

0621
L 66
1900

THE GYNECOLOGIC CONSIDERATION OF THE SEXUAL ACT

By

DENSLOW LEWIS, M. D.

PROFESSOR OF GYNECOLOGY IN THE CHICAGO POLYCLINIC; PRESIDENT OF THE
ATTENDING STAFF OF THE COOK COUNTY HOSPITAL, CHICAGO; PRESIDENT
OF THE CHICAGO MEDICAL EXAMINERS' ASSOCIATION; VICE-PRESIDENT
OF THE ILLINOIS STATE MEDICAL SOCIETY; EX-PRESIDENT OF THE
PHYSICIANS' CLUB, OF CHICAGO; LATE SPECIAL COMMISSIONER
FROM THE ILLINOIS STATE BOARD OF HEALTH AND THE
HEALTH DEPARTMENT OF CHICAGO FOR THE INVESTIGA-
TION OF MUNICIPAL SANITATION IN EUROPEAN CITIES.

REPRINTED FROM THE TRANSACTIONS OF THE SECTION
ON OBSTETRICS AND DISEASES OF WOMEN AT THE
FIFTIETH ANNUAL MEETING OF THE AMERI-
CAN MEDICAL ASSOCIATION, HELD AT
COLUMBUS, OHIO, JUNE SIX TO
NINE, EIGHTEEN HUNDRED
AND NINETY-NINE.

TOGETHER WITH A STATEMENT OF FACTS INCIDENT TO THE REFUSAL
OF THE PUBLICATION COMMITTEE TO PUBLISH THIS PAPER IN
THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

CHICAGO:
THE HENRY O. SHEPARD COMPANY.
1900.

“Hier stehe ich,
Ich kann nicht anders,
Gott hilfe mir!”

PREFACE.

A just respect for conventionality and a proper regard for the opinion of others should deter any man from unduly forcing himself or his ideas upon his associates without good reason. At the same time, considerations of policy should not influence conduct when a man is called upon to do his duty. He is a coward if he hesitates when he realizes that even his feeble utterance may result in some good. We see the truth at best but in part. We learn as a result of our observations and opportunities. We are false to our trust, disloyal to our standard, if we do not speak out with all possible emphasis when the knowledge that we have gained bids fair to be of benefit to others.

DENSLOW LEWIS.

THE GYNECOLOGIC CONSIDERATION OF THE SEXUAL ACT.

BY DENSLOW LEWIS, M.D.

PROFESSOR OF GYNECOLOGY IN THE CHICAGO POLYCLINIC; ATTENDING
SURGEON TO THE COOK COUNTY HOSPITAL.

CHICAGO.

Man first seeks to live, then he seeks to make others live. The instinct which determines self-preservation is almost equalled in importance and in its control of the individual by the instinct which dictates the perpetuation of the species. Indeed, in certain instances, where there is special individualization, this instinct so far transcends all others that even life itself is worthless without the attainment of the object so ardently desired, that is, without the actual possession of a certain person of opposite sex.

It is therefore proper for medical men in their deliberations to take cognizance of this great factor in human life. They should know its relationship to health and happiness. They should not be deterred from its scientific investigation by false modesty or by the fear of being accused of sensationalism. They should realize its importance as a dominating force in the economy, and they should approach its study from a physiologic as well as a pathologic standpoint in reference to each sex.

The perpetuation of the species is assured by the fact that the all-powerful instinct demands the perpetration of the sexual act, which differs in its mechanism according to the individual exigencies of different genera. In the genus homo there is first *libido sexualis*, which is

normally followed by erection on the part of the male and by a relaxation of the vulva and vagina together with increased secretion from neighboring muciparous glands on the part of the female. There is also a turgescence of the female external genitals, accompanied by what may be called an erection of the clitoris, which is the analogue of the penis or, as Browning⁴ claims, of its glans, corpora cavernosa and crura. However, the clitoris, on account of its frenum, when erected points downward. Then follows intromission, which is favored by the shape of the glans penis and the direction of the vestibule. There now occur variable movements with a view of increasing the voluptuous sensation which has been produced by contact. On the part of the male the movement is chiefly in a to-and-fro direction, accompanied by an increase in erection and in the pleasurable sensation experienced. Finally the acme of delight is reached and culminates in the orgasm, at which time an emission of semen and the contents of different glands takes place by means of ejaculation. The tendency at this time is toward extreme penetration, so that the ejaculated fluid is brought into direct contact with the os externum.

On the part of the female the increased secretion of mucus and the relaxation of the vulva and vagina have been a preparation for the reception of the penis. There is normally a participation in the pleasurable sensation and a reciprocity in the movement, which occasions increased and repeated contact. There is alternate contraction and relaxation of the vagina and a variable movement of the pelvis. There is a spasmodic expulsion of mucus, simulating an orgasm, which occurs several times in some women during the act, with a variable and sometimes progressive increase in the voluptuous sensation experienced. In most women such a pseudo-orgasm takes place at least once, usually at the time of

ejaculation on the part of the male. It has been claimed that at such times there is a forcible contraction of the sphincter vaginae around the base of the penis.¹

Following the act there is normally a feeling of pleasurable lassitude, during which erection subsides and the spasmodic contractions of the vagina cease. The psychic phenomena now differ in the two sexes, as Schopenhauer² has well explained. The woman has given the supreme proof of her love. She experiences toward the partner of her embrace an increased affection dependent, perhaps, on her recognition in him of the potential father of her child. In the man the case is different. He has first of all obeyed the dominating instinct of his nature. His gratification, especially in case of repetition, becomes not unmixed with disappointment. The male animal, from the nature of things, is normally polygamous. Man is no exception. Often his marriage vows and the restraints imposed by modern civilization fail to prevent extra-marital fornication.

It is not my purpose, except incidentally, to refer to the perversions and unnatural practices so ably described by Kraft-Ebing. They exist, however, in our midst, especially among young girls, to a deplorable extent, and they have their effect on women in their marital relationship. I propose to discuss the sexual act from its gynecologic aspect and, after a presentation of the facts as I understand them, to inquire into the etiologic relationship of certain habits, practices and pathologic conditions which interfere with the normal performance and thus bring disaster to many a home and disruption to many of our social institutions. The sexual act must be performed with satisfaction to both participants in the conjugal embrace, or there is danger for husband and wife as well as society in general.

What are the facts regarding the bride? She too often comes to the marriage bed with inexact ideas of

all that pertains to sexual intercourse. Her husband is not usually so ignorant. Not that his parents have told him of the responsibilities and privileges of his new relationship, nor that his physician has instructed him in the proper consideration due a virgin. His experience in sexual matters is due to intercourse with prostitutes. His knowledge is imperfect and often dangerous. His relations with his bride are sometimes brutal, but, it must be added, rarely with design. I have known a hemorrhage started up by the first intercourse, which required ligation of an artery. In this case no harm was intended. The husband simply performed the act as he had been in the habit of doing before his marriage.

Sexual matters should be taught the young at an early age. Girls especially should know the usual consequence of sexual intercourse. Their modesty may be shocked but their virtue will be saved. I have twice within a year seen girls of 13 years well advanced in pregnancy. When a young man is to marry, some one should tell him the difference between a virtuous girl and a street-walker. He should know regarding the anatomic conditions. He should know that intromission is painful until dilatation of the parts has occurred. He should understand that reciprocity in the mechanism of the act is not to be expected until his wife is accustomed to the marital relationship. He should treat her with the forbearance and consideration which is due the woman he loves, and not as he would treat a woman of the town. As regards the bride, she should know regarding the sexual act. She should realize that at first it is attended with pain and that often slight hemorrhage may take place. She should be informed that it is a consecration of the marriage vows and a bond of union between her husband and herself. She should be told that it is right and proper for her to experience pleasure in its performance. It is hardly necessary to give instruction

in the "danse du ventre" as the Arabs do, but it is only fair for the girl to understand that there is no immodesty in her active participation, but on the contrary that such action on her part will increase the interest of the event for both her husband and herself.

Now it may happen that six months or a year after marriage the husband may, incidentally perhaps, tell his physician that he is disappointed in his wife. He finds no satisfaction in the performance of the sexual act. This is a serious matter of more importance than many of us imagine. The happiness of that family is at stake. The polygamous nature of the man may assert itself. Gonorrhea or syphilis may be the portion of that young wife. Even the perpetuity of that family is threatened. It needs no statement of mine to inform you how many divorces are obtained on account of marital incompatibility, although that is rarely the ground stated in the bill.

I believe any deviation from the normal standard in the performance of the sexual act should be carefully investigated. Very often there is an error of function which can be remedied. It often happens that the fault is the man's. He fails to appreciate the anatomic and physiologic differences of the sexes. He will come home from the club at midnight and find his wife in bed and half asleep. Erection is speedily followed by intromission, and often before the wife is really awake, the orgasm has occurred. What is there to say to such a man? He should be told the physiology of the act. He should be informed regarding *libido sexualis*. He should understand that he is not the master but the companion of his wife. Her rights should be acknowledged and respected as well as his. Marriage, after all, partakes very much of the nature of a business partnership; every principle of justice and equity demands that there be no tyranny or assumption of superiority in a matter

like the sexual act, which is vital to the happiness of each partner. Every egotistic attempt defeats its own end.

The physiology and philosophy of sexual erethism in the female require no detailed description in this connection. Suffice it to say that the clitoris, introitus vaginæ and portio vaginalis are the chief factors in its production. These parts vary, in different individuals, in relative excitability. Moreover, they are not the only factors. The nipples, the tongue, the lips, the neck, indeed, almost the entire body may be judiciously utilized to maintain and increase the *libido sexualis*. It must be remembered that in woman the desire for courtship often exceeds the desire for the sexual act. The preliminaries are therefore with her of chief importance, and should receive proper consideration in every instance. The secretion from the glands of Bartholin and the relaxation of the vulva and vagina are the normal indications for intromission, which should be accomplished without pain. This is always possible by the exercise of due caution and kind consideration, which is no more than the wife has a right to demand.

As regards the movements which by repeated contact produce and intensify the voluptuous sensation experienced, there is much variation in different women. In certain instances the extreme degree of pleasure is experienced when the penis is in direct contact with the clitoris or introitus vaginæ. In these cases deep penetration will be avoided. By judicious maneuvering, titillation of the most sensitive regions by the glans penis will be practiced, and the endeavor will be made to cause repeated orgasms on the part of the woman, very much to her satisfaction. In other cases there is a variable degree of vaginismus. When this is the case it is the part of wisdom for the man to be passive.

I recall one case where the woman was over 40 years

of age and the mother of four children. She never experienced the slightest sensation until one evening her husband came home, very much intoxicated and attempted the sexual act. Erection was only sufficient to permit intromission. The man could do no more and the woman found herself called upon to do all. To her very great surprise, for the first time in her life she felt a pleasurable sensation which gradually increased and culminated in an orgasm. She then realized what it meant to be married.

Taylor³ tells us that in the East Indies it is the practice of the man to plunge both hands into basins of cold water in order to prevent orgasm. I am not prepared to recommend this method nor have I statistics as to its efficacy. At the same time it is only fair to secure the reciprocity of the woman by all legitimate means, and a little consideration of her interests in the proceedings will enure to the benefit of both parties. No unkind or ill-advised word should be spoken. No diversion from the business in hand should be allowed. By every possible means each party to the act should endeavor to make the enjoyment mutual.

Women differ very greatly in relative susceptibility to external influences as a means of influencing *libido sexualis*. In some instances a caress, or a clasp of the hand is sufficient to induce mucus secretion and an orgasm. The woman turns pale, her lips quiver, her eyes dilate, she almost faints at the anticipation. During the act she experiences frequent orgasms, accompanied sometimes by convulsive seizures almost epileptiform in character. The orgasms vary in intensity. There is not always a progressive increase. More often a violent orgasm will be succeeded by others of less intensity. There is great variation even in the same woman at different times, dependent on the degree of excitability and the influence to impressions.

Other women are apparently absolutely devoid of sexual sensation. All efforts to awaken an interest in the act are unavailing. They submit to their husbands because they believe it to be their duty. I have known them to insist on the performance of sexual intercourse because they felt a certain indulgence was incident to the marriage contract and they were anxious to do their part. They would apparently feel that any abstinence on the part of the husband was an evidence of lessening affection, and unquestionably they often believe, in a very general way, that when gratified at home the husband is likely to resist temptation abroad. The ordinary methods of inducing *libido* fail in these women. They are appreciative of the details of courtship, but there is no evident effect. In some instances there is a defect in temperament or in the general nervous system or an individual incompatibility which no manipulation or treatment can overcome. In many cases, I am happy to say, observation and the intelligent application of a rational therapeutics permit the woman to return to the normal type, and to take her place, where she by right belongs, as the companion of her husband and as his partner in the conjugal embrace.

There are women for whom the sexual act is not only devoid of pleasure but positively repugnant. In certain instances these women have been accustomed to find gratification in abnormal practices from their earliest girlhood. It is, I fear, not generally known to what an extent these practices exist among young girls. They would look with shame on any familiarity with a boy. They are circumspect in their behavior and modest in their demeanor. The thought of ever allowing a boy to kiss them would not be entertained. They have been warned perhaps against indiscretion, and their regard for conventionality, their natural refinement of character protects them against all semblance of impropriety.

They think no harm can come from any form of intimacy with one of their own sex. With the awakening of sexual appetite there too often develops an objectivation of affection toward a congenial girl friend. No warning has ever been given against the dangers of such an intimacy. The parents look with approval on the growing friendship between their daughter and the daughter of worthy neighbors. They are thankful, perhaps, that their daughter shows no inclination to associate with boys. The young girls, thus thrown together, manifest an increasing affection by the usual tokens. They kiss each other fondly on every occasion. They embrace each other with mutual satisfaction. It is most natural, in the interchange of visits, for them to sleep together. They learn the pleasure of direct contact, and in the course of their fondling they resort to cunni-linguistic practices.

I do not wish to be an alarmist, but I can positively assert the existence of these pernicious practices to an extent that is not imagined by most physicians, simply because they have given the subject no thought. The poor, hard-working girl is not addicted to this vice. The struggle for life exhausts her capabilities. The girl brought up in luxury develops a sexual hyperesthesia which is fostered by the pleasures of modern society. She indulges in these irregular and detrimental practices, perhaps for years, and when she assumes the responsibilities of a wife the normal sexual act fails to satisfy her.

In the treatment of such a condition I have often found an overdue hyperemia of the external genitals, which has been relieved by the application of a cocain solution and the exhibition of saline cathartics. Often the glans clitoridis will be especially irritable. On two occasions in my experience it was adherent. When liberated it was possible, by the means indicated, to con-

trol the hyperesthesia. In one case the clitoris was hypertrophied and excessively sensitive. As a last resort I felt justified in performing an amputation, and the ultimate result of this case was gratifying. Systemic treatment is usually indicated. The patient is apt to be anemic and debilitated, and the tension of the nervous system is often extreme. In certain instances large doses of the bromids are indicated, sometimes combined with cannabis indica. At other times calomel and salines are given for a time and followed by pyrophosphate of iron. It is sometimes my practice to give strychnia by hypodermic injection, in connection with the remedies mentioned. The result in fifteen of the eighteen patients thus treated by me was satisfactory. The intense reflex excitability subsided. By moral suasion and by intelligent understanding of the duties of the marital relationship the patients became in time proper wives. Thirteen of these became mothers. Of the three unsuccessful ones, two of the patients never experienced any gratification during the sexual act, but they both became mothers and their family life has been undisturbed. In one instance the patient, a marked neurotic, finally became insane and is now in an asylum.

Another class of cases consists of women apparently of a phlegmatic temperament. The anerotism is often due to ignorance, and the passion of these women can sometimes be excited by the means already indicated. In a large percentage there is a preputial adhesion, and a judicious circumcision, together with consistent advice, will often be successful. I have treated thirty-eight cases of this character with reasonably satisfactory result in each instance, in four to an uncomfortable extent, as the husbands testified. In the others sufficient passion, real or simulated, was developed, to afford the husband a satisfactory sexual life. Thirty-four of these

women became pregnant, one of them five times within the past fourteen years.

Occasionally the clitoris, in addition to being adherent, is abnormally small or singularly deficient in excitability. Under these conditions, in addition to the separation of adhesions it is advisable to endeavor to reproduce the normal physiologic state. This is accomplished very rarely by electricity, but very often by the use of an exhaust pump which may be properly designated a "congestor." When this instrument is employed daily for several weeks, it is usual to observe an increase in size in the clitoris and a development of the normal condition of excitability. Systemic treatment, as already outlined, is persisted in at the same time. The value of damiana has never, in my experience, been demonstrated, although it has been given frequently. The value of alcohol as an aphrodisiac is well known and has been repeatedly demonstrated. Any approach to intoxication defeats the end in view. The judicious use of champagne, a glass or two of cherry or port or a little whisky and water will often stimulate sexual passion to a sufficient extent. The cases where I have used the congestor are twenty-four in number. Of these fourteen developed a normal sexual appetite and the others, possibly as a result of instruction, became satisfactory wives, so there was no domestic complaint.

The cases of infection where the inflammatory sequelæ make the sexual act painful need only be mentioned. The extension of infection to the areolar tissue about the vagina and uterus, the occurrence of endometritis or salpingitis, an inflammation of a cervical laceration—these factors often interfere with the normal performance of intercourse and, when they are removed, the proper marital relationship may be again resumed, often with increased satisfaction. This observation has especially been noted in reference to pyo-

salpinx, ovarian abscess and recurrent pelvic peritonitis.

Traumatism of the copulative organs may constitute an anatomic interference with the proper performance of the sexual act. A perineal laceration involving the levator ani muscle or the pelvic aponeurosis may prevent satisfactory contact with the penis. It is, I hope, an accepted fact among obstetricians that immediate repair of vaginal and perineal lacerations is to be recommended, not so much for fear of prolapse and displacement, but because each wound of the parts may become an additional door of entrance for pathogenic bacteria. An understanding of the mechanics of copulation furnishes another important indication for the immediate repair of these injuries. It appears also to favor the technique which for years I have taught and practiced, namely, the use of sutures within the vagina. However successful may prove the closure of perineal lacerations by sutures passed through the skin and encircling the tissues, I contend that in average hands other methods are preferable. It is certainly a simple procedure, soon after the delivery of the placenta, to place the patient in the exaggerated lithotomy position, to introduce retractors and to inspect the injury to the posterior vaginal wall and perineum. If it is found that the tear begins high up, the needle is passed at the superior extremity of the laceration beneath the torn surface, and by a series of interrupted sutures the wound is closed. If the injury is extensive, buried sutures are employed or the continuous suture as recommended by Martin of Berlin. In any event, the attempt is made at a reposition of the parts as they were prior to the accident, and special care is taken to include the torn fibers of the levator ani muscle and the pelvic aponeurosis. I have known husbands to insist on the repair of perineal and vulvar lacerations, and it is perhaps not unreasonable to infer that fear of sepsis was not their only motive.

In secondary operations the result, from the standpoint of this consideration, has often been satisfactory. To be sure, in many cases, infection existed and the just proportion of benefit derived from the operation can not be determined. In several instances of rectocele and cystocele, where inquiry was made, it was acknowledged that the restoration of the parts had resulted in a resumption of normal intercourse with satisfaction to both husband and wife. In eight cases, where the patient was under treatment for indifference to the conjugal embrace, the restoration of the vagina and perineum, according to Goldspohn's method, together with other appropriate treatment, resulted successfully. In two other cases the vagina was restored by suture, within the vagina, of the torn pelvic aponeurosis and levator ani, but constitutional disturbance—Bright's disease and neurasthenia—apparently prevented a successful outcome.

Injury of the cervix, unless infection follows, seems to have no effect on the sexual act. In three instances, where observation was made, in old stellate lacerations, amputation produced no change in sexual appetite. Removal of tubes and ovaries, in my experience, has been without effect except, as is generally known, in cases of pyosalpinx and other inflammatory affections, where the removal of diseased organs freed the patient from pain and improved her general condition, so that an increase in sexual pleasure would accompany the restoration to health.

In one instance I had occasion to do an abdominal section for the removal of a silver catheter which had perforated the uterus in an attempt at criminal abortion. The uterine wound was closed, the catheter was removed from under the liver and an ovarian cyst the size of a hen's egg was tied off. Six months later the patient was safely delivered, and ever since, her sexual appetite

has been excessive, very much to the discomfiture of her husband who, during a married life of twelve years, was unaccustomed to such demonstrations on the part of his wife.

Removal of the uterus has the same general effect as removal of its adnexa. In case of disease, restoration to health is apt to restore the sexual appetite. Statistics are meager, but as a general proposition hysterectomy does not destroy sexual appetite nor in any way interfere with sexual intercourse. My own cases of hysterectomy for inversion were performed in old or insane women, so that no information could be obtained. In eighteen cases of hysterectomy for carcinoma the marital embrace was resumed without noticeable difference. In three of high amputation for the same cause, the sexual relationship was continued without interruption. These amputations were performed many years ago, before it was generally recognized that hysterectomy is the only proper operation in uterine carcinoma. Two instances of inoperable cases have been observed where the Paquelin cautery was used from time to time. The presence of carcinoma here caused no diminution in sexual desire, even when intercourse was impossible.

Observations have been made of three cases of vesicovaginal fistula, four of urethral caruncle, six of submucous uterine polypi, eighteen of hemorrhoids, two of anal fissure with negative result as regards interference with copulation or variation in the sexual appetite. Several instances of hemorrhoids are noted where intromission was painful, but where the normal condition returned following an operation. Abscesses of a vulvovaginal gland in three instances made intromission impossible on account of pain. In one case of a large cyst of the left vulvovaginal gland the sexual appetite was markedly increased to the satisfaction of the husband. In two instances of interstitial fibroids there

developed great sexual desire. One of these cases was operated on by enucleation, by the late Dr. Etheridge, two years ago. The sexual desire, unrecognized until the fibroid appeared, has continued. In the other case the patient has not yet consented to an operation, but here also the sexual appetite was not noticed until the tumor developed. It is possible the increased hyperemia of the parts is a factor in the awakening of sexual desire. This statement is made from analogy, for during pregnancy there is often increased desire during the early months unless undue vomiting or other incident causes decided interference with the general health.

BIBLIOGRAPHY

1. David, Richard: *Historie de la Generation*, p. 96.
2. Schopenhauer: *The Metaphysics of Love*. Droppers and Dachsels' translation, p. 71.
3. Taylor, R. W.: *Sexual Disorders of the Male and Female*, p. 96.
4. Browning, W. W.: *Practice of Obstetrics*, Jewett, p. 24.

DISCUSSION.

DR. HOWARD A. KELLY, Baltimore: With all due respect to Dr. Lewis, I am strongly opposed to dwelling on these elementary physiologic facts in a public audience. I am very sorry he has read the paper. I think we can all sum up these matters very safely and be guided by our common sense and experience. The husband should show due respect to the wife and the wife to the husband in the consideration of this subject, and I do not believe in the current teaching of the day, *i. e.*, talking freely about these things to children. The child always follows the immediate impulse, and I do not believe in going into details further than necessary in the elementary instruction which the child receives from teachers in botany and the elements of zoölogy, because I should be very sorry if in this country these matters became as freely talked about as they have been on the other side of the water. I do not believe mutual pleasure in the sexual act has any particular bearing on the happiness of life; that is the lowest possible view of happiness in married life, and I shall never forget the utter disgust which I felt once when a professional friend of mine in Philadelphia told me that he had repaired the perineum of a mistress

for the sake of increasing the sexual gratification of her paramour. I do hope we shall not have to go into details in discussing this subject; it is not necessary. Its discussion is attended with more or less filth and we besmirch ourselves by discussing it in public.

DR. CHARLES S. CHAMBERLIN, Kinsman, Ohio: I wish to thank Dr. Kelly for his criticism of this paper. I have a little daughter I think very much of, and I should regret to have her taught such things, and when we come to consider some of the points mentioned in the paper, even a little knowledge would be a dangerous thing to children.

DR. B. SHERWOOD-DUNN, Boston: Before this subject is passed I desire to say a few words. I regret that my absence from the room prevented me hearing the first part of Dr. Lewis' paper. All that I have heard I endorse and commend, and I am free to say that I believe that if the majority of our essayists had his courage the result would be a benefit to the profession and to the public at large. There is not a gynecologist in this room, who has been ten years in this specialty, who has not had women consult him, telling him that they did not have the slightest conception or knowledge of the act of menstruation when children, or when they arrived at that age, and that when the menses first appeared they resorted to the application of cold water and stopped the flow, thereby laying the foundation for troubles which have followed them from that time forward. Neither is there a gentleman, who has been a long time in practice, that has not met women who have told him that when they got married they did not have the slightest conception as to the sexual act, what it pertained to, or of what it consisted. I consider that state of affairs a disgrace to the motherhood of America. This is due to a great extent to the false modesty that pertains to our American civilization, which descends to a maudlin degree of sentimentality when it excludes a discussion of the physiologic process which is the foundation of the propagation of the race. The question arises, whether the sons and daughters of the household shall receive sufficient physiologic knowledge to protect themselves from error, and as to whether or not they shall produce in the marriage state the best specimens of their species. The degree of false modesty manifested in the consideration of this subject pertains to America alone. For many years past I have written a number of articles along these lines. Last year, before this

Section, in Denver, Colorado, we heard from Dr. Denslow Lewis a masterly paper on every-day dispensary work, and I think the time has arrived when false modesty should be relegated to its proper sphere in the human household, and we should approach these questions, which are vital to our well-being and the propagation of our race, with some sort of common sense.

DR. DENSLOW LEWIS, closing the discussion: I am aware that I have only a minute or two in which to reply to the remarks of Dr. Kelly, so I will simply suggest that there is something more in gynecology than suspension of the uterus and catheterism of the ureters. I contend that we, as physicians, and especially as gynecologists, have a duty to perform toward society, which is not fully performed by the use of the knife or the application of a tampon. I contend that gynecologists above all others should take a stand in the community and exert an influence for the public good. In no way can they do this better than by impressing the truth on the public. The age of consent in certain States is nine years; that means a child can be offered a box of candy, can be seduced, can become a mother, and the man goes free, because at nine years the age of consent exists. I have seen many pregnant young girls in the Cook County Hospital, Chicago, and in other institutions with which I am connected, and I have talked with them. Often I find that they permitted sexual intercourse without knowing what it was. Unquestionably children should be taught, not necessarily in a brutal way, regarding sexual intercourse and reproduction. I think, as I stated in my paper, that while their modesty may be shocked their virtue will be saved. As regards the question of marriage, it is nice to take a high and lofty view; but if some of the gentlemen will study the philosophy of the subject, they will reach the conclusion that the sexual act is the basis of love, otherwise there is only friendship. The affection which draws one man toward a particular woman is a desire for intercourse, or, as Schoepenhauer says, it is the genius of the genus, seeking to assert itself.

I announced to the chairman last year, in Denver, that I would read a paper on the subject of the sexual act, giving the results of twenty-one years of close observation. My connection with several institutions, where I have seen many illegitimate births, has prompted me to study the sociologic aspect of the subject, and I have endeavored to give logical conclusions,

believing that they will be of great importance not only to the members of this Section, but to the profession at large. I trust many gentlemen here present may be induced to study the philosophy of gynecology, and may become as expert in this branch of the subject as they now are in its operative technique.

A STATEMENT OF FACTS.

The day after the adjournment of the Denver meeting of the American Medical Association, the chairman of the Section on Obstetrics and Diseases of Women, Dr. A. H. Cordier, of Kansas City, invited me to prepare a paper for presentation at the Columbus meeting. Early in January, 1899, I announced the title of my paper, "The Gynecologic Consideration of the Sexual Act," and Dr. Cordier wrote me, January 26, 1899, in reply, that this title had been forwarded to the secretary of the Section, Dr. W. D. Haggard, of Nashville. The title appeared in the published program of the Columbus meeting, and the paper was read by me during the afternoon session of the Section, June 6, 1899. It was discussed by Dr. Howard A. Kelly, of Baltimore; Dr. C. S. Chamberlin, of Kinsman, Ohio; Dr. B. Sherwood-Dunn, of Boston, and, in closing, by myself.

As soon as the paper was disposed of, several women members were kind enough to thank me for having presented it. Other members expressed their gratification that some one had been sufficiently courageous to speak plainly on so important a subject, and several members had the courtesy to say that my presentation of the subject was scientific and exact.

Soon after the adjournment of the Columbus meeting, I began to receive requests for reprints. At last I addressed the editor of the *Journal of the American*

Medical Association, and asked him when my paper would be published. His reply is herewith submitted:

MY DEAR DOCTOR:

July 20, 1899.

Replying to your letter of the 18th, I will candidly say that I do not want to publish your paper. There is much in it that I would like to print, but there is more that I believe would be out of place in the *Journal*. You would be surprised at the number of papers of this class that are offered for publication. I have had to reject at least half a dozen since I have had charge of the *Journal*. I might say that some of the members of the Section suggested that it ought not to appear in the *Journal*. However, I do not desire to throw the responsibility of rejection on others, but assume it myself. There is nothing in it that is not true, and possibly it ought to appear in the *Journal*, but with my personal views in reference to this class of literature, I hardly think so.

Hoping to see you before very long, I remain, with kindest regards,

Very sincerely yours,

GEORGE H. SIMMONS.

To this communication I replied as follows:

CHICAGO, July 22, 1899.

MY DEAR DR. SIMMONS:

I reply to you in the same candid spirit in which you write. My paper was prepared upon invitation of the chairman of the Section. The title was announced to him soon after the Denver meeting. The paper was second on the program at the Columbus meeting, and was read and discussed. Two members of the Section differed with me in their understanding of the position I took. Dr. Sherwood-Dunn, of Boston, commended my paper, and several women members, among them

Dr. Anderson, of Detroit, privately thanked me for having presented it. Dr. Montgomery, of the Trustees; Dr. Milton Duff, of Pittsburg; Dr. Humiston, of Cleveland; Dr. Palmer, of Cincinnati, and many others expressed their satisfaction that the important subject of the sexual act had been scientifically considered.

I feel very strongly on this matter. I wrote my paper after very careful study and close observation during twenty-one years. I presented it from a sense of duty which amounts almost to a religious conviction. I know the extent of ignorance and apathy which exists in the profession in regard to sexual matters. I recognize the amount of injury which is done our women by the thoughtlessness of their husbands. I know how young girls are degraded and outraged by the egotism of men. I felt it to be my duty to try to bring about some amelioration of this unfortunate situation by calling attention to the truth.

Whatever may be your individual opinion as to the propriety of publishing my paper, you can not impugn the sincerity of my motive. It is possible the other papers on the same subject that have been offered you were not, like mine, a scientific presentation of actual treatment, an exact record of cases, or an honest attempt to produce a good result. Be this as it may, I feel I must stand my ground. If you still see fit to decline my paper, kindly inform me to that effect in your official capacity. I shall appeal to the Trustees and, if necessary, to the membership at large. I shall do this not because there is difficulty in securing publication for my paper. Many journals have already kindly asked for it. I act simply, in the first place, to maintain my rights, and for the more important reason that I believe my paper, for the reasons stated, to be of great value to the profession and destined to exert a healthful influence for the good of the public.

I note your statement that some of the members of the Section suggested that my paper ought not to appear in the *Journal*. I now ask you kindly to give me the names of these members. Their conduct is certainly peculiar. If they had the courage of their convictions, it occurs to me it would have been more manly had they made a motion that my paper be not published. In that way the wish of the majority could have been ascertained. It is hardly probable that any member would wish to act contrary to the will of the majority. At the same time, the impropriety of a personal suggestion to the editor of the *Journal* is at once apparent.

If it involves you unpleasantly to name these gentlemen, I will ask you to give me a list of those who attended our Section. I wish now to afford them an opportunity to express themselves publicly. If they made suggestions to you, they can not now well refuse to admit it. If they sought to influence your judgment in an underhand manner, it is proper for the members of the American Medical Association to know in detail about such reprehensible methods.

Truly yours,

DENSLOW LEWIS.

In order that the editor of the *Journal of the American Medical Association* might exactly understand my position, I also addressed him the following letter :

Personal and Confidential.

July 22, 1899.

MY DEAR DR. SIMMONS :

I have just signed a letter to you in reply to your favor of recent date. I write you now to say that whatever may be my future relations with you in your official capacity, I am liberal-minded enough to bear you no ill-will.

As regards my paper, I shall respectfully insist on its

publication in the *Journal*, for it was a part of the proceedings of the Columbus meeting. At any cost I shall maintain my prerogative as a member of the Association, and if, for any reason, my paper is declined, I shall place the responsibility of such action where it belongs in the most public manner possible.

Truly yours,

DENSLOW LEWIS.

In reply to these communications I received the following letter :

61 MARKET STREET,

CHICAGO, July 25, 1899.

MY DEAR DOCTOR :

Replying to yours of the 22d, I was very glad to know that you do not look upon this matter in a personal light and that it may not affect our personal relationship in the future.

I have concluded to submit the matter to the Publication Committee, and will await their decision in reference to the publication, or not, of your paper. It may be a week or ten days before it can be passed to the different members, but just as soon as their decision is reached I will let you know.

Regarding the members who objected to the publication of your paper, I would say that there were quite a number who spoke to me in the rotunda of the hotel immediately after the adjournment of the session in regard to it. Just who these were I do not now remember, although I have a faint recollection of two men being among the number, but as I am not positive, I would not say anything definite about it.

Again thanking you for the kindly tone of your personal letter, I remain,

Very sincerely yours,

GEORGE H. SIMMONS.

To which I replied as follows :

July 26, 1899.

MY DEAR DR. SIMMONS :

I am surprised at your answer. If the objection of the members you refer to was of such a casual nature that you can not now remember a name, I fail to understand why it was necessary for you to make mention of the occurrence. For my part, I not only received the thanks of several women members, but many others were kind enough to commend my presentation of the subject. In my letter to you of July 22, 1899, I gave you five names, among them the name of one of our Trustees. I have communications from these gentlemen which will verify my statement.

Yours truly,

DENSLOW LEWIS.

Some weeks later I also received the following letter :

61 MARKET STREET,

CHICAGO, August 14, 1899.

MY DEAR DOCTOR :

I have submitted your paper to the Publication Committee of the Board of Trustees, and while one is in favor of publishing your article, the others object. If you are willing to rewrite the first part of the article, putting the matter in a little more delicate way, I will be willing to publish the article, otherwise I shall be compelled to return it.

The subject is one that is worthy of discussion in a medical journal, provided it is discussed in a dignified and delicate manner ; otherwise, I do not consider that it has any more place in a medical journal than in any other journal. Quite a large part of your paper is worthy of publication and ought to be published, and I believe it will do good if it is published, but there is

no call at all for certain phases of this subject to be discussed, at least not in the minute detail that you have thought fit to discuss it.

I shall be glad to talk over the matter personally with you, or will return the paper with the paragraphs marked that are objected to.

Awaiting your reply, I remain,

Very respectfully yours,

GEORGE H. SIMMONS.

To this letter I replied immediately and asked for the return of my paper with the marked paragraphs, which in due time was received. I also received a copy of the Constitution with the following marked paragraph: "The Board of Trustees shall have full discretionary power to omit from the published *Transactions*, in part or in whole, any paper that may be referred to it by the Association or either of the Sections, unless specially instructed to the contrary by vote of the Association."

I then wrote as follows:

CHICAGO, August 23, 1899.

MY DEAR DR. SIMMONS:

I beg to acknowledge the receipt of your favor of yesterday, as well as that of my paper with markings and a copy of the Constitution and By-laws of the American Medical Association. I note your reference to a portion of Section IV, which gives the Board of Trustees full discretionary power in regard to the publication of papers. I also note, in your favor of the 14th inst., that my paper has been submitted to the Publication Committee, and that while one is in favor of publishing my article, the others object.

Under the existing conditions there is nothing more for me to say to you at present. An elimination of all reference to the physiology of coitus, the psychic phenomena incident thereto, and the importance of a correct education of the young in sexual hygiene takes away my major premise and my deductions are without scientific foundation. If a consideration of the sexual act is unimportant or improper, my recommendations become only expressions of personal opinion, and my work in sexual surgery as well as my observations and studies in sexual philosophy are deprived of their main support.

It remains to be seen how far the members of the American Medical Association and indeed the profession throughout the civilized world, will approve a censorship of this character which, if elsewhere applied, would exclude from publication many important writings of our most experienced and best qualified practitioners. Such exclusion, moreover, tends to perpetuate the brutal and infamous practices due to ignorance which it should be the duty of every right-minded medical man to seek to dispel.

Truly yours,

DENSLOW LEWIS.

I now wrote to the gentlemen who had discussed my paper when it was read at Columbus. I informed them that a majority of the Publication Committee of the Trustees of the American Medical Association had refused to publish my paper in the official organ of the Association, and I asked their permission to publish their remarks elsewhere.

I herewith submit their replies :

1. From Dr. Howard A. Kelly, of Baltimore:

DEAR DR. LEWIS: 1406 EUTAW PLACE.

Thank you for your letter. I give you credit for harboring no personal feeling or ill-will against one who differs from you so radically as I do, and that is unusual when the difference involves such serious strenuous criticism as I felt justified in applying to your paper. You are welcome to use my remarks in any way you desire to. I have never, as far as I recall, had a chance to revise them. I think the names of the women who approved so warmly of your paper, as I saw many of them did, ought to be appended, too.

Very sincerely yours,

16, IX, 99.

HOWARD A. KELLY.

P. S.—Remember, I shall be most happy to see you when you come this way; I recall the fact that you are really one of my old friends.

2. From Dr. C. S. Chamberlin, of Kinsman, Ohio:

MY DEAR DOCTOR: September 15, 1899.

I do not think that I have any right to object to the publication of any remarks I made at the Columbus meeting, but if I had any such right, the only objection I could urge would be that, being made by one unaccustomed to public speaking, acting upon the impulse of the moment, and laboring under the excitement induced by having a rather tender spot touched, they were rather too incoherent to express my real sentiment in the matter. When you come to consider what I said, I do not doubt that you understood that, with the greatest respect for you, I simply differed with you as to the expediency of discussing such a very delicate subject in such a manner that many persons might make bad out of it. You know very well, Doctor, that there are many men in our ranks of very inferior men-

tal acquirements who are also of low moral tone, and if such subjects are discussed before them they do not profit by the scientific part of the subject, but distort the text for the lewd amusement of themselves and friends, and when such matters become common talk I fear it will lower the morals of many. I am afraid it tends to lower rather than to elevate. There is probably good in it, or you would not advocate it, but I can not see it.

Respectfully,

C. S. CHAMBERLIN.

3. From Dr. B. Sherwood-Dunn, of Boston :

WHITESTONE-BY-THE-SEA,

NEW YORK, September 18, 1899.

DEAR DR. DENSLOW LEWIS :

I am in receipt of your favor of the 13th ult., and note its contents with a considerable degree of surprise. I supposed the medical press was open to any earnestly and honestly written literature bearing upon the mitigation of human ills.

I regret to say that I heard only a part of your paper, and I therefore shall ask you to do me the favor to forward me a copy of your paper, with a copy of my remarks, and permit me to make such additions as the subject matter may demand, after which I shall most willingly grant you permission to make such use of them as may seem to you fit.

Very sincerely yours,

B. SHERWOOD-DUNN.

I then applied to the editor of the *Journal of the American Medical Association* for a transcript of the stenographic report of the discussion. As soon as it was received, I wrote to the editor as follows :

September 28, 1899.

MY DEAR DR. SIMMONS:

I beg to acknowledge the receipt of the discussion of my paper, and I thank you for your permission to make use of it, a permission already granted me by the speakers.

I shall now prepare a statement of facts as shown by our correspondence, which I shall submit to each Trustee. If the decision of the majority is in favor of sustaining the action of the Publication Committee, I shall appeal to the prominent members of the American Medical Association, and by the time the Association meets at Atlantic City I am inclined to think a good many members will have positive ideas regarding the action of the committee, which they will not hesitate to express.

In closing this correspondence with you, I beg to express my regret that so soon after your incumbency of the editorship of the *Journal* it has been necessary for you to meet with an unfortunate incident of this nature. I take pleasure in acknowledging your invariable courtesy. I congratulate you on the handsome appearance of the *Journal*, and I wish you the success that you merit in your undertaking.

My position is, I think, well understood by you. Holding views on sexual hygiene that have been forced upon me by continued observation of the deplorable results of ignorance, I feel called upon to awaken an interest in the profession in what I consider to be a most important matter, however it may be regarded. Moreover, I look upon the *Journal* as the official organ of the American Medical Association, designed above all things for the publication of its Transactions. I consider it unjust to permit the presentation and discussion of a paper, and then to refuse to publish it, unless some motion to that effect has prevailed. A

DENSLOW LEWIS.

I. From Dr. Chauncey D. Palmer, of Cincinnati:

October 1, 1899.

Very truly yours,

2. From Dr. W. H. Humiston, of Cleveland:

CLEVELAND, OHIO, September 30, 1899.

I received your letter of September 29 today, and have noted fully its contents. I am sure I can not see any objections to the publication of your paper in a

scientific journal where it will meet only the professional eye.

If it is not published in the *Journal*, I hope you will send me a copy.

With best wishes, I remain,

Very truly yours,

Dictated.

W. H. HUMISTON.

3. From Dr. E. E. Montgomery, of Philadelphia, one of the Trustees of the American Medical Association:

PHILADELPHIA, October 6, 1899.

MY DEAR DOCTOR:

Your letter regarding your paper has been received, and the statement you make with regard to my remarks are in the main correct. I was consulted some time ago about the publication of your paper, and wrote, stating that I was in favor of its publication.

Very sincerely yours,

E. E. MONTGOMERY.

4. From Dr. John Milton Duff, of Pittsburg:

PITTSBURG, PA., October 8, 1899.

MY DEAR DR. LEWIS:

You quote me correctly when you say I said: "I am glad to hear a paper upon this subject from a scientific standpoint."

Hoping you are well, and with kind regards, I am,

Yours fraternally,

515 Penn Avenue.

JOHN MILTON DUFF.

I also wrote to the Chairman of the Section, with the following result:

KANSAS CITY, Mo., October 10, 1899.

MY DEAR DR. LEWIS:

I am indeed sorry that any delay should be incurred in the publication of your article because of

its contents. While I am not a member of the Judicial Council or Advisory Board, I question the right of any one as an authority to reject a paper read in a Section of the American Medical Association.

I trust your paper may soon be published in our official journal.

Yours truly,

A. H. CORDIER.

The communication of October 6, 1899, from Dr. E. E. Montgomery, of Philadelphia, assured me that he was in favor of publishing my paper. I now enclosed this statement of facts to the other members of the Publication Committee, Dr. Truman W. Miller, of Chicago, and Dr. James T. Priestley, of Des Moines, Iowa. I also wrote each of them as follows:

November 2, 1899.

MY DEAR DOCTOR:

On August 14, 1899, the editor of the *Journal of the American Medical Association*, as the result of some little correspondence, wrote me that my paper on the "Gynecologic Consideration of the Sexual Act" had been referred to the Publication Committee of the Trustees of the American Medical Association, and, to quote his words, "while one is in favor of publishing the article, the others object."

I have been preparing a statement of facts, herewith enclosed, to submit to each Trustee. It is my intention to ask the Board of Trustees to overrule the decision of the Publication Committee. It occurs to me it is perhaps fair for me again to afford you an opportunity to consider this matter in the light of subsequent events and in a spirit of abstract justice. If either you or your associate on the Committee now agree with Dr. Montgomery, the decision of the Publication Committee is

reversed, and my paper is published in the official organ of the Association, where it by rights belongs. If you still object to its publication in the *Journal*, I shall appeal to each member of the Board of Trustees.

Yours truly,

DENSLOW LEWIS.

Dr. Miller replied as follows :

You are at liberty to refer the matter to the Board of Trustees, as you say you intend doing.

TRUMAN W. MILLER.

Dr. Priestley replied as follows :

I am glad to preface this letter with the statement that a personal acquaintance with you gives me the opportunity to know that you are a perfect gentleman, a scholar and a sincere man. I hope that the position taken with regard to the publication of your article will not in any way interfere with our friendship.

I have read your article carefully, it being referred to me by the editor of the *Journal* in my capacity as a member of the Publication Committee, as to whether or not it should be published in the *Journal*. I have not a copy of my letter to the editor, but as nearly as I can remember, it was as follows :

"I have carefully read Dr. Denslow Lewis' paper, and while it contains a great deal that is good, it contains some that is nasty. I am opposed to the publication of the article in the *Journal*, as it will lay the Board of Trustees open to the charge of sending obscene matter through the mail." [Signed.]

My dear Doctor, after a careful reading of your facts, I see no reason to change my mind. I know an editor in my State who was tried before the United States Court and fined \$25 and costs for publishing an

article that was not nearly so apt to be judged obscene by the ordinary jury.

With the sincere wish that you will continue to regard me as one of your friends, I remain,

Yours very truly,

JAMES TAGGART PRIESTLEY.

To which communication I replied as follows :

MY DEAR DR. PRIESTLEY: November 20, 1899.

Dr. Truman W. Miller authorizes me to refer this matter to the Board of Trustees. Your reply is different. You have the courtesy to disclaim any personal antagonism and you honor me with complimentary remarks. I take pleasure in assuring you that no action taken by you in your official capacity will in any way interfere with our friendship. I believe you to be honest in your conviction, and I know you are actuated, in your decision, solely by what you understand to be for the best interests of the American Medical Association.

For this reason, I know that you will admit that the judgment of no man is infallible. I believe further that you will acknowledge that the opinion of others, even if opposed to your individual opinion, is entitled to consideration. I take the liberty, therefore, of submitting my ideas regarding the two points which you raise in objection to the publication of my paper.

Nastiness is a relative term. The act of defecation and the disposal of our sewage are nasty matters, and yet their consideration is of first importance to the welfare of the individual and the community. The physiology of the sexual act may be nasty if described by salacious novelists for the delectation of the laity. My description is brief but, I trust, complete. It differs very little from the descriptions given in text books. My reference to the psychic phenomena is practically

a quotation from Schopenhauer and is duly acknowledged. My assertion that sexual matters should be taught the young at an early age is not original with me. I think I am safe in saying that it is the belief of the majority of the profession, and I know such a procedure is advocated by many prominent educators and sociologists. My statement that "the bride should know regarding the sexual act" is to my mind only a matter of common justice. My remarks regarding *libido sexualis* and the consideration of the woman's interests are a necessary exemplification of my statement from a practical standpoint. My report of a clinical observation is both proper and consistent, and is in accord with professional usage in the preparation of papers. My quotation from R. W. Taylor is, to my mind, pertinent and, in any event, permissible.

To a right-minded man I can see nothing nasty in a scientific consideration of the sexual act before a body of medical practitioners. I see nothing nasty in my statements. I realize that even the Bible may be found lewd. "To the pure, all things are pure," as I state, when closing the discussion on my paper. I remember that four women members thanked me for presenting the paper. I do not believe they would have done so if it had been nasty. I shall now submit the paper to several prominent women physicians in different parts of the United States, and, in due time, I shall submit to you their report.

In regard to the other point you raise, I have only one thing to say: If the publication of my paper will lay the Board of Trustees open to the charge of sending obscene matter through the mails, you are acting within your own rights and in accordance with the best interests of the American Medical Association in refusing to publish it. I shall obtain legal advice on this

point, and if necessary, I will consult the postal officials here and in Washington.

My paper has been read by Dr. Harold N. Moyer, President of the Mississippi Valley Medical Association and ex-President of the Illinois State Medical Society. Dr. Moyer offers to publish my paper in *Medicine*, of which he is the editor, and he says he will do so at once without even consulting his publishers.

I shall soon submit to you certain legal opinions and probably a decision by the proper authorities on the liability of the Trustees in case my paper appears in the *Journal*. When this is done, and the legal responsibilities of the Trustees are clearly defined, I have little doubt of your decision.

Yours truly,

DENSLOW LEWIS.

The following legal opinions were obtained:

1. From Hon. Clarence S. Darrow, formerly Assistant Corporation Counsel of Chicago:

MY DEAR DR. LEWIS:

I have read your paper delivered before the American Medical Association and have considered the question whether the publishers of a medical periodical could be convicted of circulating obscene literature in case they published this paper. The United States statutes govern the circulation of obscene literature and are meant to provide for cases where publishers, or purviewors, publish and sell literature which is supposed to appeal directly to the passions of the reader for the purpose of making money out of these feelings. Of course, the statute is broad and must be construed with reference to a particular case. There is probably not a medical work of consequence and certainly no piece of literature worth the reading, but what verbatim extracts could be made, published and sold in

such a way as to meet the condemnation of the jury and the court under our statutes governing obscene literature. On the other hand, it must not be thought that the statutes are meant to provide that any literature relative to the sexual organs, or to what is popularly known as the baser passions, is obscene literature. If so, of course, it would be no longer possible to give medical students and others the specific treatment for venereal diseases and such instructions as have generally been considered necessary regarding the creation of children, their birth and the ordinary relations that tend to the preservation of the species. In short, there is but one test, and that is the obvious intent with which such literature is published and circulated. A paper which is written in good faith to be read before a body of physicians for the purpose of presenting views, which the author sincerely believes are for the best interests of the health, life and morals of the community, is not a paper upon which such author can be convicted for the circulation of obscene literature; and if such paper is published in good faith by a medical journal, and circulated amongst physicians and surgeons as a paper from a man of standing in his profession, given for the obvious purpose of teaching important and necessary truths, whether the statements may be true or false, scientific or unscientific, then no publisher can be convicted for circulating such magazine or article.

I would desire further to add that any physician who did not have the courage to deliver such a paper before an association of scientific men, when he believed it was for the purpose of making people better and happier, and who hesitated for fear that some law might be construed to send him to jail, would not be worthy of the profession to which he belongs. And any publisher who pretends to circulate literature designed to benefit

and instruct physicians, who would fear to give out a paper written in good faith, for a good purpose, by a man of standing and ability because of some criminal statute, is not fit to publish a scientific journal.

If the law of the United States will send a doctor to jail for teaching in good faith to the profession what he believes to be the truth, or punish the publisher of a medical journal for circulating literature which comes from a reputable and learned man upon a vital question, and written in the attitude of a teacher, whether such teaching is true or not, then the best work the doctor can do, or that the publisher can do for his profession, or for mankind, is to go to jail in obedience to the law.

I believe there is no danger in any civilized or semi-civilized community that could possibly come to any doctor or publisher who in good faith writes and circulates such literature.

Very truly yours,

C. S. DARROW.

2. From Hon. Robert McMurdy, formerly President of the Chicago Law Institute:

DEAR DOCTOR:

I have carefully considered your paper, read before the American Medical Association at its last session, with a view to determining whether in my opinion the publishing of the same by the Association and the distribution thereof by mail to its members only would be a violation of the statute of the United States concerning obscene literature.

What constitutes a violation of the statute is in some cases a nice question. As said by Judge Jenkins, in *United States vs. Smith*, whether an act or language is obscene depends upon circumstances. As he points out in that case, proper and necessary communication

between physician and patient may properly be deposited in the mail. It would seem to be equally clear that the publication of a paper delivered before a medical association, containing the deliberate judgment of the author, even though it be along lines not usually open to conversation in public, and even although the reader might not agree with the author, is in the public interest and not intended to be prohibited by the statute in question.

Upon a consideration of the cases arising under this statute, it seems that the publishers of the journal in question would be safe from prosecution in case they should publish your address in the manner indicated.

Yours very truly,

ROBERT McMURDY.

3. From Hon. Francis W. Walker, formerly Assistant State's Attorney of Cook County, Illinois:

MY DEAR DOCTOR:

In regard to your communication requesting me to examine the paper read by you before the American Medical Association, at its Columbus meeting, and give you my opinion as to whether its publication in a medical journal would come within Section 3893 of the Statutes of the United States, applying to obscene, lascivious and lewd matter, I give you my judgment, based upon the understanding that the journal in which the paper is to be reproduced is exclusively a scientific and medical publication, whose circulation is among physicians only, and not a magazine of general public circulation.

The legal test is whether the tendency of the matter is to deprave and corrupt the minds and morals of those open to lascivious influences, and, as Judge Jenkins stated in the opinion of the United States *vs.* Smith, in the 45th Federal Reporter, at page 478:

"Condition determines the quality of the act. Thus, the nude in art is not necessarily indecent, but it may be so conditioned as to come under the ban of condemnation."

The statute is aimed at the obscene. It is not intended in the interest of the prude. It is inconceivable to my mind how the publication of this article in a medical journal, circulated exclusively among physicians, purely as a matter of scientific education, can come within the test laid down, for it can have no such influence, as contemplated by the statute, upon those into whose hands it may come.

I observe that the article has already been published in the transactions of the Section on Obstetrics and Diseases of Women of the American Medical Association for 1899. The mere fact that in book form it would reach the hands of fewer physicians than are subscribers to the *Journal of the American Medical Association* is of no consequence in considering the subject. There can be no more liability to prosecution for the publication of the article in the *Journal* than already exists, if it exists at all, in reference to its publication in the proceedings of the Section.

Yours very truly,

FRANCIS W. WALKER.

4. From Hon. William E. Church, formerly Associate Justice of the Supreme Court of Dakota:

DEAR SIR:

It would seem that the free discussion by medical men of some subjects with which the medical profession are properly, and indeed inevitably, concerned must necessarily involve the use of language which would justly be regarded as inadmissible in general literature. I do not think that the statutes against obscene literature were intended to inhibit the publica-

tion by medical journals for circulation among the members of the profession of articles prepared for the instruction of medical associations, and read before them, upon topics within the legitimate field of professional investigation and discussion, even although in the treatment of such topics language should be used which might shock the modesty or offend the sensibilities of the general reader.

Yours truly,

WILLIAM E. CHURCH.

5. From Hon. S. P. Shope, formerly Chief Justice of the Supreme Court of Illinois :

DEAR SIR :

It is frequently difficult to apply the test as to whether a paper is obscene within the meaning of the statute prohibiting the use of the mails in the transmission of obscene literature, etc.

That there should be the widest latitude for discussion among members of the medical profession, of the causes and latest and most approved methods for the prevention and treatment of diseases and the widest dissemination of the result of investigation and of scientific expositions of such subjects, will be universally admitted. A paper may be to the last degree indelicate and, therefore, improper to be published for general circulation, without being obscene when intended and published for the use of physicians or others who, for any justifiable reason, may be interested in understanding the particular subject.

Such a paper, therefore, if published for distribution to subscribers to a medical journal, who presumably are interested in such subjects from a medical, sanitary or hygienic standpoint, would not be illegal, while the circulation of the same paper, through the ordinary newspapers or periodicals, or independently as a cir-

cular, if sent to non-professionals, would fall within the prohibited publications.

Undoubtedly, publications purely salacious, even in a medical journal, and which are not expositions of mental or physical conditions or functions, tending to useful knowledge of the cause, prevention or treatment of deranged or diseased conditions, would fall under the ban of the statute. The mere fact that the paper was read before a distinguished body of physicians and published in a medical journal would be no protection, if the article was published from wrong motives, or had no tendency to add to the knowledge or usefulness of the profession. On the other hand, if the article is a scientific treatment of the subject, however indelicate, and the publication is made in good faith, and with the justifiable motive of adding to the scientific knowledge of the profession, as such, the publication will be lawful, although the author and publisher be mistaken as to the correctness of its facts or theories, or as to the necessity or desirability of the supposed knowledge conveyed by the paper to the medical practitioners.

If published with justifiable motives, and not with a mind regardless of social duty, and the paper is such as tends to add to the sum of knowledge of the profession, thereby better enabling its members to discharge the duty of preserving health and combating disease, mental and physical decay and degeneration, the publication will be justifiable.

These general principles will be applied in any proper consideration of the matter. Your motives will not be questioned, and it only remains to determine whether the publication of the paper will be in the interests of medical science. Upon this latter, without the aid of medical opinion and experience, I am unable to decide. I see nothing upon the face of the paper

that would preclude the opinion that the publication, within the limitations mentioned, would be authorized.

I am, etc., yours,
S. P. SHOPE.

These opinions were submitted to Dr. Priestley, who wrote as follows:

DES MOINES, IOWA, May 25, 1900.

DEAR DOCTOR:

I see no reason why I should change my opinion. I based my refusal to vote for the publication of your paper in our *Journal* on the ground that we might be liable to prosecution for sending obscene matter through the mails. You told me you would submit your paper to the Postoffice Department, and if their ruling was favorable to you you would let me know, and in that case my objection would be removed. You have failed to notify me, so I judge that the decision was unfavorable to you or that you have failed to receive an opinion. For this reason, I say again, I see no cause for a change in my opinion.

Yours very truly,
JAMES TAGGART PRIESTLEY.

My reply was as follows:

CHICAGO, May 26, 1900.

MY DEAR DR. PRIESTLEY:

In my letter of November 20, 1899, I said I would submit certain legal opinions, which I have done. I also said, "if necessary, I will consult the postal officials here and in Washington." This I have not as yet done, for it seems to me unnecessary. If the five legal opinions I submit to you are not convincing, no opinion of any postoffice official would influence you. Moreover, I doubt if any postal official is in a position to pass judgment in advance.

I am astonished that you set your individual opinion, in a legal matter, above the opinions of five of the most eminent jurists of Chicago. Nevertheless, I do not question your right to do so, nor do I harbor the slightest feeling of resentment toward you. We should all do what we think is right. I shall do so at the risk of adverse criticism and even misrepresentation and ridicule. I shall succeed in directing attention to the important subject of sex relationship. I shall make the members of the profession think seriously of these matters and good will come of it. What may be thought of me I can not foretell, nor is it of special importance. Many men have suffered for what they believed to be the truth. I have no wish to be a martyr and I regret any sensationalism. Nevertheless, since I am forced to act, as I believe, in the interests of the young girl and the married woman, I shall make the best fight I can. My paper has already been published in the transactions of the Section. You will have difficulty in explaining why it should not also be published in the *Journal*.

Truly yours,

DENSLOW LEWIS.

I also addressed the President of the American Medical Association as follows:

CHICAGO, May 30, 1900.

MY DEAR DR. KEEN:

The paper I read at the Columbus meeting was referred to the Publication Committee of the Trustees. Dr. E. E. Montgomery favored publishing it in the *Journal*, but the other two members objected. Dr. Miller is too ill to consider this matter now. Dr. Priestley fears the *Journal* would be seized for circulating obscene literature if my paper were published, although

five of the most eminent lawyers of Chicago assure him to the contrary.

Under these conditions, my only constitutional course is to move, in general session, that the members of the American Medical Association "specially instruct" its publication. I will do this at such time as you may be pleased to designate. I wish in no way to interfere with the usual conduct of business, but I shall insist that no parliamentary technicality prevents a vote on this motion. All I ask is fair play. There is too much talk of star-chamber methods and ring rule. The members of the Association will resent, in no uncertain manner, any arbitrary ruling which interferes with the constitutional prerogative of every member.

Truly yours,

DENSLOW LEWIS.

I submit also the following opinions from representative women practitioners:

1. From Dr. Frances Dickinson, President of the Harvey Medical College, Chicago:

DEAR DR. LEWIS:

I know no facts, when listed for scientific purposes, to be "indelicate, indecent, obscene or nasty." These adjectives express relative conditions in social life. The varied conditions of human beings from physical and psychological standpoints should be handled without sentiment and prejudice if scientific conclusions are to be reached and present conditions bettered.

It is true that every one does not wish to open up this dreadful social ulcer and keep it open till it shall heal from the bottom. Neither does every one wish to be in the atmosphere of this surgical laboratory stench.

Respectfully,

FRANCES DICKINSON, M. D.