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**SEX, MARRIAGE**  
**AND**  
**BIRTH CONTROL**

**ALFRED HENRY TYRER**



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R.P.F.  
64, SLOANE STREET,  
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to Mrs. Cecily Mure.

With best wishes  
& appreciation of your  
visit to Toronto, Nov. 20<sup>th</sup> 1954.

Yours truly,  
Cecil V. G. Gm.



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*THE NEW*  
SEX, MARRIAGE AND  
BIRTH CONTROL

BY THE SAME AUTHOR

"Where Did *We* Come From, Mother Dear?"

" . . . And a New Earth."

THE NEW  
**SEX, MARRIAGE AND  
BIRTH CONTROL**

*A Guide-book to Sex Health and a Satisfactory  
Sex Life in Marriage*

BY

**REV. ALFRED HENRY TYRER**

Revised and Enlarged

TENTH EDITION

With Revisions Supervised

BY

**ROBERT L. DICKINSON,**

M.D., F.A.C.S

*Former President, American Gynecological Society*

THIRTY ILLUSTRATIONS

A Practical Handbook for engaged and married couples; and for the use of Social Workers, Teachers, Nurses, the Clergy, and those Doctors who are too busy to attempt the re-education of patients.

---

**MARRIAGE WELFARE BUREAU**  
**TORONTO, CANADA**

NEW TENTH EDITION

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By

ELLIOTT G. TYRER

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BY

DR. ROBERT L. DICKINSON,  
New York Academy of Medicine, New York

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## PREFACE TO TENTH EDITION

In Britain and the United States as well as in a number of other countries, the study of sex as it affects human relations has long been recognized as an essential branch of science and learning. Many books of high value have been written in these countries on this subject. It remained, however, for Alfred Henry Tyrer to produce the first all-Canadian work dealing exclusively with the field of sex. In his book he has dealt comprehensively with the significant facts and the whole range of problems which a study of sexual science presents.

The Dominion-wide acclaim accorded the original and the many subsequent editions of his book has been a source of deep gratification. It has been successful in filling a positive need, and has made a recognized contribution towards helping to establish sound marital and family relationships. The roots from which this book grew were thoroughly established in the fertile ground of long years of experience and observation by the author among all classes of society. Clearly evident was the widespread misinformation of the vital part that true knowledge about our sex lives and related emotions plays in the creating of happy homes and social conditions most conducive to the rearing of well-adjusted children.

An adequate sex education in a practical form is an ever present necessity for maximum human well-being. We can even safely say that it is now

recognized as a branch of education of greater importance than many so-called "essentials" contained in our school curricula. Correct information pertaining to so basic a human heritage as the sex instinct, with its manifold motivations, is of the utmost value to individual living. Ignorance, false information or low ideals in respect to sex often frustrate the building of those stable qualities of character in the individual at which all true education aims, and thus endanger otherwise well-laid foundations for success in life. During the last decade there has been a significant expansion of social thinking and a freedom and effective directness of expression with regard to all social and personal problems which had not theretofore prevailed. This has been a great forward step towards a more sincere, successful and happier way of life.

The advent of another World War, however, has brought new challenges and problems. Among these may be stressed the turbulence which has been accentuated in the emotional life of human beings everywhere. Along with this turbulence and associated with it there has come an ever more insistent demand for facts and a desire to obtain natural, intelligent interpretations of those facts. The individual is thus better able to formulate rational attitudes—no matter how sharply these may seem to cut across the inhibitions of the past—towards all the normal, yet complex emotional urges to which human beings are subject.

Considerations such as these have led to the amplification in this edition of many of the subjects dealt with in previous editions of *Sex, Marriage and Birth Control*, bringing it completely up to date in

the light of the progressive thought and psychology of today. This embraces the most modern medical and scientific approaches to the treatment of the most intimate of human relations, abounding as they do in paradoxes and complexities. We are confident that we are submitting one of the most comprehensive, concise and up-to-date guide books which will enable the average individual to more thoroughly understand and orient his own sexual nature and that of other men and women.

In preparing this revised and enlarged edition we have not hesitated to draw upon the counsel of experienced men and women, who, in addition to being equipped with the latest scientific knowledge, have been able to contribute their personal evaluation of family relationships, as well as the data accumulated in a wide range of consultative activities. In this connection we wish to express our appreciation to those members of the medical and other professions in civilian and military life who have so generously contributed their constructive criticism and suggestions.

In earlier editions of this work we acknowledged our indebtedness to Robert Latou Dickinson, M.D., F.A.C.S., for his helpful guidance, especially in the matter of conception control and family spacing. We now add to appreciation previously expressed, our further recognition of his valuable assistance in contributing his superb presentation "Techniques of Conception Control" embodied in this edition as Chapter X. It is significant of Dr. Dickinson's writings that they are everywhere accepted as authoritative. The renowned English sexologist, the late Havelock Ellis, pays Dr. Dickinson the honour of

quoting his authority on many pages of his incomparable work *Psychology of Sex*.

It is a pleasure to acknowledge the friendly consultant relationships with Mr. David B. Harkness, which have long been the privilege of the author and editor. In preparing this revised edition of *Sex, Marriage and Birth Control*, his counsel, guidance and contributions have been invaluable by virtue of his long experience as Judge of a Domestic Relations Court and a consulting psychologist, and his broad sympathies and understanding of the problems of those who have suffered as a result of ignorance, repressions or faulty philosophies of life.

We, therefore, send forth *THE NEW Sex, Marriage and Birth Control* in the hope that it will renew the courage of many who have become discouraged, assist others to construct, or reconstruct, sound philosophies of sex and marriage, and prepare members of the younger generation for happier mutual relationships than many of their elders have ever known.

ELLIOTT G. TYRER,  
*Editor.*

## NOTE TO THE READERS

*It is the author's sincere request that no one shall glance here and there through this book and then attempt to appraise it. A wrong impression might possibly be so derived. This book deals with the most intimate, and at the same time the most sacred relationship between husband and wife, and in a general way with the broad field of sex as it affects all human beings. In doing so, it speaks frankly and openly as is necessary in the interests of all who feel the need of help and instruction. The many lessons it teaches can be understood and appreciated only if every word be read thoughtfully throughout the book.*



## INTRODUCTION

This book has its source in the fountain of bitter sorrow and the remembrance of scalding tears. Looking backward down the long corridors of silence and loneliness at the years that are gone, I realize how very different life might have been for me and mine had the information contained in this book been given to me and my wife when we set out upon the great adventure of married life nearly fifty years ago. But among our many friends there was none to come forward with wise counsel in the hour of our need. It is indeed one of the saddest tragedies in life, that so few young people realize their need when they first set out. *By the time the need has manifested itself it may be too late.* The mariner seeks no assistance until his ship strikes the hidden rock; but the damage is done then and it *may* be irreparable.

My knowledge of this sad side of life, however, is derived from much more than any personal experience. A ministry in the Church of over forty-five years has given me, on many an occasion, a close-up view into homes where disaster had already occurred, or was on the verge of occurring. During the past fifteen years I have been engaged in marital education and the advocacy of an enlightened public attitude towards sex education and birth control, since the need is so obvious under many circumstances. This book is the immediate outcome of numerous letters of enquiry, and confidences that have come to me from married and unmarried men and women who have been facing problems that

have been threatening their lives and homes with disaster. My answers to such letters have elicited such grateful thanks that I have felt compelled to put into book form what I consider to be the main facts that every married, and every engaged, couple ought to know.

It is, however, with a very deep sense of responsibility that I have undertaken this task. It is not an easy one. We, of this generation, are living in an hour of transition from the day when sex was considered as something to be hidden, something that had some undefined relation to impurity, something the mention of which was absolutely "off colour", to the cleaner, sweeter day that is dawning, when, next to life itself, it will be acknowledged openly, and exalted as one of the most vital things in the world—that around which the fullness and happiness of a well-balanced life is built—a thing God-given, beautiful, sacred and legitimate in all its normal manifestations. But, inasmuch as today is a period of transition, we must expect to find some people, mostly well-meaning and conscientious parents, still affected by the views of a day that is swiftly passing. To them, to the end of their lives probably, the very mention of sex will be taboo. Mistakenly imagining that they are guarding the virtue of their children by keeping them in (supposed) ignorance, they resent any attempt to educate them. To such parents arguments will, in all probability, be useless. All I can do is to inform them kindly, and with sympathy, on the authority of the world's greatest teachers, from the Bible to Havelock Ellis, Lord Dawson of Penn, Dr. Marie Stopes, Margaret Sanger, Dr. Robert Latou Dickinson and a hundred other writers

whose influence is making the world better and more beautiful, that the sexual life is essentially pure, and a thing to be gloried in, and that, in millions of cases, the attitude of taboo and reticence in regard to it has been a source of infinite sorrow and suffering. If parents would save their children from the likelihood of such experiences they must see to it that correct information concerning our sex life is made available to them. Otherwise, if marital disaster should ever come, those parents may have to shed tears of bitterness in the realization that it was upon them the responsibility rested, and they failed to live up to it. God is reported in the Bible as saying "My people perish for lack of knowledge". Young people about to be married need knowledge. If it be denied them there is danger that they too may perish.

Happy sexual relationship between husbands and wives constitutes a chief corner-stone of the happy home. The sexual relationship, however, is too often anything but satisfactory, owing in many cases to mutual ignorance that might have been corrected very easily in the beginning. This fact is being realized more and more all the time by intelligent people who keep an open mind. If parents do not feel themselves able to give the education necessary, sound books, reverently written, are available.

Many such books on sex and marriage have been produced, but all that I have seen may be divided into two classes. The one class is apt to be too extended, and consequently has to be published at a price that is prohibitive to many. The other class, often in pamphlet form, is too brief, and only hints at matters that the authors seem to have been in-

hibited from discussing freely, thus leaving the reader, too frequently, just on the border of information that is most needed. The present volume will try to be free from both these defects. Furthermore, while dealing primarily with sex, the book contains a long chapter—"Concerning Many Things"—in which advice is proffered along lines other than sexual, that have a direct bearing on the happiness and success of the married life.

Primarily this book is for the edification of young engaged couples. It is easier to avoid mistakes than to correct them, and many a marriage is ruined the first night, or during the honeymoon. It should be read very carefully by both—first separately and then together—and then discussed. The information it contains is sometimes more specifically for the benefit of the man, sometimes of the woman. This has induced me to address myself directly to the one or the other as occasion requires. *Being essentially a guide-book, in which, after the first reading, particular chapters will be re-read for particular information, reiteration has been necessary.*

A realization of the true place, and meaning, and beauty of the wholesome and normal sex life will never be reached by anyone so long as its physical manifestations (whatever technique be adopted) are considered as belonging to a supposed low and animal side of our nature as opposed to some high spiritual side. The joys of married life springing out of mutual love and desire should not be subjected to scurrilous suggestion of materialism or animality. It is not true that some of the natural expressions and manifestations of life are sacred and spiritual, and some material and earthly. They all originate from

the same source, which source is "God" or "Nature", or whatever term one's philosophy chooses to adopt. Nourishing the body with physical food, for instance, is just as sacred a process (no more, no less) as nourishing the mind by intellectual pursuits, or nourishing the emotional nature by religious concepts and practices, or by revelling in things beautiful to eye and ear. There is nothing about the sexual organs, or their functions, to be ashamed of, or bashful about; nothing that places them in a different category from the digestive organs or any other part of our anatomy. Prudery has reaped a sufficiently bountiful harvest of broken homes and unhappiness in the past and it needs to be rebuked.

With some of the ancients it was the custom, we are told, for the newly married couple to spend the first night, and pass through their first marital experience, within the sacred walls of their temples and in the presence of their gods. Perhaps they had a deeper and clearer vision of truth than we moderns. So the following pages will not be cluttered up with repeated attempts to impress on the reader that there is a spiritual side to true marriage. That is assumed throughout. Every ardent sexual impulse in its legitimate and natural manifestation springing out of love is as sacred as any other human activity, and this book is an attempt so to present it.

St. Paul tells us (if anyone needs to be told) that "marriage is honourable in all": and then he adds "and the bed undefiled". He is right about marriage but he is mistaken in suggesting that the marriage bed is always undefiled. It is defiled too often because of deplorable ignorance of sexual matters and of the requirements of a natural and satisfactory sex

life. If this book succeeds in starting aright some young couple who would otherwise miss the way, or if it succeeds in correcting some unhappy condition that has already arisen, and, in so doing, re-establishes happiness in even one home, it will not have been written in vain.

Toronto, Canada.

*A. St. John*

# SEX, MARRIAGE AND BIRTH CONTROL

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## CHAPTER I

### CONCEPT OF IDEAL MARRIAGE

Suppose some possible inhabitant of the planet Mars, without the slightest resemblance to a human being, and perhaps sexless, succeeded in making a journey to the earth, and that he wished to take back for the edification of Martian physiologists and psychologists a specimen of us earth-dwellers. Suppose further that the available space in the means of transportation would admit of only one passenger. Would a man or a woman be chosen to represent humanity? With as keen an intelligence and powers of observation as must be accorded to any being capable of making such an interplanetary trip, our visitor would recognize very clearly that neither a man nor a woman could be considered as an adequate specimen on which to form generalizations of the whole race.

The male possesses characteristics not found in the female, and the female possesses characteristics not found in the male, and the special characteristics of one could not be inferred by any psychologist from an observation of the other. The differences are not only physical, but mental and emotional and (for lack of a more definite and generally intelligible word) spiritual. No one man and no one woman could be found who in his, or her, own person, would possess all the qualities to be found in both. A thorough

and complete understanding and generalization of humanity with all its potentialities could be obtained only by a blending or synthesis of both sexes. Whatever completeness is possible in humanity—whatever the sum total of its predictable potentialities—the elements of such a calculation can be found in neither man nor woman, but only in a unification of both.

The nearest approach that can be made to a complete blending of two personalities into one perfect entity, which must embody both male and female elements, is in the ideal marriage where a man and woman come together under the influence of mutual love, undertaking by solemn vows to forsake all others, and to cherish, comfort and honour each the other, for better, for worse, in sickness and in health until death shall end the partnership. This is ideal marriage. It involves mutual love, respect, and admiration, life-long companionship, mutual sympathy and mutual strengthening in all the trials of life, mutual consideration always of each other's every need—physical, mental and emotional. "And they two shall become one flesh", facing life and its problems boldly, fighting its battles, enjoying its pleasures, cherishing the same aspirations and hopes, with a mutual sense of duty to the society of which they form an integral part. Such a life, and such a life only, with, of course, its foundation of a satisfactory sex life, constitutes true marriage—unifying of two bodies and minds and souls, from which unification there shall spring a progeny to carry on and on towards the better and happier world of a day still to come.

I do not think this is too idealistic a concept of mar-

riage. *I believe that monogamous marriage, to which both parties are faithful through life, is the only possible basis of a permanently stable and happy home, and that such a home is the only foundation of any sound human society.* And I believe that "Nature", or "God" (again according to philosophical concept) supports this view. Nature lures the feet of the young into the pathway that leads to monogamous marriage. It is the pathway of romantic love. And she does not delay long in inviting her children to tread the way.

Young people passing out of childhood into maturity, realize, sooner or later, that life is being lit up by feelings and emotions never experienced before. They have observed their bodies undergoing noticeable changes that have been more or less intriguing, and with the maturing of their sex organs a new and vital interest develops that adds to the zest of life. Companions of the opposite sex become more and more interesting, and, if nature is allowed to run a true course, sooner or later some romantic love will come into life—love, in comparison with which all other interests for the time being, take second place. Nature's call for a mate is dominant. "It is not good for man that he should be alone". So, lest the race should perish, she has given her creatures the impelling force of ardent sexual desire that leads lovers to assume the responsibilities of married life.

In the life of love that marriage implies, a mutually satisfactory sexual life is a prime factor. If sex be a constant or recurring source of misunderstanding and friction, then, in that very fact, the marriage is a failure. There are, of course, many other factors besides sex that are necessary for a successful mar-

riage, but they are often secondary. They may all be present in the fullest degree, but, if the accompanying sex life is not harmonious, they will be powerless to create the happiness that must underlie all home life if it is to be completely successful.

Unfortunately, too few marriages are ideal—some being destitute of one essential element and some of another. It is, however, on the sexual side of the union that a high proportion of marital tragedies occur. Where there is mutual love, and sympathy, and a reasonable power of mutual adaptation, together with industry that provides a proper setting, then with an adequate knowledge of sex anatomy and sex technique, together with a right mental attitude, marriage may be ideal from the first night of the honeymoon for as long as life may last.

It is, however, a sad fact that many young couples meet with disaster after marriage although they may have entered into the companionship with the highest ideals, and hopes, and with everything promising for success and happiness. The wedding ceremony over, they set sail joyously on the intriguing sea of matrimony believing there is some wonderful port of happiness ahead—as indeed there may be if they will but guide their bark aright. Relatives and friends see them off after flooding them with presents and good wishes, but it is a strange thing indeed that in ninety-nine cases out of a hundred it never seems to occur to those who are interested in them to provide them with the one thing in all the world that they need most as they set out on their voyage—A CHART TO SHOW THEM THE WAY. For there are hidden rocks and treacherous shoals in the sea of matrimony and its shores are strewn with the wreckage of

abandoned hopes and ruined homes and lives. But do not fear. Those rocks and shoals need cause no anxiety in the minds of intelligent lovers who are willing to learn. Through the long ages of human experience the main points of danger have all been discovered and charted, and simple wisdom, and thoughtful care, and the exercise of some degree of common sense, will make the voyage safe and sure.

It seems to be an almost universal supposition that instinct is a sufficient guidance for young couples on their entry into married life. It is not. Instinct is quite sufficient in the lower animal world where sympathy and understanding as known to us, do not exist; where there is no aesthetic sense; where love in its highest and deepest sacramental meaning is unknown; and where there has been no false education to produce unnatural inhibitions and repressions. But men and women in their sexual relationship, as in their mental and emotional reactions, are in a totally different category from the lower animals. Human love, when it expresses itself in mutual sexual ministrations, may open up a world of not only a higher physical gratification, but also of emotional and psychical joy of which the animals apparently know nothing. Love, in its physical manifestations and technique, is an art. Those who refuse to recognize it as such and who scorn the idea of any instruction in its intimate details are probably headed for untold trouble.

There were more than a million divorces on this continent within the past five years. This fact, however, does not begin to tell the whole story of marital failure. In addition to the divorces obtained there are hundreds of thousands of couples who would be

divorced if finances or other circumstances permitted; there are the innumerable couples who have found relief from an impossible married life in legal separations, or by simply living apart without bothering to go through any legal formality; and finally there are the vast number of marriages where the breaking point has not been quite reached but where discord and dissension poison the daily atmosphere and make the home anything but the haven of rest and love that it ought to be.

What is the cause of all this trouble, and what is the cure? This is certainly one of the most important problems facing the world today. We are told, often enough, that the home is the foundation of our whole social structure. It is. But the home itself, to be secure, must be built on a foundation of loving and happy companionship. If that foundation disintegrates, the home itself topples, and with the destruction of the home the whole social fabric is shaken. Anyone who does anything towards lessening domestic unhappiness, and towards strengthening the bonds that bind husbands and wives together, is doing the world a very real service. It is surely equally true that any person or organization who seeks to withhold knowledge or suppress information, on which marital happiness is based, is doing the world of normal men and women a bitter disservice.

The object of this book is to furnish a chart for those who are about to start out in married life. If they will study it seriously and take its admonitions to heart they may find married life as wonderful and beautiful as they ever imagined it to be. If the book falls into the hands of some couple who have already lost their way, it may help them to re-establish their

course, encourage them to set their sails afresh, and, with renewed hope, search on for the promised land of which they used to dream in their courtship days. If, with a new vision and understanding, they are wise and careful, they may yet come safely to port—and find life well worth living.

## CHAPTER II

### THE PHYSICAL SIDE OF MARRIAGE

There is no institution in human society of greater importance than the institution of marriage. Whether or not the biblical account in Genesis be considered as having any historical significance, it very certainly sets forth an intelligent and sublime appreciation of the primal importance and the sacredness of the sexual relationship, and it is a sufficient rebuke to the prudery that looks askance at any mention or manifestation of sex and its impulses. In the Paradise of God there presented, the Lord God Himself brings the woman to the arms of the man, recognizing his need of a sexual companion and we are told:

*"Therefore shall a man leave his father and his mother and shall cleave unto his wife, and they shall be one flesh. And they were both naked, the man and his wife, and were not ashamed".*

(Genesis 2, Chap. V., 24, 25).

The thoughtful consideration of that inspired concept of the sexual relationship should banish from our minds forever all trace of prudery and shame in connection with it.

Without wholesome and happy marriage there can not be a wholesome and happy state. Without a satisfactory sex life it is very difficult to have a happy and successful marriage. The sex life of the human

race thus takes on an importance than which there would seem to be nothing much greater. The life of the world depends on it. In order that her creatures shall not be indifferent to her demands, nature has made the act of sexual intercourse a supreme physical pleasure of life—a pleasure which, at its climax, may, at times, almost reach a point of ecstasy. To attain this climax, which is the rightful heritage of every married couple, at least three things are necessary. (1) There must be an adequate understanding of the sex organs and of their proper functioning. (2) There must be a correct mental attitude (most important for the wife)—an attitude that harbours no inhibitions, no repressions, no fears, and which thus admits of a complete abandonment to the joys of the sexual embrace. (3) There must be a sympathetic appreciation of the needs of each other, an adequate knowledge of what these needs are, and how to satisfy them.

These necessary conditions are not always present, and when they are absent it is more often the wife who is disappointed than the husband. He almost invariably reaches his climax, or orgasm, while she may never do so. Some couples go through life without ever knowing that the wife is even capable of an orgasm. The sexual embrace in which the wife fails to experience an orgasm can never be as emotionally satisfying as it should be to the husband, for the true lover-husband always finds his own joy increased by the realization that he is producing an ecstatic experience for his mate.

Inhibitions, which have been mentioned above and which affect the attitude of the mind towards sexual enjoyment, are more common with wives than hus-

bands. They are very largely the result of early training. A strong and quite natural and desirable sexual impulse in either husband or wife, which might lead to a joyous experience and mutual satisfaction, and to an intensification of love, may be completely inhibited and repressed, by, for instance, a vague belief and fear that it is just some part of a lower animal nature, and that it is really a sin to give way to it. Such fears have been grafted into the minds of tens of thousands of people by a false religious idealism. As a matter of fact the **REAL SIN LIES IN THE REPRESSION**. Sex desire is as natural as the desire for food when one is hungry, and its satisfaction is just as pure and quite as sacred as any of the other phenomena of life. Whoever deprecates it as something to be renounced, repressed, or resisted, is flinging back in God's face one of his most sublime gifts.

The false religious idealism that has presumed to exalt celibacy as a higher and more holy state than matrimony has been responsible for millions of wrecked homes and blasted lives. For centuries upon centuries that pseudo idealism has suggested to the minds of ignorant and susceptible people that there is something inherently low and degrading in sex and its manifestations—something to be more or less ashamed of, something impure. A saner view, however, is growing in the minds of intelligent people, and the saner view is not irreligious. Real, practical religion such as Jesus taught, but dissociated from man-made theologies and creeds (many of which have been a positive curse to the world—the cause of infinite dissension, hatred, oppression, persecution, frightful cruelty and endless bloody wars and oceans

of tears), is a very beautiful thing, necessary to the world's well-being and happiness. But repudiation of sex and its impulses is certainly no part of it. Whatever a person's idea of "God" may be, it is certain that sex is the plan and purpose of that God, and religion will never come into its own until it has vision to see that *there is absolutely no virtue in virginity that may not be present in the most ecstatic moment of the sexual embrace in marriage*. To deny this would be to deny the sacredness of the desire for parenthood.

The cumulative effect of the false religious teachings in regard to sex in the past has resulted in what may be called the tradition of reticence. In the average home, any mention of sex education is usually met with evasion and embarrassment. When the natural curiosity of children prompts them to ask questions, silly lies are often told them, which they soon begin to suspect and disbelieve. They observe that those about them never allow themselves to be seen naked, and the very caution suggests that there is something improper about it. If they are seen touching their sexual organs they are rebuked, perhaps punished, but they are probably told nothing except that it is "very naughty", which doesn't prevent them from continuing the examination when there is no one around. Any information (or misinformation) that they accumulate is usually imparted to them in guilty whispers by some slightly more sophisticated companion. In their homes they observe that any of the bodily organs other than the sex organs are discussed at any time, and they grow up with an ingrained idea that sex is something to be hidden—that no question about it is permissible.

And the ultimate result of all this is that in millions of cases the world over, young couples come face to face with the mysteries and problems of sex for the first time on their marriage night, and, as might be expected, tens of thousands of them are made ashamed and unhappy in what ought to have been an exquisite experience. And as a result of their lack of knowledge and understanding, the foundations are very often laid in the important early period of their married life for suffering, unhappiness and discord—perhaps for the rest of their lives.

There is only one remedy for all this and that is KNOWLEDGE, which it is the aim of this book to present.

## CHAPTER III

### THE FEMALE SEX ORGANS (External)

The general facts about the sex organs ought to be known to everyone. A rudimentary knowledge may be obtained by a careful examination of one's own body. There is nothing wrong about making such an examination; indeed, it is a very wise thing for every girl to do intelligently and thoroughly before she gets married, or when she gets curious about her body, whatever her age. Ignorance never gets anyone anywhere—except into trouble. By the use of a hand-mirror a girl can see the position and nature of the external parts. The accompanying illustrations will help in this examination and provide an understanding of the other female sex organs which are enclosed within the body.

#### THE VULVA

*Vulva* is the name used to designate all the external sex parts of the female. These are located between the pubic bone, or arch, and the anus, or opening from the bowel. The most important of these for consideration are: (1) the larger labia, or outer lips. (2) The lesser labia, or inner lips, often called the *nymphae*. (3) The clitoris and prepuce, the latter called by some, the clitoris hood. (4) The meatus, or external opening of the urethra, which is the tube leading from the bladder through which the urine is discharged. (5) The hymen. (6) The

opening into the vagina. This entrance is partially, but rarely wholly covered by the membrane known as the hymen.

### LARGER LABIA (LABIUM-MAJOR)

First of all there are the larger outer lips, or labia, which are covered on the outside with pubic hair, and on the inside are lined with a smooth skin. These lips provide protection to the more delicate and sensitive parts within.

### LESSER LABIA (LABIUM-MINOR)

These are the two smaller lips or folds covered with a dull pinkish skin, and inside at the base with a very delicate membrane similar to the lining of the mouth. At the upper or frontal extremity of these inner lips there will be found a fold of membrane known as the prepuce or clitoris hood. Within this hood there is a small and very sensitive gland consisting largely of erectile tissue known as the *glans clitoris*.

### THE CLITORIS

Although it is small (the protruding portion being about the size of a large pea) the *clitoris* is a very important part of the sex organism of the girl and woman. This clitoris of the girl and woman corresponds physiologically to the penis of the boy or man. It is endowed with very delicate and sensitive nerve tissue, and responds to caressing and sexual stimulation. In most women it erects (swells up) and becomes much firmer, as does the penis of the boy or man under similar stimulation. As the head of the

penis is a centre of sexual pleasure for a man, so the clitoris in a woman is a focal point of her greatest external sexual enjoyment. Preliminary independent stimulation of the clitoris is necessary for many women before they can arrive at the sexual climax, or orgasm. This will be dealt with more fully in Chapter XIII.

### THE URETHRA

About an inch or so below the clitoris is the *meatus* of the urethra. It is a very small opening and may not be easily detected. It is of little importance, however, so far as the sex life is concerned, and therefore needs no further consideration. A short distance below this is the entrance to the vagina which leads to the womb or uterus. Before the consummation of marriage (the first act of intercourse) the opening to this passage is partly closed by what is called the *hymen*.

### THE HYMEN

The hymen ("maiden-head", as it is sometimes called) is a somewhat elastic mucous membrane, which, as already stated, partially covers the entrance to the vagina. This membrane may continue to be present in some degree in women even after years of marriage and the birth of children. It varies in thickness and elasticity; in some cases being quite thin and easily stretched, while in others it may be thick and quite obdurate, thereby offering considerable resistance to penetration by the penis at the first act of intercourse. In such cases it may be the first problem of married life. There have been cases

where the hymen has been so thick and unelastic and the opening so small as to provide a very considerable obstacle to intercourse. This latter condition would, of course, be somewhat unusual, and in such cases medical advice and assistance should be sought.

The authoritative advice of Dr. Robert L. Dickinson regarding the virgin hymen may be quoted to advantage at this time. "The average virgin hymen admits a woman's forefinger with little discomfort or none, using gentleness and a lubricant. The opening lets pass the nozzle of the fountain syringe but may not admit that of the bulb syringe. The degree of elasticity of the intact-edged hymen varies greatly, but it does not suffice for admission of the average diameter of the penis without nicking except as a result of gradual dilation.

"If indicated, *self stretching* that prevents pain the first night should be taught to, or learned by the woman before marriage, and may be mentioned beforehand to the fiancé. This stretching is done a couple of times a day, until two whole fingers enter readily. Doing it in a hot bath works well: repeated hot douching renders the neighbourhood less sensitive. This leaves the hymen still "virgin" because it is still too narrow for the penis to enter easily. Thus the sharp edge of the hymen and resistance and tenderness go, but no nick of the edge occurs. Such nicks, an eighth or a quarter of an inch deep, produced by quick entrance of the man in the unstretched hymen, are what is called (in objectionable exaggerated terms) "rupture", "breaking", "destroying", or, of old, "defloration". Such entry brings blood, either a few drops or rather free

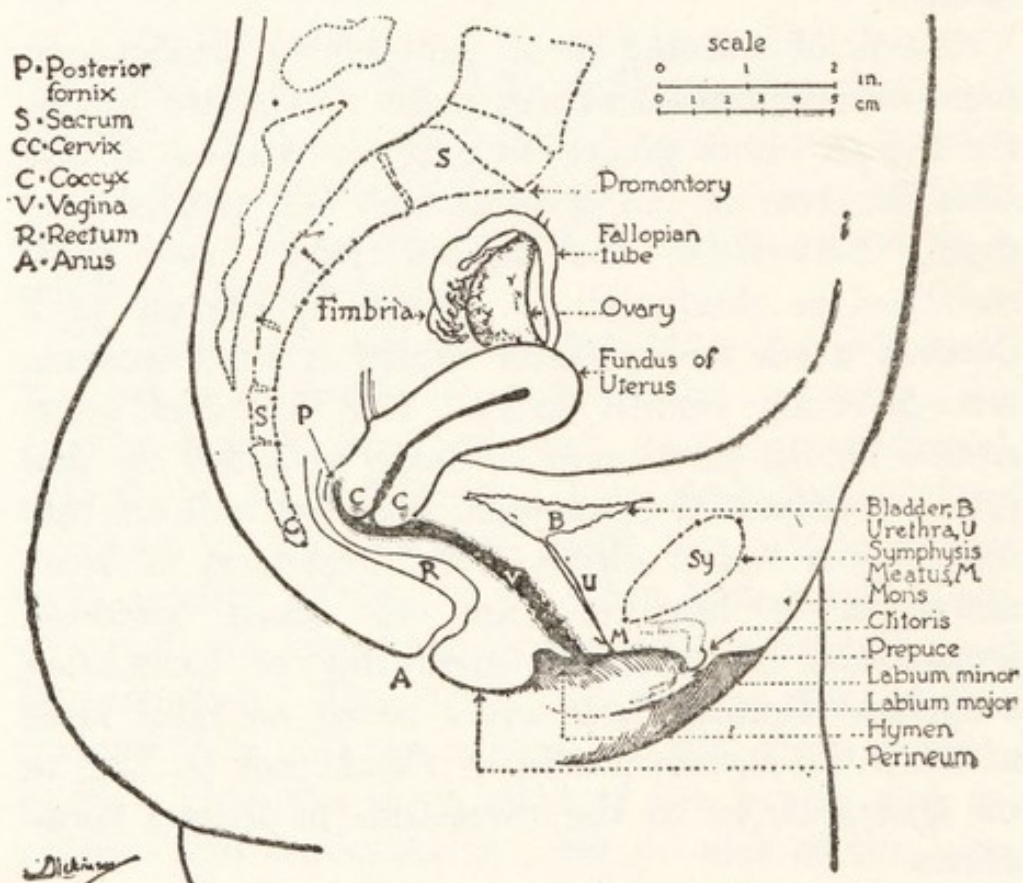
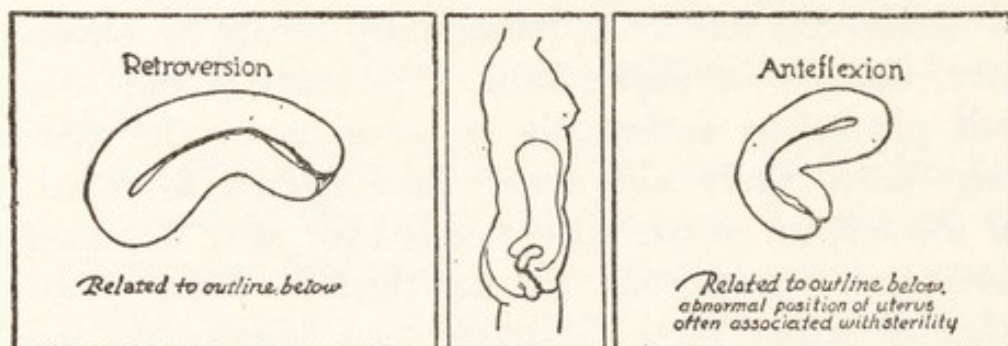
oozing, which may last days. With a few, due to thick tissues or spasm or apprehensive conditions, trouble may persist until a doctor is consulted.

"Office dilation by a doctor need rarely be necessary, nor use of any dilator, if patients would consult physicians sufficiently in advance of the marriage date. Only with a very thick hymen is a touch of the scissors in two places called for after numbing with local anaesthetic on the doctor's office table. This is rather rare. Massage can usually do the work."

A note of warning to all prospective bridegrooms must be emphasized at this point. As stated above, the hymen varies greatly in different women, as also does the size of the opening into the vaginal passage. Sometimes the hymen may have been stretched in childhood, or relaxed by the use of a douche, a sanitary practice which is very common among young women today. *The fact that penetration by the penis may be easily achieved the first time intercourse is performed, does not indicate that the wife is not a virgin.* The happiness of some marriages is impaired, and in others seriously jeopardized by husbands expressing or harbouring suspicions against their wives based on false ideas of what the hymen should or should not be like, or on ignorance as to the diversities in hymen formations.

### THE VAGINA.

As already indicated, the vagina leads at its upper end to what is usually considered the most significant organ of the woman's sexual system, namely, the womb or *uterus*, in which the new life is first housed



Female Pelvis and contents, standing, median section.

FIG. 1.

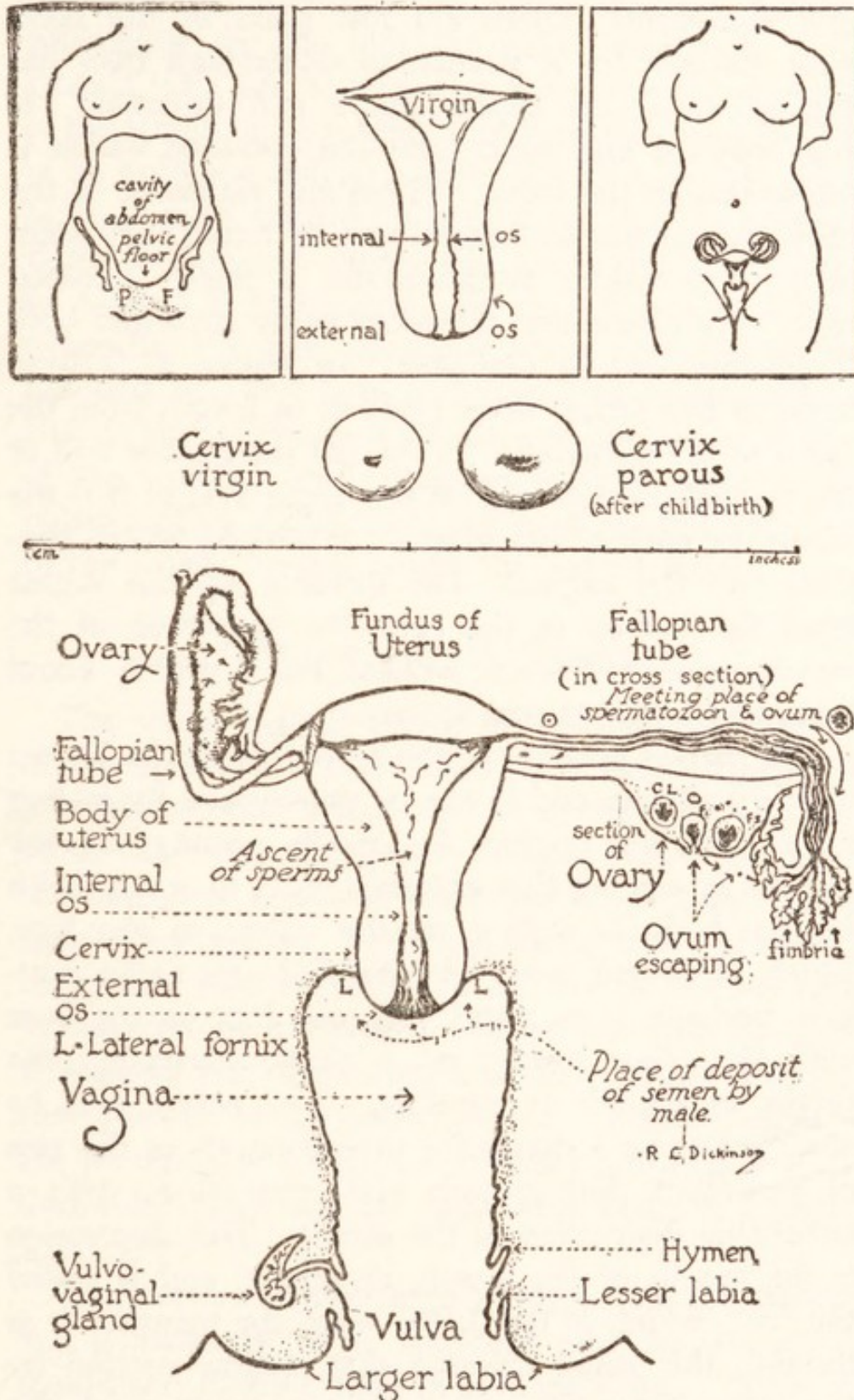


Diagram of internal genitals.

FIG. 2.

and nourished. There are few parts of the body more difficult for a woman to understand than her vaginal canal—its depth, shape and direction. It runs upward and back from the entrance which is observable in the vulva. (Frequent reference to the Dickinson anatomical charts will be found very helpful.) The vagina is much like a finely wrinkled tube, very elastic and therefore easily stretched both lengthwise and in diameter. In repose it is from three to five inches deep (that is, in length from the vulva to the upper end.) Toward the further end of the vaginal passage and on the upper side of it is the *cervix*, or neck of the uterus (or womb) which projects into the vagina. The distance up the vagina from the hymen to the cone-like projection of the cervix varies in different women, but is usually about three and a half to four inches.

The correct position of the cervix should be known to every woman and it can be determined by feeling for it with her finger. A possible position for her to take in making this examination is to squat down till the body is resting on the calves of the legs, which, of course, must be separated. An easier position, perhaps, is to stand with one foot on the floor with the other resting on a chair, separating the thighs as widely as possible. The cervix will be observed to be a dome-like projection about the size of a walnut, but smooth and quite firm, with a noticeable depression in the centre. This depression is the mouth of the womb, or uterus, and is called the "os", which is the Latin word for mouth. It is through this small opening that sperms carried by the semen from the male have to pass to reach the ovum (or egg) before pregnancy can take place. At

the time of childbirth this small opening stretches sufficiently for the child to pass through it. In a woman who has never had a baby, the os, or mouth of the womb, is very small (in diameter about the size of an ordinary match). After the stretching at childbirth it soon returns to something like its previous state, though not quite, and successive births tend to enlarge it still more. For this reason a woman generally becomes pregnant more easily after she has had her first baby. Before closing this discussion of the vagina and its place in the sexual system of the woman, brief attention may be given to the *vulvo-vaginal glands* which lie at its entrance and to the uterus toward which the vagina leads.

#### VULVO-VAGINAL GLANDS

The vulvo-vaginal glands are located just outside of the hymen and their function is the producing of a clear secretion which acts as a lubricant and prevents chafing of the parts. During sexual excitation the secretion normally increases in quantity, sometimes very greatly, thereby making the entrance of the penis much easier. The amount of this secretion varies not only in different women but with the same woman at different times, according to her mood or the intensity of her sexual desire. In many cases, if the secretion is scanty, an artificial lubricant may be desirable. This will be dealt with again in Chapter XIII.

The uterus or womb, as is shown in the accompanying illustrations, is a flattened pear-shaped organ, somewhat smaller than a woman's fist. It is, of course, only the extreme lower portion of it, where

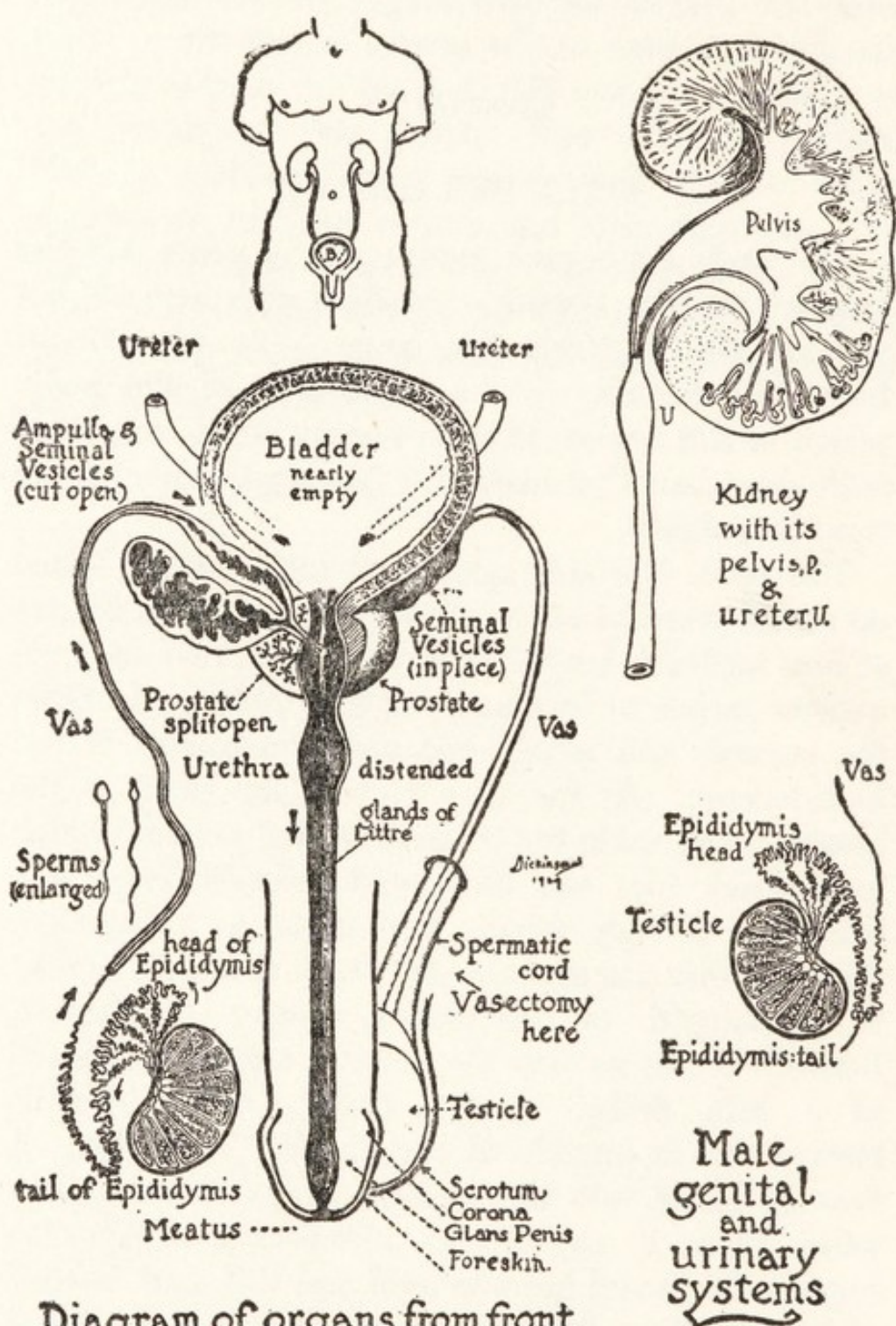
it projects into the vagina, that can be felt. Of those parts of the sexual system of the woman which are entirely within the body it will not be necessary to say much at this point. The chapter entitled "Where Babies Come From" will give a fuller description of these organs and their functions. In addition to the uterus, the Fallopian tubes which connect the upper part of the uterus with the *ovaries* will be described, as well as the form and functions of the ovaries themselves,

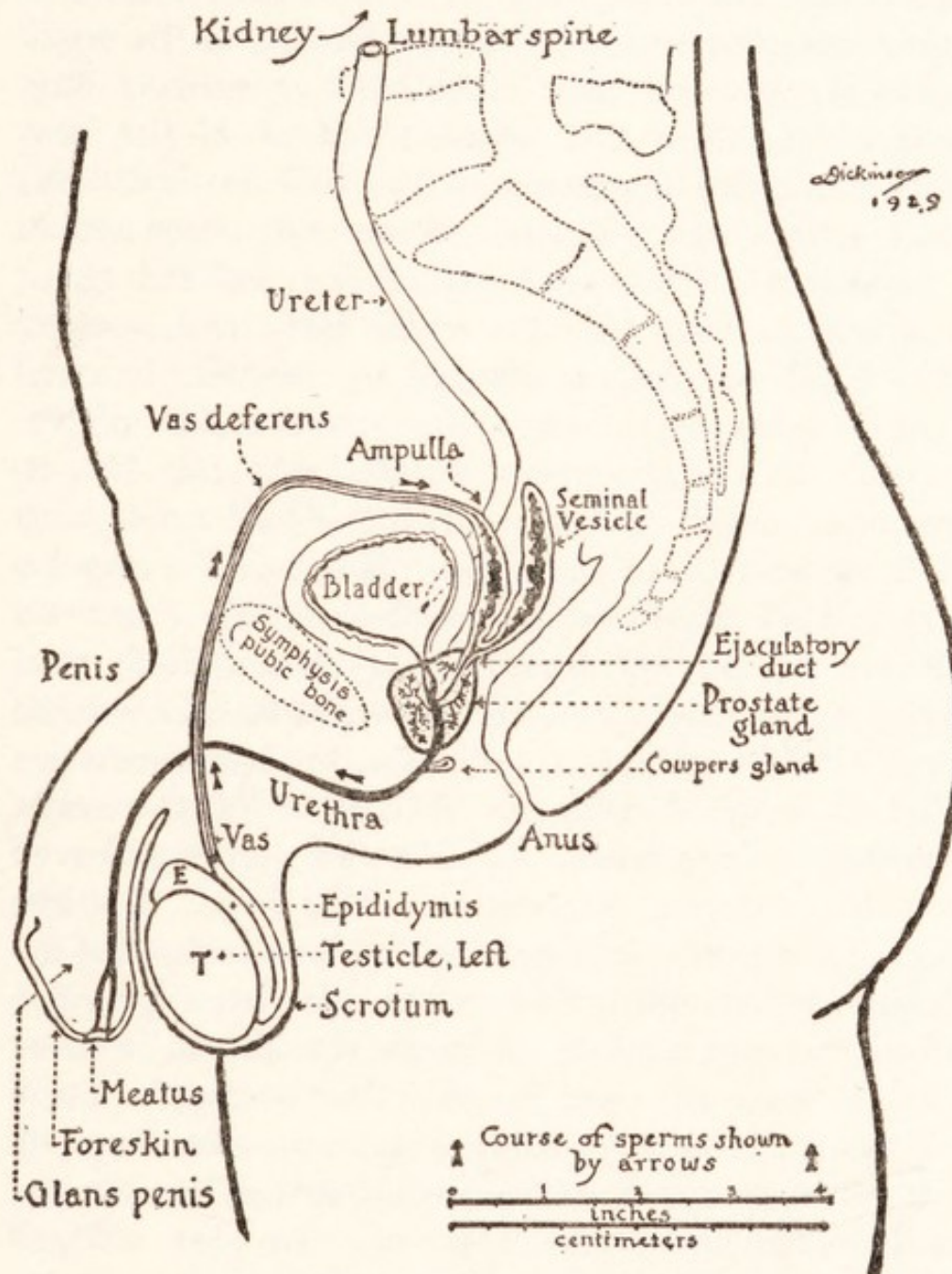
## CHAPTER IV

### MALE SEX ORGANS

The male sex organs consist of the penis and the testicles on the outside, together with several important glands inside the body. The penis overhangs the testicles at the lower part of the body, which in this region, like the female body, is covered with short hair that makes its first appearance at the time of puberty.

The *penis* is a soft cylindrical body, which, when no sexual stimulation is present, is of an average size of four inches in length, or a range from two and one-quarter inches to four and one-half inches, all within the normal, and nearly one and one-quarter inches in thickness. At the very end of the penis is the meatus, or opening to the urethra—the passage which leads back into the body and connects with the bladder, through which the urine is eliminated. Through this passage also the seminal fluid (semen) is discharged or ejaculated during intercourse. Beneath the outer skin the penis is largely composed of a soft, fleshy, spongy tissue (called erectile tissue) that is capable of considerable expansion. A flow of blood into the erectile tissue, which occurs when there is any sexual stimulation, makes the organ enlarge and become hard and stiff, and, instead of hanging limp, it becomes erect, standing out either level or at a variable angle to the body. This condition, in which it becomes about six inches in length, and one and one-quarter to one and one-half





Male pelvic organs in median section

FIG. 4.

inches thick, is called erection, and it is, of course, a necessary condition before intercourse can take place between a man and a woman. When the organ does not respond to stimulation, but remains limp under conditions that ought to affect it, the condition is called impotence, which will be dealt with in a later chapter entitled "Temporary Impotence".

The head of the penis, which is called the *glans*, is about the same diameter as the body of the organ. The head, or glans, is covered up partially or completely by a continuation of the outer skin of the penis. This continuation is called the *foreskin*, or *prepuce*, and it serves as a protection to the more delicate surface of the glans. This foreskin can be drawn back (and under normal conditions it will be drawn, or pushed back during intercourse) thus leaving the head bare, the outer surface of which, under the foreskin, is a soft, delicate pink membrane that is supplied with an abundance of extremely sensitive nerves which make it the centre point of sensitivity during intercourse. This head, like the rest of the penis, enlarges and hardens under the increased blood supply that rushes automatically to the whole sex-region when adequate stimulation is present. In some men the foreskin that covers the head of the penis is excessively long, and sometimes it cannot be retracted, or if retracted, it may be with the accompaniment of discomfort or even pain. When any of these abnormal conditions are present, a medical adviser should be consulted. A very simple operation called *circumcision*, in which the superfluous skin is either slit or removed, may be advisable.

The *testicles* (also called *Testes*—singular *Testis*) are two firm, oblong, glandular bodies lying close to

the inner parts of the thighs just below the penis, and are enclosed in a sac of soft skin called the *Scrotum*. They are extremely sensitive and any undue pressure, or a very slight blow, will cause excruciating pain. It is in the testicles that the *spermatozoa* (male sperm cells) are produced. In addition to the spermatozoa, the testicles also produce other secretions which are called internal secretions, because they do not leave the body. They carry mysterious hormones which have important effects on the whole system. These hormones secreted by the testicles are poured into the blood stream and are circulated throughout the body. Among their effects are the creation of what are termed secondary sexual characteristics. These include the hair on the face, chest and genital organs, deepening of the voice at puberty, broadening of the shoulders and possibly certain mental characteristics as well. These secretions also effect the nervous system and appear to have much to do with the stimulation of sexual desire.

The *spermatozoa* are very active microscopic organisms and are contained in the seminal fluid (semen) that is ejaculated by the penis at the moment of orgasm at the climax of intercourse. Although the spermatozoa are produced in the testicles, they are not stored there, but find their way up through the *vas deferens* tubes into the *ampulla* near the prostate gland. Here they are stored until ejected, when a new supply begins to accumulate immediately. There are millions of spermatozoa contained in each ejaculation of semen. They are about 1/500th of an inch in length and are shaped very much like a slender tadpole. (See Fig.

3, page 24). The long tail that each possesses is very active, and by its swishing movements the spermatozoon is propelled forward. If any spermatozoa succeed in entering the uterus and in making their way into the Fallopian tubes, and if one of them, and it is never more than one, comes into contact with, and penetrates an egg (or ovum) while on its journey down the tube, then pregnancy (conception) occurs. Healthy sperms are said to travel about an inch in eight minutes, or less.

The seminal fluid is a complex mixture of secretions, the bulk of which consists of the products of glands other than the testicles. When the complicated process of orgasm sets in, the spermatozoa are released from the ampulla, and to them is added the greater part of the fluid bulk of the semen which has been stored in the seminal vesicles. These glands, which also act as reservoirs, join together in the ejaculatory duct running through the prostate gland. The prostate gland adds its quota of secretion to the whole semen. The main purpose of the prostatic secretion is to greatly activate the swimming characteristics of the sperms (thus aiding them in their journey in search of the ovum) after they have been deposited in the vagina. The "compounding" of the semen is now completed, and it is forced out through the urethral passage by involuntary muscular contractions, and is ejected in small spurts. This is called *ejaculation*. Once this process of orgasm is started it cannot be stopped by any force of will. The average amount of seminal fluid ejected varies with different men, and with the same man at different times. Recent studies indicate the average amount

to be about half a teaspoonful, or a teaspoonful in some cases.

At the age of puberty in a boy, the seminal fluid begins to be secreted, and as full maturity is reached, the amount that is produced is greater than can be absorbed by the system, or stored in the seminal vesicles that are provided for it. Nature may, and does, overcome the tension that is developed by this accumulation by causing nocturnal emissions, in which the seminal fluid is discharged during sleep. These nocturnal emissions are usually accompanied by dreams of an erotic nature; hence the term "wet dream", so commonly used. These experiences are sometimes disturbing to sensitive boys who have not been prepared for them by proper information. A grave responsibility rests with parents to inform their young sons as to the meaning and nature of these experiences before they occur. There is nothing to worry about, as emissions are perfectly natural unless they occur more often than every few days, in which case a physician should be consulted.

Unmarried men who do not have regular sex relations may find that nocturnal emissions may occur normally every week or so. They are nature's simple way of disposing of the excess accumulation of the various secretions of the reproductive system.

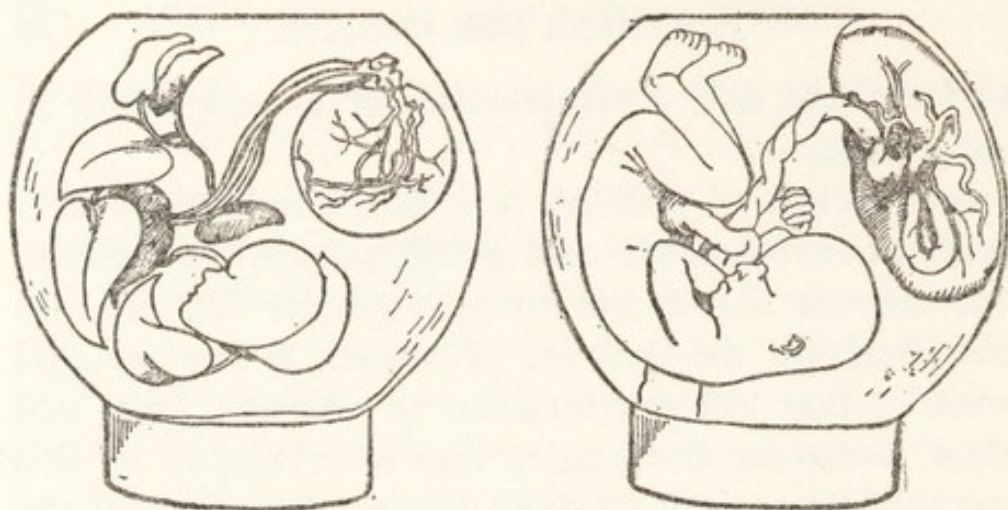


FIG. 5

The above artistic drawing suggests an analogy between a growing plant and a growing child. The growth of a baby, floating in the amniotic fluid in the womb, may be likened to the growth of a plant in a glass bowl filled with water. The umbilical cord is analogous to the stem of the plant—the placenta its intricate system of roots, drawing nourishment from the mother as the roots of a plant draw nourishment from the good earth.

## CHAPTER V

### WHERE BABIES COME FROM (Female Internal Sex Organs)

You probably know that in the animal world, with the exception of the very lowest levels, a new life is always developed from an egg (ovum) that is produced in the female organs. So it is with the procreation of the human being. When a girl-child is born her body already contains several thousand undeveloped eggs of which only three or four hundred at the most will ever come to maturity. These eggs, or ova—(singular ovum)—are stored in what are called the *ovaries*.

There are two ovaries, one on the right side and one on the left side, a short distance from the top of

the uterus with which the Fallopian tubes provide a connection, although these tubes are not immediately attached to the ovaries themselves. The ovaries are glandular bodies, slightly smaller than the testicles of a man, and their function in a woman is analogous to the function of the testicles, each producing one of the two vital cells required to start a new life—another individual being.

In addition to the function of storing and bringing to maturity the egg cells or ova, the ovaries also produce vital internal secretions as do the testicles in the man. These secretions, acting directly, and by their effect on other glands within the body, produce the secondary sexual characteristics peculiar to the woman—the higher-pitched feminine voice, fully developed breasts, narrower shoulders, broader hips and other basically feminine external appearances. These mysterious ovarian secretions also play a vital part in bringing about all the complicated changes in the body necessary to make pregnancy and childbirth possible.

When a girl reaches puberty, as she usually does in these northern climates any time between her twelfth and fifteenth year, the ova in her ovaries begin to mature or ripen. It is usual for one of these egg cells (from either the left or the right ovary) to ripen every twenty-eight days or thereabouts. It then comes to the surface of the ovary and is liberated into the abdominal cavity quite close to the *Fimbria*, as the open fringe-like end of the Fallopian tube is called. The Fimbria assist the ovum to find its way into the Fallopian tube as it starts on its journey towards the uterus or womb. (See Fig. 2, page 19 and Fig. 6, page 33).

Normally, fertilization of the egg (impregnation or conception as it is variously called) can take place only if, while on its journey down the Fallopian tube to the uterus (which takes on an average three days to complete) it happens to come into contact with a spermatozoon that has been deposited in the vagina from the penis during intercourse, and which then succeeded in making its way from the vagina up through the uterus into the Fallopian tube to meet the egg. Only one spermatozoon can unite with an ovum and when this occurs the single egg cell begins to divide into two cells, and then redivide into four, and thus continues to grow, forming the embryo of a new life. This miniature embryo continues its journey along the Fallopian tube and into the uterus, or womb. After reaching the uterus it drifts around for six more days or thereabouts before it attaches itself to the wall of the uterus. (Fig. 6, page 33).

As soon as this attachment has been made the *placenta* begins to develop. This is the nutrition system which is provided for the growing embryo. The placenta may be likened to a network of roots which draws upon the system of the mother and assimilates what is necessary for the development of the new body. The nourishment thus drawn by the placenta from the mother's body passes through the umbilical cord to the body of the developing child. (Fig. 5, page 30). When the child is born and the umbilical cord is cut the placenta is discarded by the uterus and is commonly designated *the afterbirth*.

After the egg cell has been released from the ovary, certain secretions of the ovary are liberated and among other effects cause an additional supply of blood to be sent to the uterus. The inner lining of

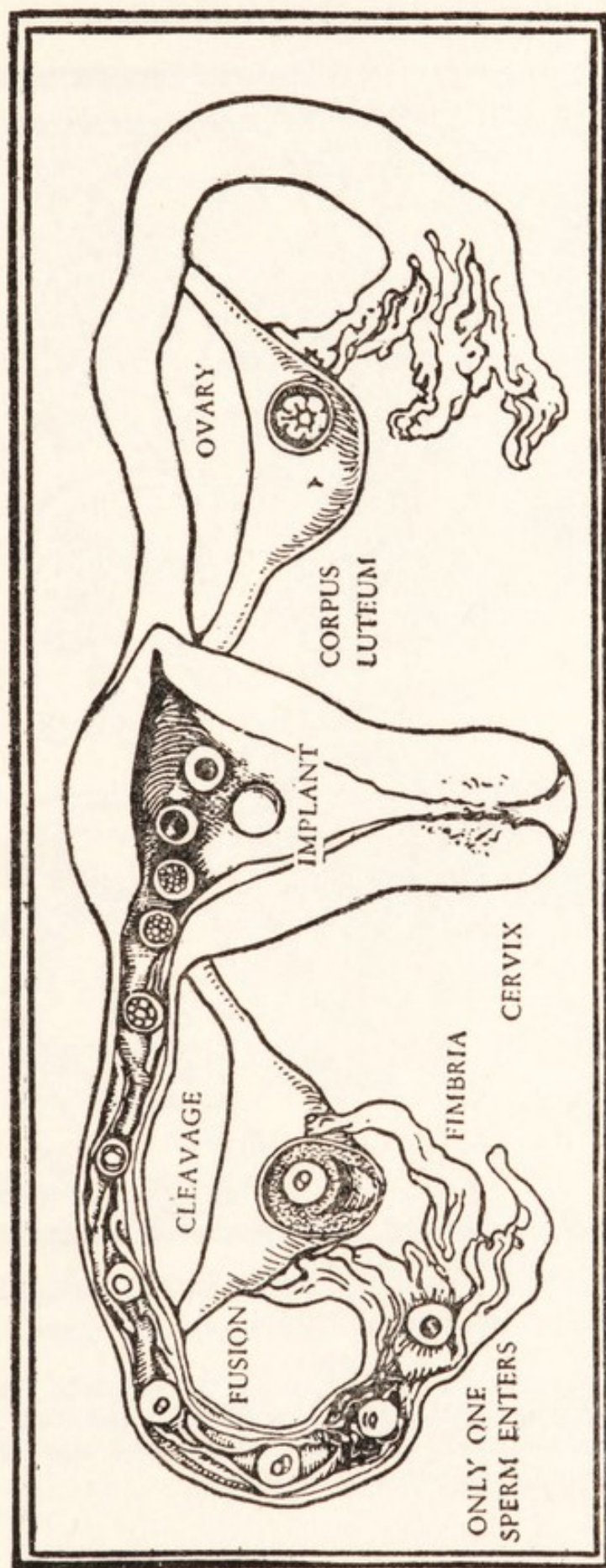
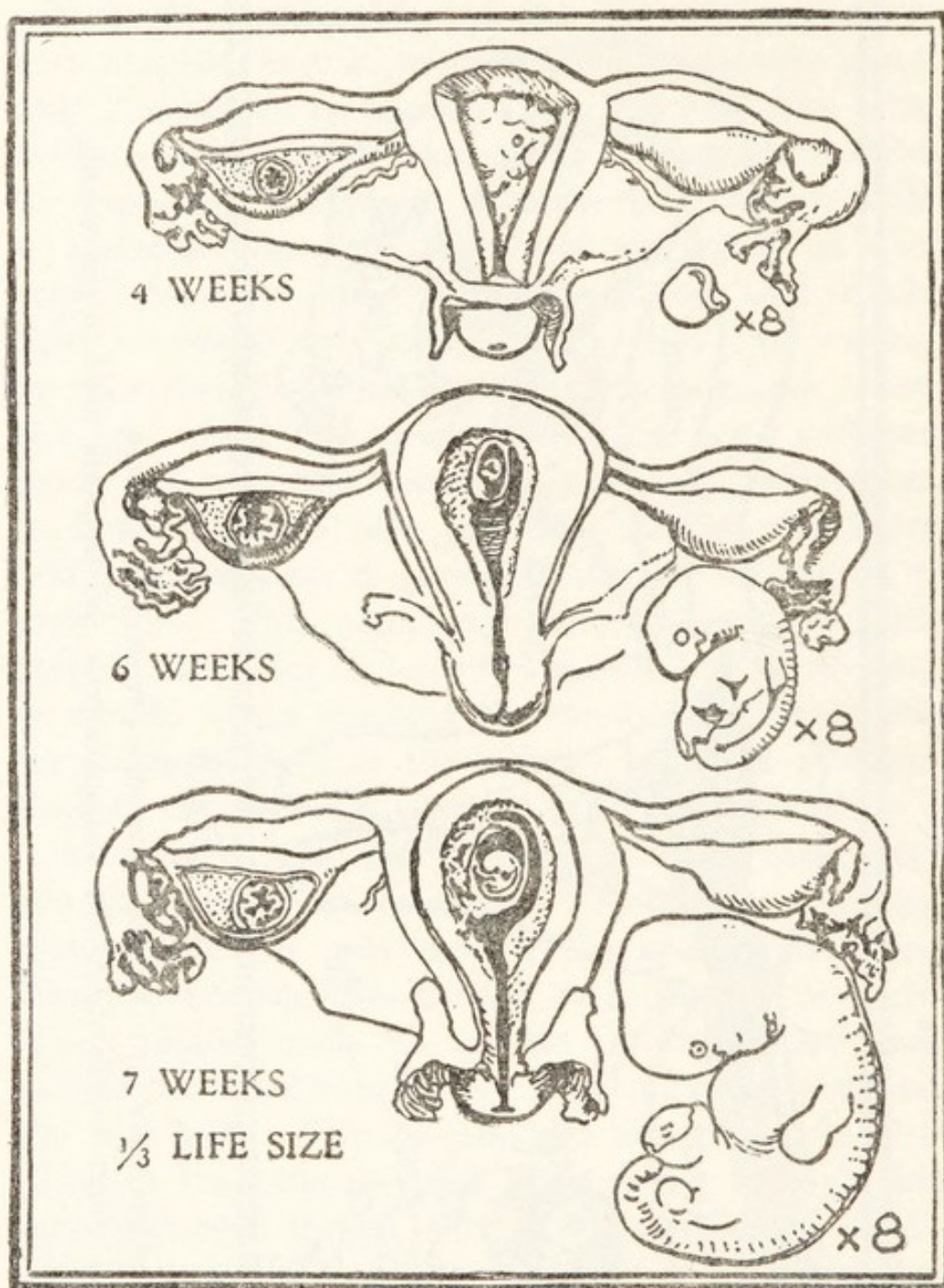


Fig. 6

OVULATION AND INITIAL DEVELOPMENT OF THE EMBRYO.

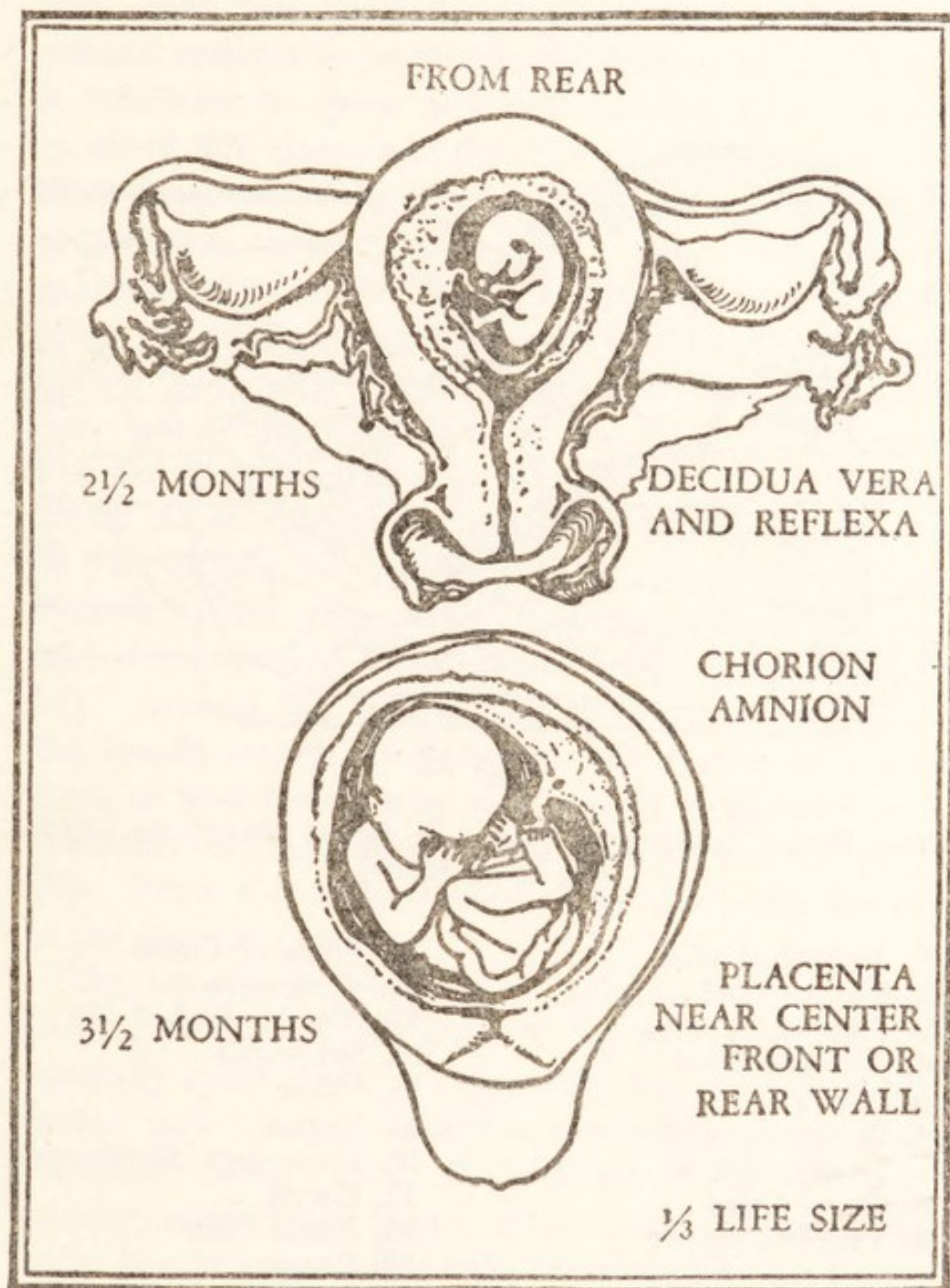
The fertilized ovum travels down the Fallopian tube and implants itself in the womb.



Figs. 7, 8 and 9

THE EMBRYO TAKES POSSESSION AND BEGINS TO GROW IN  
THE WOMB

*(The embryos shown at the side are eight times the scale of the parent illustration and, therefore, are two and two-third times larger than life-size).*



Figs 10 and 11

THE EMBRYO BEGINS TO LOOK LIKE A HUMAN BEING AND IS  
NOW CALLED THE FOETUS.

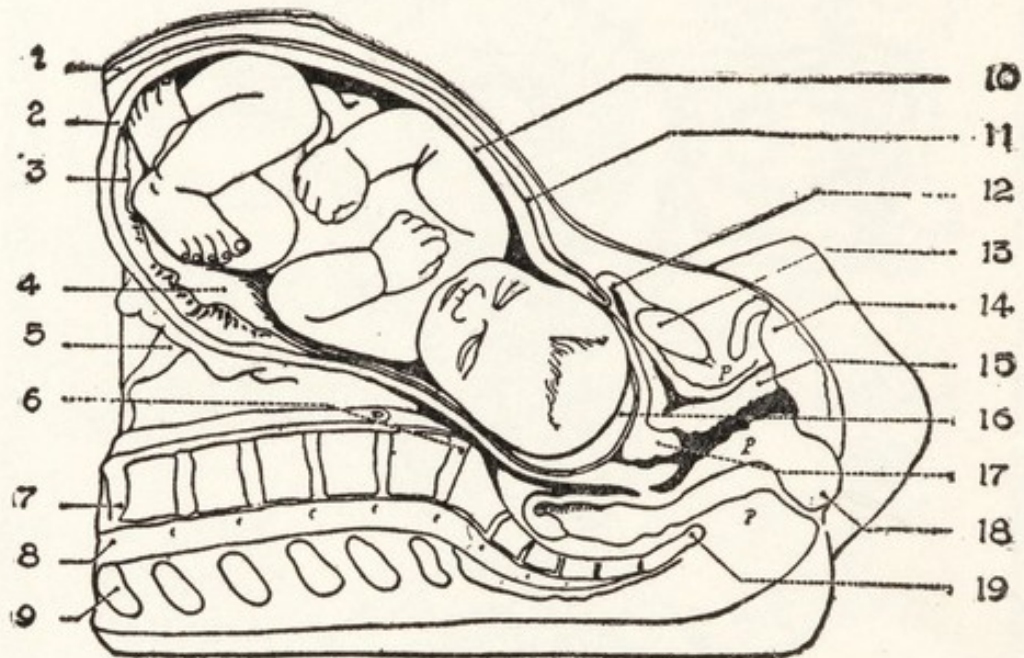


Fig. 12

THE FULLY DEVELOPED BABY (AT TERM) READY TO LEAVE  
ITS FIRST HOME.

- |                         |                          |
|-------------------------|--------------------------|
| 1. Abdominal Wall       | 10. Walls of Uterus      |
| 2. Uterine Wall         | 11. Peritoneum           |
| 3. Edge of Placenta     | 12. Bladder Pushed Up    |
| 4. Amniotic Fluid       | 13. Symphysis            |
| 5. Intestines           | 14. Vulva                |
| 6. Promontory of Sacrum | 15. Vagina               |
| 7. Lumbar Spine         | 16. Forewaters Membranes |
| 8. Spinal Canal         | 17. Cervix               |
| 9. Vertebral Spines     | 18. Pelvic Floor         |
|                         | 19. Coccyx               |

the uterus thickens and becomes very soft and sponge-like. Into this specially prepared nest or bed, the minute embryo is received and imbeds itself. Here it continues to grow and will develop into a baby in about 280 days from the date of the last menstruation (approximately nine months) the normal period of gestation or pregnancy.

During the first few days after conception has taken place the embryo develops very rapidly. The ovum before being impregnated is just visible to the naked eye, being about 1/125th of an inch in diameter. For the first three months the new growth is usually called an embryo and during this time it could not be recognized as a human baby, resembling other animals at this stage of development with a tail and buds for arms and legs. (See Figs. 7, 8 and 9, page 34). Around the end of the third or beginning of the fourth month the embryo has grown to about three or four inches long and can be recognized as a miniature human being. (See Figs. 10 and 11, page 35). From this time forward it is commonly known as the foetus or fetus.

The uterus or womb is a solid muscular organ. During pregnancy the walls of the uterus, which are normally quite rigid, develop with the growth of the foetus and increase enormously in the number of muscular fibres. After the full period of gestation (under normal conditions about nine months) the baby has become sufficiently developed to no longer need the protection of the womb, or uterus. Nature then starts the process of childbirth. The muscular walls of the uterus begin to contract rhythmically and gradually force the now fully developed baby out through the mouth of the uterus into the vaginal

canal, and on out into the world to the conscious and loving care of its mother and father. The muscular contractions referred to above are accompanied by severe spasms of pain, which are called "labour pains".

### MENSTRUATION

If the egg cell, liberated by the ovary each month is not fertilized by a spermatozoon (sperm) it dies very quickly and then either passes out of the body, or may be absorbed within the body. The uterus has prepared itself, as already described, to receive a live or fertilized egg, but it can do nothing constructive with one which has not been fertilized by union with a sperm cell. Consequently it proceeds to get rid of the specially prepared bed or lining by discharging it in tiny shreds through the os and the vaginal canal. This discarding process is called *menstruation* (menses, periods, monthlies or other names). It takes place with relative regularity every month with all normally healthy girls and women after puberty and continues until the change of life, or *menopause*, usually between the ages of forty and fifty years. Varying quantities of blood—three to four tablespoonsful—are discharged during the menstrual period, gradually diminishing in quantity. The period normally lasts from four to five days. Certain hygienic procedures are advisable during and after menstruation which will be discussed in Chapter XII.

Some girls and women go through their monthly menstrual periods with little or no discomfort, while others experience severe pains and other physical upsets. Should there be undue pain or excess flow of

blood, a reliable physician should be consulted. During the menstrual period many women experience a certain amount of nervous as well as physical discomfort, accompanied perhaps by irritability and depressed spirits. Husbands should remember this and make due and considerate allowances at this time. It may be said, however, that to some women, there comes the temptation to rather over-play their need for consideration. This course, if persisted in, is apt to defeat its own purpose.

It is always a very responsible duty resting with parents to properly instruct and inform their young daughters about the process of menstruation before they mature and the process sets in. No young girl should be allowed to come into this period of her life without an adequate knowledge of this most natural bodily function—its causes and meaning.

#### CESSATION OF MENSTRUATION DURING PREGNANCY

If the egg cell becomes impregnated while on its way down the Fallopian tube from the ovary to the uterus, the uterus does not ordinarily discard its prepared lining and no menstruation occurs. Hence the cessation of the monthly flow is likely to be indicative of the fact that pregnancy, or conception has taken place. It is not, however, an infallible sign as a few women menstruate once after pregnancy has started. Some women may menstruate more than once.

#### MENOPAUSE

While the subject of this chapter may not seem to require it, there may be value in referring here to the menopause. It has already been indicated that the

period during which child-bearing is possible extends in the majority of girls and women from the early 'teens to the middle forties. Following the close of the period when pregnancies are possible, comes the menopause; this is often referred to as "the change of life". The organs of reproduction undergo some marked changes. Ovulation ceases and menstruation becomes irregular and fitful until it also is gradually discontinued.

This period is a very trying one for many women and brings problems to all. It is a time for which the husband and other members of the family should be prepared so far as this is possible by information as to its significance. Patience, consideration and sympathetic care are called for at this time as at no other period in a woman's life.

## CHAPTER VI

### INTERCOURSE AND ITS FREQUENCY

Sexual intercourse, coitus, coition, the sexual embrace, as it is variously called, is the entrance of the erected penis into the vagina. Stimulation from this contact increases as a rhythmical in-and-out motion takes place, which ultimately produces or should produce, a climax, or orgasm, for both husband and wife. Not everything is known by any means about all the complex processes involved in orgasm in which emotional as well as physical reactions are interwoven. In the man this climax accompanies the forcible ejaculation of his seminal fluid. The focal centre of the intense physical pleasure that he experiences is the glans or head of the penis, but the whole body seems to be involved in a spasm of joy that it is quite impossible to describe. For the woman, the orgasm centres at first in her clitoris, and then later a secondary sensation may develop and be felt mostly inside the vagina. It seems to involve every nerve in her body, and may produce such an intense feeling of pleasure that she may also at times cry out in her ecstasy.

Sexual intercourse thus engaged in is the most intense physical sensation of all human experience, and it ought to be just as intense for the woman as it is for the man. The intensity may vary of course at different times, depending on various factors, such as the general state of health, fatigue, worry and other factors which are dealt with in Chapter XIII

Experienced lovers will usually contrive that the climax shall occur for both simultaneously. This is the ideal, and it ought to be striven for. If it does not occur simultaneously, then it *must* occur for the woman first, for in that case the man will still be able to continue until his own climax is reached. But, if through precipitancy, or indifference, or inability to control himself, the man arrives first at his climax, then his penis loses its stiffness and size, and for the time being, he is incapacitated from further intercourse, and consequently, the climax that his wife needs to reduce the tumescence (swelling) of her sex organs, and to relieve the tension of her stimulated and expectant nerves, fails to take place—unless some expedient be adopted as will be explained a little later on.

The intelligent control of sexual intercourse so that each time it is engaged in it may continue for a long enough time to ensure the utmost physical pleasure and satisfaction for the wife as well as the husband, is an art that has to be learned. Simple biological instinct, which may begin and end the whole act in a minute, is not enough. The true lover-husband finds others things in sexual intercourse besides the satisfaction of his own physical needs. He seeks his own satisfaction, of course, for the urge is imperative, but he seeks it from the body of the woman he loves, and, while his own physical pleasure rises to the heights, he enjoys a deep mental and emotional satisfaction from the knowledge that he is the creator of a similar ecstatic experience for her. This emotional attitude *should be mutual* with husband and wife. Something of the technique by which the mountain

tops of sexual joy may be experienced is suggested in the chapter on "The Love-Play".

One of the questions most frequently asked by young married couples is "How often can intercourse be indulged in with due regard to health?" It is a very sensible question. The normal desires and demands of the body are to be satisfied (they exist only to be satisfied) but it is wise to have reasonable concern for the future. The sexual powers on which so much of the happiness of married life depends, and which should last throughout life, will be more healthily maintained by their due exercise but they may be weakened by repeated excesses. No definite answer can be given to the question as to what constitutes excess and what is moderation. What might be extreme moderation for one couple might be excess for another, and what would be excess in one case might be quite inadequate for a normal sex life in another. It is just a matter of sexual desire in the woman and of virility in the man, and these factors vary in every couple. There are some couples who get along when intercourse takes place only at long intervals—a month, six months, a couple of years. Such infrequency is more apt to be due to lack of virility in the man than to lack of desire on the part of the wife. Authentic medical reports indicate that about one in eight married women suffer in their sex lives from lack of virility in their husbands. After a number of years of happy married life a wife may mistakenly attribute a normal decrease in her husband's virility to a cooling-off in his love and desire for her, causing herself unnecessary worry and unhappiness. On the other hand, excessive demands on

the part of the man might deplete an ordinary woman, and it might ultimately result in arousing her antipathy, and that would mean disruption to the happiness and harmony in the home.

Where normal sex power exists in a couple, the question of frequency is simply a matter of desire coupled with an intelligent appreciation of the wisdom of moderation. In the early days of married life the act will probably be engaged in very frequently—four or five times a week or oftener, perhaps even daily for a while. It would, however, be unwise to keep that up very long. Sometimes three times, or (still better, perhaps) twice a week may in the long run be found most conducive to health and happiness. If, the day after the act, there is noticed a lack of tone in the whole system, or if any sense of weakness is experienced, it may be well to be careful. But it is unwise to be on the nervous look-out for symptoms. They are not at all likely to occur if common sense is observed. As a matter of fact the perfectly satisfactory sex act, when not engaged in too frequently, induces a fine sense of health and strength and exaltation.

As the years go on some change will, of course, take place. The ardent vigour of youth is not to be expected in a man of sixty; but where sexual infection (disease) has not been suffered and where common-sense care has been taken of health, and where repeated excesses have not been indulged in, the sexual powers will not be unduly impaired, and intercourse, satisfactory to both husband and wife, may continue throughout life. This is the ideal in the sexual life.

A most important side of this problem, however, is

involved in the question—How will a husband and wife get along when one of them wants intercourse perhaps every other day, while the other may feel perfectly satisfied once every week, or less frequently than that? A marked difference in sexual inclinations often lies at the root of marital disharmony. Where the difference is very pronounced it may be a part of the problem of "The Frigid Wife", a subject dealt with further on under that heading. But very much of this kind of trouble in the past, has lain, unquestionably, in the fear the wife may have had of becoming pregnant at a time when she had not felt equal to the task of child-bearing, due to health and family economic circumstances. That fear is so pronounced in some cases (and understandably so) that the wife may instinctively fight shy of intercourse most of the time. And, where such a fear exists, who can blame her? A letter before me is from a woman thirty-five years of age. She has eight living children and three dead. She wrote from the hospital where she had been for the last three months since her last confinement. Their farm had produced no crop for five years due to drought, and they were on relief. She said she didn't want any more children, and stated that her husband was strong and healthy, and said she knew she would be pregnant within a month or two after returning home. She said that she loved her husband, but she was afraid that her fear of pregnancy would build up a barrier between them. She asked for birth-control information. It is manifest that satisfactory birth-control practice is the solution of very many such cases. *Take away all fear, and leave a wife free to accept the approach and stimulation of an informed husband whom she loves, and*

*much of the difference in sex desires that we have been speaking about may disappear.*

#### INTERCOURSE AFTER THE MENOPAUSE

Nature deprives a woman of the power to bear children after her change of life, or menopause, which usually sets in between her fortieth and fiftieth year; so if the bearing of children were the only reason for the existence of sexual passion we may be sure that nature in her wisdom would take away that passion as soon as there would be no more use for its existence. But such is very far from being the case. A normal, healthy woman is quite likely to be subject to as intense sexual passion after fifty as she ever was. Sometimes her desires may be much more pronounced, but that again may be primarily due to the fact that all anxiety and fear about pregnancy have disappeared, and so it is possible for her to abandon herself to the joy of her husband's embrace. Her life after her menopause may therefore be just as full of love as it ever was, and, if her health be good, she may enjoy intercourse as long as she lives.

It must be concluded from all this that sexual intercourse fulfils some other function in the economy of nature besides the begetting of children. Fortunately all the churches, including even the Roman Catholic Church, seem to have come around to this common sense view. During the past few years, in their conventions and convocations, and literature, they have been voicing the truth that sexual intercourse is not for the purpose of procreation only, but that it has a distinct value of its own as the supreme

expression of married love. As such, its exercise is not restricted to the years when a woman is able to bear children, but its blessings and joys may accompany her and her husband to enhance the companionship of their married life to the end.

## CHAPTER VII

### PREGNANCY

Every normal woman has the maternal instinct. As a girl she loved her dolls, and, as a woman she wants to be a mother. She can never know the true meaning of the word "home" until, along with herself and her husband, its roof shelters the child that has come to her as a result of her love. A poet who knows something of true values has written:

*" . . . . . a greater joy  
Was added, for our mutual love  
Had brought to us a little boy.  
All worldly wealth had passed us by,  
And yet we felt that fortune smiled,  
For no home knows a greater joy  
Than laughter of a little child."*

Pregnancy, however, should not occur too soon after marriage. Young couples generally look forward to marriage as a period of at least some little romance, and so far as possible, it ought to be just that. But if pregnancy occurs immediately with its physical and emotional disturbances—usually, nausea, vomiting, and probably a considerable amount of irritability in the pregnant wife—romance may get quite a set-back. So it is generally wise to let a sufficient period of time go by before undertaking the raising of a family—at least six months or a year during which love and companionship and sympathies have been developed and cultivated, and

mutual understanding of each other widened and deepened.

But, on the other hand, pregnancy should not be delayed too long. Have your children while you are young, for the nearer you are to their age the better fitted you will be to be pals together later on. And don't confine yourself to one child. It is a real misfortune to be an only child. Children need brothers and sisters with whom they can play and fight and share their toys and joys and laughter and tears. They grow up to be more healthy, less spoiled, less selfish, and consequently make better men and women. Four children make a good family, if you can take care of them. If not, you should strive to have at least two. It is the recognized right of prospective parents to plan and properly space pregnancies in such a way that they will occur at the best time for the mother, the child and the family. Planned parenthood is dealt with in Chapter X by the eminent gynaecologist, Dr. Robert Latou Dickinson.

Pregnancy is usually indicated by the cessation of the menstrual flow, and a little later on by the slight swelling and tenderness of the breasts as dormant glands begin to function. Early morning nausea is general with most women in the first months of pregnancy, but this book does not presume to offer a diagnosis, or to discuss matters that lie properly within the province of medical advisers. Just as soon as pregnancy is suspected, it is well to consult your physician, and let him, or her, make an examination and give such instructions as may be considered necessary for the individual patient. Certain tests for pregnancy enable physicians to make accurate diagnosis earlier than by physical examination.

Clinical reports indicate that it is best for the average woman that her first pregnancy take place between the ages of 20 and 25 years.

About ten per cent of marriages are unfruitful, and sometimes the lives of a husband and wife are saddened because they are not blessed with children. This may not be an indication of permanent sterility of either one, but some simple matter that a medical adviser may be able to set right. Infertility tends to increase with age from the late twenties. The rather popular tendency to place the blame for sterility on the woman is often unfair, for the cause may also lie with the husband. In apparent sterility several factors may be involved. If there is any suspicion of the infertility of either husband or wife, or both, they should *both* consult their doctor as soon as possible. Delay is a major factor in preventing successful treatment.

#### INTERCOURSE DURING PREGNANCY

When pregnancy occurs there invariably arises the question as to whether, during this condition, it is right for intercourse to take place. Some people argue that it is wrong, and in support of their view they bring forward the fact that the lower animals, guided by their instinct, never copulate after the female has become pregnant. It is quite true that the lower animals do not, but men and women are in a totally different category from the lower animals. Men and women are endowed with reason and intelligence, as the lower animals are not, and their intelligence tells them that if, during pregnancy, they both want the joy of intercourse with each other, then if it is going to do no harm, there is no reason why

they should not enjoy it. Obstetricians who have made a careful study of the matter agree that no harm will happen if ordinary intelligent care is exercised. (In Chapter X, Dr. Robert L. Dickinson deals with this subject from an authoritative viewpoint). The probabilities are that intercourse may be a positive benefit to the wife, because if, as is assumed, it is a mutual satisfaction, it will help her emotionally at a time when she needs a light heart and spirit. Care must, of course, be increased towards the latter months of the pregnancy, and during the last *six or eight weeks there ought to be no intercourse at all* as it might tend to bring on premature labour. It would be wise to consult your physician regarding the advisability of intercourse during the first three months, and thereby avoid any possible danger of miscarriage. The husband at all times must be careful not to bear heavily on his wife's body. If medical approval is given for intercourse for the first two or three months, the usual position may be employed. After that, the face-to-face position while both are lying on their sides will be found safest and best.

Incidentally we may at this point bring forward another argument that shows a radical difference between human beings and the lower animals. After conception has taken place in the animal world the female does not come to "heat" again until after she has given birth to her progeny. Among human beings, however, many women find themselves more sexually passionate during pregnancy than before. In some cases this may be accounted for by the fear of pregnancy having previously inhibited them and caused them to repress their urge, whereas, pregnancy

having been accepted there is no further need for repression, and they can give full rein to their inclinations and desires.

On the other hand, however, there are some women who do not desire intercourse during pregnancy. It should not be necessary to say that no sympathetic and considerate husband will ever insist on it under such circumstances. If, in spite of his loving caresses, his wife does not come to the point where she desires it, then, in love and sympathy he ought to refrain from any further suggestion of it at that time. But there is another angle to this that must not be overlooked. Sympathy and loving understanding are not qualities to be manifested by husbands only. They should be an integral part of the nature of every true wife, and, possessing them, she will never overlook the fact that she has at all times the power to bestow her manual caresses and relieve her husband by using her hand. During the last couple of months of pregnancy this expedient may well be the practice. It will also be entirely in place at such other times as intercourse may not be desirable. A man whose business keeps him away from home much of the time, returns, say for a couple of days, and his visit happens to be right in the middle of his wife's menstrual period. Neither he nor she would perhaps want intercourse under these circumstances, but an understanding wife may well take the initiative and by means of her hand afford him the relief that he may need, and that may remove any possible temptation to seek relief elsewhere. By such a manifestation of her sympathy and love she will certainly endear herself still more to her husband.

## CHAPTER VIII

### DANGERS OF ABORTION

There are few wives who have not at some time or other of their married lives become pregnant against their wish, and have been tempted to do something, or have something done, to relieve themselves of the undesired condition. In Soviet Russia, abortions have been extensively and skilfully performed under government auspices if the woman could not be persuaded to go through with the pregnancy or if conditions indicated that the pregnancy should be terminated. Under such circumstances an operation is performed with a minimum of danger. In countries where the operation is illegal it is the cause of high mortality, mainly because it is driven into unskilled hands.

Many thousands of deaths occur from abortions in the United States and Canada every year. It is estimated that about 500,000 abortions are performed annually in the United States. These do not relate to unmarried women as might be commonly supposed, since 90 per cent of them are by or for married women. It is a noteworthy fact that a very high proportion of women who seek abortions are already mothers of three or four children. In addition to the deaths it is very certain that tens of thousands of women are injured by the operation—some of them are rendered permanently sterile. On account of the operation being illegal it is impossible to estimate

with any exactitude the number of abortions that really occur.

The most recent enquiries appear to indicate that out of every twelve abortions in the United States, one is induced by the woman herself, two by midwives and nine by doctors. An examination of available data further indicates that deaths from abortions are about one per cent of the total. This percentage is twice that of deaths resulting from childbirth. When a woman brings about or tries to bring about her own abortion—often by the crudest means possible—injury to health and danger of death are greatly increased.

If at any time in your married life you have good reason to avoid a further pregnancy the rational course to pursue is to practise birth control. The only other course open to a woman in such case is to refrain entirely from sexual intercourse, an alternative which is very likely to wreck the home as it will certainly wreck its happiness. But **DO NOT INTERFERE WITH YOUR OWN BODY**—it is a dangerous practice and the deaths that occur from it are painful deaths.

And you must be warned against patent medicines and drugs for “delayed menstruation”, the advertisements of which are found in some magazines and papers. In nine cases out of ten no effects are produced, while in the tenth case a medicine strong enough to produce results will probably be strong enough to do permanent injury.

Abortions, however, are sometimes necessary. There are certain conditions under which it would be fatal for a woman to become pregnant and go through with it. When two doctors in conference judge this

to be the case in any particular instance, it is then perfectly legal for them to bring about what is called a therapeutic abortion—an operation that involves practically no risk when performed by a competent surgeon. There are many cases where such interference is fully justified. Dr. Harold Chapple, Senior Gynaecologist of Guy's Hospital, London, England, writes: "For a woman with an uncompensated heart with a family, say of three children, to become pregnant again is a real tragedy". Then there are certain kidney diseases which may result in convulsions and death at childbirth. Again it is asserted by authorities that out of every seven women who are afflicted with tuberculosis, four of them die, not from tuberculosis, but from childbirth. I mention all this to show the necessity of a woman being intelligently informed as to her physical condition, and *that* information can be obtained only by having regular medical examinations. Needless to say, it is infinitely better to avoid pregnancy by conception control than to have to interrupt it in order to save the mother's life.

Dr. Nicholson J. Eastman, Obstetrician-in-Chief, Johns Hopkins Hospital, states that "Cognizance must also be taken of the fact that approximately one-fourth of the maternal deaths are due to abortion. Beyond question, any reduction in the incidence of induced abortion, whether criminal or therapeutic, must depend in large measure upon the provision of effective medical contraception".

## CHAPTER IX

### BIRTH CONTROL

A mention of birth control no longer raises the emotional protests with which any allusion to it was so frequently assailed a generation ago. It is now recognized that the subject of birth control and human fertility is one that calls for frank and fearless consideration on the part of all who have the welfare of mankind at heart. Facts must be faced.

#### THE HUMAN ARGUMENT

It is not so long ago that even doctors were arguing that pain in childbirth was ordained to be the lot of all women. It is well known that when means of alleviating the suffering of childbirth were first discovered and used, there was wide-spread protest from churchmen and laity. It is a historical fact that a great impetus was given to the use of pain-relieving drugs at the time of childbirth when it became known that Queen Victoria's physicians had resorted to their use in the case of the Queen herself. This fortunate circumstance—fortunate I mean for multitudes of women,—did more than reams of argument could have done to silence the protests of tradition and ignorance. No sane person would to-day argue against the control and reduction, and if possible, the complete elimination of pain either in the case of a woman in labour or in any type of operation on a human being.

In past times infection at the time of childbirth accounted for many, many deaths of mothers. Unhappily, carelessness by doctor or nurse may still bring tragedy. It is one of the glories of modern medicine that infection control has been made possible. As in the case of failure to administer an anaesthetic, so also a failure on the part of a physician or nurse to use agents which prevent infection would be considered unforgivable.

Another field in which medical research and progress have made amazing strides is that which deals with the control of communicable diseases of many kinds. The advances made in respect of this have not only resulted in conserving life but in making incalculable reductions in the amount of human suffering and human incapacity. The arguments from this point of view are surely peculiarly applicable to the field with which this chapter deals. No one with any claim to a social conscience or even to sanity would in this age think for a moment of rolling back the progress which has been made in the use of the means of disease prevention any more than he would think of prohibiting the use of the anaesthetic or the disinfectant.

I have set out the preceding review of the progress made towards making human life safer and happier as a background for what I now wish to say in regard to Birth Control, or as some people prefer to call it—The Control of Conception. All the other advances in medical knowledge and practice to which I have alluded are inter-related with this fourth field of human service. It has been recognized for generations that there is something wrong with a world which takes such a toll in maternal deaths and such

an enormous toll in marital and family unhappiness. It is surely desirable and necessary from the standpoint of true social progress and human happiness that all sensible methods be employed in this field as well as in the others which I have discussed.

In order that service of this nature shall be as effective as possible it has been necessary and still is necessary that social barriers such as shyness, fear and shame shall be broken down. Widespread progress is being made very rapidly and the old and senseless taboos are going overboard. With these taboos brushed aside it should be increasingly easy to carry on the necessary sex educational work and to spread the knowledge which is so necessary to wise and safe procedures which are aimed at the control of conception, enabling a sensible spacing of children in the family.

As the chapter which follows this one will indicate, we have made great advances in recent years in devising safe and simple methods and in the discovery of suitable procedures. Perhaps from now on, the most important tasks remaining are, first, the spreading of knowledge as to the methods that are safest and best, and secondly, the making available to all who properly need them, the best and safest techniques and devices, and thirdly, the prevention of sterility and the treatment of apparent infertility.

On the social values to be achieved by this spread of information and making available of contraceptive facilities, Robert L. Dickinson, M.D., F.A.C.S., Senior Vice-President of Planned Parenthood Federation of America, whose long life has been so largely devoted to the furthering of human well-being, writes as follows:

"Birth control shall become safe and simple by dint of extensive study, no longer tolerating feeble attacks on problems of extreme complexity, or research piecemeal with puny funds.

"Control of fertility and sterility, looking to wise parenthood and success in mating as major measures of public health, as essential maternal care, as routine marriage instruction, as basic eugenics for quality versus mere quantity—all this calls for ideal leadership, opening up an unrestricted science of human reproduction—a science of human reproduction, active, organized, accredited.

"Full courage faces actuality. The great blockade behind and beneath opposition is really fright. It is panic lest sex activity become immune to and free from fear of conception, infection and disgrace. Many individuals and organizations dare not confront tolerance and immunity. They dare not depend on character, on education, on life, on training in self control, on anything but the Three Terrors, held over youth and adult—conception, infection, detection. *Let* marriage be long deferred; *let* limits on reasonable motherhood live under the shadow of apprehension, month by month, for twenty years of conjugal life; *let* passionate love be penalized and marital maladjustments multiply and divorce and abortion spread, and prostitution debauch and feeble-mindedness breed—let all this carry on so long as the sex taboos are kept intact. Can we call this true morality? Can we uphold it as sense, wisdom, kindness?

"What, then, may be the goal of a broadened science and art of human reproduction? It can be

this: every parent sex-educated to educate children; every young person taught fatherhood and motherhood; every couple examined and instructed well in advance of marriage; every woman guarded against preventable danger in maternity and over-maternity; every family and community producing all but no more progeny than can be decently reared; all possible means at work to discover and apply intelligent reproduction for well-being and character. This is the ideal and goal of control of conception. This is our charter."

We are sure that the social idealism so finely expressed in these paragraphs by Dr. Dickinson will prepare our readers for the careful study of his chapter on Techniques of Conception Control.

#### THE POPULATION PROBLEM

"It is quite impossible to discuss the problem of birth control intelligently, unless it is realized to start with, that, in normal circumstances, some method of restricting numbers is absolutely necessary." So wrote Dean Inge in the *Pictorial Review* of March 1932. Let us see just what he means by this statement. This earth is a globe with a diameter of 8,000 miles. It has a definite amount of land and water on and in which living organisms can exist, and that land and water can not be increased. Living organisms, however, have the inherent power to keep on increasing without end, and this power constitutes an ever present problem that has to be perpetually solved by nature in one way or another. For instance, a female codfish produces over 2,000,000 eggs every year. The common meadow mouse will breed 17

times in a year producing an average of five at each birth. The young begin to mate in 45 days. At this rate, assuming that all the progeny survive, there will be over 1,000,000 mice at the end of one year which are the offspring of this *one* female mouse. Although man does not multiply as rapidly as codfish or mice, it is a matter of intense surprise to anyone who has never considered the mathematics of population increase, to learn how quickly the human race would increase if there were no restrictive factors such as will be considered in a few moments. The human race can very easily double itself every twenty years. Supposing one woman at the beginning of the present era, 2,000 years ago, had bred at this rate, and that her descendants had continued to breed at the same rate until the present time, what would the population be today? The answer to that question is 1,000,000,000,000,000,000,000,000,000. This, however, is a number that nobody can comprehend until it is translated into other terms. Suppose the earth were all land (about 196,000,000 square miles) and we stood the people shoulder to shoulder, allowing six human beings to every square yard, then it would take two hundred and fifty thousand billion (250,000,000,000,000) earths the size of this to accommodate the descendants of that one woman. Such numbers are staggering, and of course impossible.

But let us look at a much shorter time than 2,000 years. Doubling every twenty years, the present population of Canada,—say 12,000,000—would amount to 384,000,000 in the short space of one century; the population of the United States would total over four billions (4,000,000,000), that is more

than the total population of the world at present; while the whole world would contain more than sixty-four billions (64,000,000,000). Such populations could not of course be sustained by our earth.

I have given these arithmetical calculations in order not only to astonish the reader but to impress him, or her, with the full significance of the definite statement that, under normal circumstances, *some form of population control is absolutely inevitable*. Let us see the main forms of control that have been operating in the past.

(a) In the early years of the world's history, before man had developed enough intelligence to dominate the situation, carnivorous beasts and poisonous reptiles took toll. To some extent they still do so in places like India and Africa.

(b) No species can outgrow its food supply. All through history famine has taken its large toll, and still takes it—sometimes by millions as in China within our own time.

(c) At some time or other nature developed disease germs to help her keep the numbers down; for instance, over 20,000,000 died of the so-called "flu" during and after the War of 1914-1918.

(d) After tribal life began, the struggle between peoples developed into war on an ever increasing scale. It still reaps its recurring harvests of death. Tens of millions of people have perished as the result of war since the beginning of the present century.

(e) As the intelligence of our forefathers developed, they came to realize that famine conditions were, to some extent, under their own control. They found out that what would support three or four would not support eight or ten. So they began to restrict their

numbers by the practice of infanticide. Even this method is not yet extinct.

(f) A day came, however, when the women became somewhat sophisticated. The brighter ones among them began to think it was a senseless thing to gestate a child for nine months, and then go through the suffering of childbirth, in order to produce an infant that was going to be disposed of as soon as it was born. So they started the practice of abortion—killing the new-formed life within their bodies as soon after conception as possible. They are still doing it by millions, and tens of thousands of women die in agony as a result every year.

All these restrictive influences on population increase have been operating in the past. Without them the race would have multiplied itself out of existence in a few hundred years. They have been a sort of safety valve to the seething pot of human procreation. Abortion and infanticide and war and pestilence are unpleasant things to be dependent on for our existence, but we simply cannot get away from the stern fact that they have been absolutely necessary. A most important matter before the people of this generation is the question as to whether we, with our present intelligence, are willing to continue to be dependent on these barbarous means, or turn to something more scientific, simple and harmless.

The indications, I think, are that we are beginning to realize something of the importance of this matter. The two great wars of this century to date have been precipitated by enemy powers on grounds of living space and population needs. No sane person would advocate the perpetual repetition of that sort of thing

as a satisfactory solution of a constantly recurring population problem. It is also quite inconceivable that anyone would approve the limitation of medical activity and research in the hope that disease and pestilence might increase in virulence. No intelligent person will approve the practice of infanticide, nor of unrestricted abortion. But we shall have to continue our dependence on such means unless we can find some simple and harmless substitute for them. Fortunately we have such a substitute in modern scientific birth control.

Modern scientific birth control is extremely simple, harmless and moral. Infanticide kills infants after they are born. Abortion kills them before they are born. *Birth control does not kill anything.* It simply prevents undesired pregnancy from occurring, without interfering with the marriage relationship on which so much of the happiness and welfare of the home depends.

#### DEFINITION OF BIRTH CONTROL

Scientific and legitimate birth control is the intelligent control of human procreative power by means of harmless contraceptives, as opposed to the unintelligent and blind forces of nature—war, pestilence, famine, high death-rate, and the barbarous methods of infanticide and abortion, some or all of which will otherwise continue to be operative.

Some form of control of the reproductive power is absolutely necessary. There is no side-stepping that fact. It is mathematically demonstrable, as has already been shown, and therefore not open to argument. The only question is—what form of control

is least objectionable? War, pestilence, famine, abortion, infanticide and modern scientific birth control are the only measures by which the natural fecundity of the race is being kept from multiplying us out of existence. Of all these restrictive measures the unprejudiced mind will of course admit that birth control is the least objectionable. Yet despite the great increase in scientific knowledge and safe control procedures, ignorance by the general public of the need and methods of proper family planning, in the widest interest of the social, moral and economic status of the home and state, constitutes one of the greatest social problems.

#### BIRTH CONTROL AND THE CONTROL OF STERILITY

It may be desirable, however, to make it clear that the true advocates of birth control are among those who disapprove most strongly of anything that tends towards producing sterility. It is unfortunate that there has been so much misconception as to the teachings of eugenics, and the attitudes of those who have promoted birth control methods as a means of the sensible spacing of children and the reduction of maternal and infant mortality. Some of the goals at which this book aims are the lessening of the use of unsafe and unreliable methods of birth control, and preventing the practice of abortion, by spreading information as to the best methods and procedures of family planning known to modern science.

The use of modern medically approved contraceptive techniques does not result in sterility, and frequently their intelligent use tends to reduce miscarriages and to foster health conditions which make

child-bearing a safer and happier experience. Let it then be emphatically stated that birth control as advocated today not only encourages and enables parents to plan for a suitable number of children, but aims to promote those conditions of pregnancy and post-pregnancy which will contribute to healthier mothers and children.

Lack of capacity in the man to beget children or of the woman to become pregnant will be found to rest upon physical conditions which call for early consultation with an experienced and sympathetic physician. Reference for the treatment for the relief of sterility is a service increasingly available at birth control clinics. Clinics for diagnosis and treatment in the United States are listed in the Clinic Directory of the Planned Parenthood Federation of America. Normal healthy couples should not be childless. The apparent inability to have children is often a source of great sorrow and disappointment to many otherwise happily married people. Hence, diagnostic and curative facilities should be generally available, and the fact that infertility can be successfully treated in a considerable percentage of cases should be made widely known. It is a form of medical service sought by many infertile couples, who should understand, however, that it usually takes some time to treat this condition with success.

The progressive workers in this field of human betterment are, therefore, equally interested in the prevention of and treatment for sterility, thereby promoting happiness and family well-being among these people, as they are in making contraceptive knowledge available to those to whom the over-pro-

duction of children would bring physical, mental and economic hardship.

### SOCIAL NEED OF BIRTH CONTROL

Thousands of mothers the world over die yearly because of the disastrous results of their desperate efforts to bring about abortions on themselves, or through the criminal acts of illegal abortionists. Hundreds of thousands of women die because of their physical unfitness for child-bearing. Hundreds of thousands of divorces and separations take place, and homes and lives are wrecked because of marital unhappiness arising out of the refusal by wives, through fear of pregnancy, of all sexual life to their husbands. Such conditions as these ought not to exist.

The knowledge and practice of birth control is the only practical solution of much of this misery, sorrow, pain and death. It is surely a fundamental principle of any decent civilization that every wife shall be the mistress of her own body, and possess the right to determine when she shall, or shall not, become a mother. Adequate understanding of birth control is the right of every married woman.

A healthy girl who is sexually normal, and who is married at, say, eighteen years of age, has about twenty-seven years of child-bearing possible to her. She may conceivably become pregnant every eighteen months and so might eventually have a family of twenty, or more. There are few women today who would venture on marriage at all if they knew positively they would be doomed to a life like that. Fortunately they need not be so doomed. Birth con-

trol is their salvation. Outside of birth control with its freedom from fear and anxiety, there are just two alternatives—to accept pregnancies with or without rebellion, as often as they occur, or else to refrain from intercourse, which will in all probability mean a very unhappy and possibly disrupted home. The average man will seek elsewhere what he feels is his right in life—the satisfaction of a biologic urge, the existence and insistence of which, manifesting itself in the emotional and spiritual desire for companionship and love, was his main reason for getting married.

It is this last attempted solution that produces more divorces and separations than any other one thing. The judges of our Divorce Courts, and Domestic Relations Courts, tell us that a large majority of the marital failures that come before them, arise, in the first instance, out of some sexual disharmony. We can therefore put down an adequate knowledge of birth control as an absolute essential for the successful married life. The possession of such knowledge does not mean that homes are going to be childless. The maternal and paternal instincts are too strong for that. All it means is the intelligent control of pregnancies, so that babies shall be spaced properly and come when they are wanted, but not otherwise. It is surely a child's right that it be born into a home where it is wanted, and into conditions of love and sufficiency where it may be properly taken care of, properly fed and clothed, and later given an education that will fit it reasonably for the responsibilities of life. Such conditions will mean healthier and happier parents, healthier and happier children, and brighter homes. This is the view that has rapidly

gained ground in recent years among all the religious bodies.

#### CHANGED ATTITUDE OF THE CHURCHES

Most of the important churches are now committed to the view that sexual intercourse between husbands and wives has a meaning and value of its own, as a caress and manifestation of love, entirely apart from the procreation of children, which can be guarded against when necessary by the intelligent use of contraceptives.

I doubt if in the history of the world there has ever been a matter of such universal importance and interest in which all the religious authorities have been ranged on the negative side, and where, within a comparatively short period there has been so complete a right-about-face as there has been on this matter of birth control. A few years ago all the churches maintained (at least tacitly) that the sexual functions had one object only—the begetting of children. They failed to see that such a theory puts men and women in the category of the lower animals that know nothing of the deep mental and emotional joy, the unselfish love and devotion, that may lie at the root of the perfect sexual experience.

This deeper and truer conception of sex that is now supported by the main churches of Christendom, should open the eyes of the many mothers who, from a supposedly religious motive, refuse to practise birth control. Many such mothers will acknowledge that they very certainly *do not want any more* children, and that with each child their health grows poorer and poorer, but they refuse to do anything to stop them coming on the theory that “God sends

them". It is a pathetic situation. Such mothers ought to see that to bring into the world more children than they can properly take care of is doing a distinctly irreligious and wrong thing—wrong to the children who have to suffer, wrong to themselves and to their husbands, wrong to the other children, and wrong to society, which, in all probability (as things are to-day) may ultimately have to provide for many of them. Such women, if they would but reason about it, would surely see that no good "God" could possibly want all this wrong to be done in His world. In order that it may be avoided as far as possible, He has given us intelligence to devise contraceptives, and we may be sure He expects us to use them.

#### SOCIAL AND LEGAL ASPECTS

Birth control is, of course, perfectly legal and its practice, in one form or another, is almost universal among the educated and intelligent people of all races and religions. It is, however, impossible to avoid the suspicion that in many cases selfishness and the desire to enjoy the pleasures of married life without the acceptance of its responsibilities are at the root of the practice. Couples of reasonably good health and sufficient means ought not to be childless, nor should they be content with one or two children. The actuaries who are able to compute such matters tell us that an average of almost four children to the family is necessary to maintain a population at any given level. The average family, however, of the educated and intelligent people is not even three children. As the population, in spite of this, is still growing, it is manifest that we are dependent for this

growth on the classes that do not practise birth control. These classes, unfortunately (outside those who though educated and intelligent are governed by ecclesiastical decrees), may be called, generally, the less educated and the irresponsible, including the weak-minded.

There is recognizable here a social problem the solution of which can probably only be partially supplied by the spread of birth control information. No student of international and national social and economic conditions can view without alarm the outstanding fact that vast numbers of children are brought into the world of whom it could truthfully be said "it were better for them that they had not been born". This applies especially to that less intelligent section of the community among whom the act of procreation is engaged in without a due sense of moral, social, or national responsibility.

Sir James Barr, Ex-President of the British Medical Association, writes: "At present the lower fourth, including the submerged tenth of the population, is producing more than half of the next generation". Putting the schoolmasters, university professors, lawyers, clergy, doctors, and the professional classes generally, along with the more thoughtful and intelligent of *all* classes on the one hand, the generally irresponsible classes, including those mentally deficient on the other hand, then these latter classes produce about 300 children where the former produce about 100. These facts speak for themselves and reveal a condition that unquestionably threatens the welfare of the race.

This, however, is only one aspect of the subject. It is the aspect foremost in the minds of social and

welfare workers and those who are interested in the eugenic problem—the production of the highest possible type of human being—an exceedingly important aspect indeed. It is surely reasonable to hope that universal knowledge of birth-control procedures would in due course greatly reduce even this social problem of the feeble-minded.

#### RELATION OF SOCIAL ASPECT OF BIRTH CONTROL MOVEMENT AND INDIVIDUAL CONCEPTION CONTROL

Before closing this chapter, which deals mainly with the social aspects of birth control, it may be desirable to anticipate the chapter on Conception Control. It is at once clear that control of each conception is a matter which rests in the hands eventually of two persons only. For them, in their sexual relationships, knowledge of conception control is of primary importance. Yet, from the standpoint of the larger social good, the knowledge and conduct of these two persons are of supreme importance. This chapter on birth control in its widest applications closes, therefore, with the realization that the knowledge of conception control by an informed man and woman is basic.

#### *Editor's note:*

*It should be clearly understood that neither the author of this and the following chapter, nor the publishers of this book recommend or advocate indiscriminate Conception Control. Where individual circumstances seem to indicate the need of specific guidance on this subject it is urged that they consult their religious and medical advisors.*

## ACKNOWLEDGMENT

The following chapter, "Techniques of Conception Control", presents in somewhat abbreviated form the material published in "Techniques of Conception Control", prepared by Robert L. Dickinson, M.D., F.A.C.S., New York Academy of Medicine.

Dr. Robert L. Dickinson is an internationally known authority on conception control and his contributions to this field of knowledge are widely acclaimed. Dr. Dickinson is Senior Vice-President of the Planned Parenthood Federation of America; former President of the American Gynecological, the New York Obstetrical and the Brooklyn Gynecological Societies; for years Secretary of the National Committee on Maternal Health; author of the book "Control of Conception" and many other writings. Dr. Dickinson was the founder of the National Committee on Maternal Health. This organization has an unequalled record of research and publication in the field of maternal health and many other significant aspects of human reproduction.

To Dr. Robert L. Dickinson and to the Planned Parenthood Federation of America we express our grateful appreciation for permission to include this valuable data in this revised and enlarged edition of "Sex, Marriage and Birth Control". We further extend our thanks to Dr. Dickinson for his assistance and guidance in making those revisions and elaborations which are intended better to adapt this work to the public to whom this book is offered.

The Publisher.

CHAPTER X

TECHNIQUES OF CONCEPTION CONTROL

BY

ROBERT L. DICKINSON, M.D., F.A.C.S.

Common sense suggests that we begin with the best accredited protective, the one used by that member of the couple primarily needing protection, even though this method is less simple than others. Thereafter we follow the order of general utility. Thus cervix cover and penis cover lead on to simpler means and then to more lasting immunities.

As between pregnancy and prevention the actual decision belongs to the partners, and is rarely the doctor's, but whenever he finds disease and disorder, the decision and the responsibility clearly must be his.

Five words define perfection of protection. Wherever pregnancy spells serious hazard to health, to happiness in marriage, to essential well-being of family or community, there contraceptives must be *certain, simple, harmless, not unpleasant, cheap*—easy to get, easy to keep, easy to use. Because the woman is more likely than the man faithfully to carry out the method of control, the means may better be in her hands. These main characteristics may well be supplemented by two others: (1) *Variety*—No one means, however perfect, can be expected to suit both partners on all occasions, any more than could one mountain peak or one symphony. Finally, (2) the

ideal method would combine protection against conception with protection against infection.

Actual reports show that most unwanted pregnancies result from omission of some detail of contraceptive technique. Even the gynaecologist may not be familiar with newer modifications effective for difficult cases. The physician may not have been taught in a special course in medical college or in a special clinic. The instructor may have failed to develop full understanding and competence on the part of the patient. *Physicians have to be trained.*

The ideal would seem to call for something requiring no teaching or supervised trial or acquirement of skill by practice. But no such method exists. *Training of the patient is needed* for expertness and automatic, effortless usage. Even the simplest device, the condom, calls for testing after purchase, for highest security; it may call for some patience at first; it may involve surrender of maximum satisfaction for the sake of maximum protection. Indeed, the sole 'control' that does away with all control or training is the closed duct, spermatic or Fallopian, in the quick and minor operation for the male and the more difficult one for the female.

#### EFFECTIVENESS

There are several ways of gauging the effectiveness of a specific contraceptive in giving protection against pregnancy. In estimating the effectiveness of contraceptive practice, certain known variables such as illness or temporary separation of husband and wife, or periods of pregnancy, may be taken into account, but for other conditions, unknown or unrecognized, adjustment cannot be made. For this

reason unless otherwise specified, all rates with contraceptives refer to *all reported* experience with a method and not merely to the experience of careful and regular users. This text therefore uses a simplified expression, *degree of protection*. By this expression is meant the reduction in frequency of conception when a given method is used, as compared with that expected in the absence of contraceptive precaution.

Comparison of degree of protection given by any method before and after special instruction shows an increase of 5 to 100 per cent after instruction. We cannot fully appraise effectiveness apart from acceptability (or the willingness of couples to use it conscientiously, consistently and properly).

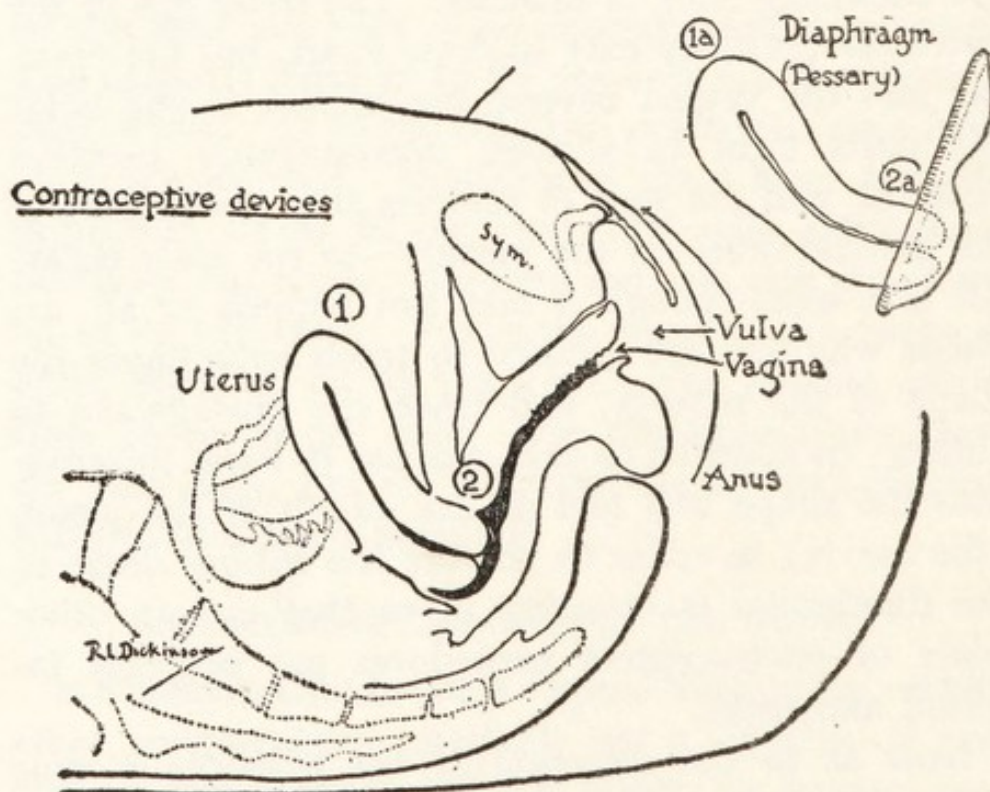
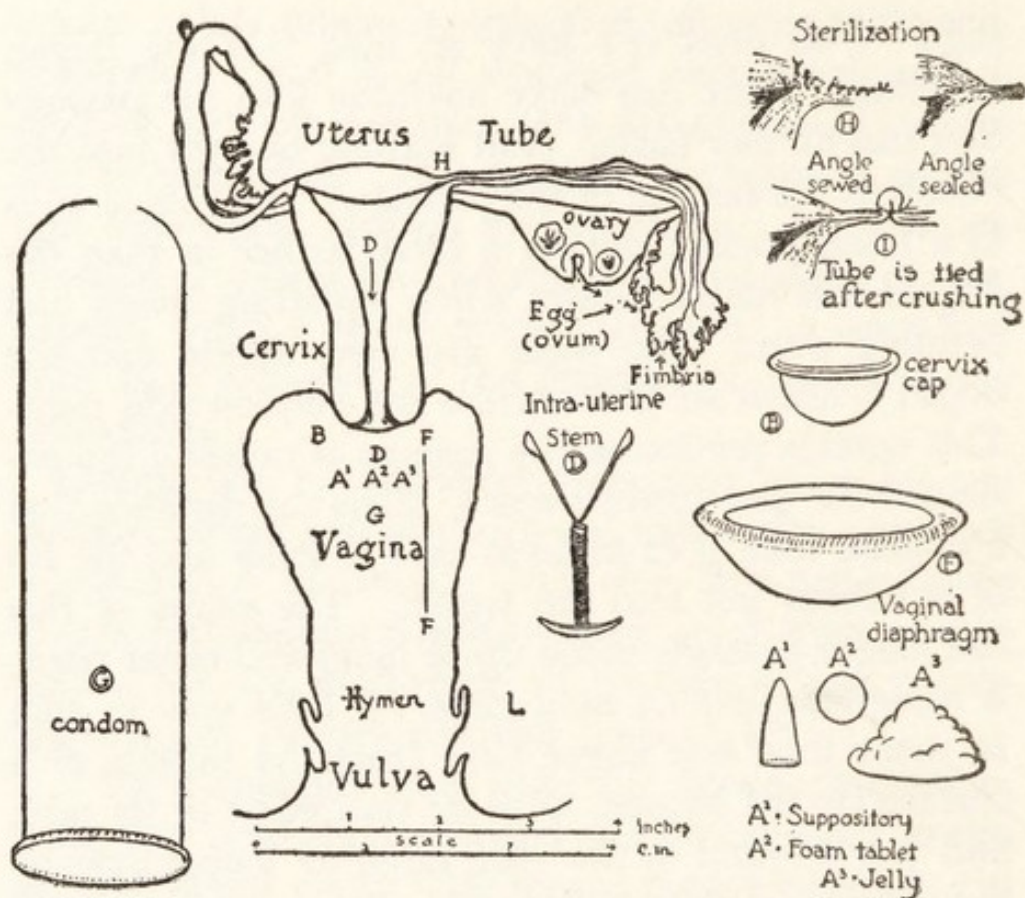
With *diaphragm and jelly*, for urban population, degree of protection afforded can be expected to run around 90 per cent. This means risk of pregnancy is *90 per cent less than if no contraceptive were used*. The range is from 85 to 95 per cent for the average kind of use. As to the *condom*, protection runs from 70 to 95 per cent. *Withdrawal* gives more variable protection, 35 to 80 per cent. Of *jelly alone* there has been less study. Reports indicate risk cut down 63 to 90 per cent. For *foam powder*, the range is wide, from 30 to 95 per cent. For *douche alone*, from 16 to 70 per cent. For the *suppository* there are few data, but its long popularity and English success may have meaning.

#### INSTRUCTIONS CONCERNING THE VAGINA

It is much easier to use a vaginal diaphragm, certain other contraceptive methods or a douche, if you know a few important things about the vaginal pas-

sage. One must not have an idea that the finger, ordinarily clean, can carry anything into the passage that can do any harm. And nothing can get into the womb at the far end of the passage. The vagina ends in a blind pocket, usually a little farther in than the fingers can reach—unless when squatting down and bending over. The walls are very elastic and the depth is about six inches from the very outside parts. This outside portion of the passage is rather a funnel-shaped slit that spreads apart. Thus the distance that a douche tube goes in takes care of itself and the tip of it cannot get into the womb. The shape of this full-length passage, made up of inner and outer parts, is something like an hour-glass. A little way in, that is, more than one finger joint from the outside skin surface, is the hymen, with its thin edge or its tabs, and just beyond is the rear ridge or loop made by the encircling sling of muscles. The outer lips of the vulva are perfectly easy to draw apart, but the opening into the vagina beyond the hymen, if one holds the parts tight or winces, unconsciously becomes resistant, and the loop of muscles stop the finger—or the douche tube—or the pessary—or the male organ. All this, even though it may not happen at all, explains why you are advised to teach your finger the shape of the passage, and teach the passage not to object. In addition to this, one has to learn to recognize the shape and feel of the mouth of the womb (the cervix) in order to be sure the rubber dome of the diaphragm is covering it, or that certain other types of contraceptive procedures are properly inserted and used.

Now as to the direction of the passage: it runs toward the hollow of the back, that is, neither in the



FIGS. 13 AND 14

FEMALE ANATOMY AND RELATED CONTRACEPTIVE MATERIALS  
AND MECHANISMS

line of the whole body nor at right angles to it, but rather in between. The passage curves on the way in. The nozzle of the douche tube, the nozzle of the applicator for jelly, the diaphragm or pessary, the examining finger, all go over the loop of those muscles which hold the opening shut.

### VAGINAL DIAPHRAGMS AND CAPS

For self-protection against conception, the method generally prescribed at present in birth control centres is to cover the cervix uteri by a vaginal diaphragm or cervix cap. These are often called pessaries, although in any strict sense this term denotes an instrument for support of a displaced uterus or sagging bladder. For our use here the simplest word is found to be cap or cup.

Vaginal diaphragms or cervix caps act as barriers to prevent the spermatozoa from entering the uterus, and are of *two forms* based on different principles. One plan places over the cervix a cap that adheres by suction to the projecting cone of the uterus (see illustration, Fig. 20 on page 94.) The other provides a lengthwise partition dividing the vaginal passage into two sections, the upper holding and covering the cervix; the lower section to serve as a channel for the penis Fig. 19 on page 94.)

The cervix cap is simpler and the device smaller; the vaginal diaphragm is adapted to the larger percentage of interior conformations. The protection afforded by the diaphragm is due not alone to the thin rubber dome closely applied over the external os (together with some degree of suction) but also to its holding a spermicidal (sperm-killing) chemical paste or ointment against the opening. Essentially

it forms a partition with edges that so stretch the elastic vaginal walls that the point of the glans penis cannot pass over the front rim that nestles behind the pubic bone.

*Anatomy*, not average, *but individual*, determines the choice between the two. For the wife correctly to place either takes less time than putting on a loose glove. A high protection rate may be expected for this general method among groups of women having ready access to physicians adequately trained, or to clinics adequately equipped and well-manned. It is absolutely necessary that each woman be fitted individually as only a physician can determine which type is best suited and both types come in different sizes.

#### *Fitting and Re-Fitting*

In *premarital fitting of the diaphragm*, where the hymen has not already been made sufficiently elastic for fitting, the patient is instructed in *self stretching* of the hymen, as discussed on page 16. Frequently after intercourse has developed her vagina, the newly married woman needs a larger size. After childbirth, another alteration is usually called for. Vaginas differ in diameter and length and no claim has been more absurd than that of one manufacturer that his pessary would fit any normal woman. No shoemaker claims one size of shoe will fit any normal foot. (See Figs. 21 and 22, page 95.)

#### *Fitting the Diaphragm*

The procedure is simple, as a rule. The *time* for teaching a patient as given in several clinics, averages fifteen minutes, the range being from five to twenty minutes.

### *Jelly With Diaphragm*

A good spermicidal jelly is used in conjunction with the diaphragm. A small amount is smeared around the edges as a lubricant for easy insertion, and half to a level teaspoonful of jelly is placed in the concavity of the diaphragm. This gives the added protection of further blocking the entrance to the uterus with an effective sperm-killing substance. Greasy or oily substitutes for jelly should not be used since they shorten the life of rubber.

The diaphragm may be inserted either during the late afternoon or just before intercourse. It should not be left in place more than one night. *If the diaphragm is left in place six or eight hours after intercourse, no douche is needed.* If removed sooner after intercourse, you are to douche just before removal and just after removal; in this second case holding the outer parts (lips) around the nozzle so as to fill the vagina and let out the water with a gush. Half the bagful (or half the bulbful) can be used for each step. The recommended method of douching is described fully on pages 102-105.

### *Supplementary Douche*

Until recently, as standard practice, directions were to remove the diaphragm next morning, taking a douche as described. For maximum safety it is still held by some that douche and removal soon after ejaculation is desirable. To get up at such a time is a handicap to the faithful use of any contraceptive method. Moreover, less than half the population have individual bathrooms and convenient warm water; these are even less frequent among rural dwellers. As sperms do not live more than two or three hours in

a vagina even in the absence of a spermicide, the requirement of a douche after overnight retention of diaphragm and jelly should not be included as a standard practice. Some women, however, prefer douching after intercourse. This is a matter of personal choice.

After use, the diaphragm or cap should be thoroughly washed in warm soapy water, rinsed well and carefully dried. It may be lightly powdered with talcum or cornstarch and should be put away in a suitable container.

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*Advantages of Diaphragm and Jelly Method.* Probably the most effective contraceptive method today is the diaphragm and jelly combination. Its advantages may be summed up briefly as follows:

1. The method is applicable to most women and it is increasingly available in cities and towns.
2. It is easily and quickly utilized after proper fitting and instruction in its use by a competent physician or trained clinic nurse.
3. It is quite harmless and cannot cause infertility.
4. It is economical. With proper care a diaphragm may last two or three years.
5. The diaphragm is unobtrusive, neither partner being aware of its presence. It creates no disturbing psychological reactions to interfere with sexual intimacy and natural coitus and it permits actual contact between husband and wife.
6. The knowledge that it affords a high degree of protection, if properly used, minimizes constantly inhibiting worries and apprehensions of too frequent

pregnancies that would be injurious to health or the economic welfare of the family.

7. The diaphragm may be placed in the vagina two or three hours before expected coitus, thereby eliminating any possibly disrupting activity immediately before intercourse.

8. As the diaphragm should remain in place several hours after intercourse, preferably until the next morning, both partners may enjoy the normal repose that should follow consummation of the act.

*The Method is Unsuitable Where:* 1. Variations of anatomy prevent ready fitting, such as a much damaged pelvic floor or relaxation to a degree that prevents pocketing the front rim of the diaphragm beneath the symphysis (pubic bone); or the juvenile short anterior vaginal wall; or where conditions hamper self-reach into the vagina, notably thick abdominal fat and short fingers.

2. There is lack of willingness to take trouble to secure protection by this means. Psychological obstacles are presented by the woman with disgust centering on her genital sphere. The woman does not learn the method.

3. The woman can find none trained to adapt the method to her anatomy.

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#### FOAM CREAM OR FOAM-SPONGE

One of the more recent contraceptive developments within the past few years has been the evolution of medicated sponge methods into a form which can be made inexpensively available to masses of population *without the need for examination of the*

*individual patient* by a physician. As this book goes to press, there are several of the foam creams or powders available, a foam jelly and a foam paste. Other foam powders and jellies are being developed. They are increasingly available at drug stores complete with the necessary sponge.

Reports vary widely concerning the degree of protection afforded by this method. There appears general agreement among health officers under whose direction it has been used, that its effectiveness is now between 55 and 95 per cent. Published studies only partially substantiate this. Clinicians who have used both foam-sponge and diaphragm-jelly methods concur that the diaphragm-jelly is more reliable when properly prescribed and used, but that the foam-sponge method is so much simpler and more readily applicable as to possess a wider *range of usefulness* than diaphragms and jelly can have. It is the method adopted by many public health agencies to reach large, rural populations.

### *Procedure*

The *sponge* to carry the foaming agent may be a disc or flat square of soft sponge rubber, or a rounded sea sponge. (See Fig. 24, page 96.) (The transverse diameter of the vagina at the inner end averages  $2\frac{1}{2}$  inches, being larger after child-bearing than before.) If one wishes to make their own sponges they should be cut into blocks one-half to three-quarters of an inch thick and two and a half to three inches square, with the corners rounded. One can cut rubber sponge in a shape like a shallow saucer, but its pliability may allow doubling up. In some instances, when pressed closely to the cervix, it is held

by suction. The process of insertion, and each thrust of the penis squeezes foam out of the sponge crevices. The sponge may have more actual utility as a reservoir for the foaming material it contains than as a cap over the cervix, and the foam of more importance in covering the os than as a spermicide.

A little while before intercourse (say not over half an hour) you should dip the sponge in water, press out most of the water, then sprinkle both sides with the foam powder, or apply foam paste. Gentle squeezing starts the foam. With the fingers of one hand separate the labia and with the fingers of the other hand pass the sponge into the vagina as far as possible. This is done with as little squeezing as possible so that all the foam one can get into the passage gets there. The flat rubber sponge is doubled up to insert. The thread can hang out or be tucked inside. The sponge should stay in until morning and is then pulled out by the thread, squatting and bearing down if it comes out more easily that way. Some women, finding the thread not needed to withdraw the sponge, cut it off before use.

As sperm in the vagina die after a very few hours, a douche is needed only when the sponge is taken out sooner than five or six hours after intercourse. When douching (see Figs. 27 and 29 on pages 98 and 99) the woman holds the parts around the nozzle to fill the passage and stretch all folds inside, then lets the water gush, repeating this two or three times. After use the sponge should be thoroughly washed with soap and water and well rinsed; it should not be boiled. A second intercourse later in the night would better have a second medicated sponge.

## TAMPONS AND SPONGES

Practically all the better contraceptive methods involve some cost, some more than others. Prepared materials and supplies are not always readily procurable by wives who may be far removed from centres where such supplies are obtainable, or who may not have the money to purchase them, even if available. Tens of thousands of wives are located in the remote hinterlands and along the far-flung fishing coasts, or in the isolated mining and lumbering districts of the North and Northwest, and on farms throughout the vast area of the Prairies. These wives need not be denied knowledge of a means to safeguard themselves against too frequent pregnancies—pregnancies that might be harmful to their health, and perhaps seriously jeopardize the economic position of their homes and families. To such of them as may require help, there is the tampon which can be made in the home of materials at hand.

Various types of tampon have been used as contraceptives from ancient times. Vaginal barriers can be either in the form of a fitted partition or cover such as the vaginal diaphragm or cervical cap, or they may be of more primitive form, such as any soft material which blocks the upper vagina. A wad of wool or cotton with or without a thread tied to it for subsequent removal, may be medicated and pushed high up in the passage just before intercourse. This provides a rather simple shield against conception, but it may be shoved aside by the movements of the penis.

Home-made tampons may be made from any one of the following materials. Directions for making are described here in the general order of preference.

1. Rubber or Sea Sponge; the finer grained texture being preferred. Cut with a pair of scissors to about  $2\frac{1}{2}$  to 3 inches in diameter, and about half an inch thick, with the corners and edges well rounded.

2. Animal or cotton wool; cut about  $2\frac{1}{2}$  to 3 inches in diameter and about half an inch thick, or generally about two-thirds the size of the palm of your hand.

3. Perfectly clean, soft, cotton cloth. Where nothing else is available, this may be used to afford some degree of protection. It should be about 7 or 8 inches square and folded into a wad or pad 3 or  $3\frac{1}{2}$  inches long by  $1\frac{1}{2}$  inches wide. (See Figs. 15, 16 and 17, page 89, for illustrations of tampons.)

With some it may be necessary to experiment with two or three different sizes to determine what size may best block the far end of the vaginal passage including the cervix. It should not be too small but rather sufficiently large to form as effective a barrier as possible. One way this may be gauged to some degree is to have the tampon large enough to produce a feeling of bulkiness, even to the point of slight discomfort, after it has been inserted.

For removal of any type of tampon, a piece of soft, thin string, or strong silk thread may be tied or sewn to it, with the end left sufficiently long that it will hang outside. Some women find this unnecessary, as by squatting and bearing down, they may be able to reach and remove the tampon with the fingers.

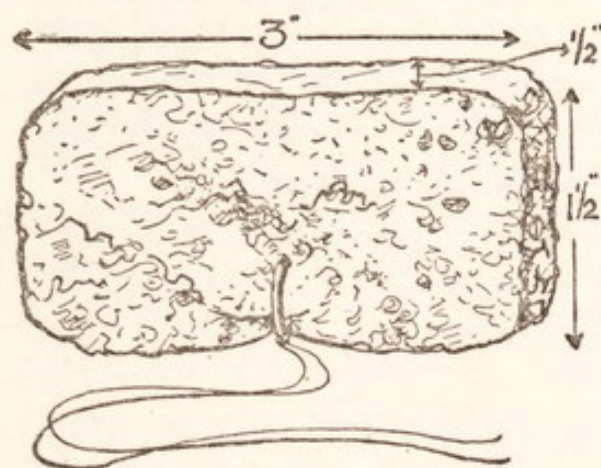
The rubber or sea sponge is the best material out of which to make a home-made tampon. Its original cost is but a few cents and it can be used repeatedly. With care, one sponge may last several months. The sea sponge is less durable than the rubber sponge,

but is usually softer. After each use the sponge should be carefully washed in warm, soapy water, rinsed well, dried and put away in a clean container. Tampons of cotton wool or animal wool may not be used more than once. Cotton cloth tampons may be washed if desired.

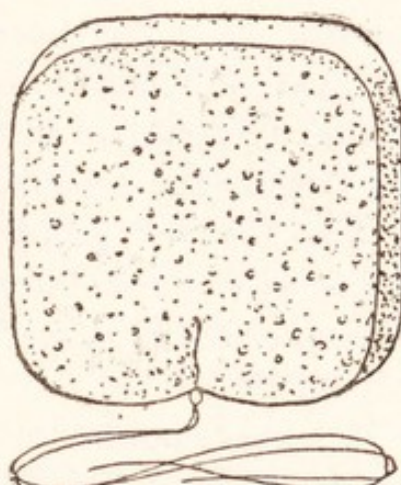
Greasy, gummy substances, and other chemicals increase the scope of tampon usefulness, particularly if these substances are spermicidal in harmless concentration, or if they tend to foam. They are held in reserve temporarily in the meshes of the tampon or sponge and automatically pressed out a little at a time by the penis.

Whatever chemical is used, it must not irritate the male urethra; otherwise soapsuds would be a good thing with which to impregnate the tampon. Cocoa butter, of which suppositories have long been made, being effective as a smear for the cervix, may possibly be among the best chemical materials for use with tampon or sponge; but it is unpleasant in odour and becomes rancid. Various pastes, creams and jellies for this purpose have been tested, but results are not reported in sufficient numbers and in a sufficient variety of cases to be evaluated. The historical sperm paralyzers, also of uncertain dependability, are vinegar ( $1/8$  or  $1/16$  kitchen strength), and lemon juice (1 or 2 tablespoonsful to the quart), with which solution the tampon may be saturated.

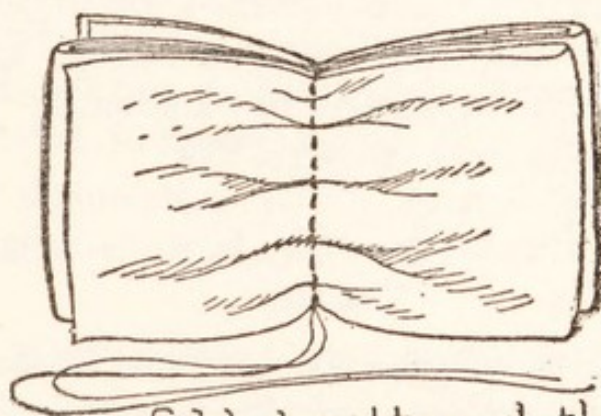
Tampons for use as menstrual guards are on sale rather generally. These may require modification for successful use as contraceptives. Absorbent cotton, when wet, compresses and packs so small as to be less serviceable than the old fashioned "cotton



soft sea sponge  
Tampon



soft rubber sponge  
Tampon



folded cotton cloth  
Tampon

FIGS. 15, 16, 17

wool" tampon, or the newer wool one, both having the necessary quality of elasticity.

After medication of the tampon it should be placed high in the vaginal passage immediately before intercourse. If it has been soaked in a spermicidal acid solution of vinegar or lemon, as much of the liquid should be retained in the tampon as possible, without causing undue inconvenience and discomfort.

The tampon should not be removed for several hours after intercourse if contraceptive jelly, paste, cream, or cocoa butter has been used. A douche need not follow.

If a spermicidal solution has been used as medication, and it is found to be irritating, then the tampon should be removed sooner and be followed by douching as directed under that section.

If a douche is not possible, then the vagina should be swabbed out with another clean medicated tampon, or the expedient of "Lathering" may be adopted as described on page 105.

#### CHEMICAL CONTRACEPTIVES, JELLIES, PASTES AND CREAMS

Contraceptive jelly is the general term for the semi-fluid preparations made for deposit in the upper vagina to guard the uterus against the entry of sperms. There are two objectives: First, effectively to *block the opening* into the cervical canal; and second, swiftly to *paralyze the sperms*.

Jellies and creams used without mechanical devices yield relatively high protection, but studies have not proven them fully dependable to block the external os, or to invalidate all sperm. Contraceptive jelly is invaluable as an *additional precaution* (and

lubricant) to accompany the mechanical protective device, whether this be pessary, condom or rubber sponge tampon.

### *Technique of Application*

The directions concerning the placement of jelly have been needlessly elaborate. Almost all directions make much of exact deposit of half the dose high in the passage beyond the cervix and half nearer the entrance (Fig. 25.) This is academic, and moreover, the penis is an adequate instrument for the spreading of the material. The *average amount* used is an ample teaspoonful (about 5 cc.) injected through a nozzle. This either attaches to the collapsible tube which constitutes the reservoir for the material, or else, in another form, is emptied by means of plunger, bulb or syringe (Fig. 25.) An excessive amount may diminish willingness to use the method because of overflow and messiness and undue lubrication, all found least with creams.

Highly spermicidal jellies, pastes or creams of good physical consistency (body) may be used alone where:

1. Individual medical attention and fitting of a pessary is not available.
2. Temporarily the hymen of the bride may not readily admit the use of a mechanical protective device.
3. The husband objects to using a condom.

The use of jelly alone is more effective before childbirth than afterward as the entrance to the uterus (os) becomes stretched and consequently the blocking action is less effective.

## MECHANICS OF PLACING JELLY WHEN USED ALONE

Deposit of a teaspoonful of semi-fluid material about five inches inside the collapsed cavity of the vulvo-vaginal canal may be effected by one of three sorts of applications (Fig. 25, page 97.)

1. Nozzle on supply tube, either separate, screwed on as needed, or else as part of a tube holding a single dose.

2. Long piston syringe, attachable to tube.

3. Bulb syringe, with or without plunger, attachable to supply tube, or drawing from jar.

The dosage is automatically regulated by the size of the interior of the suction apparatus in one case, by a key on the squeezing end of the supply tube on another, and in the other by the whole outfit yielding the single dose. The single dose outfit involves only decapping, and, after intercourse, disposing of the container—a celluloid collapsible tube with nozzle, or else the tube and paper nozzle. Like the condom, it has advantages for the conditions of travel.

With the attached type, care must be taken to see that the supply is carefully capped (Fig. 25) very soon after use in order to prevent drying of that part of the jelly which remains within the nozzle. With the detached types, cleaning the interior of the applicator is required.

Different brands of jellies, pastes or creams are generally obtainable in most drug stores. It is always advisable to procure the best available product. Your physician should be consulted if possible and his recommendations followed.

Hiding these devices, and their accessibility for quick need are factors. Other things being equal,

# ILLUSTRATIONS

*of*

## Techniques of Contraception



THE VAGINAL DIAPHRAGM  
AND CERVICAL CAP

THE CONDOM,  
FOAM SPONGE, JELLY AND  
DOUCHING



HALF-TONE ENGRAVINGS

ONE THIRD LIFE-SIZE

DRAWINGS MADE BY

ROBERT L. DICKINSON

AND HIS ASSOCIATES

EMILY FRERET

FRANCES ELWYN

HERBERT HARRIS

# VAGINAL DIAPHRAGM

## AND

## CERVIX CAP

## CONTRACEPTION

18. Before placing.

19. Diaphragm in place.

20. Cervix Cap in place

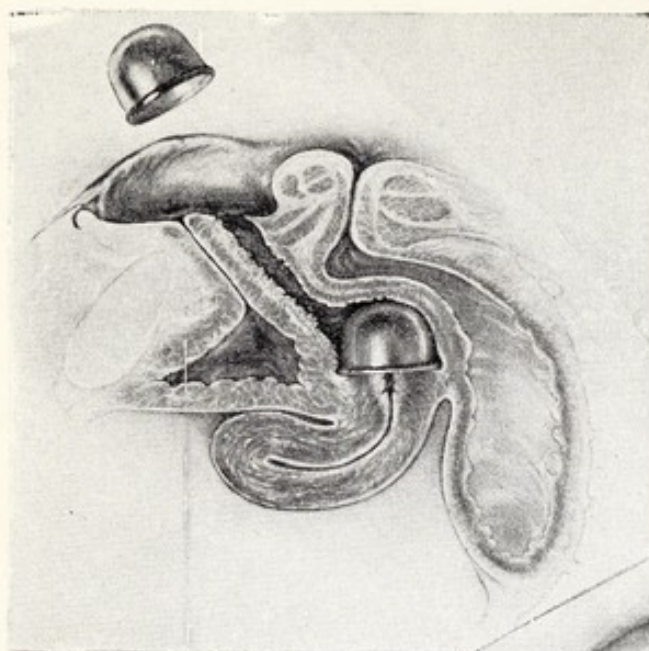


FIG. 20

19. Correct placing with rim of Diaphragm behind cervix and caught under pubic bone.

20. Showing Cervix Cap in place.

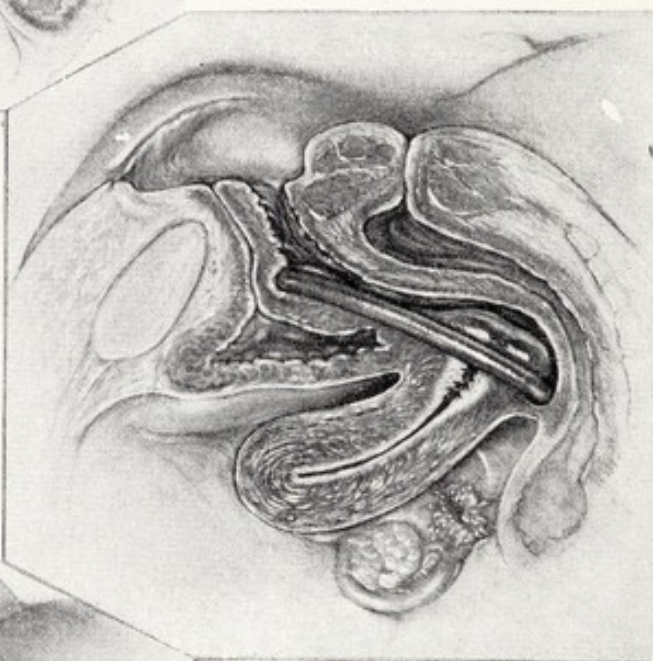
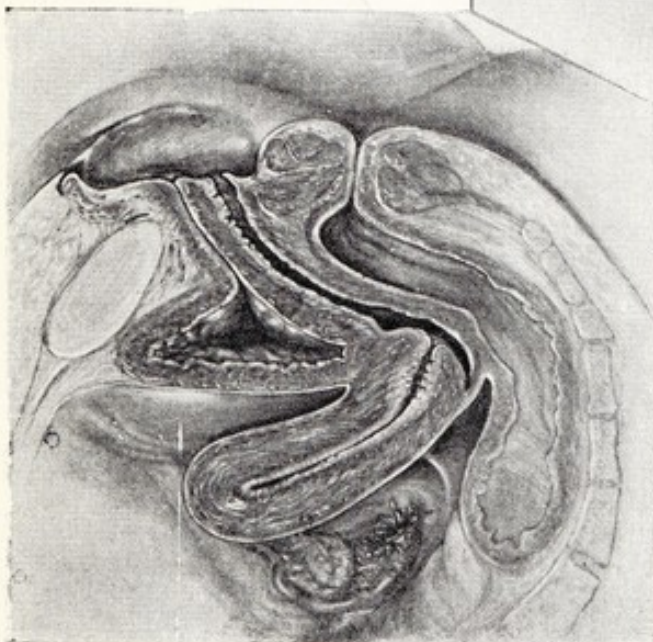


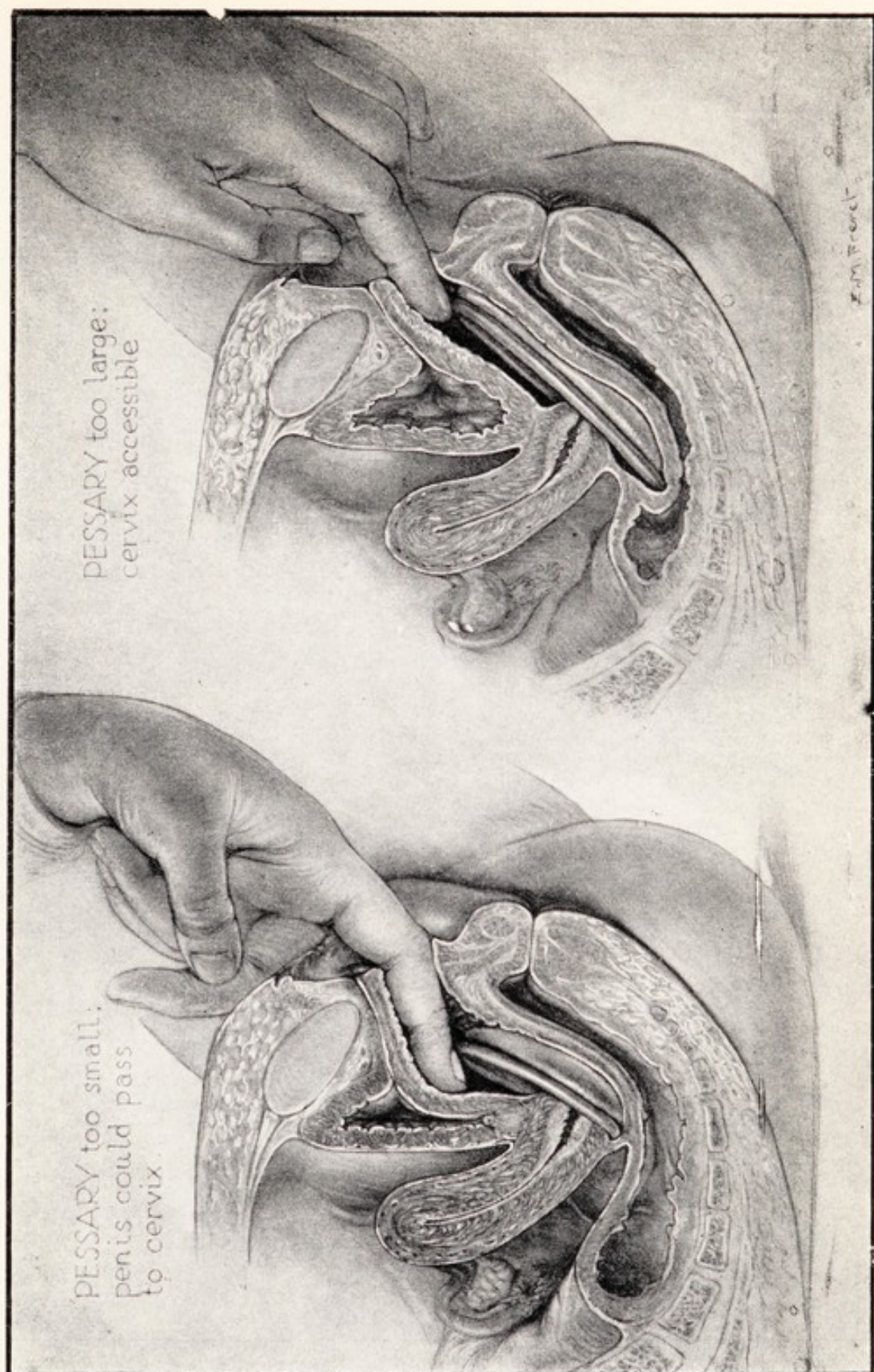
FIG. 19

FIG. 18

AVERAGE NORMAL CERVIX  
and VAGINA.

Front and rear walls in contact.  
Cervix at right angles to vaginal canal.





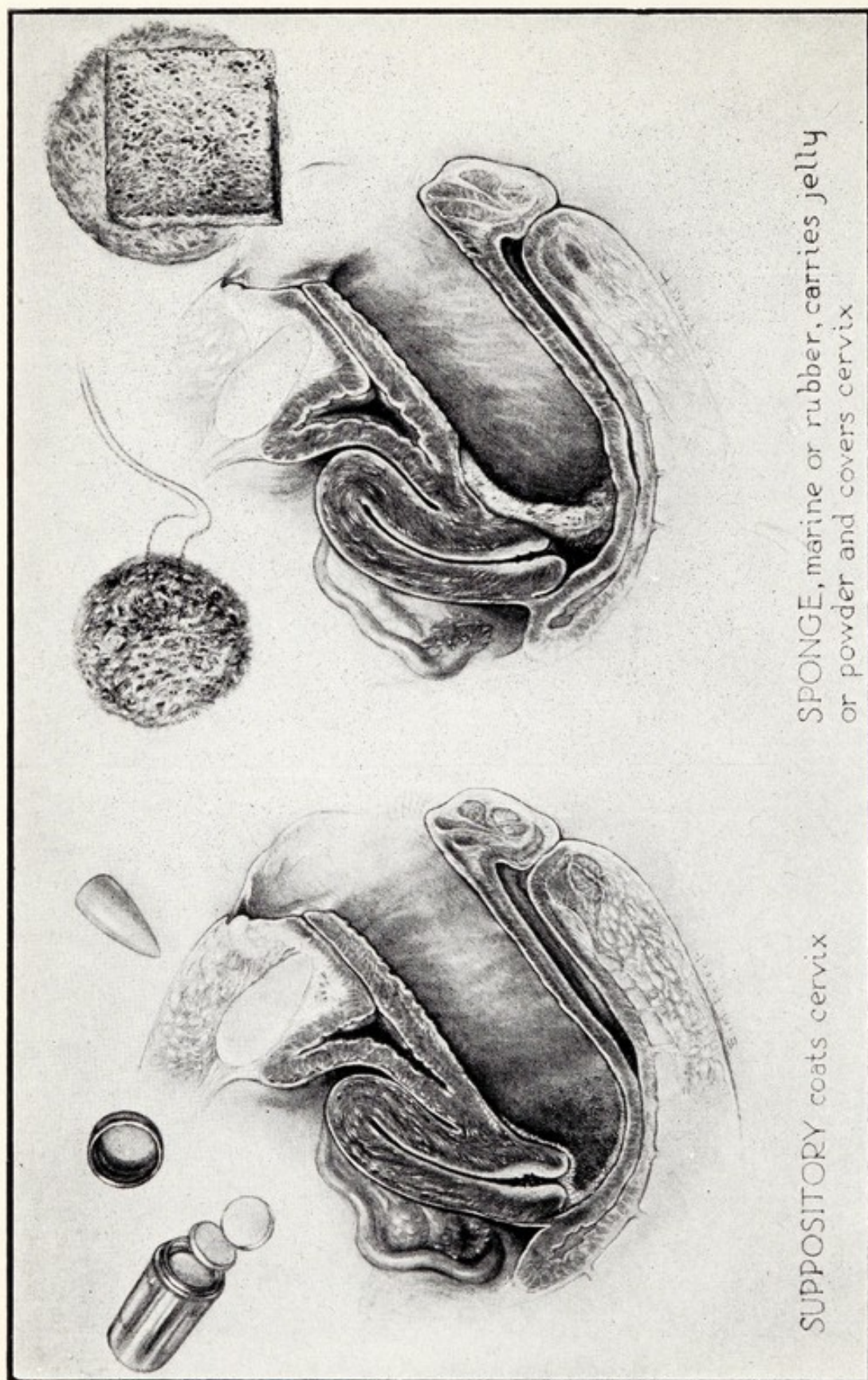


FIG. 23

FIG. 24

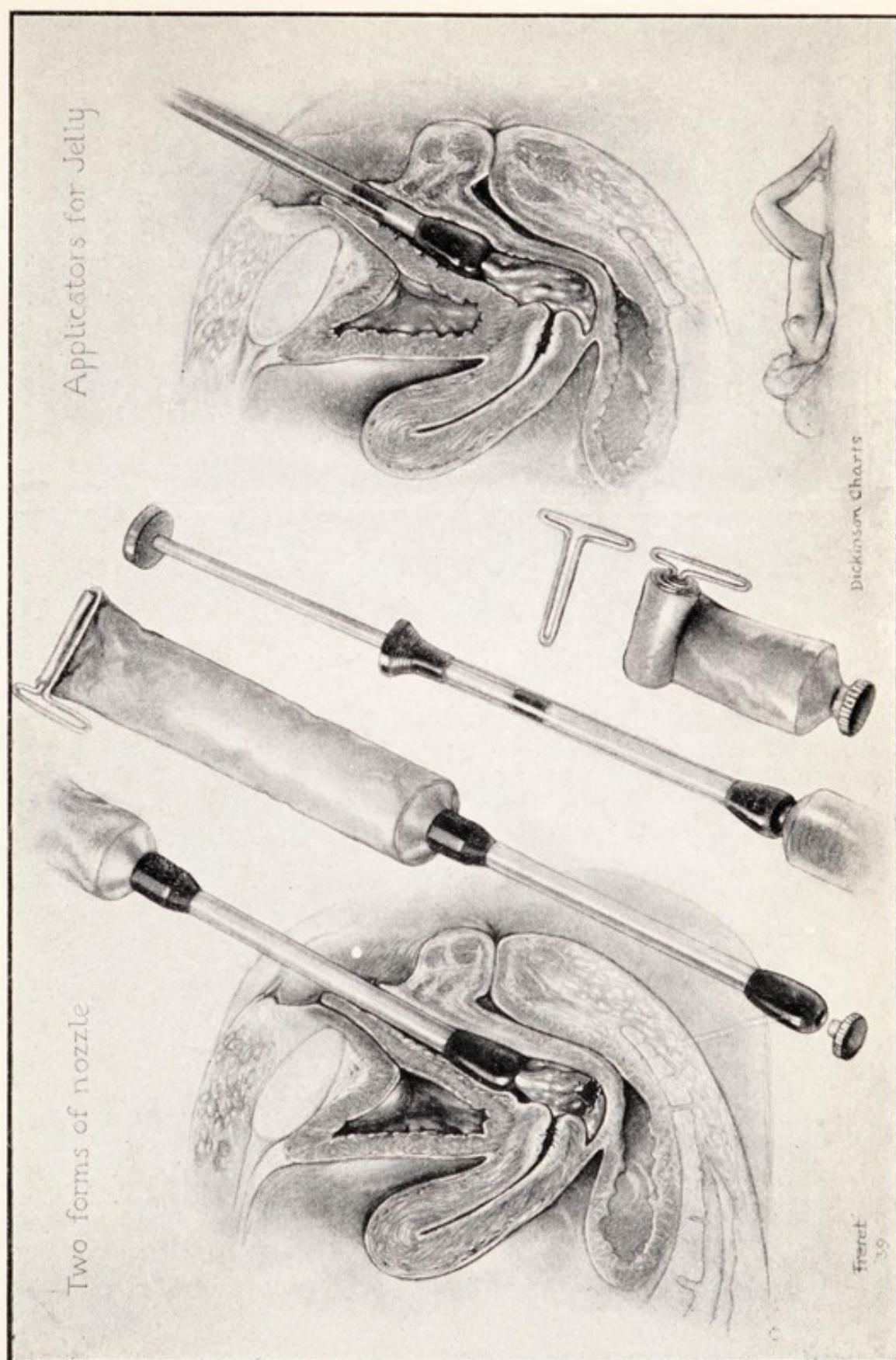


FIG. 25

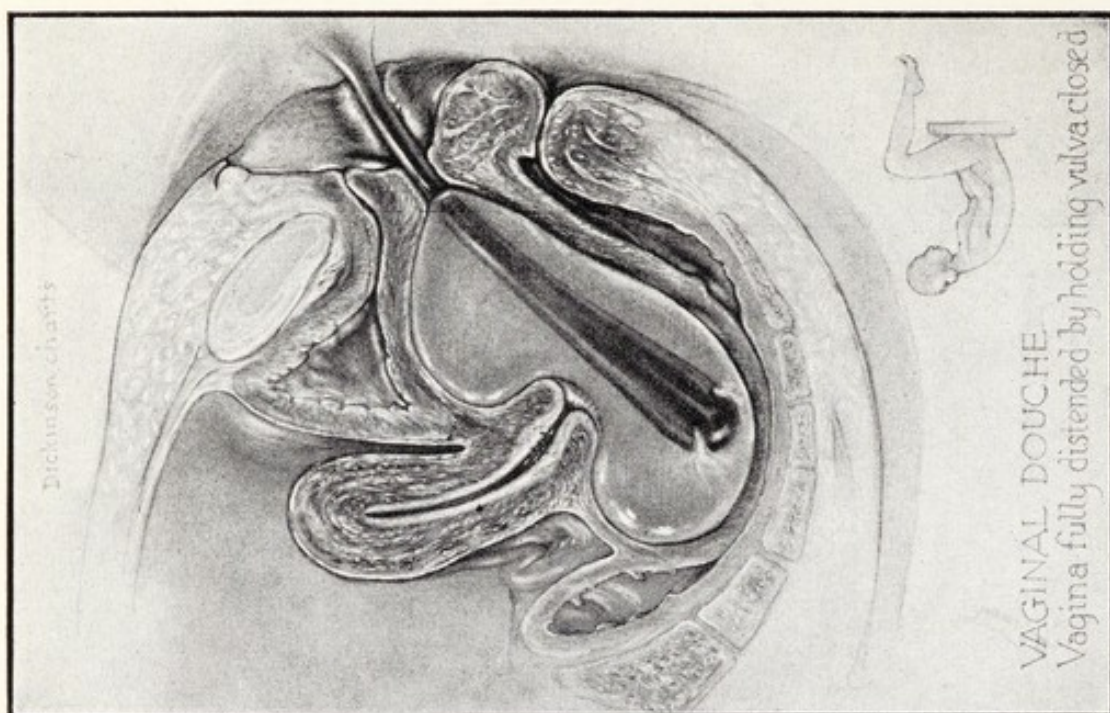


FIG. 27

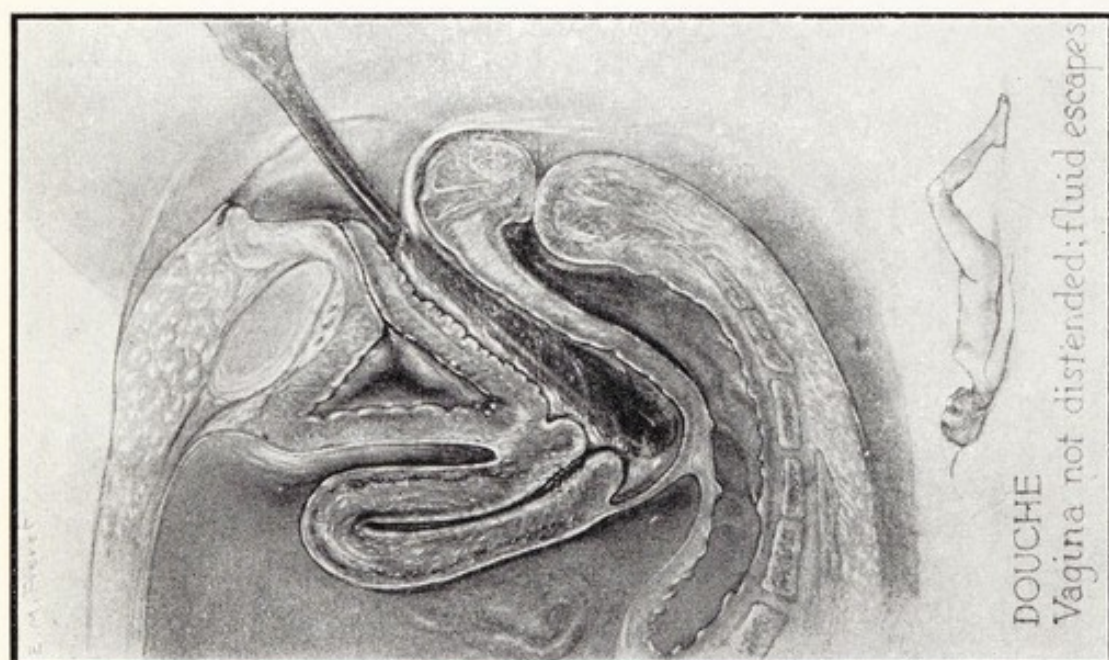


FIG. 26

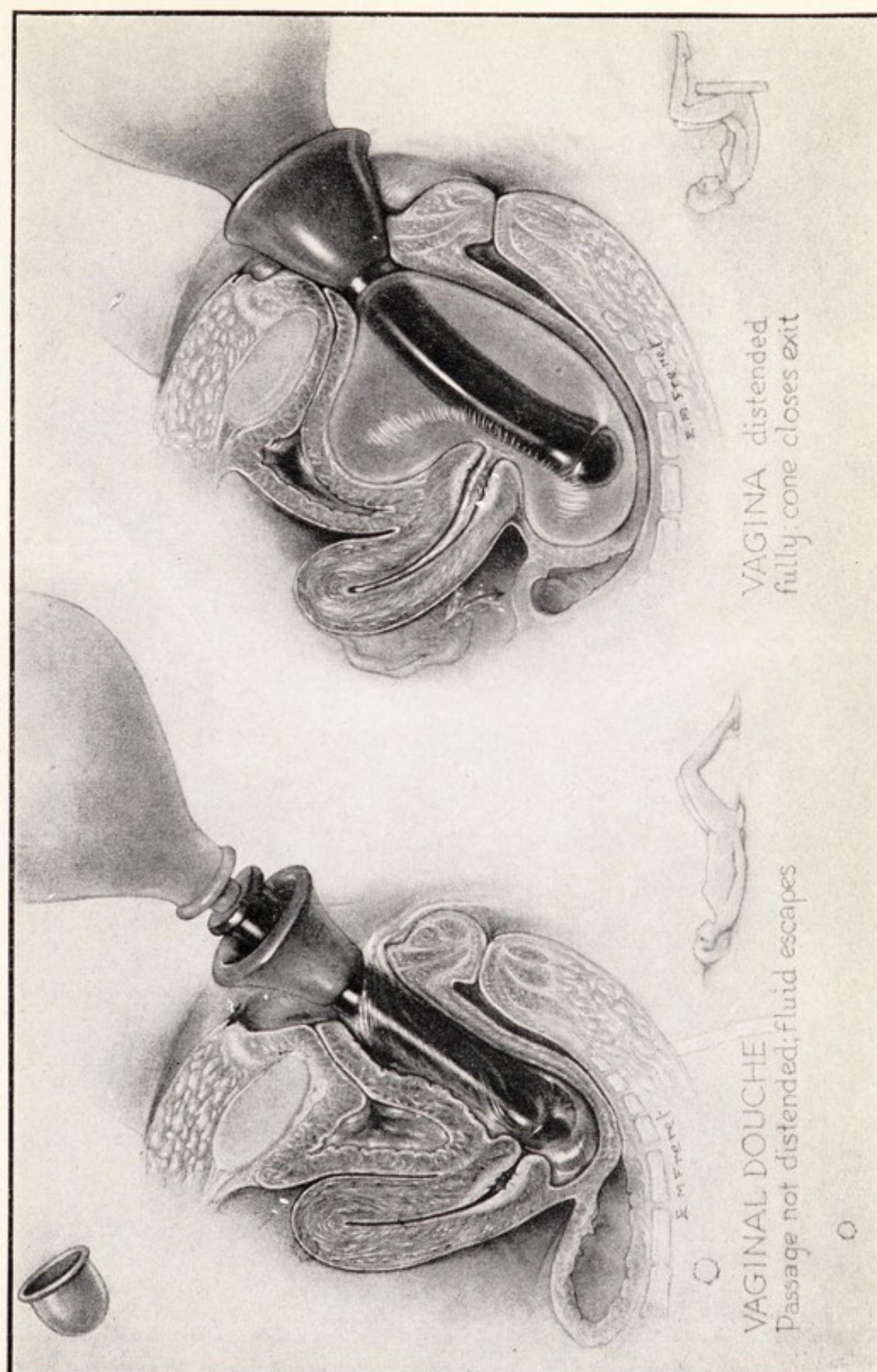


FIG. 28

FIG. 29

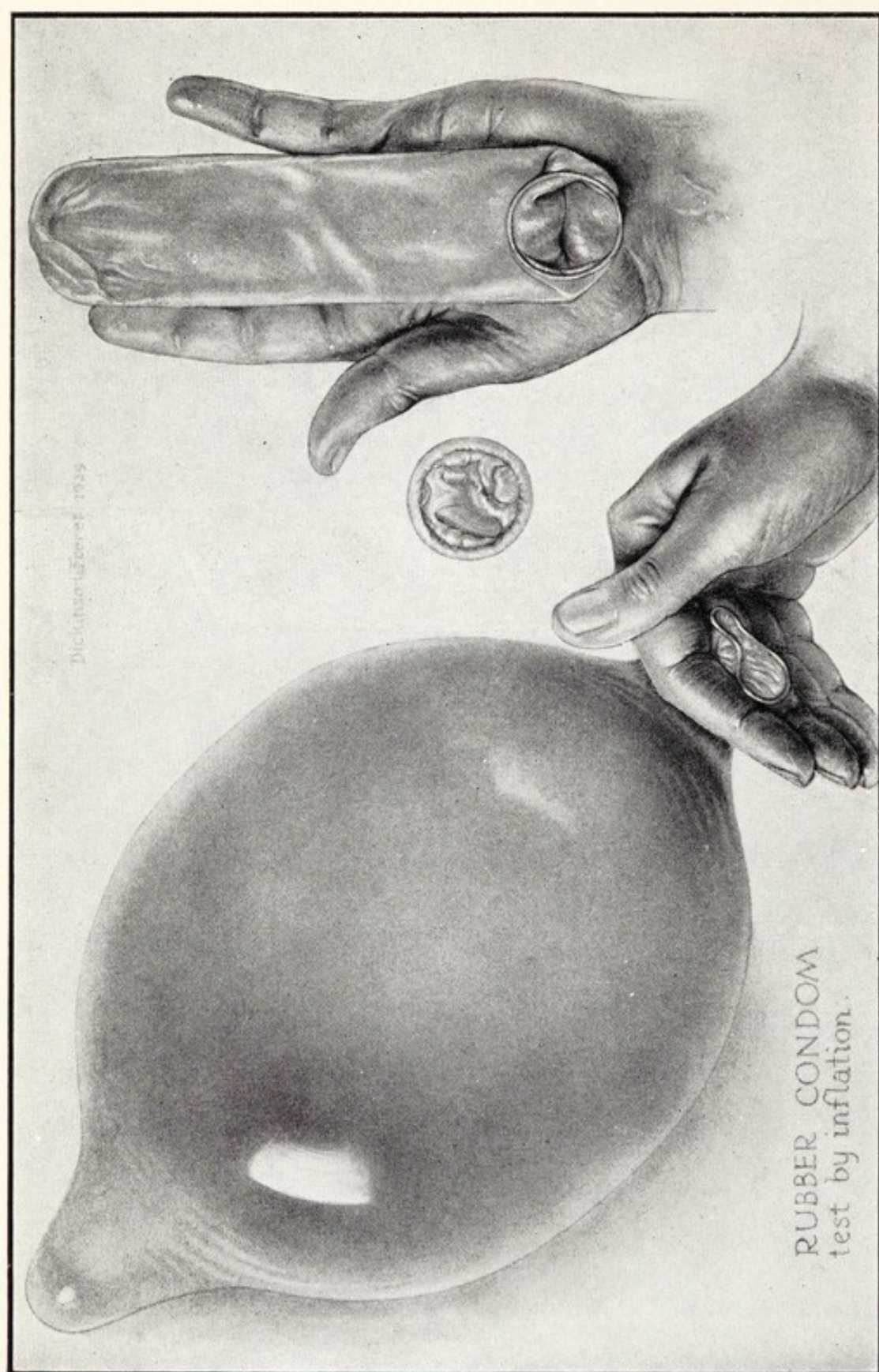


FIG. 30

cost is a large consideration. It will be noted that there are at least seven steps involved in protection against conception by jelly.

1. Unscrew top of supply jar or tube.
2. Fill applicator-nozzle (or sponge).
3. Pass nozzle into vagina and discharge contents not more than half an hour before intercourse.
4. One application is required for each occasion of coitus.
5. Clean device after intercourse (in some types).
6. Cap supply securely (either nozzle or collapsing tube).
7. Conceal in handy spot.

Douching or removing the jelly is not recommended for several hours after use.

While jellies, pastes and creams alone yield relatively high protection they are, of course, much more dependable when used in conjunction with mechanical protective devices such as the diaphragm, cap, condom or sponge. Wherever possible the use of the diaphragm-jelly technique should be adopted.

#### SUPPOSITORIES

Clinical studies of effectiveness and acceptability of present-day suppositories have not been published in the United States or Canada. In England, several brands have been approved by the National Family Planning Association.

For simplicity, no means of protection compares with the suppository. It is unequalled for quickness, compactness, ease of concealment, and freedom from nuisance on completion of intercourse. The suppository is a small solid cone or bolus designed

usually to melt at slightly below body temperature, and is inserted high in the vaginal passage before intercourse (Fig. 23, page 96.) There are three types, the cocoa butter, the glycono-gelatin, and the soap suppository. Boric acid, quinine derivatives, and salicylic acid are the most common ingredients.

It entails no apparatus as jelly does, no place of discard as the condom does, none of the cleaning for the pessary or the re-used condom. But it lacks, to date, certain and speedy dissolving qualities when pushed into place. (An average time to melt at body heat was 7 to 11 minutes in one series of laboratory tests.) Consequently, the suppository should be placed in the vagina at least 10 to 15 minutes before intercourse. It may lack reliable barrier qualities for occluding (blocking) the cervical os against the entrance of sperms. The suppository does not possess good keeping qualities in summer heat, but has been popular for decades in England where hot weather temperatures rarely exceed 90° F. Some brands may be irritating, greasy, unpleasant in odour and produce excessive lubrication. It is relatively more expensive than diaphragm-jelly and other types of protection that afford more security than the suppository.

### THE DOUCHE

Among the better conditioned classes in Europe and this country, the vaginal douche is familiar as a contraceptive measure, as well as in the treatment of leucorrhea (whites.) In France it is a stock toilet accessory. The effective role of the douche in prevention of conception is mechanical rather than chemical and consists in the removal of the semen.

On this account the physical factors are here stressed. Moreover, water itself is a spermicide.

The occurrence of conception despite the use of douches may be due in part to direct ejaculation of sperm into the cervical canal, in part to the high motility of some spermatozoa, and in part to delayed or unskilful flushing of the vagina.

As the *rate of travel of spermatozoa* on the glass slide is 3.6 mm. a minute (or one-fourth inch in two minutes), even without accepting the idea of insuck of semen into the cervix during orgasm, hundreds or thousands may enter it. Hence the one essential spermatozoon might be out of reach of the douche stream unless reached within a *couple of minutes* after ejaculation.

But there is uncertainty in reliance on the douche, even if it is used instantly after ejaculation, and is warm and duly medicated and the vagina is adequately distended. The several to-and-fro motions of the glans penis during ejaculation rub sperms into any drop of cervical mucus that may be clinging closely to the external os, or just outside that tiny opening, and the douche may not wash this away. At mid-period, the normal mucus is reported *specifically hospitable* to the spermatozoon. Hence this mucus should have been smeared with a spermicide just before coitus, such as jelly or cream. The important place of the douche is as an immediate auxiliary for other methods or as an emergency measure.

### *Method*

In douching, with the woman sitting and even reclining, the fluid may merely flow back along the nozzle (Figs. 26 and 28, pages 98 and 99) without

really clearing the passage. Properly to open up the folds shown in Figures 27 and 29, and to distend the vagina adequately and cleanse all its creases, the outer opening must be held snugly about the nozzle while the fluid is being injected. After the vagina is filled the fluid is allowed to gush out. Closure can be effected by the muscles at the opening if they are active, or by the fingers used to steady the nozzle, or by the cone or shield of rubber sometimes found on nozzles, and usual on vaginal bulb-syringes (Figs. 28 and 29.) With these precautions the douche can be used effectively to clean the cavity with the woman seated.

For use with the fountain syringe there are one-way and two-way douche nozzles with conical shields to close the lower vaginal opening. A form of thin rubber bag as a reservoir for the water is very portable. *The bag should not be hung higher than the level of the head.*

With the bulb-and-nozzle form that carries a sliding soft rubber shoulder, or movable cone on the nozzle, the bulb should be *squeezed by thumb and finger only*, to avoid undue pressure. Forcing fluid into the uterus or beyond, is dangerous. This form has a cap on the tip of the nozzle or on the bulb in order that the bulb can be kept filled and at hand where bathroom conveniences are absent (Fig. 28.) A drawback to the device is the difficulty of cleaning the interior of the bulb. An advantage is a pumping action by which mixing or churning together of semen and chemical solution can be effected. In douching, the water had better not be cold.

### Medication

While complete removal of semen immediately after ejaculation is the main function of the douche, and while plain water as quickly paralyzes spermatozoa as many of the chemicals commonly used, and each minute counts, yet proper medication may increase the effect of irrigation. Strong soap suds are handiest. Vinegar is used, two tablespoonsful to the half pint ( $1/16$  kitchen strength) in the bulb. Alum, a level teaspoonful to the quart, is cheap and readily purchased. Citric acid can be employed in the form of lemon juice, one or two tablespoonsful to the quart.

*Strong germicides such as carbolic acid, bi-chloride of mercury or lysol should never be used except under a doctor's directions.*

### LATHERING

When even douching is not feasible, prompt and gentle scrubbing of the cervix and vagina with soap can be recommended as a far better contraceptive measure than nothing. It has also been shown to have value as protection against infection. This procedure requires no apparatus beyond a glass or basin, and water to which any strong soap suds may be added. Loosened clothing and a complete squatting posture combined with strong downward straining, bring within reach the external os (mouth of womb) and the far pocket of the vagina back of the cervix called the *fornix*. This anatomy is shown in (Fig. 1, page 18.) You should experiment beforehand with sufficient persistence to make sure you can recognize

the essential anatomical parts when the critical moment comes. You must be familiar with the feel of the tip of the cervix with its dimple or slit (Fig. 2, page 19) and know you can reach into the recesses of the fornix beyond it.

### THE CONDOM

The condom or sheath is the most simple and most *generally available* of any of the more effective birth control measures, mechanical or chemical. Among commercial articles, it is by far the most popular. Practically all have some knowledge of it, if only of its existence. Half of those who come to birth control clinics have used it at one time or another. It is relied upon to furnish about a fifth to a fourth of the desired immunity against pregnancy in the United States, and probably about the same proportion in Canada. Properly tested, the condom provides protection as efficient as any method, and skilfully used, *furnishes security*.

The condom is *suited* to males with good erection; with normal strength of feeling that tolerates a little numbing of sensibility; to the man desirous of taking his share in protection and sure to test before applying—whose wife will act quickly in case there should be a break or slip-off. Indeed, satisfaction can be developed in very many instances where at first the handicap seemed discouraging or not worth the bother of the self-training. Some men with premature ejaculation find the condom increases control and enables them to prolong coitus. In travelling, the factors of simplicity and availability are evident. Where expense is of major importance, ease of clean-

ing for repeated use brings the cost below that of any other means comparable in security. Whenever there is any suspicion of venereal disease or even a minor genital infection, the condom is in a class by itself for the complete protection it can afford. Some may prefer to use the condom for intercourse during menstruation, although depending on other methods at other times. Some couples elect it because of the assurance given by the evidence immediately after intercourse of the success of the protection. The woman whose previous conditioning renders unpleasant any manipulation of pessary or douche tube may prefer the man to take the responsibility. For the wife who cannot be fitted with a pessary because of local conditions, or for the bride not yet fitted, this is often the most suitable method.

The condom is *not suited* to the selfish man or to the careless one. A husband's inhibition may be due to previous experience, for men do not like to undertake with their wives that which is associated with something they would fain put out of mind, even if it be no more than having heard that the condom is the favoured equipment for debauchery and promiscuity. The woman who says it hurts, and that other methods do not, may not lubricate amply, or else may be putting forward a physical reason to cover a mental inhibition.

The degree of interference with male sensation is a variable of considerable range. In general, skin condoms provide less dampening of feeling than rubber. The modern light-weight rubber condom is much less dulling than its heavier predecessors, and proper techniques of application and lubrication minimize interference. Much has been made of the

interruption of the love-play in order to place the condom, as many claim that it tends to reduce or even defeat erection. It is possible for this preliminary to be integrated into the love-play by having the women make the placement as a sign of readiness.

It is imperative that the *vulva be lubricated*, either by self-secretion or by a contraceptive jelly or paste. With all condoms lubrication on the inside is also essential. This is preferably by means of a contraceptive jelly. Rubber should not be lubricated with oil or grease-containing substances.

Withdrawal at the conclusion of coitus should precede marked shrinkage of the erection, lest the condom slip off and spill its contents. The man holds the outer end of the condom as he withdraws. Should active coital movement follow his orgasm, there is increased chance of slippage or of leakage of semen from the open end. *Upon removal, a test* is made by squeezing to see that no small hole has developed.

### *Two Kinds*

As between the two chief materials, rubber and skin, the rubber condom (Fig. 30, page 100) is the one that possesses elasticity; it is usually the softer at the very first; is much cheaper; and the ring at its base has some virtue. While strong enough for ordinary service, it is much less strong than the best skin condoms. Rubber clings somewhat as compared with its rival. The skin is more tenuous and forgettable in use than the rubber. Skin condoms are higher in price than rubber ones.

The *skin condom* is made from the peritoneal covering of the bowel of animals like the sheep. These covers are like very thin parchment paper, and

are strong and durable, but have no elasticity and cannot readily be rolled up. Except in the perfectly soft and more expensive forms the material may be a little stiff and crackly until lubricated and in use, even after anointing with vaseline or the like, but a jelly lessens the slight stiffness. Wetting has been advocated to soften them before putting on or before entrance, but this may give a degree of clamminess that is distasteful. The tape at the base is not really needed, as a little *care* prevents slipping off. A thin rubber band may replace it.

### *Selection and Testing by the User*

For maximum security, a condom should be tested after purchase and after cleaning. The simplest test is air-inflation. To inflate the rubber condom, it is suspended so that the body of the condom hangs down and the open ring rests on two fingers which can be brought to the mouth and then is blown up to a size about 6 x 12 inches and not more. The condom is then held between the observer and a strong light, and inspection is made for flaws. Pinholes often appear as white specks, and a suspected portion of any condom may be passed before sensitive areas of the face in order to locate holes. (See Fig. 30, page 100.)

The *skin condom* may be tested with air, if, upon inflation, the open end is twisted so as to imprison air under slight pressure in the body of the sheath. If in doubt, and, it is now passed slowly before the face, any hole can be detected. For either type, a water test may be made.

### *Repeated Use*

Those who desire to economize will find that a

condom, when given proper care, may be used repeatedly. Either type is adequately cleaned within twenty-four hours after use with water or with soap and water, both of which are excellent spermicides. In *washing*, as in *drying* and *powdering*, the condom must be turned inside out. This is accomplished with the wet condom by partial filling with water and then pushing the tip back through the open end. It may be rolled ready for use (Fig. 30) by pulling smooth on two fingers and then rolling out to the tips two or three times. The rubber condom may be left to dry to a point where it may be powdered and rolled, but care should be taken lest it become too dry and its walls adhere tightly together. Such a condition makes a tear very likely, but may often be overcome by soaking again in water.

#### COITUS INTERRUPTUS OR WITHDRAWAL

Withdrawal of the penis just before emission is probably the most primitive method of birth control and the one that is most extensively employed all over the world. Its field and its effects are subjects of much controversy. Its advantages are simplicity and availability at any time or place; the fullest local contacts between the man and woman, untrammelled by any material intervening or interfering; with no need of preparation or equipment and no after care.

As with all birth control methods, withdrawal involves some surrender of gratification for the sake of security. In general it is *suited* to men with complete capacity for holding back until the wife has had full orgasm (or repeated orgasm) yet without undue

restriction on activity during coitus and without sequel of nerve strain on either partner. Prolonged coital play without apparatus is preferred by some men to securing maximum exaltation in the final few seconds.

Withdrawal gives *no assurance* of protection (1) with men with quick emission (who constitute at least one in eight); nor (2) with those with any uncertainty as to their staying power; nor (3) with the relatively few unsure of the moment when ejaculation starts; nor (4) with those on whom it imposes considerable conscious strain and tension; nor (5) with the few with whom the mucus of excitement at the meatus (opening to the urethra) contains active spermatozoa. (6) It is not for the couple where the wife cannot reach an orgasm before his exit (or after his exit); nor (7) for the wife who cannot absolutely trust her husband's control; nor (8) does it suit the few women who believe they are pleasantly aware of the gush of semen in the upper vagina.

Another limitation has to do with the need, in the less expert, to limit action or thrust for fear of emission. Some feel acutely the deprivation due to curtailed stay in the vagina and lessened pleasure in the finish. Thus the disadvantages and somewhat limited utility are evident.

Medical literature shows general, but by no means unanimous, *condemnation* of this method, with reported cases of nervous disorders that ceased on discontinuance, and with wholesale attribution of pelvic congestions and fibroids (and even cancer) to this practice. Urologists are particularly given to censure of it, crediting prostatic enlargement to interrupted coitus (and to the condom), but though challenged,

no series of cases, with controls, has been published by them.

A cross-section of European opinion was obtained in 1924-25, by means of a typed questionnaire to which the answers were given at personal interviews. The method is very prevalent in France, particularly among peasants and labourers. Among fifty-nine French medical men of high standing, more than two-thirds considered *coitus interruptus* harmless, or probably harmless. Two-thirds of the gynaecologists so voted, and four-fifths of the fifteen neurologists.

As to *popularity*, all evidence places it first among birth-control methods, whether among peasants and labourers or among intellectuals. Mead found it in use in Samoa. Among 837 urban (American) middle-class patients, Strassman reports 61 per cent using withdrawal.

The mucus at the male meatus during excitement comes from the urethral glands of Littré, and probably from Cowper's glands also. In a few tests two showed a large number of active spermatozoa; one test, a few active. It is therefore possible that pregnancy might occur even though withdrawal successfully preceded emission. Re-entry after ejaculation outside the vagina may account for some pregnancies, because motile (active) spermatozoa have been found in the urethra one and a half hours after emission. Warning is necessary about re-entry, unless urination has cleared the urethra.

As to successful use among the intelligent, the Davis series shows thirteen per cent of failures. In the Stix series the maximum protection runs as high as 97 per cent. To the clinics, of course, come the individuals

who have failed with this and other methods, and in clinics *interruptus* ranks very low as protection.

In addition to being unreliable as a birth control method, withdrawal is usually most unsatisfactory to both partners from an emotional standpoint, particularly so to the wife whose climax may be approaching just when her husband has to withdraw. On the other hand the wife may be in dread lest her husband should not withdraw quickly enough. Anxiety is thus present at a time when there should be complete abandonment to sexual enjoyment.

### "SAFE PERIOD"

#### *Lactation or Nursing Period*

Recent studies of nursing women who are not menstruating suggest a degree of protection far greater than was previously credited, and comparable to that furnished by leading contraceptive methods. Two-thirds of Canadian and American babies are given partial or complete breast-feeding. This fancied safeguard may lead the wife to prolong the nursing to the detriment of the child.

The question, whether, after childbirth, return of menstruation is preceded by ovulation (ripening and liberation of the ovum) or always accompanies ovulation, lacks adequate answer.

We have learned that in the first three months of lactation, three out of four mothers fail to menstruate; for the whole nursing period, half the mothers will not. In a group of nursing women with fairly regular cycles, about half the cycles were found (through biopsy) not to be accompanied by ovulation. While nursing third and later children, the return of

menstruation is less early than with first or second children. Exclusive breast feeding provides greater protection than when the baby is fed partly from the bottle. These data yield an approximate estimate of the chance for conception while nursing.

We are not able to give positive directions to the woman who wants to depend upon her nursing for protection from conception as long as this is really safe, but who is desirous of starting reliable methods (occlusive-plus-chemical) as soon as needed. *For the present, all who must not run a risk should take due precaution.*

#### THE RHYTHM

By avoidance of intercourse during the very few days in her monthly cycle in which a woman can become pregnant, control of conception is feasible. The difficulty is that there is as yet no convenient calculation or set of symptoms by which those days may be discovered. Conception, judging from long series of histories of isolated coitus, has occurred on every day of the month, *including* during menstruation. In general, the fertile time is the mid-month, and the half-day or so during which the ovum will accept the sperm, falls in the neighbourhood of the fourteenth day before the succeeding period, while the spermatozoa may lie in wait two days or less.

There is general agreement that the period of lowest risk of pregnancy is the week preceding the period.

Owing to the *irregularity* of the menstrual cycle, figuring on the fertile time that is to be avoided becomes a complicated calculation, which may prove

unreliable without warning at any time in any given case. Four-fifths of all women vary 5 days or more in their cycles, the average range having been found to be 8 or 9 days in a series of studies. Therefore, long and careful observation is imperative before the "safe period" can be estimated for any given woman.

According to "The Rhythm", by Leo J. Latz, the simplest form of direction which can be given is here summarized: "By keeping . . . records . . . preferably a year . . . of the exact dates and the hour when menstruation began . . . the cycle is determined". "She finds variation from month to month" . . . If she is one woman in five with whom the variation does not exceed 3 to 4 days, 26 to 30, she "is ready to figure when the next period is due. . . . She marks the 30th day on the calendar and then counts back 11 days, then crosses off the 8 days preceding. . . . These 8 days she is fertile. . . . Thus the first 9 days are sterile, the next 8 fertile, the last 11 sterile. . . . Next she figures on a 26 day possibility, counts back 11 days, then 8, and finds another figure by which she is 7 days safe and 12 days fertile, and she avoids (exposure) those 12 days. She will continue to mark date and hour from month to month" thereafter, and "keep a written record to discover variations." "This is of *very great importance* (*italics his*) as cycles may vary." A minor disturbance, like a cold, a passing illness, a journey, fright, an emotional storm, may disturb her cycle, then "if prudent she consults her physician." It is as simple as that, according to Latz (6th edition, pages 35, 55, 66, 106, 107) who adds, "There is no absolute certainty, of course. . . ."

The several calendars which have been extensively

and experimentally marketed may aid some doctors in directing patients (or the individuals themselves), and clinics may try to avail themselves of the method to help those Roman Catholic applicants who insist on conforming to the only birth control method, besides voluntary abstinence, sanctioned for members of this church,

#### ABSTINENCE

In the Davis series of a thousand marriages of intelligent Americans, abstinence was resorted to by eight per cent of the fertile. In another series, 11 per cent abstained for periods longer than a year, largely in illness, or through fear of pregnancy or from ignorance of other means of prevention. Abstinence due to conviction was estimated not to exceed two per cent.

The conflicting claims as to the effect of abstinence, among married people, on nervous system and conjugal happiness and fidelity are matters of opinion, backed as yet by no adequate series of case records. In the close relationships of married life, the effects of continued abstinence may be grave for persons of certain temperaments and sexual endowments.

As a birth control measure for frequent recommendation by the physician, abstinence is *negligible* since it presents a practicable solution only when both husband and wife are in large measure impotent or frigid, or spiritually ascetic.

During enforced abstinence brought about by long illness of one of the partners, avoidance of all erotic stimuli is in order. Exercise and absorbing occupations are called upon at the start of each recurring rhythm of desire.

During pregnancy extensive records show the general practice of coitus up to the latter months, with the wife sometimes particularly stimulated. With gentle men, who will avoid deep thrust and excessive weight on the abdomen, medical direction need forbid entry only in the last month. The physician should determine also whether sex relations in the first three months of pregnancy are likely to cause abortion.

### COITUS RESERVATUS

This means prolonged intercourse accompanied by varied degrees of excitement, with orgasm for the woman but none for the man. He experiences gradual subsidence of feeling. The woman may elect to forego orgasm also.

Concerning this practice we possess clinical evidence covering thirty years in a group that grew to three hundred persons. This community was a social-religious experiment, with *reservatus* taught and generally adopted as the standard method of birth control in the presence of plural marriage of every man and every woman, the young being trained in its technique by the older members.

Although sex relations averaged two or three hours, every second or third night, yet competent medical and gynecological examination at the end of the experiment revealed no apparent harm among this selected group of people living under favourable circumstances. The fifty-eight children conceived by parents deliberately selected present a level of health and intellect unparalleled in any group in eugenic literature. And the group, after return to strict monogamy, is today a distinctly ideal community.

Coitus Reservations has its place for the occasional couple desirous of a studied elaboration of gratification, and may some day develop a wider appeal as a refinement of contraceptive method, but at present most authorities scorn it.

#### STERILIZATION WITHOUT UNSEXING

There is a large field for sterilizing measures among those fitted for marriage but permanently disqualified for producing children, and for those couples who have had all the children which their particular circumstances justify. Thorough survey of such circumstances should be made by the physician, as well as by the couple concerned, and his conclusion should be reached, independently of theirs.

The operative procedure for simple sterilization, by the best methods, *does not and need not involve the removal of any organ*. It should not and will not result in the physiological lessening of sex feeling.

Categorical statements to this effect are necessary, even in a medical work, because of the fixity of the general belief that mutilating operations are required which result in radical changes in appearance, sensations and behaviour. It is to be noted here that the endocrine activities of a sex gland are not impaired by closure of the tiny exit for its product. Tying the vas just above the testis (Fig. 3, page 24) shuts off a vital but very small portion of the bulk of the seminal fluid. Vasectomy is shown by experience with thousands of patients to require only a couple of quiet days and to be without harmful after effects. Blocking the bristle-sized passage of the fallopian tubes (Fig. 13, page 78) leaves a sterile, almost

microscopic egg to shrivel. The first takes ten minutes under local anaesthesia, in skilled hands; the second calls for a two-finger opening of the abdomen, but eventually may prove to be less complicated than vasectomy when accepted as intrauterine office treatment.

Sterilization by closing the spermatic ducts of the male or the Fallopian tubes of the female may be an associated additional step in other operations, as on the prostate, at caesarean deliveries, or in fastening up a prolapsed uterus. Sterilization is, of course, produced when the uterus, both ovaries or both tubes are removed for tumor or for disorders otherwise incurable.

*Castration*, the primitive unsexing method of removing testicle or ovary, is obsolete for mere sterilization. It is occasionally advocated by a superintendent of a hospital for the insane for long persistent and excessive masturbation, or for perversion, such as powerful sadistic impulses leading to rape or other violence.

#### INDICATIONS FOR CONTRACEPTION

In conclusion: the reasons calling for instruction in contraception can be stated in outline as follows:

- I. Marriage.
- II. Spacing of children.
- III. Health and well-being of mother.
- IV. Health and well-rearing of children.
- V. Prevention of illness or invalidism.
- VI. Hereditary disorders of certain degrees.
- VII. Active stages of certain diseases.
- VIII. Chronic disorders.

*Economic and Social Factors*

Contributing factors in the general health picture are age, numbers of living children, the physical and mental condition of the husband, housing, occupation and other social and economic features indissolubly bound up with the purely medical consideration. Indeed, *economic indications are medical indications*. Infant mortality and later deaths, not to mention morbidity rates, are significantly higher where income is low. Items entered in clinical records show that on the average at birth control clinics the applicants have had 2.64 pregnancies. Incomes are low, many patients being on the border line of dependency, and recruited from the ranks of unskilled labour. A large proportion of the mothers are gainfully employed outside the home.

The parents who cannot expect to give a child its birthright of physical and mental well-being, and wholesome rearing, cannot contemplate a pregnancy without suffering. The anxiety thus induced is among the most real of ailments, bringing in its train not only mental disorders, but often physical as well, through the upsetting of the nervous balance. Anxiety may bring about functional heart conditions, digestive upsets, which if continued long enough, may pave the way for organic changes.

*Child Spacing*

When the interval between births is too short to allow a complete recovery of the mother and a complete lactation period for the child, the infant death rates tell the story. Thus three babies die who are

born a year after the previous child, for every two who die when the interval is two years.

When babies come too close together, the first as well as the second suffers. Thus when a new baby is started before the first baby is a year old, three times as many die as would be expected from the effect of all the other factors applying to that particular baby. This is in part due to the interrupted nursing, but also appears to be due to the loss of care suffered because of the mother's energy being drained by a new pregnancy.

Prematurity is twice as frequent when the interval is under two years, and premature infants die far more frequently than those born at term. The neonatal (new-born) mortality rate from this cause in 1940 was 13.7 per thousand live births.

Except for stillbirths, which are highest at the first pregnancy, all parental deaths increase steadily with the number of pregnancies.

The greatest hazard to the life of a child is the loss of the mother. Anything that saves the mother's life affects favourably the health of her children, not only the baby just born but all still needing the mother's care. Four to five times as many babies die when the mother does not survive their first year, and this risk is increased to seven times when she dies in the first few days after childbirth. Deaths among older children, especially up to five years, are higher if the mother dies. After the second pregnancy there are six times as many failures to carry through to term as in the first pregnancy and four times as many failures as in the second.

This points to an optimum, under present living

conditions of average parents, of not more than three or four children. These they will plan to have at intervals of never less than two years apart, for the sake of mother and children; but not at intervals much longer than three years, lest the children lack companions near their own ages, and the mother be worn out with long attachment to a nursery life.

*Editor's note:*

*Ignorance and misinformation are always more dangerous than full and scientific knowledge. The facts as elucidated in the foregoing chapter are presented as an educational service so that people may better understand the complications and responsibilities of their decisions and actions, rather than be tempted to experiment with unscientific procedures and individual ideas.*

## CHAPTER XI

### LONG ENGAGEMENTS VERSUS EARLY MARRIAGES

The ever current question of early marriages versus long engagements together with its war-time counterpart of hasty war marriages is challenging the serious consideration of many minds today. These problems cannot be solved for you and no set of rules can be advanced applicable to all cases. In all such matters the final solutions and decisions clearly rest with those immediately concerned. Mature deliberation should be accorded all the factors, pro and con, peculiar to the circumstances, temperament and characteristics of the individuals involved.

Some of the factors and a few thoughts pertaining to them will be discussed. They are given not as solutions applicable in all cases, but only as possible guides to thinking and with the sincere hope that whatever course may be followed it will prove to be the right and happy decision for the persons concerned.

To the average happy and successful marriage sooner or later comes the responsibility of parenthood. But, regardless of the desire for parenthood, children involve expense. In the best interest of the child and the most complete fulfilment of the mother's maternal instincts, she should not have to impose or delegate the care and upbringing of her baby to

others while she has to work to help support the home.

Excluding war-time exigencies, economic conditions frequently are such that young couples may be deterred from marriage for years because they do not feel justified in starting to raise a family for which they are not able to provide adequately. In such cases there are three courses open.

They can continue their engagement until they are in better economic circumstances, and more favourable living conditions are possible. But this may mean a matter of long years of waiting. Delays of this kind are unwholesome, for they mean physical repression and continence at a time of life when the sexual urge is strongest; and the mutual companionship of each other in marriage is most needed. If the lovers are frequently in each other's company they will be subject just as frequently to a natural stimulation, which being unrelieved, may ultimately cause psychological and physical reactions that may be hurtful. This difficulty, unfortunately, often results in sexual intimacies or premarital intercourse, but, this may end in a pregnancy precipitating marriage and necessitating the immediate acceptance of responsibilities for which no provision has been made.

Another solution, infinitely worse, is the recourse on the part of the man to prostitutes, or the amateur play-girl. This may result in contracting a disease that might have not only a serious life-long effect on himself, but might later be transmitted to his wife and children with disastrous results.

The only rational solution wherever it is at all possible is to get married as soon as a home, no

matter how simple, can be provided, and then to practise conception control until such time as conditions justify an addition to the family. In these days most girls of marriageable age are doing something towards their own support, and this arrangement may in many cases continue. The pooled earnings of man and wife may suffice to keep their modest home going and provide a reserve against the time when they are ready to assume the larger responsibility of parenthood. A wife living or working in a crowded war industrial centre with inadequate housing would be fully justified in postponing motherhood until such a time as conditions would provide mother and child with an opportunity for a healthy, family life amid favourable conditions. Many thousands of married women are taking the place of men in industry throughout the country, and it is not to be expected that these wives can assume the duties of motherhood in addition to serving their country's needs in essential industrial plants, and remain in good health.

#### WAR-TIME MARRIAGES

All the casualties of war are not restricted to those incurred on the battlefields. Many thousands of marital casualties involving physical and mental health have occurred since war broke out and such will continue to occur. One of our most vicious enemies is venereal disease; claiming its constantly increasing harvest of victims among the innocent as well as the not-so-innocent. There is an increasing need for legislation in our country requiring pre-marital examination and a medical certificate before

a marriage license is granted. The need of such legislation is evident so that young men and young women may be protected, and the lack of such laws is to be deplored. This subject is worthy of serious thought by all prospective brides and grooms and should be an immediate concern of our legislators.

Hasty war-time marriages, consummated under the stress of war-time emotionalism, without the careful consideration that all marriages deserve, are causing serious anxiety and problems in the lives of many young people and their parents today. To be sure, a war-time marriage is not necessarily a hasty marriage. It is true that war-time conditions may hasten a marriage. But when a young man and woman have been in love and perhaps engaged for a sufficient length of time to establish the prerequisites of a successful marriage, and desire to consummate their love by marriage, the fact that he may be in the armed service of his country would not mean that such a marriage must be postponed for the duration; or perhaps forever; nor would such a marriage be considered a hasty war-time marriage. A young man leaving for the battlefields may feel that a wife, and perhaps a child, would be a comfort and further incentive in his efforts to maintain his integrity and fight for his country and his newly acquired personal equity in it. To many young women it would also give moral support and incentive to shoulder the task of keeping a home together during his absence.

Cognizance should also be taken of the increase in extra-marital births in our country, and all over the world, during war-time. It is well known that there has been a marked increase in such births in Canada

since the outbreak of the present war. Children born out of wedlock are usually socially and economically handicapped from the beginning. The mothers are frequently left to raise the child practically unaided. The problem of re-establishing her life along normal lines is made difficult by virtue of the social stigma that society unjustly imposes upon her and her innocent child. The term "illegitimate" can never be properly applied to a child, no matter what social improprieties his parents may have committed.

Marriage is always an adventure, the outcome of which can never be foreseen, and practical as well as emotional considerations should guide decisions. Deep understanding, congeniality, mutual love and respect are among the prerequisites, and they usually require a test of time to develop. Young lovers who have not had sufficient time together to be very certain should be able to wait, difficult though waiting may be, and retain their affection for each other if it is an abiding attachment.

If, in the course of a few months, or years, a couple finds that they are mismated, disappointed and unhappy, they may be doomed to a lifetime of misery unless they get a divorce. But divorces are difficult and costly things to obtain. In Canada and some other places, adultery has to be proved by the supposedly injured partner. Needless to say, there is collusion in many divorce cases. Divorce may bring about a blessed relief from marital unhappiness, but withal it is a tragedy, particularly so if young children are involved, since it robs them of their rightful heritage—a natural home life with their own father and mother. A high percentage of child delinquency

or otherwise socially maladjusted children results from divorce and disrupted homes.

When a war-time marriage is contemplated, and an immediate or early separation is unavoidable, it is well to consider that during the period of separation mutual confidence and absolute trust in each other is essential. Most earnest care will need to be taken in such cases to avoid the fears, jealousies and distrusts which so readily come to flower in a long period of separation.

## CHAPTER XII

### PERSONAL HYGIENE

During the period of courtship, lovers usually pay meticulous attention to their appearance. It is a regrettable fact that oft-times, after marriage, many of the niceties, as well as the necessities, are overlooked. Husbands and wives frequently grow careless, not only of their appearance, but also of the scrupulous personal cleanliness so essential to the continuance of cherished ideals and romance.

Personal hygiene is a matter of prime importance in the married life. Many a marriage that might have been otherwise happy and successful has been marred by carelessness and indifference to personal hygiene on the part of either husband or wife. Cleanliness and scrupulous care of the body are imperative with many and are highly desirable with all. The aesthetic sense should not be shocked.

The general principles of body cleanliness for both men and women are commonly known and practised in this day and age. These will be briefly reviewed. But, there are other specific cares of the body that require particular emphasis if offense is to be avoided. Nothing less than immaculateness should be tolerated in oneself.

#### BATHING

A complete body bath or shower, although desirable, is not a daily necessity except in extreme cases.

Bath-room conveniences are not found in every home and there is no sense in making a fetish out of bathing and so increasing the burdens of the day. Occupation and daily activities, also weather conditions, may be determining factors as to the necessity of a frequent bath. Of course some bodies perspire more than others, and in many the body odour is not agreeable. In such cases, daily bathing may be compulsory. There are special soaps and other preparations on the market that help to control unpleasantness of this kind and your druggist will help you to a selection if necessary. The daily careful bathing of the hips and thighs, and particularly the sex organs should never be omitted. This will be dealt with more fully in a later paragraph. It is also wise to bathe the feet and the armpits (particularly for men) in the evening before retiring.

#### ORAL HYGIENE

There is also the matter of mouth cleanliness and purity of breath, which is of great importance and applies equally to husband and wife. The marital sexual embrace will be engaged in while lying face to face most of the time, and an unpleasant breath should not be allowed to mar this intimacy. It is imperative to practise all those precautions most likely to safeguard you against the loss of romance. There are many conditions which may cause offensive breath—decayed teeth or stale and decaying food particles lodged in cavities or in the crevices between the teeth. Regular and proper brushing of teeth morning and night should not be neglected.

Common table salt and baking soda make an excellent dentifrice if none other is available.

### UNDERCLOTHING

Both men and women should change their under-clothing as often as necessary to avoid any possible unpleasantness. During warm weather or after physical exertion, special care should be exercised due to increased perspiration and body odour. A daily change of stockings or socks, as the case may be, is often advisable. This is a simple precaution that is well worth taking.

### HANDS

Being a most vital medium of expression of human activities and emotion, the hands are constantly subject to a great deal of notice. Clean and carefully kept hands are an asset to both men and women. Keep your nails clean and neatly trimmed—a minute or two daily is all it requires—and the results are well worth the effort.

### HAIR

The hair has been spoken of as “woman’s crowning glory”, and it is an undeniable fact that a healthy, clean, well-groomed head of hair on either man or woman arouses admiration. The hair-brush is an oft neglected item these days. Keep it clean and use it as regularly as you can. It is not necessary that a woman’s hair be subjected to beauty parlour treatments or constant curling, but it is a joy to behold if it is

kept washed and fragrantly clean. Those who find it pleasurable and encourage their sweethearts to fondle their hair should remember particularly to keep it in such a condition as to be inviting to the touch. Washing or shampooing of the head requires but little effort, and there is no excuse for dull, greasy, stringy hair.

### FEMALE SEX HYGIENE

While a daily bath or shower may not always be necessary or practicable, a *daily* careful bathing of the hips and thighs, and particularly the external sex organs should never be omitted. It should be as much of an established habit as brushing the teeth. Special attention should be paid to adequately washing and cleansing of the vulva and all the surrounding parts. As described in the chapter on Female Sex Organs, there are certain secretions constantly accumulating around the folds between the labia. There is also a secretion which accumulates in the small folds immediately surrounding the clitoris called "*smegma*", which if not removed gives off an unpleasant odour. Many women have a slight vaginal discharge, which may or may not be odourless at first, but becomes very offensive if allowed to accumulate. Within the inner lips of the vulva, urination moistens all the parts and even the pubic hair may become saturated and offensive. From these facts it is readily understood why the lips of the vulva should be separated and all the parts gently, but thoroughly, washed with warm water and soap at least once a day, or more often if necessary, by the wife who would keep herself immaculately clean and desirable.

On the nights when sexual relations may be anticipated by a wife it is wise to be unusually careful of personal appearance, in addition to all the other details of hygiene already discussed. The absence of face creams, pins and curlers will be appreciated by the husband-lover. Romance is something to be cherished and protected, but it is apt to fade quickly in an atmosphere of carelessness and indifference. Guard it carefully and with intelligence.

### DOUCHING

A vaginal douche is not recommended as a daily requirement for cleanliness. Indeed many doctors warn against the practice of too frequent douching which washes away the natural internal secretions in the vagina. The frequency of douching is a matter of individual need, but it is at least advisable to use a douche after the menstrual period.

### MENSTRUAL HYGIENE

During the period of menstruation, if for any reason you have not bathed, even more care than usual should be exercised in the cleaning of the genital area. Contrary to old-fashioned belief, a complete bath during menstruation will do no harm if taken fairly warm and in a warm room. Avoid extremes of heat and cold. Within the last few years a preference has been growing among many young women for the use of a tampon type of menstrual guard instead of the established sanitary pad. This preference is also shared by many doctors who do not consider them harmful in any way. While some women may not care to use the tampon guard for all

the days of their period, they may be found more convenient and comfortable for the latter days than the bulkier pad. What is considered important by so many women is the greater degree of security afforded against any unpleasant odour which may be associated with the use of an external menstrual pad.

### MALE SEX HYGIENE

While the general subject of bathing and protection against body odour has been discussed in some detail, it remains to remind men that they too have special cares and considerations to perform. Thorough and careful washing of the male genital organs should be made a part of the daily toilet *without exception*. The need of special care must be emphasized for the man who has not been circumcised. When the prepuce, or foreskin, of the penis is completely drawn back it reveals the depression formed by the glans and which extends around the body of the penis. This depression is normally covered by the prepuce and it also retains a secretion called "*smegma*" which accumulates in this area, and should be removed by careful washing with soap and water as a daily routine. If the smegma is not removed it quickly becomes offensive in odour and also will become hard, and cause considerable local irritation.

It is worthy of reiteration that many marriages which otherwise might have been successful and happy have become devoid of all romance and respect, to be replaced by aversion and complete disillusionment, because of indifference and the lack of the most simple precautions and practice of common

sense in regard to matters of personal appearance and hygiene by husband and wife, or both. It should not be, and it need not be. Just as you may be considerate of business associates and friends, the need of far greater consideration of each other is manifest.

## CHAPTER XIII

### THE LOVE-PLAY

In starting to describe some of the elements of the love-play it is necessary to make a few preliminary remarks.

(1) The practice of the love-play as a part of the normal impulse of sex is a practice far older than any form of civilization. It is observed in some form or other in all the higher forms of life—very pronouncedly among the birds. It is the legitimate prelude to any act of intercourse, and, for some couples it is an absolute necessity if the married life is to have any chance of being successful and happy. Hence its importance.

(2) We must understand that *two lovers in the seclusion of their private room are a law unto themselves*. There is just one adage that Mother Nature, seconded by common sense, will always be whispering into the ears of both, and that must be their guide: "*Thou shalt do whatsoever is pleasurable to thy mate and to thyself*". This assumes that both are normal beings and that there are no inhibitions or repressions due to some faulty education, to be overcome.

Let us look for a moment at an analogous case. If a person sits down to a well-cooked meal of excellent food served exquisitely, and then refuses to take, say, potatoes and bread and rice because of having heard that starch has to be guarded against; and, under protest, eats a mere fragment of the fragrant and

succulent roast because he once read as a child that we ought not to eat flesh; and hesitates at a cup of coffee because it is said to contain caffeine, though he has not the remotest idea what caffeine is; that person will neither enjoy the meal nor find it wholesome. If his health was good to begin with it won't be good very long. Other things being equal, the more that food is enjoyed the more wholesome it is. Inhibitions and repressions about this and that article of diet are fatal to happiness and health. And inhibitions and repressions are just as fatal to married love. Indeed, as I shall explain elsewhere, a wife's repressive attitude may, for the time being, utterly destroy her husband's ability to have intercourse with her. That, of course, may suit her if her actions and attitude have been premeditated, but she can rest assured that, sooner or later, she will have to pay a heavy price for her unnatural indifference. When a man marries a wife he does so under the impression that he is marrying a companion, a mate, a woman of normal flesh and blood. If he finds, time after time, that every natural impulse to which he yields is checked, he is very apt, sooner or later, to seek elsewhere for those manifestations of life and love which were promised to him at the altar and that he feels he has a right to expect. Such an attitude on the part of a wife will ultimately bring psychical disturbance to any normal man, for it makes him feel progressively more and more of a fool every time he willingly forgets past experiences and hopefully tries again, only to find himself once more cast down into the valley of disappointment and depression.

Lovers who enter their room with the slightest inhibitory or repressive attitude, whether it springs

from a faulty upbringing in the home, or from a later false religious teaching, or from an out-of-place bashfulness, are endangering the happiness and success of their married life. Any repression (which will always be interpreted as a rebuke) where joyous co-operation ought to be in evidence, acts unfavourably on a more natural mate. Remember that sex, with all its mental and emotional and spiritual delights is the gift of God, and it is essentially pure and natural. *Repression is a positive sin against nature.* 'Sweet Abandon' is the watch-word that alone will let the would-be-worshippers in the temple of love into the innermost chamber and holy-of-holies of sexual delight. As one writer has said: "It is well for the man to keep his head, for he has a definite duty to perform—the most delightful duty of life—to give his mate the utmost thrill of which her physical and emotional being is capable—but *his wife may well lose hers*". There is an old Italian saying that goes something like this—"A good wife is an angel in the street; a saint in church; a living picture as she stands framed in the window awaiting his return; a careful housekeeper; an enthusiast in bed". Needless to say I am not suggesting that a wife should attempt to overwhelm her husband with sexual enthusiasm the first night. With a faulty education and as little sophistication as many young men have, she might half scare him to death. But I do assert very emphatically that *a wife's part is never a passive one—not even on the wedding night.* The intelligent wife, understanding the significance of sex and its vital importance in the cosmic scheme of things, will be fully co-operative and will constantly be taking the initiative.

A point to which very definite attention needs to be drawn is that while the sub-title of this book is "A guide-book to Sex Health and a Satisfactory Sex Life in Marriage", it is not for a moment suggested that successful marriage is to be achieved by following some cut-and-dried formula or *modus operandi*. Fundamentally, successful marriage is a thing of ROMANCE, and romance is essentially spontaneous, not something attained by adhering to a set of rules. The aim of this book is to give, by way of suggestion, an insight into the possibilities of marriage, so that mistakes may be avoided, the common repressions and inhibitions removed, and the field left open for romance to develop freely and come to its highest. Married couples must devise their own technique. If it is inadequate or a faulty one, the result of ignorance or selfishness, the marriage will be unsatisfactory and, in all probability, will result sooner or later in marked disharmony. If it is a fine and satisfactory one, success and happiness are more likely to be attained. The special object of this chapter is not to furnish any technique in detail, but rather to suggest the kind of atmosphere in which romantic love is most likely to come into its own.

#### NATURALNESS OF THE LOVE-PLAY

The love-play with which we are now going to deal, entirely apart from the actual joy of it, is for most couples generally desirable for a full and satisfactory love life. This can be fully appreciated only when it is understood that almost all women, as already stated, are slower in having their sexual desires

aroused than are men, and, after they have been aroused, it takes them longer to arrive at their climax, or orgasm.

This slowness on the part of women makes it easy to understand that where a husband is not well informed, or where he is thoughtless, or selfish, the sexual act, so far as his wife is concerned, may never amount to anything more than a mere passive accommodation to him. Such a life will become gradually less and less interesting to her, and it is very likely ultimately to become objectionable, or positively repulsive, and what might otherwise have been a happy and successful marriage comes to a tragic end. Moreover, without adequate preliminary stimulation a woman's sex organs may lack the necessary moisture and so not be in a physical condition for intercourse. If such is the case the act itself may be one of pain to her rather than of pleasure.

#### TECHNIQUES OF THE LOVE-PLAY

As opposed to such crudity as this, ideal sexual intercourse follows a period, more or less protracted, of what is called the love-play. This love-play is the delicate and entrancing prelude to the delightful symphony it ushers in. The object of this prelude, apart from its own intrinsic and exquisite joy, is to create on the part of the wife a real desire—a desire that may well rise to the point of a positive demand, depending on the skill of the husband as a lover. During it the husband caresses his mate in every way that appeals to her. It may be a progressive technique, every step of which should have its power and make its appeal. Words naturally come first—the

expression of admiration and love—spoken over and over again with the natural intensity of an ardent lover's devotion. It is wise perhaps for the husband to begin without being in actual contact with his wife. Let her see that you can admire her from a distance and without the stimulation of any contact. Sit a couple of yards away where you can see the fine nuances of feeling that steal into her eyes as she hears your confession of love. She may have heard it a hundred times before, but, all being well, it will never tire her and she will be glad to hear it over and over again down the years as the theme song of your lives. Don't hurry. Tell her again. If you are real mates her eyes will tell you when she is anxious for your caresses. Her body has its distinct erogenous zones—that is, areas of sexual sensitivity. These included the mouth, neck, lobes of the ears, breasts and nipples. The sensitivity to stimulus of these areas varies of course with different women. The face and mouth naturally come in for caresses first. No other caress affords the variation of subtle excitation so much as the kiss. Kissing, too, is an art that may have to be learned. The kiss may progress from the fleeting contact of the lips to the partially opened mouth, and later to the amorous intimacy of the deep kiss. There is one all-important injunction—DON'T BE IN A HURRY. Caress the lobes of her ears and her neck. The human hand is the natural instrument of any caress. The breasts and nipples in most women are very susceptible areas. You will notice them enlarge at the touch as does the erectile tissue in any part of the body, and, as they will at a later period when they are sucked by the baby in her arms—which is also, remember, a phase of sexual life. There is no

need to go into further detail. Ordinary impulses will inspire both mates and the wife's anticipations will find their realization in the gentle caressing of her vulva and clitoris by the moistened fingers of the man she loves. Never use dry fingers; they hurt her.

Under the caresses of a true lover her body will begin to glow and her sex organs begin to swell and get wet with the pre-coital fluid, until finally, every cell of her body awakens and demands from her mate the complete physical union. Under these circumstances she should be able in the following intercourse to arrive at a full and satisfying climax. Every husband should try to bring this climax to his wife by any means acceptable to her and he should not be content until he has succeeded, provided of course, that the wife is co-operative and is physically and emotionally capable of the experience. It is true that some women obtain much satisfaction from excitation even without the climax. But the husband should give as large a place to his wife's inclinations and desires as to his own. It is the existence of this conscious sympathy with a mate that differentiates human sexual love in its highest manifestations from the lower animal sex life all around us. And this point is well worth dwelling on. The lower male animals perform their functions quite indifferent to any love, or to any climax that the female may or may not have. But the true human lover finds his highest joy in his wife's participation in the ecstasy that he himself always experiences. To men and women alone in all creation is it given to lie face to face during intercourse, and in their closest union to look into the depths of each other's eyes and see there the revelation of their mutual love and the joy that they

mutually bestow. This in itself is sufficient answer to those who blasphemously assert that all human sex life is on a level with animal instincts, the only reason for the existence of which is the begetting of progeny. Such people are only advertising to their audiences the pathetic fact that they themselves have never risen above that level. They simply do not know what they are talking about. As man is higher in the scale of being than the rest of the animal world, so is his sex life capable of transcending theirs by virtue of sacrificial love, and sympathy, and unselfishness, of which the animals know nothing.

#### THE ROLE OF THE SENSES

In considering this important matter of the love-play we must first realize that sex-satisfaction is intended by nature to be a delightful sensuous experience—sensuous meaning an appeal to the senses. We have five senses and they are all ministered to in the ideal sex life—the sense of hearing, the sense of sight, the sense of touch, the sense of smell and the sense of taste. It is by just the same gratification of all the senses that the satisfaction of our hunger for food is best achieved. Undoubtedly we could eat blindfolded, consuming the coarsest of uncooked food in a most undesirable environment, and it would doubtless save us from starving to death, but it would not be very much of a meal from the aesthetic point of view. Rather do we like to find our appetite being stimulated by the delicious smell of the well-cooked food, to hear the tinkle of the dinner bell telling us that things are ready, to see the table tastefully arranged with spotless linen and fine ware which it is

a positive delight to touch, and when we finally take our seats at the table the taste of the delicious food is more delightfully satisfying because of the ideal environment in which we eat. Such meals are not only more delightful but more satisfying and wholesome. And it is the same with the sex life. The crudities of a few moments of intercourse in the dark (next door to rape if the wife has no desire) would doubtless fulfil all the requirements of the animal nature so far as insuring pregnancy and perpetuation of the race is concerned. But surely we are something more than animals. There is a refinement in the educated and aesthetic mind that is not satisfied with crudities, but which demands the accessories of a fine appreciation by all the senses of the joys that surely do exist.

But we must get on with a brief consideration of the different senses and the part they play in the love life. And first of all comes "hearing". You may wonder for a moment how the sense of hearing can play a part in any sex experiences. It both can, and does, play a very important part. It comes in in conversation. Those who neglect this stimulus and embellishment to the life of love are neglecting one of the most important factors that go to make it interesting and enchanting. Human sex desires do not spring from rhythmical physical conditions that make themselves manifest at certain seasons of the year, as is the case with the lower animals. Like other emotions, human love and desire are subject to suggestion and imagination, both of which have their seat in the brain and not in the sex organs. A thought suggested, a word spoken, may cause a man's sexual organs to respond immediately, as indeed a sensitive

woman's also. Erotic conversation is a perfectly legitimate and natural part of the love life, and it will always be in evidence when there is no repression.

Every activity in life that is subject to discussion has its own appropriate language. Business has its own terminology and phraseology. The description of a sunset requires a different choice of words and phrases than a treatise on mathematics or a humorous sketch. And so love has its own language, words and terminology. Uninhabited sexual love will not be satisfied with the cold, bare, scientific words of a medical text-book. Other words are necessary for lovers for their bodies and their functions. Usually they originate words for themselves. The names that you devise, or chose, for your own organs and their functions are your own secret words that may be spoken to each other whenever your fancies "lightly turn to thoughts of love". Speak of your bodies. Tell each other what stimulates you most. Discuss your feelings. Be spontaneous. Let Eros guide.

Then there is the sense of sight. Your lover was first attracted towards you, in all probability, by the face he saw and admired. He has wondered at your hair as he stroked it and, probably, buried his face in it. He has looked into your eyes and was glad to see there some reflection of his own feelings. It is soon going to be your opportunity to let him see your beautiful body in all its nakedness—he won't weary of the sight. Let him see that you want him to admire every charm that you possess: and it goes without saying that he will be enthralled if he sees your eyes admiring his own naked body. Do not make the

fatal mistake of imagining that bashfulness means refinement. Recall the sublime picture of God's paradise that I have already referred to. "And they were both naked, the man and his wife, and were not ashamed."

Then there is the sense of touch, which is, of course, the very essence of the sex life. From time immemorial the holding of hands has been the first manifestation among lovers of the instinct to touch the object of one's love. The kiss that at first is a mere touching of the outward lips, but in its more intimate form is an actual contact of the mucous membrane of the lovers' mouths; the mutual feeling and caressing of the sexual organs; these are all manifestations of the universal desire to be in actual contact with the body of the loved mate.

There are also the senses of smell and taste. When a lover buries his face in his sweetheart's hair he finds a delicate scent that stimulates his imagination. When he kisses her mouth he glories in the fragrance of her breath, and when lips touch he realizes that he is actually tasting the secretions of the body that he hopes will some day be his more wholly to enjoy.

#### CLEANLINESS

And here we come again to that matter of vital importance—the most careful and meticulous cleanliness of the body. I have already dealt with this in the chapter on Personal Hygiene, but it must be reiterated here. There are many marriages whose happiness is lessened by carelessness. A daily bath may be a desirable luxury—it is not necessarily an essential, but a daily careful bathing of the hips and

thighs and sexual organs should be encouraged for both men and women. This does not mean that it is necessary for the woman to take a daily douche. It is not. Much douching is not wholesome, as it tends to remove the characteristic and natural secretions of the vagina. A couple of douches after each menstrual period may be advisable, or at any time if there is a definite reason for it. The outside and inside of the labia and the hair that surrounds them should be washed carefully every day, particular care being taken with the folds of membrane around the clitoris. It may very properly be insisted in this connection that there is no reason why the sex zone of both husband and wife should not be as immaculately clean as any other part of the body whether it be hands or lips. If this be so, these parts of the body will the more readily invite the fondling of either lover even to the extent of the most intimate caresses.

From all this you will see that the love-play is simply all and everything that both wish to do that ministers to your mutual pleasure. A warm temperature in the room is highly desirable so that you do not need to be bothered with many, or any, clothes. Then, in a warm room, and both entirely without inhibitions or repressions, it is up to you both to have all the exquisite experiences that nature has made it possible for you to enjoy.

I hope that it need not be argued further that the love-play should not be one-sided. It is a mutual prologue, in which the uninhibited wife of her own initiative may take as active a part as her husband. It is quite certain that one-sidedness in the love-play is unnatural and that indifference on the part of one

or the other is likely to result in a growing indifference on the part of both.

### OBJECT OF THE LOVE-PLAY

The love-play in itself is one of the most delightful experiences of married life, but it has another definite object that should always be achieved. Its purpose is to stimulate positive sex desire. In the case of the woman, until her desires are ardent, and her general organs have begun to swell and produce the lubricating secretion which they do produce under proper stimulation, she may not even be in a proper physical condition to engage in intercourse. This is seldom realized by inexperienced couples. Until the pre-coital fluid has made its appearance the vaginal lips are more or less dry, and the passage contracted, and if the husband attempts to affect entrance while these conditions exist it will be done only with difficulty and often with severe pain to the wife. A husband should never have intercourse with his wife until her positive desire has been as fully awakened at his own, nor until he has made certain that the desire has produced sufficient lubrication to ensure that she is not going to suffer while he enjoys his pleasure. No considerate husband will allow that situation to arise. There are, however, some women (even some who are quite passionate) whose bodies do not produce sufficient moisture for lubrication. In such cases it has to be supplied. Pure vaseline may be used. An excellent artificial lubricant is a good brand of contraceptive jelly or cream. Avoid materials that are irritating to the delicate mucous membranes of the vagina or penis.

## INTERCOURSE AND ITS PROPER CLIMAX

Let us now suppose that the love-play has continued for as long as has been necessary to induce positive desire, a complete relaxation of the vaginal passage, and sufficient lubrication to permit of entrance being effected with ease. Both are now ready for intercourse. I shall deal later with the different positions that may be adopted for intercourse, but here I must confine myself to emphasizing that a complete, relaxing and satisfying orgasm is as normal for the woman as it is for the man. If she is a fully developed woman, without inhibitions or repressions, it may be just as intense an experience for her as it is for him. It should be their concern to so practise the art of love that they may always bring this climax of complete satisfaction to both. It is their rightful heritage. If they succeed, their marriage is therein a complete success on the physical side. Certainly, other things besides a satisfactory sex life are necessary for the making of a happy home, but it is no less certain that no matter what else may be present in the lives of a couple—health, wealth, admiration of genius, or power—if the sexual life of the partners is *unbalanced*, a successful and happy home is less likely. Intelligent appreciation of ideal marriage and its requirements, definite knowledge of a proper technique, and patient practice, are all needed if success is to be attained. If you will turn to the illustration on page 18 you will see the clitoris, which I have already explained as being analogous to the penis in the male. It is small but it is a centre of sensitivity in a woman. Under the stimu-

ation of the delicate caresses of a lover it enlarges and hardens, and it is only by its continued stimulation that the average woman's climax can be produced. It is quite plain then that at least one necessary thing is to keep this part of her organism stimulated until a climax is reached, and the only way this can be done is by keeping it in contact with something. As you look at the illustration you will see, however, that the clitoris is located at some little distance (sometimes being as much as an inch and a half) from the vaginal entrance where intercourse takes place, and without a full appreciation of this fact intercourse may *take place and end without the clitoris ever having been even touched*. With the vast majority of women this would never produce an orgasm. The trouble is usually just inexperience on the part of both. If the woman knows more about her own anatomy (which is quite likely), than her husband does, then it is up to her to inform him. The inexperienced lover has almost always the misconception that intercourse means penetration and an in-and-out motion, and nothing more.

If you will look at the illustration on page 18 and try and visualize the male organ having made a *complete* penetration, you will see that under this condition the clitoris will be in actual contact with the husband's body immediately above the base of the penis. While in that contact, a side-to-side motion of the hips, or a circular motion, by either husband or wife (to be achieved perhaps only after some little practice) will ensure the clitoris being stimulated as it could not be by an in-and-out motion only—a motion that necessarily means a repeated breaking of the contact, which should be avoided as much as

possible during the early part of the union.

This brings up the important matter of the duration of a period of intercourse. How long should intercourse last on each occasion? No definite answer can be given further than to say that if it is to be satisfactory it *must* continue until the wife has had a complete orgasm—provided, of course, that she is physically capable of having one. For most wives with normal sensitivity it ends, as a general rule, very much too soon. It has to end, of necessity, as soon as the husband has had his orgasm; and with a continuous in-and-out motion a man may arrive at his climax very quickly. That of course ends the episode and the woman may find herself left “up in the air”, so to speak, excited, and her tumesced organs still congested and her nerves on edge, while her mental attitude towards the inefficiency of her husband would not make him conceited were he aware of it. Such a conclusion as that, time after time, would become unendurable for any normal woman and it has to be avoided if the sexual side of married life is to mean anything to her. The problem for the lovers then is first to arouse a positive desire on the part of the wife by the love and caresses of the love-play, and then to carry on intercourse for the pure enjoyment of it for as long as may be desired, and finally to be sure that it ends with a completely satisfying orgasm for both.

The problem resolves itself very largely into this—assuming the husband has aroused his wife's desires, how long can he carry on intercourse before his ejaculation takes place? Unfortunately very many men suffer from premature ejaculation—it may take place within a minute or two, or even a few moments,

after penetration. In some cases it may even occur before penetration has been effected.

When a too quick ejaculation has to be contended with there are several expedients that a man may try. What is necessary is, of course, to lessen the sensitivity of the glans, or head of the penis. This can be done by applying a weak solution (2%) of novocaine. Five minutes after the application the surface nerves will be temporarily dulled and consequently ejaculation will be delayed. Another expedient is to wear a sheath or condom, which makes an artificial foreskin and is effective in reducing sensitivity. If the sheath is put on while the foreskin is still covering the head it will help to retain it in place, and under these conditions there may be a much greater range to the possible time for the continuation of intercourse.

While on the subject of the condom it is fitting that reference should be made here to a problem often present in association with the use of the condom as a contraceptive measure. It is very true that some men object strenuously to using condoms, but where a wife's health may be at stake no reasonable man will refuse to take advantage of so simple, and (if properly used) dependable a means. Much of the objection has lain in subsidence of the sexual tension while putting the condom on the penis. Our temperament and psychology are such that the interruption in the love-play involved in the putting on of the condom may have an undesirable physical effect, and the ardour may get a setback from which it may be difficult to recover for the time being. All this can be avoided by making the putting on of the condom an act of the love-play *for which the wife makes*

*herself responsible.* As soon as conditions are favourable and intercourse is desired, the wife may herself place the condom over the penis. If the wife is emotionally attuned and sympathetically co-operative she will find it easy to maintain the physical and emotional tension of the love-play.

It must not be understood from anything that has so far been said, that just because a woman might be made to arrive at her orgasm, say in a couple of minutes, therefore that it is desirable that she should do so. Very far from it. True intercourse is a time of mental and emotional, as well as physical, communion between a man and his wife, and it may well be continued for any period that is short of producing a sense of weariness or exhaustion—ten minutes, twenty minutes, or even longer if control can be maintained and it is mutually desired. Some women are able to experience more than one orgasm during a single intercourse, though the second or third may be of less intensity than the first. The climax may be delayed by refraining from much, or any motion, until both are ready to complete the episode.

Let me caution every wife on one point. Do not get into the *habit* of pretending your passion has been aroused and that you have enjoyed an orgasm, thinking thereby to please your husband. There are occasions when, for one reason or another it may be all right to practise a little harmless deception of that kind. You love your husband and want to please him, and it won't hurt you—BUT DON'T MAKE A PRACTICE OF IT. You are entitled to just as much joy out of your sexual intimacies as your husband is, and it is your rightful heritage. Moreover, sooner or later he is going to suspect the fraud, perhaps by the

condition of your sex organs, and the moment he does that, you may find him pause suddenly in his caresses and become lost in thought. When a husband during a love-play suddenly stops and begins to think, it isn't a good sign. He is probably wondering if all the rest of your attitude towards him is camouflage too. Your body probably is capable of perfectly satisfactory stimulation if it is properly handled and caressed. If you will cast behind you all fears and repressions and inhibitions that are so fatal to proper physical responses, and will train your husband in every little love trick that your woman's wit can devise, you will not need to resort to any camouflage or pretence in order to bring him complete satisfaction.

If the climax of the intercourse has been without any sense of fear or shame or inhibition on the part of both, it is likely to result in a period of pleasant relaxation and nature's call to sleep for both of them. It may, however, happen that for one or the other there may not be this quick and pleasant lassitude. It will probably be the wife who will be aware of over-tensions. The husband, if wise, will try to safeguard her against the instinctive feeling of resentment with which she may view his ready slumber as against her temporary sleeplessness.

## CHAPTER XIV

### THE FIRST NIGHT

One of the main inspirations responsible for the writing of this book is knowledge, possessed by every psychiatrist and experienced physician, of the fact that in thousands of cases the chances for married happiness which seemed so bright in the morning, among the assembled friends with their flowers and gifts, are grievously impaired within twenty-four hours of the performance of the marriage ceremony. Nothing could be much more tragic in life than that. Let every man be wise. The marriage night and the honeymoon may well be the beginning of life-long happiness—a happiness deepening as the years roll by—or they may end in disappointment and aversion that will be hidden perhaps by the outraged bride, but which will find vent in the bitter tears of disillusionment and disgust and affect the balance of life. Many a woman who might have been developed by a wise lover into a devoted and ardent wife has become frigid, and sex in all its manifestations has become repellent to her because of psychological, and perhaps physical shock due to the blundering of an inconsiderately aggressive and ignorant husband. The true lover will solicitously see to it that his first intimacy with his bride shall have nothing in it to offend. Indecent haste to consummate the marriage is a sign of nothing more than indecent haste and not of true love. A woman is practically raped if inter-

course is forced on her at a time when she is not ready for it and when she does not desire it. And it does not follow that she is ready for it or desires it just because she was married a few hours ago. It is quite possible that she may be more or less bashful, and, if so, her lover needs to show understanding and sympathy and to be thoughtfully considerate to the last degree. It may well be a testing time for him, for his love and self-control. There is a heavy responsibility resting on him. First impressions and experiences are always important and he is going to make himself responsible for the first experiences and impressions of married life with the girl he has chosen to be his sexual companion for life. The first night is the first approach towards the full and perfect relationship that each hopes for, and it is a night of supreme importance—as well as of exquisite possibilities for both.

Let the husband remember that the preceding few weeks have been a time of unusual strain on his wife. She has had things to do that he has no idea of—preparations of all kinds to make, clothes to get ready, friends to entertain, letters to write, the wedding to arrange for, all in addition to her usual duties, while he, in all likelihood, has had nothing more to do than his customary daily work. His good sense ought to tell him to go slowly and considerately. If in any way he coarsely forces himself on his wife, excited and tired though she be, to obtain what he imagines are his "rights", he will be making a blunder—quite possibly an irreparable one. I use the word "irreparable" advisedly. He must know that he is treading on dangerous ground if he "claims" anything at all that she does not feel prepared to give.

Balzac makes the wise observation: "A man should never permit himself the pleasure with his wife which he has not the skill to make her desire". That is true all through married life but especially is it true on the wedding night. The part he has to play is the part of the fine and considerate lover. If he fails, the night may not pass before the girl begins to harbour doubts as to whether or not she had made a mistake. More psychological damage may be done the first night, or during the honeymoon, than the balance of life will be able to correct. She may feel that her heart and soul as well as her body have been outraged. Of all the days and nights of married life the honeymoon may well be the most important because during it the foundation for either future happy or unhappy sexual relationship will be laid—and foundations are not easily changed. Let every man go slowly and carefully, and every woman be sympathetic and wise.

As I have already said, this book does not pretend to lay down any cut-and-dried rules for the guidance of lovers. That would be absurd. Love must be spontaneous or it loses its romance. But the accumulated wisdom recorded in the many volumes about love that the ages have produced can at least warn us of things that should not be done, and make suggestions that may stimulate a backward imagination and so encourage spontaneity by indicating possibilities.

Naturally, personalities and conditions differ in every case. There are some things, however, that are almost invariably true. The girl, as already stated, may appear in good health and strength and yet she may be nervously tired after the days of work

and excitement that have preceded the wedding. If so, she is certainly not in a condition to go through an unique experience which she may possibly be thinking of with some little anxiety and bashfulness—perhaps some little fear. Both she and her husband will experience the utmost thrill from their first intimacy only if both are at the peak of physical fitness. This is something to think of. In some cases it will be wise to defer the consummation of their marriage for a night or two—or even longer than that. But this deferring of actual union need not withhold from them some of the delights of their new relationship. If the lover-husband will take his wife on his knee, and with her head buried on his shoulder and while she is still fully dressed, gently caress her with his fingers, and perhaps bring about an orgasm (possibly the first she has ever had), he will be introducing her to an ecstatic experience that she will certainly never forget. He will be demonstrating his own restraint for the time being, and will be showing a sympathy and consideration that will pay big dividends. Compare such an introduction to sexual life with the practical raping, perhaps several times in a night, of a tired and nervous girl by an inconsiderate man intent only on his own gratification.

The *modus operandi* suggested above may well be mutual. A doctor who has written wisely and sympathetically says: "If the bride and bride-groom knew enough to introduce each other to the delights of an orgasm by "spending" each other by means of their hands a few times before they unite the organs at all it would be to their lasting benefit" (Long—"Sane Sex Life"). I believe that is perfectly good

advice. If the bride has any fear or nervousness, it obviates the necessity of her undergoing experiences that may need great care and patience (an obdurate hymen for instance) if any and every form of anxiety and distress is to be avoided in an initiation that should be altogether one of joy.

Although I have touched on the matter in the chapter on The Female Sex Organs it is necessary to refer again at this point to the hymen, or so-called maidenhead. Let no man expect to find his bride with an unimpaired hymen, or dare to be disappointed at not finding it intact, or imagine for an instant that with whatever ease entrance is achieved, it means anything at all. The hymen is a quite variable quantity. Sometimes it may have been ruptured accidentally in childhood or by medical treatment. On the other hand, doctors sometimes find unruptured hymens in women who are pregnant and it has to be cut before the infant can be born. Parts of the hymen exist even after childbirth. And it is to be hoped that every girl who reads this book may be wise enough to do some gentle stretching of her hymen to make it more elastic or insensitive before marriage; but not necessarily to a degree sufficient to admit the penis too readily. Much distress may be saved by so doing and the possession of this book will be sufficient explanation if one should ever be necessary. But no man has any right to offend his wife by even the slightest reference to the matter. It is the future that is all-important—not the past.

While an effort has been made in this chapter to put forward general suggestions as to the conduct of both, it may be well to stress the fact that each couple

differs in some respect from all others. They bring to the marriage bed the experiences of their courtship and all the personal idiosyncrasies they have accumulated in the years. Upon each will rest responsibility for studying and understanding the feelings and reticences of the other. Upon each rests some obligation to make the entrance upon this new relationship beautiful and harmonious, as it should be, and free from emotional shock or any unpleasantness, which is quite unnecessary with the well-informed bride and groom.

## CHAPTER XV

### DIFFERENT POSITIONS FOR INTERCOURSE

There are different positions that can be taken in sexual intercourse and it is right and proper that the position be varied just as often as fancy may chance to suggest. Variety in sex technique, as in most other things in life (tea out in the garden, for instance) adds a certain spice that need not be refused for any reason known to common sense. Lovers should see to it that the delightful abandon of sexual love shall manifest itself in any variety of experience that mutual ingenuity cares to devise.

Entirely apart, however, from the question of choice for the sake of variety, the adoption of different positions for the sex act becomes, at times, a matter not only of physiological wisdom (for a pregnant wife's sake, for instance) but one of physical necessity, as in the case of extreme obesity.

The usual position is for the wife to lie on her back with her thighs widely separated and her knees bent, while her husband lies between her legs and supports himself on his knees and elbows, so that practically none, or very little, of his weight rests on his wife's body. This is important because she needs to be able to move herself in any way that her feelings may prompt.

The bending of her knees and the drawing up of them towards her chest is important. Many couples have found themselves unable to consummate their

marriage properly because they were attempting union with the wife lying with her legs stretched straight out. In that position the angles of the male and female organs do not coincide, and penetration is almost impossible. In addition to the proper elevation of her knees, she may with advantage place a pillow under her hips, which will enable her husband to effect an entrance more easily, and herself to embrace him with her legs as she may want to do.

In this position the lovers are face to face—a position, as already stated, that belongs to the human race alone. Such a fact is worth thinking about. It suggests that with human lovers, sexual intercourse may be something more than a bare experience on the physical plane. The sexual mates can look into each other's eyes during the whole period and find joy in mutual endearments and caresses, and in observing the nuances of love and rapture as each contributes to the other's joy.

Then there is the lying-down position, face to face, with the upper thigh of the wife thrown over the opposite thigh of the husband. It is a restful position and admits of each being in the embrace of the other, and, if it be desired, of going to sleep while sexually united.

Again, when desired, the woman may assume the "superior" or upper position, the man lying flat on his back while the woman kneels, or squats, across him. This upper position gives the woman complete freedom to move according to her inclination, and, as it also admits of deep penetration and very close contact, it is sometimes effectual in bringing about her orgasm where other positions fail.

Sometimes the sitting position will be adopted. In

it the man sits on an armless chair with the woman across him. There is no particular advantage in this position beyond the fact that it is a variation, and at times may possess an element of stimulation. We must clearly understand that there is nothing unnatural or abnormal in adopting any position at all that occurs to lovers when it affords mutual pleasure. Different positions in coitus are adopted in different places according to inherited custom, just as different customs and positions are adopted at meals. Our western custom is to eat while seated on a chair at a table, while eastern people prefer to sit on the floor. Few people would care to suggest that the Chinese, for instance, are less civilized than we are just because of things like that. There are certain tribes among whom the lying-down position, face-to-face is considered the only correct one. They believe that the upper-and-lower position that is most common among us is morally wrong. It is all a matter of custom and inclination.

The only other position I shall mention is the rear, or spoon-shaped position in which both lie on the same side with the husband facing his wife's back, with his hips extending far enough under her to allow at least partial penetration. In this position also it is possible for them to go to sleep while in union, and it can be taken at any time when there is no desire to arrive at an orgasm. If an orgasm should be desired while in this position it may be necessary for the husband to put his arm around his wife's hips and help her to "arrive" by gently caressing her with his fingers.

This method of helping a wife to arrive at her climax is very important. As I have already stated,

more than once, most women are much slower than men in reaching their orgasm. It is, of course, the husband's special care that his wife shall experience all the ecstasy that her body is capable of, but it will sometimes happen that, in spite of his desire and intention, he will find it impossible to restrain his ejaculation, and his orgasm will occur while his wife is perhaps nowhere near her climax. When this happens, if no expedient be adopted, he will leave his wife disappointed, and her actual physical requirements unsatisfied, for the simple reason that he will, for the time being, have lost his ability to have any further intercourse with her. In this real emergency there is only one thing to do and that is to gently caress her clitoris and the surrounding lips with his moistened fingers until she also arrives at her orgasm. No woman can permanently stand being brought close to a sexual climax and then being left quite unsatisfied. Marital disharmony occurs very often from such unsatisfactory intercourse. When necessary it is always possible for her to perform the service for herself *during intercourse*, and thereby achieve a perfect orgasm simultaneously with her husband. This, of course, is the ideal for which sane lovers will always strive. If the wife is capable of an orgasm she should experience it, one way or another; her physical, mental and emotional health demand it. If no joy attaches to the sexual life, intercourse ultimately becomes nothing but submission to a bothersome duty that is pretty certain to turn married life into total indifference, if not hate. During intercourse, therefore, conversation will take place and the lovers will inform each other how each is progressing towards the desired goal. If the wife is lag-

ging, and needs a little more stimulation, her husband should perhaps change his position so as to produce a closer contact with the clitoris if possible, or if still further stimulation is needed, he can put his hand down between them and caress her clitoris as intercourse continues; or, as already suggested she may find it easier or prefer to do this herself. The experience of each will guide them in all this and it should soon be possible to bring about a simultaneous arrival of orgasm.

It is not my intention to go into any further detailed description of the various positions that may be adopted in the sex act. Enough has been said to indicate that variety is possible, and, within the limits of mutual pleasure, there is nothing to prevent husband and wife from varying their procedure according to their inclinations. In the "Encyclopaedia of Sexual Knowledge" written by eminent medical men and edited by Dr. Norman Haire of London, England, eleven different positions are described. There is nothing to be gained by my going into such extended detail in this modest volume. It has been necessary, however, to indicate the possibility of variety in position, because in some cases it is compulsory. Certain physical conditions in either husband or wife, or both,—obesity for instance—may make the first or common position almost a physical impossibility. And during the latter months of pregnancy (*though not the last six to eight weeks during which no intercourse should take place*) a different position, as is suggested in the section dealing with that matter, may be not only advisable but perhaps imperative for the wife's best welfare. Ordinary intelligence and common-sense ingenuity, however, will

always find a way to overcome any such situation provided there are no inhibitions such as may arise from a wrong mental attitude towards experiment and variety.

The sexual act, in perhaps nine cases out of ten, is followed within a moment or two by the husband's withdrawal, and the embrace ends, with perhaps an entire separation and complete insulation of the bodies of the couple. This is a mistake—a very tremendous mistake if the husband has failed to bring his wife to a completely satisfying orgasm. She certainly won't fail to realize the quite apparent fact that the whole procedure has been nothing more than a demonstration of pure selfishness on her husband's part, and, though she may keep her feelings to herself, she will resent it. If it becomes a constant occurrence, her resentment, though hidden, will grow and may develop into a major psychological barrier with far-reaching possibilities of discord.

Assuming, however, that a completely satisfying climax has been reached by both, the organs should not be immediately separated. A motionless embrace should be continued for a few minutes under the influence of the deep satisfaction that each has brought to the other. Sometimes, while still maintaining their sex contact, they will choose to adjust themselves in a face-to-face position side by side and succumb to the sleep that so soon follows satisfactory intercourse. Detumescence will already have taken place for both, of course, but the organs are still together and they may stay that way during the first sleep.

## CHAPTER XVI

### COITUS RESERVATUS

What is known as "coitus reservatus" is sexual intercourse engaged in and enjoyed as a caress without the husband arriving at, or desiring to arrive at any climax or orgasm, but possibly with orgasm for the wife. This is understood by both husband and wife from the beginning of the period, and neither of them does anything to upset this understanding. To the uninitiated this might seem an extremely unsatisfactory sort of intercourse, but it has its place, and rather important place, in the married life. It is purely a caress and can bring just the satisfaction that is desired in that particular union. Very little love-play is necessary, in fact it is better to dispense with it entirely as its stimulating influence might overcome the determination not to arrive at a climax. The only thing that is necessary is sufficient lubrication, which can be artificially supplied if necessary, as previously dealt with in the chapter on The Love-Play. The union takes place but without much, or any, subsequent motion, as that would lead up to an orgasm. Instead there is just a mutual love communion, talking, kissing, caressing, which may last for half a minute, five minutes, or half an hour. It is well for the husband to have complete penetration as there will be perhaps less tendency to any motion under that condition. As opposed to intercourse that is intended to go on to a climax, the wife may

have a pillow under her head, as conversation is a little easier so.

Sexual desire varies, of course, in intensity with the same individual at different times. If a couple have been separated for a period, it goes without saying that the desire will be more intense the first night they are together again than it will the following morning. In the morning, however, they may enjoy a few moment's caress without caring to repeat the more intense experience of the previous night. This is perhaps the time and place where the chief value of coitus reservatus lies; it is, of course, no satisfaction for very ardent desire. As against the practice it may be said that it is not certain that it would not deplete the sexual powers of a man if it were engaged in too often, or carried on too long at a time. As a brief caress it has its place, and moderation is not likely to hurt anyone. It is very certain that a man's whole outlook on life, his ambition, and his courage are affected by his feeling of sexual ability, and, this being so, the stimulation of a few moments of coitus reservatus and *the sense of reserve power with which it leaves him*, together with the atmosphere of congenial companionship it may generate between himself and his wife, may make a good beginning for the day.

It must, however, be understood (and guarded against if necessary) that there is a bare possibility of pregnancy occurring in spite of the fact that no orgasm is experienced by the man. Under strong stimulation a few drops of mucus is almost always observed coming from the male organ. This in itself, as mucus, could not bring about pregnancy, but at times, in some cases, it may be accompanied by a

very slight escape of semen which might cause pregnancy. This escape of semen is not felt or recognized in any way by the man, and couples are occasionally astonished to find pregnancy has occurred without any apparent reason for it. The explanation may be as given above.

## CHAPTER XVII

### SELF-STIMULATION

#### (Auto-Eroticism)

It is now very generally recognized that some means of stimulating sexual feeling is used or accepted at times by almost all (perhaps all) human beings. References to various methods of stimulating sexual responses are to be found in some of the oldest literature of the world, among which are the many Biblical allusions. There probably are still some people who refuse to recognize this universal tendency of self-expression, and who perhaps deny any experience of it. This attitude is explained in part by the fears and shames which have been instilled by false teaching and in part by the fact that there are so many ways of obtaining sexual satisfactions and releases which are not recognized as definitely sexual.

When self-stimulation or self-relief is referred to, most people of course think at once of direct methods of stimulation, usually those involving the hands. That this is so is indicated for instance by the term *masturbation*, which in its derivation appears to have come from the Latin words for "hands" and "defilement". The use of this word will be purposely avoided henceforward in this book because it has gathered a significance of shamefulness which should not be attached to so universal an experience. Moreover, the result which is so generally sought is

achieved by many widely differing methods. By some it is induced entirely by fantasy. In other cases the reading of certain types of books, love stories and descriptions of dalliance are found very effective. The use of pictures for this purpose is so well established that we have laws designed to curtail abuses. It may also be pointed out that certain types of sports, games, dancing, horseback riding, and even riding in vehicles have found favour with many people because of sexual stimulations derived from them. Perhaps one of the sources of such satisfactions for a large number of highly sensitive people is to be found in either playing or listening to music. It is not necessary to make further elaboration here, but it does seem necessary to insist that every type of stimulus that we choose or accept which results in the production of sexual feeling and releases belongs under the broad category of self-stimulation. The results do not greatly differ even though the methods employed may appear to differ greatly. It may be worth while to point out also that while some of the methods are harshly condemned others escape censure by a lack of obvious relationship between the sexual responses and the stimuli employed.

Much has been written on the question as to whether the sex urge is stronger in boys than in girls and of course also as to whether men are more pre-occupied with sex than women. It would appear that the concensus of informed opinion today is prepared to take the position that such discussions rest on very uncertain data. Whereas in past generations the social restrictions on girls and women were much more severe than on boys and men, we have now reached a state of human thinking where equality of

right to self-expression is accorded equally to both. This has resulted in the women of today being much more sincere and frank. Many of the best informed women writers who have dealt with this subject refuse to accept any hard and fast statement of differences in the basic qualities and sexual capacities of men and women.

As a result of this emancipation in the thinking of women there has come a corresponding acceptance by men of the idea of sex equality. Thus there is an increasing number of both men and women who earnestly desire to get away from pretence, insincerity and dishonesty in this whole field of sex thinking and activity. Perhaps the soundest position to take at this time is that it is natural, proper and inevitable that every normal human being shall be deeply interested in and sensitively responsive to all that is involved in the sexual life of their kind. Doubtless we still have a good way to go. One of the hopes with which this book is written is that every reader will become an honest quester after truth, and thus become a helpful influence in the society of the future.

There used to be a vast amount of literature scattered about the country by unprincipled patent medicine firms that reaped a great harvest from their lying suggestions that the practice of self-relief was terribly injurious, and that those guilty of it were all headed for the insane asylum unless they stopped it and began to take the treatment advertised. Such firms are no longer allowed to advertise and operate. Ten thousand times more harm was done by their lying suggestions and the fears they inspired than by the practice itself. Commercial interests, however,

were not the only offenders. Well-meaning, but ignorant, evangelists of one kind and another, going up and down the land, often dwelt on the matter in meetings advertised "for men only". They did infinitely more harm by the groundless fears they aroused than they did good. Doctors and psychiatrists know today, that practically no harm comes from it *where it is not carried to excess, or where the sense of guilt has not been driven home*. Indeed there are very many doctors who consider that highly sexed boys and girls suffer much less harm from affording themselves occasional relief than they would suffer from attempts at repression. Understand, I am not advising a recourse to this practice as a general thing, but it is necessary to look the matter squarely in the face. Our social and economic conditions today often make it impossible for young people to get married, as nature demands, at an early age, and under such conditions, if they are strongly sexed, self-relief may act as a safety-valve. The alternatives are either premarital intercourse with a sweetheart, which has its very manifest danger of pregnancy, or else a recourse to the exceedingly dangerous alternative of the prostitute, and as one able woman writer has said "better ten years of self-relief than one infection of venereal disease".

The main danger in the practice of self-relief lies in the effect of the false teaching about it—that it is a very sinful and abnormal act that is certain to induce physical and mental, and, presumably, spiritual ruin. Havelock Ellis, the great English sexologist, after wide investigation, states that in the case of moderate self-relief in ordinary healthy individuals, no injurious results will necessarily follow. Moderate

self-relief is not self-abuse. Only when carried to excess could it be so termed, and any excess must of course be strongly deprecated. Young persons, if married, would in all probability have sexual intercourse two or more times a week. When they are unable to get married, and they find the sexual urge to be a matter of extreme physical and emotional distress, it is not likely to hurt them if they resort to self-relief once or twice a week. The one all important precept to observe is, **DO NOT CARRY IT TO EXCESS: BE WISELY MODERATE.**

The need of sane teaching in this matter is very great and its value incalculable. Every physician and psychiatrist could give many instances of the evil effect of wrong teaching. Here is one from my own experience, and it is only one of very many. A young woman wrote me in the deepest mental distress. She admitted that she had relieved herself occasionally under a quite intense urge, but the act had always been followed by great remorse because she had been taught that it was a terrible sin which God would punish by making her childless if she ever got married. As she was now about to be married, she was passing through a period of intense self-reproach. Her sense of guilt was pathetic. A couple of educative letters, however, cleared up the whole trouble and she was duly married and is now a happy wife and mother.

Undoubtedly the continued and excessive practice over long periods of time may ultimately result in undesirable conditions both physical and social. At the worst, where the habit has grown into actual self-abuse, it may, of course, deplete physically, though

probably not more so than the same amount of abuse of the marriage relationship. If a keen sense of guilt has accompanied the act, self-reproach may build up a sense of inferiority not of advantage to the social life.

In severe cases among some girls and boys, where the practice has been established in early years and perhaps continued during the formative period of the sexual and emotional development, it may create an *emotional* inability to react normally to marital sex relations. The reason for this may be that reactions to sex desire, stimulation and relief have become established in their minds as being associated only with themselves, and are not emotionally associated with the opposite sex. Thus, normal response to stimulation by the opposite sex may not readily develop. To this may be added the repressive and inhibiting effect of a false sense of shame or guilt which the coming to maturity may magnify, thereby complicating the adjustment necessary to the acceptance of sharing and participating in mutual sex activities inherent in marriage.

With proper education, however, of adolescent boys and girls, the practice, if they resort to it, will not likely grow into abuse or create emotional handicaps. This is where the responsibility of parents comes in. Children should be guarded against developing any sense of shame about their sex organs. As adolescence approaches they should be informed quite fully of the function of the organs, taught the importance of them and their relation to the fullness and happiness of life. BUT VERY GREAT CARE SHOULD BE TAKEN NEVER TO INSTIL ANY FEAR OF DREAD CONSEQUENCES AS A RE-

## SULT OF MODERATE SELF-RELIEF OR STIMULATION.

Practically all normal boys and girls will unquestionably experiment with their bodies sooner or later. But, if they are found out, and rebuked, and punished for doing it, and if it is impressed on their minds that it is wicked and shameful, and that God will punish them, and a lot of silly nonsense like that, it may, if the sense of guilt is *really driven home*, do real harm. Every physician and psychiatrist knows that no fear or sense of shame deters from the practice when the sexual urge is insistent. But each time, after relief is achieved, any sense of guilt that has been implanted by well-meant but wrong teaching, may induce really dreadful feelings of self-reproach. This is the danger to be guarded against, and it is serious. It may induce a sense of inferiority, and result in faulty social reactions throughout life. But any such outcome is, as I have already said, due to the well-meant but wrong teaching and influence of parents and elders, and not to the actual practice of self-relief, which in moderation, is not harmful, and which may at times act as a sort of safety valve.

It would have a very wholesome effect on our social thinking generally, and on our attitude towards the sex-education of children particularly, if *parents and elders* would honestly endeavour to recall the impulses and experiences of their own childhood and youth. Intelligence is never advanced by pretence, inhibitions, fears or failure to admit to ourselves the facts of our own experience. The truth makes men and women, and also boys and girls free. Lack of truth breeds hypocrisy and inhumanity, and its harvest is always unhappiness.

## CHAPTER XVIII

### THE FRIGID WIFE

Frigidity in women has been the subject of much speculation, controversy and writings in many countries over a considerable period of time. In general there have been two avenues of approach in seeking an explanation for this phenomenon. One approach, and the earlier of the two, is that which has assumed: (*a*) that all women are less heavily endowed with sexual passion than the majority of men, and (*b*) that some women have been so lacking in any such endowment as to be practically without sexual desire. A second and more modern approach assumes that (*a*) women in general are *not less* fully equipped by nature with capacity for sexual desire and enjoyment than are men, although the upsurge of sex feeling may be somewhat less rapid than in men—perhaps because of the wider distribution of the erectile cells. (*b*) That the conduct of certain women which provides the background for the theory of frigidity is built upon the foundations for the most part of mental (*psychic*) repressions and fears which are the outcome of faulty training, and *not upon* an initial lack of physical endowment and capacity for natural sex responsiveness.

While I do not wish to take an emphatic position against one or the other of these viewpoints, I am disposed to the view that at least the overwhelming majority of women are endowed by nature with a

full capacity for sexual experience and enjoyment. Many case studies of recent years unquestionably indicate that women who had considered themselves frigid, may under a sympathetic process of re-education find themselves capable of complete sexual expression and experience.

In this connection it must be recognized that much faulty teaching and much in the social attitudes of our people has tended to place powerful emotional barriers to natural sex expression in women. This was caused in part by the severe condemnations which society reserved for the girl or woman who violated the sexual standards of her community.

From the background indicated above it is perhaps possible for us to approach this question of the frigid wife more intelligently and more sympathetically. There is no doubt that many wives have never consciously experienced the complete orgasm. Such women are likely to think of themselves as either inadequately endowed with sex capacity or as having been shaped of finer clay than their sisters. This latter interpretation is the more likely to be accepted and flaunted if the early teaching has been such as treats all sexual matters as being impure or sinful.

It is an unhappy fact that many parents, religious teachers and others have considered it essential to the safeguarding of virtue that fear, disgust and horror should be invoked in order to keep under control the imperious demands of normal sex inclinations.

To any woman who is trying honestly to face a problem of this sort, it may be suggested that she endeavour to divest her mind of early fears and repressions, and that she face the facts as to natural reproduction, and also, that she endeavour to realize

that all that is finest in our social development finds its earliest starting point on the levels of sexual attraction. Many women who have been so severely inhibited that they have considered themselves frigid have learned that there is a philosophy of sex and sex relationships which makes possible the replacement of fear and disgust with a happy acceptance of nature's way of life.

There is, therefore, a grave doubt in the minds of many physicians and psychiatrists as to whether there is really such a thing as a positively and permanently frigid wife, provided she loves her husband and provided he is patient and fully informed. Her frigidity may perhaps be nothing more than evidence that she has not, so far, experienced the special sexual stimulation that happens to be necessary in her case. In many instances the fault lies in mutual lack of knowledge—both may be totally unacquainted with the simple facts of sex anatomy. For instance, the clitoris is usually the initial centre of sexual feeling in a woman and contact with it is generally necessary for full stimulation. Its distance, however, from the vaginal opening differs in women, varying from half an inch to as much as an inch and a half. Where it is far from the opening it is not likely to get any stimulation from the act of coitus. Under such circumstances an independent stimulation of it may be necessary.

Then again, the wife may lack the right mental attitude towards sex and marriage, without which no union can be satisfactory. There is no doubt that much unresponsiveness to normal sex stimulation is due, not so much to lack of sex education, as to an entirely false education by unfortunate family influ-

ence or wrong teaching in childhood. The unwise attitude of parents towards any sex impulse in their children; punishment for simple and perfectly natural interest in their sex organs; the sad suggestions of an association of sex with sin, and the general traditional reticence in regard to it; fear of sex through having heard of some unfortunate experience of another: these, or any one of a dozen malign influences may build up in a sensitive girl inhibitions that may make a later normal life almost impossible.

The best remedy is a complete re-education that will, with sympathy and understanding, remove the barriers that keep her from living a sexually harmonious life, mutually satisfactory to herself and her husband. It is the hope of the author that this book may prove such an educative influence in those cases where it is needed—to impress the fact that sex impulse is not only right, natural and essentially pure, but that the joys attendant on it are *the rightful heritage of every woman*. If she is of a deeply religious turn of mind she can assure herself that sex is essentially religious, if obedience to natural laws constitutes any part of religion. It is the God she believes in who has given the possibilities of sexual joy to all His creatures, and she may be very sure that He expects His gifts to be appreciated, and enjoyed, and not scorned. The hope of a complete and satisfying sex life is hers to cherish and to strive for with all her wisdom and power. Its experience may go far towards deciding whether her marriage will be happy or unhappy, because she has not only her own emotional reactions to consider, but also those of her husband. With her desire for a full experience aroused, it should then be an unselfish joy

for her husband to practise every phase of the art of love as suggested in this book, and make it the one object of his own sexual life to bring his loved mate into her full heritage.

Where there is inability to arrive at an orgasm at the beginning of married life it need not be assumed that it is any permanent or hopeless situation. Patience and time may be necessary. Normal sensitivity may not develop until after the first baby has been born. The full cycle of the sexual functions is never completed in any woman until pregnancy has been accepted and a child born. The complete sexual cycle—intercourse, pregnancy, childbirth and motherhood—may arouse the dormant sexual nerves and the outcome be perfectly satisfactory.

Since most girls are likely to have had in their childhood some experiences of sex responses to stimulations of this or that nature, it should be reasonable to expect that there should be few, if any frigid women. In other words, if, instead of developing an attitude of fear and disgust as a result of youthful sex activities she could view them as not unnatural expressions of the sex life, she would have a reasonably intelligent forecast of the richer fulfilment which should come with married life. It is surely quite obvious that the sex sensations of childhood and early life differ from those to be experienced in maturity and marriage, not in kind, but only in intensity.

By no standard of sane ethics is there anything wrong in acquiring such understanding, which *may* make the difference between success and failure in her married life. Once she had realized by complete experiment the actual possibilities of her body, she will be in a position to definitely train a possibly un-

sophisticated lover-husband who may be totally ignorant, not only of the way to bring about a wife's orgasm, but of the fact that such an orgasm is possible.

Auto-eroticism, however, presupposes the existence of at least some sexual sensitivity, but the trouble with the frigid wife is that she has dammed back and refused to recognize any such feeling. When a woman has reached the point where she regrets her lack of response sexually, she is well on the way to deliverance from her abnormal state. Her responses to the fondling of her lover depend not primarily on the type of physical stimulation, but rather on the receptive or non-receptive attitude of her mind and emotions. Once she has accepted the possibility that she is a normal sex being, the full experience of a satisfactory sex life will not be long deferred.

Some women are very much more apt to be sexually alive in the daytime than at night. This may be because of the drain of the day's work on their physical strength. It is a mistake to suppose that sexual joys have always to be put off until night. One primary necessity of the married life is SPONTANEITY. If stimulation is experienced at noon, before there has been brought about any sense of weariness, the common-sense thing is to act accordingly. Another ten or twelve hours work may completely drive out all desire for anything but sleep.

Lack of sexual tone in some cases may be owing to some glandular inactivity. Modern medicine is alive to this problem and has already produced extracts that are at the command of the physician. Certain hormone preparations may give aid. If neces-

sary see your doctor early and explain very candidly the whole situation.

In some cases intercourse terminates for a woman in a partial orgasm that promises to be pleasant at the beginning but which proves disappointing. Something seems to shut off the almost attained climax, and it is distinctly unpleasant. This may, in the exceptional case, be due to some physical condition—an adherent clitoris perhaps, which could be corrected by a very minor operation. Whenever this condition exists it should be attended to at once as its presence may make satisfactory intercourse difficult. But it is much more likely to be caused by a sudden throw-back to some type of inhibition, anxiety or sense of guilt developed on the background of early teaching and training. Where there is reason to believe that some physical condition is involved, a reliable physician should be consulted. Where all the indications point towards emotional repression, the solution inevitably lies in an emotional re-education through which one learns to accept life on its own terms.

## CHAPTER XIX

### TEMPORARY IMPOTENCE

A man's sexual organs and their reactions (particularly if he is of a highly temperamental type) are apt to be extremely sensitive to the attitude of his mate. Even in the presence of his sweetheart, or wife, he may be utterly oblivious to even the existence of his sex organs, and then by some touch, or word, or look, or observed position, he may immediately experience a stimulation that may make him almost instantly able for the sex act. But it is not generally understood by women (and very often not by men until they happen to experience the phenomenon with something of dismay and resentment) that the reverse of this may occur. A man may be with his wife, his body throbbing with a desire that is all the more intense because of his belief that she is equally affected and interested, and then by some adverse thing in her attitude he may be mentally shocked and almost instantly reduced to impotence for the time being. The adverse attitude may be nothing more than some totally irrelevant remark showing that her mind is elsewhere when he has supposed that her interests were all concentrated on himself and the immediate present. A critical word; a tensed muscle (that shows an inhibition); a sigh even, may affect him unfortunately. The effect she produces is, of course, only temporary, but such experiences are to be guarded against. Men

don't like them, and any wife with ordinary common sense will avoid bringing them about. In any particular instance the fault may, of course, have lain with the husband—a failure on that occasion as a lover. Had he succeeded in arousing his wife to the point where her desires were as pronounced as they ought to have been, she would not have been in the least degree concerned with irrelevant matters.

Temporary impotence may also arise in the otherwise quite virile man through bashfulness, or anxiety lest he may not be able to play the part of a man. Under such circumstances a tactful wife will never let her husband see that she notices or deplors the condition. If she will suggest to him that she likes to observe the effect of her caresses, and proceeds to let him see her as she fondles his body, the impotence is likely to soon disappear.

Another possible cause of temporary impotence is fear on the part of the husband of causing pain to his partner. The remedy, manifestly, is to see to it that no pain is caused. When intercourse is attended with pain to the wife it is very often because of lack of the pre-coital fluid that lubricates the passage. But that lack is probably evidence that the wife was not sufficiently stimulated before penetration was attempted. An extension of the love-play until there is a complete relaxation of the vaginal walls and a sufficiency of the pre-coital fluid will probably right everything. If pain persists, a medical examination should be made. Sometimes wives injure their sexual organs by using too strong douches. Such things as lysol, carbolic acid, and bi-chloride of mercury should *never be used except under medical direction*. Irreparable harm may be done.

Whenever a man finds that impotence at times interferes with his sexual activities he doesn't need to worry. To start doping himself with pills of one kind and another is a mistake. Go to an experienced and reputable physician or psychological counsellor and discuss the matter frankly. Nine times out of ten there will be nothing more the matter than some slight functional disarrangement having a psychological foundation and the talk with the doctor or psychologist may be all that is necessary. AND THE WISE AND TACTFUL WIFE MAY BE THE BEST OF ALL PHYSICIANS.

## CHAPTER XX

### THE VENEREAL DISEASES

A book which sets out to discuss the problems to be found in the fields of sex education and marriage cannot avoid giving serious consideration to the diseases which bring so much suffering and unhappiness into countless lives, and which have their widest origin within the circle of the sex life. There is indeed much reason why they should be frankly discussed since the toll they take of human life is beyond all estimate. The social, economic and medical burdens they impose are past all finding out. But beyond these there are the unhappy and cruel personal experiences of shame, social taboo and social injustice which are frequently imposed by society in the name of morality and religion. It is quite true that these diseases are most commonly contracted and disseminated through sex activity but it is also true that a very heavy percentage of the sufferers are innocent of any wrong-doing or any violation of even the strictest moral codes.

Like many other diseases these are spread by the passing of an active germ or micro-organism from one body to another. The delicate mucus membranes of the sex organs are peculiarly receptive to these minute organisms but so also are the membranes of mouth and eyes, and other parts of the body are not immune. Thus it happens that the diseases may be communicated by an infected mother to her guiltless

child before birth in the case of *syphilis* or during the process of birth in the case of *gonorrhea*. But even though such cases are only a small percentage of the contagions, it still remains to be said that within proper and honourable sex relations the disease is often—very often—spread to the innocent and unsuspecting. The child may suffer blindness through infection by gonorrhea at birth, or it may be born with congenital syphilis; the wife may guiltlessly contract a disease from a previously infected husband who thought he was cured; a husband may receive the deadly germ, within the law, from an infected wife. Children in institutions, particularly girls, have been infected from towels used in common with some carrier of disease. The true humanitarian will be careful not to impute guilt too readily, and will also bear in mind that even those who have violated social codes may deserve much kindlier consideration than ignorance and prudery so often accord them.

Long recognized by the medical profession and by progressive health and welfare organizations as a great factor in the spread of venereal diseases is the effect of the extreme social censure often levied upon the unfortunate victims of these diseases. The existence of such a general policy of censure instils such fear of the social condemnation that countless thousands feel themselves driven to resort to the "quack" who advertises "secrecy". Or, they delay securing proper medical treatment by honourable and reliable physicians until the disease becomes thoroughly established in the body and further secrecy is impossible. Both procedures are disastrous. In the meantime, the victims may perhaps

transmit it to many other unsuspecting persons and perpetuate this vicious cycle.

It seems to have been proven throughout the years that the fear of consequences either to health or social standing never has, and probably never will greatly deter the exercise of extra-marital sex activities. At the beginning of this chapter, therefore, I make a plea for more generous judgments towards those who suffer or who have suffered from the so-called sex diseases, to the end that enlightened thinking and the increase of knowledge may point the way to more humane attitudes, and consequently to wiser measures of control than fear, and condemnation, and social ostracism have achieved in the past. These scourges will be conquered by increasing knowledge and self-discipline, not by fear; and by broad humanitarian and medical policies, not by unsympathetic, holier-than-thou disdain of the sufferer, whether he or she be blameless or blameworthy.

## TWO WIDESPREAD VENEREAL DISEASES

The two main venereal diseases are now known to the world at large as *gonorrhea* and *syphilis*. In the past, and for many generations, there was much confusion of opinion as to these two infections. Even prominent medical men long believed them to be varying aspects of the same disease. There are still very many people who have no clear ideas as to the striking differences between the two disease germs and their modes of activity. In recent years, and especially since the year 1905, knowledge of the diseases, their causes and successful treatment has greatly increased. Although the casual germ of

gonorrhea (the gonococcus) was segregated as early as 1879, it was not until 1905 that the spirocheta pallida (the name given the germ which causes syphilis) was discovered and studied.

During the past forty years, therefore, more has been learned about these two enemies of humanity than had been discovered in all preceding ages. The influences of the two world wars, which have occurred in this period, have not only stimulated medical research and treatment of these diseases, but have also developed greater frankness and directness in the spread of information. It is, however, interesting to observe that during the interval between the wars there was unfortunately a marked tendency to lapse from the direct and fearless attack on the sex disease problems. It is to be hoped that one result of this later war may be a more thorough job of permanently winnowing prudery, squeamishness or evasiveness out of the movements which are once again fearlessly attacking these sex-tagged afflictions and trying to stem their terrible decimation of youth.

#### *Other So-called Venereal Diseases*

It may be well to state here that there are two other ailments which are often listed as venereal diseases and known to medical authorities as *chancroid* or soft chancre, and *gangrenous balanitis*. They, however, usually are trivial as compared with syphilis and gonorrhea and ordinarily their term of activity is relatively brief. They will not be discussed further, but it is strongly advised that, as they produce sores which may not be easily distinguished from the early syphilitic sore, no time should be lost in seeking diagnosis and treatment on the appearance

of any type of sore on or in the genitals—or any *persistent* sore on any part of the body—*particularly if there is any reason for suspicion of having been exposed to any sex disease.*

### GONORRHEA

This disease appears to have existed when the earliest records of human history were being made. It is believed that the Chinese had knowledge of it four thousand to five thousand years ago. The German Egyptologist, Heinrich Karl Brugsch, found references indicating knowledge of the disease in an Egyptian papyrus dealing with medical practice dated as of the fourteenth century B. C. It is a generally accepted view of medical authorities that the fifteenth chapter of Leviticus written about 1500 B. C. probably has reference to sufferers from gonorrhea. The chapter deals with the man who "hath a running issue out of his flesh" and prescribes the ceremony of cleansing. The treatment set forth was probably about as efficacious as any generally practised for more than three thousand years thereafter. (It may be of interest to many that in the same chapter there are prescribed the ceremonials of cleansing incidental to the emission of semen and menstruation.) The disease, it would appear from records, was also known to the Greeks and Romans, as well as in India and other parts of Asia.

#### *Gonococcus Infection—Initial Symptoms*

Gonorrhea is caused by a germ variously described as "biscuit-shaped" or of "coffee-bean shape". It is very minute and its diagnosis requires the service of a high-powered microscope and other

laboratory techniques reliable only in the hands of highly skilled physicians and scientists. It belongs to a type of germs known as the *cocci* and is itself called the *gonococcus*. The gonococcus usually gains entrance to the body by contact with the mucus membrane of either an infected man or woman during sexual contact. Infection by the germ is followed by inflammation, usually by itching and later by intense burning sensations in the urethral passage in the man, particularly upon urination. As the inflammation in the urethra develops, there will be a noticeable discharge of yellowish pus. Such general symptoms may become noticeable any time from one to ten days after exposure. If proper medical attention is not given immediately, it slowly but surely extends the infected area into the deeper organs, glands and ducts within the body. Under prompt and adequate medical treatment, however, the infection may be confined to the genito-urinary system, until cured.

Of gonorrhea, Dr. John H. Stokes, one of the most tireless and best informed workers in this field, says: "Dogged persistence on the part of the doctor and a liberal share of knowledge as to what not to do as well as what to do, with a co-operation from the patient which is rarely forthcoming, constitute the essentials of medical management."

### *Prevalence and Social Aspect*

Gonorrhea is one of the most widespread, insidious and life-wrecking ailments that beset humanity. In the general population its incidence among men is several times as great as among women. Figures put forward as to its prevalence are often alarming and

perhaps such actual figures are of little value to the general public. It is, however, safe to assert that practically all professional prostitutes have, or have had the disease and that all girls and women as well as men who are promiscuous in their sex-relations are likely to contract it. Under the excitement and emotionalism of a war period there is always an increase in gonorrheal and syphilitic infection resulting from the greater laxity in sex relationships which war sponsors.

Recent statistics strongly indicate, however, that the great increase of venereal infections during the present world war cannot be so generally attributed to professional prostitutes as perhaps it has been heretofore. The scourge of the professional prostitute has, in large measure, been brought under greater control than ever before. A greater source of the carriers and spreaders of infection, particularly to the men in the services, are often the young so-called "patriotic girls" or "play-girls" who come from all classes of society. As a result of the ignorance of youth, misguidance and a false application of their sense of patriotism, they are a serious Fifth Column to the war effort, as well as to our peace-time social structure. Of many, perhaps of most of them, it may be said that "they know not what they do". But this does not alleviate the seriousness of their menace.

Much responsibility can be attributed to the conditions that war imposes on family life throughout the world; fathers and older brothers in the armed forces, mothers working in war production plants and other essential services, *and daughters left too much without intelligent, sympathetic and understanding*

*guidance.* A greater responsibility, however, rests upon parents and teachers to see to it that their daughters and students are properly educated in all aspects of the sex life, and of the responsibilities they owe to themselves and society, before it is too late. Again, the old barriers of prudishness, taboos and repressions are largely responsible for much of this great over-all problem. A modern and uninhibited philosophy and programme of education, particularly for the younger generation, is long overdue.

It is not a proper function of this chapter to go into the details of diagnosis and treatment of gonorrhea, which lies wholly within the province of the medical profession, but there are a few points which should be stressed.

Anyone who has cause to suspect that he or she may have been infected with the gonococcus should at once consult a reliable physician. Advertisers of special sure-cures, drug store advisers, patent medicines for treatment at home, "quacks" in general and the advice of fellow-workers should all be shunned. Gonorrhea calls for expert diagnosis and skilled treatment. Such treatment should be sought the moment that exposure or the possible presence of the disease is suspected.

### *Gonorrhea in Women*

Gonorrhea in women is often tragic in many of its effects. It is much more difficult to treat and cure than it is in men, the reason being that the infection can more easily spread to include the deep-seated and delicate generative organs of the female anatomy. Whereas early medical diagnosis of infection is

readily made in the case of the woman, the symptoms may not be as pronounced as in men, and consequently do not bring her promptly under medical care. This is unfortunate in the extreme because the infection is thus unknowingly permitted to gain a much more extensive entrenchment in the internal passages and organs.

### *The Great Sterilizer*

Gonorrhea has been called "the great sterilizer". This applies to both men and women. Neglect of adequate treatment in the man may eventually result in the inflammation of tissues deep in the body and even reach the vicinity of the testicles, prostate gland and other vital glands and organs, causing irreparable damage. This may and often has resulted in closing the passages by which the sperm should be carried and may thus destroy the man's possibility of ever fathering a child. In the case of the woman also, gonorrheal infection is the great promoter of childlessness. If the ravages of the disease invade the Fallopian tubes, Nature's unique corridor by which the ovum travels towards the uterus, they will be almost certainly blocked and sterility will result. One of the saddest aspects of such sterility is that which may follow the birth of the first child. Such cases arise by reason of the fact that the disease was early transmitted to the wife by an infected husband and its spread into the more deep-seated organs of reproduction was facilitated by the disturbances occasioned in these organs by the birth process.

*Infection of the Eyes*

Gonorrheal infections such as that of the eye also demand the earliest possible medical attention. The danger of contracting infection in the eyes is not nearly so great among adults as it is to children born of infected mothers. Fortunately modern obstetrical practice—and the law—calls for precautions being taken immediately on the birth of the child to ensure destruction of the gonococcus should there have been infection of the eyes when passing from womb and vagina. This is a simple procedure and merely consists of placing a few drops of silver nitrate solution in the eyes of the infant. As a result of these precautions properly exercised, there need be no fear of eye infection to the child by an infected mother. Aside from the possible gonorrheal infection of the eyes, the activity of the germ is, as already said, generally confined to the sexual and adjacent areas, and acquired through sexual contacts.

*Premarital Examinations*

Since it has so often happened that after marriage a woman has developed gonorrhea through contact with a husband who was sure he had been cured, and contrawise, the man has acquired the disease from his wife who was sure she was no longer infected, it is evident that no premarital precautions can be too great. Before marriage every person who has been at any time treated for gonorrhea should: (A) have a thorough examination, including complete bacteriological tests, and (B) should arrange with a competent doctor for watchful supervision and laboratory tests for a time even after marriage. No precaution can be too exhaustive in order to guard

against any possible flare-up of the disease, since its presence can wreck the happiness of any marriage and become a matter of life-long suffering.

### *Deceptive Nature of Gonorrhea*

As with the first and secondary stages of syphilis, which will be discussed later, the initial manifestations of gonorrhea may subside or disappear quite soon after treatment has been undertaken. But the disease is not then cured. It is only on its way to being cured. If the patient, falsely believing himself or herself cured merely because the unpleasant sensations or discharge have ceased, discontinues the treatments, it may flare up again later. Only the doctor's tests can be relied upon to determine that a cure is complete.

The disease has the peculiar characteristic of sometimes apparently curing itself; that is, the inflammation, local irritation and discharge may disappear without medical treatment. But again—*do not be misled*—the disease has only gone into a temporary state of quiescence. *It is not cured*. It is lurking in various vital organs and glands, particularly in the prostate gland of a man. During this period it is often still contagious and is readily communicated to others through sexual activities.

It follows from what has been said that all frivolous attitudes towards gonorrhea should be sternly frowned upon. Too often it is belittled as something as inconsequential as a cold or a mild attack of measles. This attitude has done much to spread the prevalency of the disease by lulling the unsuspecting and ill-informed into a state of indifference. This not only applies to the poorer and less educated of the

population, but also to otherwise educated and responsible citizens. The bitter truth is that neither of the major sex-diseases is any respecter of persons and one or the other of them has toppled many a man from his high estate long before his time had properly come. Neither gonorrhea nor its more sinister associate syphilis is a proper subject for other than careful and pains-taking attention.

### SYPHILIS

Human experience of syphilis cannot be traced to times so remote as in the case of gonorrhea. There is not, indeed, full consensus as to the time it first broke upon those peoples whose records are available to us. Evidence that it existed in Europe prior to the voyages of Columbus is very scanty if at all reliable. It is now generally accepted that its advent among the European peoples is explained by it being brought back from the West Indies by the sailors who accompanied Columbus. It is stated that there is evidence of its existence among some of the peoples of the Americas as testified by skeletons which appear to bear its scars. In any event it did spread rapidly in Europe and beyond during the century which followed the voyages and discoveries by Columbus.

As gonorrhea is popularly called "the Clap" so also syphilis has been commonly known as "the Pox" though the spread of knowledge is now tending to cause the simpler terms to fall into disuse. This is especially true of "syphilis" which is becoming a term of common use outside of medical circles as well as within them.

The specific germ of syphilis was first segregated and microscopically studied in 1905. It is described as of spiral or "corkscrew" shape and as being extremely small. Medical science has named it the *spirocheta pallida* or "the pallid spirochete". Whereas the gonococcus lacks capacity of movement though possessing the power of multiplying rapidly, the spirochete of syphilis is an active, squirming organism which possesses the capacity to multiply at an amazing rate. It produces also poisonous substances which are absorbed by the blood and carried by it. Thus while gonorrhea is in general a localized infection, syphilis, if not early arrested, becomes a systematic (generalized) disease capable of carrying its evil and ravaging influence to every organ and part of the body.

The spirochete may gain entrance into the body through abrasions or breaks in the outer skin or mucus membranes, even though such abrasions are so small as to go quite unnoticed. It is probable that no break in the delicate, moist mucus membranes of mouth or sex organs is necessary for the germs to penetrate through them and so cause infection. Once entered into the blood stream the germs multiply by the billions and if unchecked, the disease may run through three (some would say four) stages. It may attack and destroy any of the tissues and organs of the body—the heart, blood vessels, bones, skin or muscles, liver, kidneys, eyes, ears, brain or spinal cord—or a combination of any of them.

### *The Primary Manifestation of Syphilis*

In the first stage the chancre or syphilitic sore appears at the point of infection. The sore usually

occurs, of course, on or near the genitals, but may occur in accordance with the method of infection, on the lips, in the mouth, on the nipples of the breast, on the hands or elsewhere. The sore may make its appearance anywhere from several days (7 to 10) to several weeks after exposure. Some authorities place the average time between infection and the appearance of the chancre at about three weeks, but state it may come into evidence considerably earlier or may delay its appearance even as long as seven to ten weeks. It may be first noticed as a small red spot, or as a rather insignificant-looking pimple. Moreover, it is as a usual thing practically painless. The innocuous and harmless-appearing nature of the first stage symptoms thus make syphilis one of the most insidious of diseases, calculated by its seemingly non-aggressive nature to lull its victim into neglect of diagnosis and treatment at the very time when they are of the greatest importance.

During the first, or chancre stage, the disease is highly infectious as the sore swarms with spirochetes and may readily be passed on to others of the immediate family and particularly to the partner in any sexual activity.

### *Early Diagnosis and Treatment*

From the standpoint of promoting the chances of a complete cure and also from the public health point of view, the earliest possible diagnosis of syphilis in the chancre stage is most important. Skilled treatment will quickly render the patient non-infectious. It must be born in mind, however, that a cure has not been accomplished when the chancre disappears nor when the patient has been rendered non-infectious.

Only after the fully prescribed course of treatment and final conclusion tests and a statement by the attending physician that a cure has been effected can the patient relax his co-operative efforts.

For many years the usual method of diagnosis has been the famous Wasserman blood test, the name being taken from the German scientist who developed the method. Unfortunately the blood test method is not effective until the chancre or first stage is well advanced and the spirochetes have created sufficient change in the blood structure to give a "positive" reaction. The use of the "dark-field" microscope, however, has proven an invaluable aid in making much earlier diagnosis possible than the blood test method. The blood test, however, remains the most reliable towards the later stages of the chancre period or after the chancre has healed and disappeared. The chancre usually heals rapidly under proper treatment. But it may also disappear without treatment of any kind, although taking a longer period of time. This fact is important because it emphasizes the deceptive nature of the disease. When the chancre has gone there may be nothing further to indicate that the disease is still present in the system. After many weeks, perhaps months or even years, during which it has been entrenching itself in vital organs and tissues of the body, the second stage of syphilis may rear its ugly head.

### *The Secondary Stage*

The second stage of the disease develops some weeks later, usually from six to ten or twelve weeks after the disappearance of the chancre, and its most obvious indication is an eruption which may consist

of a rash or pimply sores that break out over the surface of the body. Even in this stage the eruption is accompanied by little or no pain or itching, although there may be sore patches in the mouth. There will be in most cases a feeling of lassitude and perhaps a variety of symptoms more or less annoying.

The manifestations of syphilis vary so greatly as to characteristics and intensity and are so easily mistaken for other common ailments that it would serve no good purpose to attempt a detailed description of them in this chapter. It is more to the purpose that we again emphasize the deceptive nature of most of them and warn any reader *who has cause for suspicion that he may have been exposed to infection* that no time be lost in seeking the most efficient medical attention within reach.

The insidious characteristics and versatility of syphilis in its earlier development, as well as in the later stages, have earned for it the synonym "the great impersonator". Do not, therefore, attempt to make any self-diagnosis, or accept a diagnosis of any non-professional person, nor presume to diagnose others. Only a qualified physician is capable of doing this with surety and no responsible physician will be satisfied with anything short of the most rigid and scientific tests, particularly so if there is indication that the highly contagious secondary stage has been reached. By this time the blood will definitely show "positive" and the blood test is the surest diagnosis.

The secondary stage of syphilis is highly contagious only provided the eruption on the body (rash or pimples) is definitely open and moist. The infection

is also apt to be transmitted to others through kissing, whenever mucous patches (sores) are present in the mouth.

As with the manifestations and characteristics of the primary or chancre stage, so also the manifestations of the secondary stage of the disease will usually subside or completely disappear under proper medical treatment, much in advance of complete eradication of the infection from the body. But, they may also disappear in time with no treatment, and again, the victim may not be aroused to seek medical aid. If treatment has been started, but the patient is not fully informed as to the nature of the disease, he may, upon the disappearance of the outward indications, assume a cure and discontinue treatment—an error charged with disaster.

There are cases on record, however, where the disease seems to skip the second stage manifestations entirely; thus remaining latent between the chancre or first stage and its appearance in the third stage.

### *The Third or Tertiary Stage*

If the first and second stages of the disease have been so inconspicuous or so lacking in annoying features as to have been allowed to pass without adequate treatment, if the tests now so well known to physicians by which its presence can be determined have not been made, then the foundation is laid upon which syphilis can display its amazing and almost unbelievable versatility of attack in its third and final assault—usually fatal—upon the life of its victim. There may be a long period of quiescence between the second and final phase of its deadly career, perhaps as much as twenty or more years,

during which the victim may carry on an apparently normal life. On the other hand, this period may be shortened and some of the major blows of which the disease is capable may be dealt. The attack may be via the blood vessels and heart, and the final stroke may be swiftly dealt in what will be described as a heart attack. It is estimated that in the United States ten to twelve per cent of all heart disease is caused by syphilis. It may be that the ravages of the spirochete will be by way of the nervous system and localized to a degree in the area of motor controls, in which case *locomotor ataxia*, a progressive shaking and weakness with long and discouraging invalidism may be the result. A further and utterly tragic outcome of syphilis, unless coped with by masterful medical measures, may be *paresis* (frequently in the past known popularly as "softening of the brain"). This incapacitating stage or aspect of the disease leads almost irrevocably to institutional care. Its various forms of manifestations are known to medicine and may well be left in the hands of the physician.

*Congenital Syphilis—(Contraction of Syphilis by the unborn)*

For many years a tremendous effort has been directed towards furthering the welfare of the child. Outstanding efforts and progress have been made not only by our highest medical and scientific specialists, but also by innumerable individuals and organizations of all kinds. From the humanitarian standpoint this movement is the inevitable result of a Christian civilization. From the standpoint of national strength, economic and social welfare, the health and maximum well-being of our children is truly a

basic essential. The health and strength of a nation is no greater than the health and strength of its majority. Today's children are tomorrow's leaders, fighters, workers and planners.

One of the most deplorable and tragic aspects of the syphilitic scourge is its merciless attack on the infant born of an *untreated* syphilitic mother. A few brief references here to the effects and means of control of congenital syphilis must suffice. A very high percentage of children born of untreated syphilitic women are stillborn (born dead), or if born alive, are syphilitic. Of those born alive a high percentage die within the first few months or a year. Of those who survive longer, all or any of the dread consequences of acquired syphilis in the adult—maiming, insanity or complete invalidism—may be their fate, unless immediate medical aid is instituted. Symptoms of congenital syphilis do not show up in the infant for some weeks after birth. During this early period the blood test is not always dependable but the disease is still further entrenching itself and a cure is even much more difficult than with adults and the symptoms are equally deceptive. It is important to know, however, that a child can be born free of syphilis if the infected mother receives adequate medical treatment for a period of several months before the birth of the child. As syphilis can be acquired without knowledge, it therefore becomes a woman's sacred duty to ask for a thorough blood test immediately upon knowledge of pregnancy.

#### *Eradication of Congenital Syphilis*

It is a law in this and many other countries, that certain effective, yet simple, precautions be taken

against possible infection of infants from gonorrhea at the time of birth. So also should there be a law making pre-natal blood tests compulsory. In the absence of such a law, however, blood tests should be *voluntarily requested* by all expectant mothers. No woman, regardless of her status in life, should resent her doctor's suggestion of this procedure. It is becoming more and more a general practice. The process is painless and requires but a few moment's time. It is a modern, social and obvious duty no prospective mother should omit. Such co-operative mental attitudes and compliance by all pregnant women would quickly stamp out the ravages of congenital syphilis, greatly lower the populations of the institutions for the insane and crippled and materially reduce many of our other social, economic and health problems.

#### CONCLUSION

In concluding this chapter I do not propose to attempt to provide any new data. Rather I wish to re-emphasize certain warnings. First of all, avoid any dealings with charlatans or exploiters who advertise their sure-cures for "private" or "secret diseases" or "blood diseases" and play up the secrecy of their methods in order that the sufferer may avoid "shameful publicity and humiliation". It need not be humiliating to go to a reputable physician with whom you can consult with a guarantee of personal interest and strict confidence. There is no class more contemptible than the fakir who is ready to play upon the fears, the sense of shame or guilt, or the gullibility of those afflicted with such diseases. Such quackery gives no assurance of any permanent relief

or curative treatment and is motivated primarily by the desire for ill-gotten monetary gain.

It will not be amiss to insist again on the deceptive nature of both the major sex diseases. Each in its own way is capable of deluding and tricking the infected persons by a wide variety of manifestations and of lulling early suspicions by an apparent recession of the first disturbing symptoms. Do not take chances. If you have any reason to think that you have been exposed to infection, make certain of the facts by sure and scientific tests.

#### *Avoid Unnecessary Apprehension*

Fears or constant apprehension can become and often are a real malady by themselves. They can cast their shadow over almost every phase of normal living and enjoyment. This chapter has, of necessity, painted a picture in sombre colours of the dangers and results of venereal infections. It has not been the author's desire nor intention, however, to instil any morbid or unnecessary fears into the minds of his readers. Do not be on the nervous lookout for imagined "symptoms" in others, nor in yourself—unless you have reason to be suspicious as the result of possible personal exposure. Almost the entire percentage of venereal infections occur through direct sexual contact with an infected person. Fortify yourself and your children with knowledge, clean living habits and policies of common sense. Rare are the infections occasioned by contact with towels, eating utensils, toilet seats or the like. The presence of a few pimples or a rash on a friend or acquaintance probably does not mean anything. He should be the one to be concerned—not you.

*Prophylaxis—Prevention*

To those persons who feel the need of precautionary measures against possible infection it should be said that there are means, both mechanical and medical prophylaxis, which may prove of much value. The use of the condom (rubber sheath) by the man is one of the surest of precautionary measures. A thorough washing of the genitals and the genital area, and the hands, with soap and water as soon as possible after intercourse or after removal of the condom is strongly recommended. Urination as early as may be after intercourse has its value, especially for the man. The syringe (douche), properly used, may prove a valuable precautionary measure for the woman but it will be desirable to have the advice of a doctor as to the use of antiseptics. There are ointments and medicated solutions which can be used safely in proper strength, but as to the choice of such forms of prophylaxis or treatment, medical advice should be wisely sought.

In the last analysis the best personal prophylaxis and precautionary measures lie in abstinence from promiscuous sex contacts and from all personal freedoms in sex relations except where health conditions are surely known and the relationships are socially approved.

*New Treatments*

Much publicity has been given in recent months to new and so-called "quick cures", particularly for gonorrhea since the advent of the sulpha drugs. These developments and refinements of treatment, valuable and encouraging as they are, should not create any

relaxation of precautions against infection, nor an attitude of impatience on the part of present sufferers towards the medically prescribed treatment they may be now receiving. Facilities and availability of the more recently developed drugs and methods of treatment are much less available during the war. Also, the general applicability and long-term effects of such treatment are not as yet fully appraised. This applies not only to the use of sulpha drugs in the case of gonorrhea but also to the "fever method" and the "massive dose intravenous drip method" for syphilis. These last two require hospitalization of the patient where they can be carried out under the strictest medical and nursing supervision.

The final sentences of this chapter may well be in commendation of the military and governmental measures now so widely applied with a view to reducing the incidence of these diseases and with the further view of early and adequate treatment. The spread of knowledge as to the diseases is a valuable aspect of prophylaxis, whether it be by government agencies or otherwise. Those newspapers and magazines, which, in co-operation with the military and governmental authorities, frankly discuss the problems involved, deserve every encouragement and high praise. The great work of the Y. M. C. A., Y. W. C. A., Health League of Canada and other organizations that specialize in the health education and social guidance of our youth, as well as their work among the men and women of the services, can call forth only the highest commendation and the fullest support from all classes of society.

The exercise of every influence we possess to the end that knowledge may be enlarged, sincerity inspired, prudery denounced and humanitarian attitudes developed, is the patriotic duty and Christian privilege of us all.

## CHAPTER XXI

### CONCERNING MANY THINGS

I have now initiated you as much as I can, within the limits imposed upon me, into some of the most important facts of love, sex, and marriage, and, if you will read and re-read with thoughtful care, you will be fairly well equipped to set out with confidence on the sea of actual realization. Much of what I have written has been more or less by way of suggestion—as I have already said, it is for you and your chosen partner to develop your own individual technique in the matter of sex. The only absolute essentials to ideal marriage on the sexual side are mutual love and admiration, with a total absence of any inhibitions or repressions, and, consequently, a joyous abandon to all the phases of physical love. But married life has other facets, or sides, beside the purely sexual, and I must add a few pages dealing with some of them for they are of vital importance to the happiness of the home.

As I started out by saying, ideal marriage is a life-long companionship between a man and a woman and it is founded primarily on the physical attractions of sex. Where the sex life is not satisfactory nothing in the world can possibly compensate for the lack. But on the other hand, the physical sex life may be quite satisfactory and yet the life of mental and emotional companionship that is so necessary may be quite inadequate. Sex interests may dominate

the situation for ten minutes, or half an hour, or an hour, two or three times a week, but that leaves a vast number of hours and days and weeks and months and years, in which other interests, mental, emotional, social, or recreational have to exist if there is to be any real companionship. These other aspects of life need wise thought and unselfish consideration on the part of both lovers. Unless you are both prepared to consider these matters seriously, with an eye to their importance, your home can never be truly happy—or safe. For instance—if the husband selfishly wants to bury his nose in a book evening after evening, and the wife (in retaliation perhaps) persists in letting the radio blare out all the latest jazz, there is not likely to be much of the peace that passeth understanding in that home. If the wife loves art and music, while the husband has neither ability nor desire to appreciate either, she is going to feel a lack in life. On the other hand, if he is intellectually inclined and from time to time seeks to explain little things to her so that she may have at least a bare knowledge of what it is that interests him, and, without the slightest comment, she takes up again the fashion magazine she laid down when he commenced to speak, then we may be pretty sure that there is going to be a “rift in the lute” sooner or later in that house. He needs someone to talk to who is sympathetic with his interests. It is a fine thing when a wife will read things to her husband, and when he will read to her, things that both enjoy. This 20th century is certainly the most terrifically interesting era any human being has lived in, and both must keep in touch with world affairs, at least to some little

degree, so that they can discuss them together intelligently and give each other their own angles of vision. They should learn some games that two can play, so that they won't always have to be dependent on neighbours for an evening's entertainment. Friendships are, of course, to be cultivated, and agreeable neighbours are desirable, but it is a real misfortune for a couple to be constantly compelled to look outside their own home for diversion and entertainment.

To the wife especially I would say: be careful and don't incur too many social obligations that are going to make an inroad on your time and energies to the detriment of your own home. You can't refuse to take some little part in the social world around you, but I assure you that too many afternoon teas, bridge clubs, and one thing and another of similar nature are responsible for many a discontented home. A social-service meeting, an afternoon tea, a matinee, or whatnot, is no excuse for there being no dinner ready, time after time, when a husband comes home after a hard day's work. On the other hand—after a wife has carefully prepared a good meal it is a heart-break to her, and a positive injustice, when it is allowed to be spoiled, time after time, by the careless indifference of a husband who comes in an hour or two late.

Then, for the wife particularly, there is the very important matter of personal appearance. During courtship days you are always anxious to appear at your best on the nights when your fiancé is going to be present. Don't think that such care is unnecessary after marriage. A good many women do. How can a woman expect a man to be a constant

admirer, if, as soon as she is married, she ceases to do all the little things simple and beautiful in themselves, that she used to think of in order to gain his admiration and love? Never allow yourself to drift into the frame of mind that says, "Oh, we are married now, so it doesn't matter." Believe me it does matter. Disaster lies down that road. Many little things are of more importance after marriage than before. In your courtship days he sees you at intervals only, and the romance of your presence and the newness of his passion blind him to the fact that the flower at your neck, or the ribbon placed coyly in your hair really do enhance your charm. But after you are married you will be daily companions in the stern battle of life, and the romantic *glamour* of your earliest love may wear thin *unless you are both careful to preserve it as the most beautiful thing in the world*. In true marriage the bonds of your mutual love may well grow stronger and stronger, but carelessness and indifference will soon weaken them. You will want your husband to fall in love with you every day, as he will surely want you to fall in love with him. Of course you can't always be dressed up, but you can try to be always clean and neat, and you can always welcome him with a smile that comes so easy now. You will be tired, at times, with the labours and cares of the day; sickness may come upon you, and there may be days when the path will seem rough and hard; your purse may seem light; even the little comforts and luxuries of life which, perhaps, may be commonplace today, may be lacking; even the sting of poverty may be felt; but if you have a true companionship with the man you love—a companionship grounded

in mutual understanding, and devotion, and self-sacrifice—you will find yourself strong in the day of battle, and, what is of more importance still, you will prove a source of strength, and courage, and inspiration to him in his conflict with the world. This is true marriage.

Again, avoid the mistake of thinking that success in life is to be measured by the quantity of your earthly possessions. It may be silly of me to proffer advice of this kind, for it belongs to a philosophy of life that I cannot assume you have yet attained. Still, if you are observant, even to the extent of noting the headlines in the daily papers, you will realize that fine houses, costly clothes, expensive cars, private yachts, winter homes in Florida, and all such things as these, do not by any means ensure happiness. If you could find the happiest people in the world you would probably discover that they are fine souls not cluttered up with a great amount of earthly possessions. But this is no suggestion on my part that poverty, or insufficiency, is a virtue, or is to be desired. Very far from it. Poverty is a curse that is the result of the faulty system under which we live. Some day things will be changed, and under an equitable system of some kind or other, poverty will be abolished and men and women will find a sufficiency of the good and fine things of life provided by their own contributions to the commonwealth. However, I must not digress into the fields of economics and politics. That is another story.

Housekeeping accomplishments and cooking ability are, of course, positive essentials in any true home, and every wife should take a reasonable pride in her

skill. It is a libel to say that the only way to a man's heart is through his stomach, but it is very certain that a man's disposition (or a woman's) is largely a matter of good health, and good health is very largely a matter of correct diet, which means wholesome food and properly cooked meals. Happiness and romance do not flourish in an atmosphere of dyspepsia.

But there are many more matters to consider. I would not for a moment suggest that the partner you are going to marry is not all that you think him, or her, to be, but I am sure that your good common sense tells you that little failings on the part of both are likely to become apparent to one another when the daily life is lived under a colder and more penetrating light than is afforded by the honeymoon. Such revelations must be received with wisdom and forbearance. You will have taken each other "for better, for worse", and you must both be prepared to make allowances. Don't expect too much from life. If there is mutual sympathy, and understanding, and the sustaining power of unselfish love which reaches to the mountain peaks of ecstasy as you lie in each other's arms, you may well be satisfied and say to yourselves "the lot has fallen unto me in a fair ground".

### SULKING

Whenever you have little differences and the tension for a moment becomes noticeable, DON'T SULK. Sulking is a home-destroying habit of the worst kind. And here is the place to interject a word of advice that I know to be very sound. Do not get into the habit of engaging in intercourse as a means

of settling your differences. Wonderful as sexual intercourse is it does not patch up fundamental differences. That is not its forte. Under the emotional stress of sexual feeling serious difference may be, and will be, forgotten for the moment. But they are not cured. There is only one satisfactory *modus operandi* when differences have disturbed your equanimity. Have a simple and straight-forward unemotional talk, and try to thresh the matter out in a spirit of cool common sense and mutual sympathy. When that has been done satisfactorily the sexual embrace may be engaged in to set a seal on your new understanding. You cannot afford to sulk with one another. You have to walk the path of life together and fight its battles side by side. Your mutual happiness, the welfare of your home and children, the worth-whileness of life itself, are perhaps in the balance. Don't sulk.

Again, avoid the first approach towards anything that in your past experience has led to argument or dispute. The wise mariner, having discovered a hidden rock that is a menace to his ship, puts a floating buoy over it, and then he keeps as far away from the hidden danger as possible. Look ahead and be wise. I am not suggesting for a moment that you are not both entitled to perfect freedom in your personal views and opinions. Both partners have to realize that, and learn to respect each other's rights. Constant disputes will destroy the happiness of any home, for they never lead anywhere but to the arid deserts of silence and sulkiness, and they tend to create an argumentative disposition that is not conducive to the well-being of a home.

## NAGGING

And now I am going to direct your attention to one of the most dangerous rocks in the sea of matrimony. I am referring to the fatal habit of nagging. I verily believe that the happiness of homes is destroyed as frequently by the habit of nagging as by any other one thing. No home can survive it indefinitely. Of course we men are often careless, and clumsy, and do all sorts of things that we ought not to do, and, perhaps, leave undone still more things that we ought to do, and all that. But there is a very excellent reason for it. The reason is that we are just men, and not arch-angels. A woman who takes pride in her house to such a degree that she practically worships it, and the furniture in it, and the waxed floors, and all the rest of the things on which she spends most of her time in keeping them perfect and spotless, is certainly going to be provoked by an ordinary man-creature about the place who disarranges the cushions on her davenport, or leaves his pipe lying around, or drops his newspapers on the floor. We ought of course to be ashamed of our slovenly shortcomings when we are guilty of such grievous infractions of the law of the queen-mother. Such law-givers, however, seem to overlook the fact that, to the simple male mind, houses are built, not that they may be kept spotlessly clean, but, primarily to be homes for human beings. There are some women who by some sort of divine endowment are able to keep their homes quite spotless enough to make them real homes, without making their husbands feel like criminals every day of the year. But—there are others. “John, I wish you wouldn’t do that”. “John, what on earth did you do

that for?" "John, I wish you wouldn't leave your dirty old magazines on the couch." "John, just look at those tracks you have made on the waxed floor; you are the mussiest thing I ever saw." "John, I wish you wouldn't leave your old pipe on the mantel-piece"—and so on, every day with its full quota. And because the floors are waxed and shining, and the table-linen clean, and the beds spotless, the well-meaning but poor unfortunate wife imagines she has made a home for her husband that he ought to be proud of. As a matter of fact he hasn't a home at all. He is just one of the millions of men for whom the word "home" may be defined as "a place where a man goes after business hours to be nagged at". A man may stand that sort of thing for a long time, but the chances are against his standing it permanently. If he needs peace to make life bearable, he will have to look for it elsewhere than in his own house. And it is quite likely that he will look.

#### PARENTS-IN-LAW

This world affords few things more beautiful than filial affection and devotion—the love of sons and daughters for their parents. "Honour thy father and thy mother" as a prescription for a long life "in the land of the living" may not be infallible, but certain it is that sons and daughters whose hearts are sincerely attached in honour and love to their parents, and who are deeply thoughtful of their happiness, demonstrate thereby their own worth and rightness. They are of the kind that are not likely to go far astray in life.

This love and sense of duty, however, beautiful and commendable as it is, very often results in conditions

that tend to produce discord in the homes of young married couples. It is an elemental fact, discovered far back in prehistoric times, that mothers and fathers ought not to live with their married children, nor married children with their parents. Of course there are occasions and circumstances, unfortunately, when such an arrangement may be unavoidable, but fundamentally it is not right, and more particularly so in the early years of a young couple's life.

A mother who has brought children into the world, and nurtured, and taught, and guarded, and provided for them from infancy until marriage, finds it difficult to abdicate her place of authority in favour of either her own daughter, or, still worse, the daughter of some other woman. Presuming on her relationship and experience, she is very apt to interfere in matters that her good sense ought to tell her are really none of her business. If she is in her son's or daughter's home she should recognize it as *their* home, not hers, and no contribution she may make to the expenses of the home should affect her recognition and acceptance of this fact. If she has not sufficient means to provide for herself, her married children should, if possible, make whatever contributions may be necessary to provide her with what she needs. She should have her own establishment, and when she enters the home of a married son or daughter it should be as a loved mother on a visit—not as a permanent addition to the household. This may sound a rather cold-blooded attitude but I assure you it is very far from being that. The simple fact is that mothers in the home of a married son or daughter do not make for peace. Conflict in authority, resulting in a divided allegiance,

is almost inevitable, and all sorts of trouble and discord are apt to arise in an atmosphere of that kind.

Of course the mothers are always well-intentioned. That goes without saying. They see what they judge to be one thing after another being done wrongly, and their maternal instinct makes them fly to the rescue, not realizing that their act of rescue is very likely to be looked on as an interference. And it is interference. The advice of experience is always a valuable thing, and no young couple should scorn it. But tactful advice is one thing, and the assumption of maternal authority is another. And when disputes arise (as they invariably do) "sides" inevitably develop in the situation, and that is almost certain to create bad feelings and unhappy conditions that have in them seeds of disaster. Young couples need to live together, with no call for any divided allegiance. It is an imposition for any husband to bring a mother into his wife's home and permit her to exercise any measure of household management. That kingdom belongs to the wife he has taken unto himself. It is an imposition for any wife to tacitly assume that her husband married her family as well as herself, and expect him to provide for them. There are times of course when the shelter of a home must be given to a needy parent, but in such circumstances it is the parent's part to be very tactful and accept the love and care that is being gladly extended without venturing on the slightest authoritative interference. If she does not sense this obligation instinctively, her son or daughter should, in gentleness and sympathy, explain it without any equivocation.

I have written more particularly of mothers-in-law

in this connection because they are the chief offenders. A father-in-law, should he come to the point of having to be cared for, is less likely to be obtrusive. A cosy corner with a newspaper and his pipe will probably satisfy him. At any rate he is not likely to bother about the running of the house.

The happiness of homes is being ruined every day by differences and quarrels springing from the inability of young couples to live their own lives. Love and honour your parents to the utmost, and your partner's parents, but remember that your wise love will be manifested in a higher degree by helping them, if your help is necessary, to live their own lives in a home of their own rather than by forcing them into the environment of yours. They will be far happier, and so will you and your partner.

But, entirely apart from the question of relationship, it is a grave misfortune for a young couple to have to tolerate in their home the continual presence of *any third person whatsoever*. They invariably find that a third party makes quite impossible the close, intimate, heart-to-heart life that marriage must be if it is to be successful. Even more after marriage than before is it true that "two make company but three make a crowd". A young couple needs to feel the security of perfect privacy and their total dependence on each other—to be able to talk together on any and every subject without being conscious of someone else listening in; to be able to express their own ideas without fear of criticism from a third party; to be able to manifest their feelings at any time and in any way without fear of intrusion. With a third party under the same roof, sitting in on every conversation,

there is always a sense of restriction where absolute freedom of companionship is essential. This whole matter is one of very great importance and ought to be wisely guarded against.

### MONEY

Another matter that should be discussed sanely and deliberately by every couple before marriage is the vital matter of money and the distribution of income. Avoid making the mistake of supposing that marriage is nothing but romance, and that to mention such things as money is next door to sacrilege. Money has a very direct bearing on the actual sexual life of a couple, for that life can come to its highest development only in an atmosphere of mutual happiness, and the money matters and arrangements of the house are frequently the source of feelings of dissatisfaction and of positive injustice, and such feelings are not conducive to love.

Next to actual disharmony in the matter of sex itself the question of money is the shoal in the sea of matrimony on which many wrecks occur. Most young wives in these days have at some time or other been wage-earners, and as such they had the responsibility and pleasure of spending their earnings to the best advantage, and they have developed a considerable degree of self-reliance, independence and common sense. Whenever they wanted anything, provided it was within the horizon of possibility, they would save towards that end and they found a good deal of real satisfaction in acquirement at last. But when they get married that life is apt to come to an end—with all its adventures in finance. The young wife

finds herself in a new organization, in the role of a partner—a role, however, which may have nothing to do with the production of actual cash income. Unless she carries on some independent business activity she is likely to find herself, henceforward, entirely dependent on an allowance from her husband. If she ever comes to feel that the allowance is unjust and inequitable IN VIEW OF WHAT HER HUSBAND SPENDS ON HIMSELF, the feeling is going to affect her attitude towards him, and that change of feeling is apt to lead on and on to disharmony in the home.

The husband, of course, is usually the money-maker for the family, and technically he is the supporter of the home, but that is very far from being any reason why he should claim or desire dictatorial power over the whole income. Marriage, if it is to be successful in the highest degree, must be a partnership—not a dictatorship by the husband. He may earn the income that supports the home, but he must remember that but for his wife he would have no home to support. He may work from eight or nine in the morning till five or six in the evening, but his wife has a good deal longer day than that and her work is often far more wearying and monotonous than his. So long as she exercises reasonable care and common sense in her spending she ought not to be compelled to go to her husband, like a pan-handler, for every dime that she needs. She has the house to take care of, the children and herself to dress, the table to provide for, and a hundred and one other minor matters that have to be taken care of, and generally she does it all with credit to herself. A true marriage must be a true partnership in

which each has the same goal in view, and in which each does his or her part, and all income belongs rightly to both. Discuss these matters together with common sense before you get married.

### RELIGION

Religion, I am sorry to say, is very often a disturbing element in the home rather than the unifying influence that it ought to be. It ought to go without saying that young people of strong religious convictions that do not jibe ought NEVER to get married to one another. A Roman Catholic husband who believes firmly that his church is the only true gateway into the kingdom of heaven, and that his wife and children ought to belong to it in order that they may be saved, is not going to be particularly happy with a strongly Protestant wife who very definitely believes nothing at all of the sort. An intelligent Unitarian wife could never have much respect for the mentality of a rigid fundamentalist husband to whom every word in the Bible is the inspired word of the peculiar god that he claims to believe in. An Anglican wife would never be happy with a Baptist husband who would refuse to have their children baptized in infancy, a practice that he considers wrong, while she (if she is a rigid and true Anglican) believes that it is necessary to their salvation. In all such cases as these dissension is bound to spring up sooner or later. It is a fortunate thing, however, that couples so far apart in their religious beliefs do not usually fall in love.

But there are more frequent differences than these, and they are usually the result of wrong religious

concepts in the matter of sex. Some wives succeed in bringing themselves to the point where they believe (or profess to believe) that sex, in all its manifestations, is part of some "lower nature" in which their husbands are still grovelling, while they themselves have risen to some purer and more godly life. Such wives either refuse their husbands all sex-companionship, or else they submit themselves to it passively, as martyrs, and manifest in every possible way their disgust at the whole procedure. The moment an atmosphere of that kind envelopes the marriage bed, disaster settles over the home. Such a wife should not be surprised if, sooner or later, her husband seeks elsewhere for the sympathy and companionship that she promised when she married him, but which she sees fit to refuse.

Unfortunately there is not much hope in a situation of that kind. If, before the date of her marriage, a woman realizes that the thought of her lover's vigorous body does not awaken any joyous anticipation in her own body, and that sex has no appeal for her, and if she does not see quite clearly that it is essentially pure, and that its manifestations growing out of true love are deeply and truly sacred, then she ought to call her marriage off and not deceive and blight the life of the man whom she ought to love as a man because she is a woman. As a matter of fact she is probably figuring on the marriage certificate as being a sort of free ticket for bed and board—the whole thing being a business matter, into which she is willing to enter under false pretences. As an illustration of how extreme such cases are at times I may give one from my own contact. A

clergyman came to see me confessing that he was at about the limit of his endurance. He was about thirty-nine years of age and a robust and healthy man. He had been married about fourteen years. His wife was an attractive women who took a real interest in his academic work and scholastic accomplishments. Friends considered them well mated and a happy couple. As a matter of fact up to the time he came to me he had never had any intercourse with his wife. He had approached her, of course, innumerable times over the course of fourteen years but without result. She apparently had only one reason for this most extraordinary attitude—"I don't think it is nice." In this particular case the advice I was able to give to the disturbed husband brought about a better state of affairs, and as I have not heard anything to the contrary I hope their home is a happier place.

To every couple with any differences in their religious beliefs I beg to offer my personal conclusions for whatever they may be worth: The differences between the various churches, so far as forms and ceremonies are concerned, are not worth one minute of argument or dissension. All the creeds were made by men, and men only, and for the most part by men whose names even we do not know, and who certainly had no more authority to impose their views on the world than you or I would have. The conflicts between their differing creeds have been a very great curse to the world, for, as every historian knows, they have been the sad and terrible cause of suffering, sorrow, persecution, and bloody wars. Expressing belief in man-made theological creeds that ninety-

nine people out of every hundred do not understand, has no necessary connection with the simple religion of love to God and man. Religion, as it has been visualized and demonstrated by the greatest souls that have ever lived, with Jesus of Nazareth at their head, is just what He showed it to be—a life of love, and kindness and sympathy that knows no difference between nationalities, creeds, classes or colour. If you want to love God, the only possible way you can do it is to love your fellow-men. Humanity is the great host of souls, men, women, children, that has emerged from the silent past, and that is plodding on towards the mysterious silence ahead, and the road is hard for many, and hope languishes, and sorrow stalks by their side; and our most beautiful acts in life are those that help, and strengthen, and make happier, the companions who have grown weary and who stumble by the way. Then we shall not need to trouble much about theologies—*“Inasmuch as ye have done it unto one of the least of these, ye have done it unto Me.”*

An old Hebrew prophet gave a definition of religion that will stand for all time: “For what doth the Lord require of thee but to do justly, to love mercy, and to walk humbly before God”. If we all lived that religion in home and State, the world’s problems would be solved.

### UNFAITHFULNESS

The matter of unfaithfulness, whenever its existence is suspected by either husband or wife, is of course a major factor in the unhappiness and wreck-

age of homes. The divorce cases where adultery is the charge testify to that fact without any doubt.

This book is intended to be a guide to brides-to-be and their fiancés, and it cannot be extended into a philosophical, historical or moral disquisition on the many-sided question of marriage in its social aspects. The simple fact is that in our form of civilization no normal wife considers with equanimity the succumbing of her husband to the allurements of some other woman, and, needless to say, husbands feel the same way in regard to their wives and other men. Sexual jealousy has existed from away back, and it is going to continue for some time to come.

All I can do in a book of this nature is to make two or three suggestions, which, if observed, will certainly help to avoid conditions out of which a considerable amount of "unfaithfulness" arises.

First. A man must find the roof under which he dwells—be it a palace or a cottage, a rented house, an apartment or even a single room—a real home where he can have the congenial companionship of a loving wife in an atmosphere that he can enjoy when the day's work is done. Some wives have the faculty of making such a home; some unfortunately have not. One of the most important matters with which a girl who is going to get married can occupy herself is the consideration of what kind of a home she intends (so far as lies in her power) to create for the man she intends to companion through life. It will be his duty to provide the means; it will be her duty to build up the best home she can on such means as are available. The love of a man for his home

with its atmosphere of contentment is at least one anchor (and a strong one) calculated to keep him there.

Second. Think of the following suggestions and their implications very carefully: Suppose a wife, expecting her husband's arrival from business, has prepared dinner for him. Marketing in the morning she remembered his choice of meat and was careful to get an extra fine cut, and she has cooked it to a turn. The vegetables are such as he likes. The soup and salad have been matters of concern to her, and she has been successful throughout. She has taken special care in the arrangement of the table—her best cutlery and dishes and finest linen are all in evidence, and a little colourful decoration is tastefully displayed. All that she has done has been a loving joy to her, and she is looking forward to the meal as much as he is. She has guarded her strength through the day and has no touch of weariness, and as he comes into the house she greets him with a smile of welcome and a touch of manifest love.

Now I submit that it would be absurdly impossible to suppose that that man, hungry, seeing the attractiveness of everything, would ever turn his back on the exquisite meal provided for him and leave the house and, by choice, go off to some restaurant where he would not even be quite sure of the quality of the food that would be served. Such action would be simply unthinkable. But if the wife, though amply supplied with funds, is constantly setting him down to indigestible meals, cold and unappetising, with nothing properly cooked, set out on the kitchen table with a dirty cloth, then she need not be sur-

prised if her husband frequently telephones from his office that business will prevent him from being home for dinner, and that he will just get a "snack" down town. As a matter of fact he is probably staying down town so that he can get a bit of something decent to eat, for a change. And it is too often just the same with his sex life. But one of the points I have been striving to make in this book is that such conditions need not exist. There is no "trick of the trade" known to any mistress, courtesan or prostitute that is not a perfectly legitimate possession of every wife. As a matter of fact there are no tricks of the trade that would not come naturally to any woman who has freed herself from unwholesome repressions and inhibitions. The normal, healthy, and loving wife is quite able to make the sex experience of herself and her husband exquisitely entrancing. Seeing sex as an essentially vital function making for health of mind and body, and the source of ecstatic pleasure, she can enter into sexual union with her husband with a joyful abandon that will leave him very certain that he is married to the most wonderful woman on earth. Husbands are not likely to seek other pastures when those at home are so exquisite. To stray elsewhere means considerable expense, the danger of disease to himself which he may communicate later to his wife and children, and the certainty of unhappiness in his home—if not its utter destruction.

I am not suggesting for one instant that all marital unhappiness and subsequent unfaithfulness of husbands with mistresses and prostitutes springs solely from sexual insufficiency on the part of wives. I have enumerated many factors that go to the making of

happiness and unhappiness in the home, but I am quite certain that sexual disharmony is the main cause, and in this statement I am borne out by the judges of our Divorce Courts and all others who have had an opportunity to form opinions on the subject. Moreover, it is a fact that an unsatisfactory sex life makes both men and women irritable, and consequently minor matters are apt to develop into disputes when they might otherwise be passed over with little or no concern. In short, if a man finds sexual joy, par excellence, at home it will tend to maintain health of body and mind and the happiness of all life beneath his roof, and it will be, as I have already stated, quite unlikely that, at the cost of money and the danger of disease and the impairment of his faculties he will seek an inferior quality elsewhere.

The substance of what I have written above, along with all its implications, is one of the most important matters in the world for the consideration of every wife. *The wives of the world have the morality and health and welfare of the world very much in their keeping.* Prostitution with its menace of unhappy homes and devastating diseases has blighted civilization too long, but it will never die out until the spontaneity, and the abandon, the unrepressed desires of the body, the love of bodily exposure, the joyous and sensuous love-play, all of which have characterized the prostitute's stock-in-trade, have been transferred to the home where they legitimately belong. The false education and absurd religious idealism that strives to banish sexual love from its due place in the hearts of normal men and women is being repudiated today more and more by com-

mon sense and true religion. Vital, radiant passion is, and ever will be, the key-note to the truly happy home, and IN PROPORTION AS IT IS, PROSTITUTION WILL DIE OUT AND THE WORLD BECOME HAPPIER AND HEALTHIER. In mathematical terminology prostitution and happy homes are in inverse proportion to one another. But a truly happy home can never be established without its proper foundation of sex, the realization of its essential rightfulness, the legitimacy of its demands, and the exquisiteness of the joys associated with it. No prostitute can ever compete with the wise wife for the simple reason that her heart knows no love for the man with whom she does business. It is a commercial proposition with her, and all her manifestations of passion are nothing but camouflage. She knows nothing of the sexual joy and ecstasy that it is the unrepressed wife's privilege to enjoy: her body is prostrated too frequently for that. But she is wise in the knowledge of *what sexual experiences ought to be*, and it is that which she sells—not love. But the wife, devoted to her husband, can well know all that there is to know—indeed it will be her *natural endowment* if she has banished all repression and inhibition—and she will manifest her knowledge in an ocean of love. THERE CAN BE NO COMPETITION WITH THAT.

#### CONCLUSION

The path of vital sexual experience is the path that God has ordained that all His creatures shall tread. He has made them male and female. And He has made the path a path of positive joy, where love

may reign, and where ardent desire may be ever aroused and be ever satisfied. Unfortunately, however, erroneous teaching, with a misconception of righteousness, looking askance at God's gift, has dug pitfalls on the path into which innumerable couples fall headlong because they have no friend to warn and guide. In this book I have striven to be such a friend to any in need. I have tried to strip from our concepts of sex, all the prudish habiliments that have tended to make a mystery out of it—something hidden, something to be glanced at askance, something the very mention of which must be taboo. Instead I have tried to emphasize its naturalness, have reiterated its rightness and essential purity, and have shown it as a thing of which you do not need to be ashamed, but which you can delight in, and enjoy as the chief physical joy that God has given us—the source of much of the best and highest in life. Of course, like everything beautiful and sacred it can be, and often is, desecrated: but the desecration almost always is the result of ignorance, coupled with the evil social and economic conditions of life that have interfered with its normal functioning. Sooner or later all these things will be changed and better conditions will bring in a saner and nobler understanding of life generally.

But while giving sex its due place I have laid stress on marriage as a life-long companionship in which two personalities join forces to face the many problems of life. Such companionship, if it is to continue in mutual happiness through the years until "death do you part", must have other stones in the foundation besides the physical one of sex. You must con-

sider those other stones with care. I have dealt with most of them, briefly of necessity, but sufficiently to suggest their importance.

But, after all, the chief corner-stone of happy marriage is romantic love that comes to its culmination in sexual joy. So, if you would get all from your marriage that nature makes possible, and that God expects you to get, you must see sex in its true light and be as unrepressed and uninhibited in your attitude towards it, and in your enjoyment of it, as you are in the case of food when you are hungry. In every fibre of your being you must realize the essential purity of ardent sexual desire, its naturalness, its complete wholesomeness and your own inalienable right to all it may possess for you and your life partner.

Time after time we have heard that "Love is the fulfilling of the law". That is something more than a religious platitude: it is a truth that has a deeper and wider significance and application than is often attached to it. It is really a comprehensive though rhetorical statement of the universal law of attraction, without which the universe itself would cease to be. In the realm of physics and chemistry atoms attract certain atoms to form molecules which, in turn, attract other molecules to form the infinite compounds that constitute the material world. In the biological realm, male and female are attracted to one another, and on that attraction, and the sexual union that naturally follows, depends the continuation of the life of the world. In our own human division of that life, physical love may, and should, and often does, rise to the heights of devotion, and breathes there an

atmosphere where self is forgotten, and where one's very life, without even the thought of sacrifice, would be gladly laid down for the object of our love. "Greater love hath no man than this".

Love, the bright jewel, has many facets, from all of which some glorifying light streams forth on the path of life, redeeming it from its greyness. There is the love of truth, and the love of beauty, the love of justice, the love of mercy, the great wide love of humanity, parental love and filial love. If mankind could be converted to worship with heart and soul and mind, and body at the shrine of truth and beauty and love, and all that those terms imply, we should find, over night, that our worship had ushered in the kingdom of God.

Wherever true love is found it is beautiful. Romantic love that has its roots in mutual admiration, and that is sustained and strengthened by understanding, thoughtfulness and sympathy, and that manifests itself in tender solicitude and protective care, and that reaches the mountain peaks of ecstasy in the lovers' embrace—an embrace that ultimates in a new life being brought into the world upon which maternal and paternal love bestows itself in willing sacrifice—this is a very beautiful thing indeed, a thing on which the very life of the world today, and in the future, is contingent.

**"LOVE IS THE FULFILLING OF THE LAW".**

## A Few Questions That Are Often Asked and the Answers

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IS IT POSSIBLE TO TAKE ANY MEASURES TO PREDETERMINE THE SEX OF A CHILD?

There has been much study of this question in recent years. A wide range of experimentation has been made with various animals, and it would appear that some apparently significant results have been reported along these lines. It is too early to claim that an infallible method has been discovered, and certainly there is still much difference of opinion and doubt among physicians as to the applicability of such procedures either to animals or human beings.

A method which has been put forward has been called the Acid-Alkali method. As is now generally known, there are two kinds of sperms carried by the semen. These have been designated as (1) X-bearing sperm, which, when it fertilizes an ovum produces a female, and, (2) Y-bearing sperm, which when it fertilizes an ovum produces a male. Many experimenters claim that a mildly alkali medium favours fertilization by the so-called Y-bearing sperm and that an acid medium contrawise favours fertilization by the X-bearing sperm. It would appear that considerable experimentation has been made by administering an alkali douche to the vagina if a male was wanted, and an acid douche if a female was de-

sired. The substances used have been for the most part a very mild soda solution for the alkali douche and a mild lactic acid solution for the acid douche.

In answering this question we are not prepared to express an opinion as to the reliability or otherwise of the theories advanced. No doubt this subject will receive more attention in the future than it has as yet been accorded. It should be stated, however, that no personal experimentation along such lines should be undertaken.

### WHAT IS ARTIFICIAL INSEMINATION?

The term artificial insemination has come into use in recent years in relation to the practice of inducing pregnancy by artificially injecting seminal fluid into the genital tract by mechanical means, as differentiated from the natural method during coitus. The conditions usually existing that make such a procedure justifiable are permanent sterility in the husband or functional inability to procreate; or, because the woman is unable to conceive by normal procedure due to some abnormal physical condition, yet where both husband and wife desire to have a child more closely biologically related to them than would be the case if a child were adopted.

When the husband is permanently sterile then the semen of a suitable donor is used; otherwise, the husband's own seminal fluid may be employed and injected artificially.

The few doctors who have become interested in this method of inducing pregnancy have given the subject close scientific study. Those doctors who become party to carrying out artificial inseminations (where a doner other than the husband has to be

employed) usually insist that the woman shall have no knowledge of the donor of the seminal fluid; and that the donor shall have no knowledge of the woman or the husband concerned. The doctors also become responsible for assuring themselves and the couple that the donor is suitable from the standpoints of health, personality and temperament; also, that moral and hereditary background of the donor is of the best, and the racial, physical and emotional characteristics are similar to the husband immediately concerned.

Medical reports and articles on this subject indicate that nearly 10,000 cases of successful artificial insemination have been conducted throughout the United States up to 1941.

#### IS THE ABILITY TO HAVE CHILDREN AN ESSENTIAL TO MARRIAGE?

No. No person, however, should become engaged knowing of any inability to have children, WITHOUT MAKING THE FACT KNOWN TO THE OTHER PARTY. If there is a complete mutual acceptance of the situation, marriage may of course be undertaken.

#### IS IT POSSIBLE FOR PREGNANCY TO OCCUR WITHOUT PENETRATION?

Yes. The sperms from the male are very active. If they contact the moist vaginal opening it is possible for them to work themselves up the passage and pregnancy might possibly occur.

## HOW SOON AFTER CHILD-BIRTH MAY SEX LIFE BE RESUMED?

When a healthy mother has a normal labour her sex organs will have fully recovered in five or six weeks. In order that she may make a perfect recovery sexual intercourse should not be resumed earlier than this.

## IS STERILIZATION LEGAL?

Sterilization is legalized in the Provinces of British Columbia and Alberta, and a movement is being made to have a similar law passed in Ontario. Sterilization has been legalized in twenty-nine states of the American Union, and up to the year 1942 over 38,000 operations have been reported.

## WHAT IS A "CAESAREAN" BIRTH?

When normal birth is impossible for certain reasons, the surgeon makes an incision in the abdomen and then into the uterus, and through this incision the child is brought into the world. With modern technique and special skill there is a low degree of danger in this operation.

## IS IT WRONG FOR FIRST COUSINS TO MARRY?

Not necessarily so. When cousins marry it is, of course, a matter of inbreeding if they have children. Inbreeding, however, is not necessarily harmful. All scientific florists, agriculturalists and stock-raisers have to depend on inbreeding for the production of their finest varieties and strains. Intelligent selection, however, is needed in the process.

Undesirable traits can be as easily produced as desirable ones. When cousins wish to marry the health histories of both families should be very carefully investigated by a doctor. If both family histories should happen to reveal a common hereditary, mental or physical defect, the marriage should be very definitely discouraged. If a clean bill of hereditary health can be found there is no argument against the union. If love has already established itself between the couple too deeply to be uprooted with impunity, and at the same time hereditary conditions are not favourable, then sterilization would be a possible solution.

ARE MECHANICAL DEVICES, MADE OF GOLD OR SILVER,  
THAT ARE INSERTED IN THE UTERINE CAVITY  
FOR CONTRACEPTIVE PURPOSES TO  
BE RECOMMENDED?

Very emphatically—NO. The uterus is a very delicate part of a woman's anatomy and any possible cause of irritation should be avoided. (One of many such types of devices is illustrated on page 78, Fig. "D".)

IS SEXUAL INTERCOURSE HARMFUL DURING  
MENSTRUATION?

A woman's sexual organs are congested during the menstrual flow and care is desirable about sexual stimulation. It was formerly taught that intercourse might make the man suffer some local irritation unless he used a sheath, but this is no longer recognized as being a fact. There is distinct esthetic feeling against it in some men and women. The objection is mostly old taboo, and some women may

have a strong desire at this time. Attention, however, may be directed to the reference to this matter in the chapter on "Pregnancy".

#### SHOULD GIRLS UNDER TWENTY-ONE GET MARRIED?

A girl may be fully developed physically by the time she is eighteen, and there are many marriages that turn out well with girls as young as this. But the fact remains that a girl of twenty-one is generally more emotionally stable, and less likely to make an unwise choice in a husband. When a girl marries at twenty-one but delays pregnancy for six months to a year during which she and her husband are developing mutual understanding and companionship, we may consider the prospects as good as possible from the point of view of age.

#### IS CIRCUMCISION GENERALLY ADVISABLE FOR BABY BOYS?

By no means. It is an operation that is performed far too often. The foreskin or prepuce is the natural protection for the delicate and sensitive head of the penis, and it should not be cut off if avoidable. By patience it can be gradually loosened. If necessary a doctor can loosen it and stretch it and so avoid any surgical operation.

#### SHOULD MARRIED COUPLES SLEEP TOGETHER OR ARE TWIN BEDS PREFERABLE?

No answer can be given to such a question as this which will be applicable to all cases. It has been stressed throughout this book that each couple should

be free to adopt those procedures which bring them their highest satisfactions. Doubtless many will desire to sleep together as a general practice. On the other hand, there are those who will prefer the individual bed. It is in accord with the whole tenor of this book that sexual relationships should be natural and straightforward and based in the fullest mutual understanding. If this is accepted as the philosophy of the marital relationship, and if each can feel free to express his or her desire without repression, it surely does not matter whether they spend the whole night in one bed or in two.

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