Treatment of Impotence
In Man and Woman

KINDS OF IMPOTENCE IN BOTH SEXES; TREATMENT OF FRIGIDITY IN WOMAN; THE PSYCHOLOGY OF IMPOTENCE

By D. O. Cauldwell, M. D., Sc. D.
Treatment of Impotence
In Man and Woman

KINDS OF IMPotence IN BOTH SEXES; TREATMENT OF FRIGIDITY IN WOMAN; THE PSYCHOLOGY OF IMPotence

By D. O. Cauldwell, M. D., Sc. D.
Copyright, 1947,
By E. Haldeman-Julius

Printed in the United States of America
A QUESTION OF HEALTH

When sexual power becomes diminished or absent, it is but natural that both sexes of the human family should become concerned. It is entirely normal that the chief concern centers around the diminution or the loss of sexual power. In the depths of understanding and reason, however, there is a question of far greater and graver concern. It is the question of health.

The individual whose health is impaired is apt to be keenly aware of the fact of impairment. Time dulls the active conscious sense of impaired health, but a realization lurks always slightly beneath the acute consciousness.

When impairment strikes at sexual health, we are promptly actuated by a painful sense of realization to seek assistance. And ordinarily the victim of complete or partial impotence does not stop to examine underlying causes. When he calls on the physician he has but one thing in mind. He wants something done to restore his sexual vigor, and he wants it done at once. The attitude helps neither the patient nor the doctor. Furthermore, doctors, being human, often give the impatient patient temporary treatment for his most evident acute symptoms, and generally hope that the patient will not return. It often happens that doctors do not have time to convince their sexually-stricken patients that good general health and sexual health go together.

In my experience with patients I have learned that victims of various forms of illness will read when they will not listen to what their doctors would like to tell them. And I have learned that they often gain greater benefits from reading. There is an important reason. Above all, reading has a quieting effect on the nervous system, and when one reads there are not the interruptions which occur when two persons discuss something—as, for instance, one's condition of health.

In practice I often instituted an indicated form of psychologic treatment after a partial examination. This served to avoid making any procedure tiring to the patient. I then gave the patient some suitable reading material, often having but an indirect bearing upon what he appeared to realize as his most acute condition. Each time the patient called I gave him another assignment of reading material. Early I had established rapport with the patient. I had his full confidence, and I had quelled his impatience. This made it possible for me to complete a most thorough general examination and made the patient willing to seek any special examination found to hold potential value.

There are innumerable general and special causes of impotence and partial impotence and this applies to both sexes. There are particular causes of frigidity in woman. He who would succeed in treating these conditions must take cognizance of the general and special conditions common to humanity. Beyond this, each individual must be studied and treated strictly as an individual. It may be readily realized that the matter of treating the individual, rather than any single abnormality of health, will tend to restore the general health and, in doing so, will assuredly correct special disorders in the process.

This book is for the non-medical person. Because of this, it is designed to lead the reader along a route which will help him to help himself, and should medical services be sought, the person who has given thorough study to the contents of this book will understand the position of the physician, and will have a clear idea of his own obligations. These two attitudes can do much to contribute to the success of any treatment the physician may give.
THE IMPORTANCE OF GOOD GENERAL HEALTH

Too much emphasis cannot be placed on the importance of good general health. Likewise, too much emphasis cannot be placed on the importance of an undertaking of the underlying principles of both physical and mental health.

Most of us are in the habit of speaking of perfection. And most of us speak of perfection rather loosely. There may be perfection of measurement. There may be perfection of mathematical calculations. There may be perfection of chemical elements. An atom of oxygen, for instance, is an atom of oxygen and as such constitutes perfection. But numerous atoms of oxygen combined with other chemical elements may fall far short of constituting perfection. Our bodies are composed of billions of cells. There may be perfection of single cells, or of groups of cells, but all of the cells of the human body considered as a whole are likely to fall far short of perfection. And who can picture perfection of the human mind?

We are born with numerous imperfections, many of which are insignificant. Imperfections at birth may assume great significance.

Nature corrects or compensates numerous imperfections, yet there are imperfections which do not lend themselves to natural correction or compensation. Strabismus (cross eyes) are sometimes corrected or compensated naturally, but that this is not always so is generally well known. Many persons are born with developmental defects and this is especially true of the sexual and glandular systems. In my Big Blue Book No. B-525, “What Is a Hermaphrodite?” I discussed sexual development defects at length. In the present study we shall consider developmental and other structural defects which affect the general health and especially sexual power or potency, impotence, partial impotence, female frigidity, etc. In our study we shall consider carefully means of correction, some of which may be applied by individuals themselves, and others which require the aid of the physician, be he general practitioner or specialist. The most prevalent form of impotence is psychic impotence. The term is commonly applied to men and in its application the analogous term for the same condition in women is frigidity, and the most prevalent type of frigidity is the psychic form. It will be understood, therefore, that by observing the underlying principles for attaining and preserving good general health, and by learning and applying the proper psychological principles, the vast majority of sufferers from impotence, partial impotence, and frigidity, may largely correct their own conditions.

POSITIVE OR ABSOLUTE IMPOTENCE IN THE MALE

Impotence means the inability to perform the sexual act. This is positive or absolute impotence. Even the castrated male may be able to perform the sexual act. Men whose penes have been amputated, provided an inch or more of stump is left, may not be impotent. The penis extends posteriorly through the perineal region to its origin in the prostatic region and the origin of the urethra at the bladder. If the organ is amputated against the pubes, there may still be sufficient erectility of the stump to permit intercourse, and ever fatherhood.

There are various malformations of the penis which prevent both
insertion into the female genital tract and the erection necessary to allow this. Some of the malformations lend themselves to correction by surgery. Others do not.

PLASTIC INDURATION

A malformation which often results in organic impotence is known as plastic induration of the penis. The most common form of plastic induration begins as fibrous cavernositis. A fibrous formation of an inflammatory nature forms within the cavernous body of the penis and in time becomes hardened. The hardened product is usually referred to as a plaque and there may be a number of plaques. They are ordinarily found in the dorsal (back) region of the penis and can be felt readily with the fingers. Their presence may not interfere with erection, but such a curvature of the organ may result that intromission is impossible. In some cases these plaques disappear, yet in others they grow to certain dimensions and then stop. When they cause impotence (because they make connection impossible) they interfere with the general health only to the extent that they create adverse psychology. As a rule, plaques are painless. There are cases which lend themselves to surgical correction, but there are other cases which cannot be corrected. A plaque may be mistaken for cancer, or carcinoma may be mistaken for a plaque. Any hardening within the body of the penis should be called to the attention of a physician, preferably a urologist, the moment the condition is observed.

We do not know all of the causes of plastic indurations but they have been attributed to injuries, gout, diabetes, and venereal disease, especially gonorrhea.

HYPOSPADIAS

Hypospadias is a developmental defect. The urinary opening is on the underside of the penis and the urinary opening may be found from the outer extremity to the scrotum or even in the perineum. (The space between the scrotum and the anus.)

Hypospadias does not always cause impotence, yet when it does, the impotence may be regarded as organic, as psychic, or as both. It is possible to correct many cases of hypospadias through plastic surgery, especially if there is an abundance of scrotal tissues. There are many reasons why this kind of surgery is not being done more extensively. Often the victims of hypospadias have a feeling of delicacy and inhibition and, being either uninformed, or misinformed, believe that nothing can be done. There are no large number of regular plastic surgeons and their services usually bring a fee which is far beyond the ability of the average man to pay. Good general surgeons may readily learn the technique of the operation (which regardless must be governed by the exact malformation in each individual case) but the hesitancy of hypospadias victims to seek help would hardly make it worth the general surgeon's time. My advice to the victim of hypospadias is to throw inhibition to the winds and to seek to find a surgeon who can help.

EPISPADIAS

In epispadias the urinary opening appears on the dorsum of the penis. Like hypospadias it may or may not cause impotence and when it does the impotence is often psychic and organic. That which has been explained concerning surgery in hypospadias applies likewise in epispadias.
ATROPHY OF THE PENIS

Atrophy of the penis is a condition wherein the organ simply shrinks. In the atrophic process the blood supply and the activating nerves are so involved that I am not advised of a single case where cure has been made. There is one possible remedy, the creation of an artificial organ and this will be explained later.

RUDIMENTARY PENIS

By the rudimentary penis is meant exactly what the word rudimentary implies. It simply means that the organ is in an undeveloped state. Some of the evidence coming to my attention indicates that a broad cross-section of masculinity is apparently of the opinion that their penes are rudimentary, or in an undeveloped state. This cross-section is represented by men who feel that their penes are inferior, or too small, and who feel that they would willingly go to almost any extreme to procure greater development, but we shall have more on this subject in time.

Some cases of rudimentary penes, if treated early (and early means as soon as the rudimentary condition is known to parents of a child with but a rudimentary organ), respond to endocrine treatment. In early childhood, or before puberty, pituitary substance may suffice to motivate the forces of growth. Some physicians place faith in thymus gland therapy and even others are now employing the male hormone, testosterone. It would seem that a suitable combination of these, and possibly other endocrine products, might be helpful, and it must be understood that all therapy in the condition known as that of the rudimentary or undeveloped penis, is, as yet, largely experimental. It should be understood further that for a long time to come such therapy may remain experimental. It is worth while, however, to experiment. And in this matter, it is usually expensive to experiment even when a physician is employed and more costly, as well as being dangerous, for non-medical persons to so experiment.

There are penes which are so rudimentary as to be no larger than the female clitoris and unless an artificial organ can be formed, little can be done for such victims.

THE ARTIFICIAL PENIS

We may say that there are two forms of artificial penes. One form is thoroughly artificial because it is made of substances foreign to the body. An example of such substance is the material used by dentists to make dentures (plates for false or artificial teeth). Such an artificial organ (prosthetic appliance) may not be suitable for use on the rudimentary penis, although such is not impossible. Such a prosthesis is suitable for use when the penis has been amputated. In amputations, at least, a prosthetic penis has been known to restore potency. As a rule, however, it is used for sanitary and psychological reasons. A surgeon may insert a tube into the urethra in such a manner that urine can be passed through the tube and thus sanitation may be preserved. Cases have been reported in medical literature where an artificial organ was made which allowed amputees to force the stream of urine away from the
body and clothing. One such case was reported wherein the surgeon stated that it was possible for his patient to attain fatherhood.

While serving as a medical examiner for war industry I examined many thousands of men. I found an infinitesimal number of men with amputations and these varied. I recall one particular case where but a small part of the glans had been cut away. One man had an amputation just back of the glans. One young fellow in the twenties had a two-inch stump. Amputation in his case had been occasioned by the use of a so-called vacuum developer. The structures of the organ had been injured, causing a congestion of blood and a break in the urethral membrane. Infection entered through this membrane and the congested organ became gangrenous.

One man, who was past 50, had a stump about an inch long. A surgeon had provided him with a special catheter to enable him to preserve sanitation. He had found it awkward to use the catheter in public places and had experimented with paraffin and beeswax. A final result was an organ of such normal appearance as not to be detected as a prosthesis except by an expert eye. A suction cup of rubber material fit over the short stump and held the organ in place.

This man was a highly potent man. In his first experiments he found that the suction apparatus kept him in a state of constant agitation. He learned that this did not occur when the prosthesis was held at an upward angle. A simple support corrected the condition and I did not doubt the man when he stated that he and his wife indulged in coitus regularly.

It being true that the number of amputees (insofar as is known) is small, you may wonder why I have gone so far with these explanations. One reason is that none of us can know what may happen to us at any time in the future. Another reason is that more men than may be thought can be cured of impotence. It is in this relation that the explanations concerning a prosthetic appliance may have considerable value. When we realize that there is hope for the amputee, the psychological value should at once be apparent. If the amputee can be helped, and indeed if the amputee has the ingenuity to help himself, how much more can be done for persons who, presumably, are whole.

In fact, I believe that there is sufficient value in the psychology of the prosthetic male organ to make it worth our while to go a little deeper into the subject.

In September, 1945, an article which was condensed from The West Virginia Medical Journal (Author, B. S. Brake, M.D.), and published in Sexology Magazine (25 W. Broadway, New York), explained a case of an artificial male organ made under Dr. Brake's supervision. The amputee was a father and was assured by Dr. Brake that he could become the father of another child. Of particular interest is the comment of the editor of Sexology, which I give:

"Laymen will find it most difficult to believe and understand the foregoing article.

"How can it be possible for a man to have satisfactory intercourse with an inert, plastic penis, that contains no nerves, no blood supply, and which is for all purposes equivalent to a wooden stick?"

"The answer is that sexual satisfaction is not a simple procedure, but a most complex act for both man and woman. If you are a man you know from experience that the organ need not even be touched to experience a satisfactory orgasm—as during nocturnal emissions. There are other instances of sexual satisfaction without the use of the organ, whether male or female—such as during the acts of sadism, masochism, etc.

"It should always be borne in mind that the sexual orgasm is more mental than physical in most civilized persons. Most men derive no satisfaction from the purely physical side of the act—although the latter may be 100 percent successful; such men must
be thoroughly aroused mentally by their partner to be completely satisfied.

"Thus we can see that the male organ may be missing completely—yet satisfactory intercourse may be had as in the medical case mentioned. Remember too that this man still is in full possession of the main nerves that formerly were his external penis. It is true that the nerves were cut off at the penile base, but they still exist at the remaining stump or base, where pressure will stimulate them. These nerves are now shorter, but they still function, just as a shortened telegraph or electric bell wire still functions unimpaired, even if shortened.

"That is not all. Even if the penis is cut off at the base, flush with the abdomen, almost 1/3 of it still exists, internally. Here it functions normally, as always.

"As to ejaculation, note that the penis proper has nothing whatsoever to do with this, because the ejaculation center and the ejaculatory ducts are located in the prostate, in the interior of the body. Thus, ejaculation of the semen can readily take place through an artificial, inert penis and successful pregnancy becomes possible.

"Finally, there also still remains a phantom penis. (It is a well-known fact that persons who suffered lost limbs such as arms or legs, still retain phantom arms or legs. Talk to any individual who lost an arm, a leg or a hand. He will tell you that he still can feel and flex his fingers, toes, etc., as if they were still in existence. The answer is found in the cut off nerve ends which still function as of old.) Over many years the usage of the connecting nerves which normally were contained in the penis, are still there (although partly cut off) in the body's interior. As we have seen, they function as of old. The feeling persists that the penis is still there; the man who lost it, still feels it acutely. This helps him in his sexual intercourse and he therefore can derive complete gratification, just as if his original organ were still there."

Of interest also is the fact that Russian surgeons devised a means of reconstructing the male genitalia, their work having grown out of the fact that Russian officers and soldiers sometimes suffered the loss of the natural member through war injury. The method requires time and a number of operational stages.

First, a piece of cartilage of suitable size and length is removed from one of the lower ribs. This cartilage is inserted into a point of abdominal skin which extends downward to the mons veneris (pubic bone). The idea of this is to acquire a suitable skin covering, a difficult matter when the cartilage is in its original location. The cartilage is placed where two incisions have been made and one of these incisions provides suitable skin covering while the other aids in this process and at the same time serves to aid in the plastic restoration of the abdominal skin appearance.

When proper adhesion has taken place between the skin and the cartilage implant, the stump of the penis is prepared by a V-shaped incision for the reception of the cartilage. The graft is made and later an artificial urethra is constructed on the underside of the reconstructed organ. The organ is capable of erection and sensation.

**HYPERTROPHY OF THE PENIS**

Numerous physicians have expressed the opinion that in hypertrophy of the penis (hypertrophy here means excessive overgrowth) intromission is nearly always possible. Drs. Sturgis, Hyrtl, Huhner, and others have commented on the case of a Swiss whose penis was the size of a child's body. Dr. Sturgis said, of this case, "Clearly such an unlucky wretch would be compelled to a life of celibacy, for no mortal vagina would be capable of receiving such a membrum virile."
ELEPHANTIASIS OF THE PENIS

Elephantiasis is a condition created by parasites. It may cause impotence if it extends to the male genital organ. In my Big Blue Book, B-529, “Hypersexuality—Is Anyone Oversexed?” I explained somewhat at length concerning elephantiasis and reported one case of a man who was regarded as being exceptionally well-blessed with organ proportions. He had become impotent, but, until informed when I examined him, believed that the proportions his organs had attained was natural growth. When we study impotence and frigidity, we should find it of interest to study concerning the other side of the picture, medically referred to as hypersexuality. I am aware that some of my present readers have probably read the other book. Those who have not will find the contrasts (as described in Big Blue Book B-529) between inability to perform the sexual act, or poor ability, quite informative.

The brief description of elephantiasis which follows is taken from page 21, of “Hypersexuality—Is Anyone Oversexed?”

“When elephantiasis is confined (as it often is) to one leg, that leg may attain dimensions three or four times as great as the normal leg. Long ago the condition was observed as of high prevalence in the Barbados Islands, and hence came the name, Barbados Leg. Some cases of elephantiasis have been called White’s Swelling. Then there is what is known as congenital elephantiasis in which one or more of the limbs or other parts may be immensely enlarged because of a dilatation of the lymphatics. A dilatation of the blood vessels causes a form of elephantiasis known as elephantiasis telangectodes.

“The most noticeable cause of elephantiasis, and especially wherein the genitals are involved, is that of the infestation known as filariasis.

“In filariasis the human body is infested with one of the species of the nematode family, known as filariae. This nematode family, as you have probably surmised, is parasitic. Lesions occur in the areas where the adult worms locate. There is lymph stasis, the lymph spaces may be dammed off even by a deposition of the eggs, and local circulation of blood and lymph may be seriously interfered with.”

When the genitals are attacked, enlargement reaches great proportions. Cases have been known wherein the scrotum and its contents reached a weight of 50 pounds. When the penis does not enlarge all out of proportion in such cases, it is usually submerged within the excessive scrotal growth and mechanical impotence occurs.

Unfortunately little, if anything, can be done for aggravated cases of elephantiasis. I have described it because it is a cause of impotence and because, perchance, even though the condition is not common, some reader may have symptoms of the condition (and may be able to do something about it early enough to help), or may know someone who is afflicted but has no idea of the real facts of his condition.

YOU MAY NOT BE IMPOTENT

Certain data are of particular value in various cases wherein, because of an occasional failure, men have been seized with the fear that they were impotent, or that they were surely becoming so. In November, 1945, an article of mine by the above title appeared in Sexology, and
I acknowledged with thanks permission from the Publisher of Sexology Magazine (25 W. Broadway, N. Y.) to reduce the pertinent data here. The article follows:

Impotence in the male is frequently a symptom—not a disease or even a shortcoming. If the condition is investigated and properly understood, it can, in most cases, be eliminated.

An occasional failure to satisfactorily consummate the sexual act is not an indication that you are impotent. Even repeated failure may be but trial and error, or trial and failure which constitutes error.

For the sake of a somewhat more explicit understanding, let us consider occasional failure as temporary impotence. Then, let us examine into its most probable causes.

First, what may seem as great moderation may, at times, and under certain bodily conditions, be excessive indulgence in the sexual act. It is just as true under more favorable general bodily conditions, that what might seem excessive practice of the sexual act, is not an excess at all.

It naturally follows that just as surely as nature calls a halt when you have reached a near limit of endurance in a given task, when indulgence in the sexual act reaches a point of excess, or when the general constitutional condition does not favor sexual indulgence, nature again calls a halt.

Among other causes may be a lack of libido or enthusiasm in the sexual partner; failure of the vaginal fluids to so lubricate the vaginal orifice that pain, or at least discomfort, is felt upon entrance; the same conditions in the female often contributing toward difficult entrance in which such discomfort to the sensitive glans of the male organ reacts unfavorably on the erectile tissues. A still further cause may be a lack of proper hygienic attention on the part of the female. These, and other superficial causes, serve to decrease libido in the male and may go on to a state of permanent psychic and physical impotence.

One may rightfully and judiciously ask, “But should I fail repeatedly, should I not see my doctor, my family physician?” The answer is yes, but he would probably thank you not to see him, for the treatment of any phase of impotence is usually distasteful to the average family physician or general practitioner. First, he has made no especial study of the subject, and should he suffer the same condition he would doubtless see a genito-urinary specialist.

The most competent among the genito-urinary specialists admit that they by no means have all the answers. Honest psychiatrists and sexologists alike make the same admission. But, there is consolation in that there are always certain things which you know, within yourself. First, you know whether you have any constitutional symptoms or symptoms referring to special organs or parts of the body, except in those rare obscure cases where a certain condition exists but seems to defy the efforts of expert diagnosticians.

In the event of sexual failure it is more advisable to consult your family physician and report to him the symptoms you have experienced, omitting, at first, reference to sexual symptoms. It is entirely proper that you ask for a general physical check-up. The chances are that, even routinely, or because he sees some indication, your doctor will inquire as to your sexual virility or libido. If he does, he will not be averse to going into the matter and doing what he can or advising you, at least. Should your doctor fail to ask concerning your sexual functions, you might add, as casually as possible, that for whatever the information may be worth, you haven’t been sexually up to par lately.

Further, if you want help from your family physician, do not ever blurt out, as thousands do, something like this: “Can’t you do something to give me powerful erections, Doctor?” Only, thousands are less civil, and more blunt, and actually vulgar. Such approaches seem to imply to the average family physician or general practitioner who does not profess to be either a sexologist or psychiatrist, that the physician’s self-respect does not matter to the patient and that the
patient expects (sometimes practically appears to demand) some quack drug or perverse act on the part of the physician to prepare him (the patient) for indulgence in the sexual act. The writer was once asked: "Well, if I have my partner handy and call you and you come and massage my prostate won't that turn the trick, Doc?" It is easy to see that right and wrong approaches may be provocative of cure, health or failure, even in the physician's sanctuary.

Often, a physical check up will reveal special or constitutional conditions which can be easily corrected by your personal physician, with, of course, your full co-operation. And you will doubtless be told to abstain from sexual indulgence unless the urge is strong and you are, without effort, fully prepared.

Do not afflict yourself with psychic impotence because of an occasional or repeated failure. There will be repeated failure only because of repeated effort—effort that is error. Get help from your physician, if possible. Try to live more hygienically. Cultivate good health habits. Give nature the chance she demands and assist her. More often than not the result will seem miraculous.

SURGERY AND POTENCY

It has been seen that surgery can often come to the aid of man in impotence, even to the extent of plastically constructing a new organ. In our present study we will encounter surgical references from time to time. In July, 1946, an article of mine dealing with surgery and potency was published in Sexology. The essentials of the article are given below.

Surgery can sometimes remedy retarded potency in the male.

Surgery is often desirable to correct the condition known as pendulous scrotum. While impotence is not always present with the pendulous scrotum, there are probabilities of retarded potency and even complete impotency in this condition.

A pendulous scrotum is that condition in which the scrotum hangs low, often halfway down the thighs. In severe or extreme cases the scrotum may reach the knees.

The pendulous scrotum is due to a gradual breaking down of the tissues of the scrotum and is accompanied by a loss of tissue-elasticity. The testicles, because of their weight and lack of support, follow the lengthening scrotum. Thus the blood vessels, spermatic cord and other structures of the scrotum are pulled downward and unduly stretched.

Even when impotence does not result from a pendulous scrotum, conditions produced by it indicate that the scrotum should be surgically shortened. Some symptoms produced are abdominal pain, nervous strain, easy fatigability, headaches, retarded potency and impotence.

Wearing a suspensory will help in mild cases. Severe cases require surgery—a delicate operation that can be satisfactorily performed by any good surgeon. Varicocele occurs most frequently in the left side of the scrotum, rarely the right, and is a condition where in the veins of the spermatic cord enlarge by varicosity forming a boggy tumor. Until recently patients with varicocele were advised to be careful to avoid injury, and to do nothing otherwise, unless the condition became painful and interfered with routine activities. Potency may be diminished by the condition, but such lessening of potency is often due to fear of minor injury (bumping or pressing) which may cause pain in the act of sexual intercourse.

During the recent war, surgeons discovered that varicocele may retard general efficiency. They developed a minor procedure wherein a small incision is made into the inguinal canal and "feeder" blood vessels ligated. With this procedure, patients are allowed to be up on the second or third day and full recovery follows within a week or 10 days.
Previous surgical techniques were much more involved and periods of convalescence much longer.

Varicocele frequently exists with pendulous scrotum. For ages, sheep breeders and veterinarians have observed the ill effects of the pendulous scrotum in rams valued for their breeding as sires. When such rams failed to properly service the ewes of their flocks, the scrotum was surgically shortened and satisfactory potency thereby restored.

Hydrocele, a collection of serous fluid occurring as a swelling of the scrotum, may prevent successful intercourse. Although the practice of tapping (releasing the fluid by means of a needle) is safe, it affords but temporary relief. The scrotum soon becomes uncomfortably distended again and the process of tapping must be repeated. Surgery in such cases is a safe procedure and the results are uniformly successful.

When the vein at the back of the penis is affected by an inefficiency of its valves and thus becomes somewhat varicose, permitting the blood to flow away too rapidly from the organ, erection of the organ may be diminished and potency may be affected. Surgical measures may help. In the erectile state the penis is engorged with blood. The state of engorgement lessens the flow of blood away from the organ. When too much blood leaves the organ, facciidity results and no climax is reached.

In some conditions in which prostatic disease has unfavorably affected potency, corrective and constructive surgery may restore a more normal condition. Even complete removal of the prostate gland does not necessarily cause absolute impotence. Sterility, whereby further offspring or parenthood is prevented, is produced by removal of the prostate gland.

Many men suffer unnecessarily from various prostatic conditions correctible by surgery because of a fear that such surgery will make them impotent. Impotence does not always result from castration. Medical men have long stressed the fact that with relation to potency and general well-being the penis is the principal genital organ.

Another surgical condition affecting potency comprises numerous symptoms including retarded potency or unsatisfactory general health which suggests the possible value of the Steinach operation.

**FUNCTIONAL IMPOTENCE IN THE MALE**

It is sometimes extremely difficult to locate and isolate the cause or causes of functional impotence. It may be difficult to differentiate between functional and psychic impotence and in some cases physical or organic impotence must be definitely ruled out before a diagnosis can be established in functional cases.

The descriptive term, functional, seems to be coming into greater and greater usage and it is not improbable that the term may be over-used. Ordinarily when we speak of any functional condition we refer to a condition wherein no organic lesions have been found. Indeed the psychic elements are by no means generally ruled out, and in some instances the term, functional, may be employed as a sort of softer way of describing an actual or a suspected psycho-neurosis.

By reason of the fact that an underlying or basic understanding of psychic factors is of inestimable value in cases of both functional and psychic impotence, I can but recommend my Big Blue Books dealing with mental and nervous subjects. These are "Practical Psychiatry for Everyone"; "How You Can Become a Practical Psychoanalyst"; "A Guide for Practical Psychoanalysis," and "What Makes the Neurotic Behave That Way?" The Big Blue Book, "So You Married an Alcoholic," also contains some valuable reading along related lines.

In his book on "Sexual Disorders," Dr. Max Huhner has explained that before puberty, as well as in old age, impotency is physiological. He believes that impotence may also be considered physiological after a
normal coitus but explains that some men are able to repeat the act many times. Dr. Huhnig gave the following pertinent explanation:

"It must be emphasized, however, that potency, or sexual vigor, is a relative term, and that there are some men who can indulge in coitus every night and keep this up for a long time, while others can indulge only once or twice a week. A man belonging to the latter class would by no means be considered impotent or suffering from sexual weakness. We must therefore take the entire history of the case into consideration before deciding whether a man is losing his sexual vigor."

In functional impotence an interference with the function of the sexual centers of the nerves and peripheral end-organs disturbs the mechanisms of copulation.

Doubtless many a case of impotence which is regarded as functional is actually organic. Yet we often consider impotence as functional when there may be cerebral disease and when the disease, locomotor ataxia, interferes with impulses to the genital organs. Numerous cases of undetected cord or spinal injury produce what we call, for lack of better information or diagnosis in special cases, functional.

LOCATION OF THE ERECTION CENTER

The erection center is located in the lumbar portion of the spinal cord. This is aroused to activity in various ways and by various means. The psychology of thought often serves to arouse the erection center. Stimulation of the innumerable erotogenous zones of the body (see my Big Blue Book, "Husbands and Wives Can Me Satisfactory Lovers," for the location of these zones) sends impulses to the erection center. Sometimes the sight of a woman causes impulses to arise which stimulate or arouse the erection center. Friction or peripheral irritation of the penis, and especially the glans, may stimulate or arouse the erection center.

From an aroused erection center impulses are sent to the blood vessels, and particularly to the arteries, as well as to the nerves in the muscular structures of the penis. The impulses set in motion a chain of physiological phenomena the end result being congestion and hence stiffening the penis. When these physiological phenomena fail to take place and lesions have been ruled out, either functional or psychic impotence is said to exist although the rule would be to pronounce impotence under the circumstances described as functional.

THE LIBIDO CENTER

The libido center is seated in the cerebrum. The libido center is stimulated in much the same manner as is the erection center. During intercourse the friction of the penis together with pressure of the vaginal walls and muscles, sends additional impulses to the erection center. The seminal vesicles also send impulses to the erection center and when this center is filled with impulses from the cerebral center, the seminal vesicles (which have become distended with fluids), and the penis, ejaculation occurs.

In impotency, especially of a psychic or functional nature, the phenomena described fail to occur and there is either no erection, the erection (if it occurs) is weak and fails, or there may be premature ejaculation, the ejaculation often occurring ante portas or before connection through entry can be established.

HOW TO RECOGNIZE FUNCTIONAL IMPOTENCE

A number of symptom manifestations may help the sufferer to recognize functional impotence and distinguish between it and, specific-
ally, organic impotence. It has already been observed that various de-
formities may contribute to organic impotence and we have seen nu-
umerous examples in our study of surgery and impotence. I must explain
that in a book of this length, and written especially for non-medical
readers, conditions which laymen can readily distinguish have been de-
scribed in preference to some of the highly technical conditions which
require considerable understanding of physiology, anatomy and pathol-
gy. In the latter class of cases it is the rule that the victim of
impotence, whether the impotence be absolute, organic, temporary, or
partial, will doubtless have sought medical aid for conditions manifestly
far more serious.

Impending functional impotence can be suspected when the time be-
tween intromission and ejaculation becomes perceptibly shortened. And
it should be explained that many medical scientists consider premature
ejaculation as a form of partial impotence, or indeed, absolute impotence
when the ejaculation takes place ante portas. It happens that when the
period of time between entry (intromission) and ejaculation is shorten-
ed, the penis may remain erect some time after ejaculation occurs. This
may be symptomatic of impending impotence As the condition ad-
advances the time between intromission and ejaculation becomes shorter
and shorter and the length of time the penis remains erect becomes less-
ned. The next manifestation is the ejaculation before coitus is actually
begun. This condition may last for some time and then but partial er-
rection occurs and there is no ejaculation nor is it possible to establish a
connection. Finally the libido may be strong but erection will not occur
and hence no climax of any kind is experienced.

AN IMPORTANT DIFFERENTIATION

There are many men whose sexual power is strong and yet, when
remaining continent for considerable periods, experience but a short
intercourse and a quick ejaculation. Such men are not impotent, nor
are they even partially impotent. In this same class, we find men whose
urge is such that on gaining the satisfaction of connection the climax
comes quickly as a result of power, of potency, and not of weakness or
impotency. In the former class, more frequent intercourse often cor-
rects the condition of such a short intercourse, and in the latter, un-
less they are mated to women who can properly respond, training and
will power may be required to prevent them from wrecking the happi-
ness of marriage because a woman does not arouse so readily, nor does
woman, on an average, reach a climax readily. We will come to under-
stand this much more clearly when we study the conditions affecting
women—conditions such as impotence, frigidity, etc.

PSYCHIC IMPOTENCE IN MAN

This is, by far, the most prevalent form of impotence, and has come
to be regarded, as has been explained, as closely related to functional
impotence. It is a fact that numerous medical writers and teachers make
no distinction between psychic and functional impotence. By no means
do I claim that such writers and teachers are wrong. In many cases,
there seems to be sufficient distinction to warrant notice. I am of the
opinion that there is such a thin line between the two conditions that
even the expert may fail to observe the line.

It is well to discern also that many cases which appear to be func-
tional may be organic. Certain it is that if the cerebrum, in which is
located the seat of libido, is affected, impotence may be regarded as
functional when indeed it is both organic and psychic, and it would
seem justifiable to say that it is functional as well.

Psychic impotence is attributed, however, to the workings of the
psyche or mind. And even when there is an organic lesion of the cere-
brum, the power of compensation may be present in the well-integrated
psyche and thus the lesion may but temporarily affect potency. This may
come about naturally and without any effort of the person in some
cases while in others an effort must be made by the individual affected
to overcome the trouble, and indeed, serious cases may require expert
treatment while it must be admitted that there are cases which defy
treatment of any kind

Some form of organic or chemical or mechanical damage nearly
always exists when the erection center in the lumbar spine is affected,
unless the libido is so affected that no impulses reach the erection
center.

In the majority of cases of impotence, however, the libido is often
reported as being good. Inverts, who do not understand that they are
such, often wonder at the absence of libido and often think that they
have it, but that for some reason strong desire simply does not manifest.

It would be well to recall the fact that when the testicles do not
manufacture sperm, sterility obtains, and that when the testicles do
not manufacture the male hormone, inversion (homosexuality) may re-
sult. Spermatogenesis, or the generation of sperm, and the manufacture
of the male hormone (testosterone) are separate functions entirely.
Full data on these functions will be found in my Big Blue Book, "Sterility
in Man and Woman." The invert may not suspect the trouble and it is
true that the invert may have powerful erections, may be capable of
performing the heterosexual act, and may be highly fertile. He may
become the father of many children, and yet, he spends a great part
of his life in a state of psychic impotence (the condition would be more
properly called psychosomatic impotence) because he is not aware of the
fact that his natural bodily powers to manufacture the male hormone
are insufficient. A much greater understanding of this subject (which
is closely related to impotence) will be found in my Big Blue Book
B-557, "The Truth About Homosexuality in Man and Woman."

HOW PSYCHIC IMPOTENCE OCCURS

Psychoimpotence is nearly always engendered in early life. Ac-
cording to Dr. Sigmund Freud (one of the greatest exponents of the
truth of such matters) nearly every case of purely psychic impotence
can be traced to a fixation in infancy or early childhood. It was Dr.
Freud's contention that practically every case of psychic impotence
could be traced to the first oral (suckling) stage in infancy. Regarding
such fixations I have given a great amount of information in my books
on psychoanalysis previously mentioned.

Freud recognized a close psychic connection or relation between
hunger and sex, especially the libido. In innumerable cases he proved
his contention that disappointments during the early suckling stage
were associated with later development of psychic impotence. Indeed,
so thorough were Dr. Freud's investigations that he proved in untold in-
stances that a fixation at the first oral stage might be responsible for
a glutton (person with an almost insatiable desire for food) or a satyr
(male with almost insatiable sexual desire). Through psychoanalytical
treatment many such cases were cured. But, just as fixations at the
first oral levels were responsible for gluttony, just so were such fixations
responsible for the too finicky eater with a lack of libido and therefore
often psychically impotent.

It is entirely reasonable that the earliest fixations were augmented
by further fixations later in infancy or in childhood. Such fixations
occur when the child is scolded for the natural act of playing with the
sexual organs. And the fixation is made stronger when the child is
punished and later lectured. Early false teaching, especially that sex
is an unclean and immoral thing, often serves to make of both sexes
psychic sexual cripples.
No especial effort at reflection is necessary for the discerning person to understand that wrong teaching in early (and later) childhood is responsible for a vast number of cases of psychic impotence. Even in instances where growing children have been rebellious and have investigated sex at around the age of puberty and during adolescence, many have, on becoming somewhat more mature, been bitten by the religious or so-called morals bug, and have, as a result of an attempt at reform, become victims of psychic impotence.

SPECIAL FEARS

In those rare cases where psychic impotence cannot be traced back to an infantile or early childhood fixation, it may be the result of special fears which develop much later in life. Among such special fears may be named fear of venereal diseases, fear that the sexual act could cause serious bodily disease, fear that sexual indulgence might cause insanity, and even fear that sexual acts might cause actual impotence. Fear, regardless of its nature, may destroy confidence and thus bring about psychic impotence.

TREATMENT OF IMPOTENCE IN THE MALE

And Other Important Considerations

The matter of treatment of serious impotence in the male is often unattractive to the general practitioner of medicine. There are numerous reasons for this. To begin with, impotence is a sexological matter and actual sexology is not taught in medical schools. Psychiatrists, urologists and gynecologists are the nearest approach to sexologists among the specialists. This applies to an extent to endocrinologists. Now and then an interested physician applies himself to the special study of sexology. Such physicians have amassed, together with progressive laymen technically or scientifically educated, our present sexological knowledge.

The general physician is not always averse to making a gesture and some physicians will even make serious efforts in the matter of treating impotence. All too often treatment is directed toward the field of aphrodisiacs (sexual stimulants) instead of toward the cause of the trouble.

What I have said and am saying relative to the general physician and some of the specialists in the matter of treating impotence in the male is not a reflection on such physicians themselves. In fact, it merely reflects a situation and circumstances. No blame is placed, for plainly, there isn't any. If a physician is not interested in treating patients afflicted with impotence he simply is not interested. There is no positive moral or other reason why, just because he is a physician, he should treat a condition in which he is not interested.

Impotent males can do a great deal to help themselves. By no means is it possible for all of the books in the world to cover all of the individual questions which arise in the minds of persons suffering from impotence. Yet, a book may be of great help and may shed light which leads to investigation and such investigation leads, often, to means of help.

CONSIDERATIONS IN ORGANIC IMPOTENCE

It may be much more difficult for the layman to determine whether he is afflicted with functional or psychic impotence, than for him to de-
cide as to whether he is organically afflicted. And, of course, both organic and psychic impotence may co-exist.

Information which I have already given will lead the intelligent layman a long way toward deciding whether he may be organically affected. It is easy, for instance, to know whether there is a pendulous scrotum, an interfering hernia, testicular or prostatic disease, a varicocele, a hydrocele, etc. Also any marked enlargement of the dorsal vein of the penis will be easy to observe.

Regarding the enlargement of the dorsal vein of the penis, I should give more information. In some men an enlargement of this vein appears to have little effect. The reason is that the condition of the arteries bringing the blood supply to the penis are capable of supplying blood at a rate which is more rapid than the rate at which the blood leaves via the venous system of the organ. This refers, of course, to the organ in the erectile or partially erectile state. Often the enlarged vein (and there may be a number of visible veins along the sides and on the back of the organ) takes the blood away from the organ so rapidly that engorgement is impossible. Partial erection may occur and partial engorgement may occur for two reasons. One is that the arteries may supply blood slightly faster than the veins take it away, and the other is that there may be a sufficient accumulation of lymphatic fluids, under excitation, to cause a degree of engorgement which does not quickly leave the organ.

THE APPLICATION OF SURGICAL MEASURES

Some of the surgical measures which have been mentioned may be applied by general surgeons. Quite often general surgeons are willing to perform the requisite operations as corrective and constructive surgical measures only and will not regard themselves in any sense treating impotence. Surgeons who are not sexologists and who are not particularly interested in sexology cannot be blamed. In the first place, an organic condition which can be corrected by surgery may relieve impotency entirely. In such instances the surgeon does not regard himself as having treated impotence, but merely as having removed a possible cause. And, of course, surgery can correct an organic condition, but if a psychic condition also obtains, then the surgeon is usually helpless to go further. It is not within his field to deal with psychic treatment and he is plainly not interested.

Again referring to the dorsal vein and its enlargement, years ago a certain school of so-called specialists popularized ligation or resection of the dorsal vein, and this they did without giving consideration to other conditions of the patient's health. Indeed, the particular school were not specialists at all in a proper sense. As a rule, they never remained in one location, but traveled. And they did not class themselves as specialists, as we know specialists today. This is to say, they were not eye specialists, ear, nose and throat specialists, urological specialists, obstetricians, gynecologists, etc., but simply called themselves medical specialists and gave the impression that they were superior to other doctors and that they had had special studies which gave them greater ability to treat any person or disease.

It is interesting to recall an acquaintance of mine who was, to an extent, in this class of specialists. Frankly, the man's basic medical knowledge was superior. He was a good diagnostician and he was an excellent theoretical physician and surgeon. When it came, however, to therapeutics, he was helpless and often preferred giving injections of distilled water, and unwittingly applying psychologic principles, to risking himself in administering drugs in general. He was located, at one time, where he had a heavy practice among a fine class of Mexican people. He spoke Spanish fluently and bore a French name. He had a ground-floor establishment and his shingle extended out over the
sidewalk, like the advertisement of a fire sale. The sign announced in English and Spanish that the doctor was a specialist. When asked "Cual clase de especialista esta Ud?" His answer was "Especialista de todo." In other words, when he was asked what kind of a specialist he was, he replied that he was a specialist in everything. He did a land-office practice, and, handicapped as he was, his psychology cured more people than the pills and potions of his more sophisticated colleagues.

The roving specialists, however, who did something for you today, and who gave you an excellent sales talk, took your money (and most people gladly paid them a higher fee than their local doctors charged) and moved on. You perhaps felt peppe up on some stimulant and some weak psychology for a few days, and then sank to a lower level of health and esprit than you had previously experienced.

Because these roving specialists found ligation or resection of the dorsal vein or veins of the penis profitable, and because they quite freely performed the operation (a minor one for the physician) the operation got in bad odor with medical men and the work of a large number of our best talent has not removed the dorsal vein operation from low regard among medical men generally.

High ligation of the internal saphenous vein is commonly practiced for the relief of varicose veins of the legs and the operation has come to be praised by medical men. But ligation or resection of the dorsal vein of the penis as a possible aid in the relief of impotency? No—it used to be done by quacks, and hence its value is discredited.

If you are wondering why I have had so much to say on this subject of the dorsal vein, you may understand better when I explain that as a cause of organic impotence it ranks many times higher than all other causes of organic impotence combined. When the male organ cannot remain engorged it cannot perform the natural sexual function.

One drawback to the dorsal vein operation is a natural one. Or I should say, a biological one. Soon after surgeons learned the art of ligation and began tying off blood vessels to prevent hemorrhage, learning at the same time that they could sever blood vessels as necessary in surgery, without causing noticeable damage, provided they carefully avoid certain important arteries and the pulmonary vein. They learned that when extensive ligation (resection) of the blood vessels was done, new blood vessels later formed and carried on the circulatory functions Thus, in dorsal ligation of the phallic vein or veins, new blood pathways may later form and again the blood may leave the organ at a rate too rapid to permit of continued engorgement. If the first operation has given results, a second operation will do no damage.

THE STEINACH OPERATION

The Steinach operation is regarded as practically analagous to the sterilization operation, depending on whether one or both vasa are tied off or ligated. The original theory was that the operation would cause an increase in the interstitial portions of the testicle and consequently a greater supply of the male hormone to the body. As a measure to improve potency, except for psychological effects, the Steinach operation has proved disappointing.

GLANDULAR IMPLANTS

Glandular implants have not been successful. Implants of the pure crystals of the male hormone, and these may be implanted at any suitable location on the body, have been of marked value not only in improving potency, but in contributing to better health of the individual. These implants last for varying periods and the frequency of such implants must be decided on by the physician, for implantation does not
lend itself to self treatment. Castrates have enjoyed better health and have been able to have regular coitus when implants were properly made and spaced at suitable intervals. Implants have no permanent effect. Impotent males and especially those who suffer sexual weakness while going through the climacteric, may, if their testes and penes and genital system in general be healthy, dispense with implants after passing through any crucial stage, and may enjoy sexual health and potency thereafter.

**APHRODISIACS**

Previously I referred to aphrodisiacs and mentioned that they were but sexual stimulants. Some aphrodisiacs are harmful. Agents have been administered as aphrodisiacs and have caused death.

In my own opinion, an aphrodisiac has value in certain cases of impotence where, because of pathology or a psychic condition, sexual centers (such as the libido center and the erection center) have become inactive or lethargic and where an awakening may serve to re-motivate them and thus permit the psyche to continue their action and power or response to regular and normal stimulus.

Some physicians have spoken highly of yohimbine. This is the product made from the bark of a tropical tree and it is said that during the mating or "rutting" season, animals seek the tree and eat the bark which has a musk-like odor. My own experience causes me to believe that the various yohimbine preparations (tablets and a hydrochloride) fail to serve and that if the material has any value it is in its most natural state and that the value can be attributed to the odor. (In practically all, if not all, animals, and in many humans, the sense of smell often affects sexual power and various odors are agreeable to some and extremely disagreeable to others. Effects are according to agreeableness and vice versa.)

Aphrodisiacs may be regarded as of value when they serve to restore confidence and eliminate fear.

Dr. Huhner has endorsed yohimbin and certainly he should be regarded as capable to speak. The fact that I have not observed good results from yohimbine administration does not necessarily mean that the product does not have merit. Dr. Huhner endorses another procedure which I found efficacious years ago. My method varied slightly from Dr. Huhner's, but I was in general practice while Dr. Huhner's practice has been that of the specialist. (He has been attending genito-urinary surgeon at Bellevue Hospital, assistant gynecologist at the Mt. Sinai Hospital Dispensary, and has held various other important posts.) He gave 1/12 of a grain of yohimbin in tablets four times a day. When no serious heart condition or high blood pressure contra-indicated the practice, he gave strychnine, when coitus was to be indulged in, 1/20 of a grain, preferably of the nitrite (if not available or convenient he used the sulphate), at 5, 7, 9 and 11 p.m. This physician never observed any bad effects from this use of strychnine. He has explained that there may be some headache but that it soon passes off and that his patients have told him that they sleep much better afterwards. Speaking of the strychnine, in his book on "Sexual Disorders" Dr. Huhner had this to say:

"All it does is to make the penis stiff so that it can enter the vagina and remain in the erect condition during coitus. Frequently the penis even remains stiff after coitus is completed, and comes out in an erect condition also."

The seasoned clinician Dr. Abraham Jacobi stated, a long time ago, that the dose of strychnine employed with children was generally placed too low (small), and Dr. Huhner has declared that he has reached the same conclusion with regard to the dosage of strychnine employed in adults.
It is my belief that insofar as strictly medical products are concerned, the use of strychnine, provided other general conditions of the health are carefully attended, can do more for the impotent male than can all other medications combined.

TESTOSTERONE AND OTHER PRODUCTS

That testosterone is coming into a field of usefulness I am convinced, but there is a vast amount of misconception as to just what testosterone does. Testosterone is not a sexual stimulant, although a deficiency of the male hormone in the body may contribute to sexual weakness. The greatest benefit to be derived from testosterone is that benefit derived through general health improvement. The effects of testosterone on the sexual function are indirect indeed. Many men have been disappointed in treatment with the male hormone. They have been led, through erroneous articles in the lay press (see my Big Blue Book “What Can A Sick Person Believe?”) and erroneous impressions of non-medical writers, to believe that the male hormone (testosterone) was laden with magic which could restore lost sexual power and function. They have been further disappointed because of the high cost of the various preparations which are put up (as in aspirin) under various trade names. Aspirin is acetylsalicylic acid, and five grains of aspirin are five grains of acetylsalicylic acid regardless of who manufactures the material, of the price paid, or of the trade name. One aspirin is no better and no worse than another if it assays the stated number of grains of acetylsalicylic acid. The same is true of testosterone. So many milligrams of testosterone amount to so many milligrams of testosterone, regardless of who manufactures it. The product is synthetic—the synthesis of the chemical formula. In my extensive correspondence I am so often asked if testosterone is still made from bull’s testicles, that I repeat, again, the product is the chemical synthesis of the formula and does not derive from any animal source.

Testosterone can be a health builder—and that is about all. Indirectly it can help the sexual function. Often, when there is definite endocrine deficiency testosterone alone will not suffice. Various of the endocrine secretions are more or less inactive in the absence of certain other of the endocrine secretions. It is for this reason that in definite endocrine deficiency it may be necessary to combine pituitary (especially) and probably-other endocrine products, with testosterone treatment. The layman cannot know what combinations should be used and no large number of general practitioners are highly qualified in endocrine knowledge. The endocrine question should be submitted to the endocrinologist. He (or she) will be best able to serve, and even if the services of a specialist may seem more costly, this is not so. When you spend money you want results. Even with the endocrinologist you speculate to a certain extent, because life is a speculation from day to day. But, if you speculate with the specialist, how much greater is the speculation when you seek expert endocrine guidance from the general physician?

PSYCHOLOGY, PSYCHIATRY AND PSYCHOANALYSIS

These branches of science deal with the mental and nervous powers and their study and the application of the principles of the sciences I have explained somewhat concerning the Freudian theories and teachings (psychoanalysis), and space here forbids that I go too deeply into them. This must be true in the face of the fact that psychic impotence, as I have explained, is by far the more prevalent form of male impotence. My Big Blue Books on psychoanalysis and psychiatry (mentioned specifically by title earlier) may serve to help the psychologically
impotent man a long way from his unhappy condition. The truth of this is much more applicable after one has read the present book and gained a general understanding of impotence. Many persons suffering from impotence have found relief through consulting professional psychiatrists. Often during my years of office practice I made a careful study of my patients and then typed a few sheets of psychological data most likely to help them, interspersing psychoanalytic data with instructions in such a way that the patient was required to study the sheets in order even to know when to take the next dose of medicine, etc. I merely gave a little help—pointed the way for them. They found themselves and often expressed wonder as to what part of the treatment had so marvelously restored them to potency.

As much as I would like to go more deeply into the matter of psychology, etc., I can but recommend the books I have mentioned and, lest women readers are beginning to feel impatient, I hasten to explain that we are now coming to a treatment of the conditions of impotence and frigidity in the female.

**IMPOTENCE IN THE FEMALE**

Impotence being the inability to perform the sexual act, it occurs far less frequently in the female than it does in the male. It may be organic or psychic. In organic impotence there may be a number of defects responsible for the inability to perform the sexual act. A resistant hymen causes impotence (organic) until a surgeon perforates it. Brides with a highly resistant hymen, and their grooms, will do well to call for the services of a surgeon. The unintelligent attempts of the groom may cause bruises and other damage. The physical damage may be more or less severe, and invariably the psychic damage is difficult to repair. A woman may feel no resentment to the pains of childbirth, but a woman may never forgive the pain caused through ungainly attempts on the part of a groom to break a resistant hymen. The surgeon is capable, by using a simple anesthetic if indicated, and by operating with a suitable instrument, to painlessly perforate the hymen, and, from the surgeon's procedure, no damage results.

Sometimes an atresia or partial atresia (closures) of the vagina exists from birth. The condition comes about now and then as a result of injury or disease. Until corrected, the condition constitutes organic impotence. In some cases there are ligamentous bands within the vagina and these prevent penetration by the male organ. The condition can be corrected by surgery.

In some few women the vagina is absent. If you have been interested in reading of how an artificial male organ may be constructed, or of how plastic reconstruction of the penis can be done, then it should be of interest to you to know that surgeons can create an artificial vagina.

The procedure is not difficult for the experienced surgeon.

**THE CREATION OF AN ARTIFICIAL VAGINA**

Indeed, where no vagina exists, or merely a rudimentary organ at best exists, the surgical procedure does not amount to plastic reconstruction, but to actual surgical construction of a vagina. The surgeon opens the abdomen and selects a length of small intestine. By placing protective clamps at the ends of the selected length, and observing various other surgical precautions, he prepares to remove the selected section from the intestine proper. When the section is severed, it is not separated from its regular abdominal attachments and therefore it retains its own blood and nerve supply. The intestine is then united by anastamosis and attention is turned to the removed section which is to form the vagina. The ends are brought down beneath the pubes and
most surgeons incise at the point of the seat of the natural orifice at this time and attach the ends of the intestinal section to the tissues there. The work is so done that lips not unlike the normal vaginal lips are formed. The operation is carried out in stages, as a rule.

It should be observed that both open ends of the intestinal section are brought downward and outward. Until the next stage of the operation the skeletal new vagina is a double barreled affair because the intestinal section is doubled. At a later stage a suitable separation and union of the tissues is performed. The procedure has helped couples to live in conjugal peace when, under other circumstances, a marriage might have been annulled and a woman's life distorted permanently. In a few cases the condition is discovered previous to marriage and correction is made. Unfortunately, in some cases, no effort is ever made to bring about correction and the afflicted person goes through whatever she may have of life as an unhappy and frustrated being.

Now and then the cervix may so protrude into the vagina as to completely fill the canal, thus rendering intercourse an impossibility. This condition, like others, can be surgically corrected. Various growths, tumors, cancer, etc. may prevent coitus and these constitute the factors of female impotence.

PSYCHIC IMPOTENCE IN THE FEMALE

Because of fixations, fears, and certain mental diseases, some women are, or become, unable to perform the sexual act due to a spasm of the vaginal muscles causing closure. The usual condition is that known as vaginismus. Intromission of the male organ is rendered impossible and impotence of the female exists. The woman suffering from vaginismus is usually the victim of a serious mental disease. She may have satatonic hysteria, she may have some form of paralysis combined with mental deficiency, and indeed, there may be a number of conditions which can cause or effect psychic impotence in woman. Here I would again like to invite attention to the fact that valuable information on a vast number of these conditions is to be found in my Big Blue Books, and specifically those on psychoanalysis, psychiatry, etc. Our remaining space in this book does not permit me to go more deeply into the psychic phases of actual impotence in the female, inasmuch as these phases have been covered in other books within the easy reach of all interested persons, and further because many of you have doubtless read my other books. A lengthy discourse here would be but needless repetition.

FRIGIDITY IN THE FEMALE

Someone has said words to the effect that there are no frigid wives, but ignorant husbands. The statement is not to be taken too literally, although it certainly has a broad application.

The sexual act in the male is largely psychic, and indeed, gratification must be psychically felt or it cannot be felt at all. If the matter of sexual congress and the sexual appetite are matters highly psychological in the male, this is doubly true of the female.

AN EARLY FRUSTRATION

Few sexological writers have overlooked the importance of considering one frustration which often occurs in the earliest years of the life of the female child. Early, being uninstructed and actually not realizing the difference between the sexes, even when she is large enough to know that she is referred to as a girl and that her brothers are referred to
as boys, she does not understand that there is an actual difference. When, then, she first observes the male child, often an infant, and sees his visible male organ, she thinks that there is something wrong and that surely she is deformed or that her penis (when she learns the term) has not yet grown on her.

The eminent London sexologist, Dr. Norman Haire, spoke of a case where one small girl told a boy playmate, apologetically, "You know I haven't got my penis yet."

Frustration over the absence of the penis is more readily outgrown than most other frustrations, yet, it is far more important than may be commonly thought, even after maturity.

Herd psychology is often strange to the extent of difficult understanding. Socially we think nothing of it, and make nothing of it, when a woman voices the wish that she was a man. But let a man seriously voice such a wish and he is at once regarded as a "queer," or something else strange and perverted.

SEX-REALIZATION IN WOMAN

It is a happy day for woman when she reaches that stage in life when she actually realizes her sex. And this is true (for woman's happiness is none the less) when the realization is not altogether within the range of desirable normality. It is true because it is a long step toward normal femininity. The first realization may be the power that woman, as a female, holds over man. It may be a realization on the part of the growing girl that she enjoys advantages in even her family that male members are not regarded as entitled to enjoy. To some women sex-realization actually comes with menstruation, and it serves only adversely in the psychology of woman's life when she resents menstruation. Sex-realization sometimes does not come to woman until motherhood is attained. Rarely does sex-realization come to woman through the mere fact of the performance of the sexual act. This may seem strange—but it is true. I report the fact, or report as fact that which I have explained because, without coercion of any kind, hundreds of women have so advised me. Far be it from me to dispute them—and, I know by reason of various psychological rules, that there is every reason for this to be so.

INHIBITIONS, RESTRICTIONS AND REPRESSIONS

Inhibitions in the male are mere shadows by comparison of inhibitions in females. An exceedingly bold female who may now and then be observed cannot be regarded as refutation of my statement. From infancy females are severely restricted. Restrictions cause inhibitions and repressions.

A homely example is that little girls are forbidden to be tomboys. Little girls must not climb trees. Today there are more and more exceptions—yet most of my present readers are products of a day when exceptions were fewer, to say the least

ONE SUCCESSFUL RECOVERY

A lady of my acquaintance was reared under the most abhorrent set of restrictions. At the age of 15 she and a girl companion passed some time, one Sunday afternoon, walking on the narrow surface of some timbers elevated slightly (some three feet or so) above the surface of the ground. Her father was seated a few yards distant on a store porch, presumably reading a newspaper. At home, a little later, the father came forward with the razor strop. After announcing to the
child that he was going to whip her, he commanded her to stand suitably near him. He wielded the strop. (Think of a being calling himself a man, and a pious one at that, who would thus strike a child.) As the second blow fell, the daughter, recovering from the sudden shock of the unexpected situation, asked if she might know why she was being whipped. Evidently the father had hoped for this. He paused to explain how she had misconducted herself by walking above the level of the ground. According to him she had committed a most disgraceful act. Rebellion arose high in the child. Immediately her sense of decency was outraged. She saw her father as a brutal, dirty-minded being. She told him what any outraged decent girl or woman would have told any insulting man, and as he raised the strop, she slapped him full in the face with such terrific force that he was stunned. (She owed her muscularity to a father who had not thought it indecent for her to do a man's work, even though he apparently regarded simple amusement as indecent and shameful.) The affair ended then and the lady found that she had lived over and cast to the winds some damning repressions. Since that time her father has respected her as a gentleman should respect a lady.

OVERCOMING REPRESSIONS

Not every woman has had an opportunity (nor the provocation) to overcome many repressions, but there are ways in which women may overcome repressions.

One of my lady patients was quite unhappy because she suffered from frigidity. Her husband was a patient man and sought to help her, yet, she had come to believe that her husband was seeking other women, even less attractive women, because of her frigidity. Concerning that I do not know nor did I then concern myself about it. It had nothing to do with my duties.

The lady was encouraged to tell me something concerning her life history. I then suggested that she tell me everything she could recall concerning her sex life.

Now I'd like to draw attention to one particular element in this case. The lady had no apparent physical restrictions. Her husband had warned me that I might have difficulty with her when I suggested a full physical examination in order to determine the existence or non-existence of organic trouble. I immediately learned that in this she was entirely uninhibited. It was the matter of her sex life within herself concerning which she was reticent. Now and then during her recital she would make a statement and ask, "Does that help?" She was assured that everything helped.

Finally she understood that I sought to help her and that I had no condemnation to express concerning anything which she told me. And then the truth came out. She was worried over the extremely simple matter of masturbation. And even though her husband was slow and patient, he even appeared to deliberately seek to avoid the clitoris during intercourse. The patient still masturbated and had powerful orgasms which she assured me she always felt would be more complete if occasioned by just a slight amount of friction by the dorsum of the husband's organ during congress. She explained that she had changed positions repeatedly in order that this might occur and that her husband has just as often changed positions. This had added to her complexes and repressions.

Except in cases of marked displacement upward of the clitoris or deformity, the dorsum of the penis should naturally pass against the glans of the clitoris during intercourse. And the frigid woman who will seek not only to bring this about but who will seek to promote greater friction will soon find her frigidity disappearing, her general health improving and various little neuroses banished. This is not the only factor in frigidity, and we shall yet reach the greatest factor of all.

24
FACTS ABOUT THE CLITORIS

The clitoris is, in actuality, regarded as a miniature penis. Except for its size and the fact that it has no channel, it is the analogue of the male organ. It is capable of the fullest sensation and is richly supplied with nerves. It becomes erect in sexual excitation and most of the reasons for failure of erectility of the penis in the male apply in the matter of erectility of the clitoris. Psychological aspects (sexual excitement) may cause erection.

It has been contended by Dr. Freud and a number of others that at maturity the seat of sexual sensation should be transferred to the vagina. Numerous authorities believe that when normal transference does not take place that it is because of the psychic effects of masturbation. Here I differ with the Freudian teachings and I am not alone. A large number of sexologists and hundreds of thousands of women agree with me. In innumerable women the ability to distinguish between the vaginal and clitoral sensations leads to the belief that the vaginal sensations are always on an excitation level far below that of the clitoris. The truth is that in the majority of these cases there is a fusion of the sensations and in the resultant excitement of the sexual climax the woman is unable to distinguish between the sensations. This is, indeed, the most normal state.

THE HOODED CLITORIS CONTROVERSY

For ages surgeons, finding a hooded clitoris, especially in case of frigidity, dehooded the clitoris, and in many cases the operation, which exposed the sensitive gland of the clitoris, cured the frigidity of the patient. In some cases there was necessarily failure because factors other than the hooded clitoris caused or contributed to the frigidity of the woman.

In recent months articles have appeared in medical literature branding the hooded clitoris contention or theory, a hoax. Some of the writers have been emphatic in stating that a hooded clitoris is not a cause of frigidity. Strangely, some of the same writers have denied that the psychic factor is of especial importance. I believe that in these instances we may have had a few inhibited physicians who needed psychoanalysis.

A thickened and heavy hood can and does cause frigidity in some women. If there is no other factor, dehooding the clitoris (an operation analogous to circumcision in the male) cures frigidity. If other factors exist they too must be corrected. The physician who denies the psychic factor in the frigidity of woman may as well deny that woman is a creature of intelligence. This I emphatically dispute. If examination reveals a hooded clitoris, the hood should be removed, and if for no other reason, then for the sake of better hygiene. Few women are averse to cleanliness. Those who have been sadly mistaught may be guilty of poor hygiene of the sexual organs because they cannot get rid of the repressions through which they were taught that the sexual organs are vile things never to be touched or looked at.

THE PSYCHOLOGICAL FACTORS IN FRIGIDITY

In woman the psychological factor with reference to sexual desire is the factor of greatest importance. There are so many other factors,
as we have seen, which may be readily found and corrected. Frigidity is caused in by far the majority of instances (I'd judge 90 percent or more) by husbands.

WHY HUSBANDS MAY CAUSE FRIGIDITY

Most males have indulged in coitus before marriage. And as a rule, such husbands have had almost a single idea in mind with relation to the sexual act. In consorting with prostitutes the average man has another idea—to get it over with. These facts contribute to male impotence in time and they definitely contribute to premature ejaculation.

Seeking to puff up his pride, many a groom will, for a while, try to arouse his sexual partner—his bride. As a rule, his warped psychology leads him to seek the wrong method of arousal—the method of showing that he is much of a man physically. His antics often cause his bride pain. And because he prides himself, he soon becomes disgusted with his efforts and decides that he has married just one of those frigid women. By his acts the groom causes frigidity in his bride where he might have found great love and admiration.

THE CONCEITED MAN

There is a type of conceited man who should be called vermin. He is a blowhard, and to hear him tell it, he has always been a devil with the ladies—a regular lady-killer, as the expression goes. Unfortunately the villain does have a way about him—a way which may cause men and women both to like him on first acquaintance. The illusion soon vanishes. In his stride he boasts before men. This is the fool who boasts that he has caused prostitutes to have orgasms. An orgasm in a prostitute is a rarity. The conceited man of whom we speak is a heartbreaker. He breaks the heart of a lovely bride early, and often, through his blundering. He deserves total ostracism.

Beware of the man who boasts about his sexual exploits with women. The truth is that he is not fit to associate with women. Beware of any person who makes sexual boasts.

PSYCHOLOGY AND THE WOMAN

Physical handicaps may be overcome. Many may offend woman and be forgiven. Far be it from me to say that anything like the number of married women who may be frigid as brides and whose husbands contribute to or plainly cause frigidity, remain frigid. It is impossible to know how many women, by percentage, are or are not frigid and cross-section quizzes do not bring true results. I do say this and I am sure of my ground in saying it: Few women need remain frigid. There is but little medical treatment per se that can help the frigid woman. But an intelligent husband can accomplish much.

A large book could be written on the psychology of woman's sex life—and every page of it could be made valuable and interesting. In many of my other Big Blue Books I have given information which should help both men and women to understand each other better. In doing this I have helped men and woman to a better understanding of each other and I feel certain that all who have read some of my other books have found that they were gradually gaining an underlying knowledge of the principles and facts of mental and sex hygiene. Indeed, my book, "Husbands and Wives Can Be Satisfactory Lovers," can help readers to overcome both impotency and frigidity.

Here, in speaking of psychology and the woman, I can speak briefly. That there are exceptions we must admit, but woman, by her basic
nature is a creature of tender emotions. She requires strength of character and personality in man, and above all she requires tenderness, gentleness and love. Woman requires these qualities. At the same time, with the exception of admittedly exceptionals, she probably deplores silly sentimentality as much as the average intelligent male deplores such a trait or characteristic and all that goes with it.

The groom or husband who knows how to treat his wife with gentleness, kindness and love, 24 hours a day, at the same time exercising firmness and deliberateness where these qualities are necessary, will find that he has captured the psychology of woman and her love life and that his is the greatest remedy for frigidity a man can possess. But let us look at woman's intelligence and the perversity of human nature in both sexes. Wise indeed, if she will but master the art, is the woman who can, and will, so command herself that she will, by her very act, imbue her husband with a desire to manifest all of the characteristics which I have mentioned. Paradoxically, it sounds simple and easy, and it is; it sounds difficult and complicated, and it is. Furthermore it sounds possible of attainment—and it is. How easy is it to stop a determined human being?

**THE SIMPLICITY AND ADVANTAGE OF TRUTH**

Truth between married couples is, or should be, one of the simplest of all things. Absolute honesty and truth between married couples can serve to dispel disagreements and disillusionments. And this means truth in all of their knowledge of each other.

Writers, physicians, and scientists whom I respect, sometimes seem to go off at the deep end. Not long ago I was reminded of a practice against which I constantly warn all married couples. A physician and sexologist, whose writings have been broadly read, advised married women against telling their husbands of any premarital sexual affair they might have had. Do not misunderstand me. Husbands can be quite foolish. When a husband later begins to query her concerning any affairs she might have had previous to marriage, or who accuses her of having been other than a virgin on the bridal night, deserves the sharpest weapon known—the truth.

As I write, I have before me a paragraph from the pen of an able medical writer. He but repeats the same words I have read from the pens of others. He states in essence that in the absolutely hopeless cases of frigidity it would be the part of wisdom for the physician to advise the wife, for the sake of family peace, to pretend sexual excitement or orgasm to her husband. The writer, like other writers whose works I have read to advantage, regards the act as no fraud and feels that certainly there is no harm in it if it serves the purpose. He does not make himself entirely clear as to what purpose. In his explanation he states that the pretense is far better than the breaking up of a family by divorce, or leading the husband into extra-marital coitus with all of its dangerous consequences.

I disagree. Divorce is not desirable and would not be necessary if we had more honest and truthful teaching and teachers who honestly debunk social and other shams. If a couple fail to get along sexually they should seek expert help—that is, if they care anything about each other as they are supposed to care. And if they fail to find help from one source, if they fail to find the right kind of guidance, they should continue their efforts as long as there is hope that they may find guidance. Failing, and being unable to determine and correct, for themselves, the cause of their unhappiness, then let them seek a divorce and if we do not have enough divorce courts let us create more, and along with them, judges who turn thumbs down on antiquated causes required for divorce.

Let us also beware of the assertion on the part of intelligent per-
sons that a wife drives her husband into extra-marital coitus. No woman drives any man into extra-marital coitus. By the same token, no woman leads any man into extra-marital coitus. The man but fulfills his own wishes and yields to his own tendencies regardless.

How can husbands and wives expect sincere and expert guidance when they are admonished to practice shameful and damning shams? I can never condone such admonition when it comes from intelligent physicians. A physician is consulted and paid for truth. One out of every three physicians only, it has been said, expects any eternal reward for his good deeds or eternal punishment for his misdeeds. We should therefore have at least two out of three honest physicians, for they have nothing to gain or lose except now, and what can they lose by giving sincere truthful advice?

Perhaps I seem to have strayed from the subject of impotence and frigidity, but if you have, by perusing, decided that, I ask only that you return to the heading of this section and read again these pages. I have actually reached the heart of what the most of these conditions center around.

Professional help should always be sought when married couples find themselves with problems which yield to solution at the hands of guidance experts. If the principles of truth in its utter simplicity are practiced, by far the greater part of the sexual problems of man and woman, husband and wife, will be solved. The greater number of cases of impotency and frigidity can be cured by the practice of love, intelligence, reason and truth, between husbands and wives.

Another word as to divorce and marriage is in order. Is it right and reasonable to force man and woman to live together in a pseudo-marital state, by law? Does this not create not only legalized prostitution under cover of matrimony, but legally enforced marital prostitution as well? And who but egomaniacs, themselves either not married or married in name and legality only, can advocate legalized marital prostitution?

Assuredly children born to marital unions should be protected. But if we had more fearless teaching and less deceit from all institutions which we regard as the shrines of education, couples would learn quickly whether they were on the right road to happiness and would be so instructed that they would not bring unprotected children into the world. Further, if we had the right, fearless teaching from the shrines of learning, there would not be such ignorance and doubt concerning sex hygiene because sex and social hygiene would be required subjects in all schools. With prudery in sex banished, truth taking the place prudery now holds, our divorce courts would be dull places of business indeed.

With the exception of serious pathological and organic impotence (which in most cases could be cured by medicine and surgery) impotence and frigidity would practically disappear along with prudery and false conceptions which are largely responsible for sexual incapacity between husbands and wives.

Dr. Sturgis has commented at length on the condition which he labels as "intellectual frigidity." Evidently he sympathizes with the intellectual woman who is frigid because of her intellectuality and he believes that should such a woman, "one who regards the menstrual function as a nuisance and her sexual nature as beneath her contempt," meet her right intellectual mate her frigidity would vanish. The mate would have to be a super genius and being this he would need to be, in addition to whatever he had qualified himself to do as a vocation in life, a psychiatrist and one versed in psychoanalysis and all phases of shock treatment, because the type of woman Sturgis describes is an insane character for all her intellectuality. She is to be pitied and treated—not married.

As a final word, believe me when I say that although there are many causes of impotence and frigidity, the greatest causes are men and women—husbands and wives. When you can arm yourself with knowledge, ask yourself this question: Do you want to be one of those causes?
DAVID OLIVER CAULDWELL

Author of Growing List of H-J Books

Dr. Cauldwell, born on June 17, 1897, at Cleveland, Ohio, is doing
important, useful educational writing on Sexology and related subjects.
Below we list the booklets he has done for us so far. Check them care-
fully and you will be surprised how many of them you will want to read.

Dr. Cauldwell's father—deceased since 1917—was Gilbert Cauldwell,
M. D., surgeon and anatomist. D. O. Cauldwell was schooled at Cleveland
—at Purdue—and entered medical studies at the Chicago College of
Medicine and Surgery. Later this school, together with Bennett Medi-
cal College, was merged with Loyola U. (Chicago), where the ecclesias-
tical authorities in control failed to appreciate the advanced students of
the merger, most of whom drifted away. A Freethinker, Cauldwell was
forever in bad odor with the pious professors. He then took his trans-
script and was welcomed at the Universidad Nacional de Mexico, hav-
ing fortunately, in earlier days, gained a command of Spanish. There he
studied, practiced and took degrees in medicine and science.

After several years of private (general) practice, Dr. Cauldwell
became an associate Medical Officer of the War Department and served
also as an army contract surgeon. Later he served in war industries, as
follows: Surgeon, Norfolk Dam Project; Ellis and Mountain Home,
Arkansas; Medical Director, Seneca (Ill.) Shipyard. Then he returned
to the War Department as neuro-psychiatrist, Induction Service. Then
he became medical examiner at Ingallis, Pascagoula, Shipyard.

Dr. Cauldwell gave up his practice in 1945 to devote himself to writ-
ing, which he tackled with the utmost earnestness. From eight to 14
hours daily are devoted to reading, writing and research. Two or three
hours each day are given to outdoor activity around his "Farm-Haven,"
in Alabama.
Here are the booklets (each 15,000 words in length, page size 5½ x 8½ inches) that Dr. Cauldwell has written for Haldeman-Julius:

PSYCHOANALYSIS & PSYCHIATRY

What Makes the Neurotic Personality Behave that Way? What psychiatry has learned about your reactions to the anxieties, conflicts and strain of modern living. 35c.

Schizophrenia and Mental Danger Signals. What to do about schizophrenic tendencies—a study of behavior and mental disturbances. 35c.

So You’re a Neurotic! Treatment possibilities and treatment technique for men, women and children who feel too keenly the emotional strains of living 35c.

Practical Psychiatry for Everyone. How to be your own mind doctor and solve mental problems for yourself and others. 35c.

How You Can Become a Practical Psychoanalyst. Workable applications of Freud, Jung, Stekel and others made easy. Principles of Psychoanalysis you can use in business and everyday relations with other persons. 35c.

Easy Lessons in Practical Psychoanalysis. A workable guide for the use of amateurs who want to understand themselves and others better and thereby be happier. 35c.

So You Married an Alcoholic! Facts About Alcohol, alcoholics, Neurosis and Neurotics. 35c.

SEX

Husbands and Wives Can Be Satisfactory Lovers. A guide to the esthetics of intimacy, with hints on how sex can be made beautiful. 35c.


SEX, ABNORMAL ASPECTS OF

Why Sex Offenders Act That Way. Psychiatry shows that sex delinquents are very sick people. Cauldwell. 35c.

The Truth About Homosexuality in Man and Woman. Facts cleanly presented to help improve individual and sociological concepts. 35c.

Perverted Haters of Sex. There are persons who hate sex walking among us every day—A candid study of a strange perversion. 35c.

Sex Crimes Among Juveniles. A study of various delinquencies. 35c.

Why Males Wear Female Attire. Strange stories, weird confessions, historical data, and scientific explanations of transvestism. 35c.

What Is a Hermaphrodite? A study of persons of other sex whose genital organs, mental integration and chemical (hormonal) characteristics embrace the characters or characteristics of both sexes. 35c.

SEXUAL HEALTH

What Women Should Know About the Menopause. The prevention of suffering through an understanding of the hygiene of life’s natural changes, Cauldwell. 35c.

What to Know and Do About the Male Climacteric. Advice which can help to keep men from going off the deep end, including a generous question and answer section. 35c.

The Treatment of Impotence in Men and Woman. Kinds of impotence in both sexes; treatment of frigidity in woman; the psychology of impotence. 35c.

Sterility in Men and Women. A study of causes and treatment possibilities for those who are denied parenthood. 35c.

The Latest So-Called Miracle Cures for Syphilis. The facts about penicillin. History and facts about syphilis, its complications and treatment. 35c.


Is Sexual Sterilization Easy? A study of various facts about sterilization, including its legal status. 35c.

Effects of Castration on Men and Women. Accidental, voluntary and involuntary castration. Eunuchism and history—medical treatment and aspects. 35c.

SEX and Psycho-Somatology. A study of the various aspects of the relations of Psycho-Somatic medicine to sexuality and sexual disorders, including important endocrine data. 35c.

Hypersexuality—Is Anyone Oversexed? Viewpoints of physiologists, psychiatrists, and sociologists on preoccupying sexuality and nymphomania. 35c.

What Can a Sick Person Believe? A study of what is valid in the new medical magic and a summary of information for both the sick and the well. 35c.

SEXUAL MORALS

A Modern Analysis of Biblical Sex Scandals. 35c.

Ideas Which Wreck Marriage Before the Honeymoon Begins. The groom’s dilemma—is his bride a virgin? The bride’s perplexity—will he know? A book about the hymen, and virginity in both sexes. 35c.

Bought singly, the above 28 titles, at 35c, would cost $9.80, but if you will order the entire set of Cauldwell books, we will let you enjoy the bargain price of only $6.65, a saving of more than $3. Send $6.65 and ask for DR. CAULDWELL’S 28 BOOKS. They will be shipped immediately prepaid. Mail orders to:

HALDEMAN-JULIUS PUBLICATIONS, GIRARD, KANSAS
Dr. A. F. Niemoeller, of St. Louis, Mo., is probably the country’s most brilliant, scholarly, scientific writer on sexological themes. Here are the titles he has done for the Haldeman-Julius Publications:

**SEX, ABNORMAL ASPECTS OF**

Essays of an Erotologist. Some observations on little-discussed aspects of sex. 35c.

Bestiality in Ancient and Modern Times. A study of the sexual relations of man and animals in all times and countries. 35c.

Artificial Impregnation. A study of the history, methods and ethics of conception without cohabitation. 35c.

De Sade on Virtue and Vice. Selections from the writings of the Marquis De Sade (after whom the practice of Sadism was named). Illustrating his views on morality and sex. Translated by A. F. Niemoeller. 35c.

Bestiality and the Law. A resume of the law and punishments for bestiality with typical cases from 15th century to the present. 35c.

**SEXUAL HEALTH**

Feminine Hygiene in Marriage. $1.50

The Secret Laws of Sex. El Ktab, or the Khodja Omer Haleby—An Arabic scholar’s interpretation of Koranic law as it pertains to sexual relations. Trans. and condensed by A. F. Niemoeller. 35c.

Aphrodisiacs and Anti-Aphrodisiacs. What science has learned about the problem of increasing the average man's capacity for a fuller sex life. 60c.

**SEXUAL MORALS**

Chastity Safeguards. Mechanical means of preventing sexual indulgence, in both men and women, employed in different times & countries. Niemoeller. 35c.

The Funny Side of Divorce. Various ridiculous reasons and complaints that have been presented as grounds. 35c.


Bought singly, the above 15 titles would cost $9.35, but if you will order the entire set of Niemoeller books, we will let you enjoy the bargain price of only $6.25, a saving of more than $3. Send $6.25 and ask for A. F. NIEMOEELLER'S COMPLETE LIST.

HALDEMAN-JULIUS PUBLICATIONS, GIRARD, KANSAS
BERTRAND RUSSELL

Bertrand Russell, the distinguished essayist, philosopher, mathematician, logician and Freethinker, recently said he enjoyed writing booklets for E. Haldeman-Julius because he's given the fullest freedom of expression. In fact, it's only in essays written for Haldeman-Julius that Mr. Russell can give circulation to the mind-liberating thoughts he feels should be made known to the average person. In the 16 booklets listed below, Mr. Russell offers the literate a feast of reason, information, logic, wit and rollicking humor.

1. Ideas That Have Harmed Mankind. Man's Unfortunate Experiences With His Self-Made Enemies. 25c.
2. Ideas That Have Helped Mankind. A Philosopher Looks at Man's Long History, Points to the Things That Moved Him Forward, and Shows What We Must Do if Civilization Is to Grow. 25c.
4. The Value of Freethought. How to Become a Truth-Seeker and Break the Chains of Mental Slavery. 25c.

6. How to Read and Understand History. The Past as the Key to the Future. 25c.
7. How to Become a Philosopher, a Logician, and a Mathematician. 35c.
8. The Value of Skepticism. 25c.
11. Stoicism and Mental Health. 25c.
15. A Liberal View of Divorce. 6c.

Take your pick. If you want all 16 booklets send $2.90 and they will be shipped prepaid. Mail orders to:

HALDEMAN-JULIUS PUBLICATIONS, GIRARD, KANSAS