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Sex and Psycho- Somatology

A STUDY OF THE VARIOUS ASPECTS OF THE RELATION OF
PSYCHO-SOMATIC MEDICINE TO SEXUALITY AND
SEXUAL DISORDERS, INCLUDING IMPORTANT
ENDOCRINE DATA

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INTRODUCTION

If the title of this book and any of the words in the subtitle seem about as clear as the proverbial professor's mud, you will be glad to clarify the meaning of these somewhat unfamiliar words, because you are going to encounter them more and more from now on. You'll hear such words on the radio and at the theatre. You will find these and similar words in the newspaper headlines and they may stare at you from the pages of your favorite magazine.

World War II has made of psycho-somatic medicine a very *scientific*, if not an exact *science*. And dear Old Boston, the Land of the Bean and the Cod, and the banningest enemy of subjects sexualis in the U. S. A., has turned turtle and broken out with sex instruction on the radio. She (Boston) is being credited with having set a precedent. She is said to be the first city in the U. S. to sanction, and at least partially sponsor, sex education by radio. It is to be hoped that: "As went Boston, so will go the country."

In Little Old New York, not many moons ago, Dr. Thomas Parran, then City Health Commissioner, and now Surgeon-General U. S. Public Health Service, launched from some topic of a speech into an educational digression on venereal diseases. Dr. Parran talked on and on, but he was off the air. New York could have her squalor, ignorance and venereal disease, but not education against these curses.

A little later New York was shocked by a series of brutal murders and rapes. Forward-thinking citizens sought to educate the public and to have sex instruction given in the city's schools, but this "obscenity" was stopped by a few sanctimonious perverts.

Today, many of New York's schools teach classes in sex education, and many organizations for imparting sex knowledge to the public in general, have sprung up in that great city.

One New York organization is doing commendable work in the field of sex education. It is doing an excellent job of breaking the sod, of blazing the trail. That it is making mistakes is to be taken for granted. That experienced sexologists and psychiatrists do not agree with all that this organization teaches, goes without saying. Yet, liberal thinkers say: "Power to the Public Affairs Committee, Inc. In a publicity release issued by this organization under the date of November 18, 1946, "A New Approach to Sex Education," is offered. The *approach* is filled with Don'ts. Perhaps this isn't so bad, but it isn't any too good. One of the don'ts is: "Don't call the Doctor." Under this heading we are warned: "Sex is not a disease. For the individual child and for children in groups, education should not be undertaken by trouble-shooters, or pathologists or repairmen."

The foregoing statement may draw a howl from the doctors. Let me say here and now that many laymen, rather than many or even a few, physicians, are responsible for just about 90 percent of the actual sex knowledge accumulated and disseminated to date. On the other hand, the inexpert layman may make about as many sad mistakes as the old Puritans made and thereby create sexual pathology (disease) which will yield only to the physician's methods.

Unfortunately, few physicians of this modern day are willing to have their names linked with organizations seeking to disseminate scientific sex instruction. By the same token, physicians versed in sexological science are comparable to that *rara avis*, the dodo bird. They are not extinct—but they are almost. The reason is that medical colleges do not teach sexology. In his especial studies, the psychiatrist (an M.D. who

specializes in mental and nervous diseases) learns sexology. We have but a mere handful of psychiatrists in the United States today.

The magazine, *Your Mind: Psychology Digest*, for November, 1946, printed, on page 94, this statement: "10,000,000 Americans are going to need hospitalization for mental disorders. To reduce this large number of potentially mentally ill, Dr. Bowman told the psychiatric association that an ideal commitment law was needed. This law should put the responsibility of the commitment in the hands of psychiatrists rather than general practitioners."

The statement is not explicit. It says that 10,000,000 Americans are going to need hospitalization for mental disorders, but it does not say when. The truth is that as large a number may need such hospitalization now. Or, if not hospitalization, at least treatment by the trouble-shooters derided by the Public Affairs Committee.

And that is the significant point. Lay organizations are destined to do vast good in the field of sex education. They are certain to make mistakes. And the pious perverts are certain to infiltrate the ranks of the clean, earnest, and serious-minded. The keen need for trouble-shooters and repairmen in the persons of the qualified psychiatrists of the country will be sorely felt.

In view of unnecessary suffering and brutal torture occasioned by prudery and other sexual ignorance in the past, it behooves every reasoning person to avail himself of every known fact possible.

Psycho is a form of psyche (si-ke) meaning mind.

Soma is from the Greek meaning body.

Ology is a suffix denoting a science or special branch of study.

Somatology is defined as the science which deals with the body, including both anatomy and physiology.

Anatomy is the science of the structure of organisms.

An organism is defined as: Any living being, either animal or vegetable.

Physiology is the science which treats of the functions of organisms. Stedman's "Medical Dictionary" defines it as: The science which deals with living things, with the normal vital processes of animal and vegetable organisms.

Psycho-Somatology is the science of mind and body.

Psycho-somatic medicine deals with the relationship of mind and body as a special branch of the science of medicine.

We know that sex is the distinction between male and female. Further, it is one of the important sciences of life and more nearly "A Way of Life" than is commonly supposed. Life begins with sex; sex ends with death.

Sexuality and personality are almost interchangeable terms. Each deals with the distinction of persons.

Sexual disorders are of both mind and body and it is for this reason that a knowledge of psycho-somatology, be it ever so elemental, can be of great value.

To recapitulate: It has been the purpose of this introduction to acquaint the reader with some highly pertinent data concerning present movements toward the furtherance of sex education and to clarify the meaning of terms which are, at this time, as essential to an understanding of the subjects to be presented as are good tools to the construction of a building.

In the main body of the book, which follows, subjects related to psycho-somatology will be presented, not in the manner of the stage lecturer who speaks to hundreds from a distance, but as a physician and friend might talk to you—in the first person—within that sanctum sanctorum of the medico, his consultation room.

Numerous aspects of various disorders will be discussed. The humanitarian consideration of sexual disorders and abnormalities will be dealt with. This will be neither from the viewpoint of the dealer in obscenity and immorality, nor yet from the viewpoint of the moralist and reformer; but, from the viewpoint of the scientist and Rationalist.

IF WALLS COULD TALK

Walls May Have Ears—What If Walls Had Tongues?

It has often been said that walls have ears. This is, of course, figurative. And figuratively, walls may have eyes and tongues. If we will just exclude the eyes, substituting therefore mental sight (often called insight), no harm can be done if we permit you to be the ears, while I serve as the tongue, thus letting you in on some of the secrets of the doctor's consultation room. The identifying powers of the eyes are as naught here, and, as you listen, you might be hearing yourself while listening, at the same time to the doctor's instruction and counsel.

The time is the not too distant past. The place, a doctor's consultation room. My consultation room. Mrs. Blank, quite a pleasant-appearing young woman of 24, has an appointment, and is now comfortably seated opposite me. She tells her story.

"I know, Doctor, my story may be quite the opposite to what you are accustomed to hearing. My husband does not know of this visit and I would not have him know because I fear he might be quite angry.

"If I am rightly informed it is usually the man who complains that his wife is a block of sexual ice; she's cool or cold or frigid. The reverse is true in our case. My husband and I were married for many months before we had any life together. It was necessary for him to be absent from home. Now that he has been at home for several weeks we have tried to have our honeymoon. It has been a frightfully horrid honeymoon.

"By nature I am warm and responsive. My husband is just the opposite. We really are in love and want our marriage to be successful. As matters are, I am afraid that we are already being dashed against the rocks. Instead of my husband being the lover, the aggressive one, I must take the lead. I must ask him to indulge in the intimate relations of the marital bed. And not only that! I must prepare him. He seems to have no desire—no interest. If I am successful in preparing him for the marital act, he hardly begins before he has finished. I have read enough to know that his condition is called partial impotence and premature ejaculation. I am wise enough to know, or to at least believe, that none of this is my fault. How can I err when, if I made no advances, none would be made? Our marriage would never have been consummated had I waited for him to make the advances.

"Doctor, I believe that you can help us. What is wrong? What can we do? My husband is slender and wiry. He is seldom still. He has unbounded energy for everything—but me. The moment we are in bed he is like the dead. There is no energy then. He invariably says that he should not have tired himself out before bedtime, yet it is the same regardless of the hour we decide upon as bedtime. I mean, of course, whether it is early or late. He can even jig around to the music of the radio at 9 o'clock or midnight. There's plenty of energy. Five minutes later—and in bed—he's the same as dead.

"It can't be that I fail to do more than my part. His own mother couldn't be kinder to him—more understanding or sympathetic. There is no response and I repeat, I am passionate, warm-hearted and responsive."

It was time to call a halt. You will have your own ideas concerning her story. Whether you are a man or a woman you will have your opinion of what Mrs. Blank told me and of both Mr. and Mrs. Blank. If you want

to play an interesting and perhaps mentally stimulating game, put this book down and close your eyes and relax and try to figure out just what you might have thought and what you might have told Mrs. Blank, had you been the doctor.

This is what I told her. "Your problem is not a pleasant one, Mrs. Blank. I have never seen you before and I know, in actuality, no more concerning your husband than you have told me. Should I do a lot of guessing you may be able to help me to correct my guesses.

"Apparently there is nothing physically wrong with a slender wiry man of your own age who is a bundle of nervous energy. It is my opinion that an endocrinologist might find the appearance somewhat deceiving. Numerous endocrine disturbances are known to affect our energies. Your husband's build and weight, combined with his nervous energy, seem to indicate hypersecretion on the part of the thyroid gland. This in turn has to do with causing a high basal metabolic rate, a stepping up of the total body processes. Such a condition is not infrequently accompanied by a psycho-neurotic condition and may manifest as anxiety.

"Should there be hypo-thyroidism, or a diminished thyroid secretion, for example, body processes would be slowed down, there might be a tendency to put on weight, there might be an energy reserve, but this would manifest as an ability to be moderately active for long hours. Anxiety could creep into this picture but it would be limited to what we might call mere concern rather than an acute anxiety state.

"All of this is, of course, in the field of the endocrinologist—a doctor who specializes in disorders of the endocrine system. I mention it because it has a bearing upon what I am about to tell you.

"You, personally, are on the hypo side of the scale. You are not actually overweight—yet you are slightly heavy. You are inclined to take things easy and to experience mere concern rather than acute anxiety.

"The difficulties you and your husband are experiencing may be augmented by the conditions I have mentioned. Their basic cause lies much deeper. With your husband it started in infancy or early childhood. A female, whether mother, grandmother, aunt, nurse or a mere champion, constituted, aside from himself, almost everything that was of real importance in the world. She was his fixation, as we have to call it. He has never outgrown this fixation and it is quite likely that the fixation, from jealous motives, conscious or unconscious, instilled in him an antipathy toward sex except as a means of distinction. He is psychically impotent and until he undergoes thorough mental catharsis and re-education, he will remain impotent.

"You stated that his own mother couldn't be kinder or more sympathetic toward your husband than you are. You have little idea of the significance of that statement. You are the matronly and maternal type of woman. Your passion is not, as you interpret, or at least express it, for the thrill of the marital embrace. Your deepest passion is to have children and to live your sex life in them, thus producing other impotents just like your husband.

"Incidentally, I feel certain that your husband was taught against incest. This did not keep his thoughts from being incestuous, however. He could not, of course, bring himself to condone an actual act of incest. No doubt this, augmented by your maternal attitude, strengthens his mental restraint when you go to bed together. He could never have had intercourse with a close female relative. It is next to impossible for him to have intercourse with you.

"Your husband needed a regular vampire of a wife who could have made him feel that their sexual relations, regardless of their absolute legality and morality, were positively wicked and that his former female-relative master, she who dominated him through his formative years, must never even suspect that they as much as indulged in the intimacies of the marital embrace. He would have been thoroughly potent with her.

"You needed, as a husband, a virile he-man type who would have dominated you and knocked your maternal instinct insofar as he was concerned into a cocked hat. You could have mothered his children but the chances are he would not have permitted you to produce impotents of his siring.

"I suggest that both of you see an endocrinologist. You need endocrine therapy. It can help you both to better health and prevent the development of a far more serious physical condition, to say nothing of an accompanying mental illness.

"If your desire is strong enough you can change yourself into the vampire type. Your husband will automatically change. He will see you through eyes he has not dreamed he had.

"If your desire is not sufficiently strong to cause you to make the change then you have no occasion to worry about your marriage going on the rocks. It is on the rocks already and probably was on the rocks before it started.

"Ships have been salvaged from the beach—even from the bottom of the ocean. Intelligence and willingness can salvage human beings and human happiness more readily."

Now I wish that I could tell you that this little consultation had a happy ending. If I were writing fiction it would be easy to give it a happy ending. I am writing fact and I can tell you only that while I talked with Mrs. Blank, she showed, at times, positive anger, at other times, resentment. When she left she merely gave me her hand and her thanks. I interpreted the "Thank you," as the habitual courteous remark. I did learn later that when she paid my secretary on her way out, she was smiling, paid the fee with evident pleasure and said in a low tone, "It was certainly worth it."

There is something in particular which I'd like to point out in this case and it is this: Counsel, analysis and suggestion or mental therapy, if you will, had its possibilities. The results of such therapy (treatment) could have been hampered by the physical (endocrine) disorders partially described. The results of psycho-therapy could have been greatly enhanced by suitable endocrine therapy. Likewise, both parties, enjoying a greater sense of well-being through improved viewpoints, could have reaped greater benefits from endocrine treatment because the work of the endocrinologist would not have been impeded by an adverse mental attitude or outlook. Herein, therefore, we see an excellent example of the principles of psycho-somatic medicine.

NOTE: As we proceed we shall encounter other cases which will be dealt with more briefly and more pointedly. Some of these cases may seem strange indeed to the uninitiate. As an example, there will be the case of a man, a college graduate holding a position of high responsibility, who, after being away from his wife for many months in the armed forces, came to the conclusion that he was impotent. He did not want his wife to learn of this. His plan to deceive her makes almost unbelievable reading. But, in order that we may more fully understand the importance of studying both mind and body, and of treating both mind and body, medically, let us have a brief look at what the professionals, themselves, have to say.

THE RIDDLE OF THE UNIVERSE

Man's Search for This and for the Connecting Link Between Mind and Body

Since time immemorial, mankind has sought what it pleases to call "The Riddle of the Universe." Whether this riddle has been found, whether it has been solved, is a matter of personal opinion. Perhaps, at best, it is but a guess and I'll grant that your guess may be as good

as mine. I speak of the riddle of the universe for the reason that the search for it has been as constant and untiring as has been man's search for the connecting link between body and mind.

As to this latter I feel that there is no riddle. I shall give you my opinion and in so doing it will be left strictly up to you to keep or to form your own.

We recognize body and mind as separate entities. There has long been a theory, even a contention, that the mind rules the body. Innumerable processes too intricate to permit of explanation in any but a voluminous work, indicate that the mind is subject to perhaps an equal amount of ruling by the body.

To use a trite and terribly simple illustration, let us say that you burn your finger. In a flash the nerves carry the impulse to the brain. The "brain" tells the "mind." The mind directs that the finger be moved quickly from the object which is burning it. Now let the mind try as it may to prevent other contortions, caused let us say by the pain of the burn, and it fails. The body fails to obey. Likewise the body, it would seem, causes the brain (mind) to tell the organs of speech to do something and the result is either an "oh!" or a groan, a whistle or an expletive. If the pain is great there is no argument between mind and body as to which is boss.

This is all elemental we will both admit. Yet, the basis of all great things, of all powerful things, is elemental, comparable to the old saying: "Great oaks from little acorns grow." The basis of atomic energy is elemental—very elemental!

It all sums up to this: Body and mind do not, nor can they, exist separately or independent of each other. Where, then, is the need for the connecting link man has sought so long—and still seeks?

Let us consider the words of a physiologist. After teaching physiology for many years, Dr. Edward C. Mason, of the University of Oklahoma, wrote (page 17, "Why We Do It," Mosby): "A physiologist is considered as being perfectly within his sphere when he discusses such subjects as kidney function, liver function or heart function; however, when he chooses to discuss the functions of the various body organs which contribute to the production of 'mental' processes and to personality formation, he may be severely criticized by those who have failed to appreciate the fact that without the function of body organs, there would be no psychology."

Incidentally, the quotation is from the first page of Dr. Mason's actual text. In considering the viewpoint of the psychiatrist, let us study the first paragraph of the actual text of Dr. William S. Sadler's book, "Modern Psychiatry" (prepared especially for the profession), also a Mosby publication. Dr. Sadler says (page 1): "Virchow and the organicists for more than a generation taught us that all disease has a beginning in some pathology of the cells and tissues of the body. But all the way along every observing physician knew that the emotions are the dominant factor in human experience."

The views of each writer are correct. It really sums up to this: Certain diseases are "mind-dominant," while certain other diseases are "body-dominant."

Beyond a shadow of a doubt, as Dr. Mason has stated, were it not for the body organs and their functions, there would be no psychology (the science which deals with the mind and mental processes) for the good reason that there would be no mind. And were it not for the mind, the body would be an inert thing indeed.

These facts have been brought out — explained, even if not too elaborately—in order that we may more readily appreciate the combined functions of body and mind as a whole, even though admittedly comprising separate entities. It is this considering of the mind and body as constituting the whole which gives us the descriptive term, psychosomatology.

Several organs and glands of the body contribute to sexuality and even though we speak of a person as having been desexed, or of a person who has been deprived of the genital organs as a sex-neuter, there is a sex center in the brain, and hence, in every living person, there is, and remains, a triad as important as life itself, the triad: Mind, body and sex.

We have studied as a case, an interesting problem which we may, for practical purposes, label as a sex case. If we but reflect, however, we will see in that case a thorough integration of the triad, sex, mind and body.

ABOUT SEX EDUCATION

A Word as to What Is Being Done, with an Explanation of Eugenics and Euthenics

In the introduction, mention was made concerning various movements for the promotion and advancement of sex education. I referred to the Public Affairs Committee of New York. A brochure published by the committee, and written by Dr. Benjamin C. Gruenberg, is called: "How Can We Teach About Sex?" The brochure is well done and is an extremely rational approach to the subject. It seems to me, however, that many interested physicians will take issue with much that is contained in the brochure. On page 4 of the brochure it is stated: "Healthy infants can grow into acceptable members of the community only through a long and often severe discipline in social living . . ." I can but wonder why the "discipline" should be severe. It is further stated, "Many young people grow up with unsound attitudes about sex and false ideas regarding their obligations as members of families and of society." This is entirely true. One page 6, this statement appears: "In discussing why so many parents (three-fourths of them in a study of 2,000 Catholic adolescent boys) fail to give their children the early sex information to which they are entitled, a recent investigator concludes that the parents simply do not know how to broach the subject. They feel unfit to give this information because no one has ever taught them how to tell the facts."

It should not be difficult to understand this. Adults and "sub-adults" who are accustomed to living greatly in a world of phantasy, and especially in contemplation of the phantasy of the "joys of an eternal life after death," are not adept at dealing with facts and accepting realities.

On the same page of the brochure it is explained that 98 percent of Catholic parents cannot impart the right information because they did not receive it and that the only sex language they know is either obscene or vulgar and it would embarrass them to use this language in the presence of their children.

The foregoing does not lend itself to dispute. It certainly casts its reflection and with the reflection a shadow—a rather ominous one if we want to think back into history, and of the untold millions of dollars that have gone into the coffers of tax-free churches for the purposes of education.

An article of mine which appeared in the October, 1946, *Sexology*, was entitled: "Right Words for Children." In that article I explained that foolish "baby talk" was more confusing to the child than the right expressions. Think of how much simpler it is to say "little foot," than "itsy bitsy footsy wootsy." And of how much easier it is for a child to say "bowel movement" than "Pottie, pottie, pottie." Or of how much it means to the child learning to talk to be taught the simple sounds of

words like penis, vulva, vagina, or even privates than any of the difficult and all too often vulgar terms he is taught by which to indicate these important organs. The right terminology is easy and is actually known to most parents. Facts represent truth; hence, why should it be difficult to tell the small child the truth? It is difficult only for those who lead lives representing only part truth and part (far too large a part) phantasy and hypocritical falsity.

Truly, progress is slow. It is easy to understand why sex education has lagged eons and eons of time behind other forms of education. Somewhere in the dim, dark distant past, some lustful old devil who was in power saw a way to have his "choice." He taught that sex was vile, so vile in fact, that deviations from his laws meant death by torture. The choice virgins of his kingdom were forfeit to his divine lust. Similar purposes have been not infrequently served through the teaching of the vileness of sex, down through the ages.

For many years forward-thinking teachers have managed ways in which to smuggle clean and scientific sex instruction into their schools. These ways have been too devious to permit of adequate description in detail.

The ice was broken not too long ago and the public began learning about venereal diseases. Victims stopped sneaking up backstairs to the offices of venereal specialists and venereal specialists ceased being labeled as quacks. The treatment of venereal diseases was placed on an approved social basis. Education, preventive medicine, treatment, and above all frank publicity, now promise, at least, to eradicate venereal disease in time. Similar measures are capable of eradicating sexual ignorance and with it more actual insanity than the average citizen ever dreams of as existing.

Much will be accomplished by those unthanked crusading scientists known as eugenists and euthenists. Eugenics is the science relating to the betterment of the human race by improving conditions as to conception, gestation and birth. The eugenist is the student of eugenics as well as one who advocates eugenical improvement of the human race.

Euthenics is the science treating of the betterment of the human race through improved living conditions, environment, etc., thus bringing about improvement in the family, homo sapiens. The euthenist is the student and advocate of euthenics. In other words, eugenics means to be well born. Euthenics means to be well bred.

One may well and justifiably ask: Just how may eugenics be practiced?

Even though the definitions given were given only as applying to the human family, animal husbandrymen are far in the vanguard in the field of eugenics. Birthright, Inc., of Princeton, N. J., a non-profit organization formerly known as the Human Betterment Foundation, is the authority for this quotation from Dr. Burt Russel Shurly: "If we will refine our laws and demand standards at least equal to the ordinary rules of animal husbandry, congenital deaf-mutism could be eliminated." Dr. Shurly could have well added numerous other conditions including feeble-mindedness, epilepsy, Huntington's chorea, in time, schizophrenia and manic-depressive insanity.

Cattlemen simply do not permit defective animals to reproduce.

SEXUAL DISORDERS

Diagnostic Data and Psycho-Somatic Treatment Indications

A potent school of medical thought contends that there are no purely sexual disorders. Few, who are medically trained, will dispute this, but enlightened minds will point out that there are no purely stomach disorders, no purely kidney diseases, no purely heart diseases,

etc., ad infinitum. It is quite correct, therefore, to speak of sexual disorders, sexual diseases, etc., just as it is proper to speak of kidney diseases, heart diseases, etc.

As we now consider sexual disorders, pertinent diagnostic data and the indications for psycho-somatic treatment, we will use the case or old preceptor method of study. Circumstances such as time, distance, cost and other factors will not permit you to come into my study with me as we delve into cases, many of them pitiful, now and then tragic, sometimes humorous, and, in many instances, strange! I can bring these cases to you, and you can benefit almost as though you were present with me.

Earlier I promised to tell you of the strange and almost unbelievable case of a man who, while away from his wife, believed that he had become impotent. I explained that this man was a college graduate in a position of responsibility. This man had been honorably discharged from the armed forces and had accepted a temporary appointment to a government position of responsibility. The time was soon to come when his temporary position would end and he would return to his wife. That he was worried is not to be doubted.

This man, we shall call him Mr. Doe, read an article in a medical magazine in which it was explained that an artificial male organ had been created through the ingenuity of a doctor and a dentist, for the benefit of a man whose male organ had been amputated. The object in creating this artificial organ had been to aid the unfortunate amputee to control the stream of urine during micturition. A minor operation removed scar tissue which was causing the urinary stream to "twist" and create an unpleasant condition of sanitation. A tube was then fitted into the urethra and the artificial organ, closely resembling the natural male organ, was attached to this tube. The artificial organ or prosthesis was made in much the same manner that a dentist makes dentures. Through stimulation of the nerve ends in the "stump" it was learned that the amputee was capable of intercourse and it was claimed that he could have sired a child. The article describing the prosthesis appeared originally in the West Virginia Medical Journal.

Mr. Doe wanted such an organ, such a prosthesis to "slip-on" over his normal organ. He felt that with this he could keep his wife from knowing that he was impotent. He was extremely anxious to know where such an organ could be obtained, the cost of the organ and how quickly he could obtain such a prosthesis.

Quite naturally, Mr. Doe was in a state of panic—a symptom of the mental disease known as schizophrenia. He was shown that he could not deceive his wife and that his impotence was what is known as psychic impotence. He feared his wife.

Doe was 40 and had developed the complex which led him to a conviction that he was old and far weaker than when he was just 20.

Treatment indications were psycho-somatic measures, probably narco-hypnosis and possible injections of the male hormone, testosterone. Under narco-hypnosis (a condition you may best understand as "near-sleep" produced by the administration of certain drugs) Mr. Doe would be encouraged to relive the incident or chain of incidents which led to his fear and consequent psychic impotence. Thus, through mental catharsis, he would almost miraculously, find himself strong again. The effect of testosterone treatment would be both physical and psychological.

Naturally, the strangest factor in the Doe case was his child-like belief that he could deceive his wife with a prosthesis. In actuality, he knew better and had a prosthesis been obtainable he would have awakened to reality and hence would never have attempted to use the gadget.

Perhaps the saddest thing about such a case is that such a "fear-victim" may be otherwise victimized. A charlatan could have fleeced this man out of a considerable sum of money—particularly, had the charlatan struck at the psychological moment.

In September and October, 1946, an article in two parts, "A Man Becomes a Woman," written by me and based upon the biographical book, "Man Into Woman," depicted the strange story of Einar Wegener, a Danish artist, who was said to have been actually transformed into a woman. It was claimed that Wegener was found to have both ovaries and testes. There is no medical authentication of these claims. Following publication of the article I was bombarded with letters from "men" asking where they, themselves, could obtain such an operation. I shall not go into the details of these letters. I mention them to show the strange quirks of the human mind.

One man was approaching 60. In his letter he explained that were he 70 or 80 years old he would still want the operation. The outstanding thing about this man's correspondence was his declaration that he had "always hated the sight of my ugly sex organs. I try to push them back or to draw them into my belly so that I will not have to see them."

There was no indication (I wrote to him and carefully studied each letter) that physically he was other than a normal male. Nor do I believe that a hormonal test would have shown a preponderance of female hormones in his bloodstream. I gradually drew out what I suspected. The man was raised from infancy by an aunt. The aunt was a spinster. She was a type of pervert known as a sadist. She flogged "him" terribly from as far back as he could remember and he "loved her for it." She taught him to think that his sexual organs were "ugly and vile." The aunt taught him that he should have been a woman and then "he would have been pure and sinless," as "she was." Until the aunt died when this man was "50 or past" he obediently bared his buttocks two or three times a week for a flogging. Sometimes he did not know what he had done that was wrong, but if he sought an excuse the aunt told him that "he had impure thoughts," and he "supposed she was right."

It is obvious that this correspondent has a distorted mind—that he suffers from a form of insanity—yet he is doubtless harmless insofar as others are concerned. He was made insane. I do not think there is any help for him.

Another case of sadism comes to mind. A young man was reared on an isolated ranch—by his mother. He was required to sleep with his mother, a widow, and as he grew up she examined him for that wholly natural phenomenon, the urinary erection. Finding this, she scolded him and sometimes beat him. He formed the habit of pressing the organ posteriorly and closing his legs over it, hoping that thus his mother would not observe and that he would escape a scolding or a whipping. By the time he was grown his mother died and, with some insurance money and money from the sale of the ranch, he went into the world to pursue an educational course. He had been taught by his mother, a college graduate and a former school teacher. He was admitted to college upon examination.

Soon this young man began to learn about sex. At this time he became painfully aware that his male organ was seriously deformed. It was so arched, so bent and so crooked that a doctor whom he consulted advised him against marriage—which, incidentally, he was considering or contemplating.

After the doctor explained to him that he would not possibly be able to consummate marriage through intercourse he resorted to a prostitute to find out. Intercourse was impossible. He was desperate. He felt there was no need to pursue his college studies further. He appeared to have a capable and brilliant mind. A plastic surgeon performed a corrective operation—the young man married and he is now a happy husband, has a happy wife, holds a lucrative position, has two small and healthy children, and is bringing his children up right by "teaching them all of the facts of life he knows and can learn."

The human male appears to be the only animal known with what we have come to call an "organ inferiority complex." I shall not at-

tempt to tell you the number of males who have consulted me in active practice in the belief that their sexual organs were undersized and that something could be done to increase the size of these organs. Nor shall I attempt to tell you of the number of letters which have reached my files in which the same complaint was made with frantic requests as to where "developers" might be obtained and asking, "Can't you tell me of a medicine, or will the male hormone produce proper growth?"

This represents a psychic rather than a psycho-somatologic disorder. In time past, numerous "developers" were sold to the gullible. Some of these gadgets made no pretense at an approach to the scientific. They approached the pocketbooks of those who unfortunately labored under a misconception.

At least one such modality made some pretense at seeking to embody something, at least, of the scientific. This was a vacuum type of outfit—as dangerous as any and perhaps the most dangerous of all because some of the gadgets were as harmless as they were useless. Indeed, I knew of one apparatus (if it could be called that) which was to be worn on the male organ on a certain time of the moon. On the day following the wearer was to take the apparatus to a stream and throw it into the moving current. The man who had parted with whatever amount of money the sharper could wheedle out of him was assured that by the time the gadget so worn reached the great "Mother Sea" his organ would have attained immense proportions. Such was as utterly impossible as that old superstition about tying as many knots in a string as one had warts and burying the string. It was supposed that by the time the string had rotted the warts would be cured. I have had "intelligent" people swear to me that this was true. The truth is that warts come and go.

The vacuum "developer" did not develop. If used, it was capable of distending the organ temporarily with blood. If used persistently, the spongiosum underwent a breaking down process, often became hardened fiber and the organ atrophied (wasted away) until it was a mere semblance of what it should have been and of what it was originally.

While serving as medical examiner for war industry I examined a colored boy and, observing that his penis had been amputated with the exception of a stump of about an inch, I inquired as to why the amputation had been necessary. I had heard many strange stories but this story actually shocked me. This boy (he was a man in the early 20's) had, upon reaching maturity, concluded that his phallus was quite inferior in size. He learned where a "developer" could be bought—and bought it. It was the vacuum type of nostrum. After a few days' use his phallus congested, turned red, then blue, and became gangrenous. Amputation had been necessary. Fortunately his mental outlook was good. He accepted his fate. As he stated, he had brought it on himself.

Just a day or two ago I had a letter which stated in substance: "I am 24 and six feet tall. I weigh 190 pounds and have a deep voice. There is normal hair distribution on my body and I feel perfectly healthy. I am married and have a fine little boy. My wife seldom experiences a climax but states that her sex life is perfectly satisfactory and that our sexual relations are always pleasant.

"My wife is a beautiful woman and I'd go crazy should I lose her. Sometimes I think she is insincere in telling me that I satisfy her sexual demands completely. Not that I would think of her as being guilty of marital infidelity—by no means that! What worries me is that although I am highly potent and not sterile, as witness my son, my male organ appears very small.

"Please, Doctor, tell me if you think I should have testosterone treatment and if so, where can I get testosterone?"

It was explained to this man that he was thoroughly normal and that there wasn't a chance that his wife was insincere about her sexual life with him being entirely satisfactory. He was told that it is axiomatic

with men with large organs of poor erectility that they would gladly exchange with men whose organs are small but entirely capable of complete erectility. As to testosterone, all good drug stores are now supplied but there are few druggists who will sell it except on a doctor's prescription. According to the Federal Food and Drug laws, various articles (including testosterone) shipped and sold in interstate commerce, must bear the warning on the label: "Caution. To be dispensed only by or on the prescription of a physician."

In the matter of testosterone, Mr. Paul de Kruif, a writer par excellence, but by no means a physician, has written a book which I am convinced has become quite popular. It is his "The Male Hormone." The book has served to popularize the male hormone, "Testosterone," but according to the evidence piling up in my files it has not popularized knowledge concerning the male hormone. On the contrary. The book has popularized many men, and to this, I have no objection. Years ago physicians and writers overplayed their hands on "606" as a cure for syphilis. The worst of all of this was the disappointment the overplay caused, and a result of this disappointment based upon the overplay, was many known suicides and heaven knows how many unknown suicides.

The male hormone has its advantages. It has its limitations. Mr. de Kruif has written an excellent book and I assuredly commend the book as good reading to any intelligent and reasoning person. In thus commending, I say frankly: Take every overplay with a grain of salt. In fact it would be better to use a box of salt.

As I write I have before me a book made available to the medical profession by a highly reliable pharmaceutical house. In this book there are some pictures which I shall attempt to describe. They are the before and after pictures. Incidentally, the one pharmaceutical house is not the only business firm which has used these same pictures. The policy is to me, perfidious—false to trust. And the worst of it is that a pharmaceutical house will use such perfidy in its attempt to sell that highly intelligent group of representative Americans—the physicians. I have as much faith in such practices as I do in testimonial letters concerning patent medicines. It always reminds me of a testimonial letter something like this: "Dear Sirs: I used to have kidneys. Since taking Groan's Pills, I wish to report that they have entirely disappeared." But on to the pictures!

One picture depicts a 16-year-old male with undescended testes. It is the typical picture of the pre-pubertal youth. This is the before picture. The after picture, following male hormone treatment, is the typical post-pubertal picture. There seems to me nothing unusual except the attempted deception. I do not believe that administration of the male hormone produced the changes. The reason is simple: I have had hundreds of youths (over a period of years) as patients who have gone through the identical changes sans the administration of the male hormone.

Another before and after picture is so closely analogous to that just described as to merit no more than passing attention. It seems simply to be a close-up, not of the same youth, but of another.

The female reader may by now be wondering if the female has been forgotten. By no means. The book, concerning which I have explained, shows a typical pre-pubertal female, and a post-pubertal female, treated with the female hormone. I feel certain that the same changes would have taken place had there been no female hormone treatment because the same changes have been occurring for countless ages. The other female picture depicts faint "breast" development in a pre-pubertal female, and the normal development of the post-pubertal stage. Of course female hormone treatment is credited with having produced the changes old Mother Nature was producing millennia before man learned to write a chemical formula.

All of this may seem quite a digression and as completely aside and apart from sexual disorders. Don't believe it. Except for the suggestions presented by various sexual disorders and abnormalities we would know nothing concerning the hormones.

Do not get the idea that the hormones and that hormone treatment are no blankety-blank good. The power of the hormones has been greatly exaggerated. The all-powerful greed for the dollar has led ethical firms to resort to unethical practices. Exaggerations by paid publicity writers have caused persons to flock to charlatans who have gaily sold them hormones (and no doubt hormones for hormones seem to pervade almost everything vegetable or animal) that were worthless, thereby dooming such persons to disappointment and the loss of their money. Further harm has been done because "friends" have been told that "hormones are no good." All glandular products are costly. When you add a decent fee for a physician, endocrine therapy begins to appear to be financially prohibitive—though this is not all. The cost of necessary clinical and laboratory tests must be added. The sum total necessary to preserve sanity in many cases is far less than the cost of a single surgical operation and yet few persons will complain about the cost of surgery.

By now you may be thinking: "If this physician and writer thinks so little of hormones, how can he say that they may preserve sanity?"

By no means have I belittled hormones or their value. I have attempted to show that there still exists quackery and that much that has been written concerning hormones (for either sex) is either a combination or exaggerations or is only partially true. And truth lies on the less glamorous side of the question.

Another plain fact well worth consideration is the fact that the majority of persons who actually need endocrine treatment are unaware of the need, while thousands who do not need and hence would not (could not) respond to endocrine treatment, are of the opinion that endocrine treatment would help them.

Later, under "Important Endocrine Data" you will read that which should serve to render the matter of endocrinology more understandable. If what I have said concerning the male and female hormones serves to save but a few persons from disappointment and financial loss it will have been worth every inch of space that has been given to the subject.

And, before getting away from the present hormone subject entirely, let's have a look at the author of "The Male Hormone." The copyright on his book belongs to him—not to the publishers. It reserves all rights, including the right to reproduce the book or portions thereof in any form. Gosh! What sacred property! But then we can pay our dough for the book and read it and talk about it and I do suppose write about it.

According to Paul, himself, away back in 1929, at the age of 39, he was lying awake at night, dreading his 40th birthday—dreading to grow old, and obsessed with what psychiatrists call thanataphobia! Just in case you don't recognize that horrid word, it means a morbid fear of death.

When we skip through to near the end of the book, "The Male Hormone," we find that at 54, Mr. de Kruif regards himself as a powerful old man! As the French say: *Sacre bleu!*

By contrast, I know a man who never had a shot of the male hormone, who is 81, who rides from 300 to 500 miles, frequently, on a produce truck, who spends his other time selling produce in a market, who can walk miles and miles, who has an excellent home yet rarely sleeps a night in his "proper" bed and indeed sleeps on a cot that is not too comfortable without ever a grouchy word or a complaint, and who, while on the long truck trips, sleeps sitting in the cab or wrapped in a comforter in the trailer of the truck, and again, who until the past few months was never heard to say that he might possibly be getting old.

The man is well read, and yet I doubt seriously whether he knows there is any such a thing as a male or female hormone.

To be a little personal, I will be 50 on my next birthday. I devoted years to practice and lost countless nights of sleep. I went, as do other doctors, in all sorts of weather and traveled over all sorts of roads. Finally I got a couple of vertebrae busted all to heck. I gave up active practice—as a safeguard. But I do not feel any older than I did a quarter of a century ago. I have a happy marital life and insofar as I know I've got plenty of hormones of my own. I've never had any morbid fears and I have made it a vast part of my life's work to knock the Hades out of morbid fears of others.

Let's remember this! When fear (which plays a large part in sexual orders too numerous to name) gets the best of a person, proper psychiatric treatment may serve to knock the fear and complexes to kingdom come—yet, mankind has become so accustomed to pills, injections, and "a medicine" that should one be given plain sugar of milk pills, such pills would be given the credit for the cure.

In his "Story of Medicine" on page 189, Dr. Victor Robinson states on the matter of drugs, doctors and psychotherapy: "Medicine has reached a stage of high development when the doctors know the time to throw away their drugs. The Arabians are fond of telling this tale: A young woman suffered from paralysis of the arms, and her physician asked her to stand in the presence of the assembled court; without warning, he removed her veil, causing her to blush deeply, and he added to the indignity by suddenly raising her clothes over her head; the young lady instinctively lifted her arms to pull down her garments, and was cured."

What a story! And doubtless every word true! If medical men of today could devise an analogue to this treatment in such a manner that it could be properly applied they could cure 90 out of 100 cases of sexual disorder, even to impotence in the aged male and vaginismus in the newly-married bride.

Vaginismus is a condition in which there is a painful spasm of the vagina which prevents coitus. One type of vaginismus is defined as mental vaginismus. It is defined as being caused by repugnance to the sexual act. Psychiatrists are rather in accord that vaginismus in the virgin bride is caused by a fear of pain. It is difficult for the physiologist to offer any justifiable organic reason for this condition. Hypnosis and narco-hypnosis (psycho-somatic treatment) offer the best mediums for relief of the condition and yet—these fail. The condition has made the consummation of marriage impossible in many instances. Pre-marital instruction and psycho-therapy should serve in most cases to prevent the condition and assure the happy consummation of the marriage tie.

DISEASES AND DISORDERS: AN EXPLANATION

Disease is defined, medically, simply as: Illness, sickness. Some medical dictionaries do not even list the word, *disorder*. Authentic dictionaries, however, give, as one definition of disorder: Mental or physical disease.

In this book we have encountered the term, disorder, much more frequently than we have encountered the term, disease. This is because of the fact that disorder often leads to disease, and it was better that we seek an understanding of disorders and their correction, or the potentialities of their correction, as a measure of preventing disease, mental or physical. In a liberal sense we may, for purposes of easy understanding, while regarding a disorder as a mental or physical disease, place it more in the category of maladjustment. Maladjustment means poor adjustment to conditions which include the purely egoistic, the sociological and environmental.

Innumerable illustrations may be found. I am here citing one example of maladjustment which, at first glance, does not seem to have a sexual connection. Second thought will indicate a strong sexual element. Here is the example: Doctors and social workers arranged for a serious operation to be performed upon a dangerously ill young woman. She was the daughter of an immigrant father who had been unable to reconcile the teachings of the old country with the teachings and customs of the new. When the time came for the immigrant's daughter to be moved to the hospital he uncompromisingly refused to permit her to be taken from under his roof. This caused dangerous delay while shrewd investigators sought a way to soften the adamant father. It was learned that according to the traditions of the father's mother country, a girl or young woman who was unmarried was considered as permanently disgraced if she spent as much as one night away from the protection of the parental roof. This man was unable to adjust himself to the sociological and environmental conditions of the country of his adoption. Except under exceptional circumstances this lack of adjustment might have caused inconvenience to none. Doctors and social workers, well aware that it was as dangerous to operate in the home as not to operate, ingeniously found a solution by convincing the father that where he was, in fact no matter where, he was the head of the home and his presence established home. He could attend the daughter at the hospital and the disgrace would be averted. This reasoning, far-fetched though it was, convinced the father and adjusted the environment to him.

In the foregoing we see, of course, the sexual connection or the sexual element as centering around the virginity of the unmarried daughter. It really brings us to some consideration of virginity and the value that has been placed upon it, or, upon the lack of it.

According to what is known as the double moral standard, particularly existent in our own and numerous other countries, society does not impose upon man (or the male) the sacred obligation that he remain a virgin until he reaches the marital bed. Here, in view of the fact that I am keenly aware that many never think of the male as a virgin, let me give you the medical definition of a virgin. It is: "A woman (or a man) who has never had sexual intercourse." Contrary to the liberty every man feels is his own, without question, man, with rare exceptions, demands that his bride be a virgin. There are intelligent exceptions and men who marry widows are natural exceptions. I leave it to the reader, male or female, to judge as to whether the plumed peacock gets his demands as frequently as he chooses to believe he does.

History records that among ancient peoples so-called temple prostitution was held sacred. A woman sacrificed her virginity to the gods—yet sold it to man who, often as not, paid a small price. Under the custom a virgin was required to sit in the temple until a man came along and tossed a coin into her lap. She then cohabited with him and went home—eligible for marriage. If we believe history and natural selection, we will not doubt historians who have explained that homely women sometimes remained in the temples for years.

It is further recorded by history (and the same thing may be happening in our own fair land at this moment) that virginity often brought a fabulous price.

Not long ago, by reason of certain editorial work that I do, a pathetic letter reached my desk. This is the essence of the letter: "Please, dear kind sir, won't you help me as I know you have helped others. I am a young girl of 19 and engaged to be married. I am putting him off until I hear from you. I did not know anything about it and I have been raised ignorant, until some older women told me all about virginity. When I examined myself I found I had lost my virginity and I just know he will know it because he has been in the navy and around over the world and he will miss it the first thing. What can I do to fool him

and will it help me to see a doctor? Or could a doctor explain satisfactorily to him so that he will not believe I have been a naughty girl which I vow to you I have not been."

Now I am not devoid of a sense of humor, yet, I assure you that I did not laugh when I read that letter. In it I saw the curse of ignorant teaching and the rottenness of deception. By this I do not mean that I believe the young lady was attempting to deceive me. Frankly, I do not believe that she had indulged in intercourse. One thought stood out. She wanted to know how she could fool her intended husband. She had been reared in the midst of deceptive teaching. It was difficult for her to think in terms of actual honesty.

In my reply to her I explained that what she referred to as her virginity was not her virginity at all. A membrane, normally placed across the mouth of the vagina, was simply absent. It was explained that this membrane, called the hymen, is not a mark or sign of virginity, even though the truth is contrary to popular opinion among the uninformed. In many this membrane is absent from birth. In many others it simply atrophies (shrinks or even disappears) early in life. It may be broken in many ways—even through some of the positions taken in various childhood games. She did not need to see a doctor about the condition. If it worried her she should explain the truth to her intended husband and if the truth made any difference to him she would be well rid of him before either of them had a chance to make life miserable for the other.

Another word is in order here. Men have asked me in person and by letter how they might be able to tell whether their brides were virgins. Man can not know. The best way of learning is simple. If it makes so much difference a man to whom a woman has promised her heart, her love and her devotion for life, may ask. Some women may be offended—such is natural. Under such circumstances, however, not one woman out of hundreds will falsify.

Some of the cases, incidents, and matters which I have discussed may seem, at first, to the person who has not given them close analytical thought, far afield from disorders. Disorder, either in the individuals discussed, or in their environment, existed; otherwise, problems either would not have arisen or, arising, would have been solved by the use of simple analytical processes. As a means of broadening our perspective here let us consider something which is almost universally practiced, yet rarely discussed with frankness, and far more seldom, admitted. It is masturbation.

Reliable surveys indicate that more than 90 percent of persons of both sexes practice masturbation or autoeroticism, for greater or lesser periods, at some time in life.

Many highly intelligent persons have come to regard masturbation as a disease and as causing disease. This is not true.

Masturbation is as natural, and under certain circumstances, as normal as the ego. Masturbation, advanced medical scientists today assert, does not cause diseases as it was once claimed to do. In his book, "Modern Psychiatry" (a book written and published for the medical profession), Dr. William S. Sadler, a recognized authority on medicine and psychiatry, has this to say on page 333: "In almost 40 years of medical practice I have yet to see a single bona fide case where masturbation has been definitely and unquestionably responsible for ill health of any sort—except in those hundreds upon hundreds of cases where worry over its supposed physical harmfulness or moral sinfulness had led to such long-continued and serious anxiety as directly to produce so-called sexual neurasthenia. In brief the worry over the practice and not the physical result has been responsible for the nervous manifestations I have observed."

It has been further explained by Dr. Sadler that from a quarter to half a century ago, much that was written upon the evil effects

of masturbation or autoeroticism, was written by clergymen, and their observations were made in institutions for the feeble-minded. When clergymen and other "moral-uplift" committeemen and committeewomen visited the institutions wherein the born feeble-minded, nitwits and idiots had been incarcerated because in most instances their families were too poor to preserve them as skeletons in the family closets, and observed these inmates openly practicing pollution, they naturally concluded that these practices had been the cause of the mental states of unbalance. The truth was, of course, that congenital (or early acquired) imbecility, was the cause of the open pollitional practices. Further, normal boys or girls would have secluded themselves while indulging in the practice of masturbation.

Before taking up endocrine data, I want to bring certain other cases to your attention as briefly and as pointedly as seems possible. These cases are numbered for convenience.

1. A soldier (veteran) upon returning home was astonished to find that his wife, formerly a seemingly perfect marital partner, had become frigid. She explained that after his departure she had consulted a physician asking whether she could not be given a drug to aid in controlling sexual desire. This, she said, was strong, and it was her desire to remain entirely faithful and loyal to her husband. The physician prescribed medicine and the wife stated that within a few months there was no longer any sexual desire. Upon her husband's return she was incapable of libido—except when in a somnolent state. In a somnolent state she was thoroughly passionate and often experienced a number of orgasms during one single intercourse.

The truth is that certain drugs may temporarily stimulate sexual desire, later leaving the instinct dulled—as well as all other instincts. For obvious reasons I shall not name these drugs. One such drug, however, is so commonly known that it may well be named as an illustration. It is alcohol. Most of the other drugs in this class are obtainable upon prescription only. Insofar as is known at this time no drug will produce actual physical impotence in male or female. The continued use of various drugs may cause psychic impotence in the male and female (usually called frigidity in the female).

The solution to case Number 1, was psychiatric treatment and breaking the drug habit.

2. A woman married a man when she was 16 years old. By the time she was 45, she had mothered nine children by him and the youngest of these was 13 years old. According to her claim, she had been hating her husband for 18 years. It was never possible to determine why she had begun hating him. She simply had and that was all.

At the age of 45, this woman went to work in war industry. Soon, she was going to the taverns with the other girls with whom she worked and, eventually, she began having relations with men. She divorced the husband she hated and then met one certain man whom she really loved. She wanted to marry this man. They had sexual relations and he was small, but it did not matter that he did not give her sexual satisfaction. She had decided that she could leave that off—she just wanted this man and she had sworn to him that he gave her perfect sexual satisfaction. On the other hand, she was large. Was there a medicine, or some form of massage or a diet that would make her small?

An operation known as perineoplasty could have repaired the perineum (floor of the vagina or birth canal) and restored the organ, torn through numerous births, to near-virginal size. On the other hand, the operation could not have corrected her mental state and let us face the facts. The woman was not harmless. She was capable of causing her children considerable embarrassment and suffering. She was capable of causing psycho-neurotic or perhaps psychopathic men some worry—perhaps legal trouble. She was capable of making a pest of herself to numerous persons whom she was certain to contact. Many persons actu-

ally regarded by their neighbors as normal (sometimes leaders in church and civic affairs) do all of the things to relatives and others of which this woman was capable. The truth is, however, that this woman was psychopathic (insane or crazy as you wish) or in a term readily understood by all, she was just plain nuts. Pity the psychiatrist who might have undertaken to treat her!

3. A woman, married at the age of 15, through command of her mother. Spouse was 24 years her senior—and never married. He did not desire the marriage, but under constant influence, agreed. After all, he wondered why a 39-year-old man, so far denied the pleasures of married life in all their aspects, should turn up his nose at the chance of getting a virgin bride of 15, reared to slave. The bride was sick unto death on her wedding day—salivated by calomel. The groom felt that he had to show his manhood. Ignorant of technique and blind to his bride's illness, he practically raped her. The woman bore five children and had a number of miscarriages. She hated sex. At an early age her uterus was removed because of hemorrhages. Her life has been one of masochism and self-declared martyrdom, and devotion to her blessed Lord. Healthy circumstances intervened or she would have wrecked the lives of all of her children—and her husband.

Can psycho-somatic medicine help this woman? No.

These may appear to be simple cases. Few cases of this kind are amenable to treatment. Such cases exist in every community. It is well for the healthy and rational person to recognize them and thus avoid injury of any kind at their hands.

I repeat that many such cases cannot be helped by medical science. Such cases are preventible. The first method of prevention is, of course, eugenic. When science triumphs over moral temporizing and defectives are not permitted to reproduce their kind, humanity will forget almost 100 percent of insanity. The second method is medical — howbeit euthenic.

It will be recalled that early in this book mention was made of the work of the Public Affairs Committee, Inc., of New York City. It will also be recalled that reference was made to the advocacy of this organization: "Don't call a doctor. Sex is not a disease."

No. Sex is not a disease. Yet, conditions existing in early life are sexual diseases. Other conditions existing in early childhood develop into sexual diseases. Environmental conditions may lead to psychoses later in life.

For years, now, it has been firmly advocated: As the years begin to creep up on you, see your physician at least twice a year for a check up. If there is anything wrong he may be able to treat you in time to save you for further years of life and usefulness.

And there is a catch. Many of the conditions a doctor may find in the middle-aged and older can never be corrected. Some of these conditions are purely physical. Some of them appear, at least, to be purely mental. Many of them had the basis of their existence in infancy or early childhood. A large percentage of diseases and disorders that become incurable in adult life, are curable in early life. We will presently see this as we study endocrine conditions. Meanwhile, let us weigh our statements well when we advocate the exclusion of the physician until the layman recognizes that there is something wrong.

The average layman is a poor diagnostician and a poorer physician. This is not unkind criticism. Stop for a moment and think, for instance, of your most ignorant neighbor. You'll probably recall that at some time you have heard him (or her) analyze the complaints of yourself or someone else—and he (or she) had a remedy. Often the statement is made: "I can garrantee it'll kyore you." Perhaps so. Perhaps so. But why, when that same neighbor is ill does he not know a "garranteed remedy" for himself?

Recently the master of a ship sought to prescribe for himself and

wanted me to endorse his "prescription." The prescription would have been ruinous. And not merely to one person but to two persons. He rather resented the truth. When specifically questioned he admitted that he had read a lot about medicine but that he had not actually studied it. He was determined to find a doctor or a druggist who would assuaise. Such could be possible. I advised him to stick to navigation, and, failing to convince him of the danger he was courting, had to let it go at that.

And—an organization which has published more than 100 informative pamphlets, some of them written by doctors of one kind or another, but not of medicine, (there may be an occasional exception), advocates: Don't call a doctor!

IMPORTANT ENDOCRINE DATA

Names and Functions of the Endocrine Glands with Comment on Diseases of These Glands

The endocrine glands are known as the ductless glands of the body. They receive substances directly from the bloodstream and convert these substances into other substances, including hormones. The functions of various of the endocrine glands are modified by the secretions of other glands of the endocrine system.

In order to give you as many important data concerning these important structures of our bodies as possible within a short space, I am presenting some rather condensed information bearing upon various diseases of the endocrine system. It will be sufficiently apparent to you as you read that various endocrine conditions stem from various conditions which the physician is often able to recognize in early childhood—in infancy in some cases; hence, this being understood, it will not be necessary that I point out special conditions wherein, in connection with sex and psycho-somatology, it is unsound to advise: Don't call the doctor.

ENDOCRINE DISEASES

The story of the discovery, not of the endocrine glands themselves, but rather of their functions, is an intensely interesting historical chapter which may well extend into volumes. It was in 1850 that Claude Bernard suggested that the ductless (endocrine) glands be called glands of internal secretion. An anemia, known as Addison's, is associated with diseases of the supra-renal glands, two small ductless glands situated just above the kidneys. An odd and interesting anatomical fact is that these glands (one to the right and one to the left) seem to be identical in functions but not in shape or exact formation. Numerous pioneering physicians and scientists contributed much to our present knowledge of the thyroid gland. Among these the name of Kocher stands out. A somewhat strange disease which we shall study briefly, known as acromegaly, the development of which is associated with pituitary disease, was identified in connection with pituitary tumor by an untiring investigator named Pierre Marie. Various other scientists, many of whom have been dead for ages, contributed to our present knowledge of diseases of the pancreas (diabetes is the most common of these diseases), the pineal body, the thymus, the parathyroids, etc. Today more and more is being learned of the functions and diseases of the entire endocrine chain including those highly important glands of known endocrine function, the sex glands.

THE THYROID GLAND AND THYROID DISEASES

Goiter is the most common of the diseases of the thyroid gland. To the person who merely observes goiter in others, the condition may seem to be relatively unimportant. Long, however, before any type of goiter becomes noticeable, there are symptoms which may be attributed to other causes. Mother may seem to be nervous and may have certain types of tremors. It may even be suspected, at times, that she is staging a show (which sometimes indeed she is) and that the tremors and other symptoms are indulged in order to help her to have her way. Simple goiter, we must not overlook, appears in young children. Before puberty the condition is caused by a mild lack of natural iodine in food and water. Simple goiter in small children is of much greater frequency in girls than in boys and some authorities place this frequency as five times greater in girls than in boys. A faulty iodine supply may be yet sufficient that the deficiency is not noticed until puberty. At puberty the deficiency manifests still more often in the females than in the males and as the female advances she is more and more subject to suffer from iodine deficiency (and develop goiter) because such functions as inevitable bio-chemical changes, menstruation, in time, pregnancy, producing milk for the newlyborn and the attendant trials of the emotions, demand greater or increased activity of the thyroid gland.

Many simple goiters decrease in size after the age of 20. Bio-chemistry today recognizes the greater value of natural plant iodine in the treatment of goiter than in the poisonous tincture formerly used.

Simple goiters becoming involuted may enter into what is known as the colloid stage (a rest stage) and may never cause further trouble. The rest stage is not to be trusted and the strictest of medical observation may prevent further trouble. Some colloid goiters become large and unsightly—yet cause no especial discomfort unless they press on the "wind-pipe," interfering with breathing. Close medical scrutiny is required to distinguish between a large colloid goiter and an exophthalmic goiter. In the exophthalmic goiter there may be numerous complaints. Often the eyes "bulge" and there is palpitation of the heart and notable nervous excitability. Weight may be rapidly lost and the patient may experience easy fatigue and general physical weakness.

Toxic goiter is usually the colloid goiter no longer in the rest stage. Its symptoms are varied. Patients complain most often of symptoms associated with high blood pressure, such as headaches. The rapid heart rate often frightens the toxic goiter victim into a state of neurosis or even psychosis. Surgery is the usually accepted form of treatment.

Myxedema is associated with decreased thyroid function. In this disease some notable symptoms are a thickening of the tongue; lowered physical capacity and slowed mentality. Drowsiness is common and psychic symptoms are not uncommon. This becomes a truly psychosomatologic condition. Improvement is brought about through psychotherapy and the administration (by a physician) of thyroid extract.

What is often known as cretinism is, rather, infantile myxedema. The physician, when called early, may be able to effect a cure and aid the child to develop normally. True cretins never grow beyond the dwarf stage and are invariably feeble-minded. It is believed that almost no cretins (true cretins) are born in America. One important sexual fact here is that true cretins are invariably sterile. Thyroid disfunction is the causative factor in infantile myxedema. If the female cretin does mature sexually she will invariably give birth to defective children.

Among other diseases of the thyroid gland are tumors and actual malignancies (cancers).

DISEASES OF THE PARATHYROID GLANDS

Instead of giving you a description such as I have given of some of the thyroid diseases, I can portray a picture which will be of greater value to you. The chief manifestation of abnormality of the parathyroid glands is tetany. Tetany is marked by intermittent muscular contractions. There may be spasmodic (jerky) movements of the hands, of the facial muscles, and there may be disturbance of the motor and sensory nerves. The spasmodic condition usually (but not always) manifests in the hands, first. Any of the symptoms mentioned should cause the victim to seek competent medical help—quickly.

DISEASES OF THE PITUITARY GLAND

The pituitary is called the master gland. Its secretions exert great power over the secretions and functions of other endocrine glands and glands of known endocrine function including the gonads, or sex glands.

Acromegaly (pronounced acromeg'aly), previously mentioned, is sometimes called Marie's Disease (from Pierre Marie also mentioned previously), and is typified by marked progressive enlargement of the head and face; the hands and feet; and, the chest.

Gigantism is a disease of the pituitary gland.

In pituitary disease (specifically certain types of tumor) there may be a tendency to obesity (distinctly different from ordinary fatness) in which the genitals of both sexes remain small—in fact, infantile. Early treatment may be of great value and far-reaching effects.

In numerous conditions wherein the pituitary gland is involved, the physician who is requested to make a casual examination may quite innocently diagnose a symptom instead of finding the real trouble.

Casual examinations, occasionally the fault of the physician, but nearly always the fault of the patient who has an idea he is being robbed when the physician suggests thorough clinical and laboratory examination, are responsible for the severe and incurable stages of pituitary disease.

DISEASES OF THE ADRENAL GLANDS

Space forbids lengthy discussion. The principal manifestations of adrenal disease of any kind may be named as an irritable stomach, weak heart action, low resistance, general weakness and susceptibility to various diseases, and a brown (sometimes black) pigmentation of the skin and mucous membranes. Addison's Disease, rare, yet the most serious perhaps of adrenal diseases, is of sexual significance. It is twice as common in males as in females.

Even the newborn may suffer adrenal hemorrhage.

PINEAL DISEASES

Tumor is the most frequent disease manifestation of the pineal gland or body. Pressure from the tumor may cause nerve disturbance (certain forms of paralysis), severe headaches (not readily explained otherwise). Eyesight is often lost. In children development is precocious and this includes the mental, physical and sexual. The overbright child

who grows seemingly perfectly, but far ahead of his age, may have pineal tumor. All positive cases of pineal tumor end fatally. Pineal shadow on x-ray films, with other manifestations, were reported by Timme, in 1916. Dried pineal gland was administered in a series of such cases. Many were helped, four cases were regarded to have been cured and in 34 cases there were no results from the treatment.

THE THYMUS GLAND

Little is known of the thymus gland and its diseases. There is evidence that in cases where the thymus is enlarged children have a fine, smooth, pink skin. They develop slowly and reach puberty late. It is known that in various diseases, particularly those involving other important glands, some morbid condition of the thymus also exists. Some success has accompanied various efforts at treatment.

DISEASES OF THE SEX GLANDS

In so short a space it will be best to name some of the disorders, or rather, some of the disfunctions of the sex glands and attendant symptoms and more readily recognizable manifestations.

In hypersecretion (over, above normal, or excessive secretion) of the testicles (male gonads) evidences of adult sex function may appear at any age between birth and puberty. The internal secretion of the testis (the male hormone) is credited with being responsible for the development of secondary sex characteristics, the development of the seminal vesicles, Cowper's gland, and to an extent, the size of the penis. It is not believed to be wholly responsible for sexual desire and power. It is independent of spermatogenesis.

In hypersecretion of the male gonads, cryptorchidism may occur. The testes may fail to descend. The genitals are usually small and secondary sex characteristics appear late. Libido is, as a rule, lacking. This does, however, become excessive in some cases at puberty. Treatment may be begun as early as at the age of 5. The testes have been known to descend in the 58th year.

In eunuchism there is an absence of testicular tissue. Eunuchoidism results from the partial loss of the activity known as internal secretion and the further lack of spermatogenesis. Other conditions involve sterility, impotence and degenerative changes in the male gonads.

THE FEMALE GONADS (OVARIES)

Hypersecretion of the female gonads (the ovaries) is comparable to hypersecretion of the male gonads in the course of development. Precocious puberty occurs. Parents, particularly mothers, sometimes become alarmed when menstruation fails to occur early. Secondary sex characteristics develop, normally, at an earlier age than do these characteristics in the male, and yet, unusually early menstruation, development of the breasts, widening of the pelvis, etc., may be the results of ovarian hypersecretion. This is an abnormality, the results of which are not always pleasing.

It is not easy to estimate hypersecretion in the adult female. It is difficult to establish a line (or to separate) between libido and *potentia sexualis*. An unusual number of pregnancies and an extended period of childbearing (sometimes extending to the sixtieth year of life) are indicative of unusual and increased ovarian activity.

EXCESSIVE SEXUAL DESIRE IN WOMEN

Nymphomania (excessive sexual desire) is regarded by many as being psychic yet admittedly, and often, a condition accompanied by unusual ovarian activity, and notably, ovarian hypersecretion. In ovarian hypersecretion the relationship between the endocrine glands seems impressive. In hypersecretion there may be anomalies (irregularities) of an anatomical nature, suggestive of agenitalism. Agenitalism is the complex of symptoms arising from the absence of ovaries and testicles (such as is seen in castrated persons of both sexes and in those rare cases where the gonads have been found to be absent from birth). When ovarian hyposecretion is of the acquired type the consequent physical changes are known to be associated with irregularities of function of such endocrine glands as the thyroid, adrenal, thymus and pituitary.

When ovarian function ceases before puberty the condition resulting is known as female eunuchism and the menses do not appear nor is there breast development. Sex feeling fails to develop and the length of the arms and legs may be disproportionate. The buttocks are invariably noticeably lean. The hair distribution is reversible.

MENSTRUAL DISTURBANCES

Menstrual disturbances are frequently associated with hypogenitalism. In scanty menstruation the endocrines are invariably at fault while, when menstruation is excessive, the cause is usually a pelvic disorder. This may be readily overlooked due to a confusional complexity of symptoms and physicians not infrequently err in diagnosis because of a lack, not so much of patient cooperation, but because of a lack of understanding and an ability to interpret symptoms, on the part of the patient.

THE MENOPAUSE

The menopause is the cessation of menstruation and occurs because of the absence of the ovarian internal secretion. It is not the climacteric, or change of life, as it is commonly believed by the laity to be and nearly all of the unpleasant symptoms attending the menopause have a greater psychic than physical basis. Psycho-somatic treatment is indicated, glandular substances being often of great value. On the other hand, those physicians who are leaning further and further toward psychotherapy rather than the tar-barrel are increasing in number.

Some of the insanity that has attended the menopause, and the climacteric or change of life in both men and women, has been due, in part, at least, to the administration of coal tar compounds, notably of the barbiturate class, and of the bromides.

Infantilism covers too broad a field to permit of discussion here, but it should be mentioned that various types of infantilism are distinctly associated with diseases and disturbances of the endocrine glands.

CONCLUSION

It must be admitted and considered that in so short a book the subject of sex in connection with or relation to psycho-somatology, could be treated only in its briefer aspects. It will hardly be necessary, however, for the average reader to read with a medical or other dictionary in one hand and a box of salt in the other.

The general reader is not concerned so much with the arguments of, let us say, the psychiatrists and the physiologists, nor even the teachers of sex science, as he is in gaining an idea wherein he or she may be normal or abnormal. By the same token, the average reader (and I believe that I can well put myself into this class) is deeply interested in humanity and all that happens to humanity. In some of the cases presented we may, perhaps, see ourselves, to an extent, at least. We may see our neighbors.

It is one thing to shake our heads and think or say that someone with whom we deal, or someone circumstances brings us into contact with from time to time, is funny, odd, curious, queer or nutty, or just plain crazy. It is an entirely different thing to know, to an intelligent extent, at least, what makes people odd, curious, funny, nutty or crazy. And, it is well worth while to consider that Nature seems to cater to vagaries and that we, ourselves, may be entirely normal today and tomorrow that old master gland, the pituitary, may begin acting up, and what changes can take place! Or, the gonads may actually go on strike leaving us confused and bewildered. The thyroid may suddenly rebel for being cheated of the iodine it requires and, unless we recognize its rebellion in time, it may have the upper-hand before we seek to bring it under control—and medical science will be able to do but little and may draw our criticism and ill feeling for its apparent failure.

Today, or tomorrow, any of us may develop that terrible feeling associated with a morbid fear of death—in the absence of encouraging knowledge which can help us to maintain a healthy balance of thought on the optimistic or sunny side of life and its affairs.

Old age isn't the terrible thing it has all too often been pictured as being. We certainly hear far too much from those who complain and too little from those who, at 90, get a real kick out of life. Old age has so many compensations that, when it comes, if we have been intelligently prepared, we may well welcome it.

Even death can be without the sting we have heard of so often. Who objects to sweet and restful sleep? Not long ago a young man wrote asking me for certain advice. He was emphatic in stating: "Please do not tell me that nothing is good or bad but that thinking makes it so." It certainly seems that thinking can make an unpleasant condition, situation or reality, better or worse, and thinking in which there is fear or dread of death can help to make of life something very closely akin to a living death. Leave any serious thoughts of death alone. Death comes to all soon enough, and even now, when the average life span is increasing, is on the upsurge, death comes all too soon. Why think of it and suffer unless you are afflicted with that sort of partial insanity which actually enjoys the "Sweet Misery of Life"?

A pudding may look quite tempting, and I heartily agree that the tempting appearance can stimulate the appetite and set the saliva to flowing—the mouth to watering. Even so, I must further and unhesitatingly agree that the proof of the pudding is in the eating. This is just as true of life. The proof of the joy of life is in the living. The more

knowledge we gain of the really scientific side of living the more fully we are able to live.

If we will devote serious analytical thinking to that eternal triad, ego, sex and herd, we will readily understand the value of understanding the ego and this is in the psychic realm. Sex is an entity through which we should reap benefit and happiness—not injury and sorrow. And herd may contribute to the well being of humanity in general.

Medicine, mental and physical, can contribute much to longevity, and to happiness in life. The greater our understanding of sex, ego, herd; of psycho-somatology, and of psycho-somatic medicine, the greater may be the joys and the fullness of living.

NOTES AND COMMENTS

By E. Haldeman-Julius

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THE RIGHTS OF MAN

The French Revolution may be said to have taken place on July 14, 1789. On that day the people of Paris burned the Bastille, the prison-fortress in the city which had so long been the symbol of royal despotism and royal injustice. The destruction of it by the citizens is said even by conservative historians to have "established the Sovereignty of the People." As the story usually runs in popular histories, even in many written by professors, their success led the people to fling off all restraint. Blood flowed like water, and the blaze of burning mansions lit the countryside. These writers have, of course, not space to tell their readers that the people of Paris were roused by two particular circumstances. One was that the king had drawn an army of 40,000 soldiers round Paris, and they were expected to move in any hour and blot out the moderate demands of the people's representatives. The other is that another member of the royal house, Philip of Orleans, was fishing for the crown in the troubled waters, and, as no one now questions, his agents provoked outrages. There was, in fact, relatively little bloodshed in Paris, and there is contemporary evidence that in the country the peasants who burned mansions and murdered nobles—from whom, by the way, they had suffered the grossest injustice—were inflamed by agents of the Duke of Orleans.

But the chief events that were really happening in Paris makes the famous revolution look like a Chautauqua in comparison with the conventional idea of it. The National Assembly, composed of clergy, nobles, and popularly-appointed representatives, quickly organized a force to suppress disorder and to find a constitutional basis for the new authority. They decided, on the example of the American colonists, to make a Declaration of Rights as a foundation and guiding principle of the Constitution. The date of the real destruction of the old royal authority was July 14. Three weeks later, or on August 4, a day which some French historians call "the St. Bartholomew of Property" but hardly any American historian ever mentions it because it was not the massacre of the rights of property-owners but a voluntary surrender of them, Paris witnessed one of the most remarkable scenes in modern history. In the Assembly the Catholic leaders of the nobility declared that "in this age of light, when sound philosophy has regained its sway, they surrendered all their privileges to the people. The archbishops reluctantly followed. The decree was passed, and the king's consent was secured. Thus the Revolution in the broader sense was carried voluntarily and with an enthusiasm that kept Paris awake all night.

After this it was easy to agree upon a Declaration of the Rights of Man. They are summed up in the slogan "Liberty, Equality, and Fraternity," which Pétain compelled France to repudiate during his inglorious rule of the country. The Vatican had condemned the Declaration from the start. The Pope had spoken contemptuously of it, and Catholics outside France everywhere repudiated it. As a matter of

fact, it did not go beyond the philosophic introduction to the American Declaration of Independence. We fancy that there are large numbers of wealthy folk, and especially their giddy sons and daughters, in America who would be surprised to hear that almost the first line of "the great American tradition" runs: "We hold these truths to be self-evident, that all men are created equal." From that the rights of Liberty and Brotherhood follow at once. And it is the Gospel of Jean-Jacques Rousseau, not of Matthew or Mark. The Vatican was well aware that this pernicious doctrine that all men are born equal had been given to men by that spawn of the devil, Rousseau. The Pope of the time, Benedict XIV, had had a friendly correspondence with Voltaire, who was understood to be an aristocrat, but for the plebeian Rousseau, though he posed as a sentimental Christian, the Vatican had only loathing. But it was upon Rousseau rather than Voltaire that the Fathers of the American Revolution built. In effect the very title of his *Discourse on Inequality in Human Society* was incorporated in the Constitution. The American revolutionaries even went so far as to reject the Catholic doctrine of the divine right of kings. Those bloodthirsty French revolutionaries took three and a half years to discover that it was false.

Inspired far more deeply by the French than the American Revolution, the oppressed peoples of Europe fought an heroic war for many decades for these Rights of Man; and when they got them they spent a few more decades fighting against an impudent and ridiculous claim of the Rights of Women. Meantime moral and social philosophers have set themselves to analyze or search for the principle on which the claim was based. In Rousseau it was chiefly based upon the life of "the noble savage." We must remember that in Jean-Jacques's time there was not only no theory of evolution in the light of which the lower races could be seen as peoples lingering in a primitive condition, like the apes that man had outgrown, but the observation of the few travelers who ventured amongst "savage tribes" were faulty. Rousseau had a glorious idea of the paradisaic, free, and healthy life of the Pacific Islanders; where, in point of fact, the average span of life was shorter than in France. To him this was "natural life" and civilization was a morbid growth.

The philosophers generally concluded that there is no basis in principle for a claim of the rights of man, and this was not an anti-democratic defense of privilege. The idea that "men are born equal" is a vague, clumsy statement that cannot be made the basis of a social or political doctrine. There are inequalities of physique that will make themselves felt in later life, but the main point is that the inequalities of social adult life have no relation at all to the virtual equality of babies. Man is not born a citizen but an individual little animal. The status of each in the social order must be decided on social grounds. No individual has a right to anything that interferes with the general welfare. To hold that he has is to provide a moral philosophy for criminals. We come back, as we do in the case of moral law, to the social principle. The lives of men must be arranged and directed, not according to the supposed wisdom of some ancient oracle like Buddha or Jesus or Moses, or on the visions of navel-contemplating moral philosophers, but on a scientific conception of what does or does not promote the welfare of all and therefore of each.



TWO MILLION DISEASED MINDS

A psychiatrist has got the startling statement into the press that in America alone there are more than 2,000,000 diseased minds today, that senile dementia is on the increase, and that—in short—we must pay a vast army of psychiatrists to look after the national health. We do not too easily take the assurances of a man who has an axe to grind. Fortunately, even if he is right the evil is not so mischievous socially as

the gentleman pretends. We take it that he would not dare to say that any proportion of these tainted minds are in the public service, and in a modern democracy the soundness of public action depends upon the sanity and integrity of a few hundred officials. Our 2,000,000 morons and crowd of senile demented have no influence on public affairs. It is bodies like the 20,000,000 Catholics, who would heatedly repudiate the charge of softening of the brain, whom we have to watch. In fact, it is mainly a few thousand leaders of reactionaries who need to be exposed. But we agree there is something seriously wrong with our modern civilization. If there is any truth at all in the parrot-cry of over-developed intellect it can mean only that intellect is immensely developed in our scientific men: the men who are told to hold their tongues when they do attempt to give some advice on the conduct of public affairs while church leaders are heard with profound respect. And if there is any truth in this softening-of-the-brain theory it is just possible that we might trace it to the brain-doping influence of so much more tripe, radio-muck, comic strips, smart columnists, crooners, hillbilly bands, and so on. Our austere guides find all this harmless while they use their microscopes to find "filth" in books, papers, and pictures.



BIGGER AND BETTER WEAPONS

More cheerful news for the U. S. Our army authorities stung by the successive announcements of the navy authorities that they have got a new gas or bred a new deadly microbe, calculated to poison all life on Mars or something of that sort, rush to print with a new invention. Rockets shot out of planes automatically open fire as they, guided by radar, approach another plane, and they shoot out a stream of molten metal which cannot be diverted by any mechanism yet known, at a speed of five miles a second. It is up to the navy now to invent a discharge that will turn the molten stream back upon the attacker. So we go on—brothers under the Fatherhood of God. While the exchange bobs up and down in a panicky fear of depression or wars—it sees no other alternative—we spend millions developing new forms of savagery. Of course it is all preventive—as Mussolini said when he drove into Greece, Hitler said when he invaded Poland and Western Europe, and the Japs said as they broadened their base in China and the Pacific. The most important Liberal daily in Britain lately assured its 2,000,000 readers in a special editorial on Russia and America that in America "it is only a tiny handful of fanatics who talk of preventive war." A week earlier it had reported General Eisenhower saying in a public speech in Britain that America is swept by a wave of "hysterical pessimism." Anyway we should like to see the hand that could grasp 20,000,000 Catholics and the further millions who read the scores of papers that clamor for preventive war. Why is there always more steam in poisonous fanaticism than in sound sense?



OUR UNITARIANS ARE AMBITIOUS

They send us an attractive booklet with the title "Why I Believe in Advancing Unitarianism." On its cover also are facsimiles of the autographs of a score of distinguished Americans, and it is presumed that the contents of the booklet, which names no author, are their reasons for belonging to the Unitarian church. Let it be understood that we hold no grudge against that body. If a man feels that for one reason or other—generally other—he ought to belong to a church by all means

let him choose the Unitarian. If it could steal a few million members from the larger churches America would be a sweeter country to live in. But why should any man join even the Unitarian church? In this case the argument is even feebler than in the case of the other churches. The Theistic pedal is little used in this appeal, nor is there too strong an emphasis on "Christian." Lot of local Unitarian chapels do not ask their members to believe in God, so these 20 lay ornaments of the church—including the British Lord Woolton, who is not in the odor of sanctity in Britain just now—may or may not believe in him. It looks like a case of another clerical corporation requiring more contributors. The booklet tells you the case for "advancing" Unitarianism. Look up the statistics. In the last half century it seems to have been advancing backward. In the official "census," the figures of which are supplied by the churches, 1936 (the last published year) showed a loss as compared with 1926 and in view of the growth of population.



CATHOLIC "INFORMATION"

An American editor stated in his paper some time ago that the Catholics had attempted to buy his service by offering to pay for space in his paper and he indignantly refused. We are still waiting for a second editor to risk his neck. It looks as if the one honest man will lie in a tomb as the Unknown Warrior. Hundreds of these Catholic C.O.D. articles—we should say that the price is \$100 to \$1,000—mostly boldly declaring that they come from that Catholic business, the Knights of Columbus, reach us, and it is impossible to take them up. But if they were gathered together in a book every month they would throw into the shade all the Baron Munchausens of history. The latest to hand is a neat little box article explaining to readers how the omission to teach religion in schools is even a worse offense against civic education than would be the omission of arithmetic, and that Catholics spend billions of their hard-earned dollars building and maintaining schools just to meet the national need. Of course, the article says nothing about the fact that they pay no taxes and thus virtually force us to help to build their churches and schools. But the worst offense is the bland statement, made in a tone which assumes that the reader would not dream of questioning it, that Catholic instruction in schools leads to better social behavior. Why not show it by solid statistics? There are Catholic countries (Eire, Portugal, pre-war Poland, etc.) where statistics are available. There are cities in which Catholic schools are most numerous and the Catholic teaching is as thick as molasses. We have shown over and over again that the facts are so deadly to Catholic claims that no sociologist ever dare touch them.



THE HEARST PRESS ON RUSSIA

Is it a mere coincidence that the Catholic papers, including the rotten Hearst press, which are loudest in claiming religious instruction in schools and demand that we "clean up" America are the most poisonous sources of that demand for war on Russia which disgusts every decent-minded American and has lowered our prestige abroad? Here is an article filling two columns of large and heavy type with the title "Russia Does Not Want Peace." The authority quoted throughout is Lord 'erbert 'oover, who has been salvaged by these scavengers from the scrap-heap upon which the American people threw him. Proof: the conference in Paris. It is "an international farce" because we let Rus-

sia obstruct everything. The truth is that Byrnes whipped up the loyal anti-Socialist states and beat Russia every time. Russia, which opposed what was supposed to be its vassal Yugo-Slavia, is described as a sheer wrecker every time. Was there nothing that ought to have been wrecked? The "settlement" in Greece is a disgrace to modern civilization. The British proposal in regard to Albania had to be opposed even by its own friends. Half the world is aflame or smoldering, much of the remainder is Fascist and inflammable, and we want to smack a rubber stamp on it and call it settled. Anybody who objects to this must have sinister designs. Russia hears powerful minorities in America demanding that she be paralyzed before she can get a store of atom-bombs. Is it so surprising that she plays for time? And isn't it world experience of the last 50 years that it is inequality, not equality, of armaments that makes for war?



FOOLING THE COMMON MAN

The late Mr. Roosevelt owed a large amount of his popularity to his adoption of the slogan that ours is "the Age of the Common Man." That was the beginning of what we might call "the Age of the Fooling of the Common Man," not only in America but in most of the advanced countries of the world. Some—Mussolini, Hitler, Salazar, Franco, Vargas, etc.—fooled the common man into handing over his democratic power to be destroyed. Others found that fooling was just as easy under the banner of democracy. They had only to say that something they wanted to trample upon was un-American—as if there could not possibly be anything good outside the United States—and millions felt that suppression was fully consistent with freedom or did not care the toss of a nickel whether it was consistent or not. Isn't it said in the Sermon on the Mount: "Blessed is the phrase-maker, for he shall possess the earth"? It ought to be there if it is not. It is much sounder and more practical than "Blessed are the Poor" or "Blessed are the Meek." It is recorded by contemporary writers that when, in 1095, Pope Urban II preached the First Crusade to the Knights of France—we still have the sermon—he used a great deal of pious language and just slipped in between the virtuous exhortations: "The wealth of your enemies will be yours and you will despoil them of their treasures." As the Norman-French knights had, with the Pope's blessing, stolen England from the English and looted it, they understood this language. What the Pope wanted was the subjection of the Greek Church to Rome, and what 99 out of 100 knights wanted was just loot. But to this day, except in the greater historians, the Crusades were sacred enterprises. The common man is just as much fooled about the Crusades of our time.



