A CONTRIBUTION TO THE PSYCHOLOGY OF COMMON SEXUAL PERVERSIONS

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University of Glasgow
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by

CHARLES GLEN.

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1 9 3 8.

ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 – 1346

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SECTION 1. ANXIETY STATES AND GENERAL PRACTICE

Anxiety states form one of the most difficult, yet interesting problems of general practice. It is not easy to estimate how large a percentage they constitute of all forms of illness, because their true nature often passes unrecognised, but this difficulty is being overcome by the modern tendency to devote more and more attention to their study, as we are becoming increasingly aware of their importance.

The definition of "neurosis" in Dorland's medical dictionary as "a disorder of the nervous system not dependent on any discoverable lesion" requires amplification. While a neurosis may exist per se, it may be complicated by any bodily illness; and the physician, mindful of the close inter-relationship of mind and body, should be able to assess both bodily and mental symptoms at their true value, and appreciate the significance of any undue preponderance of mental symptoms. To do this the general practitioner is

ideally situated, as he necessarily regards his patient as a unit of combined mental and physical parts. Living in the same district as his patients, he knows them as individuals, as normally functioning units in the social scheme. And, when illness overtakes them, he still regards them as units, but as units which have broken down, physically or mentally. He must then investigate the cause of the breakdown. Granted that mind and body are of equal importance in the general economy, it is reasonable to assume that the cause of the trouble is as likely to be found in the mental as the physical sphere, in any civilised community where the increasing complexities of modern life involve an ever-growing demand on mental energy. On these assumptions, neuroses would theoretically rank equally in importance with purely physical ailments, but the tendency has been, until comparatively recent times, to disregard the mental in favour of the physical causes of illness.

The study of neuroses often involves an expenditure of mental energy on the part of the physician far in excess of any similar effort required for physical illness, so that interest in their elucidation never flags; while the consideration that such conditions can be relieved, and sometimes cured, should provide an added in-

centive. When it is realised the amount of illness, misery and consequent disability a considerable proportion of the population is at present forced to endure, it becomes incumbent on the medical profession to combat, by every means in its power, this powerful social and individual enemy.

The family physician is the first person to whom the patient looks for help, but he, unfortunately, is usually unable to afford all the assistance that he might do on account of his own inadequate preliminary training in matters of mental illness. He may search for a physical cause for the physical complaint; he may recognise that his patient is stressing the importance of symptoms which physical examination fails to substantiate; or he may decide that his patient is "neurotic" and offer some form of placebo.

It by no means follows that the patient fails to benefit by such treatment; but the amount of improvement is proportional to the confidence he can place in his physician. Any benefit which he receives is due to the influence of suggestion, and in such a case the personality of the physician is a factor of very great importance. It is apt, however, to be a variable one, dependent in turn on the faith the physician has in his own

remedies. The end result is apt to be disappointing. While this is often true of even slight forms of neuroses, it is bound to happen in the more severe forms.

The existence of an attitude of mutual incomprehension between patient and physician is undoubtedly the principal raison d'etre for many of the parasitic growths of orthodox medicine which thrive luxuriantly today; for the suffering patient, having sought relief from orthodox medicine in vain, is left with the prospect of continued suffering, or of applying for aid from less well-recognised organisations.

In "An Introduction to Psychological Medicine", Oxford University Press, 1936, the authors, in their preface, recommend the inclusion in the medical curriculum of systematic lectures on the Psychoneuroses, the Psychoses, and Mental Deficiency, and that the treatment of mental illness should be reserved for post-graduate study. This would certainly help the young graduate to recognise neurotic illness, but would still leave him inadequately equipped to treat his patient as a complete unit until he had acquired the requisite knowledge. The difficulty might be overcome by the evolution of a system permitting of a period of preliminary supervision by seniors, as in surgical practice.

The Recognition of Neurotic Disorders.

Physical Factors.

As the patient enters the consulting-room the facial expression is often informative. It is usually described as "anxious", but it may not be quite so apparent as to merit that adjective. It may be strained, thoughtful, tired, apathetic, and so on. It is certainly not carefree, and experience teaches one to recognise it almost intuitively. In the descriptions of illnesses, organic disabilities are usually stressed as being the cause of inefficiency, and advice is sought for these; or a tonic is asked for, in the hope that it will enable the patient to continue his ordinary duties. Occasionally "nerves" are spoken of as being the cause of the illness, and again a bottle of medicine is requested in order to strengthen the "nerves", but such specific requests are in the minority. In most cases advice is sought for purely physical maladies.

The symptoms complained of are usually numerous, but vague, and of indefinite duration. As a rule they do not coincide with those of any known illness, but they should be heard carefully and with a sympathetic interest. When such is the case, the narration of symptoms frequently ends in a flow of tears.

After the patient has told his story, a complete physical examination is made. All authorities emphasise the thoroughness with which this should be undertaken, as if the patient were taking out a life assurance policy.

The reasons for this, to quote Dr. Lauren H. Smith, "The Treatment of Psychoneuroses in General Practice", Cleveland, June 1934, are:- "first, the patient must be thoroughly examined by the physician in order that any physical factors may be properly evaluated as influences on the patient, or as connected with his illness. Second, one must be careful that all treatment for physical disease may be adequately known and prescribed for, regardless of its connection or lack of connection with the psychoneurosis. To digress for a moment, the successful treatment of a psychoneurosis or any other type of disorder or disease depends on treating the individual as a unified mental and physical being, not as a being of separate mental and physical entities. Third, a complete physical study impresses the patient with the thoroughness of the physician, laying the basis for confidence in what the physician says. It would be very hard for the patient to accept the physician's statements as proof of the functional origin of the symptoms

or difficulties, if the patient considered that he had not been studied completely."

At the conclusion of the physical examination, the physician must weigh his findings. If his patient is mentally and emotionally upset to a degree which physical examination fails to warrant, then he is justified in considering that there must be an element of "neurosis" in the case. The patient is considered as a unit. The relative significance of any abnormal factors found on physical examination must be estimated. If the physical findings are negative, the causes of the morbid condition must be sought in the mental sphere. The diagnosis of "neurosis" is therefore arrived at, not by exclusion, but by a close study of the inter-relationship of all mental and physical disturbing factors, and the reason must be sought for the undue predominance of the mental factors.

The physical factors to be borne in mind include all kinds of infections, septic conditions, physical fatigue, disorders due to living in faulty surroundings, such as damp, poorly illuminated, badly ventilated and overcrowded dwellings, poverty and malnutrition, and endocrine disorders.

A neurosis may be present, but latent during normal

health and in a satisfactory environment; but, with the impairment of bodily health or the incidence of unsatisfactory environmental conditions, the resistance of the organism to the insistence of the neurosis may become impaired, and the neurosis thus manifest itself. In such cases impaired physical health and unsatisfactory environment are apt to be blamed as being causative of the neurosis. They are really not sufficient in themselves to do so, but may, if combined with a disturbed mental state. Similarly an adventitious endocrine disorder may cause abnormal symptoms. It is well known physiologically that an overdose of adrenalin may cause tremors, increased blood pressure, emotional states of fear and anxiety, signs and symptoms commonly met with in anxiety neuroses, but also frequently encountered in females during climacteric changes without there being any suspicion of real neuroses.

Over-activity of the thyroid gland is accompanied by nervous symptoms closely simulating those of severe anxiety neuroses. As neuroses occur in widely-varying degrees of severity, the physician may have formed merely an <u>impression</u> that he has to deal with a neurosis, an impression that there must be something more than physical illness to account for the degree of mental dis-

turbance evinced by the patient. It might be that the patient had some form of mental trouble against which he had been able to struggle successfully so long as his physical health was good, but with the breakdown of his physical health the struggle had become too much for him. With the restoration of physical health he might again feel competent to resume his solitary struggle with his mental difficulties, but ready to break down once more at the least over-taxation of his mental or physical powers. Bearing in mind, therefore, the impression of undue mental distress that he has formed, the physician should make careful enquiry into the mode of life, the work, environment and general interests of his patient and any undesirable factor in these spheres of activity should be considered in relation to his patient's well-being.

In the majority of cases one meets with nervous anxiety in patients who appear to be in every respect physically normal; and when one can find no apparent cause for the condition in their physical state, the conditions of their environment, or in fact in any known factors affecting their lives, one then proceeds to investigate possible mental causes.

Mental Factors.

To appreciate the significance of the mental aspect in the individual unit, it is only necessary to compare physical and mental development. In the case of physical development we know that, from the moment of conception till the moment of birth, the human embryo recapitulates, in the short space of nine months, evolutionary changes that must have occupied countless ages. From birth onwards growth proceeds steadily till maturity is attained.

On the mental side we have the picture of an infant born into a highly civilised community with a mind capable of enormous development. This is the child's main heritage. As the child grows he has to amass an enormous amount of knowledge in order to understand and participate in the life around him. He has to adjust himself constantly to his environment. He soon finds that he is not allowed free scope for mental development. He must school his mind to think and act in accordance with established social customs. He must respect and obey those in authority over him. He must respect other people's property. He must not inflict any bodily injury on any person whom he dislikes. He must adopt certain religious beliefs, political views, and so on.

In other words, he must learn to live his life in accordance with an established pattern, a pattern which varies with the particular society into which he has been born. Generally speaking, he succeeds in fulfilling all expectations with more or less success. Whether it is desirable in the interests of human progress that we should endeavour to turn out a nation of stereotyped individuals is of course a doubtful question, and one which I think few biologists would answer in the affirmative. In fact, it seems obvious that the generalised attempt to induce the developing mind to conform to a standard pattern is an extremely wasteful process, as it succeeds only by sacrificing an untold quantity of individual initiative. However, it is in the sexual sphere that the most serious troubles of the present social system are to be found, the reason being that here an attempt has been made to harness an instinct. We speak glibly about our "instincts" without knowing precisely what we mean by the term. Our leading psychologists in this and other countries are by no means agreed as to the number of instincts we possess, or even the qualities that constitute an instinct. Doubtless this has something to do with the confusion that exists among modern schools of psychology.

For the purpose of this thesis I find it advantageous to regard the sexual instinct as a "sense", as suggested by R. Guyon in his "Sex Life and Sex Ethics", International Library of Psychology and Sexology, 1933, just like hunger, thirst, hearing or smell; and to draw attention to various similarities. For instance, the gratification of sexual desire is accompanied by an intense degree of pleasurable affect, and is sought for this consideration alone in the majority of cases; hunger is relieved or thirst appeased by eating or drinking, and these acts are also accompanied by pleasant sensations, and an emotional feeling of well-being. Now, if we did not feel sexual desire the race would die out, and if we did not feel hunger or thirst, we again would surely die. We are endowed with sexual desire for the preservation of the race, with hunger, thirst and our other senses for the maintenance and preservation of our bodies. The accompanying pleasant sensations are really a secondary matter, and are but an incentive to ensure that we attend to our natural functions; but we appear, in this present age, to be making the mistake of catering merely for our sensory pleasures, without considering in the least the biological significance of these pleasures. Just as disorders of the sexual instinct

are caused by our striving for sensory sexual pleasure per se, so it is logical to assume that many disorders of alimentation are caused by our habits of eating and drinking, not because food and drink are physiologically required, but because our palates are pleasantly stimulated by the ingestion of food and liquids. Visual sensory pleasure divorced from biological needs is similarly being catered for by the film industry, auditory pleasure by radio, and both forms combined by the stage, to quote further examples.

In these other spheres our sensory cravings are catered for freely, but in the sexual sphere all manner of obstacles are placed in the way of indiscriminate sensory gratification of sexual desires; and for this reason, no doubt, when one looks at all deeply for the cause of a neurosis, one is likely to find it more readily in a disturbance of the sex life than in any other sphere of vital activity.

In the civilised world, attention was first drawn to these facts by Freud and the psycho-analysts, and the importance of Freud's teachings is being increasingly realised as time goes on. To understand neuroses as they occur around us, therefore, it is necessary to have some knowledge of Freud's works. Fortunately most of his writings are available in English, notably

his "Introductory Lectures on Psycho-Analysis", George Allen & Unwin Ltd., London, 1929. In the preface to this book, Ernest Jones says, "Among the many difficulties confronting those who wish to acquire a knowledge of psycho-analysis, not the least has been the absence of a suitable textbook with which they could begin their studies. They have hitherto had their choice among three classes of books, against each of which some objection could be urged from the point of view of the beginner. They could pick their way through the heterogeneous collection of papers, such as those published by Freud, Ferenczi and myself, which were not arranged on any coherent plan, and were also for the greater part addressed to those already having some knowledge of the subject. Or they could struggle with more systematic volumes, such as those by Hitschmann and Barbara Low, which suffer from condensation because of the difficulty of having to compress so much into a small space. Or finally it might be their fate to come across one of the numerous books, which need not be mentioned by name, that purport to give an adequate account of psycho-analysis, but whose authors have neglected the necessary preliminary of acquiring a proper knowledge of the subject themselves. The gap

in the literature of psycho-analysis has now been filled by the writer most competent of all to do it - namely, Professor Freud himself."

It was Freud who courageously pointed out the relationship between our neuroses and our cramped and artificial sexual life. As a pioneer he rightly asserted that all neuroses had an origin in some disturbance of the sexual instinct; for only by making the most insistent and sweeping statements could he direct adequate attention to the enormous importance of sex factors in the causation of neuroses.

Since Freud first began publication of his discoveries, the neuroses have received increasing attention from the medical profession as time has elapsed; and, while Freud's original views and statements have been modified and qualified, the fact undoubtedly remains that the majority of neuroses have an origin in some disturbance of the sex instinct.

SECTION 2. CONSIDERATION OF NORMAL SEXUAL RELATIONSHIP.

Before considering the abnormal, it is first of all necessary to discuss normal sexual relationship. This implies sexual conjunction between mutually attracted mature male and female, with the object or possibility in view of fertilisation and the continuation of the species, the physical act being accompanied by intense emotional interplay.

Mutual psycho-physical attraction, causing a mutually experienced state of tumescence, leads to intromission. At the end of intromission, orgasm is (or should be) simultaneously attained. With orgasm, ejaculation of semen from penis into vagina occurs, to the accompaniment of mutually felt rhythmic muscular movements and pleasant sensation. After orgasm has occurred, detumescence succeeds and intromission is terminated. With it also terminates man's interest in the process; but this, as we know, is not the biological termination of the process. The motile spermatozoa in the semen find their way, led by chemiotaxis, into the internal passages of the female sexual organs. If a liberated ovum is encountered, fertilisation is likely to occur.

The fertilised ovum then embeds itself in the uterine endometrium, and pregnancy commences.

The sexual act, therefore, comprises two parts, the first of which is charged with interest and pleasant emotion, and the second part which is devoid of these features. Now civilised man has full knowledge that coitus may lead to pregnancy. He is acutely desirous of experiencing the pleasant physical sensations and emotions of coitus, but is not always prepared to accept the possible consequences of such action. With him, coitus has assumed an artificially enhanced value, to the detriment of reproduction, the importance of which is under-estimated. Now Nature has endowed man with desire for coitus in order that her own ends may be attained - the continuance of the human race. If man therefore attempts in any way to prevent conception from following coitus, he is interfering with a natural process. Those people who take the view that no artificial attempt should be made to prevent conception from following coitus are perfectly logical in their arguments; but, on the other hand, they ignore the fact that in other spheres of life man also interferes with and modifies natural processes. The majority of civilised people insist that man has a right to control conception;

and, as anything which prevents this constitutes a perversion, they are thus insisting on the right of mankind to engage in deliberate sexual perversion. It is impossible to maintain that the process of heterosexual coitus, when the attainment of pleasure, or "orgasm", is the sole objective, is a normal procedure. We cannot logically therefore sanction such conduct and condemn all other forms of sexual perversion.

Man is an individualist, and notoriously selfish. He is mainly concerned with the pursuit of his own personal pleasure in the attainment of orgasm. Besides being able to attain orgasm through heterosexual relationships, homosexual and auto-erotic practices are also known to him, and are engaged in for the same purposes. It would be difficult to attempt to describe all the varied procedures which have been resorted to from time to time, with a view to attaining sexual pleasure. Such an attempt would constitute a study of the resources of human ingenuity. These procedures are all grouped as abnormal practices, but in logic, they cannot be considered any more perverted than heterosexual coitus deliberately engaged in with every precaution taken to ensure that it shall remain barren of consequences.

Modern sexologists logically claim tolerance for all

forms of perversion provided that such forms do not involve harm or injury to any other person. Sadistic procedures are therefore ruled out. On the other hand our modern civilisation offers little hindrance to the unrestrained indulgence of selfish and inconsiderate individuals, so long as they confine their activities to within the compass of the law, the result being that normal coitus and resultant conception can, in many cases, have even more disastrous consequences than the rarer practices of genuine sadism.

Prevention of Conception.

As regards prevention of conception, toleration of almost any kind of perversion is being progressively advocated. We might follow the steps up a scale beginning with such simple acts as solitary masturbation, then proceed through the whole gamut of all the most extraordinary activities which include all forms of autoerotism, homosexual and heterosexual perversities. These have as their one aim the attainment of orgasm. We gradually come to activities more closely approaching normal heterosexual procedure, such as coitus interruptus; then the employment of artificial barriers to prevent spermatozoon from reaching ovum; next the deliberate arrest of development of the fertilised ovum; and, at

the very extremity, the destruction of the newly-born child. Even this last step is frequently taken - the life of the newly-born child is terminated in an attempt to shield the social reputation of the mother. When such cases appear before courts of justice, it is significant that they are disposed of in humane fashion, indicating that society takes a lenient view of the appalling though misguided efforts of humanity to conform to its conventional exactions. The life of a newly-born child is too high a price to pay for "social respectability".

It seems that the fundamental cause of all the trouble is the cleavage of the sexual process into its component parts of coitus and conception. This division is an artificial one, and, in the natural course of events, conception would be liable to follow coitus, and would be as desirable, were it not for the various social, economic and moral obstacles which have forced man to over-estimate the value of coitus and under-estimate that of conception. It is surely significant that one does not find, in the lower animals, the extreme ethically repugnant sex perversions that one encounters in "homo sapiens".

Summary.

All forms of sexual activity which preclude the possibility of conception are really perversions.

Perversions are an essential feature of our present civilisation, the particular direction that a perversion may take being merely a matter of conditioning factors. A logical attitude of thought and conduct towards a biological problem would automatically eliminate that problem.

We talk about man's sexual problem, without stopping to realise that this very problem is of his own creation. In this light what is prostitution but an institution created by man to meet the requirements of a perverted sexual life?

SECTION 3. THE CASE RECORDS.

In studying a number of cases exhibiting the typical features of anxiety states, I soon discovered that the underlying trouble was that they were really struggling with perverted sexuality, as the following accounts show.

CASE 1.

A young lady, single, 30 years of age, complained that she felt an anxious nervous feeling assailing her from time to time. She was becoming so depressed that she could not carry on with her work. Physically she felt exhausted. She had a responsible life and plenty of work to do. She had always enjoyed good physical health and had managed her work fairly well, but had felt that she was struggling against this nervous anxious feeling. It had spoiled her whole life.

When I saw her I inquired whether there was anything of a physical nature to which she attributed this nervous anxious feeling. She told me that it seemed to be associated with a pain which came on occasionally. I inquired how long it had troubled her, and was told that it had persisted for 15 years, and had morbidly influenced her whole life, spoiling all her real pleasure in life.

She burst into tears as she said this. I further learned that the pain originated somewhere in the vulvar region, and I asked whether she had any idea how it began. She admitted that she thought that she knew how the pain started, but found it difficult to tell me. However, I soon learned that she attributed the origin of the pain to habits of masturbation during girlhood. She had first felt the pain when she was 15, just after she had definitely renounced, once and for all, those habits of masturbation. A doctor had been consulted. She had been examined under an anaesthetic, but no abnormality had been found, and she had been advised to try to keep from thinking about it. The knowledge that no abnormality had been found, far from reassuring her, had given rise to fears that she was suffering from something insidious, something which baffled medical skill; and this had remained a constant source of inward dread with her ever since.

I wished first of all to ascertain whether she had any organic abnormality, therefore I sent her to a gynaecologist telling him in an accompanying letter that I wanted him to ascertain for me whether she had an organic or a functional condition. She was very thoroughly

examined, and I had his assurance that the condition complained of was entirely functional. I tried to investigate it on that assumption, and discovered the following relevant facts, in order of time and of importance.

When she was between 10 and 11 years of age, a female relative paid a visit to this girl's family. The girl had to give her bed to this relative, while she herself was put into bed beside her elder brother during the friend's stay, which lasted about a fortnight. During that time her brother had coitus with her during the night, on more than one occasion. They both felt very guilty about it afterwards, agreed that it was wrong, and said nothing about the matter to anyone.

At 12-13 years, she had homosexual experiences with a girl of her own age, pretending that they were man and women, and simulating coitus. The girl soon left the district, and between 13 and 15 years she practised solitary masturbation.

When she was a little over 15 menstruation began. At the same time she decided to cease masturbation. This was accomplished <u>without a struggle</u>. Shortly afterwards the disturbing pain began, and had persisted ever since.

At 12 years, when she was playing with some other girls, a man passed them and whispered some kind of obscene phrase into her ear. Since then she had worried terribly about that incident. Could this man possibly have touched her, or even have done something worse to her, without her being able to recollect anything of such an actual occurrence? If he had touched her in some indecent way, could that have been the origin of the persistent pain?

I discussed with her the facts which she had communicated to me. The most important event in her sexual life had been the coitus events with her brother, when she was between 10 and 11. These had aroused her sexual desire. In her homosexual activities with the other girl she was trying to recapture these earlier experiences with her brother. Then followed masturbation. This, I was able to show her, was a further continuance of the original underlying idea. I pointed out to her how erotic thoughts caused a nervous current to flow from the brain to the sex organs, creating there a condition of tumescence, with altered sensation. This altered sensation would lead to her touching sensitive parts of these organs; and, finding that she could thereby increase the

feeling of erotic excitement, would continue to do so till orgasm occurred. While she was so doing, her mind would be occupied with phantasies about her brother.

When she was old enough to menstruate, she decided that she must give up such practices. The reason why she had to give them up was because, in her mind, she was having continued sexual intercourse with her brother; and now that she was old enough to menstruate, she was old enough to bear a child. This consideration made her feel guilty, and caused her to decide that the habit must be abandoned. The difficulty in the way was that the practice of masturbation was pleasant. For that reason the pleasant feeling had to be superseded by pain. Pain therefore manifested itself just at that time. It was of subconscious origin, and served the useful purpose of preventing her from taking any further pleasure from the habit of masturbation; in fact, it banished all further inclination to indulge in this practice.

The worrying thoughts that kept assailing her as to whether the passing stranger had interfered with her when she was 12 years old were without real foundation. I was able to convince her that they were displaced worries. What she could not bear to think was that her own brother

might have been the original cause of the pain through having interfered with her. She found it preferable to worry in case the stranger might have been the cause.

She accepted my explanation wholeheartedly, and since then has never been afflicted by the nervous anxiety which had made her life a misery. In this case the neurotic condition was conjured into existence to serve a definite purpose.

This case is interesting in that it shows how a brother-sister intimacy began with normal coitus, but was not of sufficiently long duration for the establishment of perversions. Both brother and sister accepted the veto of society, the church, and the law, and desisted from indulging in any further intimacies. In subsequent cases I shall indicate the course of events when the parties attempted to elude this veto.

CASE 2.

The patient was a newly married woman, 21 years of age, when she first came to my district. Three months after her marriage, her husband asked me to call one night, shortly after midnight. I found her sitting up in bed, looking rather scared, and taking long breaths.

Shortly before my arrival, I was told, she had been trembling all over. She could not tell me what she felt wrong; she merely felt afraid that something might happen to her. Such a statement brought scant sympathy from her husband. She was most anxious for me to sound her and tell her whether her heart, lungs and so on were normal. I did so, and found that she also had a normal temperature, took her food well, but that her bowels required regulation with occasional purgatives. She had not menstruated since her marriage, and I found that the enlargement of her uterus accounted for the amenorrhoea. I spoke reassuringly to her and took my leave.

Her pregnancy ran a normal course. I soon came to know this young woman quite well, on account of the frequent urgent calls for attendance on her that I received. I never could find any reason to justify such calls. She always appeared calm and collected when I reached her; but

she developed a habit of alarming her neighbours by her hysterical behaviour prior to my arrival.

A few years later she had a second child, but she did not improve at all so far as her general nervous anxiety was concerned. After I had spoken to her about all the factors which I thought might have a bearing on this unaccounted-for nervous condition, I asked her about sex relations with her husband. She told me that she felt completely anaesthetic towards her husband so far as sex feelings were concerned. I inquired whether coitus interruptus was practised, but she assured me that it was not. I was puzzled. She was not a well-educated woman, and her outlook on life in all its aspects could best be described as "anxious." After I had known her for eight years, I had still not discovered any clue to the cause of her morbid anxiety.

One evening, about that time, she had called at the surgery for a bottle of medicine which I had promised her, after one of her usual attacks of nervous anxiety. I casually mentioned to her that I understood that, in a number of cases, nervousness was brought on in a somewhat obscure fashion, as a result of early sexual experiences that had left an indelible impression on the mind. She

hastened to assure me that she had had no knowledge nor experience of anything connected with sex prior to her marriage. I pointed out to her that the free intermingling of boys and girls during play sometimes led to experiments in the realms of sexuality, though not necessarily to sexual intercourse. She appeared to understand what I meant. She hesitatingly admitted that she had had such experiences, but could not bring herself to tell me anything of their precise nature. I finally obtained from her, however, a more or less complete story of her sexual life.

She came fifth in a working-class family of six children, having two brothers and two sisters older than herself, and one younger brother. The children seemed to have enjoyed almost unlimited freedom from supervision. When she was slightly over six years of age her elder sisters, with whom she shared her bed, taught her masturbation. During the day an elder brother joined the girls in mutual sexual play. In a few years' time her younger brother also joined the party, which was occasionally still further augmented by a neighbouring boy and girl. Play consisted, at that time, of exhibitionism, mutual masturbation, attempts at coitus, cunnilinctus,

fellatio, as well as urolagnic practices. All these homosexual activities were at first largely experimental, as well as the heterosexual procedures, but interest quickly concentrated on masturbation and coitus as being the most desirable forms of play.

This type of existence continued uninterruptedly during her school period. Towards the end of that time one of her sisters went to live with an aunt, her younger brother dropped out of the arrangement through lack of interest, the neighbouring children no longer participated, so that intimacies now mainly occurred with her elder brother and sister, either singly or conjointly.

After leaving school she remained at home to help with the household management, while her elder sister left home to engage in domestic service. She was thus free to carry on sex practices with her elder brother. These continued till she was sixteen. During this period her brother taught her how to masturbate him. Thus she discovered seminal fluid, and learned from her brother of its biological significance. As a result of this knowledge, together with what she knew about the newly-established menstrual function, normal coitus was discontinued by mutual agreement, the nearest approach to it

that frequently occurred being coitus interruptus. I asked her whether coitus condomatus was attempted, but she assured me that she would not have tolerated such a procedure.

Compared with unrestricted normal coitus, coitus interruptus proved a poor and unsatisfying substitute, and had to be augmented by new and abnormal variations. In these matters the patient's brother was the instigator, as he had already acquired experience with the elder sister. Thus coitus in anum, fellatio, and cunnilinctus were indulged in, and later urolagnia, to make up for the self-imposed limitations on unrestricted normal coitus. Still this perverse procedure was not sufficiently thrilling, and both participants concentrated on urolagnia. This acquired a specific character (and in this connection I find that I shall have to coin a word to indicate the specific character of this activity. The word is UROPHAGIA. I do not find it in any medical dictionary, but I think that it will be self-explanatory), and became the chief mutual intimacy.

Besides carrying on these heterosexual perversions with her elder brother, homosexual practices were also continued with her elder sister. These were, simulated

coitus, mutual masturbation, cunnilinctus and urophagia, all of which were performed with intense emotional feeling.

When she was 18, her elder sister became pregnant, and her elder brother went abroad for two years.

While he was away, relations with her sister continued, and on any occasion when she was alone and left to her own resources, so great was her sexual desire that she carried out solitary masturbation and urophagia.

When her brother came home, relations with him were resumed. Her sister advised her to get married, and even recommended a discarded suitor of her own.

Marriage took place, but during her honeymoon she felt sexually anaesthetic with her husband, who had no ideas about sexuality beyond those of normal coitus. As soon as she returned from her honeymoon, homosexual practices were resumed with her sister, and heterosexual perversions with her brother. After marriage all precautions against pregnancy were set aside; and, whereas she had felt anaesthetic with her husband, with her brother she felt profoundly thrilled. Then she became pregnant, and had first one child, and two years later another. In due course both the brother and the sister also married in turn, and had families of their own, but the same inces-

tuous relationships were secretly maintained, and the same perversions indulged in. More recently she made the acquaintance of a young married woman with four children, and discovered that this woman shared the same perverse inclinations as she herself did. She still maintained all these secret relationships, and when left alone engaged in solitary masturbation and urophagia.

Such a mass of information rather overwhelmed me. She asked me to help her as she wanted to be like other people.

I first of all explained to her that complete love for another person meant far more than the mutually executed sexual act. This she readily admitted.

Having shown her that there must be complete sympathy and unrestricted freedom of action between two persons wholly in love with each other, I pointed out that such conditions could never be attained between a brother and sister, and that, when they attempted to satisfy sexual desire together, the sexual aim was compelled to deviate. This explained their interest in perversions. The realisation of this fact gave her intense relief.

Next I showed her that, having grown accustomed to perverse methods of gratification prior to her marriage,

she was not prepared to respond to normal procedure on her husband's part, and for that reason remained cold and unsympathetic with him. I tried to let her understand that, while perverse procedure had been necessary in the case of her relationship with her brother, because they could not love each other completely, it was unnecessary between husband and wife; and that there was no reason why she should not give her husband her whole love, of which normal coitus was but a physical expression.

She said that she would try, but that there was a difficulty in the way. This, I found, was that her husband suffered from "ejaculatio praecox". I interviewed her husband and tried to discover whether there was any psychological explanation for this condition, as he was quite sound physically. He told me proudly that he knew nothing about sexual matters till he married. I had reason to be more than doubtful about this statement, and invited him to have another interview with me, but he never reappeared. I had noticed over a period of years that his attitude towards his wife had become increasingly indifferent. I think that this had gradually been brought about by the emotionally unresponsive attitude of his

wife throughout their married life. At any rate I found it impossible to break down this barrier that had become erected between them. The wife at a later date admitted that she could not melt towards her husband nor make him melt towards her. She has therefore become resigned to her perverted mode of existence, which, however, she now thoroughly understands, and over which she has ceased to worry.

The main facts of the case might be briefly stated in terms of behaviourism.

1. Normal coitus was the unlearned response to the original sexual excitation.

2. Knowledge of the meaning and possible consequences of their conduct, i.e. pregnancy, together with the realisation that such conduct was socially intolerable led to experimentation in sexual perversions.

3. Sexual perversions became the conditioned responses to the state of tumescence.

4. Her husband did not exert a sufficiently powerful influence over her to de-condition her from her perverted sexuality.

5. Sexual perversions remain her conditioned response to sexual excitation, and may be effected heterosexually, homosexually, or auto-erotically.

The question may be asked, why did I spend so much time over such a hopeless case? I was really compelled to do so in self-defence, one might say. After having

met this patient repeatedly in my surgery, and after having been summoned repeatedly at most inconvenient times of the day and night over a period of many years, realising all the time the futility of empirical treatment, I felt that I must make an analytical study of her case or give it up.

The result of this study has been that the patient now understands her own perverted nature, and what has conditioned it. She has become resigned. My personal gain has been that I have now enjoyed over three years' freedom from fruitless calls and requests for treatment for vague "physical" disorders. It seems a pity to have to leave a case in this plight, but one has to realise that the factors which created the condition of sexual perversion, like the factors which would be necessary to break it down, are beyond the control of a medical practitioner.

This is the first case of sexual perversion that I had occasion to study extensively. It is rather confusing on account of its complicated nature, the wealth of material facts, and the low-grade intelligence of the patient.

In the following case I was fortunate to meet a young

woman of much keener intelligence, and, consequently, to arrange the relevant facts in a more logical sequence.

CASE 3.

A young lady of 18 years, employed in domestic service, felt unwell. She received inadequate sympathy from her mistress, and suddenly decided to go home. As she had no money to pay her bus fare, she walked home, a distance of almost twenty miles. I was called to see her on the following day, when she said that she felt physically unable to carry on with her work any longer. This hardly seemed to fit in with the fact that she had the previous day completed such a long journey on foot without any ill effects. Her only organic trouble was a severe condition of metrorrhagia, to which she attributed her loss of strength. For this condition I commenced treatment by prescribing a medicinal sedative. Apart from this gynaecological complaint she appeared to be otherwise sound.

During the next few days I was rather surprised to have a number of emergency calls to her home. I still could find no organic disorder that would have justified her calling me. Late one night I was once more asked to call. When I entered she was sitting up in bed looking rather agitated. She would not speak at first, but, from a description of her conduct given to me by her mother, I gathered that she had had an attack of hysteria

prior to my arrival. I asked the girl what had upset her, and again her mother broke in with the explanation, "It is her father who is to blame. He came home about an hour ago intoxicated with drink, and started nagging at her as he is always doing." This appeared to be true, for a policeman, who had been called in to admonish her father for disturbing the peace, was also in the house when I called.

I succeeded in having a few minutes' conversation alone with the girl, and asked her pointedly whether she had had an emotional shock recently. She at once admitted that she had, while she was still employed in domestic service. She had been keeping company with a young man, and one evening he had attempted to force her to have sexual intercourse with him. She had successfully resisted him, but his conduct had given her a great shock. This was fresh in her mind, and had been the main reason for her return home; and then the disturbing conduct of her drunken father had completely upset her. I invited her to come to my surgery after consulting hours, when she felt well enough, and tell me just how the incident had upset her. This she promised to do. I then gave her a sedative, had a talk with her father, recommending him to be more tactful with her, and left the house.

A few days later the girl appeared at my surgery and told me that she could not dismiss from her mind the memory of the incident with her male friend, of which she had spoken to me. It appeared that she had felt deeply attached to the young man, and had made up her mind that she would never again meet anyone for whom she could care so much as she had done for him. I remarked that she was rather young to have made up her mind so definitely, but she remained quite emphatic in her statement.

I learned that, though she had resisted her male friend, nevertheless she had felt sexually excited. She often had moods of sexual excitement, thinking of her lover. During these moods she masturbated. Masturbation was accompanied by phantasies during which, instead of resisting, she yielded to her lover's importunities. She had been trying not to think of such matters, and also to refrain from masturbating, but had always yielded in the end. I managed to reassure her about this problem of masturbation with which she was struggling, and to remove from her mind the anxiety she felt regarding it.

I then had to concentrate on the physical complaint, the metrorrhagia. For this latter condition I was finding ordinary medical treatment ineffective, and was most anxious that the disorder should be cured; for I believed

that I could not establish in her any confidence that I could help her with her mental troubles if I failed to effect a cure of her physical illness. I therefore sent her to a gynaecologist, who advised dilatation and curettage. This was duly carried out in hospital, and I received a report that the sex organs were normal, but that the introitus vaginae was much more patent than was usually the case in girls of this age. Unfortunately, when she left hospital, the metrorrhagia continued. I tried intramuscular injections of Corpus Luteum Extract, and Colloidal Calcium with Ostelin. By pushing this treatment I succeeded in clearing up her physical ailment, and then felt more confident about investigating the psychic troubles.

Mental Investigation continued.

When I resumed inquiries I learned that the mental attitude had remained unchanged since the last discussion that we had had, and that masturbation still continued, accompanied by some form of sexual phantasy. She pictured herself having sexual intercourse with her lover. Here I asked her why she should allow such a thing to take place in imagination, yet she had resolutely refused when a chance of realising her desire had presented itself. The reason was that anything real would be too dangerous, as

she was afraid of the risk of becoming pregnant. Even in her imagination she did not picture coitus as being complete.

I reminded her that, if coitus occurred only incompletely, it would be merely sexually stimulating, but not satisfying. She admitted that, but added that other procedures would follow, to ensure sexual pleasure and satisfaction. These, I found, were - coitus in anum; and if that proved insufficiently thrilling, then fellatio performed by the one partner, and cunnilinctus by the other; and finally, as the most thrilling measure of all as a safe substitute for normal coitus, mutual urophagia. For years she had cherished such phantasies in her mind, and when she discovered that her lover desired normal coitus and nothing more, she felt disappointed. I inquired whether she had any reason to think that her lover might entertain similar perverse fancies, and be desirous of putting them into practice. She had been led to expect that, because he had previously lent her an erotic novel describing all the perversions which had occurred to her imagination. She had felt disappointed with him, and had refused normal coitus, as it would have been valueless to her without the concomitant perversions. Here I pointed out to her that phantasies such as she had were usually elaborated from

early sexual experiences, and said that I would be obliged if she would next give me an account of her early sexual experiences. "I expected that you would ask that", she said simply, and proceeded to tell me the following relevant facts.

Stating the matter in behaviouristic language, I might say that my investigation showed that this girl had become conditioned to make perverse responses to sexual excitation, and that I was now about to investigate those earlier conditioning factors.

Sexual History.

When she was 7½ years old, a boy, slightly older than herself, had attempted coitus with her. She knew nothing about such matters at the time, and thought the boy's conduct extraordinary, but she did not report the matter to her parents. When she was 8 years old, a man touched her indecently. When she was 9 years of age a boy again tried to have coitus with her. By this time she had acquired some rudimentary information about sex matters from her schoolmates. With this boy coitus was regularly performed till she was 13 years old, and she grew to like the procedure intensely, but at that age her gradually increasing knowledge that coitus in adolescents was not without

danger for her social reputation, led her interests to diverge, and coitus in anum was next effected; then fellatio and cunnilinctus followed; and finally mutual urophagia. Of all these perversions, urophagia was mutually considered the most thrilling.

When she was 14½ years of age, the boy went away, and since then she had confined her sexual activities to solitary masturbation, carrying out in imagination all that she used to do in practice with the boy. Where the boy now was, she neither knew nor cared, though he still occupied a prominent place in her imagination, against her will. I asked her whether she did not long to meet him again and effect a reconciliation, but her "NO" to this was quite emphatic. I reminded her that, with such a boy, who liked the same perversions as she did, she could be happy; and that, if she met him again and married him, her troubles would be over. However, she assured me that <u>such a course would never be possible</u>.

Armed with this information, I proceeded to go over her story with her, point by point. The boy, a year and a half older than herself, and possessing more knowledge, had roused her sexual desires at the early age of nine years. From then till she was 13½ coitus took place very frequently and gave both the utmost pleasure. About that

time the boy, now 15 years old, one day taught her mutual masturbation. When she masturbated him she became acquainted with semen, and was told of its significance. She thereupon decided that coitus, if still continued (as she felt that it had to be) must remain incomplete. It would never do to allow semen inside her vagina.

Both the boy and the girl found coitus interruptus far less satisfactory than unrestricted coitus. She felt that there must be unrestricted intromission, complete freedom of action till orgasm occurred, yet there must be no possibility of pregnancy. She decided that her aim could be achieved by substituting the anus for the vagina. Thus coitus in anum became an established practice. She soon found, however, that the anus was not so sensitive as the vagina, although the boy was quite content. A more piquant method suggested itself to her - oral coitus as promising a more acute sensation. This method was next carried out, and, so great was her sexual desire, the seminal fluid was invariably swallowed. Its charm for her lay in the fact that here was something tangible. Cunnilinctus was the counterpart of this perversion. Behind all these procedures was the craving for sexual stimulation, then orgasm. Perhaps this could be obtained by something still more tangible. Thus cunnilinctus and

fellatio developed into mutual urophagia. She found that all these perversions were merely sexual stimulants, and left her unsatisfied even after they had been completed (the reason being, as I pointed out to her, that the other orifices of the body were not endowed with nerves giving forth specific sexual sensations, and that the whole procedure might be compared to holding a bouquet of flowers to the ear in order to smell them.) Orgasm could still be attained only by masturbation or by coitus interruptus, in spite of its attendant dangers. The boy, however, had lost enthusiasm for normal coitus, as he found that he could attain orgasm safely through coitus in anum, or fellatio. In order, therefore, to obtain relief herself, she had to plead with him to carry out coitus interruptus. The boy ultimately became so scared of carrying out this intimacy, in case he might impregnate her, that he finally left her.

Events were now traced out in their logical sequence, and the question arose as to why perversions had originated in the first place. I pointed out to her that the discovery of semen had awakened her to the realisation of the danger of pregnancy, which must be avoided at all costs, and that was why perverse methods of gratification had to be devised. She agreed with this. Then I considered

with her what would have happened if she had become pregnant - she would have been the central figure of a social scandal. She would have incurred the wrath of her parents.

These obstacles, I felt sure, would not have deterred her from satisfying strong sexual desire. There must have been a more cogent reason compelling the boy and girl to resort to perversions. They must have been in a situation where the thought of pregnancy and its dire consequences was intolerable. Their relationship to each other must have been that of brother and sister. When I had taken her with me to the end of my deductions, she was silent for a while, then she remarked, "You amaze me". Shortly afterwards I was privileged to see her most treasured possession, her brother's photograph.

I then learned that, of all these early forms of sexual activity, the most intensely emotional one was urophagia. After the departure of her brother (he went abroad rather than continue to run the risk of impregnating her) she constantly recalled their intimate association, and, while masturbating, kept re-living in imagination all that they had done together. Urophagia had sometimes taken place repeatedly when they spent a long period in each other's company. She reasoned with herself that, when urophagia happened the second or third time

on the same afternoon or evening, she must have been receiving back from her brother what she had already given him, and yet she had derived intense sensual pleasure from the intimacy. Her own urinary excretion thus lost for her any repugnance towards it that she might otherwise have felt. Being now alone and afflicted with abnormally stimulated sexual desire, she felt that she required something tangible to soothe that desire - something more than the illusory sensation that masturbation provided. She thus resorted to solitary urophagia, which invariably accompanied masturbation.

Having now traced her difficulties from the past up to the present, I pointed out to her how her pre-occupation with disturbing sexual phantasies was making her feel ill, depressed, and totally unfit for the ordinary affairs of life. I recommended that, instead of frittering away all her psychic energy in day-dreaming and in auto-erotic practices, she should try to utilise this energy in doing some creative work. She then told me that she did not feel happy in her own home, because her mother treated her with indifference; in fact there seemed to be a feeling of almost underlying hostility between them, although she had always behaved most correctly towards her mother. Her father was for ever scolding her, nagging, and finding

fault with everything she said or did. His attitude was most unreasonable. Since that first night when I had been called with the policeman, he had never touched strong drink again, but had developed a deep devotion to religion, and was most desirous that she should follow his example. I remarked that perhaps he had adopted this attitude towards her to counteract an underlying feeling of attraction; in other words, perhaps underneath the surface he was in love with her. She gasped, then remarked slowly, "That is a tremendous thing to say." Then she continued, "I know why he behaves like that to me."

"Why?" I asked.

"Because ... he and I ... are ... of the ... same ... No", and she would not commit herself to say any more.

She told me that she felt that she would like to become a writer, and I persuaded her to write a story, as she wanted to do. She tried, but soon found that she could not concentrate, and after attempting only two chapters, she could go on no further. I asked her to let me read what she had attempted. It was a simple story of a girl who lived alone with her mother on a lonely island. The girl's father had gone off to sea when she was an infant, and had never seen her since. When she was 15 her mother died of a mysterious illness which puzzled the

doctor ..... That was all.

I asked her what was to happen in the story when her father came back, found her mother out of the way, and did not know his own daughter. Would he make love to his own daughter, not knowing her identity? She gazed at me with a look of resignation. "I did not know that you would have been able to guess the plot of the story merely from the first two chapters", she remarked.

"Because I recognised that it was your story", I replied.

She was too embarrassed to speak for a time, but very soon she admitted that the subconscious attraction between her father and herself was mutual. I then learned that the man who had touched her indecently in childhood had been her father. A few years later, when she had been unfortunately burned on her thigh, her father, instead of taking her to a doctor for treatment, had dressed the wound himself, daily, for a period of almost six months; and on the first night when the constable and I had been called in to deal with her intoxicated father, the latter had apparently lost control of his feelings and had made a proposal to his daughter which frightened her, and had precipitated her first attack of nervous anxiety.

Here was a striking example of the female counterpart

of the Oedipus Complex.

The father. In addition to the facts already stated, I already knew, from his wife, that he was hypersexual, that he regularly had intercourse with her from six to eight times per night, and that he was becoming increasingly insistent as he grew older. Now my reading of such a case is that he was not finding complete gratification with his wife, and was thus striving to attain gratification through repetition. It seemed significant that his wife should find him becoming increasingly desirous as he grew older, i.e. as his daughters in turn reached maturity. I also knew that his other two daughters had found themselves compelled to leave the parental home on account of their father's unwelcome attentions.

The daughter. I showed her that, as she herself desired nothing but perverse methods of sexual gratification, she could not expect to receive such treatment from her father, who had been conditioned, by years of experience, to regard coitus as the normal response to sexual excitation. It transpired that she was really indifferent as to what might happen between her father and herself, but her object was to make her father her sexual slave in order to acquire power over him, so that he would be unable to criticise her conduct with her brother. In this case, therefore, the Oedipus situation was really of

secondary importance.

I saw that the atmosphere of the parental home was unhealthy for her, and I managed to establish her in steady employment in a town far distant from her own home, where she had some relatives living. Before she left I pointed out to her the futility of attempting to derive pleasure from the present mode of gratifying sexual desire, and tried to persuade her to put all that energy to useful purposes, put her heart and soul into her daily work, enjoy the society of her friends, and think and prepare for her future in life, not dream of the past.

As soon as she had settled down in her new environment there was a wonderful improvement in her condition. For a time all went well, but eventually she admitted that she still had to masturbate and indulge in urophagia. I then saw that she had become so thoroughly conditioned to respond to the stimulation of sexual excitement by perverse procedure, even when carried out alone, that it was impossible for her to dispense with these perversions. Struggling against them merely made her feel ill again.

I wrote to her explaining as clearly as I could their underlying meaning. Whereas an ordinary individual whose sexual desires were aroused thought of coitus as a legitimate means of appeasing these desires, in her case,

by a prior chain of circumstances, she had been led to place a higher emotional value on the perverse activities which we had discussed together. For her these sexual perversions had the same significance as coitus had to another person, and I recommended her to regard them as such. I assured her that, if she did so, and ceased to worry over them, the immediate result would be that for a short time she would indulge frenziedly in her special perversions, glad to know that she could now indulge her perversions with a carefree mind, but that that stage would soon pass; that these perversions would cease to hold the same fascination for her that they now did; and that the desire to gratify them would begin to recur at increasingly longer intervals. A few months later I saw her for a few minutes in the company of her sister. She smiled and spoke confidently. She told me that my letter had helped her very much indeed; that she had come to regard her difficulties in the same light as I did, and had ceased to worry over them; and that everything had eventuated just as I said it would. From this I gathered that I had successfully removed from her mind her nervous anxiety regarding her perversions; but I surmised, from her statement, that she now felt perfectly happy with her life, that she meant that she felt perfectly happy with

her perversions as a physical means of satisfying her sexual desire. Almost a year passed and then one day she came to consult me. She felt at a standstill. She could make no further progress in life because she was "in love" with me. That was why she had not written, and she wished me to help her to overcome this feeling. It was difficult for her to say such a thing; in fact after spending the consultation hour discussing generalities, it was only as she was passing through the doorway that she made this admission. I therefore had to write to her to explain what it meant. She admitted that, if she married me, she would expect from me the same perverse treatment that she had received from her brother, and yet she did not want to marry me.

I then showed her why she had selected me. Placed as I was, married and in a responsible public position, it would have been impossible for me to marry her. If any intimacies occurred between us, these would have to be of the nature of perversions. Moreover, I thoroughly understood the deep emotional significance perversions had for her. I showed her plainly how she designed to make me a brother substitute; how, in fact, by cherishing the emotional value of her perversions, she was prepared to act with any man, in the same manner as she had done with

her brother. From that I demonstrated to her how perversions were really an evasion of the sentiment of love. Finding that she could not share this sentiment with her brother, she and he had proceeded to evade this sentiment by together seeking sensual gratification, by perverse methods; and that, with me as with her brother, she wanted to evade love. I pointed out that her ultimate cure lay in allowing her life to be influenced by someone who was so well equipped with a variety of admirable moral qualities, that he would supplant her ideas of sexual perversion by a higher conception of the sentiment of love. A few months elapsed before she assured me that the meaning of my letter had become clear. She also wrote to say that she had ceased to desire any further heterosexual relationships, but that she had become friendly with a girl. In reply I reminded her of what she had suffered, and warned her against attempting to give this new homosexual friendship a sensual direction, for her girl friend's own sake. In her final relevant reply she admitted that she recognised the tendency of which I had spoken, and had resolutely broken off the friendship with the girl. Since then I have had no further news from her.

I have reported this case at great length in the hope that it may prove self-explanatory. The points that I

particularly wish to stress are,

1. Coitus is the normal or unlearned response to sexual excitement.

2. The origin of sexual perversions is to be found in brother-sister relationships.

3. Perversions occur in a definite logical sequence.

4. The actual perversions cannot be cured by psychotherapy.

5. Perversions constitute a conditioned response to sexual excitation.

6. As this conditioned response can be supplanted only by another response of higher affective value, the whole matter is seen to be beyond the scope of medical experimentation.

7. All that psychotherapy can do is to point out the way whereby cure may ultimately be attained.

CASE 4.

My last words to the girl whose case has just been reported were in the form of a solemn warning not to engage in homosexual complications, if only out of consideration for the harm she would be inflicting on whichever girl she made the object of her choice.

The present case concerns a 17-year-old girl, whom I shall call A, an only child, living with her widowed mother. She was first brought to me by her mother, who explained to me that the girl had a very responsible business position for one so young, and had to work very long hours. In addition, she had over an hour's travelling to undertake either way, to and from her work. This had brought on a state of physical exhaustion which, in turn, had made her feel nervous.

This, in brief, was the story given to me, mostly by the mother. The girl herself said little, apparently silently acquiescing with the explanation which her mother had given me. I gave the girl a routine physical examination, but could find no abnormality. I suggested that she might rest for a week or two, and I gave her a tonic. I was not pleased with this introduction. The trouble was diagnosed for me by the fond mother, with the apparent agreement of her daughter.

During the weeks that followed I still could find no special disability about the girl, though I was given to understand that her nervousness remained the same. She could not bear being left alone in the house; she slept badly; she was afflicted with trembling fits. I asked her whether she had any worries, but she had none. I inquired whether she had any worry of a particularly intimate nature. Again the reply was in the negative, though I noticed that she blushed. However, I did not pursue my questions, as she was apparently not ready to be communicative. At length she appeared to realise that rest was not going to help her any further, so, she made an attempt to resume work. The attempt lasted about six weeks, and then a second breakdown occurred.

Once more mother and daughter visited my surgery, with the same story as before. This time I learned that the girl had been taking attacks of weakness at her work, and had felt that she could not continue. From the description given to me of these attacks, trembling, palpitation, and fear on account of the accompanying feeling of weakness, I surmised that the girl was having attacks of nervous anxiety. As she told me how ill she felt, she commenced crying. I saw that it was out of the question for her to try to carry on with her work, feeling as she did.

This time I tried treating her with a mild sedative, bromide, which I had often found useful in allaying symptoms of neurosis, if one could not undertake analysis. To my surprise, I found that bromide was quite ineffective. She had all kinds of worries about her health. She felt repeatedly anxious about her heart, which had to be auscultated frequently to allay her fears. She also dreaded that she might be developing goitre. Attacks of nervous anxiety frequently overtook her and alarmed her mother. She was afraid to attend any public function; she avoided company, and would go nowhere unattended.

I insisted that she should come unattended to my surgery. It was only thus that I secured opportunities for further questioning the girl. I had long since satisfied myself that the girl was in normal physical health, and I confined my questions to seeking further information about her nervous symptoms. The most constant symptom was a peculiar feeling in her throat. I presume that this had led to the fear of goitre. I asked her more particularly about this throat sensation. It came on most frequently at night, and especially when she was about to fall asleep. Sometimes it wakened her during the night, and occasionally it assailed her during the day. The throat sensation travelled down to her stomach, and made her feel

as though the whole inside of her body was in motion. Then palpitation came on, trembling, and then anxiety about herself.

I persuaded her to tell me all about herself, and we discussed together every phase of her life that she mentioned, to try to find out whether it had any bearing on her nervous condition. The effort was long and fruitless. Time went on, and I considered that I had conscientiously exhausted every other avenue of approach to her neurosis, with the exception of a possible sexual one. I ultimately decided to ask a few tactful questions regarding her sexual life, to see whether I might here find a clue.

I began by inquiring whether any intimate misunderstanding with a boy friend might be causing her a good deal of inward worry. She scornfully rejected the idea. It was absurd that she, a girl of 17, should have a boy friend. She had no boy friends, and was not even interested in boys at all. Instead, she felt quite happy in the society of girls. One girl especially she had been very friendly with (I shall call this girl B), but a year previously they had quarrelled and had parted. Since then she had kept by herself.

I learned that she regretted this quarrel with B. They had been very affectionate towards each other; so

affectionate, in fact, that she felt that her life would have been quite full had she been permitted to live always with her girl friend. Life under such conditions would have satisfied her completely, without the thought of any member of the male sex entering her life.

I pointed out to her that, if one person loved another completely, then there must be a physical as well as a mental attraction; and that, if life with her girl friend had been as complete as she had indicated, there must have been some kind of physical as well as mental intimacy. She said, rather mechanically I thought, that their relationship had been purely platonic. I told her that I did not feel convinced that she was telling me everything. She was silent for a while, then tried to hedge, but at last she asked, "What makes you suspicious that there was more between B and myself than what I have told you?" In reply I told her that I knew a little about human behaviour. As she prepared to leave she said, rather shyly, "Well, you are right in your surmise." The ice was now broken, and I subsequently learned that a great deal of perverse homosexual activity had taken place between the two girls.

Nature of Relationship between A and B.

B, who was several years older than A, had taught the

11-year-old girl to indulge with her in mutual manual masturbation, later followed by cunnilinctus as being more intimate and more thrilling, but not sufficiently so to be emotionally satisfying; therefore mutual urophagia was added to the perversions indulged in, and became the chief intimacy between the two girls.

A had been entirely innocent of sex matters till she came under the influence of B.. I asked her how she had allowed herself to be persuaded to indulge in such practices. It was the other girl who had assured her of the physical pleasure to be derived from them, and had deeply impressed on her the value of the element of safety. From this A admitted that B had been more experienced and had had heterosexual relationships with a boy where the element of safety had ranked as of prime importance. B had practised these same intimacies with the boy, and other perversions as well, namely coitus interruptus, coitus in anum, and fellatio. It was easy to deduce that B had had experiences with her brother. A. reluctantly admitted that B had told her so.

B had also assured her that she preferred these heterosexual intimacies, as they offered greater variety; but in homosexual intimacies she escaped the danger of pregnancy always associated with the former. In selecting

A as a girl friend with whom she could realise her sexual desires in homosexual activities, B was merely adopting a plan which was socially less dangerous than the one which she had hitherto pursued; but the untimely death, through an accident, of the boy in question, had compelled her to maintain the homosexual relationship. Nevertheless A knew, and B frankly told her, that B would prefer a heterosexual understanding, whenever an opportunity presented itself. A's outlook was different. A. thought that the height of emotional ecstasy could only be attained with a sympathetic girl friend who shared the same inclinations as she herself did, a girl with whom she could engage in mutual masturbation, cunnilinctus and urophagia. She thought this because she had been conditioned to do so. She had unquestioningly accepted all B's ideas on sexuality. With a male friend, if she ever married, she could not tolerate the thought of normal coitus; instead she would consent to coitus interruptus, then coitus in anum, fellatio and mutual urophagia - a complete assimilation of B's point of view.

I learned that B had quarrelled with A through a fit of jealousy, and had parted from her. Some time later, B had had to undergo an operation for renal calculus. Having learned so much of B's perverse inclinations, I was

not surprised to hear this, and I wonder how many cases of renal calculus could be traced to this same form of sexual perversion as this girl showed.

In behaviouristic terms, B had become conditioned primarily to heterosexual perversions, and in turn had conditioned A to homosexual perversions.

A's Auto-erotism.

A was now left to her own resources. When she was assailed by sexual desire she thought of B and masturbated. She further recalled the frequency of their indulgence in mutual urophagia, and came to realise that this must have involved her reabsorption of what had originally been part of herself, and this had been done accompanied by feelings of intense emotional excitement. She thus lost any feelings of repugnance for her own urinary excretion that she might otherwise have felt. Her abnormally stimulated sexual desire caused her to crave for urophagia as an emotional need, (she had become conditioned to desire it) and there was only one way in which that need could now be fulfilled - by herself. I found that she had been struggling unsuccessfully against this urge for over two years, but had had to satisfy the urge almost daily. She had had to give way to her desires, though she felt ashamed

and disgusted with herself for doing so. This was really what was making her feel ill.

I tried to divert her interests away from sexual matters, but soon found that it was futile. For some time she pretended that increased pleasure in work, recreations, and congenial company absorbed all her interests, but she still looked and felt as wretched as ever. Finally she said that she could not give up her habits, no matter how she struggled.

I then showed her that her desire for urophagia was a deviation from normal sexual desire into an abnormal channel, through the early influence of the older girl. I suggested that she might treat the matter as an ordinary normal married person would treat normal sexual desire, and gratify the urge without worrying any more about it. I demonstrated to her that her preference for solitary indulgence was really protective in its purpose. It protected her reputation in the eyes of the outside world, because no one but she herself knew the true facts. It safeguarded her against involvement with any other person, male or female, on whose discretion she would have had to rely. She soon became reconciled to the idea of solitary gratification as being the least compromising way out of her difficulties, and I was successful in removing

from her mind all the anxiety which had hitherto been the constant mental accompaniment of such forms of indulgence. From that moment she began to improve. The depressed and worried look left her. She no longer felt nervous, but appeared smiling and confident, and was able to resume her employment, where she has since remained steadily occupied for years.

I have seen her on several occasions since. She told me that the first effect of my explaining to her the nature of her impulse had been to remove all anxiety from her mind, and had led to increased urgency of the impulse, and increased frequency of gratification. She now found that she could derive the utmost pleasure from solitary masturbation and urophagia, a pleasure which had hitherto always eluded her on account of the concomitant anxiety. As a result she felt completely satisfied after indulgence. As time went on her desire recurred at longer and longer intervals, sometimes weeks passing before desire again manifested itself. She felt happy and contented with this state of affairs. Since our talks she had become engaged to a young man; but she solemnly informed me that he knew nothing about her sexual desires, nor would she allow him to take the slightest sexual liberties with her prior to her marriage.

I have succeeded in giving her a higher conception of the sentiment of love, and she realises that her only hope of ultimate cure is to marry someone who will have such a strong uplifting influence over her as to de-condition her from perversions, by substituting more normal behaviour, charged with higher affective value than anything she has previously experienced.

Whether this ultimate solution will ever be maintained or not, I would hesitate to foretell. At any rate this girl now understands herself. She knows what to aim for in life, and is not likely to make any blunders.

CASE 5.

This case concerns a woman who was conditioned to sexual perversions, but who entered married life recklessly, and without any self knowledge, such as could only have been attained by analysis.

I had been attending a man suffering from inoperable carcinoma. During his last illness he had been nursed by his married daughter, a widow 36 years of age, with a large family. Shortly after the patient's demise, I met this lady one night in my surgery, and, after a short talk about her father's illness, she hinted that she would like to consult me about herself. I was not surprised at this, for I had noticed for some time that her face bore the anxious, worried look of the neurotic. I was therefore even less surprised when she told me that the trouble was not exactly medical. By that she meant to say that her bodily health was good. This simplified matters, as I was merely asked to help her with mental disturbances.

She first of all intimated that she had sexual longings, and that she was finding it difficult to conquer them, after having been used to married life for over 15 years. To make matters more difficult, a man whom she had known in her younger days, and with whom she had even been intimate prior to her marriage, had learned that she was now a widow.

He had lately resumed friendship with her, and kept making certain proposals to her. She had been very strictly brought up and, as this man had married shortly after she herself did, and as his wife was still living, she did not like to entertain the thought of assenting to the kind of proposals that he desired. Moreover, she disliked the man so much that, even if he had been free to marry like herself, she would not have entertained the thought of marrying him. Yet, in spite of all this, from a sensual point of view she desired the man, and could scarcely prevent herself from yielding to him when he came to plead with her. She was therefore struggling to prevent herself from yielding to temptation, but finding that it was becoming increasingly difficult, and feeling that one day she would succumb. She knew that she would despise herself for so doing, and often thought of suicide as a way out of her difficulty, but the thought of her duty to her children deterred her. The man had such a fascination for her that he appeared in her dreams at night, and in her dreams she always yielded.

I further learned that her married life had been unhappy. She had always been sexually anaesthetic with her husband, while before her marriage, when she was having sexual relations with the other man, she had felt sexually

excited as she had never been since. The result had been that this other man had figured largely in her dreams and phantasies throughout her married life; any pleasure that she obtained in normal coitus with her husband had been experienced by imagining that it was her first lover who was with her. I had to discover why this first lover had exerted such a profound influence throughout her life. She gradually gave me her story.

Sexual History.

Until she was 18 years old she could truthfully say that she had been sexually innocent. About that time she became acquainted with A. They became more and more intimate until coitus occurred. This procedure stimulated her, and roused her sexual desire. Very soon, however, the young man pointed out to her the dangers of pregnancy attaching to normal coitus. Coitus interruptus was found stimulating, but not satisfying. The young man suggested a way out of the difficulty by performing coitus in anum. She found that this did not give her such a thrilling sensation, although it was safe. A more acute sensation was obtained through fellatio, which A next suggested. In return for favouring him with this intimacy A performed cunnilinctus on her, and this she found thrilling. Mutual urophagia soon followed. In all these procedures she

allowed herself to be guided by A, and by her own sensual excitement. Although she felt thrilled when she was with A, by all that was said and done, still she felt that such conduct could not be right. She felt herself being carried away and beginning to like things which were really disgusting, and she felt uneasy with A in consequence.

During this courtship she always noticed that A's sister always appeared to be intensely jealous of her, and unable to conceal her jealousy. She thought it strange that a girl should be jealous of her brother's sweetheart.

As her own conscience did not allow her to feel happy with A, and as his sister was so invariably hostile towards her, she became discouraged, and broke off all relationships with A.

She felt strong resentment towards him for having roused within her such strong sensual desires, which now clamoured for perverse gratification. Being now left to her own resources, and afflicted with such desires, she resorted, as did the previously recorded cases, to solitary masturbation and urophagia. This went on for over two years.

She tried to become normal by becoming engaged to

another man, B, who had none of the desires that A had manifested. She became more and more intimate with B, and eventually allowed him to have normal coitus with her, in the hope that this would cure her of her perverse inclinations. (In this matter she acted most unwisely, because she did not really love B, but was merely using him to escape from A, and she could not give herself up to the joy of normal coitus, with her upbringing, so long as she was hampered by the guilty realisation that coitus was taking place out of wedlock. Moreover she was establishing, by her conduct, normal coitus as B's response to sexual excitation). Coitus therefore took place but gave her no pleasure. However it attained its object. She became pregnant, and marriage with B was arranged. She felt that she had now completely severed all ties with A, and had made herself unattainable for him.

Now B was devoid of sexual experience till he had normal coitus with her. For him, therefore, normal coitus represented all that could be desired in sexual relationships, and when that idea became fixed he could not be led from it to coitus substitutes, i.e. perversions.

She was now married. Normal coitus leading to marriage had not thrilled her, but had led to pregnancy, which was the last thing that she desired. Normal coitus,

therefore, had no appeal from the start of her married life; and never acquired any, except by mentally conjuring up the picture of A. She found that her sensual desires were unappeased by marital intercourse, and again, though most reluctantly, she resorted to solitary masturbation and urophagia.

Oppressed by a feeling of guilt at the thought of solitary indulgence, she tried to rouse her husband's interest in the perversions to which she attached so much importance. Her husband seemed to think that her interest in such matters must have been due to some slight streak of insanity. He was so fond of her that, to please her, he sometimes indulged with her in her favourite perversions; but he subsequently did his best to interest her more deeply in normal coitus, with the result that her family steadily increased in numbers, to her intense annoyance. She thus realised that her husband was not interested, and that sexual perversions held no emotional significance for him. She soon therefore gave up all attempts to rouse her husband's interest in perversions, and had to content herself with solitary masturbation and urophagia throughout her married life, and even after his death, that is to say, for 15 or 16 years.

Thereafter A reappeared on the scene, as she earlier

mentioned. Now, throughout her married life, although she had indulged in perversions, she had always had a divided attitude of mind towards them. In Freudian language I might say that her Ego resisted, while her Libido insisted. Now she could not bring herself to capitulate to A, for her marriage and her subsequent life had meant a constant struggle against A and all that he represented. To have capitulated would have signified failure on her part, and would have been too humiliating. It was true that she yielded in secret when she felt overcome by the dominance of her sexual desires, but no one in the world except herself knew that. She was afraid that, as her desires triumphed over her will in secret, so they would do one day in reality in public, causing her to yield to A's persuasion.

That was her problem. For a long time I tried strenuously to divert her interest from sexual matters into other channels. She had a household to look after, with a large number of people dependent on her services. She tried to interest herself in social activities. She was interested in music and painting, but these also failed.

I had to show her that perversions constituted an evasion of the sentiment of love, and that they had to be

employed on account of the relationship of the partners primarily engaged in them. Her recollection of the attitude of A's sister enabled her readily to grasp this fact. I then pointed out to her how she had become conditioned to sexual perversions. When she grasped the meaning of this she became reconciled and her anxiety was allayed. She thereupon felt her desire satisfied, for the first time in her life, when she carried out solitary urophagia, since anxiety, now no longer an accompaniment, ceased to trouble her with the same constant insistence as formerly. She was in fact so thrilled when she indulged in solitary urophagia, that orgasm occurred spontaneously, without masturbation. She felt that she was now completely independent of A for sensual gratification, but derived the greatest possible pleasure from frequent solitary indulgence. She now felt at peace with herself, reconciled and happy. She definitely discouraged A from making any further advances by showing him, by her attitude, that his efforts were futile. Her sensual desires became less and less insistent. There were periods of days when she had no desires. These periods lengthened into weeks, and finally months.

After she had been completely free from any sensual desire for over six months, she again consulted me, this

time on account of the absence of her desire. — She began to feel weak. She felt twinges of abdominal pains, and thought she was growing stout, as though pregnant. She asked me to call and give her a physical examination. I examined her abdomen. It contained a definite tumour. I noted that her limbs were beginning to have a wasted appearance. I referred her at once to hospital. She was admitted and operated on. She was found to be suffering from bi-lateral ovarian carcinomata. Bi-lateral oophorectomy was performed, but at the operation it was noted that the omentum was studded with metastases, the uterus infiltrated, inoperably.

In this case surmise is strong that this poor woman while still an inexperienced girl was systematically conditioned to perversions by A, who must have himself acquired a perverted attitude towards sex through an earlier attachment to his sister, and that A pursued my patient because his own sister was unattainable.

CASE 6.

Many years ago I used to see a young woman whose chief complaint was dysmenorrhoea. She felt shy of consulting me, because I was not of her sex, and she would have preferred a lady doctor. I referred her to an hospital for diseases of women. There she was dilated and curetted. Subsequently she consulted me periodically on account of feeling "run-down", and asked for tonics. Now this young woman had no organic maladies that I could discover. Her bowels acted daily; she ate her food satisfactorily; and I knew that she had not a great deal of work to do, because I was familiar with her home circumstances. Yet why, I asked myself, should she become periodically "run down" and require courses of tonic treatment? This I resolved to try to find out.

She admitted that she felt very nervous, shunned company, and did not sleep well. When she was a girl she had been attacked on two occasions by men who had attempted to assault her sexually. On either occasion she had screamed and resisted; and the would-be assailants, alarmed in case her screams might attract attention, had made off. She blamed these incidents for having made her feel nervous.

She often had dreams of a strong sexual content. She

felt rather embarrassed at the thought of telling me her dreams. She often dreamed of schoolboys, and in her dreams she appeared to be indulging in sexual games with them. In these games the main theme of interest turned out to be urophagia, mutually carried out. I asked her whether she had ever had such experiences in real life. She admitted that she had, but not with boys.

Sexual History.

When she was 9 years old, a girl of her own age taught her mutual masturbation, cunnilinctus, and urophagia. To begin with she felt rather alarmed at such practices, but the other girl assured her that there was nothing to be afraid of, as she often played in similar fashion with an older sister, a girl of 11 years. Intimacies between these two girls became frequent, and of an increasingly passionate nature. Soon the older sister joined with them. This older sister had the same perverse inclinations as the other two, and advised the two younger girls to content themselves with such procedures as they indulged in, rather than develop intimate relationships with boys. She knew, because she had had heterosexual experiences with her brother, and, after having tried every perversion with him, had realised that the temptation to indulge in normal coitus was so great that she had had to

break away from him and seek pleasure through homosexual indulgence.

Intimacy between this girl and the two sisters continued for over 5 years, and ceased when the other family left the district. Since then she had lived a retired life, and the only outlet for her sexual desire, as in all the previous cases, had been in solitary masturbation and urophagia. She would have preferred to have formed a fresh attachment with another girl, but never could pluck up courage to broach the subject, not knowing how an uninitiated girl would treat any advances that she might make.

Many years after the original situation had ended, she again met the girl who had seduced her, but the intervening years had created a barrier between them. Neither girl had ever dared to recall to the other memories of their early sexual perverse activities. Like herself, the other girl had never married, but the older sister had married and had settled down.

This, briefly, was her story. It is the story of how one girl, perverted through the influence of a sexual relationship with her brother, successfully perverted her younger sister, who in turn perverted the girl who came to me for help. As this patient of mine had been perverted

to homosexual activities at an early age, and had never had any subsequent experience of greater affective value, she never could marry. She had remained conditioned to homosexual perversions. Neither could the younger of the two sisters do otherwise, for she also had never known anything beyond homosexual perversions. The older sister, however, having had experience of heterosexual intimacies, even though of a perverse nature, had nevertheless found it possible to marry; though what kind of married life she must have had I find it difficult to imagine.

This young woman's problem was the same as that of the previous cases. She was indulging sensually in solitary masturbation and urophagia, and was always trying to overcome her desire to do so. She was reasonably feeling anxious in case such practices might injure her health. All that I could do for her was to explain to her the meaning of her impulses, and allay her anxiety. Since then her desires have not been so insistent. Gratification of her desires, when they do recur, affords complete relief, now that she is no longer hampered by anxiety. She realises that her perversions constitute an evasion of the true sentiment of love; and she would gladly consider marriage if any man worthy of her esteem should come into her life and lift her out of her present conditioned state.

Several years have elapsed now since she last consulted me. Apparently no further "tonics" have been deemed necessary.

CASE 7.

A young woman, aged 23 years, employed in domestic service, had to cease work on account of sheer physical exhaustion. She was brought to consult me by a solicitous mother. I gave her a systematic overhaul, but could discover no organic disability. I then asked her to tell me her story.

For a considerable period prior to the time of consultation she had been feeling tired and worn-out, yet when she lay down in bed at night she could not sleep, and when she did ultimately fall asleep she had terrifying dreams. She often took fits of trembling for no apparent reason, and felt like fainting. She asked me to prescribe a tonic. I did so, and was not surprised when she admitted that it had not helped her. I then changed the tonic to a sedative, bromide, and improvement in her general condition at once followed. I asked her more particularly about the dreams when I had gained more of her confidence. She told me of a vivid dream she had had about climbing, or rather trying to climb a mountain (Ben Lomond), while a young man of her acquaintance stood leering at her.

I thought that the dream might have some symbolic significance, therefore I asked her about her relationship

with the young man who had appeared in the dream. She had been very friendly with this young man. I told her that I surmised from her dream that relations with the young man had been very friendly indeed; that, in fact, sexual intercourse had been attempted. She readily agreed that this had been the case. I further pointed out that, just as she had been striving to reach the summit in her dream but had not managed to do so, even so in real life she had striven to attain an orgasm during coitus but had failed. This also proved correct. I was now therefore engaged in a study of the sexual features of her illness very early in the course of the case. I endeavoured to obtain her sexual history.

Sexual History.

When she was 9 years of age, she became friendly with a girl of the same age, and a boy of 10 years. The boy taught the girls how to masturbate, performed coitus with them, then coitus in anum, and cunnilinctus. In return they performed fellatio on him. Following that he proceeded to instruct the girls how to carry out urophagia with one another and himself. The girls became highly interested in these procedures, which were regularly practised whenever the three could arrange to meet together.

The girls were eager to learn how the boy himself had made such thrilling discoveries. The boy informed them that he had acquired his knowledge from his elder sister. The three children continued to indulge in these intimacies for several months, when the girls found, to their dismay, that the boy was beginning to speak rather freely to other people about their exploits. The girls were afraid that their parents might come to hear of their conduct, and decided that the boy could not be trusted. He was therefore excluded from any further intimacies.

The two girls were now left to themselves. They could not engage in all the procedures that were possible with the boy, but had to content themselves with mutual cunnilinctus and urophagia. These intimacies were carried out almost daily between this patient and her girl friend until she left school; then continued whenever opportunities presented themselves till she was 16.

Puberty began in her case when she was 15. Her parents thought it would be wise to give her some instruction in sex matters. Her mother felt unable to do so, but relegated the task to her father. This poor man attempted to give his daughter some elementary instruction in matters of sex, cautioning her to be of good behaviour, to respect her honour and the honour of the family.

Little did he know how thoroughly perverted she already was! The effect of her father's advice on her was to cause her to adore him. He was such a dear, understanding man. What an ideal husband he would have made. How unworthy her mother was of such a fine man. She became almost hostile towards her mother. During the years that followed she had both homosexual and heterosexual friendships, but, in the latter case, though coitus was repeatedly tried, she always felt anaesthetic because, at the critical moment, her father's words came into her mind. She longed to have coitus with her father because, if such an intimacy came to pass, she would no longer feel guilty about such conduct. Her dear father would forgive her and soothe her qualms of conscience, by committing the same offence with her himself. If only her father had coitus with her she felt sure she would attain the orgasm which always eluded her. Besides, she could reassure her father and teach him acts of intimacy to avoid all danger of pregnancy. This shows the father-daughter complex and how it originated. It appears to be secondary in importance to the perversions.

When she was 16 she had to earn her own living in domestic service. She was thus separated from her girl friend who soon afterwards went to reside in a distant

part of the country.

During the years that followed she made a number of heterosexual friendships. She was easily persuaded by her various boy friends to yield to attempts at coitus, yet she remained anaesthetic, largely through her father's injunction, she thought. In addition, when she was 17, she met a girl of her own age in the same employment. Confidences were exchanged, and she discovered that this girl had the same perverse inclinations that she herself had. This girl, who might be called B to distinguish her from A, the first girl friend, had acquired a liking for such perverted procedures from a maid who had previously been employed in the same house. With this newly-discovered girl friend she enjoyed carrying out her favourite perversions. This friendship was eventually broken up by the departure of B to get married.

Soon afterwards she herself sought a fresh situation. Here she met another young woman, C, a few years older than herself. C soon began dropping hints to her. Very soon she found that C shared the same perverse sexual desires that she did. With C she carried out all her perversions. Friendship with C continued for several years, but had to cease when her employment ceased. These homosexual episodes were interspersed with numerous hetero-

sexual experiences, all of which were similar, as her male friends invariably desired nothing but normal coitus, and never suggested perversions. With them no abnormal practices were attempted, coitus interruptus was tried, but always failed to satisfy.

For a year or more, prior to consulting me, she had had no girl friendships, and only unsatisfactory boy friendships. It was during this period that she had felt ill. I then found that, as a means of appeasing her sexual desires, she kept resorting to solitary masturbation and urophagia. She felt that it was wrong and disgusting to do such things by herself, and kept vainly struggling against her impulses; yet with her former girl friends she had not had the same scruples. Her mind was filled with phantasies of complicated homosexual and heterosexual intimacies. I tried to persuade her to confine her activities to auto-erotism as being the least socially incriminating procedure; and, as in all other cases, I endeavoured to explain to her the nature of her impulses, and remove the anxiety attached to them.

She followed my explanations fairly well, and felt greatly comforted; but against my advice she proceeded to form a fresh heterosexual attachment. This new boy friend regularly had coitus with her, with the usual dis-

appointing result. I had strongly warned her not to attempt coitus prior to marriage on account of the parental admonition. I assured her that her "romance" was a complete mistake, but she carried on with it in her own way most persistently, deluding herself that she loved the young man. For the man the glamour of sensual attraction soon wore off, especially as he saw that his sexual feelings were not reciprocated. His courtship became dilatory. One night she asked him pointedly whether he really cared for her. He candidly admitted that he did not, but that he was willing to continue to be friendly with her. She realised the futility of such an arrangement and broke off all relationships with him.

After that I succeeded a little better in allaying her anxiety regarding her auto-erotism, and she soon improved and was able to resume work again. She remained strongly conditioned to her perversions, but she was brought to realise that these constitute an evasion of the true sentiment of love which could be only fully experienced in her case after marriage to someone whom she could in every way respect and admire. Such a person might be able to de-condition her from her perversions.

Months afterwards I saw her again. She had become engaged to a boy friend. He was everything that was

good. They plighted their troth on a cross and were to be married in church. Their intimacy deepened so that they became more confiding in each other. Then he wrote her a letter. On receipt of this letter she severed all relationships with her new-found fiance. In the letter he commenced by declaring that there were to be no children when they married. In order to avoid any possibility of pregnancy he proposed coitus in anum, and subsequently all the other perversions with which the reader is now familiar. Evidently the young woman had met with a young man conditioned to a perverted form of sexual behaviour. Through the talks she had had with me she at once realised that the young man did not love her, and at once severed all connection with him. I have therefore hopes that she will revert to normality, provided she is fortunate enough to meet with a desirable partner in life.

My efforts to help her were directed to try to prevent her from becoming both a hopeless mental and physical wreck.

I have quoted this case to illustrate the widespread prevalence of this perversion syndrome. In this case it again originated in a brother-sister situation, and was transmitted to the two girls, the patient herself and A.

Then it was encountered in B, and again in C, and finally in the aspiring fiancé. All these perverted individuals encountered one another in a small area of country.

CASE 8.

A 23-year-old girl, employed as a typist in a city office, felt so weak that she had to cease work and have a rest. I gave her the usual preliminary physical examination, but could find no organic trouble.

She next informed me that she felt extremely nervous. She liked her work, and was not overworked; but at the moment, on account of her physical weakness, she had found difficulty in concentrating on her work, and had to give it up.

She ate her food well, her bowels acted regularly, menstruation was normal, but she did not sleep soundly. She often had dreams but she could not remember them.

She was a popular young woman in her own town, and had a large circle of acquaintances, and many friends, both male and female. She had a number of girl friends and several boy friends, but she had not formed any serious attachment. She was fond of tennis, golf and dancing. She liked attending theatres and picture-houses. She took a prominent part in amateur theatricals. I discussed every aspect of her life except sexual matters, without discovering any clue to her nervous anxiety.

Several weeks elapsed, and then she considered that

she had rested sufficiently, and would try to resume her work again, although she still felt as unaccountably nervous as ever. She worked for a week and again had to give up. Again I examined her in case I might have overlooked something at the first examination. Again my search for physical disease was without result.

Once more I asked her to tell me any thought that came into her mind that might make her feel nervous. All that she could think of was that an old lady who had lived next door to her had been ill, several years previously. She had gone into the house to help to nurse the old lady, and had measured a dose of medicine for her into a spoon. She noticed that there was some verdigrise on the spoon, but thought nothing about the matter at the time. Several weeks later the old lady died. Then she remembered about the verdigrise. She knew that it was poisonous, and since then she had blamed herself for having caused the old lady's death. I tried to trace out by association the meaning of this anxiety, but made no headway. Finally, I suggested to her that perhaps she was rebuking herself, not for having administered poison, but for some other reason. Perhaps she had something on her conscience. She mentioned everything

that occurred to her, but I could find nothing of any particular emotional content.

So far I had said nothing about sexual matters. I consider that sexual disturbances are best arrived at by elimination of all other possible causes. I finally asked her if she had any sexual problems. Oh no! She knew nothing about sexual matters. I asked her to tell me of any incidents in her life of a sexual nature that came to her mind. She mentioned having seen the genitals of little boys when she was a schoolgirl, on several occasions. That had puzzled her at the time, but she had not thought any more about it, knowing that it was wrong of her to interest herself in such matters. She had never had any intimate friendships with either boys or girls. She had never felt sexual desire herself, and had no personal experience of masturbation.

There was an awkward pause, and presently she excused herself and said that she would have to go home, as she had overstayed her time. I pointed out to her that perhaps that superficial consideration was mentioned in order to avoid telling me something more relevant. Again she assured me that she had nothing further to communicate, but that, if anything that she had forgotten came back to her memory, she would call again and talk

it over with me. She went away looking rather agitated and confused.

That happened two years ago. She has not yet returned to consult me. I was left with the impression that that young woman had something to tell me, but could not make up her mind to do so, because she was such "a respectable" girl. I have always found that the more "respectable" my patients are, the more difficult it is to gain their confidence. They have to live up to their social reputation, even before a physician.

CASE 9.

A single young woman, 25 years of age, who had been employed in domestic service for a number of years, had to cease work when she developed influenza, and return home. She had been feeling far from well even before she contracted influenza, and was in need of a rest in any case. The household where she had been employed had included two additional maids. The work was shared, and was not too strenuous. Her surroundings were cheerful; she had adequate leisure, and plenty of amusements. There appeared to be no special reason for her having become physically so exhausted. Physical examination revealed that she was organically sound. She ate her food well, she was not anaemic, and her bowels acted regularly. She felt that all that she needed was a tonic and a rest. Her wishes were complied with.

A fortnight later she consulted me because of a choking sensation in her throat. She often experienced it when going to bed at night. Sometimes she woke up with it during the night, and occasionally she felt it first thing in the morning. The sensation was as though she could not swallow. She tried to swallow saliva but could not. She could not swallow water either, but she had no difficulty in swallowing her breakfast, i.e. solid

food.— The sensation made her feel nervous, and seemed to disturb her nerves inwardly. She felt as though her internal nerves were all moving, and that something was going to happen to her. When she had this feeling at night she had to get up and eat a biscuit, and felt reassured when she found that she could do that. In the morning when she had this sensation she had to get up quickly and eat her breakfast. The knowledge that she could do this helped to dispel her anxiety.

I remarked that she had not previously stated that she was so nervous. She now admitted that she was indeed very nervous. When I asked her about her sleep she said that she did not sleep well. She dreamed a great deal. In her dreams she generally appeared to be fighting with someone.

With whom?

Chiefly with girls, to whom she was meting out severe punishment.

Which girls? She mentioned two girls who regularly appeared in such dreams. The girls were A and B.. I asked her what relationship they bore to her in real life. The curious thing about it was that in real life they were very great friends of hers.

I then spoke of friendships. She admitted that she

felt no interest in male companionship, but valued girl friendships, chiefly with A and B.. Her friendship with these girls was so great that she shared her emotional life with them, especially with A.. I asked her why she should turn so violently against them in her dreams. The reason was that these two girls in turn had formed friendships with boys, and she felt offended with them for having done so. Why could they not have contented themselves with the friendship shared among the three girls, and left the boys out of their thoughts? I remarked that her girl friendships must have been of a very intimate nature. She admitted that such had been the case.

Then I asked her whether any forms of sexual intimacy had occurred. She became embarrassed, paused for a long time, then intimated that "things had happened". I next further asked whether any intimacy had taken place between the girls that had involved the act of swallowing. She looked at me in alarm, became violently confused and blushed, but at last she whispered "Yes".

I soon learned that homosexual perversions had been practised with the two girls, though chiefly with A, who was the ringleader. These perversions had consisted of, mutual masturbation, cunnilinctus, and urophagia. It was A who had taught her to take an interest in them.

I was interested to know how A had acquired a liking for such procedures. She was reluctant to tell me, because that would have meant giving away a secret that A had confided to her. I soon elicited the story, which followed the usual course. A. had become intimate with her elder brother when she was about 10 years of age. Coitus had often occurred. As they grew older, both brother and sister learned that with sexual maturity coitus became dangerous, as pregnancy might occur. Coitus interruptus was tried, but that did not satisfy them. Coitus in anum followed, as a safe substitute. This satisfied the brother, as it allowed him to attain orgasm in perfect safety, but it did not provide the sister with a sufficiently acute sensation. She thought of fellatio. In return for this favour the brother performed cunnilinctus. By further association of ideas this led to mutual urophagia. All these procedures had made A feel so excited that she felt that she would soon be unable to resist asking her brother for real coitus. When the brother and sister realised how powerless they were becoming to resist their impulses they tore themselves away from each other, and resolved to find their pleasures elsewhere, and in some less dangerous fashion. A. sought physical relief through homosexual intimacies with a few

girl friends, of whom B and my patient were the chief.

Such was this patient's story, agreeing in every particular with the stories that I had often heard before. B had left the trio, then A had had to seek employment in a different part of the country, and had become friendly with a boy. Now A seldom saw my patient, who was annoyed with A for slighting her in this way, and for having roused her sexual desires and then left her. At times these desires gave rise to a craving which was irresistible. It had to be satisfied by solitary masturbation and urophagia. She had been struggling against auto-erotism. Such, then, was the explanation of her swallowing symptom.

I explained matters carefully to my patient, and allayed her anxiety regarding her perverted sexual impulses. She then felt better than she had done for years, mentally and physically, because she no longer struggled futilely with herself. Her desires soon became much less insistent, and she felt able to resume work.

She realises that her sexual desire has become conditioned towards indulgence in sexual perversions, but she has become sufficiently openminded now to believe that, if ever she meets with any male person worthy of her esteem, she will not allow her interests in her perversions

to prevent her from submitting to his dominating influence, if it should be exerted in a morally uplifting way.

Further than this I could not go with her. This case illustrates all the features already demonstrated in previous examples, and always in the same psychological order. My object in quoting this particular one is mainly this - that the girl B mentioned as one of the prominent participants in her perverted sexual orgies was no other than the girl described in the previous case, the girl who had nothing to tell me.

CASE 10.

This was a young married woman, 26 years of age when I first began to consider her as a case of anxiety neurosis. She had a miscarriage and one child (now 6 years of age) during her married life. For years she had complained intermittently of dysmenorrhoea and leucorrhoea, with pain in the lower part of her abdomen. In all other respects she was physically healthy. She had been examined repeatedly in gynaecological hospitals, yet nothing had ever been found to justify operative procedure. She was also highly nervous. I found that the mere application of a belladonna plaster to the lower part of the abdomen relieved the pain for the time being.

She admitted that marital coitus gave her no pleasure. She suffered from dyspareunia, yet she had frequent sexual dreams. I questioned her about her early sexual experiences. She admitted that, between the ages of 9 and 11 she had had regular coitus with a boy. After that age supervision was more strict, and she had no further opportunity. She had never masturbated. I could make nothing of her. Her condition remained as before for two years. I tried medicinal treatment empirically, yet the results were disappointing.

After two years she consulted me again. This time

her complaint was dysphagia. It occurred at irregular intervals; sometimes when she was about to go to bed; sometimes when she was asleep it wakened her; and sometimes directly after she awoke in the morning. When the dysphagia came on she felt greatly agitated, and was afraid that she could not swallow. She had to have a drink of water to assure herself that she really could swallow.

I told her that I thought her dysphagia must have a psychic origin. She said that she knew that I would say that, and that it must have some bearing on her sexual life. My questions two years previously had upset her so much that she had gone home and cried. Gradually, however, she had come to see that there could be no cure for her except to tell me the truth, and she had come that night determined to tell me all that she had withheld from me the last time I had questioned her on the subject, two years previously.

She then told me that, between the ages of 9 and 12 she had been one of a party of 3 girls and 3 boys. Intimacies had taken place. These intimacies had been, normal coitus to begin with; then coitus in anum, cunnilinctus and fellatio, mutual masturbation and urophagia. Of all these perverse activities urophagia was the most thrilling.

Then I discovered that the party of six children included a sister and two brothers, and that this sister had always been the ringleader, and had always arranged the order of procedure.

From her twelfth year onwards no further opportunities for indulgence occurred. She was now left to her own resources, with abnormally stimulated sexual desire. Her desire was conditioned towards urophagia, and was frequently irresistible. She struggled against yielding to it in her own person, sometimes smoking cigarettes incessantly to divert her attention.

Her dysphagia could now easily be explained.

I then showed her how her sexual desire had deviated, and explained the influences which had caused this deviation. I further pointed out how she had entered marriage with an ethical respect for her husband, but with a secret longing for perverse forms of physical sexual activities. These she had been unable to admit to her husband, with the result that during normal coitus she had been anaesthetic.

She was able to understand how her desire for perversions signified a desire for evasion of the sentiment of love, and had throughout her married life prevented her from loving her husband. Realising the mistake she had

made, she determined to correct it, as she really cared very much for her husband. She succeeded in breaking down her resistance towards her husband. Several months later I saw her again. She told me that she was "cured".

Of all the cases described this is the only one where a complete cure was possible, because a cure involves not only a psychological explanation of the perversions, but a revaluation of physical influences by actual experience, after a wider understanding of the sentiment of love has been attained. Most of the other cases were so situated that correction of the faulty conditioned physical aspect was not feasible owing to the absence of the desirable de-conditioning agent, in the form of a suitable life partner. Such cases one could only advise as to future physical procedure under the influence of nobler sentiments.

SECTION 4. FREUD'S THEORY OF THE PERVERSIONS.

Before discussing the inferences which may be made from the observations detailed in the case records, it seems advisable to insert a note of Freud's theory of the relationship between the neuroses and sexual perversions. Freud draws a sharp distinction between perversion and neurosis. In his "Introductory Lectures on Psycho-Analysis" p.289 he says, "Regression of the libido without repression would never give rise to a neurosis, but would result in a perversion", and again on p.292 he remarks: "A similar adhesiveness of the libido occurs - from unknown causes in normal people under numerous conditions, and is found as a decisive factor in these persons who in a certain sense are the extreme opposite of neurotics - namely perverted persons." On p.293, in explaining the causation of neurosis he says: "In these people signs of contradictory and opposed wishes, or, as we say, of mental conflict, are regularly found. One side of the personality stands for certain wishes, while another struggles against them and fends them off. There is no neurosis without CONFLICT." Further on, on the same page, he continues - "Conflict is produced by frustration, in that the libido which lacks satisfaction is

urged to seek other paths and other objects. A condition of it then is that these other paths and objects arouse disfavour in one side of the personality, so that a veto ensues, which at first makes the new way of satisfaction impossible. This is the point of departure for the formation of symptoms which we shall follow up later."

My experience has been that, while theoretically there may be a sharp distinction between neurosis and perversion, in practice it is often impossible to feel certain when frustration has or has not taken place; and consequently to know when one is dealing with a neurosis and when with a perversion. Let us turn now to p.296 and study Freud's imaginary illustration of a neurosis developing as a result of early sexual experiences of two girls.

"Suppose that a caretaker is living on the ground-floor of a house, while the owner, a rich and well-connected man, lives above. They both have children, and we will assume that the owner's little girl is permitted to play freely without supervision with the child of lower social standing. It may then very easily happen that their games become 'naughty', that is, take on a sexual character: that they play "father and mother", watch each other in the performance of intimate acts, and stimulate each other's

genital parts. The caretaker's daughter may have played the temptress in this, since in spite of her five or six years she has been able to learn a great deal about sexual matters. These occurrences, even though they are kept up only for a short period, will be enough to rouse certain sexual excitations in both children which will come to expression in the practice of masturbation for a few years, after the games have been discontinued.

"There is common ground so far, but the final result will be very different in the two children. The caretaker's daughter will continue masturbation, perhaps up to the onset of menstruation, and then give it up without difficulty; a few years later will find a lover, perhaps bear a child."

Now Freud appears to imply that masturbation is given up by this girl at the onset of menstruation, and that for a few years there is no physical means employed to relieve sexual desire until she ultimately obtains normal sexual gratification with a lover. Could we not interpret this case somewhat differently? I would suggest that the girl's sexual desires, having been prematurely roused, have assumed inordinate importance. Orgasm or detumescence is consequently sought as a matter of course through masturbation, and the girl, having developed

no particular inhibition in the form of moral scruples, would never dream of giving up masturbation until she eventually discovered that coitus with her lover was preferable, and had a higher affective value; or, to put the matter another way, the first response to sexual excitation once having become established, would continue till superseded by the second response. Freud says about this girl - "... in any case she will be unharmed by the premature sexual activity, free from neurosis, and able to live her life."

"Very different is the result in the other child. She will very soon, while yet a child, acquire a sense of having done wrong; after a fairly short time she will give up masturbatory satisfaction, though perhaps only with a tremendous struggle, but will nevertheless retain an inner feeling of subdued depression. When later on as a young girl she comes to learn something of sexual intercourse, she will turn from it with inexplicable horror and wish to remain ignorant. Probably she will then again suffer a fresh irresistible impulse to masturbation about which she will not dare to unburden herself to anyone. When the time comes for a man to choose her as a wife the neurosis will break out and cheat her out

of marriage and the joy of life."

It is very difficult to know for certain, in cases like these, when masturbation has been given up. Many patients will say that it has been given up, but after the establishment of a greater feeling of confidence in the physician, will admit that it has never been given up. It is noteworthy that in the case last quoted Freud speaks of the "irresistible impulse to masturbation". If she is masturbating, then she is a pervert and not a neurotic, and I fail to see how Freud can make any great distinction between the two conditions. The only difference between the two girls seems to be that the first derived satisfaction from masturbation because she had no moral scruples about what she was doing. The second could not derive satisfaction from masturbation because she had moral scruples. This would account for her "inner feeling of subdued depression" because she felt herself to be a slave to the secret habit. That would constitute her inner conflict, and to proceed to major sexual activities would be for her unthinkable while her inner minor problem was still unsolved. She would yearn for the time when she could freely indulge her sexual desires without anxiety - that is, for a repetition of her early experiences with

her girl friend. If one, therefore, traced back with this girl her sexual life to this period, and removed her anxiety by explaining to her the reasons for its presence one would leave her free to develop psycho-sexually from that point onwards. Freud's imaginary cases, quoted to illustrate the difference between the normal and the neurotic, are not very convincing, since the first can be understood to have engaged in perverted sexuality till this was superseded by normal sexual activity, while the second can be understood to have retained a perverted mode of sexual activity from which she could not be freed till treated psychotherapeutically. Psychotherapy would not banish her habits of masturbation, but would leave her free to progress from that to normal coitus - and that, I think, describes the aim and scope of psycho-therapy.

I soon discovered that, while the Freudian technique was invaluable in studying the neurotic, one really could not understand him completely without some knowledge of BEHAVIORISM. I therefore used a combined method of approach, and in this way arrived at a more complete understanding of certain forms of sexual perversion which I found recurred so regularly and in such a definite sequence as to constitute a real syndrome, the existence of which I have not yet seen described, nor its aetiology fully appreciated.

SECTION 5. INFERENCES AND GENERAL DISCUSSION.

(a) Introductory Remarks.

I hope that I have now quoted a sufficient number of psycho-pathological case records to illustrate the regular recurrence of a series of perverse sexual activities which are all intimately correlated, and which follow one another in a definite logical sequence. I have also indicated the purpose which they are intended to fulfil. The perversions always occur in the same order, and for the same reasons. It was in order to illustrate this that they were mentioned in minute detail. I might have added menstrual blood as an occasional concomitant of urophagia; while one young woman admitted that her perverse desire was at times so intense as to make her wish for coprophagia - a desire which can be understood as being at the extreme end of an associated train of perverse yet logical ideas.

As regards the incidence of these forms of perversion, although I have presented a series of 10 case records illustrating the same features from slightly differing angles, it might be argued that I have stumbled across a series of geographically localised psycho-pathological freaks, and that such forms of perversion might be endemic,

but not of general prevalence. I really cannot give figures to illustrate the prevalence of these forms of perversions, not having yet had sufficient experience to do so. Psychological medicine has interested me for over 12 years. For the first 7 of these my interest in the subject was theoretical, and it was only after acquiring a certain amount of theoretical knowledge that I began studying case material. I may say that during the last 5 years I have attempted to treat neuroses by psychotherapy. During that period I have studied over 60 cases of varying forms of neurotic illness. I do not claim for a moment that I attempted psychotherapy on all forms of neurosis met with. I feel perfectly sure that many passed unrecognised. Others proved too resistant for treatment, so that the number 60 merely indicates that I found that these showed no response to lighter forms of treatment and had to be considered analytically.

In the district where I practise, the population is estimated at about 3,000.

Of the 60 odd cases that I have more or less fully considered, I definitely gained an admission of all the sexual perversion features in four more cases besides those recorded; but, of the additional four, one was merely a

repetition of the last case, a married woman, while the others presented so many extraneous features that their inclusion would confuse the argument. In addition, I have a strong suspicion that three others would have admitted the same perversions, had not their resistances pr proved too strong. From 14 cases, therefore, I received a definite admission of perverted sexual behaviour. In listening to their accounts of their early experiences, I noted the numbers who participated and found that in the narrated escapades, 26 more girls and 18 boys were involved. This would indicate that those additional numbers, none of whom, so far as I know, has sought for medical assistance, must be still roaming at large, with a perverted sexual outlook.

Resistances, as will be readily appreciated, constitute the most difficult obstacle to overcome. When one has gathered a sufficient number of facts to lead one to suspect the existence of this particular syndrome, one has to attempt patiently to overcome the resistance of the patient. As I had to carry on my ordinary work of general practice while I had these cases under consideration, I could afford little more than one hour per week for each case. In most of the cases it required an average of

about two years before the underlying structure of the perversion syndrome was completely revealed. This, at any rate, was my experience with the earlier cases. I do not think interviewing patients more frequently than once weekly would have made any material difference, because they appeared to require time to adjust themselves to the idea of sharing their secrets with a physician. For that reason, no doubt, the facts were generally elicited piecemeal, although in one particular case, not recorded here, I strongly suspected the existence of this sexual perversion syndrome, in an 18-year-old girl, and commenced questioning her. I at once gained ready admission of all the features of the syndrome - early coitus with her brother, then coitus interruptus, then anal coitus, then oral coitus, next mutual urophagia; finally separation from her brother and solitary urophagia plus nervous anxiety. After the last admission she became so agitated that she burst out crying and dashed out of the surgery exclaiming "Dinna ask me ony mair questions." I looked at my watch. I had gained an admission of all the salient features of sexual perversion in the space of 20 minutes.

As before mentioned, my anxiety cases were entirely unselected, but from them I have just chosen 10 to illus-

this common sexual perversion syndrome from slightly varying angles. Owing to the fact that I had to attempt treatment on all the more difficult cases that came my way, I found it impossible to make any selection, and consider the cases by orthodox psycho-analytical procedure, as this demands a certain amount of intelligence on the part of the patient which is not always available in a working-class practice. The time factor was also against such a method. For these reasons, instead of allowing free association, I substituted the method of direct questioning, being largely guided by the principles of Behaviorism.

From the information gained from the series of the 10 recorded cases, together with the others not recorded, I surmised that the features illustrated in these cases might be of commoner prevalence than has hitherto been suspected. My observations led me to form more definite views regarding the etiology, treatment and prevention of these sexual perversions.

(b) Etiology.

These records demonstrate the now well known fact that sex interest is present in children to a fairly intense degree at an age earlier than adults generally are ready to believe. One can reasonably surmise that this interest is fostered as a result of intermingling of younger with older children, and that information is surreptitiously imparted from one generation to another. The housing arrangements that permit of overcrowding, the undesirable practice of allowingyoung boys to share beds with girls, and the lack of intelligent supervision, are all predisposing factors which tend to encourage the translation of theory into practice.

In order that perversions may be preferred to normal coitus, certain conditions must be fulfilled. The individual must have received sexual stimulation at an immature age; or, if maturity has been reached, he or she must have been inexperienced at the time of stimulation. There must have existed certain considerations making normal coitus something to be avoided at all costs, no matter what might be substituted for it. Such considerations are present in their most striking form in brother-sister relationships. It is in such relationships that one looks for and invariably finds the nucleus of the perversions. I do not mean to infer that all cases of incestuous

relationships between brother and sister invariably lead to perversions. The conditioning factors are - the social status, the religious convictions, and moral standards of the participants. Suppose for instance that the parties concerned were thrown intimately together by force of circumstances, and were without moral scruples. Normal coitus would be the procedure most likely to be followed and consistently maintained, even if the parties were immature or inexperienced; but in every case that I have met with where socially "respectable" yet immature brothers and sisters were brought together by circumstances which allow of an incestuous relationship being established and allowed to flourish, such a relationship invariably led to sexual perversions of the nature of those described, and in the order stated.

Perversions are said to be world-wide in their distribution. So, also, is the prohibition of sexual relationships between brother and sister. Even Westermarck "Three Essays on Sex and Marriage" (Macmillan & Co., London 1934) gives no authentic instances of brother-sister marriages as regular and established customs; but, on the other hand, casts doubt on the genuinely incestuous character of such unions in the families of kings

and ruling chiefs. Social prohibition, therefore, seems to be the conditioning factor for the establishment of perverse forms of sexual activity. In Ploss and Bartels' "Woman" (Heinemann, London, 1935. Vol.III, p.220), reference is made to the same idea. "Among the ancient Peruvians also the husband did not cohabit with his wife so long as she was nursing a baby, for they believed that the mother's milk would be spoiled by this and the child become unhealthy or even consumptive. On the other hand, it was an important reason for the growth of pederasty ..... Polygamy for a man of the common people incurred the death penalty. Adultery was strictly forbidden; so the husband had really nothing left during the period of lactation but anal or oral coitus. The wives themselves desired this from jealousy of homosexual intercourse, and actually procured a law by which the active party was cruelly condemned to death, so that the husband had no alternative but pederastic intercourse with his wife." In this instance the prohibitions against extra-marital intercourse seem to have been as severe as those generally prevailing against sexual intercourse between brother and sister, with the result that, in either case, a way out is sought in perverse sexual activity.

Perversions do not originate in father-daughter, or mother-son unions, because, in either such case, one has an adult experienced in normal sexuality, plus an inexperienced child. The child is easily moulded in the direction indicated by the adult, but the adult could not be conditioned towards perversions by an inexperienced child.

My records show how perverted individuals can influence others, immature or inexperienced or both, to accept their own perverted ideas. Homosexuality appears, not as an inborn condition, but as one which is secondary to an original brother-sister complex. The girl who has fled from this primary situation on account of its social dangers, seeks a substitute in homosexuality. For such a girl homosexuality is but a substitute form of sexual gratification, and does not debar her from ultimate marriage, if she feels inclined to consider such a step; though her chances of marital happiness, conditioned as she is towards sexual perversions, are likely to be remote. For the other girl, the one who has been seduced, homosexuality constitutes a primary experience, and becomes her ideal, unless she acquires deeper psycho-sexual knowledge. Such a girl can entertain no thought of married life, but seeks fresh homosexual re-

lationships, or else retires to auto-erotism, as being socially less compromising.

So far I have implied that heterosexual coitus is the normal response to an induced state of tumescence, and I think that I am justified in doing so. Tumescence is mutually experienced. Sensory stimuli are more acutely felt in the sexual organs than elsewhere. Male and female forms are constituted to allow of conjugation, and in no other form of activity may the species be reproduced. On the other hand, the ease with which inexperienced individuals may be conditioned towards homosexuality and other forms of perversion, would indicate that the sexual impulse must, in the first instance, be undifferentiated; and the subsequent difficulty in correcting sexual perversions indicates the enormous importance of the psychic factors in the creation of the associated sentiments.

Various incidents in life may have a certain sexually exciting influence. These might be referred to as stimuli. They serve to produce in the organism a high state of sexual tension, which is only satisfied by the attainment of orgasm. This normally takes place following heterosexual coitus, which might, therefore, be termed the normal response to stimulation. Thus

the whole process is of the nature of a reflex. In the cases of perversion, for weighty reasons, the normal response is avoided, and a substitute response is sought for. A perversion behaves, therefore, like a conditioned reflex. The difficulty in eradicating this reflex lies in the fact that there is so much affect attached to it. The affect which belongs to the normal response has become transferred to the substitute response, which in turn can therefore be replaced only by something having even greater affective value than it itself holds. This explains the difficulty sexual perverts have in attempting to revert to more normal procedure, even failing in marriage unless the marriage be founded on the highest degree of mutual affection, and the perverted party be aided by psychotherapy. I think that it is significant that in only one married case was I able to effect a cure.

I have endeavoured to show that sexual perversions are really manifestations of neuroses. The particular constellation which I have described is seen to exist in three forms - in a primary heterosexual combination; in homosexual activities, and auto-erotically. In my cases it was only when the activities became auto-erotic and the outlook Narcissistic that morbid anxiety manifested itself. The term "anxiety neurosis" or "anxiety

state" now occupies an established place in medical terminology. We know something now of what a neurosis really is; but various attempts have been made to explain the presence of the accompanying emotion of anxiety. It must be obvious that all the cases that I have described had perfectly good reason to feel anxious, when one discovered what their secret conduct was.

It is perhaps worthy of note here that no male characters appear in my analysed cases. I certainly have no complete records of male cases, only fragmentary ones. The reason for this, to my mind, is that the male has to assume the active, the female the passive role. Consequently the male has greater opportunities for making conquests than the female. I cannot, therefore, say whether the male confines his activities to heterosexual procedure, or whether he proceeds to homosexuality, and thence to auto-erotism. Case 5 shows how unfortunate the result can be when an immature or inexperienced female comes under the influence of one of these perverted males, and how a whole life can be ruined. In my quotation from Ploss and Bartels I underlined the phrase "The wives themselves desired this from jealousy of homosexual intercourse" when speaking of perversions. Perhaps this might prove a clue as to what direction

male sexual activity takes, just as I have demonstrated the perverse tendency in females.

The female, debarred by convention from actively courting the male, takes refuge in homosexual relationships, provided that she can meet with a sympathetic girl friend; or else she retires within herself to Narcissism, and soothes her desires through auto-erotic practices. So long as the girl is sharing her experience with another, she appears to treat the matter lightly, but when she is left to her own resources she realises for the first time the strength and urgency of her perverted desires, which can now be satisfied only by such procedures as solitary masturbation and urophagia. She tries to suppress these desires, which only become the more insistent. She thus becomes engaged in an incessant struggle with herself which she cannot understand, and she develops an anxiety state. The feeling of anxiety attached to the Narcissistic attitude is often greater than she can bear, and this leads to medical aid being sought; or perhaps taedium vitae brings matters to a drastic conclusion.

Perversions such as those described are all well known and are mentioned in textbooks on sexual pathology, but I have not so far discovered any attempt to give a

convincing explanation of their existence, nor to appreciate their correlationship, nor yet to trace their transmissibility from one individual to another. There are no doubt almost innumerable other perversions, but most of these depend for their existence on individual circumstances, and require analysis before their origin and meaning can be clarified. These that I have described have so many features in common, and can be elicited by patient investigation, that I am inclined to believe that further investigation may prove them to be of common prevalence. The tendency has been to describe each perversion as a definite entity, and not to consider their inter-dependence. Freud, however, has attempted to explain perversions as regressions to infantile sexuality, and he has given us his theory of infantile sexuality to account for the phenomena. According to this theory, the child is a sexual being from birth. He sucks his mother's breast not merely for the sake of obtaining nourishment, but for erotic pleasure experienced in so doing. As he becomes older the child takes an erotic pleasure in his excretory functions, and places a high value on his excreta. He enjoys masturbation; regards his penis as his most valued possession; wishes to cohabit with his mother, and kill his

father, brothers and sisters, and so on. The child's chief pleasures, according to this theory, are infantile sexual pleasures. When sexual maturity is attained, if heterosexual coitus is not possible, then the individual regresses to infantile forms of sexuality, his particular preference being whatever form pleased him most at an earlier date. I think it unnecessary to invoke Freud's conception of infantile sexuality in order to comprehend common perversions like those described. In all the cases that I have considered, I have found that normal coitus procedure was followed for a long time prior to perversions being thought of, or practised. Perversions were eventually substituted only when the individuals concerned became aware, with the advent of sexual maturity, of the dangers of normal coitus. In a sense, therefore, perversions might be regarded as progressions rather than regressions. Normal sexual procedure has been experienced and has been surpassed. It no longer constitutes the chief sexual aim. For this reason it is almost impossible to lead the individual back, and persuade him or her that normal coitus after all is the highest ideal. A more logical comprehension of the subject is to be obtained by considering that the child's developing interest in sex has been prematurely fanned

into flame by adventitious circumstances. Conflicting considerations have prevented sexual desire from experiencing complete satisfaction. Being only partially satisfied and constantly stimulated, it has acquired an abnormal urgency which grossly interferes with the ordinary social activities of the individual.

When the significance of the perverted impulse is understood, anxiety is allayed, and complete sexual satisfaction then alone becomes possible through the fulfilment of the morbid impulse which then loses its insistence, and thereafter recurs at regular intervals, and behaves just as normal sexual desire might do. It is only after this stage has been attained that the possibilities of nobler sentiment formation and sublimation can be considered.

(c) Treatment.

As has been earlier indicated in this thesis, one is faced with a patient manifesting the symptoms of a deeply-seated neurosis. One proceeds to treat this condition by the only rational method at present known to us, and the only one that holds out any promise of relief for the patient - psychotherapy. In the course of analysis one discovers that one is dealing with active sexual perversion. The duration of the analysis may cover a period of years. At the end of this time one discovers that in very few cases are the circumstances of the patient such that cure can be effected. In the vase majority of cases one can merely explain and advise. It seems almost analogous to a hypothetical case of a patient consulting a physician, being subjected to an exhaustive series of examinations, and being ultimately informed that he is suffering from malignant disease of an inoperable nature.

The time required in investigation of the case before one reveals the disturbing perversions, the modern tendency to leave perversions alone, and the realisation of the futility of treatment for such conditions, are considerations which lead one to concentrate one's attention on the preventive aspects of the matter.

(d) Prevention.

In the first place one must wait to see whether the phenomena which I have described merely constitute an isolated anomaly or are of commoner prevalence than we have hitherto believed. If the latter state of affairs ultimately proves to be the case, one would be justified in adopting preventive measures to combat a perverse sexual tendency which is capable of wrecking human lives. When one traces out a process and finds that it ends in the individual deriving erotic pleasure from the consumption of her own excreta, to the accompaniment of a distressing mental conflict with herself, it is time for psychological medicine to step in and try to help. If one cannot cure the patient one must endeavour to prevent others from following in her footsteps.

Investigations on similar lines and on a wider scale might throw further light on other forms of sexual perversions, such as male homosexuality. So far I have had few opportunities of investigation of male cases, and in those few have failed to overcome resistances, the patient ceasing to attend whenever the conversational topics became too embarrassing.

Should my observations be confirmed by others, one would be justified in demonstrating to teachers and all

those entrusted with the care and training of children this tendency towards perverted sexual development and the directions and courses that it is liable to take. In the homeparents might be warned of the grave consequences liable to ensue through allowing children of both sexes to sleep together. Supervision of children during childhood and adolescence should be more intelligently effected.

One would also require to attach more significance to the possibility that the young child might receive contaminated information from older children. Here something might be done to ensure that the child received correct information first. He or she would then be less liable to be influenced by undesirable knowledge from older school-fellows. With this object in view course of anatomy, physiology and hygiene might be included in the school curriculum, followed by studies in biology for the older pupils.

Again, should this undesirable tendency to which I have drawn attention prove to be of common prevalence, improvement would yet have to be evolutionary in character, by demonstrating the psycho-pathological tendency to all those concerned with child guidance, and attacking the problem co-operatively from the preventive aspect.

There are, of course, wider issues involved in a deeper study of the subject, but their consideration at some future date must depend primarily on the accumulation of evidence similar to that which I have offered.

SECTION 6. SUMMARY. —

Certain illnesses met with in practice, increasingly numerous with the advance in psychological knowledge, are found to be due to states of morbid anxiety.

The majority of such anxiety states are traceable to some disturbance of the sexual instinct.

The policy of surrounding matters of sex in an atmosphere of mystery has stimulated human interest in the subject, frequently to a morbid extent.

Civilised man has drawn a sharp distinction between the conscious part of the sexual process and the subsequent unconscious one, desiring the former, rejecting the latter.

By concentrating his attention on the attainment of sexual pleasure as an objective per se, he has opened up the way for the logical tolerance of sexual perversions.

While most forms of sexual perversions are treated with an increasing degree of tolerance in modern times, and while some may even be deemed necessary under existing regimes, logically they should be entirely unnecessary.

The sanctioning of even minor forms of sexual perversion opens the way for the logical acceptance of prostitution, criminal abortion, and infanticide, besides many other undesirable forms of sexual activity.

A more tolerant attitude towards the consequences of extra-marital relationships is advocated for humanitarian reasons.

The pioneer investigation of the neuroses was Professor Freud.

Freud draws a sharp distinction between neuroses and perversions which, in practice, I did not always find it possible to make.

I discovered that a number of cases with symptoms of morbid anxiety were really cases of perverted sexuality.

The symptoms of sexual perversion met with in a series of cases had certain common features, and followed one another in a definite logical sequence.

The meaning of the specified perversions was an attempted evasion of the sentiment of love.

The syndrome of sexual perversions was traced to its origin in an incestuous relationship between brother and sister.

Incest prohibitions served as the conditioning factors towards sexual perversions.

The ease with which the primary sexual impulse could be directed towards heterosexual, homosexual and autoerotic perversions, showed this impulse to be weak and undifferentiated.

On the other hand, attempted psychotherapy showed how difficult it was to make any impression on the perverted or conditioned response to sexual excitement.

Perversions were traced to a point where the individual (female) took an erotic interest in the consumption of her own excreta, at which point the anxiety state manifested itself.

Such an undesirable tendency, if not directly curable, should at least be prevented, if possible.

Further investigation alone will reveal whether this psychopathological tendency, to which attention has been drawn through the case records, is of general or merely local prevalence.

Prevention would lie in the direction of rendering the child less vulnerable to pernicious influence by more intelligent supervision generally.

The teaching of biology from an early age is advocated.

A plea is made for the application of psychological knowledge to the problems of human behaviour.

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