epileptic seizure.

To the woman no less than to the man does this apply, providing always the woman is in a state of erotic excitation. Often enough at the time of coitus she is not, for while it is impossible for man to have intercourse unless in a state of tumescence, woman may have coitus forced on her and give pleasure to her partner in the act while herself being anæsthetic. It is from this

that has arisen the widely held myth of the sexual frigidity of woman, which caused Heine erroneously to assert: "Turn out the lights and all women are alike"; and Benjamin Franklin, in his suppressed letter, to say that provided the upper parts are covered with a basket "it is impossible of two women to know an old one from a young one." Thus for the pleasure to be mutual and reach the highest degree of intensity orgasm must occur simultaneously in both, which in truth rarely happens.

The point that in contradistinction to animals civilised man alone amongst mammals in moments of intercourse adopts the anterior position is no evidence as to the advantages of such a position. In many races of savages, notably the Inuits, the quadrupedal position is universally adopted, and there are times when such a position has its advantages—for example, in cases of pregnancy, by this method alone can the possibility of injuring the foetus be obviated. Discrepancies in size, too, sometimes lead to the man taking the undermost position, a method common enough amongst the ancients, as references in early literature abundantly testify.¹

Occasionally, too, through the incidence of pathological conditions which render the normal position painful or difficult, or with a view to assisting fecundation, abnormal positions are recommended in medical literature. Thus in the case of either the man or his wife being very obese intercourse *à parte posteriori* is often recommended. Pajot advises, in cases of lateral version, that the woman should lie on her side during

¹ According to Ploss and Bartels, the Sudanese adopt the erect posture during coitus. The Australian Blacks usually squat on their hams. And there are other positions. The *Kamasutra* (see Schmidt's translation) gives detailed descriptions of a large number of different copulatory attitudes.

intercourse; Kisch recommends the adoption of the upright sitting posture in cases of retroflexion of the uterus.

That it sometimes happens that coitus has attendant dangers is a point of great importance. The failure to realise these dangers indubitably leads every year to much pain and, moreover, to many misunderstandings. Not a few women are afflicted with dyspareunia, the term given to a condition where there is difficulty in effecting coitus ranging all the way from slight discomfort to pain of so severe a nature as to render the act impossible, or where forced on the unfortunate woman, actual torture. The causes are many. Apart from actual physiological obstruction such as imperforate hymen, atrophy of the vaginal orifice, there are numerous pathological conditions which lead to severe pain; thus spasmodic stenosis of the vaginal canal, venereal sores, inflammation due to gonorrhœa or vaginitis, uterine inflammation, bladder disease. The first intercourse often causes severe abrasions in the vulva, giving rise to increased pain at every subsequent attempt.

In men the dangers are of another brand, but are practically restricted to the aged. Every orgasm is of a slightly epileptical character, and although in the case of the young or healthy there is small fear of any harmful result, with old men the matter is on an entirely different footing. There is danger, especially in cases of intercourse with strange women, of cerebral hæmorrhage, followed often enough by paralysis. Similarly, in the obese or diseased, there are often lesions of various organs: Kisch mentions two cases where stout men died during connection. The excitement of adolescents at the first coitus is often accompanied by vomiting, urination, and, on occasion, defæcation.

The popular idea that castrated men and women are

necessarily and absolutely incapable of sexual intercourse, the statements made in novels notwithstanding, is entirely fallacious. The eunuchs of the ancients, used as guards of the ladies of the harems or sold as slaves for pederasty,² were castrated in infancy, and both the penis and the testicles were removed.³ Removal of the testicles after puberty does not completely efface sexual power or desire, it merely prevents fecundation and limits frequency of intercourse owing to the ejaculatory powers being restricted to the secretions of the accessory glands. Orgasm is delayed, and in consequence erection maintained for extended periods. It was owing to this that the sensual ladies of pagan Rome preferred eunuchs.

II.

In any discussion of sexual matters one usually sooner or later hears of sexual instinct. On the one hand in such supposedly precise works as medical, scientific and psychological treatises; and, on the other hand, in such loosely written stuff as popular fiction, one comes across repeated references to the sexual instinct. From a careful and systematic study of this so-called instinct I am by no means sure it has any existence: its fundamental basis has never been bared. Apparently every writer takes the "sexual instinct" as an existent truism. Thus Krafft-Ebing says: "Sexual instinct is a function of the cerebral cortex." Davis asserts, "There is an æsthetic or cultivated sexual instinct"—a statement

² Reference to this at one time extensive practice is to be found in the Bible, where Jesus says: "There are some eunuchs which were so born from their mother's womb; and there are some eunuchs which were made eunuchs of men; and there be eunuchs which have made themselves eunuchs for the kingdom of heaven's sake."

³ For the famous male choir of the Sistine Chapel boys were regularly castrated until as recently as 1880 when Pope Leo XIII stopped the practice.

perilously near a contradiction in terms. Forel makes repeated references to "sexual instinct," using the term with extraordinary looseness. The negation of this concept of instinct in relation to the sexual act and its analogues is not the mere discrediting of a pragmatic *als ob*: it is the altering of the whole superstructure of the sexual question with all its sociological and moralistic implications.

It would appear that the grounds upon which scientific writers, as distinct from popular journalists, base their assumption of an existent sexual instinct are procreation amongst animals, sexual desire in children, in the aged, and in eunuchs. At first sight the weight of evidence seems colossal. A careful inquiry, however, serves to show the presence of huge gaps in the chain. To realise the extent and nature of these gaps instinct itself must be defined.

Instinct is automatism which is inherited. It is not automatism developed, modified or adjusted by experience or learning. Here it is that nearly every popular writer goes abysmally astray. He confounds habit with instinct. Basically this confusion may be remarkably slight; cumulatively it causes the exploitation of profound fallacies and gorgeous myths.

In the huge majority of instances human coitus is not automatic; it is conscious and acquired. The act of copulation in any complete sense has in civilised man to be learned. In savages and animals it is, at certain times, automatic, but only where two separate sets of stimuli working automatically bring about an unconscious union.

To a strictly limited degree, Montaigne, Féré Regnano and others were right in looking upon coitus as a defæcation. The spontaneous emission of semen is exactly analogous to the emission of urine or fæces. Modern sexologists, in demonstrating the falsity of this

view of the whole act of copulation, and especially in relation to women, have failed to grasp its basic and limited truth. The accumulation of seminal fluid must find an outlet, hence the spontaneous ejaculations so common during adolescence. But the fact that these emissions are often, and especially initially, *never associated with the sexual act is of profound significance.*

Equally significant and equally overlooked is the point that woman has her periods of œstrum exactly as have animals. The sexual anæsthesia of woman, except in its pathological significance, is largely a myth. The passivity of woman during the sexual act, initiated at the proper time, is wholly a myth.

All mammals have periods of heat, and copulation only takes place at the œstrum immediately following heat. This period is for the female one of intense desire. The male, on the other hand, has no such periods. He has, however, the necessity for ejaculation, which, as we have seen, becomes on occasion spontaneous. Granted then the coming together of male and female, with the male ready for ejaculation and the female at her œstrual period, coitus naturally, almost inevitably follows. Assuming this tropistic explanation of initial intercourse to be feasible, subsequent attempts are, of course, possible without the coincident fruition of male ejaculation and female heat. To a similar tropistic basis are probably traceable the beginnings of masturbation, pedicatio, Lesbianism, in prisons, schools and other places where the sexes are segregated.

Woman alone copulates apart from any definite period. It is this point that has so often been stressed as differentiating woman from the lower animals. But actually there is no such biologic differentiation. It is merely that human beings have learned the art of coitus, and that man has caused woman to allow intercourse at

times when there is no automatic sexual impulse. This in turn has given birth to two gigantic myths: to wit, woman's so-called passive part in the act of coitus, and her reputed anæsthetic sexual attitude.

Anthropological research has laid bare the fact that this all-the-year-round sexual season in women is an outcrop of civilisation. Ancient literature abounds with references to periodical feasts which, when stripped of their religious trimmings, reveal themselves as sexual orgies, indistinguishable from the seasonal festivities which in every savage race precede promiscuous sexual intercourse. The features of all these orgies are aphrodisiacal dances. Apart from these stimulative measures adopted by those who have acquired the sexual act, I think there are the strongest grounds for thinking that initially coitus amongst primitive human beings was tropistic and induced in a manner analogous to that outlined in the case of animals.

The œstrual period, in most women following immediately the cessation of the menstrual flow, is the period only when she should have intercourse with the male. Woman, did she but know it, has reason for vast hatred of man-made civilisation on this one score. For man in his desire for frequent intercourse has induced woman submissively to become party to unnatural coitus. The frigidity of woman, the anæsthesia, of which husbands complain; the failure to experience orgasm on the part of the wife are, apart from pathological cases, the results of intercourse during the anœstrum, or period devoid of sexual impulse. Half the unhappiness in the world is due to the overlooking of the fact that woman, to be an active participator in coitus, must be sexually excited *at the right time*.

It will be objected that the undoubted fact that eunuchs are capable of the sexual act smashes to bits my whole thesis, for here there can be no automatic

ejaculation to initiate the male's action. True this. But I submit the contention fails. The eunuch can acquire the art of coitus: there are men to tell him, women to teach him, or failing both, books to instruct. In every case where men and animals are being considered the fact that man possesses exceptional facilities for acquiring knowledge must be kept in mind. It is a point so often overlooked. Cause and effect are confounded. Thus the adolescent's nocturnal emissions are thought to be the results of erotic dreams, whereas the exact opposite may be and often is the truth. Indeed, in the case of one unacquainted with the nature of the sexual act there will be no erotic dream at all.

Coitus in old men with atrophied sexual organs is, of course, merely the persistence of an acquired habit, stimulated by passionate desire. In idiots, again, the act may be learned, for even idiocy does not preclude acquirements of this stamp. In children, precocious sexual feeling is largely unconscious, and except where it is acquired from adults is rarely associated with coitus; indeed, it is nearly always pathological.

As Havelock Ellis has stated with unerring truth, both domesticated animals and human beings give an entirely erroneous impression as to the prevalence of sexual tumescence, an impression that the urge for intercourse is so strong and so instinctive in mankind that its suppression calls for continual prophylactic efforts, self-imposed and socially induced. This mammoth myth is daily drummed into the ears of the public by the clergy, by moralists, by social reformers. The exact opposite is the truth. In both sexes sexual passion is aroused, developed and intensified in a dozen different ways.

We arrive therefore at a definite position. The animal in its sex affairs is governed almost entirely by physiological causes. Man, on the other hand, is

governed only basically by physiological causes; his sexual life is largely conditioned by his mentality.

But even with knowledge superimposed on the animal automatism every sexual act must be preceded by a period of tumescence. The male, apart from attempting to arouse sexual desire in his chosen mate, must also arouse it in himself. For if man only had intercourse at such times as the accumulation of semen rendered erection and ejaculation spontaneous, these occasions, in any but individuals at the very height of their sexual power, would be comparatively rare. In animals the same thing applies; once the act of emission has happened and its association with the female sex is realised, constant efforts are made to arouse sexual excitement by stimulation. Thus the erotic acrobatism of birds and many animals; the playing with each other's genitals, as in apes. Thus, too, in savage and civilised man, dancing is a frequent and effective form of arousing sexual excitement. In its ultimate analysis every form of dancing is plainly and unashamedly aphrodisiacal. It can, and it does often enough, cause erection and even ejaculation.

If the thesis I have formulated is sound, it explains why civilised man is often more cruel to his womankind than is the savage, it accounts satisfactorily for the fact that a woman can and often does rape a man, it throws fresh light on the origin of sexual perversion, it submits a damning indictment of the civilised concept of marriage, it proves that increased knowledge has begot a degree of ignorance so ecumenic and so profound that in his sexual outlook man is distinctly lower than is, say, a dog or a horse.

III.

Sexual ability is dependent fundamentally on the secretions of the testicles in the male and of the ovaries in the female. It is therefore basically physiological.

But, as we have seen, the sexual act in man, and to a vastly lesser degree in animals, through the influence of knowledge and desire, far transcends this fundament. Thus desire may and often enough does altogether outrun ability, particularly in old men, with in numberless instances tragic consequences.

It is because of this that nearly all the so-called signs of sexuality which many writers, from Aristotle onwards, have stressed so much are not to be seriously considered. In an animal such outward indications are indubitably of value; in a man or a woman they are of little worth in anything more than a general way, being liable to innumerable exceptions. Thus Marro's statement that shortness of stature goes with intense sexuality is far too wide a generalisation. So, too, is Biérent's assertion that the bass voice⁴ is a sign of developed sexual organs.

Speaking generally, however, most men and women of excessive sexual appetite are blessed with exuberant pubic and axillary hair, marked pigmentation, and a strongly defined sense of smell. The connection between skin pigmentation and sexuality has been too often clearly demonstrated to be wholly fortuitous. Every observer is familiar with the darkening of the skin round the eyes, often accompanied by increased pigmentation in the face, neck and other parts of the female body during menstruation. The theory that keen olfactory powers go with sexual passion has doubtless some justification. If coitus between man and woman were merely tropistic, the relation might be very strong. Undoubtedly in animal life the sense of smell,

⁴ The fact that prostitutes of long practice have almost invariably deep and often harsh voices, while undoubtedly indicating, as do other facts such as pregnancy and menstruation, that immoderate sexual intercourse deepens the voice, by no means proves that every deep-voiced man or woman is necessarily imbued with strong sexual desire.

developed to extraordinary keenness, is one of the main causes of tumescence—it is the smell from the female's genitals at her œstrual period that attracts and excites the male. Again, that there is some connection between the genital organs and the nose has in recent years been definitely established, and many of the most potent aphrodisiacs and anaphrodisiacs rely for their effects mainly on their odour.

There are immense variations in the sexual power of man. From puberty there is a steady increase until at 25 the height of power is reached. From 25 to 40 or 45 there is little diminution, if any at all, but thence onwards there is gradual subsidence, until usually about the age of 70 all sexual power becomes extinct. But the loss of power by no means indicates the loss of desire. Thus old men who are incapable of coitus are the victims of sexual passion which often finds its outlet in abnormal practices.

Although the male's part in coitus is always accompanied by some degree of exhaustion, and the average man at the very height of his sexual power, where intercourse is very nearly a daily occurrence, can rarely accomplish more than three separate orgasms in one night, there are striking exceptions. Many copulate as often as a dozen times in a day, and Forel instances a case where a man performed the act thirty times.

The woman is in an altogether different street. Only in the case of passionate orgasm is coitus in any way exhausting. Prostitutes regularly receive as many as a dozen men each night. Havelock Ellis mentions the case of a girl of seventeen who allowed twenty-five men and boys to have intercourse with her in one night. Wantz, quoted by Davis, "says to his personal knowledge thirty-two men visited one girl in Chicago in a single night." Albert Londres, a French journalist who investigated the White Slave Traffic, speaks of a

Mademoiselle Opale, who told him "that she had lit the lamp four hundred and two times in one week in her *Casita*,"⁵ and of Polak prostitutes who sell themselves as many as seventy or seventy-five times a day. It is for this reason that women can stand sexual excesses far better than can men. One woman could easily exhaust a couple of men, and if she avoided orgasm could wear out a dozen. Thus epilepsy and insanity, arising out of immoderate sexual intercourse, are much rarer in women than in men.

The idea that woman is largely devoid of sexual passion, as already indicated, is a myth. It is a myth formed, developed and perpetuated by the civilised concept of marriage. It is, moreover, to a considerable extent elaborated and solidified by the fundamental difference between sexuality in man and in woman. Once it is thoroughly grasped that in her sexual seasons woman is indistinguishable fundamentally from many animals the truth of this will be realised. Thus for a portion of each month, and often enough for a considerable portion, woman is plainly sexually anæsthetic—in innumerable instances it is only her submission to what are termed man's conjugal rights that prevents her from plainly stating her abhorrence of what is not only repugnant but may touch actual cruelty. At such times she simply lies there, much as does a professional prostitute, and lets the man work his will. She experiences no passion, no orgasm. Little wonder the passivity of woman has become a byword amongst men. But while the laity can be excused for falling into this error, there is small excuse for such skilled investigators as Moll, Adler, Lombroso and Krafft-Ebing, all of whom subscribe to the doctrine that woman cannot experience complete sexual pleasure as can man.

⁵ Albert Londres, *The Road to Buenos Ayres*, translated by Eric Sutton, London, 1928, p. 92.

It is remarkable that woman herself does not revolt at the broadcasting of such a thesis, and were it not for the fact that all the so-called emancipation of the modern woman has not extinguished her reticence in respect to her sexual life, I think she would. The demonstration that at certain periods in all women, except where abnormal functioning or physiology precludes orgasm, the sexual act is accompanied by the pleasurable feelings incident to man, and the demand that, as in animals, it is only at such periods that women require coitus and will tolerate it, would put the whole thing in a different light. For after all the essential difference between man and woman is that while in man sexual congress is never, even on the rare occasions when he is raped by a woman, dissociated from pleasure, in woman there is no such necessary connotation. At her œstrual period, which is the time when for the woman pleasurable coitus is usual, the vulva is moist and distended in contradistinction to its normal dry, cold and contracted state. Moreover, at the moment of orgasm there is a copious discharge from the Bartholin glands.

Thus we arrive at the ideal time for coitus, which indisputably is the time when both partners in the act feel the desire for it. This implies the presence in both parties of the physiological factors governing detumescence, which must be preceded by tumescence. Tumescence in man, which, on occasion, is purely automatic through the accumulation of semen or mechanical irritation of the urethra, to conform with this ideal, must be coincident with tumescence in the female either automatically induced as at the œstrual period, or psychologically induced by the methods of courtship. Thus Havelock Ellis says that every sexual act should be preceded by courtship.

But granted tumescence in both male and female at the same time, this by no means ensures mutual pleasure

in the act itself. The main obstacle is the fact that in the female orgasm is far slower than in the male, with the result that in a huge number of cases ejaculation, which immediately follows the moment of orgasm in the male, has occurred before the female has begun. It was a realisation of this fact that led the founders of the Oneida Community to elaborate a system of delayed orgasm. Apart from this basic physiological divergency between the sexes, a considerable number of men, through pathological causes, suffer from premature ejaculation, and in addition to this being a frequent symptom of impotency, it practically prevents the woman experiencing any sensation. In the aged, in eunuchs, and in the circumcised, ejaculation is either absent altogether or delayed, resulting in slow orgasm; hence the stories that besprinkle literature of sensual women preferring men of these types have doubtless strong foundation.

V.

All attempts at defining any precise number of times for intercourse between man and wife ignore the basic principle which precludes any such attempts to make into a regular habit, like church-going, what should be a delicately induced passion. Thus Zoroaster of old proclaimed one congress every nine days, Moses promulgated by law daily intercourse during fourteen days of the month, Mohammed stipulated for once a week, Solon and Socrates were for intervals of ten days between the acts. In more recent times Luther advised two or three times a week. Most of such admonitions are the result of monogamy, which presumes, as one of its main tenets, that the woman is the property of her husband, to be used by him at his pleasure; thus in every case the stipulation is concerned solely with the frequency advisable to preserve the sexual power and bodily health of the husband. As I have already been

at some pains to point out, there should never be any attempt at coitus unless both husband and wife coincidentally desire it. Granted this simple rule, which admittedly verges on animal sexual habits, and the problem is largely solved. The only exceptions—and they are rare—are those where the sexual passion of the woman is such that the husband is absolutely incapable of satisfying it. But for every such case there are a hundred where the male, in a manner indistinguishable from rape, forces intercourse on his marital partner at times when to her it is not only devoid of pleasure but actually disgusting.

In addition there is danger of injury to the delicate membranes of the vulva. The causes are many. In the majority of instances violence on the man's part, induced through excessive passion or drunkenness, is alone responsible. Especially is this liable to happen on the first night. The vagina may be injured, and repeated acts of coitus may induce a condition of irritation which may have far-reaching consequences. Even where there is no violence there is often abrasion, and repeated coitus, coupled with ignorance, may cause much pain and suffering, culminating possibly in pelvic disease. In addition there are physiological and pathological reasons for painful coitus. A common one is disproportion of the organs, the penis being too large for the vaginal opening. Here in truth is a sorry condition and one that may lead to lifelong unhappiness. It is rare that the penis is too small, as the contractile power of the vagina promotes sufficient pressure to induce the irritation necessary for orgasm. Even more common is a diseased condition of the genitals in one partner or the other. The female, through the more complicated parts of the reproductive organs, is the more liable to disease. Apart from spasmodic stenosis of the vaginal orifice, there may be inflammation of the uterus, retrodisplace-

ment of the uterus, gonorrhœal inflammation, venereal sores, bladder disease, any one of which conditions is sufficient to render intercourse excessively painful, if not altogether impossible. In the man syphilitic sores, gonorrhœal inflammation, or phimosis will be sufficient to make penetration too painful for successful coitus.

In addition there may be induced dyspareunia or even vaginismus through sheer clumsiness on the part of the husband, or through abnormal variations in the position of the vulva, as, for instance, where the vulva lies partially in front of the symphysis pubis.

VI.

The importance of keeping the genitals clean and sweet cannot be too strongly stressed. This applies to the virgin and to the celibate as well as to those who have sexual intercourse. In the male the prepuce should be drawn back and the exposed glans washed frequently. The semen, urine and dirt which, through neglect, accumulate under the prepuce, decompose and may cause sores which simulate those of venereal disease, and make the abraded surface especially liable to venereal infection. Every girl should be taught the necessity for frequent and regular washing of the genitals. Soap and water are sufficient; if anything additional is desired, a solution of bicarbonate of soda in water (a tablespoonful to a pint) should be employed. The use of strong germicides or antiseptics is never necessary or advisable and if used repeatedly may be dangerous. The delicate mucous surfaces of the vulva, and particularly of the exposed male glans, are easily injured. Although the female vulva can withstand strong antiseptics much better than the glans penis, a toughened and insensitive surface is induced until, as

in aged prostitutes, the vulva is almost insensitive to sexual irritation.

Pregnancy does not necessarily call for continence, provided there is desire on the part of the female, that she is willing to risk the possibility of dislodging the impregnated ovum, and that the genitals of both man and woman are cleansed before intercourse. In animals, true enough, the female, from the moment of impregnation to the cessation of lactation, avoids and indeed repulses the male. Savages for the most part avoid coitus, but this avoidance is mainly for fear of injuring the growing foetus, it being a common idea that the semen has an injurious if not absolutely destructive effect. The thesis has a basic truth, for modern medical knowledge is against intercourse during pregnancy owing to the liability of inducing abortion or malformation.

Where, however, there is neglect of hygienic measures on the part of either the man or the woman, there is risk to the male partner. Through the acidity of the vaginal secretion during menstruation the covering of the glans and the lining of the foreskin may be inflamed or infected. It is in this way that balanitis, posthitis and balanoposthitis are often induced.

But despite medical advice and religious taboo, it is a fact that few married couples are absolutely continent at any period other than the interval of accouchement ranging from five to six weeks in duration. With a monogamous system of marriage it would be impossible to prohibit such intercourse without advocating and encouraging prostitution. Additionally the woman in many cases is as eager for intercourse as is the man, especially if she has been adopting methods to prevent pregnancy. The blow has fallen, and thus for a time coitus can be performed freely with impunity, while the attendant risk of inducing abortion is welcomed rather than otherwise.

CHAPTER IX.

Continence.

I.

IT would appear to be customary in a sexual guide to dilate on the advantages of continence in the unmarried, and to wind up with a horrifying survey of the huge crop of diseases, weaknesses and forms of insanity that surely follow in the track of sexual indulgence outside the married state. In the main, these condemnations and exhortations are from the pens of the clergy or medical writers who either look on the matter entirely from a moral standpoint or for other reasons are averse to the expression of any views opposed to orthodox opinion. The danger of contracting venereal disease is in practically every instance stressed, but this after all is outside the question as to whether continence is or is not harmful to the individual.

This question is invariably obscured by religious and moral aspects. The earlier Christian concept that virginity in woman and celibacy in man were in all cases to be exalted above marriage was followed by the preferment of chastity outside the married state. This is the present-day attitude not only of the Christian church but of moralists generally. But in their advocacy of it the theologians preach two opposed doctrines. Did they confine themselves to preaching the value of continence *per se* one could understand their attitude. But they do no such thing. To do this would be to discountenance marriage altogether after the manner of the sixteenth-century theologians. Manifestly to-day this would never do. Similarly, they cannot denounce incontinence in the marital state, for is

not one of God's precepts, "Be fruitful and multiply"? What to do then? The problem is a pretty one and is approachable in the manner beloved of theologians the world over, to wit, by compromise. *Ergo*: outside marriage intercourse in any form is a sin; in the married state it is a virtue.

Now in the old days when there was unhesitating acceptance of every drop of manna that fell from the lips of the clergy, this was all well and good. But those days are gone. There may be in the wilds of Tennessee; in the ranks of the revivalists; amongst the concert parties of the Salvation Army, individuals who are willing to hear without giving vent to a rousing horse-laugh the self-contradictory concept of coitus being harmful in the single state and beneficial in the married state. But in the overpowering bulk mankind shed its capacity for swallowing such bald statements when it started questioning the Adam and Eve fable. In consequence it treats with frank unbelief the idea that a biological process which is evil, sinful and harmful before marriage becomes virtuous and beneficial through the mere chanting of a few words out of a prayer book.

II.

Obviously the religious view must be entirely disregarded. It is a prejudiced, an illogical, a sentimental view. The question with which we are concerned is whether continence is harmful or beneficial. The distinction drawn by the clergy between celibacy and marriage may be ruthlessly thrust aside; though as we shall see later there may be circumstances where continence after marriage may be harmful, but for a reason altogether ignored or overlooked both by the clergy and the public.

In medical circles there is much disagreement. From the time of Hippocrates to that of Sir Arbuthnot Lane medical literature abounds with diatribes on the beneficial effects of coitus. So famous a sexologist as Krafft-Ebing considers continence a cause of nervous disturbance; Nystrom held that "complete abstinence during a long period of years cannot be borne without producing serious results both on the body and the mind"; Schrenck-Notzing considers "the best cure for Onanism¹ . . . lies in regular sexual intercourse"; Freud finds angstneurosis results from sexual abstinence; Duncan² recommended intercourse in cases of amenorrhœa; Tilt, quoted by Havelock Ellis,³ says:—

"When we consider how much of the lifetime of woman is occupied by the various phases of the generative process, and how terrible is often the conflict within her between the impulse of passion and the dictates of duty, it may be well understood how such a conflict reacts on the organs of the sexual economy in the unimpregnated female, and principally on the ovaria, causing an orgasm, which, if often repeated, may *possibly* be productive of subacute ovaritis."

Sir Arbuthnot Lane states emphatically that the absorption of the male's secretion by the female during coitus has pronouncedly beneficial effects.

In the opposite camp are to be found equally noted gynæcologists and sexologists. Rohleder was one of the first to question the ill-effects of continence, stating that any evil results are never permanent; John Foster Scott says "perfect continence is quite compatible with

¹ Schrenck-Notzing here uses Onanism wrongly; he is obviously referring to masturbation.

² Writing in the *Medical Times*, February 2, 1884, Matthews Duncan says sexual excitement is "the only emmenagogue medicine that I know of."

³ Havelock Ellis, *Studies in the Psychology of Sex*, vol. iii, p. 230.

perfect health"; Nacke, according to Havelock Ellis, maintains:—

"That sexual abstinence can, at most, produce rare and slight unfavourable results, and that it is no more likely to produce insanity, even in predisposed individuals, than are the opposite extremes of sexual excess and masturbation. He adds that, so far as his own observations are concerned, the patients in asylums suffer scarcely at all from compulsory sexual abstinence."

Bryant's opinion is emphatic:—

"The student should remember that the functions of the testicle, like those of the mammary gland and uterus, may be suspended for a long period, possibly for life, and yet its structure may be sound and capable of being roused into activity on any healthy stimulation. Unlike other glands, it does not waste or atrophy for want of use."

Hegar, according to Kisch, says he has never come across a case of nymphomania through repression of the sexual impulse, that the belief that continence in women causes mammary, uterine and ovarian tumours is mere fable, and that to the contrary "gratification of the sexual impulse, and more particularly the reproductive process, give rise in women to the formation and growth of tumours, cause numerous mechanical disturbances, and open the way to infection with various pathogenic organisms."

There is, however, a third school, the members of which are not so dogmatic in their assertions one way or the other. Thus Hoche asserted that abstinence, though harmless in normal individuals, may not necessarily be so in abnormal persons; and the consensus of authoritative medical opinion would appear to be that while continence is harmless for the young, it is inadvisable after the ages of twenty-five to thirty, an

opinion in which the incidence of moral and religious dogma seems evident. It is apparent, too, that much confusion exists as to what is included in sexual abstinence. The position is admirably stated by Havelock Ellis:—

“The state of ‘sexual abstinence’ is a completely vague and indefinite state. The indefinite and even meaningless character of the expression ‘sexual abstinence’ is shown by the frequency with which those who argue about it assume that it can, may, or even must involve masturbation. That fact alone largely deprives it of value as morality and altogether as abstinence. At this point, indeed, we reach the most fundamental criticism to which the conception of ‘sexual abstinence’ lies open. Rohleder, an experienced physician and a recognised authority on questions of sexual pathology, has submitted the current views on ‘sexual abstinence’ to a searching criticism in a lengthy and important paper. He denies altogether that strict sexual abstinence exists at all. ‘Sexual abstinence,’ he points out, in any strict sense of the term, must involve abstinence not merely from sexual intercourse, but from auto-erotic manifestations, from masturbation, from homosexual acts, from all sexually perverse practices. It must further involve a permanent abstention from indulgence in erotic imaginations and voluptuous reverie. When, however, it is possible thus to render the whole psychic field a *tabula rasa* so far as sexual activity is concerned—and if it fails to be so constantly and consistently there is no strict sexual abstinence—then, Rohleder points out, we have to consider whether we are not in presence of a case of sexual anæsthesia, of *anaphrodisia sexualis*. That is a question which is rarely, if ever, faced by those who discuss sexual abstinence.”⁴

⁴ Havelock Ellis, *Studies in the Psychology of Sex*, vol. vi, p. 196-7.

Later we shall see, when we come to lay bare the real position, how true are these remarks of Rohleder. There is, however, a point which seems to have been consistently overlooked by those who affirm that continence causes pathological and neurotic conditions. It is this. May not the diseases which are thought to be induced by continence be the *causes* of sexual abstinence or even of sexual anæsthesia? The recent researches of Blair Bell have proved conclusively that the sexual condition of any individual is the result of the whole glandular system of that individual and not, as has been thought for so many centuries, the functioning of the ovaries or the testes alone.

It is popularly believed, and indeed the theory is backed by much medical authority, that in the male sexual abstinence incidentally induces impotence. In this respect Acton says:—

“I have been consulted by persons who feared, or professed to fear, that if the organs were not regularly exercised they would become atrophied, or that in some way impotence might be the result of chastity. This is the assigned reason for committing fornication. There exists no greater error than this or one more opposed to physiological truth. . . . I may say that I have, after many years' experience, never seen a single instance of atrophy of the generative organs from this cause.”

Huhner, from whose admirable treatise this quotation is taken, himself says: “I believe with Sturges that continence is never a cause of impotence.”

III.

As I have already endeavoured to show there is no such thing as a sexual instinct. Once is grasped this fundamental fact the realisation that continence *per se* is harmless is certain. But it by no means follows that

there may not be circumstances where continence may be harmful. Thus continence before marriage and continence after are two abysmally different things.

Provided a young man or a young woman has never experienced sexual excitement, continence cannot have the slightest harmful effect. By sexual excitement, however, is meant something far wider than actual coitus. It is precisely here that so many writers on the subject have been led astray. Apart from masturbation and perversive practices, sexual excitement is induced through intimate contact between the two sexes. Kissing, petting and all the other arts of love-making induce sexual excitement, and so far as their effects on the individual in arousing passion are concerned they are every whit as effective as is coitus. In every individual in whom sexual excitement is aroused in any one of these ways the possibility of the avoidance of actual intercourse being harmful obtrudes itself. But where, through deep and abstract study, anchoritism or other methods of isolation, contact with the other sex is avoided both in *thought* and practice, there is, as regards men, very little danger of any evil results ensuing, and as regards normal women no danger at all.⁵

Once let sexual excitement be thoroughly aroused and the tale is a different one. Physiologically and psychologically the effects of long-continued repression of aroused sexual desire may be harmful, and in certain cases seriously so. Obviously, therefore, no general rule can be made. Each case must be considered

⁵ There are certain abnormal cases connected with celibate women in which the benefits of coitus are indicated. In instance, amenorrhœa physiologically induced. Medical men in such cases recommend early marriage. They cannot recommend anything else. Were they to suggest coitus apart from marriage the gates of wrath would with a vengeance be let loose on them.

individually. The young man who has no immediate contact with women, who has acquired no sexual perversions or masturbatory practices, cannot possibly suffer any harm from sexual abstinence. Such cases are, however, comparatively rare. For one such case at twenty-five years of age there are a hundred who have either masturbated or had normal intercourse. In these the question of whether or not subsequent continence is harmful or otherwise resolves itself into a question of the degree of sexual activity of the individual concerned; it is really a matter of glandular activity, coupled with powers of mental discipline. But while men who before marriage have had no experience of coitus or allied sexual practices are few, women without such experience are plentiful. The average girl before marriage has little or no idea of sexual passion; in the huge main it is only after the first coital act that passion is aroused.

Thus we arrive at the conclusion that in cases of aroused sexual passion, unless the individual is able absolutely to submerge all such passion by normal methods, it is far better that sexual satisfaction should be secured by coitus than that it should be repressed or perverted. From sexual congress, so long as excesses are avoided, no injury of any kind can or will result. It matters not whether the sexual act is performed with one's own wife or with a *fille de joie*, if it is repeated too often its cumulative effects will be injurious. The inference is obvious. It all depends upon the capacity of the individual, and, as we have seen, this varies enormously in men. With women it is on an entirely different footing, for here there is little danger of exhaustion. No woman, apart from an actual invalid, is likely to be exhausted before her partner. Undeniably, though, there is far more likelihood of the single man addicted to promiscuous amorous adventure

being guilty of excess than the man who is married and sticks to his wife. The power of strange women to arouse tumescence is enormous.

It is idle to deny, however, that there are a not inconsiderable number of men and women in whom sexual passion is hugely developed. Usually these individuals marry early, or failing this, they either have promiscuous sexual intercourse or become sexual perverts. The few do no one of these things; they rigidly repress their passions, becoming moral eunuchs. It is in the ranks of these that the self-enforced continence plays what can only be described as havoc. Many such become professional puritans and moralists, religious fanatics, reformers. Their thoughts are always concerned with sexual matters; their own abstinence is the result of fierce and constantly enforced repression. In consequence, they read into every other individual's mind the thoughts that dominate their own; they stress the need for universal repression on the lines of the repression they themselves find essential. It is this repression that has led to the birth of many a saint, the founding of many a religion. The intensity of sexual desire is indicated in the methods adopted by many saints and religious devotees to keep it in check. Thus, according to Lea,⁶ St. Magdalena de Pozzi was in the habit of rolling on thorns to the point of bleeding to repress sexual passion. In many cases asceticism is merely perverted sexuality, as is indicated in religious flagellation, sexual visions, and the orgies of the Königsberg pietists.

It must be remembered that though obscured by centuries of civilisation, behind every form of asceticism is the sacrificial cult. In the early days of Christianity, as of all other religions, the idea of

⁶ Lea, *Sacerdotal Celibacy*, vol. i, p. 124.

pleasing God was the sacrifice of something that one held dear or took pleasure in. Sexual gratification was recognised as the highest form of pleasure, hence its denial represented the highest form of asceticism. But this denial was no easy affair, in the voluptuous it was intensely difficult; hence the mutilations, the self-torture, the rough clothing, the poor food, the celibacy, the fasting, the solitude. St. Anthony, St. Armelle, St. Catherine and a dozen other saints and mystics were sensual individuals in whom the repression of their sexual appetites led to religious insanity. Everyone in whom excessive functioning of the glands governing sex is deprived of its normal outlet becomes a potential St. Paul or Mohammed. Similarly every religious fanatic is a potential Sadist or Masochist.

CHAPTER X.

Variations in Sexual Appetite.

I.

THERE are indications that the human being is in an imperfect state of sexual development. Biological study reveals the fact that while the tendency of all life is towards the complete differentiation of the sexes, the human being, representing the highest present stage of development, still remains potentially bisexual. The complete man and the complete woman are and always have been inexistent.

The precise degree to which is developed the latent masculinity in women or the latent femininity in men is dependent on the metabolism of the individual, in turn controlled by the internal secretions. Dead and buried is the old myth of the ovaries in woman and the testes in man being alone responsible for femininity and masculinity. Blair Bell smashed the old theories to fragments ten years ago.

Let these internal secretions fail to function properly, let there be atrophy of one or more, or conversely development of some other, and one never knows what perverse or abnormal sex manifestations will develop. Some obscure physiological tampering with the thyroid may bring into existence another Mohammed; a deficiency in pituitary secretion may create a second Dr. Crippen or a Gilles de Rais.

The man who, through some abnormal activity of his internal secretions, is so femininely developed as to be averse to heterosexual love is the typical homosexual. His inversion, as it is called, is something for which he is no more responsible than is a deaf man responsible for his acoustical deficiency. But while the normal

individual looks upon the one with pity, to the other his attitude is one of disgust. Similarly with the woman whose latent masculinity is developed to such an extent as to suppress and subdue her femininity, she is a pronounced homosexual, and in consequence finds herself shunned by society.

All of which goes to prove that sexual power and coincidentally sexual appetite are not things for which the individual is primarily responsible; they are the results of physiological and pathological conditions. Were this basic fact thoroughly grasped and all its implications taken into full account there might possibly be some diminution in the number of tragic marriages and likewise some reduction in the number of divorces. For the signs of excessive masculinity or excessive femininity are there for the seeing, particularly after a protracted courtship. Very nearly every other characteristic can be skilfully covered up, and, as regards personality in the vast main, discovery and disillusion must always come after actual marriage. But here is the exception. It may be taken as a fact that the man who is very masculine in appearance, that is, who has strongly developed secondary sex characteristics, will be of an intensely passionate nature, and unless married to someone verging on a nymphomaniac, will either lead her a life of misery through excessive coitus or will seek consolation in extra-marital intercourse. In such a man the production of spermatozoa goes on at a rapid rate, there is, every couple of days or so, actual distension of the seminal vesicles, causing an overpowering desire for coitus. It is useless to condemn the man. One might as well condemn him for the desire to micturate when the bladder is in a state of distension. Repression in such a case is an evil, and in consequence either in normal coitus, by masturbation, or emissions the distended seminal vesicles must be relieved.

It is a penalty of civilisation that with its development is a vast extension of sexual appetite. Even in animals and primitive man sexuality to a considerable extent is dependent on nutritive factors. The inhabitants of tropic and temperate climates are far more prone to seek sexual pleasure than are those of arctic regions; the man or the woman on the verge of starvation is disinclined for sexual congress. The rutting season of animals is the season of Nature's harvest. Domestic animals, which rarely suffer from deficiencies of nutrition, copulate far oftener than do wild animals; animals confined in Zoological Gardens develop sexual appetite far in excess of their natural desire for intercourse. True, they rarely breed, but it is important to avoid confounding fecundation with sexual appetite. The one bears not the slightest relation to the other.

II.

In man satyriasis is by no means uncommon. The victims of it are observable in every rank of society, and at all ages from puberty to actual senility. Married, the man will continually force his wife to have intercourse, and when she refuses will seek extra-marital outlets for his inordinate sexuality. Wulffen, quoted by Huhner, mentions an old man of seventy years who forced his young wife to perform the coital act ten, fifteen and twenty times a day. Satyriasis induces, too, abnormal and repulsive practices, ranging all the way from public masturbation to offences against young children. With the exception of those cases where Shunammitism is indicated and where the belief that intercourse with a virgin is a cure for venereal disease, practically every case of rape or of an offence against a child is the result of satyriasis in the man or boy responsible.

The analogous condition in woman of nymphomania, in comparison, is rare; though where existent it goes, of course, to much greater lengths than is possible in man. All such women are polyandrous, and many, sooner or later, become prostitutes. History bristles with instances. Messalina, Agrippina, Livia, Aspasia, Poppæa, and, coming to more recent times, Marguerite of Navarre, Catherine the Great. If the statement of Marcus Antonius is anything to go by, Soranus visited a brothel where she successively had intercourse with 106 men.

The influences of custom and religion must not be overlooked. In certain countries, ages and cults, the publicity and promiscuity of the sexual act have excused, encouraged and developed satyriasis in men and nymphomania in women. Thus Cook tells of a queen in Tahiti witnessing and directing sexual congress between a native and an eleven-years-old girl; public copulation is no rare thing amongst the Kaffirs in their native villages; in the writings of Herodotus and Athenæus there are indications of coitus performed openly; in the Bible there is a similar reference; the Adamites and the Turlupins featured public sexual congress in their religious dogmas.

CHAPTER XI.

The Decline of Sexual Feeling.

I.

IN considering the decline in sexual feeling it is vitally important that the distinction should be realised between sexual desire and reproductive power. Rarely is this distinction thoroughly taken into consideration. With the coming of the menopause in woman and the beginning of senescence in man, there is cessation of reproductive power. By the laity this is taken to mean that sexual activity also ceases. The error, for error it is, is a big and far-reaching one. Sexual activity by no means necessarily ceases. It may not even weaken. In many cases desire for intercourse is intensified.

It is readily to be seen that the cessation of sexual power unaccompanied by a corresponding loss of desire is a serious affair, an affair which may easily bring in its train disastrous results. It is bad enough in the case of a single man or woman, it is liable to be a thousand times worse in the case of the married. For here there are two parties to the contract, and it is smacking of the miraculous for both to be affected in precisely the same way at the same time. Forel mentions a case of inordinate sexual appetite in a senescent. He says:—

“ I was once consulted by an old woman of sixty-five, who complained of the insatiable sexual appetite of her husband, aged seventy-three. He awakened her every morning at three o'clock to have connection, before going to work—he repeated the performance every evening and also after the midday meal.”

II.

The atrophy of the sexual organs in man is a period of immense significance. The full significance of this change is rarely realised. It has not as yet received the attention of medical men: only the Freudians have grasped the fact that it is accompanied in many cases by profound psychological disturbance.

The reason for this neglect is clear. The decline of sexual power in man is not, as in woman, accompanied by any marked physiological changes: the cessation of certain glandular secretions in the body being unaccompanied by any external and observable changes is entirely ignored.

It has already been stated that sexual passion and sexual power are by no means coincident. The one can exist without the other, and does. But whereas sexual power divorced from desire or passion is relatively unimportant, the converse by no means holds good. Indeed, it is the presence of desire or passion without power that so often has tragic consequences.

There are, of course, marked exceptions, but, generally speaking, man's sexual power begins to decline rapidly after fifty, usually becoming extinct at sixty. He may be sterile long before he is impotent, but that troubles him little; he is probably entirely unaware of it. Impotency, partial or complete, on the other hand, bothers the sensual old man a good deal. It is at this time that trouble comes. In many cases he is unable, and in other cases does not wish, to control his passion. If married he may suggest or attempt unnatural sexual practices which in many instances will fill his wife with disgust and probably be met with firm refusal. In consequence he seeks out prostitutes who will give him the pleasure for which he craves.

Many old men realising, before the actual loss of

sexual power, that they are getting near the end, so far as amorous adventure is concerned, burst out into orgies of sexuality. It is at such periods that aged bachelors marry or arrange temporary alliances with young women. It is similarly at such periods that they commit offences against young girls and boys.

In numerous instances the supposed increased libido is merely pathological, the result of inflammation and irritation of the prostate.

III.

Nearly every woman dreads the coming of the menopause. The tales which are exchanged freely by the married of the trouble that is looked upon as inseparable from the change of life, decorated with references to numerous cases of insanity resulting therefrom, are sufficient to cause anyone to anticipate with horror the coming of this transitional period.

Strictly speaking, the menopause means the cessation of menstruation, but it is used to indicate the whole period of change from the time when the regularity of the menses is first disturbed to their actual complete stoppage; a period which may vary in extent from one to three years. Usually commencing at forty-six to fifty, there are wide variations. Generally speaking, and contrary to the popular idea, the earlier the commencement of menstruation the later the menopause; also, women who have borne children usually continue to menstruate years longer than do sterile or nulliparous women. In mothers who suckle their children there is apparently some delay; on the other hand, abortions, disease, weakness, dyspareunia, seem to have the opposite effect. Gallant, who has given the subject much attention, states that normally where menstruation appears at the age of ten the menopause should not

occur until fifty to fifty-two; while where no sign of menstruation appears until twenty the probability is that the monthly flow will entirely cease at thirty-two. Many cases of abnormally early menopause have been recorded. Kisch gives a case where menstruation ceased at twenty, and another case as early as seventeen; Crossen mentions a woman who, after bearing three children, stopped menstruating at twenty-three; Novak records a similar case. Marked obesity seems to induce early menopause. On the other hand, even more numerous are the cases of prolonged menstruation. Thus Sumpter records a case of menopause at eighty; Battey gives one at ninety-three; and Neuman one at one-hundred-and-four. But menstruation is rare after fifty-five.¹ In all cases of delayed menopause the presence of pelvic disease should be suspected.

Although by reason of its spectacularity the cessation of menstruation, with the concomitant inability for further child-bearing, are looked upon as *the* features of the menopause, there are many more changes. It is as a result of these other automatic changes that menstruation ceases and reproduction becomes impossible. To the superficial observer there is, apart from such cases as lead to marked obesity, little alteration in the woman's external appearance. But the atrophy of the genitalia, both external and internal, is marked. The ovaries become dull, wrinkled, hard and shrink remarkably; the Fallopian tubes shrivel; the uterus becomes shrunken; the os narrows; the vagina contracts to such an extent that in the case of a virgin or an unmarried woman with little sexual experience, intercourse becomes

¹ There are indications that climatic and other environmental conditions have some effect on the age at which menstruation ceases. Kisch gives the following figures: Lapland, 49·4 years; Norway, 48·9; Germany, 47; England, 46·1; Russia, 44; Austria, 42·2; London, 45·5; Paris 43·65; Vienna, 43; Berlin, 47.

difficult and often altogether impossible; the clitoris becomes small; the labia thin and skinny; the mucous membrane of the vulva is emaciated, pale, and the opening wide and shapeless; the mons veneris becomes thin; the pubic hair roughens and falls out in patches.

Usually there is marked and rapid fatty accumulation, especially in the abdominal regions. Occasionally the nates develop to such an extent as to simulate the notorious fat rump (*steatopyga*) of the Hottentots.

These changes are gradual and stretched over a period varying from one and a half to three years. The patient is largely unconscious of their occurrence. Were it not for irregularities and the ultimate stoppage of the menstrual flow there are many women who would go through the period of menopause with little discomfort and probably without any realisation of what actually was taking place. On the other hand, numerous women are severely incommoded and not a few are actually ill.

The symptoms are many, varying in intensity enormously in different women. Highly-strung nervous individuals, particularly those who have led idle, artificial lives and those who have suffered severely at their menstrual periods, are likely to be more seriously affected than others.

Usually the first indications of the commencement of the menopause are intense hot flushes of the head and body, often accompanied by copious sweating. These flushes are generally of brief duration, following each other at short intervals. At the same time there will probably be scanty menstruation, or a month or two months continuously may be entirely skipped. It is rare that there is any sudden complete stoppage; the cessation is usually gradual, the flow becoming scantier at each period until it stops altogether.

Often there is marked irritability, especially in ex-

citabile women. Constipation, headache, flatulence, vertigo, palpitation of the heart, urticaria, pruritus, tachycardia are all common symptoms. There may, in addition, be venous congestion causing bleeding piles, *prolapsus uterus*, *pruritus vaginæ et vulvæ*, and *arthritis urica*. Usually there is considerable abdominal enlargement, and this in connection with the cessation of menstruation, breast enlargement, through the general increase in fatty deposits, and intestinal troubles, causes many a woman to think she is pregnant.

Actual insanity, despite the alarming stories retailed by old women well past the climacteric, is rare. Often there is some hysteria and much depression, but seldom does this degenerate into insanity. In fact, it may be safely asserted that, apart from cases of advanced syphilis, there is no need for expectation of insanity unless such a tendency is already existent.

Much divergence of opinion exists as to whether or not menorrhagia and metrorrhagia are usual symptoms of the menopause. Some, and especially writers of the older schools, include both in the list of symptoms, but recent medical research inclines to the belief that both are pretty certain indications of pathological trouble. Here is indicated the real danger attendant on the menopause; to wit, the danger of malignant tumours of the ovaries, uterus and mammæ, especially carcinomatous disease of the uterus.

It should be thoroughly understood that any abnormal condition is probably pathological; the idea that excessive vaginal discharges, whether bloody or leucorrhœal, are normal symptoms of the menopause is a common if not often tragic error. It cannot be too strongly urged that the persistence of heavy discharge, and particularly any extension of it, is indicative of grave trouble; normally there should be a gradual diminution in the quantity and duration of the menstrual

flow. Crossen affirms that any discharge, bloody or leucorrhœal, during the menopause is a certain indication that something is wrong. In this connection, too, Emil Novak says:—

“ . . . it can scarcely be said that the menopause in itself is never responsible for menorrhagia or metrorrhagia, although it cannot be too strongly emphasised that such an explanation for the bleeding should never be assumed until more dangerous anatomical causes are excluded. This applies especially, of course, to cancer, which so frequently manifests itself first at this stage by excessive menstruation.”²

This opinion is endorsed by Polak:—

“ The occurrence of menorrhagia or metrorrhagia at or after the menopause is to be looked upon with suspicion, for fifty per cent. of the women who begin to bleed from the uterus after the establishment of the menopause have some form of malignant disease of the uterus.”³

And further the same authority asserts:—

“ Menorrhagia is uncommon. Metrorrhagia is always suggestive. Any hæmorrhage occurring after the menopause should excite suspicion, and intermenstrual bleeding in women over thirty-five years of age is especially significant of cancer.”⁴

It is highly important that during the whole period of the menopause overfeeding should be avoided. Special efforts should be made to keep the genital organs perfectly clean; any neglect of this important point may and probably will cause pruritus. Coitus should only be indulged in at rare intervals, if at all.

² Emil Novak, *Menstruation and its Disorders*, Appleton, 1921.

J. O. Polak, *A Manual of Gynecology*, 3rd. edition, Philadelphia, 1927.

⁴ J. O. Polak, *ibid.*

IV.

As I have already pointed out, women in the vast majority, and men, too, for that matter, hold firmly to the opinion that sexual appetite finishes with the menopause; ninety-nine out of every hundred persons think that the woman of fifty, like the man of sixty, is incapable of the sexual act. They confuse the decline of reproductive power with sexual libido.

It is quite possible for a sterile man or a sterile woman to perform, and to perform pleasurably, the act of coitus. Reproduction, contrary to the popular idea, has nothing to do with it. The woman after the menopause is almost always sterile, her ovaries have ceased to function. Despite the fact that her sexual organs are considerably atrophied, she is still, apart from exceptional cases, able to have intercourse, and in numerous instances her desire is greater than during her reproductive life. Similarly in many instances her enjoyment is greater.

Although monumentally rare there are recorded cases of pregnancy after the menopause, though it is obvious there can have been no real cessation of ovarian activity. Dixon Mann mentions a woman in whom the menopause occurred at forty-eight giving birth to a child at seventy-two; another in whom the menopause occurred at fifty-one giving birth at fifty-nine; Pearson instances the mother of nine children giving birth to a tenth infant one year after the menopause.

Very many married women during their reproductive years deliberately suppress their libido. They avoid coitus whenever possible, they go to every length to prevent actual orgasm, on every occasion their pleasure is to some degree marred by the dread fear of repeated pregnancies. In each such case the menopause over, a millstone is lifted from the woman's neck, she feels she can go the limit and enjoy herself unrestrainedly.

For similar reasons the unmarried woman may indulge in sexual relationships and give vent to a libido which, through fear of pregnancy revealing her moral lapse, has been repressed. There are, too, a number of virgins who, realising that they are missing one of the biggest things in life, with the coming of the menopause strenuously attempt to make up for their lost years.

Another reason is a purely pathological one. Often at the period of change there is considerable local inflammation and irritation of the uterus, vagina and vulva. This gives rise to increased libido just as in man does an inflamed prostate or urethra. It is mainly owing to this irritation that so many women first commence masturbation during the menopause.

This development of sexual appetite may have tragic consequences. It may be quite impossible for the husband to satisfy the demands of his wife. Even if still potent he may be unable to satisfy her, but if impotent, as so many men at fifty and sixty are, the position is a terrible one. It must be remembered that whereas a woman beyond the reproductive age, even though she be devoid of desire, can have intercourse, a man in an analogous period is rarely able to do so. An impotent man is incapable of coitus however much he may desire it. It is this tremendous difference between the sexes that is responsible for so much of the unhappiness of married life.

CHAPTER XII.

Impotence.

I.

IN man impotence, partial or complete, is common; in woman it is rare. Impotence, which is primarily due to some temporary or permanent defect which prevents copulation, is not to be confounded with sterility. Impotency constitutes grounds for divorce and indeed frequently leads to it. It causes much unhappiness in married life; in both single and married it gives rise in the individual to feelings of great depression and disappointment.

Although erection is primarily a reflex action, and in primitive life, with the increased sensitiveness of the genitals, is rarely anything else, civilisation has substantially altered this: emotional disturbance acting on the lumbar centres may either prevent or precipitate the sexual act. To some extent, however, this cerebral action is one-sided, for whereas it can prevent coitus where there is no organic impotence, it cannot, however great may be the desire or passion, bring it to fruition where physical impotence is present.

In the male the causes of impotence, which are many, are classifiable under two heads: (a) congenital; (b) acquired.

By congenital is indicated some malformation of the genitals; thus: entire absence of penis; penis adherent to scrotum; atrophied penis; shortness of the frenum. These conditions are extremely rare. According to Gyurkovechky, quoted by Bloch, out of six thousand men fit for military service there were only three cases of congenital defects indicating impotence.

But if congenital impotence is rare acquired impotence is startlingly common. It may be due to amputation or mutilation of the penis or testicles, as in eunuchs;¹ or the cause may be some diseased condition of the genitals. In ninety-nine cases out of a hundred where impotence is present during the productive years it is due to disease.

Thus impotence may be organic or psychic, and it is a matter of some importance what precise kind it is. Where the cause is physical deformity, such as entire absence of penis, its mutilation or malformation, anorchidism, there can of course be no cure.

The distortion resulting from induration of the corpora cavernosa, mostly occurring in the aged, may interfere with or altogether prevent coitus. So, too, may shortness of the frenum, syphilitic orchitis, chordee, stricture, calculi of the prepuce; but in nearly every instance such cases are amenable to surgical or therapeutic treatment.

By far the most prolific cause of organic impotence is gonorrhœa, some authorities estimating that it is responsible for at least fifty per cent. of the total cases in both men and women.

Spasmodic impotence is, however, far more common than organic. In fact, it may be safely asserted that during his reproductive life there is no man who is not at certain times impotent. The causes are so many and individuals vary so tremendously.

Anything which interferes with the rush of blood into

¹ It is noteworthy that sexual desire is not killed with the excision or destruction of the testicles; in eunuchs it persists for years on end. Even the power to perform coitus persists where the testicles only are removed. Excision of one testicle does not affect the sexual appetite or power. The extinction of all sexual power is only observable in eunuchs who were castrated *before puberty*; in such cases there is arrestation of the development of the secondary sexual characteristics, the hastening of senescence and early death.

the corpora cavernosa, or the contraction of the muscles at the root of the penis, preventing the rigidity of the penile organ being complete or of sufficient duration, is a cause of impotence. Tumours or elephantiasis of the penis, hydrocele, hæmatocele, hernia, hypospadias, diabetes mellitus, Bright's disease, syphilis and gonorrhœa all induce impotence. So on occasion does mumps. Excessive obesity often makes the act of coitus a physical impossibility.

It is rare to a degree that the penis is too small. Such cases as have been instanced are where a man with an extremely small organ is married to a woman whose vagina has lost its contractile powers through much child-bearing or through atrophic disease.

While impotence from congenital causes is always, and, in the case of many diseases, usually permanent, there are thousands of cases of temporary impotence. While the sexual powers of individual men vary enormously, some men secreting far more seminal fluid than others, there is naturally a limit. Thus excessive sexual indulgence brings in its train temporary impotence; so, too, does excessive masturbation. Fatigue, much mental-work,² or anything which causes a lowering of the vitality is sufficient to induce impotence, hence the recommendation of meat, eggs and oysters for the generation of sexual potency.

There is too a weakening of sexual power after forty-five. Admittedly the variations are great, but, generally speaking, there is a gradual diminution of seminal accumulations, and impotence can only be avoided by allowing increasing intervals to elapse between acts of copulation.

Emotion is also a copious cause of temporary

² Bloch quotes the exclamation of the girl in her disappointment :
" *Lascia le donne e studia la matematica.*"

impotence. Fear of failure, particularly in the case of those who are often temporarily impotent, is in itself sufficient: thus the effects are cumulative. Over-excitement, as instanced in men long continent and on the wedding night, often induces failure.

In woman impotence is as rare as in man it is common. There are rare instances where the vagina is entirely absent; more often it is infantile in proportions or occluded through intra-uterine disease. There may be adhesion of the labia pudendi; tough and unyielding hymen; tumours in the vagina or uterine walls. Not always will the presence of one of these conditions actually prevent coitus; but it may induce vaginismus,³ a condition where attempted intercourse is so painful that the sphincter vaginae closes spasmodically, effectually preventing copulation. In the rare event of the spasm occurring after actual entrance of the penis into the vagina, the condition known as *penis captivus* occurs, the liberation of the penis calling for the aid of a medical man.

The common notion that oöphorectomy necessarily deprives woman of the power and appetite for coitus is a fallacy. The consensus of authoritative opinion is that it does not in any way affect the sexual appetite. Kisch says:—

“Two other cases have come within my personal experience in which young women married after extirpation of the ovaries, and in whom sexual desire and sexual sensation were all that could be desired.”

There are no emotional causes of impotence in women, nor does fatigue induce any such condition, temporary or otherwise. The comparatively passive

³ There are strong grounds for supposing that vaginismus is largely psychically induced; Veit's demonstration that amongst the lower classes vaginismus is practically unknown strongly supports the thesis.

part played by many females, and the fact that libido is not an essential factor in intercourse, enables a woman to repeat the act many times with only brief intervals between each. Were it not for this fact prostitution as a profession would be impossible.

Nor does general disease affect woman's potency. So long as there is no disease or malformation of the genital organs a woman is potent until practically her dying days.

II.

Much nonsense has been written as to the effects of aphrodisiacs on impotence; even more is in oral circulation. Wherever men foregather one can hear it.

The action of alcohol on man is peculiar. Indubitably does it greatly enhance voluptuousness; but coincidentally it extends considerably the time taken to complete the sexual act and has a decidedly inhibitory effect on any repetitions. An actually drunken man is often quite impotent.

In women there can, of course, be no effect on the capacity for performing the sexual act. But there is undoubtedly a lessening of the woman's moral resistance to the loss of her virtue. Alcoholic indulgence has caused many a girl to take the first step on the road to prostitution.

Obviously sexual capacity being dependent on the activity of the secretory glands anything which will lead to their increased secretion may be looked upon as an aphrodisiac. Dancing, kissing, hugging have all decided effects on individuals of both sexes who are not *anæsthesia sexualis*. While dancing, particularly when the embrace is a close one, young men frequently have erections which are often followed by ejaculations. Analogously, though much more rarely, in girls there is a discharge from the Bartholin glands.

Similarly perfume has some effect on sexual desire, and is probably a survival of the animal response to olfactory stimuli, as evidenced so thoroughly during the rutting season. It is probable that without the response to smell the mating of animals would be considerably restricted. Schiff removed from puppies their olfactory nerves, and at puberty the dog was unable to distinguish the bitch. Further, blindness in animals does not affect sexual attraction. The Bible teems with references to the sexual attraction induced by the use of perfumes. And every successful prostitute knows their value and uses them to some effect.

The drugs that have been recommended for the treatment of impotence are legion. They figure in camouflaged advertisements appearing in popular family and health papers, and for them are claimed exaggerated and ridiculous powers of developing sexual potency. In the main they are entirely useless. If not useless they are harmful. No drug that has any effect in overcoming impotence can be taken beneficially except under medical supervision. The effect of the drug is to stimulate erection by increasing the flow of blood to the penis or by irritation of the genito-urinary mucous membrane. An overdose or prolonged use may easily work harm. Thus cantharides, a most powerful irritant, may induce gastro-enteritis, or even priapism. It was probably this drug which was employed in the famous "bonbons" of the Marquis de Sade, the "cachous" of the Duc de Richelieu, the "*pastilles de sérail*" of Madame Du Barry.

Cinchona, witch-hazel, cannabis indica, opium, ignatia, musk, sulphur, lycopodium, ambergris, yohimbine, avena sativa, have all been used and strongly recommended. The literature of eroticism teems with references to these and other lesser known drugs. In the main their effects are purely apocryphal. Thus

hasheesh (a form of *cannabis indica*) is credited with miraculous powers; cantharides figures in stories of villains seducing pretty girls; musk features in oriental amatory stories; amongst sailors and fishermen ambergris has the reputation of promoting extraordinary sexual power; in the laity generally semen from man and particularly from animals is the subject of stories rivalling those of the *Decameron* and the *Arabian Nights*.

In recent years these primitive beliefs have been resuscitated under various rococo names. Thus to-day extracts of the sex glands of animals, in various forms and decorated with fancy titles, are widely advertised and sold. Either by virtue of their supposed rejuvenating powers or their stimulation of the sexual organs alone are they indicated as having remarkable effects on impotent men. All such accounts are preposterous. Preparations of the sex glands absorbed into the system through the mouth have no more effect on sexual appetite or capacity than so much plain water.

CHAPTER XIII.

Sterility.

I.

IN itself sterility does not constitute grounds for divorce. So long as the man or the woman is able to perform the act of coitus, his or her partner, according to the law, has no case. There must, to secure divorce, be impotency, and impotency of a permanent and incurable brand.

Sterility is far more common than impotency. In fact, there is no room for doubt that the number of sterile men and women not only constitutes a very large percentage of the total population of all civilised countries, but that this percentage is constantly growing.

The artificiality of modern life, the enormous increase and spread of venereal disease, the delayed age of marriage are all factors which are affecting fertility tremendously. The popular idea that the childless marriage, where it is not deliberately sought, is due to the barrenness of the female partner is an erroneous one: in a huge percentage of cases the fault lies entirely with the male.

Where there are in the semen no spermatozoa or where the spermatozoa are either attenuated or dead, the male, although able to copulate, is sterile. This, for instance, is the normal condition of nearly all boys and a big proportion of old men. Many of the older school of observers have been led astray by thinking that the presence in the semen of spermatozoa necessarily indicates the power of fertilisation. Cooper states that an examination of the semen of a man of

sixty-two half an hour after emission revealed the fact that, although spermatozoa were present in average numbers, they were below the natural size and immotile. Krafft-Ebing considers that normally the power of reproduction in man ceases at sixty-two, but there are noteworthy exceptions.¹ There is on record a case given by Rüttel of a man having a child by his wife at the age of ninety-two; and another instance witnessed by Schneider where a man of seventy-one impregnated his seventeen-years-old wife.

As the spermatozoa are formed in the testicles, where anorchism exists sterility is absolute, and in many cases of cryptorchidism (undescended testicle) and monorchidism (one testicle) also is sterility complete.

Where aspermia exists sterility is, of course, plainly indicated. Usually the cause is traumatism or chronic inflammation, syphilitic or tubercular degeneration, tumours of the epididymis, chronic stricture, prostatic calculus. The result is that orgasm, though occurring, is not followed by ejaculation, there only being a discharge of a few drops of secretion from the glands of Cowper and the urethral follicles.

Temporary aspermia, and more often oligospermia, are very common. They follow excessive masturbation or coitus, and are indicated by failure to secure emission after erection. In certain cases the semen is present in normal quantities but cannot escape from the meatus, or if ejaculated does not reach the vagina. The condition is known as false aspermia. Usually, as in stricture, preputial calculi or chronic phimosis, the semen, instead of being emitted through the meatus,

¹ Sir S. Romilly, in the famous Banbury peerage case, urged that impotence in the husband on the ground of age was inadmissible as according to law there was no recognised limit to the fertilising powers of man. In the same case Lord Erskine referred to the case of Sir Stephen Fox who, after his marriage at 77, procreated four children.

enters the urethra, and is either regurgitated into the bladder, finally passing away with the urine, or oozes from the urethral orifice in drops when the penis has become flaccid. Urethral defects such as hypospadias, epispadias and fistulæ, or even a very short frenum, are sufficient to divert the course of the ejaculated semen, so that it is impossible for it to reach the vagina.

Sexual indulgence may also induce temporary sterility by causing azoöspemia. Thus Litégeois found on examination that spermatozoa were entirely absent from the semen ejaculated by a student after a sexual orgy lasting for ten successive days. Certain constitutional diseases also destroy or seriously weaken the spermatozoa. Thus diabetes, albuminuria, prostatitis, posterior urethritis. Similarly excessive drug-taking or alcoholism will induce azoöspemia.

Indubitably a considerable number of women are sterile. Some authorities put the figure as high as twenty-five per cent. of all married women of reproductive age, but it is manifestly impossible to secure any accurate estimate. Undoubtedly, too, the trend is for sterility to increase. Always is sterility more pronounced amongst the wealthy, idle, pleasure-seeking women than amongst the workers, and the vast general increase in the standard of living during recent years is having its effect. So great has been this increase in sterility that it has had tremendous effects on the birth-rate, effects which popular writers are attributing wholly to the practice of contraceptive methods.²

The age at which a woman marries has considerable effect on sterility. Centuries ago Aristotle drew attention to the fact that "premature marriage leads to a

² For a thorough exposition of the fallacy of this argument, which is outside the scope of this book, see the author's work, *The Truth About Birth Control*, Laurie, 1928.

scanty progeny"; a statement as true to-day as then. Similarly delayed marriage has precisely the same effects, for in both cases the ovaries are functioning defectively. From nineteen to twenty-five is woman's most fertile period. By thirty there is much diminution in fertility, and from thence onwards the chances of marriage proving barren increase enormously with each successive year of delay. The statistics relating to sterility in Scotland, during the year 1855,³ as given by C. J. and J. N. Lewis,⁴ are of much interest:—

Age at Marriage			Per 100 Wives	
15—19	15·6 sterile
20—24	1·5 "
25—29	22·5 "
30—34	32·3 "
35—39	50·0 "
40—44	87·0 "

From this it is readily apparent that the fertility of women between 20-24 is ten times greater than at the next highest period. From 24 onwards the decline is considerable; from 30 it is enormous.

In addition the interval between marriage and conception increases with age. Thus Kirsch found that in relation to 556 first pregnancies which he was able to examine:—

In 156 the child was born within				10 months of marriage	
" 199	"	"	"	15	" "
" 115	"	"	"	2 years	" "
" 60	"	"	"	3	" "
" 26	"	"	more than	3	" afterwards

³ The year 1855 is taken as being the only year in which as regards any part of Great Britain there is available complete data respecting the ages of mother and father and the order of birth of the child. In addition, in 1855, contraceptive information was restricted to the few, and the figures are therefore of considerable significance. It should be noted that for these statistics sterility was taken to mean childlessness from all causes including abortion and still births.

⁴ C. J. and J. N. Lewis, *Natality and Fecundity*, 1906.

If a child is not born within the first three years the prospects of it being born at all are very slim indeed.

The postponement may, of course, be wholly or partially self-induced; on the other hand, it may be caused by excessive coitus, where the constantly repeated sexual act during the honeymoon period and often long after causes temporary azoöspemia in the male, and congestion of the vagina and cervix inducing persistent leucorrhœa in the female; or more rarely through ignorance of how properly to perform the sexual act, as in the not uncommon case of coitus *intra femoris*.

Apart, however, from this general trend towards infertility there are many physical and pathological causes. There is also what is known as physiological sterility, which occurs in most females before the arrival of puberty, after the menopause, and usually for a short period after parturition. It is, however, unsafe to state with any pretensions to accuracy that impregnation is impossible before puberty or after the menopause. There are notable exceptions. Pregnancies have been reported in girls of ten and eight years. Dixon Mann⁵ refers to a case mentioned by Dodd where "a girl began to menstruate at twelve months, became pregnant when eight years and ten months old, and was delivered of a living child which weighed seven pounds." Numerous cases of pregnancy after the climacteric are on record. Smith⁶ reports a case of pregnancy in a woman of 53 years 224 days, which he states is the oldest authentic case he has been able to trace.

Sterility is indicated where the Fallopian tubes are absent, occluded or ligated; where the ovaries are absent, rudimentary or diseased; where the uterus is

⁵ Dixon Mann, *Forensic Medicine*.

⁶ *Taylor's Principles and Practice of Medical Jurisprudence*, 7th edition, vol. ii, 1920.

absent or diseased; where there is a chronic leucorrhœa. By far the most common specific pathological cause is gonorrhœa.⁷ Once the gonococcus invades the uterus, it quickly penetrates the tubes and through inflammatory processes produces their complete occlusion—a condition only remediable by surgical measures. The ovaries themselves are also liable to inflammation, and when affected the ovules cannot burst through the surface. Any hypertrophic condition of the cervix with consequent elongation of the vaginal fornix, causing obstacles to free access of the semen in the os, predisposes to sterility.

Any serious projection of the cervix into the vagina is liable to cause sterility. Sims considers 85 per cent. of all cases of natural sterility are the result of conical cervix. Any displacement of the cervix may induce sterility, as it is of primary importance that in fertile coitus the ejaculating glans should come into immediate contact with the external cervical os. Kisch is of opinion that this indicates why women of small height married to men of average height are usually extremely fertile. He says:—

“I have frequently heard complaints, from the husbands of such women, that a single coitus is sufficient to ensure conception; and again and again I have been informed by such women that they have had ten, twelve or sixteen children. In one such instance known to me, the wife had been pregnant 23 times, and had given birth to 19 normal children. Contrariwise, a woman with a very long vagina, and with a high position of the portio vaginalis, does not so easily become pregnant.”

⁷ Gonorrhœal urethritis in the male does not necessarily indicate sterility, but the conveyance of the infection to the woman, though not offering any obstacle to a first conception, may and usually does induce subsequent sterility.

Similarly the relatively common displacements such as malposition of the uterus; anteflexion, retroflexion and lateral flexion, through the glans penis in the act of coitus failing to come into contact with the external os, militate considerably against conception. In retroversion, anteversion and lateral version the thing equally applies.

It may be well here to note the influence on sterility of sexual excitement on the part of the woman. There are strong grounds for supposing that in numerous cases the coincidental orgasm of both partners to the coital act greatly enhances the possibility of conception. It works in this way. At the moment of orgasm the os opens, and by a sucking movement draws the ejaculated semen into the uterus. Where the cervical opening is adequate, as in all parous women, this opening movement matters little, but in many a woman with a pin-hole os, and particularly with, in addition, a considerable uterine secretion blocking it, the improbability of conception will be readily apparent. It is here that the circumcised man with his delayed orgasm is distinctly helpful in securing conception. The circumcision of Abraham indicates that the ancient Hebrews had somehow stumbled on the value of delayed male orgasm in favouring conception.

Van Swieten, physician to the Empress Maria Theresa, recognised the influence of sexual excitement on fertility, in his recommendation: "*Praeterea censeo, vulvam sacratissimae Majestatis, ante coitum, diutius esse titillandam.*"

Whether obesity *per se* causes sterility is a debatable point. As a result of an analysis of 215 cases of obese married women Kisch found sterility present in the proportion of 1 in 5. From this and the results of other investigators it is usual to give obesity as a cause of sterility. I am inclined, however, to think that Forsdike is correct in viewing the failure of so many

obese women to bear children as resulting not from their being actually sterile, but from the fact that the coital act is never properly performed.⁸

Abnormally prolonged lactation often induces temporary sterility, and in a few cases, through atrophy of the uterus thereby induced, the sterility may be permanent.

That shifting organ, the uterus, is extremely liable to displacement, which displacement in pathological cases may be permanent, or through distension of the bladder or rectum may be temporary. Not that such displacement necessarily implies sterility. It does no such thing. But in many cases it provides obstacles to the entrance into the uterus of the semen, and in many others it causes abortion of the foetus. Similarly the permanent congestion of the uterus after parturition, known as subinvolution, is particularly unfavourable to conception, and where impregnation does occur is liable to induce abortion.

Inflammation of the lining membrane of the uterine cavity, known as endometritis, which may be the result of one of the displacements mentioned, or of the presence of some infecting organism such as the gonococcus, the staphylococcus or the streptococcus, often prevents the embedding of the impregnated ovum, thus causing sterility. With this condition is often associated inflammation of the cervical canal, known as cervicitis, resulting in a chronic pathological leucorrhœa, which in a nulliparous woman effectually plugs up the os and prevents the spermatozoa gaining entrance to the uterine cavity. Indeed, any departure from normality in the secretions of the vagina or uterus may prevent impregnation. Thus profuse secretion, in addition to being extremely liable to wash away the

⁸ S. Forsdike, *Sterility in Women*, Lewis, 1928.

semen after ejaculation, has in addition through its low specific gravity an inhibitory effect on the motility of the spermatozoa themselves.

Endometritis is unfavourable to impregnation, as not only is the leucorrhœa associated with it destructive to the spermatozoa, but the condition of the endometrium is such as to prevent the embedding of a fertilised ovum. The condition indicated by atrophic shrinking of the skin of the vulva, known as *kraurosis vulva*, in any circumstances other than rape effectually prevents coitus, the dry tissues suffering severe and excessively painful trauma at the slightest attempt at intercourse.

Undoubtedly the laceration which is so common a feature of parturition, if not surgically repaired, and if associated with infection, favours the abortion of the foetus in future conceptions, though it is by no means the common cause of abortion that some gynæcologists assert. Forsdike has pointed out with truth that were laceration *per se* a barrier to pregnancy "one or two children would be the rule, for it is almost safe to say that every parous woman has a lacerated cervix."⁹ Child in this connection says:—

"Cervical lacerations associated with marked chronic cervicitis may prevent conception, but when conception occurs in such cases there is nothing in the mere presence of the lacerations to prevent the pregnancy going on to a favourable termination, with one exception, and this is when the laceration extends completely through the internal os. The uterine cavity is then left with a widely dilated opening below, through which the growing ovum prolapses by gravity."¹⁰

New growths in the uterus are frequent causes of abortion in women over thirty.

⁹ S. Forsdike, *Sterility in Women*, Lewis, 1928.

¹⁰ Charles Gardner Child, Jnr., *Sterility and Conception*, Appleton, New York, 1922.

CHAPTER XIV.

Homosexualism.

I.

HOMOSEXUALISM, or the attraction of man for man and woman for woman, is far more widely diffused than is generally suspected. It is important that homosexuality *per se* should not be confounded with unnatural sexual practices. The state of homosexuality does not necessarily imply the practice of sodomy, pederasty, tribadism, or other sexual sin any more than does the state of heterosexuality. The Greeks who practised pederasty regularly were not homosexuals but heterosexuals.

It thus becomes essential that in any consideration of the subject true homosexuality should be clearly distinguished from what Bloch terms, and I think quite rightly, pseudo-homosexuality. The one is congenital, the other is often acquired. I should say that true homosexualism is never acquired; it is the result of imperfect or abnormal functioning of the glands governing the internal secretions.

Hermaphroditism in birds and animals is common; in human beings pseudo-hermaphroditism is by no means unknown. The bisexual origin of the human race (plain indications of which are presented by the residuary female organs such as the *utriculus masculinus* and the nipple in the male; the residuary male organs such as the paroöphoron and epoöphoron in the female) leads to the presence in every human being of potential bisexualism.

It requires only interference, either congenital or pathological, with the workings of the glands govern-

ing sex to bring about a psychic reversion to the opposite sex, which reversion may or may not be accompanied with atrophied secondary sexual characteristics. The same results can to a certain degree be induced artificially, but—and here is a point of paramount importance—only by physiological alterations inducing mental disturbance, and never by mental functioning acting on somatic processes.

In ornithology and zoology the intermediate sex type, as also the natural change of one sex to another, is common, and on many occasions has been artificially induced. For instance, the male Sebright bantam is bred continuously with female tail and plumage; old hens acquire male plumage and habits through ovarian degeneration; the removal of female sex glands will bring about the development of spurs and male plumage. Again, by a simple transplantation of an ovary into a young male rat Steinach changed the type and habits to those of a female. The extent to which secondary sexual characters are affected depends largely upon the stage reached in the bird's or animal's development when the change is induced. Particularly does this apply to mammals. Genital gland atrophy before puberty leads to retarded somatic sexual development. Actual castration in infancy usually promotes something little removed from asexualism, preventing the development of mentality beyond the infantile stages. On the other hand, castration after puberty may and often does develop homosexual tendencies, just as women after the menopause frequently develop secondary male characteristics such as beards and masculine voices.

It is apparent, therefore, that in every class and grade of society there are to be found these bisexual individuals: men and women who through physiological conditions over which they have no control find

themselves devoid of heterosexual love but imbued with inclinations towards the society of members of their own sex. Such individuals in numberless instances (though there are marked exceptions) are indicated, in the case of men, by effeminate build, characteristics and habits; and in women by masculine appearance, fondness for men's games and habits, and, in particular, dress.

The bulk of these homosexuals do not practise sexual vice. They never go beyond the liking for individuals of their own sex. True enough, from this incipient attraction there often develop kissing, fondling and embracing, in turn leading to vice. Sexual vice is neither congenital nor pathological: it is acquired,¹ whether the practitioners of it be heterosexuals or inverts. There may be, however, a congenital or pathological predilection which, when once the sexual feeling is awakened or stimulated, leads to its outlet in what by heterosexuals are termed unnatural ways, but which to homosexuals are perfectly normal. In addition, there are occasional cases of pseudo-hermaphroditism in which through hypertrophy the clitoris is so abnormally developed as to be capable of use as an erectile member in coitus with another female.

It is when the heterosexual develops a liking for abnormal practices that vice is indicated. The commonness of such practices amongst prostitutes, adolescents, roués, senescents and others possessed of normal physical sexual characteristics is known to every student of sexual problems. These practices are acquired in the main from others with knowledge of them, and, to a lesser degree, in a fortuitous manner. Thus birds and animals of all kinds develop homosexual vice

¹ See Chapter VIII, p. 65, *et seq.*

through segregation, and this applies to human beings, witness the prevalence of homosexual vice in boarding schools, nunneries, prisons, barracks and on shipboard. It ranges all the way from mutual masturbation to coitus per anus, coitus in os, cunnilingus, tribadism, bestiality. Strangely enough, though *pædicatio* (coitus per anum) "either with mankind or with animals," is a criminal offence punishable by penal servitude under the Offences Against the Person Act, 1861, 22 and 25 Vict. C. 100, ss 61 & 62, tribadism does not come within the scope of the Act. It is further noteworthy that coitus in os is not an indictable offence. (See *R. v. Jacobs*: R. and R.C.C. 331.)

In certain cases the cause is distinctly pathological. Thus enlarged prostate may and often does cause sexual excess or even crime, notably in old men; also herpes preputialis may lead to perversion.

Many of these pseudo-homosexuals—for in numerous instances they are heterosexuals who prefer abnormal methods of sexual gratification—have lost the capacity for obtaining sexual pleasure through normal coitus. Senescents and roués, as a rule, through sheer limitation, confine themselves to what is little more than mutual masturbation. Prostitutes through fear of pregnancy, through the incidence of vaginismus, or in the ordinary course of their profession, occasionally adopt abnormal methods. Thus the *voyeuses* and *essayeurs* of the Parisian brothels.

II.

The attitude of mind which looks upon homosexuality as a filthy vice to be stamped out by treatment as a criminal offence, as enacted by the law of England and many other countries, at the present time, fails to distinguish clearly between homosexuality *per se* and sexual vice.

Repression, while it exists, is ever an evil, though paradoxically, in its ultimate cumulative effect, it destroys itself and propagates the very thing it seeks to suppress. The repression—partly in deference to the canons of polite society, partly by Comstockian governmental measures, but mainly by virtue of the fact that reference, and at that a surreptitious one, is in a criminal or police-court sense—of any consideration of the homosexual attitude, has given to the psychological functioning of abnormal physiological processes the spice of immorality and the subduement of crime. Thus the homosexual to-day is in a position somewhat analogous to that of the witch in the Middle Ages.

The bisexualism inherent in every human being, which is often fallaciously or ambiguously termed hermaphroditism, as Plato saw ages ago, implies the existence in each individual of two species of love. Just as between male and female in their complete and rare forms are a thousand variants, so between the complete expression of Pandemic and Uranian love are there a thousand intermediate forms. Recent research into the activities of the internal secretions has let the beginnings of glaring light on the causes of the physiological bisexualism inherent in every human being entirely irrespective of the primary and secondary sexual characteristics indicative of male and female. Thus the outwardly complete male may be largely if not wholly female. All the primary and some of the secondary sex characteristics are formed to a very large extent in the ante-natal period of development. Any subsequent alteration in the controlling secretory stream may develop or atrophy the sexual trend without causing representative alterations in the external genitals.

How far psychological processes are congenital is debatable—in the final analysis I strongly suspect they are only congenital in so far as they are largely con-

ditioned by physiological processes partly hereditary and partly the result of environmental conditions playing ante-natally on the growing embryo. Thus the child in its early years is in a pendulum-like position : its tentatively directed swing governed by physiological processes is largely at the mercy of psychologically-induced motivation dependent on education and other environmental influences. It is these influences superimposed on the physiological foundation that decide to which side of love and to what extent will be its ultimate trend.

The moralist's attitude towards homosexuality is based on two fundamental concepts with all their implications, to wit, the idea that there is existent a sexual instinct, and the idea that love implies procreation. If it could ever be generally realised that the sexual act, in its ultimate analysis, is nothing more than a tropistic act, and that the idea of procreation, though following from it, was in its incipency never consciously associated with coition, there would be the dawning of a new light on homosexuality. It is on these two fallacious concepts that Christianity has founded a code of sexual ethics, including the primary idea that anything which, viewed in association with this moral code, appears sexually abnormal is necessarily sinful. Christian theology overlooks majestically the fundamental fact that the term abnormal, intellectually speaking, is meaningless. Normal implies the functioning of the popular mind expressed in terms of its greatest common denominator. Thus Christianity may be said to constitute the normal sex attitude, and any departure from that norm, whether it functions as homosexuality or as some peculiar or isolated form of heterosexuality, becomes abnormal. A matter of a shift in the viewpoint, or shall we say a reconstruction of the norm, makes a difference vast and

profound, as is exemplified by the purely intellectual view of monogamy as abnormal.

Between heterosexual love and bestiality is a gulf of Gargantuan proportions. It is no greater chasm than between homosexual love and sodomy. Both forms of love are probably no more than psychological currents induced by variants of connected chemical processes. Whether or not in each case love will descend to vice is not so much a question of congenital forces as of environmental influence. It is when heterosexual love, by the educative and sociological forces at work, is turned to homosexual love that there is danger of degeneration into vice or crime. The yokel who found consolation with the sow when his wife was not available is a typical if lowly example of elemental forces being sent into queer channels. Similarly the influence of sex segregation in inducing the widespread sexual perversions amongst convicts and nuns, in asylums, in schools and in colleges.

The instance related by Mr. Laurence Housman of the artist who confessed: "When I see a splendid mare, I wish I were a stallion; but as a man I don't want her," is a case purely psychological in trend, tinged by no bestial impulse.

The hereditary explanation, like the pathological one, is easily overworked. Some day it will be realised how little heredity really has to do with these matters, when the eugenists will find themselves thrown precipitously on the dole. Superimposed on the functioning of the endocrine glands is the compelling environmental force, as particularly exemplified in parental influence, or lack of it, or substitution for it. Emancipated Miss 1929, as gorgeously displayed in the illustrated press, is the potential mother of a homosexual brood.

Almost universally in modern civilisation are disturbing sexual influences at work. The so-called freedom

of woman and its corollaries, the masculinity of woman and the femininity of man, are really signs of a spreading homosexual attitude. Already are to be observed by keen eyes the beginnings of a mighty change. With the reduction of sexual intercourse, in the overwhelming main, to what is little removed from a masturbatory process, the civilised concept of marriage, for all these hundreds of years under the immediate control of Christianity's powerful grasp, is visibly crumbling. There is a tendency to polygamy on the one hand, and to homosexuality on the other. In homosexuality *per se*, and all its psychological manifestations, there lies not and never has lain the slightest danger. It is in *fellatio* and *pedicatio* acquired and practised as esoteric forms of vice where danger lies. For homosexuality is not perversion. The distinction should be clearly drawn. Homosexuality implies love between individuals of the same sex; perversion implies, in addition and often divorced from any actual love impulse, the taking by one individual of the part of the opposite sex. The *pederast* is to homosexuality what the *fille de joie* is to heterosexuality.

CHAPTER XV.

Birth Control.

I.

WOMAN'S potential capacity for bearing children is tremendously in excess of her actual performance. The tendency, apart from any question of artificially-induced restriction, is towards a steady decline in the number of children borne by the individual woman. To-day in civilised countries, the cumulative result of this continuous decline is remarkable and accounts for modern contraceptive methods being credited with a degree of efficiency which in truth is largely apocryphal. Every woman is potentially capable during her reproductive years of producing at least thirty children. Kisch instances the case of a woman in 1902 having her twenty-fourth child; the wife of Albrecht I with her twenty-one children; the wife of Prince Jost, of Lippe-Biesterfeld, with the same number; he mentions the newspaper report of a woman resident in Budapest bearing thirty-two children. But, apart from exceptional cases, the number of children given to the world by the average modern woman is three.

The prevention of child-birth, contrary to popular opinion, is older than civilisation: it is almost as old as is mankind itself. Anthropological research lays bare the fact that savages of all races, apart from infanticide, which does not come within the concept of birth control, as far back as can be traced have attempted to prevent the birth of unwanted children. The whole of the methods employed may be conveniently classified under three heads: (1) abortion, (2) artificial sterility, (3) prevention of conception.

It was mainly owing to the prevalence of abortion and

infanticide that the religious fathers hit on the idea of making procreation a law of God. Thus in Genesis we read: "Even by the God of thy father, who shall help thee; and by the Almighty, who shall bless thee with blessings of heaven above, blessings of the deep that lieth under, blessings of the breasts, and of the womb." And in Psalms: "Thy wife shall be a fruitful vine by the sides of thine house." To ram home the lesson the barren woman was considered to be one upon whom the curse of God had descended. Thus: "Give them, O Lord! a miscarrying womb and dry breasts." It is largely on biblical precepts such as these that the clergy to-day denounce contraceptive practices with noisy vigour.

With the solitary exception of Russia, the civilised countries agree in making abortion a forbidden and, in most cases, a criminal practice. There are, however, many variations in the meaning given to the term abortion. In some countries, notably the United States of America, expulsion of the fertilised ovum before "quickening" is not regarded as a punishable offence; but in England any attempt, whether or not successful, to empty the uterus after conception is a criminal offence. The original Act of 1803 provided that the attempt to bring about a miscarriage¹ was punishable with fine, imprisonment or transportation; and if this attempt were made after "quickening" it was punishable with a capital sentence. This Act is now superseded by the Offences Against the Person Act of 1861, whereby the attempt to cause miscarriage, whether the woman be, or be not, with child, is punishable with penal servitude for life or not less than three years, or imprisonment for not more than two years.

¹ The term "miscarriage" is popularly applied to accidental premature expulsion of the foetus.

It is only in Christian countries and with the rise of Christianity that abortion has universally taken on the character of a crime. Savages the world over, who have practised crude abortive methods wholesale, have never looked upon it as anything but justifiable; in the classic days of ancient Rome and Greece abortion was common. Solon encouraged and permitted infanticide; Plato advocated abortion to prevent surplus population and recommended the killing of weakly children; Aristotle was in favour of abortion after the woman had procreated a few times, and even went so far as to advocate pederasty.

But whether approved or condemned abortion has always been common,² and in view of the difficulty of proving its adoption in regard to the majority of cases, common it will remain.

The number of abortions induced annually in Britain, in France, in the U.S.A. and in many other countries is enormous. No figures that are of the slightest evidential value are available, but Chandler, an authority on the subject, estimates that at least half the impregnations are never carried to term, and that of these abortions 75 per cent. are deliberately induced.

Dr. Hannah M. Stone, Medical Officer to the Clinical Research Department of the American Birth Control League, New York, affirms that "it has been estimated variously by experts that somewhere between 500,000 and 2,000,000 abortions are procured annually in the United States,"³ and quotes the following significant statement from the report on 1,655 women by the Clinical Research Department for 1925 :—

² According to Havelock Ellis, a professional abortionist, by name Mme. Thomas, who in 1891 was tried and condemned to penal servitude, admitted that in the previous eight years she had induced no less than 10,000 abortions.

³ H. M. Stone, *Some More Medical Views on Birth Control*, edited by Norman Haire, p. 236.

“Particularly striking is the number of induced abortions admitted by our patients. These totalled 1,434, varying from one to as many as forty abortions. It is not unusual to have a woman state that she has had four or five or even ten abortions performed. When we take into account the fact that women generally are afraid and reluctant to admit the occurrence of induced abortions, the total given above undoubtedly greatly under-estimates the actual number.”

Drugs are usually employed: they entail little risk of detection. The more effective method of instrumental interference, which in unskilled hands is extremely dangerous, is avoided by all but the most daring abortionists. Washing soda, nutmeg, diachylon,⁴ aloes, ergot, quinine, saffron, rue, oil of tansy, permanganate of potassium, borax, castor oil and pennyroyal are all drugs widely used by women to avert pregnancy. Webster stated that “in certain trades young women have found out the trick of eating white rice in order to stop their periods.”

In savage tribes drugs are occasionally used, such as *cajanus indicus* and other cathartic herbs, but abdominal manipulation is the favourite method. Amongst the Hottentots, according to Schultze,⁵ badger urine is extensively used for promoting abortion. According to Miss Blackman abortion is freely attempted in Egypt:—

“If an expectant mother wishes to have no more children for a certain period she will take the seeds of a castor-oil plant, and, on the day after the child is born, she will eat one of the seeds if she wishes to be without

⁴ Owing to the fact that pregnant women employed in white lead manufacture rarely carried a baby to term, the Home Office abolished female labour in such factories.

⁵ L. Schultze, *Aus Namaland und Kalahari*, Jena, 1907.

another child for one year, two if for two years, and so on. This is believed to be invariably effective.”⁶

II.

It is supremely doubtful if ever true contraception was practised by pagan and savage races. There is in existence no satisfactory evidence that any savage race before contact with Western civilisation ever connected copulation with pregnancy. To the contrary, there is abundant evidence that many savage races did not make any such association. The Bible represents Jehovah as a hermaphrodite; Adam, according to the Talmud, was a hermaphrodite. Philo and Plato both subscribed to the theory that man was primarily androgynous. Indeed, birth was almost universally accepted as parthenogenetic. The Greek mythology teems with such ideas: Rhea gave birth to Remus and Romulus. Even in the early days of Christianity pregnancy was not dissociated from supernatural forces, as is evidenced to the full in the belief in the virgin birth of Christ and analogous myths in contemporary and preceding religions.

Until 1677, when Leeuwenhoek identified the spermatozoa, as Von Reitzenstein, quoted by Fehlinger, pointed out, the fact that the union of spermatozoön and ovum was necessary for fertilisation remained unknown; it was universally believed that the seed which developed into a child was furnished exclusively by the male.

The mutilation of boys and men and the infibulation of girls and women, which so many writers have asserted are measures to prevent pregnancy, in reality originally had no such object: the one, where it was

⁶ W. S. Blackman, *The Fellahin of Upper Egypt*, 1927, p. 107.

not a sacrificial cult, was unashamedly to increase lust, the other was to prevent it. Thus the "mica" operation of the Australian Blacks, which is an artificially-induced hypospadias, the penis being split, while it causes the semen to be ejaculated outside the vagina and thus effectually prevents pregnancy, was practised with no such intention. The real object of the operation was to intensify the woman's pleasure during intercourse. For similar reasons was the splitting of the foreskin practised in many savage tribes, and the insertion of the ampallang amongst the Malays.⁷ It has been urged that the object of the insertion of the ampallang, which is a metal or wooden removable pin, worn in the pierced penis, was to prevent pederasty, a form of perversion widely prevalent amongst the Malays, but seeing that the removal of the pin is the work of a moment, it is hard to see what preventive action is achieved. Although in Hebraic law the religious rite of circumcision was undoubtedly introduced with a view to increasing the possibility of conception, originally the practice was analogous to other mutilatory operations in having a purely lustful purpose.

Actual castration, which consists of removal of the testicles in man and of the ovaries in women, though at one time practically the only method employed for inducing artificial sterility, is now no longer adopted unless testicular or ovarian disease renders it advisable. Recent medical research, particularly the realisation of the remarkable and widespread effects on the metabolism of the secretions of the testicles and ovaries, has led to the discovery that it is impossible to gauge the effects which such extirpations may have on the whole metabolism. To-day the usual method is, in man, the

⁷ For a detailed description of this operation see Nieuwenhuis, *Quer durch Borneo*, Leiden, 1904.

operation of vasectomy; and in woman, section or extirpation of the Fallopian tubes.

Vasectomy is a minor operation. It can, in many cases, be performed under a local anæsthetic, and the period of convalescence is only a matter of days. Salpingectomy, consisting of the partial or complete removal of the Fallopian tubes, is a much more serious affair. At one time it was usual to perform simple ligation, but this method often failed to ensure sterility. Usually salpingectomy is limited to cases where Cæsarean section renders it desirable that there should be no further risks of pregnancy. It is thus a by no means common operation, nor is the simpler matter of ligation of the seminal vesicles in man anything other than rare. At the same time there would appear to be no legal obstacle to the operation at the wish of the individual where no medical reason is indicated. Giving evidence before the Medical Committee appointed by the National Council of Public Morals, Dr. Norman Haire, in answer to a question respecting the right of a man to have his sperm ducts tied, said:—

“I have done some of those operations for old age. Before I did so I obtained counsel’s opinion, and I was informed that there was no law in England against sterilisation with the patient’s consent—largely because the law never envisaged the possibility. I think the general ethical opinion would be that, if one sterilised a man for a frivolous purpose, one would be condemned.”

It was Steinach who gave vasectomy its prominence by his contention that it was a means of rejuvenating old men. No satisfactory evidence has, however, been provided that Steinach’s sensational claims are justifiable. The operation is no new one. It has been in use for years in cases of enlargement of the prostate, and it is singular that before Steinach published his

case reports there were not in medical literature any indications respecting rejuvenescence following the tying of the ducts. It would appear that the matter is one requiring careful and extended research.

III.

Although *coitus interruptus* was known as a contraceptive method to the ancients, witness the sin of Onan;⁸ and this and other methods⁹ were doubtless in use in many countries ages ago, the first man to recommend in any other than a surreptitious form the actual prevention of conception was Francis Place,¹⁰ in 1822. This was followed by Owen's *Moral Physiology* in 1830, and three years later appeared a work recommending the employment of specific methods, to wit, *coitus interruptus*, the condom and the sponge. This book, *Fruits of Philosophy* by Knowlton, had a large sale in America and later in England, in the end being suppressed and leading to the famous Bradlaugh prose-

⁸ Strictly speaking Onan's sin was not the practice of *coitus interruptus per se*, but the refusal to obey the *Leviratsche* of the Jews, by which the brother of a deceased sterile benedict was compelled to marry the widowed and childless wife. A similar law was recognised amongst the Hindoos. Note also the sterile Sarah's request to Abraham that he should have intercourse with her maid; and Rachel's similar request to Jacob respecting her maid Billah.

⁹ The condom, or French letter, is referred to in Grose's *Classical Dictionary of the Vulgar Tongue*, 1785, the complete entry reading as follows:—

"*Cundum*, the dried gut of a sheep, worn by men in the act of coition, to prevent venereal infection, said to have been invented by one Colonel Cundum. These machines were long prepared, and sold by a matron of the name of Philips, at the green canister in Half-moon Street, in the Strand. That good lady having acquired a fortune, retired from business; but learning that the town was not well served by her successors, out of a patriotic zeal for the public welfare, returned to her occupation, of which she gave notice, by diverse hand bills, in circulation in the year 1776."

¹⁰ The recommendation of contraceptive measures for the limitation of families is popularly credited to Malthus, but this is erroneous. What Malthus recommended were late marriage and continence.

cution in 1877. However, all attempts at suppression failed to stop the dissemination of knowledge of contraceptive methods. Nor has, since the Bradlaugh debacle, any serious attempt at suppression been made. The law in England offers no obstacle to the publication of information respecting birth control so long as it is not coupled with obscenity.

Of all contraceptive methods¹¹ the most widely practised is undoubtedly the one consisting of restriction of intercourse to what is known as the "safe period" immediately preceding menstruation. It is the most widely used method because (1) it is perhaps the most generally known, (2) it causes no interference with the coital act, (3) it involves no expense, (4) it is the method approved by the clergy and moralists generally. Opinions as to its efficacy vary. Thus Seigel, after exhaustive research, arrived at the conclusion that the chances of fertilisation increase steadily from the first day of menstruation to the sixth day, which marks the maximum susceptibility to fecundation; this maximum continuing till the twelfth or thirteenth day, after which there is gradual declension until the twenty-second day is reached. From the twenty-second day to the commencement of the next menstrual flow a condition of absolute sterility prevails. Such was Seigel's conclusion.¹² Now while it is undoubtedly true that the chances of conception are very much less at the time indicated by Seigel, it is equally true that there are

¹¹ For a detailed description of methods of preventing conception see George Ryley Scott, *The Truth About Birth Control*, Werner Laurie, 1928.

¹² It is true that Seigel subsequently admitted that in making so definite a statement he erred, confessing that his opinion that after the twenty-second day impregnation was impossible he found no longer tenable, that the capacity for impregnation is at a minimum and not nil. But, unfortunately, his first definite statement has been given the widest circulation in books available to the general public, while its amendment seems to be confined to obscure medical works.

many cases where the theory will not apply. For it rests on the assumption that ovulation and menstruation are always coincident, and there is abundant evidence that this is by no means true.

The recent researches of Dr. Wilfred Shaw, of the Gynæcological Clinic at St. Bartholomew's Hospital, referred to by Dr. Marshall,¹³ seem to establish beyond reasonable dispute the fact that usually ovulation occurs about the fifteenth day of the menstrual cycle, that is after the beginning of the catamenial flow. From the cessation of menstruation until the seventeenth day and also immediately before menstruation would appear to be periods favourable to impregnation; and from the seventeenth to the twenty-sixth a relatively safe period. But at no time is there any real safety; indisputably can conception occur at any time. Moreover, those who advocate limitation of intercourse to this so-called "safe period" overlook the fact that live spermatozoa which have penetrated to the cervical canal can retain their motility for days on end.

Restriction to the "safe period" and absolute continence are the only methods tolerated or approved by the clergy and by various moralistic organisations. Further, they are the only methods officially sanctioned in countries where contraception is legally prohibited or frowned upon. For instance, in France, in the Irish Free State, in the U.S.A., in Cuba, the publication of any contraceptive method or the sale of any appliance are criminal offences.

In England and in Holland there are clinics for the dissemination of birth control methods. Much confusion exists as to the precise status of these clinics. In

¹³ Evidence given before the Medical Committee appointed by the National Council of Public Morals in connection with the investigation of the National Birth Rate Commission. See *Medical Aspects of Contraception*, Martin Hopkinson, 1927.

neither country have they any State support. They are private institutions, either self-supporting through the sale of appliances, or financially supported by private subscriptions as in England. In the Netherlands there are clinics run by the Dutch Malthusian League, which is officially recognised by the Queen of Holland; in England the Society for the Provision of Birth Control Clinics is responsible for several centres. The American Birth Control League runs a clinic in New York, but its activities are distinctly limited owing to the restrictions imposed by law.

IV.

Whether or not contraceptive methods should be employed is a subject for hot and everlasting debate. In another work I have gone into every phase of the question. Here I am concerned with the physiological and pathological aspects. The idea that birth control methods are necessarily injurious is fallacious. If properly carried out there can be no ill-effects whatever.

In numerous cases the practice of birth control is decidedly beneficial. Beyond any question constantly recurring pregnancies and confinements are individually and cumulatively harmful. Many women through repeated pregnancies are physical and mental wrecks at thirty-five; many others who escape child-bearing by self-induced abortion are in even worse plight; thousands through wilfully restraining themselves to avoid orgasm induce permanent congestion in the genital organs with dire results.

The mortality amongst married women is indubitably higher than amongst single women of similar ages. According to figures given by Sir James Barr,¹⁴ in 1924, 2,847 women died of childbirth. No woman can go

¹⁴ *Medical Help on Birth Control*, Putnam, 1928.

through an accouchement without danger to her life; few escape serious laceration, and with every subsequent parturition the danger inevitably increases. Hegar, quoted by Kisch, puts the matter plainly :—

“ If we assume the ordinary mortality of women in childbed to be 6 per mille, then, in a woman who within 15 years has been delivered 16 times (whether prematurely or at full term), the danger will be 16 times as great as that of a single delivery, and the mortality will be $6 \times 16 = 96$ per mille; that is to say, of 1,000 women who have all been pregnant that number of times, 96 will die—nearly 1 in 10. Moreover, in this calculation the increased danger consequent upon the unusually rapid sequence of the deliveries has not been taken into consideration. And again, only the immediate results of the deliveries have been taken into account. Not infrequently women succumb at a later date to illnesses acquired in childbed; whilst others, in consequence of repeated pregnancies, have their powers of resistance so greatly diminished that they are unequal to the contest with incidental diseases.”

In addition, repeated pregnancies have insidious effects on woman's beauty. Little wonder that the courtesan Chrysis in *Aphrodite* implored Seso to avoid pregnancy. The abdomen protrudes, the skin becomes spotted and pigmented, the breasts flabby, pendulous and wrinkled; the carriage that of a duck.

While it is not to be expected that the State or the medical profession will give to contraception general and public approval, the consensus of medical opinion is that where physical or pathological conditions render further child-bearing dangerous to the life of the woman, and abstinence is impracticable, the case for instruction in the use of contraceptives is conceded. With this the Governments have been bound to concur; even the Church has given a half-hearted and tentative approval.

CHAPTER XVI.

Prostitution.

I.

PROSTITUTION, according to legal definition, is the offer of oneself for promiscuous sexual indulgence for gain.¹ There is no civilised country in the world where it does not flourish, and this despite every effort at suppression on the part of a huge army of puritans, moralists, health crusaders and others. These attempts at suppression have totally failed because prostitution is one of the practices that at one and the same time are universally condemned and universally encouraged. Very nearly every man will publicly denounce the practice of prostitution while in strict privacy he contributes to its support and extension. It is essentially a product of civilisation. It flourishes side by side with the concept of monogamy. It is a fact, as Schopenhauer tritely pointed out and elaborated in a suppressed essay, that the monogamic form of marriage is biologically untenable, and that even were men and women numerically equal, this biological discrepancy would still survive. The result is that, in the prodigious main, man, through the incidence of the monogamous marriage system, is compelled to *pass half his life as a follower of prostitutes and the other half in a state of cuckoldom.*

Every step forward in civilisation favours the development of prostitution. The tendency is to make marriage

¹ The definition of a prostitute given in Wharton's *Law-Lexicon*, "a woman who indiscriminately consorts with men for hire," is inadequate, as it takes no account of the considerable number of male prostitutes who place themselves, in return for monetary reward, at the disposal of both homosexual and heterosexual men.

more and more difficult with each succeeding generation, as is plainly indicated by the fact that men marry on the average much later to-day than was the case even a decade ago. This fact, in connection with the disapproval of extra-marital intercourse, induces the continued extension of prostitution.

II.

Prostitution was not and is not a custom amongst savage races. There is amongst all primitive tribes a good deal of promiscuous intercourse, but promiscuity is not prostitution. Much of the so-called religious prostitution amongst savages is not prostitution *per se*, but a phallic rite. Thus the defloration of virgins by the painful destruction of the hymen through bringing the genitals in contact with a stone or ivory phallus, commonly practised by a number of pagan and savage races, was a purely phallic cult.

There was, however, one form at least of religious prostitution virtually indistinguishable from modern brothel prostitution; to wit, the Babylonian Mylitta cult of the fifth century before Christ, described in the writings of Herodotus.² In the temple of Mylitta, the Babylonian goddess, every virgin was compelled to prostitute herself to the first man who desired intercourse with her, the fee paid by the man being in the nature of an offering to the temple. According to Eusebius, this temple prostitution continued from the time of Herodotus to that of Constantine, who abolished it.

There is abundant evidence in the Bible that prostitution was winked at; there are the strongest grounds for suspecting it was openly encouraged. Mary Magdalen was neither more nor less than a temple

² Herodotus, *Book I.*

prostitute or *Kadeshah*; Jephthah was the son of a harlot; to Hosea was given the command, "Go take unto thee a wife of the whoredoms." In the early days of Christianity the priests secured their wealth, and the churches their riches, mainly from the proceeds of widespread sacred harlotry³; the nunneries were brothels, the monasteries dens of unnatural vice.

The transition from religious to individual commercialised prostitution was to be expected. It was merely a question of time before the girl should realise that if she could make money for the priests by selling her body she might just as well make money for herself. Indeed, according to Parent-Duchâtelet,⁴ it was customary for the girls of the Algerian tribe of Ouled-Nail to follow the profession of prostitute for two or three years in order to get together a dowry sufficient for marriage.

Similarly, what was good enough to bring doubloons to the coffers of the priests was good enough for the State. *Ergo*, the appearance of the secular brothel, the forerunner of the modern State regulated brothels of Europe, first established at Athens by Solon. *Dicteria* or houses of prostitution were allowed in certain stipulated parts of the town; their inmates, known as *dicteriades*, were compelled to wear distinctive garb; they were the equivalents of modern brothel prostitutes.

III.

The war on prostitution, which has been unceasing, punctuated with sporadic bursts of frantic activity, has manifested itself in two forms: (1) attempts to stop the practice altogether, (2) attempts to control or regulate it.

³ Saint Augustine impressed upon all women attending the Eucharist the necessity for wearing "clean linen" owing to the fact of the administration of the Holy Kiss."

⁴ Parent-Duchâtelet, *La Prostitution à Paris*.

As we have seen, it was the ancient Greeks who first made a serious attempt at regulation. The inmates of the brothels of Imperial Rome had not the privileges of the Greek *hetairæ* even, and with the rise of Christianity various attempts, not only at regulation, but at actual abolition, were made. Charlemagne in Carthage, by the scourging of harlots, attempted without success to suppress prostitution; in Germany, Barbarossa tried the same method with no better result; in France, Louis IX, by his ordinances of 1254 and 1269, went so far as to deprive harlots of their possessions and to destroy all places of prostitution.

The history of prostitution is one long record of alternate toleration and attempted suppression. In London at the time of the second Henry, State-recognised brothels existed. From the eleven hundreds to the fifteen hundreds this recognition and protection continued:⁵ it was Henry VIII who abolished them.

With the wide diffusion of syphilis in Europe towards the end of the fifteenth century the public attitude solidified into wholesale attempts at abolition. France followed London, and in 1560 brothels in Paris were prohibited. This was followed in 1635 by an attempt at suppression by sheer cruelty: the prostitutes were liable to whipping and banishment for life; while in England, about the same time, the efforts of the puritans reached crescendic form; whipping, branding and imprisonment were initial punishments with the capital sentence for a second offence. Even in comparatively recent times sporadic attempts at abolition

⁵ According to the *Encyclopædia Britannica*: "In 1383 bordells belonged to William Walworth, lord mayor of London, who farmed them out, probably on behalf of the Corporation, according to analogy in other parts of Europe."

have manifested themselves. At Portsmouth in 1860 hundreds of prostitutes were driven into the streets; in certain American cities, notably Pittsburgh and New York, in 1891, a similar plan was adopted. In each case failure resulted: the women or others of their ilk were soon back again in all their glory.

To-day there is little in the way of persecution: the common attitude seems to be that of toleration of prostitution as a necessary evil;⁶ as something distasteful, which must be put up with but not publicly mentioned: it is referred to in all but lewd society in susurrated accents and euphemistic terminology much in the way that one refers to the w.c. In most countries efforts at regulation or restriction are attempted by some system of medical or police supervision, or both. In certain countries, notably France,⁷ Belgium and Spain, the brothel system, with its registration and medical inspection, is in force. In Great Britain brothels are not allowed, nor is there any registration or medical inspection.⁸ The police have power, however, to arrest

⁶ It is interesting to note that in the *Report of the Special Body of Experts* on the traffic in women and children there appears the following: "Prostitution should be regarded as a public evil to be kept within the narrowest possible limits."

⁷ Buonaparte, in 1802, established the "*maisons de tolerance*," something on the lines of Bernard Mandeville's cynical suggestion in his *Modest Devense of Publick Stews*, 1724.

⁸ A variant of the Continental system of examination was adopted, from 1864—1883, in the garrison towns of Plymouth, Woolwich, Chatham, Portsmouth, Sheerness, Colchester, Aldershot, Shorncliffe, the Curragh, Cork, Queenstown, Windsor, Canterbury, Dover, Gravesend, Maidstone, Southampton and Winchester. At these towns all prostitutes were registered and required to submit to compulsory medical examination under a Contagious Diseases Act specially passed for the purpose in 1864. As a result of objections a royal commission sat in 1871 and a select committee in 1879, and although the evidence was in favour of the system, a debate in the House of Commons in 1883 resulted in the compulsory examination of women being condemned by 182 votes to 110. And in consequence the Acts were repealed in 1886.

those "loitering for the purpose of prostitution or solicitation"; and according to the Licensing Act of 1872, the assembly of prostitutes in licensed premises is an offence. How far these measures are effective is apparent to anybody who traverses Piccadilly, Leicester Square and the adjacent streets, or who visits the drinking dens and lounges in the same district.

The idea that the brothel system or registration of private prostitutes, with regular medical examination, tends to limit the incidence of venereal disease is a myth. As will be seen when we come to deal with these diseases, their diagnosis is not a simple matter even for the competent physician, the chronic cases present immeasurably more difficulties in the way of identification than do the primary ones; it is by no means impossible for a practised offender to simulate a clean bill of health. In addition, there are other reasons which render the medical inspection little more than a farce: a farce, too, with elements of tragedy, for the innocent and ignorant are led to think that by patronising the woman with the clean health sheet they are secure from infection. A moment's reflection will suffice to convince that a once-weekly examination, granted it is a thorough one,⁹ only testifies to immunity from infection *at the moment of examination*. This prostitute's first client after the inspection may convey syphilitic or gonorrhoeal infection, and before her next medical overhaul she may conceivably have passed on the infection to a hundred men. It is no unusual thing for a brothel prostitute to have intercourse with twenty or thirty different men in a single night; to which fact is attributable the indisputable truth that the private prostitute, whether registered or not, having some freedom of

⁹ As a matter of fact the examination is little more than superficial taking account only of visible sores, lesions and discharges.

choice, is infinitely less liable to become infected than the inmate of a bordello!¹⁰

IV.

It is a pleasant myth, beloved of those who know nothing of the real facts and who subscribe to the upkeep of rescue missions, that the prostitute is driven by sheer necessity to a life of shame. The fact that an astonishingly large number of the *filles de joie* deliberately choose their job and look upon it as a profession just as much as does an actress or a teacher, though seldom realised, is none the less the truth. Its proof is evident from the fact that the combined energetic and unceasing efforts of the emissaries of the Rescue Societies, of the Salvation Army, of the Y.W.C.A., and of individuals such as the late W. E. Gladstone, rarely succeed in plucking a brand from the burning; at any rate, any others than those who through decaying beauty or the ravages of disease are pretty well burnt out.

The opinions of many reformers notwithstanding, the main incentives to prostitution are love of finery, craving for amusement and idleness. In England, as a result of extensive investigation carried over many years, Merrick found that in almost one-third of the 16,000 cases dealt with, the girls turned their backs on their homes or relinquished their situations voluntarily in order to take up "a life of pleasure." Similarly, in the course of an investigation undertaken in respect to American prostitution, Hutchinson found that clearly

¹⁰ There are grounds for believing that the professional prostitute is less likely to be infected than is the amateur prostitute who lacks the prophylactic knowledge of the professional. Thus, amongst the prostitutes of Paris, Fournier found gonorrhœa present in five per cent. of those he was able to examine, whilst amongst shop girls and actresses who indulged in promiscuous amours he found it present in fifty per cent.

ahead of every other inducement to harlotry was "love of display, luxury and idleness."

True, there are other causes. Lack of employment, particularly in the case of girls who have left country homes for the allurements of city life, leads considerable numbers to turn to the streets for a living; laborious, distasteful and ill-paid work undoubtedly provide the incentives in the case of many others; early seduction at the hands of men is also effective; sheer sensuality or sexual appetite is a cause often overlooked and seldom given sufficient prominence.¹¹

V.

Inseparable from prostitution is the traffic in girls, and particularly young girls, known as white slavery. Although for the purposes of propaganda and as press stunts, the evils of white slave traffic have been enormously exaggerated, and although the bulk of these girls undoubtedly become so-called white slaves of their own free will, being at the time of procurement either full-blown or amateur prostitutes, there are undoubtedly exceptional cases where young and inexperienced girls, through promises of attractive employment, are led into conditions where prostitution is forced upon them. The mode of procedure is well known. The principals of the brothels, either through the agency of the manageresses of these brothels, known as *madames*, or of the men who cohabit with and live on the earnings of prostitutes, known variously as *souteneurs*, *louis*, *cadets* or *bullies*, or intermediaries who obtain and transport from other countries such girls as they can secure by promises of attractive employment or other

¹¹ Of 3,505 women interrogated by M. Buis in Brussels, 1,118 admitted *le goût pour l'homme*.—*Encyclopædia Britannica*.

fictitious inducements, occasionally manage to ensnare a few victims. But such cases are rare.

As regards the enormous bulk of so-called white slaves, they are not slaves at all. In prostitution *per se*, the opinions of the general public notwithstanding, there is no such thing as slavery. If ever a woman enjoys freedom it is the unregistered *fille de joie* such as to-day is to be found in London and New York. Even the harlot who is more or less in the clutches of a *souteneur* can scarcely be called a slave: if so, then one might with a dozen times more justification dub the average lower-class married woman a slave. Thus white slavery applies only to brothel prostitution: and here again its application is circumscribed. Not all the inmates of brothels are slaves. For instance, one could hardly describe a French *fille de joie* entering a Parisian brothel as a white slave.

The slavery exists only where girls are conveyed to a foreign country, unable probably to speak the language, without the means of returning home, and deprived of a means of subsistence beyond the profession that is forced upon them. The Argentine, Paraguay, Brazil, Panama, Algiers, Tunis and Egypt apparently are the places where girls are in great demand, and to cope with this demand all Europe is raked.

It would appear to be abundantly evident that were brothels abolished white slavery, and what passes for it, would die with them. In this connection the League of Nation's Report, amidst a farrago of oleaginous balderdash, makes one sensible statement:—

“The existence of licensed houses is undoubtedly an incentive to traffic both national and international. The fact has been established by previous inquiries, and is admitted to be true by many Governments as a result of their experience. The inquiries made by us not only

confirm this fact but show, as other observers have remarked, that the licensed house becomes in some countries the centre of all forms of depravity. These establishments constantly require more inmates to replace those who leave and to meet the desires of their clients for change. In view of the connection which the Commission has found to exist between licensed houses and traffic in women, the question of the retention or abolition of these houses has acquired an international as well as a national character."¹²

¹² *Report of the Special Body of Experts on Traffic in Women and Children.* Part I. Publications of the League of Nations, IV, Social, 1927, IV.2.

CHAPTER XVII.

The Prevalence of Venereal Diseases.

It is a fact that venereal diseases are very common; far more common than the average person has any idea of. Unlike other diseases, here is a case where it is impossible to get accurate figures. All statistics relating to venereal diseases are frightfully misleading and inadequate. The only thing certain in respect to such figures is that they reveal only a part of the truth.

The idea that these diseases are largely restricted to the lower classes and to decadent young men is so much twaddle. The incidence of syphilitic infection, and especially of death from general paralysis, is much greater in the West End of London than in the East End. For centuries venereal diseases have played havoc with the lives of respected and well-known men. Beethoven was a syphilitic, so was Schopenhauer, so was de Maupassant, Charles Baudelaire died of general paralysis, Congreve suffered from chronic gonorrhœa, Casanova was rarely free from the one or the other.

The cases which come before the clinics represent only a percentage of those actually existent. There are, in addition, those treated by physicians in their private practices, a huge number, of which no figures whatever are available; those cases which, despite the Venereal Diseases Act, 1917, are still treated by quacks; and finally, the very considerable number who are never treated at all.

Sooner or later, it is true, the syphilitic is bound to come under medical observation, but in many instances

the primary cause is not readily diagnosable and is often suppressed, with the result that the illness itself is not connected with syphilis and death is attributed to other causes.

Syphilis is undoubtedly responsible for a very considerable number of deaths. The death statistics are in this respect of little value, as rarely is syphilis given as a cause of death even if known. The contents of certificates being public property medical men only give venereal diseases as causes of death in workhouse, asylum and prison certificates. In all cases of private patients euphemistic terms are employed.¹ Cerebral hæmorrhage resultant from syphilis is commonly recorded as apoplexy or a stroke; gonorrhœal arthritis is invariably described as rheumatism; gonorrhœal vesiculitis, epididymitis and salpingitis are often euphemistically termed peritonitis and appendicitis.

According to Warthin:—

“Syphilis is the leading infection and the chief cause of death, particularly in males between forty and sixty, and in the great majority of cases its symptoms are myocardial, vascular, renal, or hepatic, and this is often not recognised as a remote result.”²

According to evidence given before the Royal Commission on Venereal Diseases, general paralysis “is responsible for 14 to 15 per cent. of the male admissions to the asylums of London and other large cities annually, and for 2 to 3 per cent. of the female admissions.”³ Tabes dorsalis (locomotor ataxia) is another disease usually resulting from chronic syphilis. So,

¹ Medical practitioners have admitted certifying on certificates indefinite causes of death. Thus, in three such cases, “arteritis,” “cerebral tumour” and “paraplegia” were given where syphilis was the true cause. See *Final Report of the Royal Commission on Venereal Diseases*, p. 71.

² Warthin, *The New Pathology of Syphilis*, Harvey Lectures, 1917, p. 67.

³ *Final Report of the Royal Commission on Venereal Diseases*, p. 26.

too, often enough, is aneurism of the aorta. Even where no one of these specific diseases is indicated, syphilis may be the primary cause of many other infections leading to incapacity or death. It was because of this that Sir William Osler said that any student who thoroughly understood syphilis was master of the whole gamut of the medical profession.

Few deaths are attributable to gonorrhœa. On the other hand, the disease is very much more common than syphilis. Often it is neglected, never receiving any treatment whatever. The average individual's failure to realise the seriousness of gonorrhœa, coupled with his objection to disclose, even to a medical man, the existence of infection, cause it to be ignored by thousands annually. Indeed, there are many women infected with gonorrhœa who do not so much as suspect their infection.

Taking all these factors into account, competent American authorities are of opinion that in the U.S.A. there are strong grounds for suspecting that the syphilitics amount to at least 10 per cent. of the total population, with gonorrhœa prevalent to a greater extent. Altogether it is estimated that 25 to 30 per cent. of the population are always afflicted with venereal disease in some form. It may be safely assumed that these figures are also applicable to Great Britain.

In the Report of the Royal Commission on Venereal Diseases (1913) it is stated :—

“ Sir William Osler considers that ‘ of the killing diseases syphilis comes third or fourth,’ and his evidence shows clearly that the number of deaths actually due to this cause which escape recognition must be very large. While we have been unable to arrive at any positive figures, the evidence we have received leads us to the conclusion that the number of persons who have been infected with syphilis, acquired or congenital, cannot

fall below 10 per cent. of the whole population in the large cities, and the percentage affected with gonorrhœa must greatly exceed this proportion."

Years before this, Fournier estimated that 17 per cent. of the population of France had suffered from syphilis; while a Committee of the Medical Society of New York stated in their report that in that city alone there were a quarter of a million fresh cases of syphilis every year.

The testimony of Sir Archdall Reid, given in 1920, is illuminating:—

"At the present moment something like every other person in the United Kingdom has suffered, or is suffering, from venereal disease. Our asylums, workhouses, hospitals, and homes for the broken and blind, are full of its victims. The loss to the nation by it in health, in happiness, in efficiency, in treasure, far transcends the loss from any other cause, even consumption. Though not deadly in proportion to the number of cases, syphilis alone has been reckoned as the fourth killing disease—probably an under-estimate, for it is responsible for a quite unknown, but certainly vast, number of miscarriages, stillbirths and deaths, which unsuspecting or charitable doctors ascribe to other causes."⁴

It is assumable that the percentage ebbs and flows. Thus during the great war venereal diseases reached such a degree of prevalence throughout Europe that the public became alarmed. Sir William Osler, writing in the *Lancet* (May 26, 1917), said:—

"The last quoted figures for the British Army at home are 71,000 cases of gonorrhœa, 21,000 cases of syphilis, and 6,000 cases of soft chancre."

Sir G. Archdall Reid states:—

"The full extent to which British troops suffered during the war has not been made public. It is known,

⁴ Sir G. Archdall Reid, *Prevention of Venereal Disease*, 1920, p. 329.

of course, to the authorities, but the information, as far as I am aware, has been withheld. Presumably soldiers suffered as much during the war as before, and as much abroad as in England—at any rate, in many portions of the far-flung line. An element of confusion is created by the fact that men, home for short leave from the front, often acquired disease and went sick on returning to the trenches. Of course, troops actually in the firing-line suffered relatively little. Within the United Kingdom before the war the lowest rate for many years was 50·9 per thousand per annum. In the American Army serving in the States it was 113·82 per thousand per annum in 1917. During the six months ending December 27, 1918, it was 150·62. During the war the rate for Canadian troops in the United Kingdom varied between 222·0 and 81·6, while among the Australians it was from 132 to 176. During and since the war, the rate for British troops serving at home has varied from 36 to 64. I fear I am only guessing, but I do not think I exaggerate if I suppose that the British rate for all troops at home and abroad during the war was at least 50 per thousand per annum. If that is correct, something like a quarter of our troops, some 2,000,000 men, suffered during the five years of the war.”⁵

Any consideration, however, of the incidence of venereal diseases in the Army during the years of war must not fail to take into account a factor not generally known and therefore usually overlooked. *Instead of avoiding infection many soldiers not only welcomed it but made strenuous efforts to become infected.* It is a fact that in Paris and London prostitutes suffering from gonorrhœa and syphilis were sought after and in

⁵ Sir G. Archdall Reid, *Prevention of Venereal Disease*, 1920, pp. 18-19.

consequence were able to command higher prices than healthy women.

It was natural that the spread of disease in the civil population should follow its rife-ness amongst the troops. Some idea of the extent of this is indicated by the statement made before the special Commission on Venereal Disease of the Birth-Rate Commission by Dr. Charles Gibbs that the attendances at the London Lock Hospital were 30,000 before the war and 100,000 after the war.

According to Leredde,⁶ the deaths in France attributable to lues⁷ amount to 25,000 annually. Pollock estimates that insanity arising out of syphilis causes an expenditure of nearly \$500,000 annually for New York State alone.

⁶ Leredde, *Ztschr. f. Bekämpfung d. Geschlechstr.*, 1914, xv, 206.

⁷ Medical men often use the term lues in referring to syphilis.

CHAPTER XVIII.

The Prevention of Venereal Diseases.

I.

FOR generations it has been the custom to fight venereal diseases with all the weapons beloved of puritans, Comstockians, Y.M.C.A. lecturers and Sunday-school superintendents. Syphilis and gonorrhœa were referred to, if at all, in susurrated accents; they were given, whenever possible, euphemistic names such as social diseases, vice diseases, blood poison, secret diseases, specific diseases. And wherever occasion did arise for their mention, as, for instance, in sexual guides for the young, these diseases were pictured as the most horrible and loathsome imaginable, and the youthful reader gathered the idea that anyone afflicted with the one or the other should immediately drown himself or slit his throat. In short, continence was preached as the only way to avoid venereal disease, and its virtues were rammed home by the dreadful pictures of the results of transgression, much in the way that the clergy gave the members of their congregations a choice between accepting Jesus or burning for ever in Hell.

Despite every effort, however, venereal diseases showed no signs of abating: with the increase in the population there was an increase in the incidence of the diseases.

Now in 1906 Metchnikoff made public a startling discovery. It was nothing less than a means of preventing syphilis after exposure to infection by inunction with a certain ointment. During the war, when in all the armies engaged in it the toll of venereal diseases was

so terribly heavy, prophylaxis became general and beyond doubt had *some* restrictive effect.

The alarming spread of venereal diseases amongst the civilian population during the years of war smashed to bits the moralist's policy of suppression and euphemistic terminology. Bit by bit and one by one the newspapers, those reflectors of the public mind, became bolder. By the close of the war they were printing "syphilis" and "gonorrhœa" in all the majesty of type. Clinics for the free treatment of the afflicted were established in all large towns. The moralistic warnings with their threats of God's wrath descending on those who strayed from the path of continence, mouthed ceaselessly by the parsons, were supplemented by urinal posters urging those who had fallen to seek free medical aid at the nearest clinic. Thus far did the powers that be go, but to those medical men who advocated the extension to the civilian population of the prophylactic methods employed in the Army and Navy, a deaf ear and a wrathful tongue were turned. With the result that, although a Royal Commission inquired into the whole question of venereal disease, holding no less than 86 meetings, in its report published in 1916 no mention was made of the prophylactic methods introduced by Metchnikoff, though they were known or available at that time.

According to the Venereal Disease Act, 1917, 2:—

"(1) A person shall not by any advertisement or any public notice or announcement treat or offer to treat any person for venereal disease, or prescribe or offer to prescribe any remedy therefor, or offer to give or give any advice in connection with the treatment thereof.

"(2) On and after the first day of November nineteen hundred and seventeen a person shall not hold out or recommend to the public by any notice or advertisement, or by any written or printed papers

or handbills, or by any label or words written or printed, affixed to or delivered with, any packet, box, bottle, phial, or other enclosure containing the same, any pills, capsules, powders, lozenges, tinctures, potions, cordials, electuaries, plaisters, unguents, salves, ointments, drops, lotions, oils, spirits, medicated herbs and waters, chemical and officinal preparations whatsoever, to be used or applied externally or internally as medicines or medicaments for the prevention, cure, or relief of any venereal disease :

“ Provided that nothing in this section shall apply to any advertisement, notification, announcement, recommendation, or holding out made or published by any local or public authority or made or published with the sanction of the Local Government Board, or in Scotland and Ireland the Local Government Board for Scotland and Ireland respectively, or to any publication sent only to duly qualified medical practitioners or to wholesale or retail chemists for the purposes of their business.

“(3) If any person acts in contravention of any of the provisions of this Act, he shall be liable on conviction on indictment to imprisonment, with or without hard labour, for a term not exceeding two years, or on summary conviction to a fine not exceeding one hundred pounds, or to imprisonment, with or without hard labour, for a term not exceeding six months.”

The present position is summed up in a statement made by Mr. N. Chamberlain, the Minister of Health, in the House of Commons in reply to a question :—

“ I have consulted the Law Officers of the Crown as to the effect of Sub-section (2) of Section 2, of the Venereal Disease Act, 1917, and I am advised by them that there is nothing in the Sub-section to prevent a chemist selling disinfectants for the prevention of venereal diseases, where no written or printed instruc-

tions are affixed to or delivered with the disinfectant, or from giving verbal recommendations of medicinal preparations intended to be used or applied for the purpose. In the light of this opinion it would appear that legislation would be necessary in order to permit written or printed instructions to be supplied with the disinfectant, or to restrict the existing powers of chemists by confining them to the sale of articles the composition of which had been approved by a competent authority."

Repeated efforts to obtain this fresh legislation have been made but without avail.

Those who oppose education in the use of prophylactics argue that if once you give to the members of the public the knowledge which will enable them to expose themselves with impunity to the risk of infection there will be a vast increase in promiscuity. With this I am in entire agreement. In nine cases out of ten where men are exposed to the allurements of gaudy *filles de joie* it is fear of venereal infection that keeps them continent. I am no lover of the puritans and moralists, indeed on more than one occasion I have attacked them with flails, but they betrayed sound common sense in backing up every moral commandment with an appropriate hell for the one who failed to observe it. It is a fundamental fact that it is impossible to preach two divergent doctrines successfully at the same time. To preach continence as a moral duty is sheer waste of breath if you are going to tell those who do go wrong how they can escape the evil consequences of their act.

All the same this attitude as applied to venereal diseases is untenable. It is untenable because the means of prevention is an open secret. The spectacle of the members of a Commission sitting in solemn conclave at meeting after meeting, examining witness after witness, wasting hours in discussing whether or not it is advisable that the public be instructed in the

use of prophylactics, is one brimming over with Gargantuan humour, seeing that there have been distributed thousands of leaflets making this information public; that there are scores of thousands of soldiers and sailors who possess this knowledge; and that there is available for the purchase at nearly every chemist's shop in the land an appliance the use of which is known to every babe of eighteen.

Having gone so far it would be better to make the whole thing public. For the present policy merely increases the evils it is supposed to suppress. By its quasi-secrecy it has managed to give to prophylactic methods not only a certain notoriety, but a degree of reputed effectiveness altogether outside their scope.

Provided the prophylactic injunction is properly done syphilis can be prevented. This is an absolute fact. One may go so far as to say that a man could have intercourse with a woman in the most infective stage of syphilis and yet escape infection. With gonorrhœa it is another story. There is no prophylactic method known to medical science that *absolutely precludes* the possibility of infection. Always, even with every precaution, is there a certain amount of risk.

The risk increases according to the degree of carelessness in the carrying out of the disinfection. To ensure the elimination of all risk in respect of syphilis and, say, nine-tenths of the risk in gonorrhœa, it would have to be done either by, or under the supervision of, one possessed of medical knowledge. Even then some element of risk remains. Dr. Charles Gibbs, giving evidence before the Birth-Rate Commission, referred to a large number of medical men amongst his patients who, despite self-disinfection and their technical knowledge, contracted venereal disease. For these reasons instruction by leaflets is useless. It is true Sir Archdall Reid gave it as his opinion that a man could disinfect

his penis with a swab of cotton-wool dipped in a solution of permanganate of potassium as well as a surgeon could, but Sir Archdall's somewhat fanatical views notwithstanding, as a prophylactic permanganate of potassium in itself is tolerably useless.

There are other factors which militate against success. Many men when under the influence of drink have intercourse with women. No man in this condition could carry out in any effective way personal prophylaxis. And unless done immediately it is useless. Moreover, through the delaying action of alcohol on erection and ejaculation, the extension of time for the completion of the sexual act distinctly increases the risk of venereal infection. Forel states that something like 75 per cent. of the cases of venereal disease are "contracted by men under the influence of alcohol, chiefly by persons slightly intoxicated and rendered enterprising thereby." In addition, the disinfection to be of any use *must be repeated after every act of coitus*.

The influence of these and other factors has sufficed to render the prophylactic packet system used so extensively in the Army uncertain and productive of widely divergent results in different circumstances. Thus Sir Archdall Reid affirms that in the case of a R.N. establishment of 2,000 men at Whale Island, in nine months there were no cases of gonorrhœa and only one of syphilis amongst those using prophylactic methods. Further, at Portsmouth, in a body of troops 2,000 strong, only six cases of gonorrhœa and one of syphilis occurred.

On the other hand, in evidence given before the Birth-Rate Commission, Dr. John Robertson stated:—

"When you come to the Army generally, I have not the slightest hesitation in saying that in the units where the largest number of packets were issued there was more venereal disease than in other units. I do not

think it was due to the packets, it was due to the men trusting them and not using them properly. We know that the New Zealand, Canadian and Australian units had these packets lavished upon them, and also that they had a larger amount of venereal disease than the home troops."

And before the same Commission, Colonel L. W. Harrison (representative of the Ministry of Health) said:—

"Still the rate did not go down, and it was bitterly disappointing to me, because I had hoped for a good deal from self-disinfection, and up to the time that I left the work at the end of 1919 the rate had not been reduced at all."

II.

Though of doubtful efficacy as regards the majority of men, the prophylactic method, properly carried out, is often successful. But not so with women. Here it is not applicable at all. In most cases it is impracticable; in all cases of virgins it is impossible.

But although, owing to the wide dissemination of prophylactic knowledge, the continued secrecy on the part of the Government is ridiculous, there are, if the Venereal Disease Act of 1917 is of any value at all, strong reasons why it would be decidedly inadvisable to allow chemists to give instructions in regard to medical prophylaxis. Were this done the Act with its provisions for protecting the public against quacks would be a dead letter. In his evidence before the Birth-Rate Commission, Dr. Maclachlan (Ministry of Health) stated that:—

"It is extremely difficult, as things are, to get any conviction under Section I of the Venereal Disease Act, which prohibits treatment by unqualified persons. If you allow chemists to sell materials for self-disinfection,

it would be almost impossible to get a conviction in the case of a man who is selling for treatment."

Prophylaxis is not without its dangers. The continual application of chemicals, whether in the form of inunction or the instillation of silver salts, is extremely liable to cause urethral inflammation and so predispose to infection. In women in particular disinfection by douching may easily carry the gonococci into the uterus.

The value of circumcision as a preventive of venereal infection has been greatly over-estimated. Through the increased insensitiveness of the skin of the glans there is some slight safeguard against syphilis and soft chancre; against gonorrhœa there is none whatever.

CHAPTER XIX.

Gonorrhœa.

I.

FOR generations gonorrhœa, or clap, as it is popularly and vulgarly termed, was looked upon by the laity as a minor ailment or inconvenience of a degree of seriousness comparable to a severe cold. In recent years there has been a distinct turn in the tide, and, mainly through the efforts of writers of popular sex guides and health talks, at the moment, the man or woman afflicted with the disease is looked upon as a certain early candidate for either a lunatic asylum or a coffin.

The truth lies between the two views. Gonorrhœa is a serious disease, but it is not an incurable one. Nor is it in any sense a killing disease—deaths are so rare as to be negligible. Nor does it ever cause insanity. Its seriousness lies not so much in its effects as in the fact that if not caught at so early a stage as to be capable of abortion its cure is likely to be slow and in many cases is never completed; that it predisposes to diseases of the joints; that it is the cause of widespread sterility in women.¹ In 50 per cent. of sterile marriages Neisser has set down the cause to gonorrhœal infection.

Commonest of all venereal diseases is gonorrhœa. Although medical writers before 1832, when Ricord proved them to be distinct diseases, confounded gonorrhœa with syphilis, there is indisputable evidence that venereal diseases were prevalent in ancient times,

¹ Gonorrhœa in man is only an indirect cause of sterility; in the vast majority of infected men it presents no barrier to impregnation.

and while there is some doubt as to whether syphilis was ever a disease of antiquity, from the description of the symptoms it is clear that Esarhaddon, the king of Assyria mentioned in the Old Testament, suffered from gonorrhœa.

II.

The disease is parasitic. It is caused by a pathogenic micro-organism, the gonococcus, which sets up inflammation of the mucous membranes of the genito-urinary tract, and less commonly of other mucous and serous membranes. Fortunately the gonococcus is an organism of definitely limited vitality outside the mucous tracts. Its life, deprived of suitable environmental conditions, is a matter of hours; it cannot live on a dry surface.

Thus, although gonorrhœa is a contagious disease, the risk of infection is decidedly circumscribed. The gonococcus must come in contact with the mucous membranes of the urethral tract, of the rectum, of the conjunctiva, or of the mouth, to cause infection. In the huge majority of cases gonorrhœa results from sexual intercourse with an infected person. There are isolated cases of contagion in the case of women and children through the use of infected towels, sponges, douches, etc.; and it is by no means rare for a man to be infected in the mouth by a prostitute suffering from the disease. The popular idea that gonorrhœa can be contracted from a lavatory seat is so unlikely as to be unworthy of serious consideration. For such infection to occur the discharge from the infected person's genitals, in a moist condition, would have to come in direct contact with the meatus of the male or the vulva of the female—a most unlikely thing to happen.

The symptoms of infection never manifest themselves at the actual time of contagion. The interval, which

may be as brief as a few hours or as extended as three weeks, is dependent on the virulence of the infecting organism, and the degree of resistance manifested by the person infected dependent largely upon the state of the general health at the time and upon physiological peculiarities.²

During the period of incubation, in other words, until the gonococci have invaded the tissues, the victim is unsuspecting of being infected, or, as at this period the individual attacked is highly contagious, the disease is often spread by one who is quite unaware of its contraction. It is thus that husbands contract gonorrhœa from prostitutes and infect their wives before the disease gives any signs of its presence.

In the male the first signs of infection are general discomfort and subjective concentration of interest on the penis and urethra, probably with itching and tickling. Inflammation speedily follows, the meatus swells and the lips possibly stick together; the foreskin is swollen and reddened through engorgement; micturition is painful and retarded; there is a slight discharge from the urethral orifice. As the disease progresses the discharge increases and changes from the consistency of milk and water to a profuse, thick, greenish-yellow, bloodstained pus. Owing to the mucous membrane being greatly inflamed the acid urine passing along this surface causes intense pain. It is for this reason that alcohol and all rich foods, the tendency of which is to increase the acidity of the urine and consequent irritation of the inflamed surfaces, must be strictly avoided.

² The presence of phimosis or hypospadias constitutes a factor indicating predisposition to infection, as also does excessively delicate or sensitive mucous membranes. Thus in healthy individuals during the reproductive years the mucous surfaces are considerably more resistant to infection than during childhood and old age.

It is a peculiar symptom of gonorrhœa that during the course of the disease sexual excitement is increased, the increase in the inflammation inducing frequent and usually painful erections. In severe cases chordee develops, accompanied by terrible pain. In the morning, the likelihood of chordee is greater, the bladder distension through unvoided urine exciting chordee as it does erection when gonorrhœa is not present.

In chronic cases, vulgarly known as "Russian clap," the glans and foreskin are much swollen, the chordee is continuous, there is a persistent bloody discharge with frequent seminal emissions. The dangers attendant on this type of gonorrhœa, and indeed in all cases of chordee, is that in the throes of intense pain the patient may accidentally break the penis; he may even seek relief in intercourse, which is almost certain to cause breakage of the penis or rupture of the urethra. The tendency of all exciting or irritating conditions to bring about painful erections and thus prolong the infection indicates the need for avoiding anything liable to induce sexual excitement.

As the disease passes into what is known as the third stage or period of decline, the pain gradually disappears and there is marked diminution in the discharge, which ends in the well-known gleet or "morning drop," a slight exudation from the meatus which causes neither pain nor discomfort.³

III.

The common notion that gonorrhœa, whilst common in man, is rare in women other than prostitutes, is a fallacy. The fact that so many men suffer from

³ Not every case of discharge is necessarily gonorrhœal, other infective organisms such as staphylococcus, the streptococcus and the *Bacillus coli* often give rise to symptoms which simulate those of gonococcal infection.

the disease is the very reason for its prevalence amongst women. In the big majority, men treat gonorrhœal infection with contempt, disdaining treatment, with the result that after the subsidence of all painful or disturbing symptoms, the infection, though apparently absent, persists in the form of gleet. When such men marry, as they very often do, they immediately infect their wives, which partially accounts for the incidence of gonorrhœa in such a large number of women. It was this that led Noeggerath to affirm that gonorrhœa is latent in 80 per cent. of the female population.

Though it is difficult to conceive of any man acquiring gonorrhœa and not being aware of it, this by no means applies to women. The fact that most women experience more or less urethral discharge, and the popular idea that all such discharges may be treated as menstrual irregularities or some variety of ordinary leucorrhœa, leads to gonorrhœal infection being very commonly existent and not even suspected. We have seen, too, that infection in men outside sexual intercourse is so rare as to be negligible. In women, this is not so: the chances of infection through contact with contaminated towels, sponges, garments, bathing water, and the like, is very much greater. The vulva and vagina are usually primarily infected; but by continuity of the mucous membrane the urethra, cervix, uterus, Fallopian tubes and ovaries become quickly involved.

In children it is, of course, in the main acquired apart from sexual intercourse or manipulation, usually through infected diapers or sponges. It must be remembered that the mucous surfaces of the genitals before puberty are much less resistant to traumatic or other infection than is the skin-like epithelium of the reproductive years. Much the same applies in old age.

There is considerable atrophy of the mucosa, which explains why old men, who are much more prone to seek sexual excitement with prostitutes than is commonly allowed, so often suffer from gonorrhœa.

IV.

In all cases of suspected infection medical aid should be at once sought. If expert attention is obtained immediately the disease may be aborted: the longer the delay the more prolonged will be the treatment before all traces of gonococcal infection can be eradicated. If the cure is imperfect through treatment being stopped too early, the gonococci may and probably will exist in more or less virulent form for years. In many instances of apparent cure the organisms in an attenuated and harmless form may exist, but if through intercourse these feeble organisms become excited, and transplanted to virgin soil they revive in all their pristine virulence.

It is in such cases that the risk to the uninfected partner is intensified with every repetition of the coital act; it is thus, too, that is explainable the apparently inexplicable case where, of two men who have connection with a prostitute, the second is infected while the first escapes. It is thus that individuals who think themselves quite cured infect others, and it is thus, too, that many medical men hold firmly the opinion that gonorrhœa once contracted is incurable. In this they err—it is not that the disease is incurable, it is that treatment has never been completed.

This latency is perhaps the worst feature of gonorrhœa and represents a potent reason for the incidence of the disease. Once the urethra has healed, that is, has ceased to discharge any pus, it is considered—somewhat naturally it must be admitted—that a cure has been effected. Presumably this may be so. But equally presumably it may not. The probability is that

there are gonococci secreted in the various tubes of the prostatic glands and seminal vesicles. They are apparently inert. And then the patient, thinking himself cured, gives way to sexual or alcoholic indulgence. Immediately the quiescent organisms become active, they set up inflammatory processes, and again the disease manifests itself. In many such cases, if there has been promiscuous sexual intercourse, a prostitute or other individual gets blamed unjustly.

There is no such thing as immunity against subsequent infection. There are men who have been infected a dozen times.

An infected woman varies considerably in her liability to convey infection to her partner in coitus. Immediately after menstruation, parturition, or abortion her potentiality as an infective agent is enormously increased.

Occasionally a complication arises in the form of proctitis, or rectal gonorrhœa. It is by no means rare in woman, the infection being conveyed from the vulva to the anus usually by the vaginal discharge, and occasionally through carelessness in the use of towels, douches and other articles. Proctitis in men is usually induced by sodomy: it is mainly found in male prostitutes.

In the male stricture is no uncommon result of chronic gonorrhœa; in the female it is rare. The scars left after the healing of the inflamed urethra contract and narrow the tube to the point of occlusion. Untreated, in time the stricture, through resultant kidney destruction, may cause death.

Gonorrhœal ophthalmia, until comparatively recent years, was the most common cause of blindness. In 1884, according to a report of the Ophthalmological Society, gonorrhœal ophthalmia was responsible for blindness in the case of 30 to 40 per cent. of the inmates

of four English asylums investigated. Usually it was, and is, caused by infection at birth. Its incidence is now much less through abortive silver nitrate treatment, which nowadays is a routine measure on the part of nurses and midwives immediately the child is born. Theoretically there should be no cases of ophthalmia in the newly-born: actually there are. The midwife may neglect to carry out the treatment, she may bungle it, there may be no competent midwife present. As regards adults, infection is usually conveyed to the eye through carelessness in touching the eye with fingers smeared with gonorrhœal discharge, or the use of an infected towel or handkerchief.

CHAPTER XX.

Syphilis.

I.

THE origin of syphilis¹ is obscure. The antiquity of the disease is problematical. There are two opposing schools, one of which contends vigorously that in Europe and Asia syphilis was unknown before the return of Columbus's American expedition; the other as breezily holding that the plague had flourished everywhere since the beginning of time.

It is definitely known that the members of Columbus's expedition while in Central America and the island of Haiti contracted syphilis, and on their return to Spain in 1494 introduced the disease to the inhabitants of that country, from whence the contention is that it spread throughout Europe. It has been suggested that there is a possibility of the Spaniards having introduced the disease to the Haitians, but, according to Las Casas, a medical man attached to the expedition, syphilis was undoubtedly existent in the island before ever a European set foot in it. "I took the trouble," he asserts, "upon several occasions to interrogate the Indians as to whether the disease was of great antiquity, and they answered Yes, that it dates from a period long before the arrival of the Christians, its origin being beyond the memory of man. . . ." Confirmatory evidence was given by Oviedo, who reported thus to Charles V: "Your Majesty may take it for certain that this disease has originated in the West Indies, where

¹ The name syphilis was first given to venereal disease by Frascatorius in the poem *Syphilis sive Morbus Gallicus*, published in 1530.

it is common amongst the Indians, and in those regions it is not so dangerous as with us." Amongst modern syphilologists, the most convincing argument in support of the American origin of the disease is that presented by Dr. Iwan Bloch.

It must be admitted that there is a decidedly strong *prima facie* case for a far more ancient and more ecumenic origin. True, there is no proof. But the fact that the Columbus expedition brought back a peculiarly virile infection is no proof that the disease had never before attacked any residents in the Old World. The immense significance of the possibility of some degree of racial syphilisation has never been sufficiently considered by those who put forth the American origination. If such a position be conceded, the possibility arises in turn of the importation of an exotic and peculiarly virile form of the *Treponema pallidum* causing such an aggravation of the disease as to be looked upon by a superficial observer as an outbreak of a new disease. In this light the opinion of Gabrul Ayala, quoted by Gluck, that the fifteenth century European outbreak of syphilis was really an epidemical outbreak of an already existent old disease is a not to be overlooked hypothesis.

The weak spot in the theory is in the fact that of the actual existence of the disease in olden times there is, as the opposers of the theory have pointed out with much truth, no evidence worth serious consideration. The writings of the Greeks and Romans have been combed with fine industry and every reference that could be flourished as indicating syphilitic infection has been exhibited with triumph. There is, for instance, a reference by Hippocrates to ulcers on the genitals and in the mouth; there are indications of sores on the hands and sexual organs in Thucydides; in the *Ayurvedas* of Susruta there is mention of diseases common in India

three thousand years ago which read suspiciously like descriptions of syphilis and gonorrhœa. And crowning triumph of all, attempts have been made to identify numerous Biblical references to leprosy as being really concerned with what we know as syphilis. But all this is mere surmise. It cannot be anything else.

The position is further complicated by the fact that in those early days medical men did not differentiate syphilis from gonorrhœa and chancre. As recently as 1767 John Hunter stated that all three diseases were the same, resulting from one organism. It was years later that Ricord demonstrated the fallacy of Hunter's thesis by proving that the pus from gonorrhœal infection did not produce syphilis. It was not until as recently as 1895 that Schaudinn identified the organism responsible for syphilitic infection: the *Treponema pallidum* then known as the *Spirochæta pallida*.

II.

Syphilis, in a natural state, is a disease peculiar to man. Popular opinion and statements in the press notwithstanding, no animal has ever suffered from syphilitic infection unless artificially induced, as in the transmission from man to apes and rabbits.² Before Metchnikoff infected apes no monkey ever suffered from syphilis. The same thing applied to rabbits, and the infection cannot be transmitted by coitus to another rabbit.

Luckily for man, outside sexual intercourse con-

² Some confusion has arisen through the disease peculiar to rabbits known as venereal spirochætosis, resulting from infection with *Treponema cuniculi*, an organism which Chesney affirms is morphologically indistinguishable from *Treponema pallidum*. Similarly the micro-organism responsible for yaws in man is morphologically indistinguishable from the *Treponema pallidum*.

tagions are not numerous. Hazen³ estimates that 20 per cent. of syphilitic infections are acquired innocently. The *Treponema pallidum* is easily killed, being unable to retain motility for any extended period divorced from living tissue. It is easily destroyed by antiseptics; drying alone means death. Were it otherwise, there is not an individual living would be free from infection.

In acquired syphilis the *Treponema pallidum* must reach the individual by actual contagion. In 95 per cent. of all cases the place of infection is some portion of the genitals. The incidence of extra-genital lesions in comparison is small, but the possibility of such infection must by no means be overlooked. Thus by kissing, or by coitus in os, the organism may invade the mucous membrane of the lips or mouth. Much less rarely is there infection of the skin surface. In an examination of 2,743 consecutive cases of syphilis at Haslar the number of extra-genital infections was 46, or 1.7 per cent. Of these cases no less than 20 lesions occurred on the lip, 7 at or near the anus, and 3 in the eye (palpebral conjunctiva). Crossen quotes Dudley as stating that he knew of 20 cases where physicians have been infected through abrasions on the hands.

As I have already stated, the only reason why every individual living is not infected with syphilis is owing to the facts that (1) the organism rarely finds entrance other than through an abrasion⁴ of the mucous membrane or of the skin; and (2) it is easily killed. For it

³ Henry H. Hazen, *Syphilis*, second edition, Kimpton, 1928.

⁴ It is important that the fact be grasped that by an abrasion is not necessarily meant a tear or cut plainly discernible by the naked eye. There are abrasions which can only be seen through the microscope and one of these presents sufficient opening for the entrance of *Treponema pallidum*. The man in the street is apt to get a false sense of security through not realising that his skin may present many abrasions of which he is entirely unconscious.

is a safe assumption that billions of infective organisms are liberated by syphilitics every day of the year in every town of any size. The small number of infections outside sexual intercourse is not due to the warnings of medical men against the dangers of unwashed and cracked drinking vessels, infected lavatory seats, towels, razors, dental instruments, catheters, but to the facts I have mentioned. The reason why contagion, in the enormous main, results from sexual intercourse, and why extra-genital lesions, where they do occur, are usually in the mouth, is that the delicate mucous membranes of the genitalia and the mouth are easily abraded and offer greatly enhanced possibilities of infection. Coitus itself is usually sufficient to abrade the penis or the vulva sufficiently to allow the *Treponema pallidum* to effect an entrance.

Congenital syphilis differs from acquired syphilis in the fact that there is no primary stage. Every neglected case of acquired syphilis becomes in time generalised: congenital syphilis is generalised from the commencement. The mortality rate in congenital syphilis is very much higher than in acquired syphilis.

An infection never manifests itself immediately. There is invariably a period of incubation. The initial symptom, which may appear as early after infection as ten days or as long after as eight weeks, is a small spot or papule, usually painless. Speedily this develops into an ulcer, known as a syphilitic chancre. It is well defined, indurated and painless; as distinguished from the painful unindurated ulcer known as soft chancre.

Usually in men the site of the chancre is on the corona glandis; in women on the labia majora, the labia minora, or less frequently on the external os.

Occasionally no chancre is to be seen at all, and the incidence of syphilis is only known when secondary symptoms appear. This condition, known as *syphilis*

d'emblée, is not common, and probably the initial lesion is either so minute or situated in such a position as to be overlooked altogether.

The insignificance of so large a proportion of the primary lesions represents the greatest danger of syphilitic infection, as in so many instances it gets a secure hold of the whole system before treatment is commenced. The remarks of Hazen on this point are most important :—

“The more cases of late syphilis that one sees the more impressed must he become with the fact that even the most intelligent patients who are obviously trying to help the physician cannot recall any initial lesion, or at the most can remember but a tiny scratch that lasted only a few days. Then, too, we have all seen organisms found in the most insignificant-looking lesions. In certain instances patients who deny any venereal infection are lying, in other instances they have suffered from an extra-genital infection which was not recognised, but a large class does remain in which there was no typical chancre.”⁵

As the chancre develops it discharges profusely. Simultaneously there is enlargement of the glands of the groin, though no painful bubo is formed as in soft chancre.

As already indicated, it is rare for the syphilitic chancre to be in any way painful. Left alone it will probably heal without any treatment. Herein lies the danger. The infected individual suffers little except for some slight discomfort. The infection is treated as an ordinary sore, or a quack is consulted, or it is ignored altogether. The one course is as bad as the other. The chancre heals. Nothing more is thought of it.

All this time, however, the *Treponema pallidum* is

⁵ Henry H. Hazen, *Syphilis*, Second edition, Kimpton, 1928, pp. 73-74.

burrowing its way into the system. Through the perivascular lymphatics into the blood-stream the deadly organisms are making their way. The primary stage is over. The secondary stage is well on the way. The infection has ceased to be a local one: it has become generalised, and as a result its cure is a difficult matter.

The symptoms of secondary syphilis usually manifest themselves from six to twelve weeks after the appearance of the initial sore. The presence of this secondary stage is generally diagnosable from the appearance of an unsightly, reddish-brown rash on the legs, arms and chest.⁶ The glands become enlarged and tender, the bones and joints painful; there may be ulceration in the mouth and tonsils.

The final or tertiary stage is marked by gummatous formations in many parts of the body. It is this general cell-infiltration resulting from syphilitic infection which eventually causes death.

Only in comparatively recent years has the full significance of syphilis as a cause of general paralysis⁷ and tabes dorsalis been realised. In fact, the weight of evidence tends to prove that Mott was right in saying that syphilis is the ultimate cause of general paralysis. One might with perfect safety say that every man or woman who dies from general paralysis was a syphilitic. But this does not mean, as is often supposed, that every individual infected with syphilis goes insane. He does no such thing. In this connection Havelock Ellis says:—

“ Syphilis is not indeed by itself an adequate cause

⁶ The popular idea that the face is invariably disfigured with a repulsive rash is a fallacy. Often enough the face is not attacked at all. Conversely the presence on the face of a repulsive-looking rash is no evidence of syphilitic infection.

⁷ Various referred to by medical writers as paresis, dementia paralytica, parenchymatous cerebral syphilis; and in popular terminology, as softening of the brain.

of general paralysis, for among many savage peoples syphilis is very common, while general paralysis is very rare. It is, as Krafft-Ebing was accustomed to say, syphilisation and civilisation working together which produce general paralysis, perhaps in many cases, there is reason for thinking, on a nervous soil that is hereditarily degenerated to some extent; this is shown by the abnormal prevalence of congenital stigmata of degeneration found in general paralytics by Näcke and others."

It is the long-neglected cases, where the *Treponema pallidum* invades every tissue of the body, that amongst civilised races induce insanity and tabes in individuals in whom there is already existent tentative dementia. Thus the incidence of syphilis in asylums and prisons is very high. Dr. Amos Squire, of Sing Sing prison, told Frank Harris that 27 per cent. of all the prisoners were syphilitic and "that 60 per cent. have venereal disease of some sort or other." The same authority said "the returns of the officers in the war showed 25 per cent. syphilitic."

Syphilis affects woman much more seldom and much less seriously than it does man. It but rarely induces tabes, general paralysis or other serious vascular or nervous disorders. In parous women, and particularly during pregnancy, syphilis generally runs an exceedingly pacific course. The seriousness of the infection in woman lies largely in the way it affects her offspring, for in most instances the child of a syphilitic mother is affected, even though the father is entirely free from the disease.

III.

Syphilis is far easier to prevent or to abort than it is to cure. It is indeed a point on which there is a conflict of opinion whether in strict truth syphilis is *curable*.

For ages the consensus of medical opinion was in favour of its incurability. Then came the discovery of the famous "606,"⁸ or arsphenamine treatment, and the Wassermann test. Immediately the tables were turned. Medical opinion, as it is wont to do, made a *volte face*. It was decided, and it was stated with emphasis, that syphilis *was* curable. In fact, so positive were the assertions of its easy response to early medical treatment, that the public, after its years of scare, began to think syphilis was a pretty trumpery thing after all. Recent research, however, discloses another story. Syphilologists, in strict privacy, are not so sure that what they have been wont to call a cure is in reality a cure at all. The following remarks of Warthin, quoted by Hazen, are instructive:—

"Likewise in the case of syphilis, therapeutic optimism has in recent years received severe blows at the hands of the pathologist. The frequency of latent syphilis of the heart, aorta, and central nervous system, the demonstration of spirochætes in conditions (paresis, tabes, etc.) until very recently regarded as parasymphilitic in nature and ætiology, thus proving these conditions to be still active infections, have somewhat shaken clinical optimism. Cures once promised after a year of active treatment have passed through the two-, three-, and five-year limit, and now some clinicians are advising the syphilitic to take internal treatment over a period of many years or even throughout his lifetime if he will escape the uncertain chances facing everyone who acquires the disease. The wave of therapeutic optimism excited by salvarsan and the negative Wassermann reaction even now is subsiding.

* The name "606," as arsphenamine is popularly called, was given to the drug because it represented the six-hundred-and-sixth test made. The name "salvarsan" so often used is a misnomer: it is a proprietary name indicating the brand of arsphenamine made by one particular firm.

“It has been my experience as a pathologist to become very pessimistic as to the curative effects of any of the present-day methods of treating syphilis. Before the spirochæte became an absolute pathognostic sign of the presence of the disease, certain myocardial, aortic and testicular changes were recognised by the pathologist as well-nigh proof positive of syphilis. The practically constant occurrence of these changes in the bodies of cases of clinically-cured syphilis gave the pathologist good reason to believe that he was dealing with a still active process, although he had no means of proving this. The pathologist's judgment of these conditions is now confirmed by the demonstration of the spirochæte of syphilis in such lesions. . . .

“The therapeutic lesion is evident. Promises of cure within definite time limits can never safely be made, and our advice as to treatment must include the possibility of treatment extended over many years. The syphilitic must be treated as a germ carrier. The latency of the infection seems to be the same in many untreated cases as in those receiving very good treatment. Our present-day treatment seems only to succeed in rendering the infection latent rather than in curing it. Clinical cures may not be cures at all, as shown by the autopsy. From the standpoint of eugenics, it may also be said that absence of symptoms, or even the history of infection, and negative Wassermann reaction cannot be taken as an absolute criterion of freedom from latent syphilis.”⁹

For a hundred years it has been known that for an individual to suffer from a second attack of syphilis is remarkably rare. The explanation accorded was that the reason for the rarity of the second attack lay in the

⁹ Warthin, *American Journal of Medical Science*, 1916, clii, 508, quoted by Hazen, *Syphilis*, Second edition, Kimpton, 1928.

fact that the individual had developed a state of immunity to any subsequent infection. No other explanation was given. No other was thought of. But all the same there is another explanation for this apparent immunisation of the individual: an explanation that is by no means so pleasing. It is neither more nor less than that the reason why there is resistance to a second infection is that the first infection has never been cured.

John Hunter, a century ago, stated that "a pocky person cannot be affected locally with the matter proceeding from the sore produced by the lues venerea." The experiments of Ricord confirmed this. While he found no difficulty in producing additional soft chancres by inoculation with the discharge from the patient's own soft chancre, all attempts to do the same with the hard syphilitic chancre failed.

Neisser was the first to throw cold water on the idea of an attack of syphilis conferring on the individual after cure lifelong immunity to any subsequent infection. He averred that this immunity merely proved that the patient was not cured. To substantiate his theory, Neisser selected 29 apes inoculated with syphilis, supposedly cured and resistant to a second inoculation. He removed their internal organs, prepared from these organs emulsion with which he inoculated other apes: in this way he proved that in 22 out of the 29 there were present virile *Treponema pallidum*.

For long it was supposed that there was such a thing as hereditary immunity to syphilitic infection. The child of a syphilitic woman was supposed to be immune. Many authorities have supported this thesis. Sir Archdall Reid says that when "a syphilitic mother has a healthy child" or "the healthy partner of a syphilitic father is delivered of an infected child, the healthy

individual is found to be immune to the disease."¹⁰ Sir Archdall Reid then proceeds to build up an elaborate theory of immunity created by the presence of toxins. It is futile to follow his argument here: it is altogether erroneous. The individuals whom he terms healthy are diseased: they are immune to a second infection because they are syphilitic.

On this subject of immunity Chesney says:—

“There is little or no evidence to show that acquired resistance to syphilitic infection can be transmitted through inheritance, just as at present there is no satisfactory evidence to show that passive immunisation can be accomplished or the course of an established infection altered by the administration of serum from immune persons or animals.”¹¹

And again:—

“With reference to acquired immunity to syphilis, clinical experience has demonstrated that second attacks of this infection in the same individual are extremely rare. Inoculations of patients in various stages of the disease with active syphilitic virus have shown that the syphilitic individual gradually acquires a resistance against luetic virus introduced into the skin from without. This resistance is not absolute, however, but appears to be more pronounced during the later stages of the disease.”¹² And there we must leave it. Until fresh light is thrown on the subject it must remain a controversial point whether the resistance to a second infection is a true immunity or an indication that the infection is still present even if in a state of stagnation.

¹⁰ G. Archdall Reid, *The Principles of Heredity*.

¹¹ A. M. Chesney, *Immunity in Syphilis*, 1927.

¹² *Ibid.*

IV.

Despite these doubts as to ultimate cure, there is no room for question that if taken in its initial stages syphilis can be reduced to such a state of latency or stagnation as to be virtually cured. Moreover, although syphilis is so prolific a cause of death its actual effect in the way of shortening life is small. Thus Bramwell estimates it at one year and four months; Blaschko at four years.

The first essential is to secure competent medical attention at the very earliest possible moment. The second and equally important point is to continue the treatment until the physician pronounces the "cure" is effected.

At best it is a prolonged affair. There is no quick cure for syphilis. Lees says:—

"It is essential to emphasise the fact that the disappearance of the signs of syphilis does not mean a cure of the disease. This fact is too often forgotten in the treatment of both acquired and congenital syphilis, and is responsible for many of the recurrences of the disease."¹³

Lees is writing this not for the public but for medical men, and when it is necessary to warn physicians of the need for continued treatment how much more necessary is it in the case of patients who, the moment the local lesions heal, jump to the conclusion that the infection is cured.

It is in this connection that the clinics for the free treatment of venereal diseases find their big difficulty, and coincidentally here is revealed the reason why they fail so dismally in eradicating or materially lessening the toll of the diseases. It is impossible to get patients

¹³ David Lees, *Practical Methods in the Diagnosis and Treatment of Venereal Diseases*, 1927, p. 174.

to continue treatment until they are "cured." There is no means of making these patients continue their attendances. Despite reiterated warnings the huge majority cease to attend after the primary lesions are healed.

The only hope of ultimate "cure" is in the continuance of treatment for many months after every outward indication of infection has vanished and after repeated negative Wassermann reactions. It is difficult to state any precise time owing to the wide variations in the infections. Lees gives two years as a minimum period. Bayly, a syphilologist of vast experience, says the patient should remain under observation for ten years.

An error which many medical men of limited experience make is to place absolute reliance on the Wassermann reaction. Valuable though this indubitably is, by no means is it the infallible thing that popular opinion has been induced to believe. Syphilis is not the only disease that gives a positive Wassermann reaction. A weak positive reaction is useless as an aid to diagnosis, as it may result from many pathological conditions other than syphilis: yaws and leprosy both give strong positive reactions. Moreover, it is not unknown for a negative reaction to occur in indisputably syphilitic cases. According to the researches of Craig, alcohol taken into the system immediately before the Wassermann test will induce a negative reaction in a pronouncedly syphilitic patient. Also a considerable number of negroes invariably and normally give a positive Wassermann. To be of any value either in the diagnosis of syphilitic taint or as evidence of its "cure" the tests must be repeated at intervals over an extended period. One or two tests are quite valueless.

CHAPTER XXI.

Other Venereal Infections.

NOT every infection of the genital organs is necessarily syphilis or gonorrhœa. Nor is it necessarily serious. The seriousness of syphilis and gonorrhœa lies in the rapidity with which these infections invade other tissues. Through the continuity of the mucous membrane linings of the reproductive and the urinary systems it is easy for any infective organism to quickly reach the internal genitalia and from thence spread through the lymphatics into the whole blood-system. Any condition, disease or infection which is purely local is comparatively harmless and quickly curable.

Most common of such infections is the one known as soft chancre. It results from sexual intercourse with an individual infected with one of several non-syphilitic organisms. The period of incubation varies considerably. At any time from twenty-four hours after infection to a week may appear the symptoms indicating the presence of the disease, in the form of one or more ugly, evil-smelling, discharging ulcers, usually on the frenum, the prepuce or in the balano-preputial fold in the male; on the vulva in the female. The ulcer is easily distinguishable from the syphilitic chancre owing to its lack of induration, its liability to spread, and the fact that other similar ulcers frequently and speedily appear. In addition, it is excessively, often excruciatingly painful, and is generally accompanied by a painful bubo.

The infection being primarily local readily responds to skilled medical treatment. But no time should be

lost in securing proper attention. Untreated chancroid may result in permanent deformity of the penis.

A non-infective ulcer may be induced by irritation of the sensitive skin of the penis resulting in an abrasion which, if not kept clean, speedily ulcerates. It may easily result from the abrasion which often follows a first coitus.

In prostitutes and others addicted to extensive promiscuous intercourse there sometimes arises a condition known as stasis hypertrophy of the vulva. It is often analogously termed "elephantiasis," but must not be confounded with the so-called "Hottentot apron," a vulval enlargement mechanically produced. Stasis hypertrophy is the result of continuous ulceration resultant from infections or uncleanness which through neglect, or more probably excessive coitus, has never been given an opportunity to heal. Often it is accompanied by a chronic ulcer (*ulcus rodens*).

Not every urethritis is gonococcal in origin. It may result from invasion by the pneumococci, the staphylococci, or the diphtheroid bacilli, and in every such case the symptoms may readily be mistaken for those of gonorrhœa. The use of strong antiseptic solutions often give rise to simple urethritis; and in prostitutes and others who continually employ disinfectant douches for prophylaxis some such condition is rarely absent. Though non-gonorrhœal urethritis in itself is not serious and readily yields to treatment, it should always be remembered that its presence makes venereal infection all the more likely.

The small warty growths on the glans and inside surface of the foreskin in the male and on the labia in the female, known as *condylomata acuminata*, may be of venereal origin. But often they are not, as the irritation of decomposing smegma may be sufficient to induce their formation. As a consequence a sufferer may

imagine himself to be, or may be unjustly accused by others of, suffering from venereal disease.

Balanoposthitis is generalised inflammation of the penis. Anything which causes trauma of the delicate mucous membrane may give rise to this condition. Thus masturbation, neglect to remove decomposed smegma, acrid leucorrhœa, menstrual discharge, even oft-repeated coitus itself, may prepare the way for the invasion of the mucous membrane by infective organisms. Whether the inflammation becomes venereal or otherwise depends upon the nature of the infective organisms.

Herpes genitalis, though a distressful and annoying infection affecting the glans or the subpreputial surface, readily yields to simple antiseptic treatment. Similarly, scabies and pediculosis, both parasitic diseases resulting from promiscuous sexual intercourse, also from lavatory seats, infected beds and carriage cushions, are easily cured by the application of antiseptic ointment.

INDEX.

- abortion, law relating to, 131
 —, methods of inducing, 133
 —, its prevalence, 132, 133
 Abraham, 119, 137n
 Acton, 88
 Adam, 134
 Adamites, 96
 Adler, 77
 Agrippina, 96
 Ahlfeld, 55
 albuminuria, 115
 amenorrhœa, 59 *et seq.*
 American Birth Control League, 140
 anæmia, 62
 androgynia, 15
 anorchidism, 107
 Anthony, St., 92
 Antonius, Marcus, 96
 aphrodisiacs, 110 *et seq.*
Aphrodite, 141
 Apollo, festival of, 49
Arabian Nights, 112
 Aristotle, 54, 75, 115, 132
 Armelle, St., 92
 arsphenamine, 182
arthritis urica, 102
 Aspasia, 96
 aspermia, 114
Asterias forbesii, 12
 Astruc, 54
 Athenæus, 96
 Ayala, Gabrul, 175
Ayurvedas of Susruta, 175
 azoöpermia, 115

Bacillus coli, 169n
 Baer, Von, 54
 balanitis, 82
 balanoposthitis, 82, 190
 Banbury peerage case, 114n

 Barbarossa, 145
 Barr, Sir James, 140
 Barry, Madame du, 111
 Battey, 100
 baubon, see phallus, artificial
 Baudelaire, Charles, 152
 Bayly, 187
 Beasley, Gertrude, 36
 Beethoven, 152
 Bell, Blair, 16, 55, 88, 93
 Bible, The, 7, 25, 41, 50, 69n, 96, 111, 131, 134, 137n, 143, 176
 Biérent, 75
bijou indiscret, see phallus, artificial
 Billah, 137n
 Birth Control, see contraception
 Birth Control Clinics, 140
 Birth Rate Commission, 162, 163
 Bischoff, 54
 bisexualism in animals, 15
 — in man, 16, 33, 34, 93
 Blackman, W. S., 133
 Blaschko, 186
 Bloch, 122, 175
 Boismont, Briere de, 54
 Bradlaugh prosecution, 137
 Bramwell, 186
 Bright's disease, 108
British Medical Journal, 51
 Bryant, 86
 Buls, 149n

 Calkins, 13
 cantharides as an aphrodisiac, 111
 Casanova, 152
 castration, effects of, 17, 69
 Catherine, St., 92

- Catherine the Great, 96
 cell, its composition, 13
 cervicitis, 120
Chaetopterus, 12
 Chamberlain, N., 160
 chancroid, see soft chancre
 Charlemagne, 145
 Chesney, 176n, 185
 Child, C. G., 121
 Chisholm, 53
 choir boys, castrated, 69n
 chordee, 169
 Christ, virgin birth, 134
 circumcision, 46, 135
 clap, see gonorrhœa
*Classical Dictionary of the
 Vulgar Tongue*, 137
 clitoridectomy, 24
 clitoris, 24
 —, hypertrophy of, 24
 coitus, dangers of, 68
 — during pregnancy, 82
 —, hygiene of, 81
 —, mechanism of, 66
 —, proper time for, 78
 —, publicly performed, 96
 —, quadrupedal, 23, 67
coitus interruptus, 137
 conception, mechanism of, 27
 condom, 137n
Condylomata acuminata, 189
 Congreve, 152
consolateur, see phallus,
 artificial
 continence, Christian concept
 of, 83, 84
 —, effects of, 85 *et seq.*
 contraception, beneficial
 effects of, 140 *et seq.*
 —, law affecting, 139
 —, medical attitude to-
 wards, 141
 —, methods of, 138 *et seq.*
 Cook, 96
 Council of Nice, 50
 Craig, 187
 Crawley, 51
Crepidula fornicata, 15
 Crippen, 93
 Crossen, 58, 100, 103
 cryptorchidism, 114
 cunnilingus, 42, 125
 dancing as an aphrodisiac,
 74, 110
 Davis, 69
Decameron, 112
 diabetes, 108
 Diamant, 45
 Diday, 52
 dildo, see phallus, artificial
 Dionysus, festival of, 49
 Dodd, 117
 douching, dangers of, 64
 Dudley, 177
 Dukes, 39
 Duncan, 85
 Dutch Malthusian League,
 140
 dysmenorrhœa, 60 *et seq.*
 —, membranous, 61
 dyspareunia, 68
 Ellis, Havelock, 23, 24n, 26,
 37, 38, 42, 51, 73, 76, 87,
 180
 embryo, development of, 30
Encyclopædia Britannica,
 145n
 endometritis, 120, 121
 enema, risk attending use
 of, 64
 epispadias, 115
 Ernst, 38
 Erskine, Lord, 114n
 Esarhaddon, 167
essayeurs, 125
 eunuchs, delayed orgasm
 in, 79
 —, persistence of sexual
 desire in, 107n
 Eusebius, 143
 Fallopian tube, 21
 Feast of Fools, 49
 Fehlinger, 32
 Feldner, 26
fellatio, 129
 Féré, 70

- fertility, effects of age on, 116
 —, effects of circumcision on, 119
 —, influence of sexual excitement on, 119
 festivals, sexual, 49
 fistulæ, 115
 Forel, 76, 97, 163
 Forsdike, 119, 121
 Fournier, 148n, 155
 Fox, Sir Stephen, 114n
 Franklin, Benjamin, 67
 Frascatorius, 174n
 Frazer, 51
 French letter, see condom
 Freud, 35, 36, 85
Fruits of Philosophy, 137
- Galabin, 21
 general paralysis, 180 *et seq.*
 Gibbs, Charles, 157, 162
 gin, myth respecting its value during menstruation, 63
 Gladstone, W. E., 148
 gleet, 170
 Gluck, 175
 godemiché, see phallus, artificial
 Goethe, 39
 Gogol, 39
 gonorrhœa, a cause of death, 154
 —, antiquity of, 167
 —, causes of, 167
 —, complications of, 172
 —, in children, 170
 —, in women, 170
 —, symptoms of, 168
 gonorrhœal ophthalmia, 172
 Goodell, W., 52
 Guttceit, 24n
 gynandria, 15, 24
 gynatresia, 60
 Gyurkovechky, 106
- hæmatocele, 108
 hair and sexuality, 75
- Haller, Von, 57
 Haire, Norman, 136
 Harris, Frank, 181
 Harrison, Col.; L. W., 164
 Haslar, 177
 Hazen, Henry H., 177, 179
 Heape, 54, 55
 Hegar, 86, 141
 Heine, 67
 Henry VIII, 145
 hermaphroditism, 14, 15
 hernia, 108
 Herodotus, 143
herpes genitalis, 190
 Hertwig, 12
 Heyse, 21
 Hippocrates, 85, 175
 Hoche, 86
 homosexuality and the law, 125
 —, causes of, 124 *et seq.*
 Hosea, 144
 Hottentot apron, 189
 Housman, Laurence, 128
 Huhner, 88
 Hunter, John, 176, 184
 Hutchinson, 148
 hydrocele, 108
 hymen, abnormalities of, 26
 —, evidence of defloration, 25
 —, mentioned in Bible, 25
 hypospadias, 108, 115
- ignorance, dangers of, 3 *et seq.*
 impotence in men, causes of, 107 *et seq.*
 —, in men, prevalence of, 107
 —, in women, 109
 impotence as grounds for divorce, 106
 impregnation, mechanism of, 27
 infanticide, 131, 132
 infibulation, 134
 insemination, artificial, 28
 instinct, definition of, 70
 intermenstrual pains, 61

- Jacobi, 53
 Jehovah, 134
 Jephthah, 144
Jew and Human Sacrifice, The, 51
 Joubert, 55
 Joyce, 6
- Kadeshah*, 144
 Kierkegaard, 39
 Kisch, 68, 100, 109, 118, 119, 128
 Klebs, 15n
 Knowlton, 137
 Königsberg pietists, 91
 Koran, 50
 Krafft-Ebing, 9, 24, 40n, 41, 42, 60, 77, 85, 114, 181
kraurosis vulva, 121
- labia majora, 23
 labia minora, 23
 labour pains, see parturition
Lancet, 155
 Lane, Sir Arbuthnot, 85
 Las Casas, 174
Laws of Manu, The, 50
 Lea, 91
 League of Nations, 150
 Lees, 186
 Leeuwenhoek, 134
 Lenz, 57
 Leredde, 157
 Lesbianism, 71, 122 *et seq.*
 leucorrhœa, 59
 Lewis, C. J. and J. N., 116
 Licensing Act, 147
 life, definition of, 11
 —, function of, 8
 Litégois, 115
 Livia, 96
 Lode, 18
 Loeb, Jacques, 12
 Lombroso, 77
 Londres, Albert, 76
 Louis IX., 145
 Louyer-Villernay, 38
 love, foundation of, 1 *et seq.*
 —, meaning of, 9, 10
- Luther, 43, 79
Lysistrata, 41
- Maclachlan, 164
 Magdalen, Mary, 143
 Malays, prevalence of pederasty amongst, 135
 Malthus, 137n
 Mandeso, 57
 Mann, Dixon, 104
 marriage, a cure for pollutions, 43
 —, as a cure for amenorrhœa, 89n
 — and the sexual act, 79
 — between women, 42
 Marro, 75
 Marshall, 139
 masturbation, 36 *et seq.*
 — amongst Spanish Creoles, 38
 — causes of, 38
 —, harmful results of, 40
 — in animals, 38
 — in boarding schools, 39
 — in children, 38
 — in great men, 39
 — in the female, 41
 —, unconscious, 37
 Matthews, 12
 Maupassant, de, 152
 Mead, 12
Medical Aspects of Contraception, 139n
 mellitus, 108
 Mencken, H. L., 2
 menopause, 99 *et seq.*
 —, abnormal instances of, 100
 — as a cause of cancer, 103
 — as a cause of insanity, 102
 — cause of Hottentot rump, 101
 —, complications of, 103
 —, commencing age of, 99
 —, symptoms of, 101
 menorrhagia, 103
 menstrual fluid, curative properties of, 51

- menstruation, 47 *et seq.*
 — and uncleanness, 50
 —, Biblical references to, 50
 —, cessation of, 58
 —, commencing age of, 57
 — effects of climate on, 57
 —, hygiene of, 63 *et seq.*
 — mentioned in Koran, 50
 —, phenomena of, 52 *et seq.*
 —, precocious, 57, 58
 —, primitive ideas respecting, 49
 —, theories of, 54 *et seq.*
 Meriel, 56
 Merrick, 148
 Messalina, 96
 Metchnikoff, 33, 158, 176
 metrorrhagia, 103
 "mica" operation, 135
Mimes of Herondas, 41
 Mohammed, 45, 79, 93
 Moll, 6, 77
 monogamy, how it induces immorality, 82
 —, failure of, 129, 142
 monorchidism, 114
 Montaigne, 5, 42, 70
Moral Physiology, 137
 Moreau, 38
 Morgan, 12
 "morning drop," 169
 morning sickness, 29
 Moses, 79
 Mott, 180
 mumps, 108
My First Thirty Years, 36
 Mylitta cult, 143
- Nacke, 86
 Navarre, Marguerite of, 96
 Neisser, 166, 184
 Neuman, 58, 100
 Novak, 100, 103
 nymphomania, 96
 Nystrom, 85
- obesity as a cause of sterility, 119 *et seq.*
- Offences against the Person Act, 125, 131
 olfactory powers and sexuality, 75
 oligospermia, 114
 olisbos, see phallus, artificial
 Onanism, 37n, 137n
 Oneida Community, 79
 oöphorectomy, 56, 109
 Ophthalmological Society, 172
 Orton, 15
 Osler, Sir William, 154, 155
 ova, number of, 21
 ovaries, 21
 —, functions of, 55, 56
 Oviedo, 174
 ovulation, 21, 35
- pædicatio*, law respecting, 125
 Pajot, 67
paramæcium, 13
 Parent-Duchâtelet, 144
 parthenogenesis, 11
 —, artificial, 12, 13
 parturition, effects of civilisation on, 32
 —, mechanism of, 31 *et seq.*
 Paul, St., 92
 Pearson, 104
 pederasty, 69, 122, 135
 pediculosis, 190
Peltogaster, 15
 penis as a religious symbol, 19
penis captivus, 109
penis succedaneus, see phallus, artificial
 perfumes as aphrodisiacs, 111
 phallicism, 23, 143
 phallus, artificial, 41
 phimosis, 114, 168n
 pigmentation and sexuality, 75
 Place, Francis, 137
 placenta, 29
 Plato, 132
 Pliny, 50
 Ploss and Bartels, 67n

- Polak, J. O., 103
 pollutions, see seminal emissions
 Poppæa, 96
 posthitis, 82
 Pozzi, St. Magdalena de, 91
 pregnancy after the menopause, 104
 —, coitus during, 82
 —, in children, 57
 —, its effects on health, 140, 141
 —, signs of, 28 *et seq.*
 —, supernatural view of, 134
 priapism, 111
 proctitis, 172
prolapsus uterus, 102
 prophylaxis in venereal disease, 161 *et seq.*
 — in venereal disease, dangers attending, 165
 — in venereal disease, impracticability in the case of women, 164
 prostitution amongst savages, 143
 — and the law, 147
 — and the licensing system, 147
 — and venereal disease, 148
 —, attempts at regulation, 146
 —, attempts at suppression, 145, 146
 —, causes of, 148 149
 —, its relation to religion, 143
 —, legal definition of, 142
 — mentioned in Bible, 143, 144
 —, religious, 143 *et seq.*
 pruritus, 103
 quickening, stage at which it appears, 30
 Rachael, 137n
 Raciborski, 52
 Rais, Gilles de, 93
 rape, 35n, 80
 Regnano, 70
 Reid, Sir Archdall, 155, 163, 184
 Reitzenstein, Von, 134
 Remus, 134
 reproduction by fission, 11
 —, parthenogenetic, 12
 —, sexual, 14
 Rescue Societies, 148
 Rhea, 134
 Richelieu, Duc de, 111
 Ricord, 166, 176, 184
 Robertson, John, 163
 Rohleder, 85
 Roman Liberalia, 49
 Romilly, Sir S., 114n
 Romulus, 134
 Rondelet, 55
 Rousseau, 39
 Royal Commission on Venereal Diseases, 153, 154
 Russian clap, 169
 Rüttel, 114
Sacculina neglecta, 15
 Sade, De, 38, 111
 salpingectomy, 136
 salvarsan, see arsphenamine
 Salvation Army, 148
 Sanes, 53
 Sarah, 137n
 satyriasis, 95
 scabies, 190
 Schaudinn, 176
 Schiff, 111
 Schneider, 114
 Schopenhauer, 142, 152
 Schrenck-Notzing, 85
 Schultze, 133
 Scott, John Foster, 85
 Scott, George Ryley, 115n, 138n, 140
 Sedgwick, 13
 Seigel, 138
 seminal emissions, 42 *et seq.*
 — emissions, harmlessness of, 44
 seminal fluid, 19

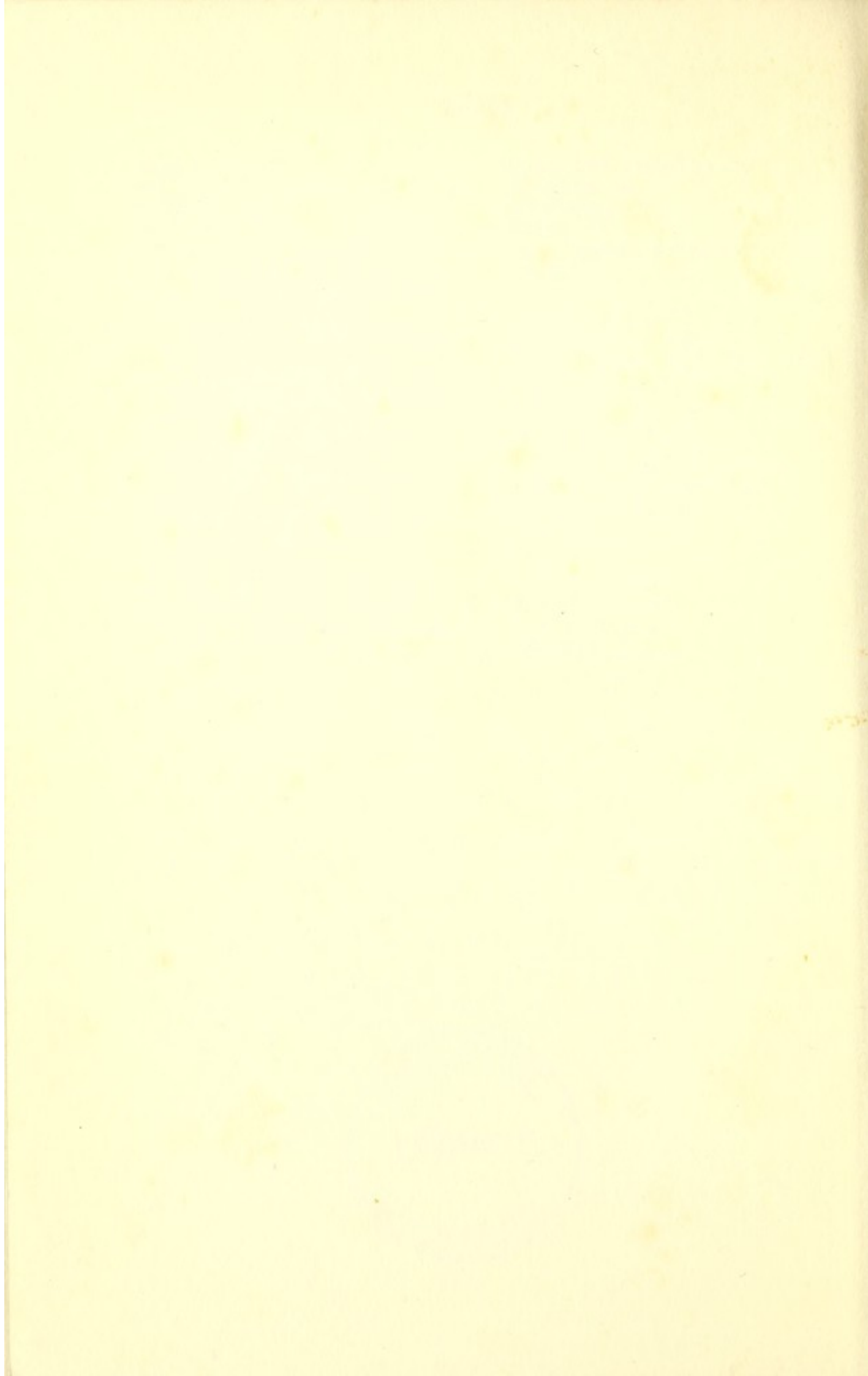
- sex, determination of, 16, 33
 sexual appetite, development
 of after menopause, 104,
 105
 — appetite, effects of nutri-
 tion on, 95
 — appetite, persistence of
 in old age, 98, 99
 — appetite, variations in,
 94 *et seq.*
 — desire in children, 35
et seq.
 — hygiene, 45 *et seq.*
 — power, basis of, 74
 — power, decline in, 98 *et*
seq.
 — power, variations in, 76
 — precocity, 45
 — season in animals, 47
 Shaw, Wilfrid, 139
 Shunammitism, 95
 Skoptzy women, mutilation
 of, 24n
 Society for the Provision of
 Birth Control Clinics, 140
 Socrates, 79
 sodomy, 122
 soft chancre, 188
 Solon, 79, 132
 Soranus, 96
 spermatozoa, number pro-
 duced, 19
Spirochæta pallida, 176
 Squire, Amos, 181
 staphylococci, 64, 169n
 stature and sexuality, 75
 Steinach, 15, 123, 136
 Stekel, 40
 sterility, gonorrhœa a cause
 of, 118, 166
 sterility, causes of, 114 *et seq.*
 —, effects of age on, 116 *et*
seq.
 —, effects of circumcision
 on, 119
 —, effects of obesity on,
 119
 — in man, 114 *et seq.*
 — in woman, 115 *et seq.*
 Stone, Hannah M., 132
 Strack, Herman L., 51
 streptococci, 64, 169n
 stricture, 114, 172
 Sturges, 88
Stylonychia pustulata, 13
 Sumpter, 100
 Swieten, Van, 119
 swinging a cause of mastur-
 bation, 38
 syphilis as a cause of death,
 153, 154
 —, congenital, 178
 —, immunity in, 185
 — innocently acquired, 177
 — in prisons, 181
 — in rabbits, 176
 — introduced to Europe by
 Columbus's expedition, 174
 —, manner of infection,
 177 *et seq.*
 —, mention of, in ancient
 literature, 175
 —, origin of, 174
 —, symptoms of, 179, 180
syphilis d'emblée, 178
 tachycardia, 102
 Talmud, 50
 Tammuz festival, 49
 testes, 18
 thigh-rubbing a cause of
 masturbation, 39
 Thucydides, 175
 thumb-sucking, 36
 Tilt, 62n, 85
Treponema cuniculi, 176n
Treponema pallidum, 176 *et*
seq.
 tribadism, 41, 125
 —, law respecting, 125
 Turlupins, 96
 Ulysses, 6
 urethra, 19, 22
 urethritis, 189
 urethrorrhœa, 52
 urticaria, 102
 uterus, malformations of, 22
 —, subinvolution of, 120

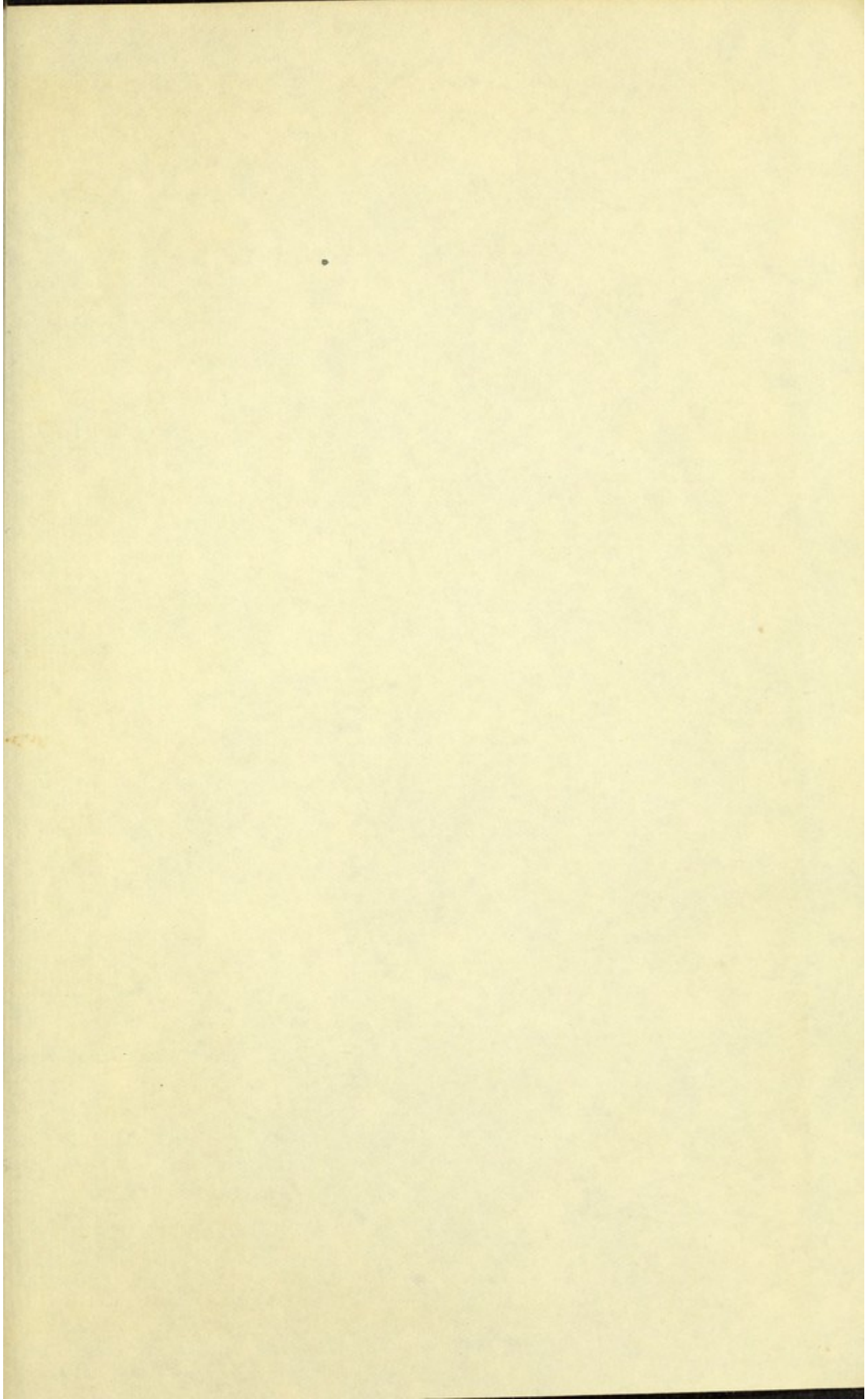
- vagina, 22, 23
 vaginismus, 81, 109
 vaginitis, 59
 vasectomy, 136
 venereal diseases and continence, 158
 —, diseases and prophylaxis, 159 *et seq.*
 — diseases in British Army, 156
 — diseases in France, 155
 — diseases in U.S.A. Army, 154
 — diseases, prevalence of, 152 *et seq.*
 — diseases, Royal Commission on, 153, 154
 Venereal Disease Act, 1917, 152, 159, 160, 164
 vertigo, 102
 virgins, defloration of, 143
 —, belief in intercourse with, as cure for venereal diseases, 95
- voice and sexuality, 75
 Voltaire, 39
 voyeuses, 125
 vulva, 22
 —, stasis hypertrophy of, 189
- Wantz, 76
 Warthin, 153, 182
 Wassermann test, 182, 183, 187
 Webster, 133
 Weininger, 33
 "wet dreams," 42
 "whites," see leucorrhœa
 White Slave traffic, 149
 womb, see uterus
 Wulffen, 95
- Y.M.C.A., 158
 Y.W.C.A., 148
- Zoroaster, 79

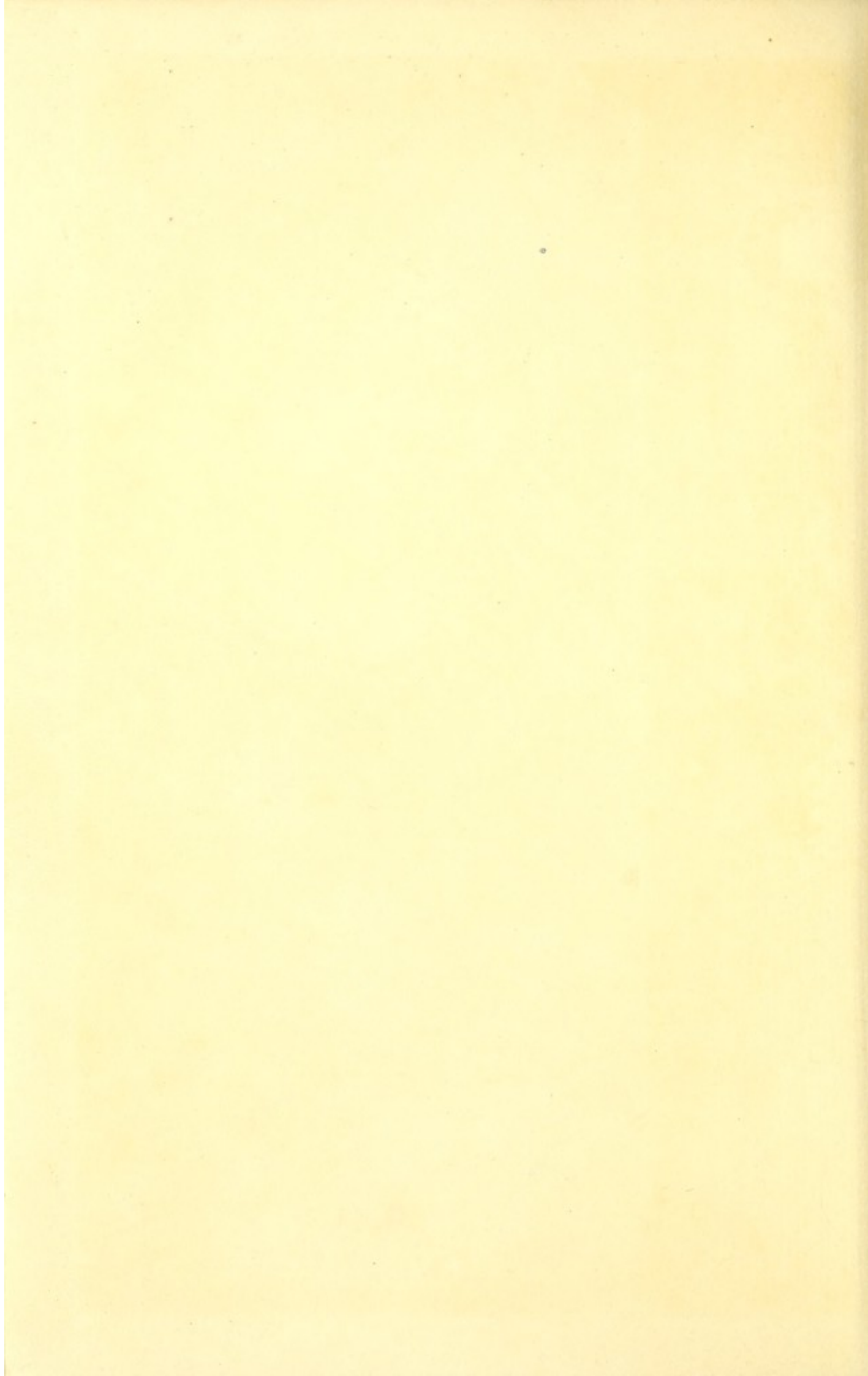


LONDON

JOHN BALE, SONS & DANIELSSON, LTD.
83-91, Gt. Titchfield Street, Oxford Street, W.1.







77.

78.

—

