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# **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  
QUESTIONS AND ANSWERS SECTION**

**By D. O. Cauldwell, M. D., Sc. D.**

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## IS THERE A CHANGE OF LIFE IN MEN?

It has long been conceded that women undergo what is known as a change of life. Until comparatively recently this change of life, admittedly recognized in women, was associated with the menopause, the time in the life of woman when the menses cease, marking, as a rule the end of woman's reproductive years. In recent times it has been learned that in women, the actual climacteric (or change of life) does not always correspond to the period of the menopause. With these facts in mind we should not doubt that in time it was inevitable that medical men would reach the conclusion that man, too, underwent a change of life—a climacteric.

Dictionaries have been slow to adopt a positive definition for the climacteric as a change of life in men and women. Certain medical dictionaries refer to the form *climacter* from which climacteric derives, as a supposed critical period in life, occurring after adolescence, in men and women, and especially associated with the menopause in woman. Careful analysis leads to one conclusion beyond doubt: A climacteric represents a crucial period in the life of men and women and this period known as the climacteric has become associated and, by some authorities acknowledged, as identified with the sexual life.

There is a change of life in man, but such change does not represent what men in general usually believe it to represent. Indeed, the belief that certain symptoms (which have been overly publicized) indicate the end of active sexual life in man, or at least the end of a full and satisfactory sexual life and probable reproductive ability, has been responsible for needless concern, suffering, and in no small number of cases, psychoneurosis.

In presenting this book it is my aim to show that the change of life in man is a natural phenomenon, that it does not rob man of sexual or other power except as he miscomprehends, and that even when apparently serious symptoms have developed the aroused intelligent man will be able to readily overcome his symptoms and emerge from the crucial period a man, and a whole man at that, in every respect.

## CERTAIN EXCEPTIONS MUST BE MADE

It stands to reason that if we are to treat intelligently of the male climacteric, we must consider only men who are fully endowed with normal sexual powers, as coming within the range of normality within the limits of our discourse. Men who do not fall within the range of this normality are subject to climacteric symptoms, and much can be done for these men. Such men are those who have been castrated, or who were eunuchoid from birth, or who, for various reasons, have failed to reach the full development of male sexuality. These men must be regarded as exceptions when we study the climacteric as it pertains to normally developed sexuality in men. The subject of the sexual life and normal and natural changes in these men who comprise an exceptional class, will be discussed in a special section of this book.

## WHAT ARE THE SYMPTOMS OF THE MALE CLIMACTERIC?

In few conditions can we say that the symptom picture is more varied than in the condition known as the male climacteric. It will be

far better for us to study symptoms which do not indicate the climacteric as well as symptoms which are regarded as positively identifying the crucial period.

A detailed description of symptoms is not necessary. Once a person experiences any symptom to the extent of painful awareness, such person remembers the symptom and has his own description of it.

Symptoms such as migraine, hot flashes (also called flushes), a limping libido, impotence or partial impotence, general weakness, easy fatigability, so-called nervous exhaustion, undue nervousness—especially a shakiness or trembling, and even sterility, are some of the symptoms which have been mentioned as indicative of the male climacteric. Various alterations of the structure of the sexual organs have also been named as symptomatic of the male climacteric.

Migraine may occur because of a psycho-neurosis. It is now admitted to be usually of psychic origin but it is agreed that it may be psycho-somatic (pertaining to abnormal conditions of both mind and body, or these combined), and when it occurs in connection with the male climacteric it may be the result of other conditions rather than the cause of such conditions.

Hot flashes are frequently experienced in numerous conditions and especially in diabetes. They are not positively indicative of the male climacteric. The libido is affected in so many ways that lessened or faulty libido can be regarded as symptomatic of the male climacteric only because it may occur during the crucial period. The libido may be weak or absent in men otherwise in the prime of life and health.

Impotence and partial impotence result from a variety of causes and the physical causes of impotence are few. Impotence is largely psychic. (See my Big Blue Book on "Treatment of Impotence in the Male and Female.")

General weakness often results from the ravages of some serious disease, usually of an infectious nature. I need not elaborate on the causes of nervous shakiness. Except in such diseases as the palsies nervous shakiness results from acute illness, fear, and various excesses. Invariably the victim of this condition knows just why the condition exists.

Easy fatigability, nervous exhaustion and brain fag may result from a number of bodily conditions but either, and usually all, of these manifests to a greater or lesser degree in all men going through the climacteric

There are men in whom the latter symptoms mentioned do not create a prolonged impression, attacks being mild, and such men, even when told, rarely, believe that they have experienced the climacteric.

## LET'S BANISH BOGIE IDEAS

Let us banish certain bogie ideas at once. It was once said and believed—and unfortunately it is believed even today and by some medical men, at that—that the climacteric spells the end of man's sexual life. The idea is a bogie. After the crucial period has passed, man may enjoy years and years of potency and normal, healthy life. And let us banish some other bogies while we are at it.

The climacteric does not end man's reproductive years. Many men pass through the climacteric and then beget large families of children. Some men remain potent and fertile at the age of 100 or more. And we should at once face further facts. Ordinarily woman does not bear young before her menses begin nor does she continue to bear children after the full completion of the menopause. There have been exceptions. Women have borne children before having menstruated and women have given birth after the cessation of the menses.

These facts should not be difficult to understand. They by no means constitute miracles. (Scientific investigators hold that miracles

are incredible.) The phenomena attending these occurrences are entirely natural. In the case of the girl who becomes pregnant and bears young before having menstruated, the fact of gestation (conception) causes the necessary hormonal activity, and when the fertilized ovum completes the process of nidation (nesting, or finding a nesting place, or place for attachment on the wall of the uterus) and blood is brought to the womb as a result of combined processes, osmosis (absorption of blood through its membranes), and the product of conception is nourished.

Ordinarily, after the menopause, the uterus shrinks (atrophies) and ovulation ceases. If the uterus atrophies slowly, and ovulation has not ceased, then the woman who has regarded herself as past the menopause may bring forth a child, and it has been observed that in such instances, more than one such apparently post-menopause child has been born to the same mother. There is an explanation, and a highly enlightening explanation indeed, but that must be read in a different book ("What Women Should Know About the Menopause and Climacteric"—Haldeman-Julius); however, the simple answer is that the menopause and the climacteric are not the same in woman. It is true that these periods or stations of life often occur simultaneously, but when they do not, many a woman is dumbfounded. The same manifestations dumbfounded doctors not so long ago. Quite a few doctors have been slow to accept the newer knowledge. I explain this in order that you may understand the difference in medical opinion. Who knows but your own personal doctor still regards but one crucial sexual change as occurring in the life of woman?

This explanation naturally seems somewhat out of place in a book concerning the male. It is apropos because it serves to help us to understand facts concerning the male and enables us to make valuable comparisons.

The idea that the sexual life of man or woman ends at any special time, regardless of how crucial, except through devastating accident or surgery, is a bogie idea. Both sexes should be able to enjoy a full sex life into extreme old age, provided they remain sufficiently healthy and strong and if they remain healthy enough and strong enough to do moderate work—then a healthy and pleasant sex life is impossible only if they believe, and hence will, that this be so.

## YOU CAN BANISH PHANTOM FEARS

Fears without a basis in actuality are phantom fears. Often as man reaches the late forties or passes the half century mark he may experience a lessening of the libido. Because he has often heard that a man may go through "the change of life" at this age, he becomes panicky. He develops a fear that his sex life is over and indeed that his manhood is fast ebbing. Every man who has enjoyed normal sexual power has but to look back over the years and he will realize that periods of lessened sexual desire have occurred from time to time. Often they were but nature's safety valve—a mechanism to protect him from excesses. In the earlier years it is easier for man to find numerous transitory causes for a lessened libido. It should be just as easy for the man past 50 or 60, and if active and virile past 70 or 80, to find transitory causes for a lessened libido.

One great phantom fear that is experienced by many men is that, having practiced masturbation in the years of youth, lessened libido and especially lessened erectile power, are the results of the early practice. This method of rationalizing is entirely false. Anything which goes to excess is harmful. On the whole, the body quickly recuperates from excesses soon after the excesses cease.

It is estimated (and I have so stated numberless times) that at some time in life more than 90 percent of humans (both sexes) practice

so-called pollution, or masturbation. The practice remains with different persons for varying periods. It does not, as was once supposed, cause sexual weakness, nor does it cause insanity. Quite the contrary. Excessive indulgence is the result of a psycho-neurosis (or some form of mental or nervous disorder) in practically all, if not all, cases of excessive indulgence.

Another phantom fear is that a case of venereal disease (either syphilis or gonorrhoea) early in life causes a "loss of manhood," later in life. This is not true. The sequellae of these diseases may actually invalidate a man at any age. They destroy manhood only as they destroy the man, his health and his life. I knew a man in the late forties who was so bent and gnarled with gonorrhoeal arthritides that he could not get his body straighter than the angles of a wheel chair. The man was not capable of transmitting gonorrhoea to others because the active infectious stage had been passed years before. His potency was such that his wife came to me seeking an aphrodisiac. For some time their attempts at coitus had resulted in disappointment because of a failure to effectuate connection. After a careful study of the case I was able to advise them in such a manner as to enable them to resume satisfactory coitus. But the point is that even this serious condition had not destroyed the victim's manhood. And he was at that time in life when the male climacteric may readily occur.

## ARE MEN ALWAYS AWARE OF THE CLIMACTERIC?

No. Invariably all men, normally potent, are aware of some of the climacteric symptoms or effects; but unless advised, or unless previously mistaught or misinformed, they do not think of the possibility that they are passing through a climacteric. I have known many men who had of a certainty gone through the climacteric stage, but who attributed symptoms to other conditions and laughed at the idea that a "man goes through a change of life."

## MANHOOD IS NATURAL

Although not all males do attain manhood, even though they live far more years than the number required, manhood is natural. There are males who fail to develop sexually and there are males who suffer unfortunate injuries and accidents and these serve, when suffered before puberty, to rob such males of the attainment of manhood. When a male has never realized manhood he cannot realize, fully, his loss. To him it is not loss in an actual sense even though it may be in fancy or phantasy. The pre-pubertal boy whose gonads are healthy and intact, and who is in sexual and glandular health, has an entirely different outlook than take the unfortunate victim of surgery (by necessity to save life) or injury. The male who simply fails to develop cannot have the same outlook as either of the others we have considered.

It is true that in one of the quite early experiments with pure testosterone, a case was reported wherein an apparently eunuchoid male gained satisfactory development and reached a satisfactory state of manhood. The case was that of a 27-year-old medical student at the Albany Medical College. It was first reported by Dr. J. B. Hamilton, a Ph.D., who was an anatomist at the college.

Briefly, this student was said to have been beardless, with breasts of feminine contour, a hairless belly and chest, an under-developed larynx, and a small penis which was said to have measured about an inch in length and not more than a half inch in diameter. Testicles were not found.

He had, at one time, been given pituitary hormone treatment without benefit. Doubtless the trouble was with the product rather than with the theory.

Hamilton's treatment brought improvement, but insofar as I have discerned from the literature it did not actually make a man of him. It at least improved his lot in life and anything capable of improving the lot of mankind would certainly seem worth while.

We may see that the lot of the eunuchoid person may be helped. Yet the help does not produce natural results and hence is a crutch. Let's not forget that a crutch can be valuable.

In citing this case my object has been to point out that manhood is natural. When natural manhood is given a decent chance, the human mechanism is capable of sustaining it.

I feel certain that in your thoughts you are digressing at this moment and that you are asking a question. You are wondering whether there is actual value in testosterone (male hormone) therapy. There is. But testosterone, like all other remedial agents, has its limits. And testosterone, like all other medical remedies, was destined from the start to reach the point of over-exploitation.

Simmered down, this means that testosterone therapy has value and that it has its uses. But, simmered further down, it means that it will be well to take your testosterone with a grain of salt.

## AN HONEST EXPLOITATION

Two years ago Paul de Kruif's "The Male Hormone," was published. I can but believe that the author was thoroughly sold on the great therapeutic value of the male hormone, testosterone. He did not, in writing the book, fail to attribute testosterone's greatest value to the sustenance and maintenance of man's health, nor did he dwell on the product as an aphrodisiac or an actual cure for impotence.

It is necessary that I speak from a personal point of view and in doing so I desire to give all the credit such a person may deserve. There is, therefore, no doubt in my mind that Paul de Kruif was thoroughly honest and sincere in all that he reported concerning the male hormone. I am of the opinion that Author de Kruif was oversold. De Kruif's enthusiasm reminds me of the enthusiasm many of you have witnessed at auctions or the old back-lot comic medicine shows. A good spieler could hand out a worthless preparation guaranteed to grow hair on a door knob as fast as bald-pated (and thin-haired) men could step up and hand in the dollars. They didn't stop to think that it was their bald-pates on which they wanted hair to grow—not a door knob. I think that the work of Mr. de Kruif's enthusiasm, if shared too fully by men in general, was (and is) likely to doom many men to bitter disappointment.

## WHY TALK ABOUT TESTOSTERONE?

It is apropos that we talk about testosterone because no discussion of the male climacteric would be complete without such discussion today. I repeat that testosterone has value. But I would like, at the same time, to emphasize that over-optimism in the therapeutic values of testosterone may be more damaging than all of the ill effects of an unfortunate male climacteric.

And I see no reason why I should not be prophetic. In this I prophesy that by the time the price of any form of testosterone can be brought within range of the person of average income, a new principle will be discovered and testosterone will then, while the new product is being built up, be regarded as a rather poor crutch to use while the new "magic" is in the boiling pot—the test tube or experimental laboratory stage. If you would like more light on this subject read my "What



Can a Sick Person Believe?" (Haldeman-Julius), and I think that you'll find yourself agreeing that more men are broken by disillusionment than by the natural biologic processes constantly at work within the human body.

## DO I RECOMMEND TESTOSTERONE?

Men seeking information have asked me frequently as to whether I believed testosterone could help them. Invariably (if there was any indictment whatsoever) I have answered affirmatively, explaining, however, that it was not likely to help them in the way they perhaps thought or hoped that it would.

Of course, I recommend testosterone. I have personally taken it. And my personal experience may shed light for others.

Some five years ago, I was released from duty by the War Department (and service as an associate medical officer in the 7th Corps Area) to take up duties as surgeon at an isolated point where several hundred workers were building a dam which was to deliver power for the manufacture of war materials. The location was in a deep basin surrounded by mountains and was as hot as the Mojave desert. I attended the injuries, major and minor, of several hundred workmen, and the physical ills of these workers and their families. In addition I examined all new men who went on the job.

I had had a severe fall a few months previously and it had left tell-tale marks (later learned to be the effects of an undiscovered vertebral injury), and plunging into this vast volume of work I began having a feeling of exhaustion not unlike that attributed to the male climacteric. It seemed to me that the male hormone might be the answer. I took injection after injection, and the only results I observed were the indentations made on my pocket-book. I was under the auspices of the army engineers at the time. Before winter came, the underwriters responsible for my salary asked me to change to a location under Navy supervision. The change came about in such a way that I had an opportunity to get several days of rest, which did me good.

But let's not blame testosterone. I took testosterone because there was an excellent clinical indication and doctors have no better way of judging except through experimentation. Later I took two good periods of rest and forgot about testosterone personally. It was not the answer for all of its clinical manifestations.

In 1944, I learned why I have erred in thinking that testosterone should have been the answer to the fact that I could not drive my mind and body for 12 or more hours a day. An orthopedic surgeon placed me in a steel body brace. Not long afterward I gave up active practice, and within a short while I was full of the old zip again.

But let's see a little more about testosterone? Soon after I left active practice I began writing. Presently I found that writing, which was to have been an avocation, had become a vocation. There were times when it was necessary for me to drive myself in order to meet datelines. Ordinarily this should not have been difficult. But once certain damage has been done to the human machine it may be like a chain with a weakened link. Lacking the physical power I needed and felt I should have, I procured testosterone, but not the injection form. I obtained the linguet form (it has been learned that the tablet form meets with considerable destruction when acted upon by the digestive processes) and began placing some 30 milligrams a day under my tongue, allowing the material to be absorbed by the buccal mucosa. Two or three days of this treatment occasionally (only when I feel clinical manifestations) have served well. As soon as the clinical manifestations disappear I discontinue the treatment. Yes, I recommend testosterone.

## A HINT FOR YOUR WELFARE

To continue briefly to use myself as a guinea-pig for our enlightenment and information, let us say that my fatigability of recent months is actually a symptom of the male climacteric. Certainly this is possible. My age is right. There may be other symptoms which I am likely to discount personally. Another physician would probably not discount such symptoms regardless of their mildness. And so, hypothetically (which may or may not be actual, as we have observed), let us say that I am in the climacteric. With the exception of devoting the greater part of my time to work, my living habits are such as are normally contributory to good health. And were I not devoting most of my waking hours to work (having been so accustomed all my life) I'd be rather lost. I take a generous amount of healthy exercise daily and I devote the requisite amount of time to personal hygiene. I devote a reasonable amount of time to complete relaxation. Any doctor would recommend these practices and the majority would appreciate the lack of fanaticism connected with them. There is little else for me to do. But when I feel somewhat exhausted and a reasonable number of hours of sleep and rest fail to bring recuperation, I take a few milligrams of testosterone. As a rule I am occupied while doing so. And as a rule I am soon physically fit again. But there is a potent thought which may have entered your mind at this point. It is: Should I increase the dosage and remain regularly on the product, would this not be likely to ward off these occasional feelings of disinclination? No.

Although reason and logic told me the truth as I learned it, I made the experiment. What was the result? I found that, in time, depending apparently on the regularity or irregularity of my activities, the feeling of fatigue or disinclination came. Then what to do? Increase the dosage of testosterone? That seemed advisable and I did, resting and taking just the right amount of exercise, until I was on the upgrade again. I then discontinued testosterone and went back on the former schedule.

What lesson may we learn from this? I have observed effects and results in others. Naturally I could not feel what they felt as I could realize my personal feelings. But, even when not treating cases personally, I had access to treatment charts and learned that the perpetual treatment called for increased dosage until no dosage was effective. Withdrawal of the material left the body in a state of moderate shock and the natural forces were called on to iron out a more difficult tangle than had nature been left alone and good hygiene instituted in the first place.

It appears that there is an exception to this rule in the use of testosterone. But it may have little value for the more or less normal, or normally healthy and well constituted sexually. The method has gained favor in the treatment of eunuchs and eunuchoid individuals. (For further information concerning eunuchs, the eunuchoid, castrates, etc., see my Big Blue Book B-536, "Effects of Castration on Men and Women.") In this class of individuals the implantation of pellets of the pure testosterone or male hormone crystals, are apparently absorbed and used by the body as required. The implantation is made by a physician who uses a special technique (easy and simple for the physician) for implanting the pellets beneath the skin at such areas as he may choose. The pellets are of value to others but implantation is experimental, to say the least, even when the ablest physician sees clinical indications for employing the method.

I cannot see that there could be contra-indications to using the testosterone linguets as I used them. There has been some controversy as to whether testosterone administration would aggravate a cancer of the prostate. Many able physicians say yes. I believe no. I will tell you why. The principal reason for a claim that testosterone aggravates a cancerous prostate is that it may increase cellular activity in the first place and that it may conduce to increased sexual desire in the second place. Other reasons have been advanced, but those mentioned will be better understood by the non-medical person and hence are most important except to the physician.

It is my contention that if cellular activity is increased then such activity should be constructive. Healthy cells should be activated to take a trend toward alleviation of the cancerous condition. From observation, from files bulging with personal letters from the disappointed, and from other sources, information has come to me which causes me not to doubt, but to dispute, that testosterone within itself increases sexual desire or power.

If testosterone supplies a natural deficiency of the hormone which should be manufactured within the body but isn't (as in the case of a castrate) then testosterone permits a normal libido and the libido, no matter how high the testosterone dosage, will not be greater than it was prior to castration. If testosterone relieves fatigability and thus contributes to the general state of health, then testosterone affects libido and potency accordingly. I have yet to witness a single case wherein admittedly it increased libido and potency beyond a natural normal state.

There are cases wherein this has appeared to be doubtful—that is, there have been cases wherein the libido and potency appeared to have been greater than ever under testosterone therapy. The extra effect was purely psychic and merely brought both libido and potency up to the level which should and would have been normal had psychotherapy (psychiatry or psychoanalysis) cleared the viewpoint and aided normal mental mechanisms damaged by repressions and other mental mechanisms, to have given the psychic powers the full play they should have had by natural laws.

I cannot close this chapter without touching on two other points. The first is this: Experience has taught us that such a thing as a laxative habit is damaging and that it may cripple the colon beyond repair. When the use of a laxative is imperative the sensible person takes it, but the sensible person does not go off the deep end and become neurotic and therefore decide that a laxative is imperative every day to insure bowel movement. This same rule applies to the use of testosterone. A few milligrams may be indicated to relieve a more or less acute condition. It is unwise therefore to continue to use it hoping for certain results which it will not produce. (It is not certain in the sense that a laxative is—until over-use makes the laxative inert).

The other point is: So many men have asked me concerning the testosterone linguets. Let me state, as I have stated in other writings, that testosterone is testosterone and this regardless of the manufacturer. In my Haldeman-Julius book on "Sterility in Men and Women" I explained that aspirin is acetylsalicylic acid and that so many grains of acetylsalicylic acid is just that many grains regardless of the trade or brand name or the manufacturer. You've never heard a doctor say that  $\frac{1}{4}$  of a grain of morphine was any different than another  $\frac{1}{4}$  of a grain of morphine regardless of what laboratory processed it, have you? And doctors do not prescribe a varying dosage of aspirin because of the laboratory (the name of the pharmaceutical manufacturers) processing the aspirin. Doctors vary dosage according to their patients and the conditions of their patients. Aspirin is aspirin, all claims to the contrary notwithstanding. Morphine is morphine, and testosterone is testosterone. I do not write to publicize any laboratory. However, let me give credit where credit is due. The form of preparation of a

drug may determine as to absorption. etc. Hence, a linguet (which looks like an ordinary tablet but is not swallowed) is more advantageous according to my method of personal use than tablets for swallowing or ampuls for injection. I use the 5 mg. linguets, Metaudren, made by Ciba. A similar linguet made by any laboratory would be as good. If the broad hint I have given may serve, then let it serve. It can do no harm.

## PURCHASING TESTOSTERONE

Perhaps it is time we were having a little laugh together. This book is about the male climacteric. But it would seem to have run into a digression on testosterone. If you have not guessed the reason by now I feel certain that you will know the reason presently. Our popular magazines serve a wonderful purpose. In my Haldeman-Julius book "What Can a Sick Person Believe?" I consulted nearly three dozen popular magazines and gave data in brief form from many. The idea was to show the public how jumping at every idea of so-called medical magic as published in lay-magazines (and now and then unfortunately in the more professional magazines) could lead to disappointment and waste of time and money. There has been less said concerning testosterone in the lay press and yet considerable data (not altogether information) has trickled out to the general public. A few years ago syphilis and gonorrhoea were whispered words. They were whispered gently and did not appear in the daily press. The words are commonplace in the daily press today. Testosterone is still believed by many to be a powerful aphrodisiac and therefore the lay press is somewhat quiet about it. I have plainly shown that testosterone is not an aphrodisiac. And I have this to say: If I seem to be emphatic and sure of my ground, then you have the privilege of making the test. But do not forget what I have explained about the psychic effect. If testosterone is necessary to correct your psyche, then use it. A colleague of mine once used an injection of distilled water in the arm of a little girl to quiet the little girl's father's neurosis. I had been called to the child who was trying to erupt with measles. Adequate treatment was administered, but the father then came in and he had a pneumonia-phobia. The child had had a throat rattle before her mother and I placed her in a pack and produced a sweat. The rattle had disappeared and the child was sleeping. Proper signs of eruption were slowly appearing. The father insisted that I give the child pneumonia serum. I went home. I have no respect for doctors who permit their patients to practice their medicine for them.

A colleague of mine was called. He but guessed at the situation and knew that serum was not in order. He gave the sleeping child a few drops of distilled water by hypodermic and the father's neurosis was quieted. He came by my office and explained the situation to me.

What I wish to show here is that if you get your sexual neurosis cured by testosterone, then you can't label testosterone as a material cure nor as a material aphrodisiac.

If you are by now wondering why I mentioned purchasing testosterone, you can all the better understand what I have to say concerning that. Frankly I do not advise promiscuous self-medication. On the other hand, people have been using folk-remedies since long before Columbus opened the way for humans to escape burning at the stakes as heretics for subscribing to the theory that the world is round. A vast amount of self-medication would accomplish as good results if poured down the kitchen drain. A lot of professional medication would be no more effective.

During recent months my mail has been filled with letters to the effect that in many of the smaller towns doctors do not prescribe testosterone and that druggists do not carry the product. One man

wrote me that he had purchased a supply in a fairly large city but that the cost had been high. I can agree to that. He said that he had not consulted a doctor in his home town because his home town was small and doctors talked in small towns. Doctors have to talk everywhere but there are not many doctors who divulge their patient's confidences and these should be isolated together in some lonely island region. Besides, testosterone isn't anything to gossip about.

I'd been in this man's town dozens of times. I know that the town had good doctors and druggists. The man had slightly berated the small town doctors. (Incidentally the small town is the place where medicine must be practiced. A physician learns to depend on himself instead of a lot of hospitals, clinics, consultants and specialists). He wanted me to get him a supply of testosterone and send it to him. Had he not been misguided I'd have called him nuts. I explained politely that doctors do not practice medicine by mail and explained further that there was no stigma attached to the use of testosterone (or any other ethical drug) and that he had as good doctors there as he would find elsewhere. Later I received a letter of thanks. The gentleman had found one doctor who prescribed testosterone and one druggist would order the form they wanted.

Many letters come to me (I conduct the Questions and Answers Department for a magazine) simply asking: "Where can testosterone be obtained?" The answer is, at any first-class drugstore. Then comes the question: "Must one have a prescription?"

Testosterone comes under that class of drugs required by the Federal Food and Drug Laws, if shipped in interstate commerce, to bear the following warning on the label: "Caution: To be dispensed only by or on the prescription of a physician." But will a druggist sell it without a prescription? Druggists have always been my friends. Druggists and doctors work together. They are often accused of splitting prescription money, and sometimes they do. Druggists are supposed to practice pharmacy, and doctors medicine. But doctors dispense (and have a legal right to do so), and druggists: Will they counter-prescribe? Do I have to answer that? Go out to your nearest drugstore and complain of almost anything but appendicitis and see for yourself.

## THE QUESTION OF AGE

It may well be said that we have three ages. One is the actual age in years, another is the physical age, and another is the mental age.

Let us consider for a moment Dr. Hamilton's 27-year-old medical student on whom he tested testosterone. The man's actual age was 27; it would be difficult to state his mental age and yet, if he was a medical student he must have had a good I.Q. He was, the information goes, engaged to be married. This indicates a mental age not to mature because a mature-minded man of 27 of eunuchoid proportions would never have permitted a thought of an attempt at marriage to take possession of him. The history of the case showed that after testosterone treatment was initiated there was a visible growth of the penis and that the patient experienced erections. Previously he had barely known sexual sensations. Certainly we have a muddled personality problem in such a case. But for our purposes we do not need to try to unmuddle it. We have a concrete example of the three ages and this serves our purpose.

In other words, we know on reliable information that the actual age of the patient was 27. Because of a lack of sexual development and a further lack of the secondary sexual characteristics, i.e., a lack of beard, a soprano voice, a lack of bodily hair, etc., that the physical age was pre-pubertal and this would be, in most cases, less than 14 or 15. As to the mental age, the fact that the patient was a medical student does not mean that he was at all mature-minded. Let's not forget our

innumerable child geniuses. We may well recall Mozart and his musical talent at the age of four. The fact that this eunuchoid youth who had had practically no sexual sensation in his life and yet who had not come to understand the basic laws of biology (and sociology) for all of his advanced class standing, indicates that he was extremely immature mentally, and indeed we may well consider that his mental age was less than his physical age.

The case affords us an excellent example of the three ages of humans of both sexes.

Should you read volume after volume of medical textbooks, and especially texts of etiology, pathology and diagnosis, you would be impressed with one outstanding fact. You would be deeply impressed that medical authorities and text-book compilers constantly refer to various diseases as usually having their onset during or about a certain decade in life. This brings to mind all of the things you have heard and read (particularly in a certain class of advertisements) about men who are supposed to be fat and 40. It would sound as if a man being fat and reaching the age of 40 would never grow older. Or that a man, on becoming 40, was more than apt to become fat and remain that way.

Let us at once dispel false ideas. Man is no more likely to become fat at 40 than he is likely to become fat at any other age. Age has nothing to do with fatness, and fatness has nothing to do with age. By the same token, let us dispel another fallacious notion. It is the notion that a man is likely to go through a change of life beginning almost any time after 40 and especially around 45 or 50. Let us bear in mind that actual age in years is no criterion.

When serving with the War Department I once rendered medical service to a number of Veteran Companies of the Civilian Conservation Corps. Often I encountered veterans in the large Army and Navy hospitals and I was at first astonished that many of these veterans, men who were successful and who had accumulated financial (and property) holdings, appeared so young by comparison with some of the veterans (the majority of them) who were about the same actual age. What, I asked myself, could account for this notable difference?

When I talked with veterans who had been rather successful I learned that they had worked hard. Some of them had put in extremely long hours at work. The work of some had been in the open while others had worked indoors. Few of them had worked for someone else for any appreciable length of time. Why did they appear so much better kept—so much younger—than the veterans I attended in the camps? Was it a matter of health? No. Many of the men in the camps had actually had better health through the years than these other men.

I talked with the veterans in the camps. The records of these men were not only available to me, but it was my duty to see that all important medical data concerning them were entered on their records and I was required to verify these data with my initials. I therefore knew the actual ages of these men. It was astonishing that men around my own age often appeared 10 years older than I credited myself (or was generally credited by others) as appearing.

Discussing ages and appearances with some of the men I was told promptly that the difference was easy to understand. These men and worked hard and roughed it. They had taken all sorts of weather. And many of them had large families and they had gone for years on broken sleep—walking the floor with a sick or crying baby at all hours of the night, and working hard, often at real manual labor, all the next day. Why of course, I should look younger.

But there were men of similar age-marks, and of similar actual age, who could not name the causes these others named. Some did not even have families, and some had never worked hard in all their lives. How could the age phenomena be accounted for in this group of men?

By no means did I explain to any of these men (who should have known) that my life had been no more protected, no more sheltered, than

theirs. I did not remind them that my sleep and rest had been broken on a thousand nights when I had answered calls to the sick baby of someone in order that the baby might be spared suffering and that the parents might rest. Nor did I tell them that I had taken the weather as they had taken it going in rain, shine, sleet and snow. I did not remind them of the times I had worked in the mud and cold fixing flat tires, jacking cars out of the mud, or out of ditches, either on my way to administer to the sick or on my return from such trips. Their idea was that I had led a sheltered and protected life. They forgot that often they had waited till 2 o'clock in the morning to call a doctor when they might just as well have called the afternoon before.

But this was not answering the question. It had not answered it for us. But it has possibly helped because it has shown us some comparisons, even though homely ones.

Why were the successful type of men younger appearing? One reason was that they were better integrated mentally. They had reared families also, but they hadn't gone off the deep end every time a baby cried in the night. But there are other factors and not going off the deep end is characteristic of some of the other factors.

Why does one man (or woman), regardless of the circumstances of life, grow older in appearance than another, even under similar circumstances?

Heredity has much to do with this. Environment is another factor. The mental integration (which is to be regarded as hereditary) plays its part.

Nor does exposure to the elements cause the ageing attributed to it. The actions of our glands have much to do with whether we furrow deeply at an early age, whether or not we are exposed to all kinds of weather. And, I have observed that, ordinarily, persons who are more successful in life practice better habits of daily hygiene from childhood onward.

Glands have much to do with determining the physical and mental age and healthy glands (inherited but kept healthy by ordinary hygienic care of the body combined with good mental hygiene) contribute to a more youthful appearance, while unhealthy glands may cause a man to look like he's "over the hill," at 40, and a woman to look haggard at an even earlier age.

## EXPLODING THE FAT AND 40 MYTH

Should I devote an hour or so to making tabulations I could readily give you a list of diseases credited by the text-books as most likely to begin with the fifth decade of life. But the actual statistics of any sizable hospital would show just as many patients treated for the same disease at 30 and at 60. One of the diseases popularly supposed to attack men at around 40 is prostatic disease. And the principal disease supposed to so attack is not a disease at all. The condition is that of an enlarged prostate gland.

An enlarged prostate gland at any time in life may or may not be a diseased condition. There is a theory that usually at around 40 a man's testicles become less active and that nature, recognizing this, brings about an increase in the size of the prostate gland as a matter or means of compensation. I have no way of knowing just how many medical men still subscribe to this theory. As a theory it is a fallacy. I used to believe it myself. So, you see, I am not criticizing. I am merely inviting your attention to truth.

Somehow fatness became almost poetically associated with the condition known as an enlarged prostate gland. And poetically minds with nothing better to write about began ranting about men fat, 40 and bald.

Now I'd like to invite your attention to the mythical nature of the poetics. Fatness does not indicate a retardation of sexual power. The age

of 40 has nothing whatsoever to do with sexual power. And as to baldness, eunuchs are not known to become bald. So where does the fallacious theory about fat, 40 and bald, lead us? Straight into the middle of a myth of ignorance.

Some of you who are far out of the range of the fat-40-and-bald myth may wonder that I'd spend so much time explaining about this myth. Those of you who come within the classification will not wonder. And those of you who have observed others and heard folk-tales (obviously untrue), will understand and appreciate. Examples may be brought to the attention of the rest of you tomorrow, or soon, and you, then, will understand. Furthermore, so many myths have been propounded concerning the male climacteric, the male change of life, that the foregoing discussion will help you to understand the actual facts concerning age and other matters pertinent to the male climacteric.

## IS THERE A DEFINITE CLIMACTERIC AGE?

Definitely, there is not. There is a male climacteric, but such a climacteric neither marks the decline of man's sexual power, nor does it end his ability to beget children. If you have permitted false notions to divert your thinking into fallacious channels, then it is time to set your ideas aright. I have already described and explained some of the symptoms which diagnosticians have attributed to the male change of life. But any of the symptoms which have been definitely associated with the change may occur at any time after puberty, and in fact, all of them may occur and recur any number of times.

It would be easy to name dozens of symptoms which have been medically regarded as pertaining to the male climacteric—the male change of life. To name these would be but to create greater confusion. It is my desire to clarify—not to confuse.

There is no definite time of life, no definite age in actual years, when the climacteric occurs. It has been admitted that the climacteric in both man and woman may, and often does, extend over a period of years. On the other hand, the change of life in either man or woman may be sudden, violent, and short. It may, in some cases, leave either man or woman in a state of ill health and this may contribute to loss of sexual power and sterility—the inability of either sex to procreate. These cases are exceptional and not climacteric.

## WHAT, ACTUALLY, IS THE CLIMACTERIC

The climacteric is an actual crucial period in the life of man or woman and it is associated with the sex life and with changes in the sexual structures of mind and body.

Although the elements of the climacteric may be in process and in progress for months or years, the crux may be reached and passed in one day. The crux, or peak, or crisis, may last much longer than a day. And even though close medical observers have agreed that the actual crisis was of but hours' duration in numerous cases observed, it is more likely to require a few weeks, or even a few months.

I have explained that the climacteric occurs in some men in such a way that they never actually realize that they have gone through the processes of a change of life. The actual crisis in such cases occurs in such a manner that one's personal physician who is thoroughly familiar with such person's idiosyncrasies, does not recognize the climacteric crisis.

The climacteric, besides being the crucial period described above, is a gradual process of change which is natural and normal to life. It is a biological process comparable to the biological process taking place as our bodies change to manifest puberty and adolescence. We are



never the same, biologically, from one day to the next. And from birth we enter into a constant cycle of changes. We begin to grow and, unless hindered by disease or injury, we continue to grow. Growth brings change. When we attain the age of 11, on through to the age of 14 and 15 and even later in some cases, we go through the biological changes which transform us from boys to men, sexually. I have known instances of delayed puberty to run into the third decade of life. I have known males far past 21 who had not developed sexually and I have known many of these males to develop—and, mind you, without the aid of testosterone. Many of these cases came to my observation before the advent of testosterone. By no means do I know what the results in any given case would have been under testosterone treatment. I do know that since the advent of testosterone patients who were undeveloped have improved under testosterone therapy and I know that similar patients have failed to improve under testosterone therapy. I know also that such patients who never heard of testosterone have developed and that others have, knowing of testosterone, failed to develop.

Consult one fanatically sold on testosterone and he will be able to cite all the successes. He will likewise fail to cite the unsuccessful cases. Were it possible for you to consult the actual records, you would perhaps be thoroughly confused until you did some cool calculating. You would find cases labeled as successes and cases labeled as failures. But what you might not find would be that not all of the facts were learned, or could be learned, in any of these cases.

After the pubertal change and adolescence, although we may not make any drastic changes, we do constantly change, biologically (and naturally sexually) until the end of life, when all processes cease. If we proceed normally and do not develop various diseases, we reach a psychological and physiological stage when an altered physiology calls for an altered endocrinology. Our glands strive to maintain a hormonal balance. Certain glands may become somewhat less active, and other glands become more active as if in an effort to compensate. This compensation is not always possible. In fact, lessened activity of certain glands is best attended by a lessened activity of other glands for then there is a chance either of adjustment of the body economy to the lessened activity, or retardation is so gradual that we are hardly aware of it. Past a certain time in life, the retardation appears to be but a process of normally and naturally growing old. It is when glandular changes are so out of proportion that physiological and psychological processes are brought to a violent crisis that the actual climacteric crisis occurs.

We may then consider that men undergo a normal and natural physiological crisis (climacteric), often being unaware because it is so gradual, or that the climacteric is pathological.

When a pathological crisis occurs, the victim, if the crisis is severe, may well wonder where all medical magic concerning which he has read has gone and why medical science cannot help him. The best that medicine can do, or has been able to do so far, is to render whatever aid it is possible to render for the principal condition diagnosed and even then there is rarely a single remedy or a real remedy at all. The victim is kept comfortable, or as comfortable as possible, by symptomatic treatment.

## THE NORMAL CRISIS

I have described, in a measure, the normal crisis. This is the condition obtaining wherein the changes occur in such a gradual way that the patient is never actually aware that any change has occurred. Just as we speak of a prime of life, a peak, sexual and otherwise, is reached, and man begins a slow decline.

More important to man, in the matter of normally passing the crisis without any unpleasant realization of the fact, than all of the remedies,

exercises, health plans, diets, or whatever else may be offered, is his mental condition or psychological attitude.

When the glands go awry there is a reason. The most expert meet with failure, as a rule, when they seek the reason. Invariably, however, when the psychological attitude goes awry the glands are more than likely to follow suit, and investigators of glandular pathology might do better to look into the psychological rather than the clinical pathological laboratory.

In by far the greatest majority of cases man will pass through the climacteric without any undue symptoms or distress if he will but fight sufficiently well to retain a calm attitude and avoid panic. Panic is symptomatic of a number of serious mental disorders. Panic can be controlled through understanding, and when panic is controlled serious mental disorders may be avoided.

## THE CLIMACTERIC IS NOT A CHRONIC CONDITION

The male climacteric is not a chronic condition. As we have seen, it may be in process a number of years. Symptoms of a crisis, or of an impending or threatening crisis, may appear from time to time.

If we return for a brief consideration of the male hormone, testosterone, we may well understand why too much credulity, too great faith, in a synthetic product which is normally manufactured in our bodies in a form no laboratory can improve on, may lead us off the deep end. I will tell you how this occurs.

Considering a case in which a crisis is apparent, we may find the patient practically demanding, and a doctor administering, massive testosterone dosage. A point is reached when even the gradual withdrawal of the drug may create shock. I have read case reports wherein a complete physical breakdown was attributed to the withdrawal of testosterone. I look with calm consideration on an analysis of both fact and supposition. And I am led to ask if, in these cases, we know what would have happened regardless of whether testosterone had been administered. In other words, did testosterone perhaps delay a complete physical breakdown? Was it inevitable that the physical breakdown would have come sooner or later regardless? Do we know whether it would have come either sooner or later? And are there not many cases where a complete physical breakdown occurs even when the patient is under massive testosterone dosage?

Patients do go under, under all these circumstances. Usually when a patient goes under while under heavy treatment, the doctor's plight is that the patient did not come to him in time.

These actualities are confusing to patients—to non-medical men and women. They are not alone. All such conditions and occurrences are confusing to doctors, too.

It need not be confusing to you, however, that the climacteric is as natural and normal, as an entity, as the gradual processes of orderly change which begin with birth and end with death.

Avoid mental panic. Avoid placing credence in the power of any drug as being miraculous. Likewise call on your reasoning faculties and by using logic you will not find it difficult to understand that there is no chronicity or abnormality connected with natural processes.

## PERSONAL AND INDIVIDUAL CONSIDERATIONS

If we would understand about ourselves and other people, we must study generalities. Certain rules and certain basic laws apply to all of us. Many leaders in the field of medical science have pointed out,

however, that in the matter of illness and health, we may readily either travel in the wrong direction or we may fail to help the sick if we insist on treating diseases rather than patients. No two diseases require the same treatment in two individuals. By the same token, no two individuals, even though suffering from the same disease, respond fully to the same identical treatment. More and more, leaders in medical thought are advocating that we treat the patient instead of the disease. This is as it should be.

We must remember that although men suffer from various diseases, and the male climacteric is referred to in the general terms of disease, the male climactic is not a disease. It is a normal and natural change which may be attended by other than normal and natural conditions and symptoms. Many men, of course, experience the same and similar symptoms. Indeed, men experience symptoms from time to time and, if uninformed, or misinformed, they are led to believe that the climacteric is upon them, and often they are led by fear into actual psychic impotence and psychoneurotic states. The toll in broken health, in broken lives, and in broken homes, all because of a little lack of understanding, is terrific, appalling and pitiful. This toll is needless. An understanding of generalities, and of one's own personality and individuality, may do much to banish fear and the disastrous symptoms which often follow in the wake of fear. Likewise to understand a condition is to master the condition or its consequences.

## REGARDING IMPORTANT QUESTIONS

It would be easy to compile a long list of important questions and to give the answers to these in brief form. But to do this would be to deal largely with generalities. And it so happens that generalities may fail to apply to any well-defined condition an individual feels within himself.

It happens that individual questions sometimes appear to sound simple and childish. These questions never sound simple to the persons who ask them. And many who regard the questions of others as simple may have questions in their own minds which are actually more childish by nature than the questions of others which they criticize. It is the simple question which stems from sincerity. For this reason, the simple question may have far greater application to a larger number of people than the polished analytic question deriving from the category of generalities.

With the foregoing facts in mind, I am incorporating herein a number of selected questions and answers which have a relation to the male climacteric, although many of those asking questions had no idea that this was so. It is my belief that my readers will derive benefit from these questions and the answers. And bear in mind that these questions have actually been asked by people just like yourself.

## QUESTIONS AND ANSWERS

**Question:** I am 50 and in average good health. I was first married when I was 18 and became a widower at the age of 30. At the time I had four children, the baby being a year old. When I was 42 my children were practically grown. The baby was a girl and at 13 she was mature and developed. I then married again. My wife is 38. We had a baby a year later. My wife seems in good health, and doctors have not found anything wrong with either of us. But we have never had another child. Surely the fault is not with my wife. A young and healthy

woman should have been able to bear several children. I have been told that probably the change of life has affected me and that this is why we have not had more children. Both of us are strong in our sexual relations. Sometimes I get dizzy and have headaches, but neither lasts long. Is it my fault that we have not had more children? Have I gone through the change of life? Am I on the verge of losing my manhood? Will testosterone help me, and if so where can I get it and how must I take it?

Answer: Some of the symptoms of the male climacteric may be affecting you as evidenced by your mental attitude, but you have passed through the most difficult stages, unless you permit yourself to fall into melancholia and brooding. Your dizziness may be due to slight digestive upsets, and these in turn are likely due to your somewhat disturbed state of mind. The thing for you to do is to stop worrying.

Apparently you are potent and your wife is not frigid. This means that there is no reason why you and your wife should not have and enjoy a normal sex life.

A physician can readily give you a test to determine whether you are sterile or fertile. (Details of this will be found in my Big Blue Book, "Sterility in Men and Women.") The chances are that your wife is a victim of what is known as one-child-sterility. As a rule, when this occurs, an infectious process occurs at the time of the birth of the child, causing an inflammation, usually uterine, which seals off the tubes where they join the uterus.

Headaches may arise from any cause.

Testosterone is not indicated. Moderate dosage would probably do you neither harm nor good. I believe that if you can but realize that you have nothing to worry about, all your symptoms and troubles will disappear.

Question: I am 56 and my wife is 40. The difference in our ages has never seemed to make any difference because my wife was 34 and mature when we married and I have always been said to appear younger than my years. I am a civil engineer and have never spent a great deal of time at home. My sex life before marriage was not very active. Six months ago our second child was born. When we first resumed sexual relations after the birth of the baby I was unable to reach a climax. It simply seemed that we had not waited long enough. Do all women get large and remain so? After that first experience I was out with a surveying crew for a number of weeks and went home expectantly believing that surely my wife would seem more normal. During intercourse there was no friction. And I started with good erection which soon fell away. I love my wife and know that our love has nothing to do with it. She is passionate. Am I getting old? Is my sexual power failing? Is this the male change of life?

Answer: Having lived an active life, much of it in the open and in contentment, it appears that you have doubtless passed the crucial stage known as the male climacteric and that the minor symptoms caused you no concern. Having passed the climacteric does not mean that you should be either impotent or sterile.

It is most probable that your wife suffered lacerations of the perineum when the baby was born. An operation known as a perineoplasty appears to be indicated. This operation can be performed by many general surgeons and by practically all gynecological surgeons. Properly performed, it contributes to the health and well-being of the patient and restores the vagina to near virginal proportions. By all means attend to this without delay. Having good erectility, your troubles should end when your slight disillusionment has been banished.

Question: I am 42 years old. My male organ was never large, and recently it seems to have shrunk away to practically nothing. One doctor told me that I needed a developer. Another doctor told me that developers are dangerous. Four or five men friends where I work say that I have gone through the change of life. I have been married 10

years and have no family. I've never cared much for sexual relations and I am not what is called a queer. I was better raised. The whole idea of a sex mix-up except for getting children has always seemed wrong to me. After I tried for a while and couldn't procreate, I practically left off sex relations with my wife. My men friends at the plant like me and my wife and all of them just say that the same thing will happen to them some day and that even if they do not shrink they will not be any good as men. I don't care about the sexual relation part, but I hate to see my organ turning out to be so small. Some say that testosterone will cause the organ to grow again, may be bigger than it ever was. I have read your answer to lots of questions and would like to know what you think of my case. I would not mind having a large organ, whether I tried to procreate or not. I always wanted to have a larger organ. But if I have changed life, how can testosterone do what they say, it can?

Answer: You are a victim of a frustration which began in the early years of your life. Possibly in the cradle. You were wrongly taught concerning sex and procreation but I would not attempt to change that in writing to you because I fear it would be a thankless task.

Often when a man does not indulge in the sexual act the male organ appears smaller because it is not constantly being expanded through the congestion natural to normal sexual relations. Had your organ been atrophied (and therefore beyond help of restoration) the doctors with whom you talked would doubtless have told you. You have an organ inferiority complex and the chances are that the size of your organ is normal enough.

The male change of life does not have such an effect as you have described. By talking with your friends you are only permitting them to have amusement at your expense.

There isn't a chance in the world that testosterone can help you. As to "developers," they are dangerous apparatuses and they do not develop. Now and then by creating abnormal congestion, and through their mechanical action (usually a vacuum principle), they cause tissues to break and infection may seep into the spongiosum or the corpora cavernosa. This has been responsible for gangrene and amputation.

Apparently you have never been actively homosexual. You deny emphatically being a "queer." You were not accused. I do not believe that you have outgrown that stage in life admittedly homosexual. I can give you information only and I trust that what I have given will be of help. The best advice that I can give otherwise is that you consult a sincere psychiatrist and that you be as sincere with such physician as you want him to be with you. (Author's note: To understand the element of homosexuality which is definitely apparent in the question, see my Big Blue Book, "The Truth About Homosexuality in Man and Woman.")

Question: I am writing concerning my husband. He was always all right until lately. Then he almost quit paying me any attention, and when he does he is weak and can't do much and his legs sometimes tremble like he was having a fit. My women friends say they think that must be the change of life. I think they are trying to make fun of me.

I think I ought to tell these women nothing. My man makes me a good living. What do you think makes him act that way? Does he need glands or something?

Answer: You are unwise to discuss intimate problems with women friends, particularly with women friends who do not know more of sexological matters than yourself.

There is a change of life in men, but such is not your husband's trouble. If he makes you a good living and is kind to you, then the least you can do is to shield him from the disrespect of those who thrive on gossip and scandal. And perhaps the most you can do is to be kind and to insist that your husband seek competent medical treatment. My

advice is that you persuade your husband to see a neurologist at once. It appears that symptoms appeared recently and this means that if he goes early to a competent neurologist he may be cured.

Question: Some months ago I read a little book of yours and have since wanted to ask you a question. I am a bachelor, 50, and have always been slightly under par physically and sexually. I hesitate to call on local doctors whom I know well, but I do have lady friends. I'd like to build myself up physically and sexually and I want to ward off the climacteric as long as possible. You'd understand this realizing that I am a bachelor and that I have had a limited sex life. Perhaps local druggists have testosterone, but I hesitate to ask them. They would doubtless talk about me, a bachelor. Would you be so good as to procure a supply for me and either send it c.o.d. including a charge for your services, or bill me? I am responsible and am employed as a teacher in the local schools. You can therefore better understand my hesitancy in conversing with the local doctors.

Answer: It is clear that you neither comprehend the meaning of the climacteric nor the indications for the use of testosterone. Normally the climacteric is a gradual change. When, during the period (which may be brief or which may extend over months or even years) the sexual power wanes, or especially the libido is lessened. This is nature's signal to slow down. By being more temperate, the changing body economy adapts itself to changes and when the crucial period has passed an increased libido and potency are equivalent to the signals in other spheres (as a green light) meaning go.

Of all the indications so far found for testosterone not one includes the principal one you seem to believe more or less paramount. Testosterone will not bring you up to what you regard as par sexually, since testosterone is not an aphrodisiac.

Pity your druggists and doctors if they have learned no more of the indications for testosterone therapy than you appear to have learned. I am certain that they know better, much better.

The fact that you are a teacher places you in good stead. Why not (inasmuch as you know local druggists and doctors socially as well as personally) bring the subject up for discussion. You do not need to mention yourself. Your doctors and druggists will be found to be co-operative and they are not the "blabbermouths" you evidently think they are. You'd be surprised at the secrets they keep locked under their domes.

Follow the advice I have given and you will find enlightenment. In the meantime, please know that no real doctor would attempt to practice medicine by mail. I cannot send you a supply of testosterone. You'd be surprised to know how many people ask me to do this. Letters even come from foreign countries asking me to secure and send a supply of testosterone with directions for its use. Only the physician who examines you in person can know whether you need testosterone, and he can't always be certain. The cost of the product was recently reduced 20 percent, but it is still high. Forget your worries about the necessity of warding off the climacteric. Nature will take care of that and you'll need but take care of yourself when the time comes if, indeed, you are aware of it when it does come. In your case, it is quite likely that it passed some time ago.

## A DIFFERENT WAY OF ANSWERING QUESTIONS

In the foregoing questions I have given in essence the answers as I have given them to correspondents personally. I felt that the method of presentation would enable readers to see clearly the points of view of those who have asked questions, and, at the same time, the point of view of the experienced physician who has dealt with the problems of

persons, with patients personally, as such problems are represented in the questions. I now shall present questions and answers in such a way that the answers may more directly apply to my readers. In such a presentation the high points of questions which have been asked with pertinent data (so that readers may compare the pertinent data concerning themselves in this way) shall be answered by analyzing the question. In this way I can give you an insight into the personology of those with questions in their minds and who have expressed themselves by writing me for information.

## QUESTIONS ANSWERED BY ANALYSIS

### Youth and the Change of Life

Question: I have read that women sometimes have the menopause as early as 30 and sometimes earlier. I understand that males also go through a change of life. I wonder if this could be so in my case? I am just 24 and until a short time ago my libido was good and I was potent. At 20 I became a father. At 22 I became a father again. My wife died in childbirth and the baby lived but a few days. Nearly a year ago I married again. At first my wife and I got on well and then I began losing libido and potency. I had taken up study to become a medical technician. My second wife has not become pregnant. We give women the artificial menopause here—the doctors do, by X-rays. We are protected and I hesitate to ask doctors who seem okeh. But is it possible that I am even getting a psychic change of life? I know you won't laugh, but some of the doctors here would. I am frankly worried.

Answer: In women of any age after the menses have begun the menopause can be brought about artificially by X-rays. The menopause is not necessarily the change of life. Sterility in both sexes may be produced by X-rays. (The method is not desirable as a parenthood preventive). Laboratory workers are protected but stray rays have been detected and it has been estimated that marked damage may be done to persons constantly exposed to these stray rays. An accident which was not felt could have caused sterility in this correspondent and the same accident could have (but likely did not) caused partial or temporary impotence. Evidently much of what this young man felt was psychic. Certainly his condition, even if psychic, constituted a crucial sexual period and thus was a form of climacteric. He was advised to explain fully to the doctors where he worked. Such might protect them. For some reason more than a usual number of stray X-rays could have remained more or less constantly in the laboratory or laboratories where he worked. He was advised to keep away from X-rays and to have a test made to determine whether he had become sterile. He was further advised to see a psychanalyst.

The correspondent sent me a brief letter of thanks stating that he would follow my advice and that he believed his problem would be solved. The letter explained that doubtless some of his trouble was psychic and that after reading the explanation he had experienced libido and eager anticipation and that apparently his potency was as good as before.

## NOCTURNAL EMISSION

Question: I read a statement made by a doctor which was as follows:

"Let us suppose, taking the case of a couple who desire children,

that the man slept alone for one month. Let us presume him to be in first-class health. What will happen? He will get along well for approximately a lunar month; then he will have a wet dream, that is, a nocturnal emission."

Now I don't understand this. I am 48 years old. My wife was sterile, and we knew it. Her condition was caused by peritonitis. This happened when we were first married. She was a good wife and we did not miss children because we raised some children for other people. When my wife died I was down for some time with pneumonia. Since I have been over it I know that I am in first-class health. I have had nocturnal emissions but never noticed the time between them. A few weeks ago I married again and this woman should be able to have children. She says if they come she wants them, and if they don't she won't worry. But I have had to be away from her for more than a lunar month and I have not had a nocturnal emission. I have thought that maybe I am in the change of life. Would this mean that I may lose sexual power too? I don't mind much if I'm sterile. What can I do if it is true that I am in the change?

Answer: There was evidently error in what this correspondent read. I incline to believe that he did not give the full explanation of what any doctor wrote. There is no natural comparison between man's emissions and the lunar month normal to woman's menses. Healthy men sometimes remain continent for months. They are often away from wives or women and they neither masturbate nor have nocturnal emissions. Many explanations have been given of nocturnal emissions. They are not harmful. Certain inflammatory diseases of the genital system may contribute to their occurrence. The only indisputable cause is an erotic dream. Erotic dreams are not known to be the result of disease, nor are they, *per se*, harmful. This man was not necessarily undergoing the male climacteric because of an absence of nocturnal emissions while he was away from his wife. It is doubtful whether there was anything wrong except loneliness and the fact that he either chanced on some misleading reading which was based on outmoded medical beliefs, or he failed to read the full explanation, or to quote it to me in his letter. Incidentally, many men who had not read, as had this correspondent, have asked a similar question concerning nocturnal emissions and the change of life in men.

## SPERM GROWTH

Question: I read in a little book on sex that it takes a full month for spermatozoa to mature in the testes. One doctor told me that this might be so in older men, he was not posted on such matters, but that he did not believe it was true with young men. He was young, I'd say under 30. I am 60 and I am supposed to have fathered a baby a few months ago. It doesn't matter much, only I was sick a lot soon after I was 50 and I thought I was having the male change of life. Two or three doctors who treated me at the time thought so too. I have just been thinking that if it takes a month for spermatozoa to get grown why could not a couple check the time a man begot a child and keep up with the months from then on out and settle the question of birth control for once and for all. I also want to know if there is a test tube way of learning if a man has had the change of life.

Answer: The exact time required for a spermatozoa to reach full growth has not been determined. Not all of the mature spermatozoa leave the tests when ejaculation occurs. In the fertile male sufficient spermatozoa to cause conception are likely to be present at all times. This man may or may not have gone through the male climacteric at the time mentioned. If, under conditions of ill health he experienced marked sexual disturbance, the chances are that he passed through the



crucial stage constituting the climacteric. Having passed through the climacteric would neither have made him sterile nor impotent. He had allowed a fear of inadequacy to enter into his mind and this in turn caused him to be suspicious. He was evincing at least mild symptoms of persecutory paraphrenia (a mental disturbance) or had developed a mild persecutory complex. This condition sometimes occurs in the actual climacteric. I fear that although he was actually strong physically, adverse influences were contributing to early mental senility in his case. His letter had the whine of childishness.

## PATERNITY QUESTION

**Question:** Several years ago doctors told me that I had passed through the male change of life. I have been told (a) that a man who has passed the change can beget children, and (b) that he cannot. My wife (my third wife, who is 37; I am 65) recently gave birth to a healthy boy. I'd like to be fair and I'd be proud to know that I am the father of this child. Can you blame an old man for doubting? Is there any test of the blood or anything which will prove the father of a child?

**Answer:** "Paternity is not always easy to prove. If you base your obvious belief on anything contained in your statement and question you are being extremely unfair and I disagree with you when you say you want to be fair. There is nothing to indicate that you are not the father of your wife's child. Having gone through the male climacteric has nothing to do with paternity. If one takes reasonable care of oneself, the sexual system, together with the endocrine system, adjusts and normalizes after passing the crux—the crucial period." (The foregoing is a direct quotation from my answer to the correspondent's letter.) The following is the information he requested on paternity tests:

The paternity test consists in examining the blood groupings of the child and the alleged father. If the groupings are different, the man cannot be the father. If the groupings are similar, he may be the father.

Ordinarily any physician can obtain the blood specimen. The actual tests are usually performed in laboratories by persons especially skilled in this type of work.

That which is true in medicine is not always true in law, and vice versa. Courts have generally ruled that a woman's husband is the legal father of her children.

If a man has convinced himself that he is not the father of a child, he is not likely to be convinced of the accuracy of any test to the contrary.

Further negative evidence would include: sterility or physical incapability of begetting a child at the time involved; positive proof that intercourse was never performed with the child's mother, or if there was intercourse, the fact that it occurred long before the time of conception or long afterwards.

It is not difficult to prove that a man is not the child's father in a given case. It is much more difficult to prove who the father actually is. (Additional information was given in order to clarify questions concerning paternity which might arise in the minds of my readers after reading the first part of the presentation.)

## ONE FORM OF IMPOTENCE

**Question:** My husband and I lived happily together 25 years and then we separated. He says he is willing to come back to me and that he loves me, but I don't think he does. About a year ago he quit paying me any attention. Finally when I asked him about it he said it must be the

change of life. That was in him, not me. He is 45 and I am 50, and I am through the change of life, but I want a husband as much as ever. Now I have learned that even if he was impotent with me he is not impotent with another woman. One woman plainly told me he wasn't. She wanted me to give him a divorce so she could marry him. I'd rather not give him up and I think he was simply telling me a lie about the change of life. I never heard of it in a man and I am ashamed to ask the local doctors. If his life changed why would he be impotent with me and not with this other woman? Or was she trying to make me jealous? And I understand that he was with some more and they said he was not impotent. He was to see me last week and I could do nothing with him. I have been good to him all these years and have tried to see that a mother could not have been better. Please straighten me out. Maybe I'm not as pretty as this other woman. I don't paint my face and I never will. I don't have my hair permanent waved and I won't do that either. I wear nice clothes to church and I have taken a bath every Sunday morning as long as I can remember. I won't have what I call a baby-killer in the house. Some women call them douches. Even if we never did have a baby. I think my husband is faithless and I want you to tell me so. If it was a change of life, and if he was impotent with other women, I wouldn't mind. Please tell me everything. I want to know.

Answer: This lady had my sympathy. She did not sign her name to her letter but sent a stamped envelope addressed to a postoffice box. It was difficult to answer her letter but it was made less difficult because she wrote anonymously. The discerning reader should be able to understand much from this letter. And I would like to digress by saying that it is surprising how little we know concerning people with whom we are acquainted when it comes to matters of this kind. I have no doubt but that this woman piously took her one bath a week and paraded off to church on Sunday in nice, but who knows how "old-appearing," and perhaps odd-appearing clothing. Doubtless her closest church friends felt that she was a good woman much abused, and perhaps she was both good and abused.

We cannot depend on whatever her husband told her about a change of life in the sense of the climacteric. That he changed his way of living is evident. And that he found at least one other woman attractive is also evident, as why wouldn't he? The idea that a "douche" is a baby-killer is erroneous and the expression was probably one of resentment because this woman was not actually a mother. That she treated her husband as though he had been her son is not to be doubted. Doubtless the relationship eventually smacked of incest insofar as the husband was concerned. I could not offer the lady much in the way of helpful advice. Nor could I tell her that which she stated she wanted me to tell her, *i.e.*, that her husband was faithless. I could not advise her to consult a psychiatrist, for whatever she was she had been just that by personality since birth—that is, by basic personality. Men are not infrequently impotent with one woman while being thoroughly potent with another. We must admit, as may be observed from the case just presented, that the woman has, or can have, a great deal to do with it.

## SEXUAL ACTIVITY AND AGE

Question: It seems you doctors can't agree and sometimes those of us who are not doctors feel that we know as much from experience as you doctors seem to know. I have about lost faith in doctors. When I told a friend of mine this, she argued that I am wrong and I agree that perhaps I may be. She gave me your book "Science Editions Topics." After reading the book I will agree that I believe you try to tell people

the truth if you know it, and you seem to have found out a lot that some of the doctors either do not know or will not tell us.

I talked with one doctor recently and he did not tell me much, but he gave me a book to read. It was by a doctor here in Los Angeles. I cannot find out, but I believe he died. Anyway, I don't believe some things he says. He says that after 50, few men and women have any sex life. I have known men far past 70 to marry and I don't believe their younger wives became pregnant by other men. I have known women who ran after men when the women themselves were 60 and more.

You may understand better when I explain that I am now 60 and I passed the change of life when I was 45. Two years ago my husband died. If he had had a change of life I didn't even know it. He was 63, and he died in good health, from an accident. Just after that the best woman friend I ever had died suddenly and we suppose of a heart attack. You can see how it is. All four of us had been close friends for many years. I am lonesome and my friend's widower husband is lonesome. Naturally we feel close. If I have lost sexual desire since my husband died I do not know it. And now that we are alone I am drawn to this other man and he is drawn to me. We have talked about marrying. He is older, being 70. Timidly I spoke about the sex life of older people. His wife had always told me that he was potent. I even timidly mentioned about the change of life and a few things I would not have hesitated to have talked about in my friend's lifetime and in her presence. My friend laughs at such a thing as a change of life in men.

Now this doctor, who is more than 60, just said to me that there was usually much less of sex life after 50, and especially after 60. Maybe there is, for some people. What I am wondering about is my friend. What if he is ashamed to tell me that he has lost his sexual power after I let him know that I am in full possession of mine?

Don't be offended at what I said about doctors. I do believe that you know, that you are sincere, and that you can advise me.

Answer: I could but tell this lady that she and her friend were wasting time and that they needed each other. What she stated about the book reminded me of but one doctor who has written largely on sex and because a number of doctors might have written just what the lady explained she had read concerning the doctor's statement, I certainly cannot name the doctor. In one of the books of the doctor I have in mind, however, there is such a statement as she described. What she did not explain, if she read what I believe she possibly read, was that the same doctor explained when libido and sexual power continued to any age it should be indulged.

Certainly a man of 70 must have experienced some crucial period in his sex life. As you will know by now, that would have had nothing to do with his potency, if he passed through that crucial stage normally.

The doctor I have in mind did make some statements which do not seem to be up to the times. He explained that after 50 or from 50 onward care should be exercised in the matter of frequent indulgence in the sexual act and that perhaps as a man grows older he should have intercourse without loss of fluid. Should you ever read anything of such a nature put it down as fanaticism and not as fact. Does it weaken one to spit? Does casting some saliva from the body create disaster? Does not the body through the salivary glands manufacture an abundance of saliva even though one expectorates hundreds of times daily? It does not weaken a man to ejaculate.

A form of intercourse known as "Carezza" has been advocated by some eminent sexologists. I respect them but not their advocacy of the Carezza. In this form of intercourse the husband and wife are admonished to stop short of orgasm and to simply remain in close contact—loving embrace—permitting the magnetic fluids to pass from the body of one to another. I do not think that there is any danger that sexually healthy person will seek to practice the Carezza. Fluid ejaculated normally from the body does not constitute as some choose to term it "a loss of the secretions."

## EUNUCHS AND THE EUNUCHOID

Early in this book I explained that I would devote a special section to eunuchs and the eunuchoid with relation to the climacteric or crucial period in the sex life of the male. It is only to show that certain males (or near-males) cannot undergo a climacteric, while others who never actually experience an active sex life do experience a strange sort of climacteric, that I regard the data of especial interest.

To those who desire extensive information on eunuchism, etc., I suggest my Haldeman-Julius book, "Effects of Castration on Men and Women."

The male (or female) is not, as the uninformed pious who are often haters of sex (see my "Perverted Haters of Sex," Big Blue Book) would have you believe, asexual (without sex) creatures, or creatures without sexual feelings, in the earlier years of life. Infants have a rich sex life. Males castrated long before puberty assuredly go through a crucial period in the sex life and one may form one's own opinion as to whether this constitutes a climacteric. My opinion is that it does. It is quite difficult for us to know and the closest clinical observation may well be hesitant about giving a definite opinion.

Males (near-males) whose rudimentary testicles present at birth do not develop and hence do not descend, can hardly be regarded as having actual sexuality and hence they can hardly be considered as ever passing through any crucial sex period because they never know what sexuality may mean. It is true that these unfortunate persons have a sex center in the brain. Lacking actual gonads, they may be truly regarded as asexual, however, and hence sex neuters from birth. (Persons interested in more detailed information along this line will be interested in the generous data to be found in my Big Blue Book, "What Is a Hermaphrodite?")

Biologists determine sex by appearance and this includes the appearance of the external sexual organs, the beard of males together with the deep voice (after puberty) and a lack of these traits together with breast formation in females. Sexologists determine sex by the gonads. If the sex glands (gonads) are testicles, the sex is male; if the gonads are ovaries, the sex is female. An ovotestis (a gonad part ovary and part testicle) indicates hermaphroditism. If the other gonad is an ovary the hermaphrodite is a female hermaphrodite and if the other gonad is a testicle the sex is said to be that of the male hermaphrodite. Dr. Max Huhner has given a rather odd description without qualifying it according to the gonads, and apparently based on hormonal integration, concerning what is ordinarily termed a female homosexual. He defines such as a male with female external genitals.

This brings us to the interesting question: Do hermaphrodites experience a climacteric? It is regarded not only that they do, but that the climacteric extends over an unusually long period of time.

## HOW SHOULD MALES REGARD THE CLIMACTERIC OF THEIR SEX?

In the first place men should never look on the male climacteric as a thing to be feared. Rather they should look on it as a natural phenom-

enon and they should realize that it may occur at almost any age of life, depending on various circumstances.

Whenever you read a long list of symptoms as appertinent to the male climacteric, smile at them and leave them where you find them. Many symptoms may be present and in innumerable cases symptoms will not be noticed.

I have observed, and I believe that if you will but reflect you will agree, that long lists of symptoms are some times quite misleading and even damaging. Let's hope that any severely neurotic person, or any person strongly neurotically inclined, never encounters one of those long symptoms lists. Any single symptom may be highly suggestive to the neurotic. More so to the psychotic. The hypochondriac can take a few simple symptoms concerning which he has read and create a serious illness out of them.

Were it true that the male climacteric is a dangerous thing like, for instance, cancer or leprosy, I would seek to inform you as fully as possible of its dangers. When you read that dangers attend the male climacteric, discredit such statements. Dangers may be present—but they are the results of other diseased conditions, and such other diseased conditions require treatment. *The male climacteric is not a disease.* I explained that before, but it will not hurt to repeat it here. And I should reiterate that the climacteric is natural. When one controls fear and governs the mode of life according to good hygienic methods, the climacteric passes in a normal manner.

It may be well for us to believe that the worst thing about my condition, normal or abnormal, is a fear concerning such condition. And there is truth in the old saying that to be forewarned is to be forearmed. I have seen many actual diseases improve and some disappear when no remedy other than knowledge was applied. In other words, the person with various abnormalities, when given a genuine understanding of the abnormality, often feels and shows immediate improvement. The improvement increases with time, and not infrequently the disease disappears.

Do not think for a moment that I am not aware that the foregoing sounds just a little fanatical. But I do ask that a comparison and a differentiation be made.

In the days when I might be attending a broken leg now and examining varicose ulcers of long standing a half hour from now, and within the hour, reaching into an abdomen through a small slit seeking to contact the cecum with an inflamed appendix (as shown by pain symptoms and a blood count), I read such statements as I have just made with a little smile of sarcasm. It seemed to me that it was all right for those who specialized, or taught, or merely wrote, to assert that you could cure spastic constipation with purely psychic treatment. I just wished to the Fates that I could see some of those who advocated treating disease by properly informing people, out there telling a person (who already was painfully aware of it) that he or she had a broken arm and then calmly waiting for the information to heal or set and heal the broken bone. And those varicose ulcers? I had to inject and sclerose the offending feeder veins and put on a type of protector which the patient could not remove, thereby tearing up the tissues again, and I had to "psychol" such patients into leaving their troubles alone, and an inflamed appendix would not just come jumping out of the abdomen by magic words and a crook of the finger. I agreed with those who said a little knowledge could be a dangerous thing and within myself ranted at those who claimed that a little knowledge could cure a horde of ills. Yet, all of the time I was doing all of the things I was ranting could not be done. Why and how? I was too busy to stop and take notice. Persuading Mrs. A to stop putting ointment (salve) on an ulcer on her little girl's arm by explaining that the ointment shut away needed body fluids and prevented healing and that it also kept the area soft so that

firm tissues could not form. And convincing Mrs. B that the menopause was not driving her crazy by explaining to her why the menopause had to be and why she could never know, until the menopause was over, and she had not menstruated for months, that she was through with it, and that until such time it would be impossible to determine when she would "have her next period." And telling Mr. C that the male climacteric would not hurt him if he but observed a few simple rules—rules usually designed to keep him from worrying and interfering so that nature could complete her normal processes naturally and vice versa. Explaining to Mrs. D why it was not essential to continue vaccinating her small child after the third vaccination against small pox failed to take. Just the little knowledge that a tiny gene inherited from an ancestor who had had a severe case of small pox had probably conferred a high degree of immunity on the child. And then having trouble in getting her to understand, because I had told her how small a gene actually is, that a gene could confer possible immunity from certain diseases, and even long life.

Just for your information in the event you do not know, the genes being the hereditary carriers, it has been determined that the chromosomes are the carriers of the genes. Photography has actually achieved the detailed photographing of a chromosome. Hence we know that the 96 billion chromosomes which brought the two billions of persons living today into life and being, could be packed in the space of two ordinary aspirin tablets. (I included detailed information on this in my Big Blue Book, "Semen for Sale.")

## KEEPING AWAY FROM THE DEEP END

We often speak of an abyss, or a dangerous undertaking, or neglect, or an error committed through lack of knowledge as going off the deep end. It is often all too easy to go off the deep end mentally and this certainly applies with regard to a lack of sexual understanding. The cry of the impotent man is not infrequently that he is willing to give anything, just anything, to regain his potency. Likewise the man who attributes sexual weakening or disturbance of his sexual power to the climacteric, is willing to go to great lengths to tide himself safely over and retain his sexual virility when the climacteric has passed. Could men but know, could they but realize the truth, that impotence is psychic in by far the majority of cases, and could man but take hope from the possibility that this individual case may be in the psychic class and hence readily curable, often by digging the fear bogie out of his mind and facing it, or the complex planted in childhood, perhaps infancy—causes are far too many for me to mention—yet could men but know, and would they but accept truth, far fewer would go off the deep end because of a fear of bogies, of the climacteric, and countless other things which could do them no harm if they but faced the truth concerning the psychic causes. My Big Blue Book on Psychoanalysis and Psychiatry can help many to dig out these psychic causes—these hidden factors. My Haldeman-Julius book on "Treatment of Impotence in Man and Woman," can help. Many other good books by various authors can help.

More and more I am convinced that by far the majority of sufferers from actual sexual disorders and especially sexual neuroses—let us say sexual neurasthenia—must seek help from books if they are to be helped. The reason is obvious. Few of them will seek medical help. No more than a few of them will even tell their personal physicians who treat them for various other troubles, concerning their sexual difficulties.

And sadly, until sexology is embodied in the regular studies of medical colleges, many doctors must hang up their shingles, lacking the knowledge requisite to help their patients in one department of life which is as dear to normal-minded people as life itself.

You can depend on knowledge when you can't depend on a pill. The only *magic* pills I have seen in half a century of life had Mexican jumping beans inside them.



## 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 carefully 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 Medical College, was merged with Loyola U. (Chicago), where the ecclesiastical 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 transcript and was welcomed at the Universidad Nacional de Mexico, having 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 Ingalls, Pascagoula, Shipyard.

Dr. Cauldwell gave up his practice in 1945 to devote himself to writing, 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.

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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.

Semen for Sale. All about artificial insemination—how it's done. Test-tube babies—latest facts. Husbands for hire. Fathers by proxy. 35c.

### SEX, ABNORMAL ASPECTS OF

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

Perverved 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 either sex whose genital or-

gans, 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 Man 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.

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### SEXUAL MORALS

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Bought singly, the above 27 titles, at 35c, would cost \$9.45, but if you will order the entire set of Cauldwell books, we will let you enjoy the bargain price of only \$6.30, a saving of more than \$3. Send \$6.30 and ask for DR. CAULDWELL'S 27 BOOKS. They will be shipped immediately prepaid. Mail orders to:

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