

Van de Warker (Ely.)
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A
GYNECOLOGICAL STUDY
OF THE
ONEIDA COMMUNITY

BY
ELY VAN DE WARKER,

Fellow American Gynecological Society, Fellow New York State Medical Association
Member of the Boerhaavian Society, President Central
New York Medical Association.

*Reprinted from the AMERICAN JOURNAL OF OBSTETRICS AND DISEASES
OF WOMEN AND CHILDREN, Vol. XVII., No. 8.*



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A GYNECOLOGICAL STUDY

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ONEIDA COMMUNITY

THE Oneida Community was in some of its relations a great physiological experiment. As such it has a commanding interest to medical men, and especially to the gynecologist. Here were tried elaborate experiments in sexualism, and an act that is done crudely, passionately, or by reason of blind instinct elsewhere, was reduced to an art. With this strange people, the sexual relation was made to realize, in a certain sense, an artistic fulfilment, to conserve their general social relations, and to contribute to their most refined pleasure.

That sexualism formed the warp in the texture of their religion in nothing concerns us as scientific men; nor is it at all singular, for in all ages religions have existed in which this function entered as a rite.

And here, for the first time in the history of the race, was a deliberate attempt made to apply the rules that govern scientific breeding to an entire community of men and women. A new science was discovered, or rather created, that of "stirpi-

culture."¹ Its laws were formulated upon those which govern the skilled breeder of short-horns, or the still more delicate art of the bird fancier who breeds to a feather; its practice consisted in combining known conditions of temperaments and mental aptitudes in the men and women who were "combined" in accordance with these traits, in order to produce given results in the children. The Community lived long enough to bring its fine art of coition to something like perfection; but, unfortunately for stirpiculture, it was too brief in existence to reach results. Here, under the rule of male continence and scientific propagation, was made the first attempt to apply the laws of Malthus to human increase. If, in the Community, the art of coition was sometimes a failure, it simply proved that all were not artists; and if scientific propagation resulted in unexpected and undesirable "combinations," it simply proved that human love and passion were eternal factors that mock alike at prison bars and scientific laws.

It is necessary to say something now about "male continence." The sexual practices of the Community were those usually understood under this term, plus male continence. Mr. J. H. Noyes, who invented, or discovered—it is difficult to decide which is the better word—this refinement of sexualism, has written of it without reserve. He says frankly that "the Oneida Community in an important sense owed its existence to the discovery of male continence, and has evidently been the Committee of Providence to test its value in actual life."² As this gynecological study of the Community is made only with reference to the sexual practices which prevailed there, it is important that we understand just what is meant by the term. It is better to let Mr. Noyes describe it:

"We begin," he says, "by analyzing the act of sexual intercourse. It has a beginning, a middle, and an end. Its beginning and most elementary form is the simple presence of the male organ in the female. Then usually follows a series of reciprocal motions. Finally this exercise brings on a nervous action or ejaculatory crisis which expels the seed. Now we insist that this whole process, up to the very moment of emis-

¹ Essay on Scientific Propagation. By John Humphrey Noyes, Oneida, N. Y.

² Male Continence. By John Humphrey Noyes. Oneida.

sion, is voluntary, entirely under the control of the moral faculty, and can be stopped at any point. In other words, the presence and the motions can be continued or stopped at will, and it is only the final crisis of emission that is automatic or uncontrollable. Suppose, then, that a man, in lawful intercourse with a woman, choosing, for good reasons, not to beget a child or to disable himself, should stop at the primary stage, and content himself with simple presence continued as long as agreeable? Would there be any harm? It cannot be injurious to refrain from voluntary excitement. Would it do any good? I appeal to the memory of every man who has had good sexual experience to say whether, on the whole, the sweetest and noblest period of intercourse with woman is not that first moment of simple presence and spiritual effusion before the muscular exercise begins? But we may go further. Suppose the man chooses for good reasons, as before, to enjoy not only the simple presence, but also the reciprocal motion, and yet to stop short of the final crisis. Again, I ask, would there be any harm, or would it do no good? I suppose physiologists might say, and I would acknowledge, that excitement by motion might be carried so far that a voluntary suppression of the commencing crisis would be injurious. But what if a man, knowing his own power and limits, should not even approach the crisis, and yet be able to enjoy the presence and the motion *ad libitum*? If you say that this is impossible, I answer that I know it is possible, nay, that it is easy." Further on, Mr. Noyes gives the following illustration of male continence which is picturesque, to say the least, and deserves quotation: "The situation (male continence) may be compared to a stream in three conditions, viz., 1, a fall; 2, a course of rapids above the fall; and 3, still water above the rapids. The skilful boatman may choose whether he will remain in the still water, or venture more or less down the rapids, or run his boat over the fall. But there is a point on the verge of the fall where he has no control over his course; and just above that there is a point where he will have to struggle with the current in a way which will give his nerves a severe trial, even though he may escape the fall. If he is willing to learn, experience will teach him the wisdom of confining his excursions to the region of easy rowing, unless he has

an object in view that is worth the cost of going over the fall."¹ The reader has now both the theory of male continence and some practical instruction as well. There are some arguments in favor of the practice which the author calls Bible arguments, and we will remain just as wise if we omit them. One argument is so forcible, and gives the reader such a clear idea of the author's style and method, that I cannot resist the temptation to insert it. "It is seriously believed by many that nature requires a periodical and somewhat frequent discharge of the seed, and that the retention of it is liable to be injurious. Even if this were true, it would be no argument against male continence, but rather an argument in favor of masturbation; for it is obvious that before marriage men have no lawful method of discharge but masturbation, and after marriage it is as foolish and cruel to expend one's seed on a wife merely for the sake of getting rid of it as it would be to fire a gun at one's best friend merely for the sake of unloading it."² As a scientific study of the subject, we have nothing to do with Mr. Noyes' arguments, and must concern ourselves only with results. For thirty years the Community existed under the rule of male continence. "Two hundred and fifty sober men and women have lived together in constant observation of its tendencies and effects."³

Having said so much about the peculiar sexual habits of these people, it is necessary to say something upon the other side. The illumination must be direct and oblique to give us the lights and shadows—the good and evil that exist in it. There are no persons so well qualified to give the subject this oblique illumination as the women themselves. A lady of whom I asked some questions upon this matter requested me to write out those points upon which I wished information and she would answer them. I did so, and she returned home with the questions. The following is the result, and is just as I received it, except that some parts are omitted which contained repetitions.⁴

¹ Male Continence, p. 10.

² *Ibid.*, p. 21.

³ *Ibid.*, p. 20.

⁴ In order that no eye of suspicion should rest upon any lady at present resident of the Oneida Community Co., Limited, I will state that this

1. "The Community, or Mr. Noyes, who represented it, thought that girls usually had, as they termed it, 'amative desires,' when quite young, and that they would get bad habits unless these feelings were satisfied in the way of sexual intercourse, and so of course they were looked after and introduced into the social system *certainly* at the age of puberty and in quite a number of cases before.

2. I am knowing particularly of at least four women of my own age who had sexual intercourse at ten years of age, and one case at nine years of age. One of these cases did not arrive at the age of puberty until five years after, another not until two years after, and the other two were unwell very soon after, before they were in the least developed. This was not confined to the girls; boys of thirteen and fourteen years old were put with old women who had passed the change of life, and instructed all about such things before they had begun to think of it at all.

3. The sexual relations were encouraged very much. The young women were always instructed that the more unselfish they were in giving the men all the satisfaction they could in that respect, the nearer they were to God. They were encouraged so much that those in office would advise and urge it to both men and women if they thought they did not care much for it.

4. In theory this relation was under a rule, and to a certain extent in practice. Still there was a *great* deal of rule-breaking in regard to it.

5. There was a great deal of complaint by the young women and girls, a few years before the breaking up of the system, of too frequent demands upon them by the other sex. Ten years before, they *felt* just the same, but partly in bondage to their religious beliefs about it, and partly from fear of criticism and the knowledge the relation with a loved one would be broken up, they were quiet, and submitted. I have known of girls no older than sixteen or seventeen years of age being called upon to have intercourse as often as seven times in a week and oftener, perhaps with a feeling of repugnance to all of those whom she was with during the time. She would do this with-

paper has been in my possession several years, and was written by a lady who had left the O. C. never to return.

out complaint simply to gain the confidence of those in charge of such things so that she would be allowed to associate with some one she loved.

6. Sexual relations did occur clandestinely, but were nearly always confessed and the parties criticised and separated; by this I mean the more common people. Those who held office did as they pleased, only they made some show of always having a 'third party.'

7. A lady might refuse at one time without incurring criticism, and at another time be severely criticised, and, too, it made a difference who the person was that she refused. If it were one of the leading members she was just as likely to be taken out of any responsible position she held at the time, and not be allowed to do anything until it was thought she had a good spirit and was humble.

8. Pregnancy was sometimes accidental. Ever since I remember anything about it there have been at least from six to eight pregnant women during the year, and perhaps one or two of these by accident, and in some cases no possible way of telling who the father of the child was. This, of course, was in accidental pregnancy.

9. Abortion was never practised while the social theory was in existence to my certain knowledge. What was done after people were married I will not attempt to say.

10. Love affairs were frequent and caused a great amount of trouble, sometimes causing one or both of the parties to leave the Community (of their own accord). It was generally like this: If a young couple loved each other and were intimate, so much that they did not care for others, they were severely criticised and separated, one being sent to Wallingford, and all correspondence forbidden. It was frequently the case with those who had children that they were getting too "special" to each other, and to the child. The consequence was that the child would be put into other hands, the father and mother separated, and one or both to have children by others.

11. I cannot say that there was any *special rule* governing the ages of the parties to the sexual relations. It was very seldom that a young man under twenty years of age associated with a woman who had not passed the change of life, or who was not so near it that she would not be likely to become pregnant.

Of course there were some exceptions to this. As to young women and girls—girls, after they were twenty or twenty-five years old, were allowed to associate with men who were not very much older than they were, but with the older ones, too. Girls under those ages did not, as a general thing, associate with men who were much under forty years, and then very seldom. They were considered better off, morally and physically, if they were sought after by men fifty and seventy years of age, and in fact were put under moral pressure about it."

If this investigation into the health of these people has any scientific value at all, it comes from the light thrown upon the physiology of the sexual relation. What they are physically must be understood in the light of what they do sexually.

It seems proper that I should say something about my connection with this investigation of the sexual health of the Oneida Community. In the autumn of 1877, Dr. Theo. R. Noyes, with whom I had been acquainted at that time nearly a year, spoke to me about the feeling of dissatisfaction, then growing in the institution, concerning the effect of their peculiar sexual practices upon the health. As the subject was one of great physiological interest, I expressed a willingness to undertake the necessary investigation. He returned to the Community, and in about a week after I received a letter inviting me to Oneida, to make a study of the subject upon the lady inmates. At that time, I have been since informed, there already existed the two factious, one in favor of, and one opposed to the sexual habits that were then practised, and which division finally resulted in breaking up the Community. Whether the examinations were allowed after consultations with one or both parties I do not know, but that visit was the only one I ever made for this purpose. About one-fourth of the lady inmates were examined when the investigation was stopped by, as I have since learned, the interference of the venerable head of the Community himself, Mr. John Humphrey Noyes, whom, by the way, I have never seen.

I commenced my work directly after breakfast, and continued until day-light began to fail. Each lady was brought into a small steam heated room, the dormitory of Dr. Noyes, who was present and assisted at the examinations. From the order and manner in which they presented themselves, I am

quite confident that there was no attempt to select cases by Dr. Noyes; but those, young or old, were brought in who were willing to submit to the examination. They were bright and intelligent women, and were modest and lady-like in their manner.

The lady, whose report I have included in this paper, says: "In theory this relation (the sexual) was under a rule, and to a certain extent in practice." It is but justice to the Community that I state what I know upon this subject, in contradiction to the extraordinary stories about drawing lots, and the ungoverned license which have been related by newspaper correspondents. I sought information upon this matter as a preliminary to my investigation. My informants were Dr. Noyes and Dr. Cragin, the then resident medical member. I have every confidence in the truth of these gentlemen. As the lady reporter says, these rules may have been violated, as all laws and rules are in sexual affairs, but such violations did not pass without criticism on the part of those in authority. In the Community, as in the world everywhere, the sexual approach came from the man. This was not made directly to the subject, but through a third party, and by whom the wishes of the gentleman were made known personally to the lady. She was at liberty to decline or accept, as she thought best. All reasonable grounds of objection were respected, but what those in authority did attempt to overcome were those objections which originated in too warm feeling toward any party other than the one making the advances. All those sexual solicitations made, as one may say, through the official channels were properly recorded so that the history of each individual was known to every one. Certain advances, such as known to the authorities, were discouraged if for any reason they were believed to be inexpedient. For instance, two individuals of very warm and impulsive temperament were not allowed relations for fear of the consequences; or when both were too young and inexperienced. There were probably other regulations governing the sexual affairs of the Community, but which were not confided to me. Many of them are incidentally referred to by the lady reporter. The sexes roomed separately.

In the table of antecedent conditions every item of interest in the history of each individual that seemed to bear upon the

subject under investigation has been tabulated. It will be observed that about one-half the women examined were originally from the rural population. This accords with what has been observed concerning heterodox religious movements.¹ The morbid indwelling and religious inquiry necessary to those who depart in erratic religions seem to be fostered by the quiet and isolation of country life. Another point of interest to be noted is the early age at which a large proportion menstruated for the first time, namely, one at ten years, eleven at twelve years, and twelve at thirteen years. It follows that about fifty-seven per cent menstruated nearly two years in advance of the average age for girls in this latitude. Other causes may have operated to produce this, but the one most evident is the mental and physical stimulation due to the peculiar sexualism that surrounded them. Sixteen of these instances of early menstruation were exposed to communistic marriages from ten to thirteen years of age. By comparing the column of weights, opposite these cases of early sexual intercourse, we find that they correspond to the average. By following out the numbers which identify these cases in Table II. in the columns of chest measurements, we find an average of thirty-four inches in chest expansion, a bust measure that, if anything, is in excess of the average for the adult woman. In some examinations I have made upon this subject, I have concluded that the girl at thirteen years of age has about four inches to add to her height, and twenty pounds to her weight, before she reaches the average development of the adult woman. However repugnant it may be to our sense of manhood, we cannot resist the conclusion that sexual intercourse at this tender age does not arrest the steady tendency to a fine and robust womanhood. From what we all have observed of the stunted appearance of women who have borne children prematurely, it would seem that the extraordinary care with which impregnation was prevented in the Community was a redeeming feature of Mr. Noyes' system of sexual intercourse, in its humanitarian and physical relations. As a gynecologist, I think I may say further that in no other way than by male continence could impregnation be insured against.

In contrast to this phase of their sexual life, by a further

¹ See Hepworth Dixon's "Spiritual Wives."

analysis of Table II. we observe the comparatively advanced ages at which communistic marriages were first indulged in by several. Among five of these, we have an average age of forty-eight years, ranging from the extremes of forty-three to fifty-two years. These subjects all contracted regular marriages, before entering the community, rather later than is usually the case, the average being about twenty-seven years. One would suppose that these women joined the community and conformed to their practices when they were ill-prepared to change their sexual habits; yet if we examine their physical state in the column of weights and chest measurements in Table II., we perceive that they enjoy a vigorous old age, and, upon a careful questioning concerning the symptoms at the change of life, they testified that they had passed this trying period without any unpleasant results. All, except No. 6, had an average of 3.5 years of menstrual life after joining.

Continuing our examination of Table I., we observe an aggregate of fifty-eight children, forty of whom were born of mothers who contracted regular marriages before entering the community, while the remaining thirty women exhibit a fecundity of only eighteen children. Those women who had contracted previous regular marriages confess to two miscarriages, while the remaining four miscarriages were distributed among the thirty communistic marriages. These figures prove conclusively, if any other proof were needed, the thoroughness with which impregnation was interfered with, and probably by the method peculiar to these people, namely, male continence.

Remarks.—No. 9 only conformed to sexual habits eight times. No. 20, child stillborn. No. 23, age at communistic marriage and length of time resident are blank in my notes. No. 27, stirpiculture was attempted in this case, but she proved sterile. No. 31 ends the series undertaken for the hygienic investigation. The others are added from case book and pencil notes. As the original memoranda of the investigation are in the hands of parties in the community company, limited, the initial numbers are transposed, so that it is impossible to identify the subjects. The key, which was never in my possession, is thus rendered useless.

Keeping before the reader's mind the fact that this is not a study of a group of women having a promiscuous and regular

Table I.—Antecedent Conditions.

No.	Age.	Parent's occupation.	Age when menstruation began.	Age when married.	Age at communistic marriage.	Length of time resident.	Length of time resident under comm. relation.	No. of children.	Age of oldest.	Age of youngest.	Hereditary tendencies.	Complexion.	Weight.	No. of miscarriages.
1 59		Mechanic.	15	22	29	30	30	4	36	29	Good...	Dark...	130	0
2 31		10	..	10	29	17	2	..	4	do.....	Blonde.	115	0
3 31		Printer...	13	..	13	29	16	2	8	5	do.....	...	1	1
4 30		Farmer...	18	..	18	28 ^{1/2}	10	3	5	6wks	do.....	Blonde.	154	0
5 18		Agent....	12 ^{3/4}	..	12 ^{1/2}	18	6 ^{1/2}	0	..	..	Rheumatic...	do.	135	0
6 60		Physician	14	30	49	11	11	2	29	..	Consumptive..	do.	97	1
7 44		Mechanic.	12	16	16	29	13	1	15	..	Good.....	Brun...	145	0
8 54		Farmer...	13	19	43	11	11	6	34	15	do.....	Dark...	127	0
9 37		do.....	15	17	36	1	1	4	19	4	Consumptive..	Blonde.	143	0
10 80		do.....	14	30	52	28	28	6	50	30	Children con- sumptive..	Dark...	120	1
11 18		do.....	15	..	17	1	1	0	..	..	Consumptive..	Blonde.	145	0
12 62		do.....	16	32	32	30	30	2	30	20	Scrofula.....	Brun...	145	0
13 79		do.....	15	29	51	28	28	0	..	..	Good ..	Blonde.	110	0
14 35		Mechanic.	12	..	12	29	23	0	..	..	Unknown ..	Blonde.	95	2
15 23		Farmer...	12	..	12	23	11	0	..	..	Good	Brun...	150	0
16 34		do.....	15	..	15	25	19	0	..	..	do.....	Blonde.	104	0
17 29		Mechanic.	13	..	13	29	16	0	..	..	Consumptive..	do.	97	0
18 36		Farmer...	14	..	14	25	22	1	4	..	Good.....	do.	108	0
19 21		Clergym'n	12	..	19	2	2	0	..	..	do.....	do.	99	0
20 29		Mechanic.	13	..	13	29	16	1	..	..	Consumptive..	Blonde.	88	0
21 56		Farmer...	15	21	..	26	30	4	33	18	Good.....	Brun...	120	0
22 55		do.....	16	24	30	25	25	0	..	..	do.....	Blonde.	146	0
23 71		do.....	12	27	..	..	..	2	40	28	Consumptive..	do.	120	0
24 72		do.....	12	26	45	27	27	4	44	36	Good.....	do.	160	0
25 19		Miller...	13	..	13	19	6	0	..	..	Consumptive..	Brun...	126	0
26 15		Clergym'n	13	..	13	12	2	0	..	..	Good.....	Blonde.	110	0
27 39		Mechanic.	14	..	16	23	23	0	..	..	do.....	Brun...	94	0
28 21		14	..	14	21	7	0	..	..	do.....	Blonde.	108	0
29 24		14	..	14	..	10	0	..	..	.....	.....	0	0
30 41		Farmer...	13	..	15	26	26	1	18	..	.....	Brun...	135	0
31 20		13	..	13	20	7	0	..	..	Good.....	Blonde.	115	0
32 18		12	..	12	18	6	0	..	..	do.....	Blonde.	118	0
33 46		15	28	31	15	15	2	20	16	do.....	Blonde.	130	0
34 35		Farmer...	13	..	15	20	20	1	6	..	do.....	Brun...	115	1
35 33		13	..	13	33	20	2	11	5	do.....	Blonde.	120	0
36 32		12	..	12	32	21	2	8	5	do.....	Blonde.	120	0
37 43		13	20	28	15	15	3	26	20	do.....	Blonde.	130	0
38 20		12	..	12	20	8	1	3	..	do.....	Blonde.	110	0
39 17		13	..	13	17	4	0	..	..	do.....	Blonde.	100	0
40 26		14	..	14	23	15	1	6	..	do.....	Blonde.	115	0
41 21		12	..	12	21	9	0	..	..	do.....	Blonde.	120	0
42 25		15	..	15	20	10	1	4	..	do.....	Brun...	125	0

sexual intercourse, as the term is usually understood, but of a group having promiscuous sexual relations of the most artificial and extraordinary form known to us at the present time, we have

in Table II., upon general physical conditions, a tabulation of great interest. In it I have gathered together all the facts that seemed to bear upon the subject. One item which may have some interest was overlooked. Vegetarianism at one time prevailed as a rule in the community, but in 1877, the date of the investigation, some had abandoned it in its rigid form and used a diet of partly animal food. How many of those whom I examined were pure vegetarians, or what effect it may have had upon nutrition, I do not know.

In the first series of columns relating to the nervous system, the number who complain of pain in very many forms is the first point of interest. Of the total, eighteen make complaints of symptoms that point directly to the nervous system. Sacralgia and ovarialgia are the prevailing symptoms which indicate disturbance of the reproductive nerve centres. They were not at all instances of habitual symptoms; but pain, if any, was referred to the parts named. Mentally, low spirits were complained of in a few instances, and if we examine their ages, we perceive that, with the exception of one party, they were at the time of life to suffer from disappointed affections. Hysteria was remarkably absent, in view of the other nervous symptoms. So far as I am able to judge, they appear to conform, in degree of nervous health and vigor, to the condition of average wives whose physical powers are severely taxed by the duties of life; for it must not be overlooked that each of these women, unless actually excused from duty by disability of disease or the infirmities of age, had assigned her regular duties, either supervisory, clerical, or manual. One part of the investigation was upon this topic—the working capacity of each woman, but we were obliged to abandon it, owing to the opposition of the hostile faction.

The nutritive system, with only a few exceptions, was kept up to a normal degree, even in those cases that developed nervous symptoms, showing that they were liberal and judicious feeders. One fact that may have had a bearing is the justly-famed cooking of the community.

The uniform high pulse rate is explained by the excitement attending the examination, as the pulse was taken at that time; but this did not give so much trouble as pulse-taking is often the occasion of in life-insurance examinations. The great

variety in the range of the thermometer is a matter I cannot explain to my own satisfaction. I had a reasonable confidence in my instrument; all the exposures were of five minutes' duration, and in nearly all cases by the vagina, which ought to record a temperature of one or one and one-half degrees higher than the axilla. It occurs to me, since, that the vagina, after a specular examination, is not a point to expect a uniform temperature observation within a normal range of variation, with the subject upon her back, since in the married the passage may be patulous, and air enter and escape in respiratory movements. Such as they are, however, they are before the reader, and he is to draw his own conclusions. Whether the frequent sexual acts—probably prolonged beyond what is usual in physiological coitus—may have incited a higher range of temperature in the genital parts than is generally observed there is a question that would require a long series of observations to determine.

A letter from Dr. Noyes concerning the chest measurements is annexed.

O. C., Nov. 6th, 1877.

DEAR DOCTOR:—The following are the measurements of chest expansion. With regard to some of them, I feel a little doubtful. I find that it is an art to take the measure equally well in all cases. Some are ambitious and really work harder to expand the chest than others. Some of those who only show one-half inch expansion seemed to do most of their breathing with the diaphragm, of which the measurements take no account. However, here they are. I leave in the morning for the East and shall be gone two or three weeks. I will give the estimate of working capacity when I return.

Yours truly,

THEO. R. NOYES.

Many facts of interest are grouped in Table III. concerning the menstrual function. The menstrual interval, taking into account those in the dodging time, exhibits very nearly normal periods. Numbers 5, 9, 11, 32, and 38 are the only cases that show an error indicating pathological frequency. If we trace those numbers that are subject of errors of frequency through the remaining columns, we shall see that number 11 corrects this error by a short period and a scanty flow; but in the last column it is to be seen that she belongs to the congestive type,

Table II.—*General Physical Condition at Time of Examination.*

No.	NERVOUS SYSTEM.			NUTRITIVE SYSTEM.				Respiratory system.	Muscular system.	Pulse.	Temperature.	Measure of chest, expiration.	Measure of chest, inspiration.	REMARKS.
	Step.	Pain and other Symptoms.	Mental State.	Appetite.	Digestion.	Bowels.	Nutrition.							
1	Good.	sacralgia.	good.	fair.	digestion.	const'pt'd.	good.	catarrh.	good.	84 98½	84 98½	35½	36½	Rheumatic.
2	"	" h'dache	hysterical.	good.	indigest'n	regular	good.	"	medium	80 99	80 99	33½	34½	Considerable pelvic pain.
3	"	none.	good.	"	none.	"	"	none.	good.	80 100	80 100	31	33	Examine Tables V. & VI.
4	"	"	good.	"	"	"	good.	"	"	80 100	80 100	37	38	
5	"	headache.	rare hysteria.	"	"	"	good.	"	"	84 99½	84 99½	37½	39	
6	Bad.	in r. side.	none.	"	indigest'n	diarrhoea.	fair.	hab't. c'gh	impair'd	76 99½	76 99½	32½	32½	
7	Good.	none.	good.	"	good.	regular	good.	normal.	good.	76 99½	76 99½	36½	38	
8	"	sacralgia.	good.	"	normal	"	good.	"	"	78 99½	78 99½	33½	34½	
9	"	none.	"	"	"	"	"	"	"	80 99½	80 99½	36½	37½	
10	"	"	"	"	"	"	"	"	"	78 100	78 100	34½	35½	Heart palpitat'n until year ago
11	"	sacralgia.	"	"	"	"	good.	"	"	80 100	80 100	35½	36½	H'steria ceased at r join'g O.C
12	"	none.	normal.	"	"	"	good.	"	"	70 100	70 100	39	39½	
13	Poor.	hypogastria.	"	"	"	"	fair.	"	"	70 99½	70 99½	31½	32½	Rheumatic at times.
14	Good.	in side.	"	"	"	"	good.	"	"	78 99½	78 99½	30½	31½	
15	"	overw'k	"	"	"	"	good.	"	"	78 99½	78 99½	34	35½	
16	"	hab't. h'ache	"	"	"	"	good.	"	"	72 100	72 100	32½	34	
17	"	none.	"	"	"	"	good.	"	"	80 99½	80 99½	30½	32½	
18	"	none.	"	"	"	"	good.	"	"	84 99½	84 99½	32½	34	
19	Poor.	"	"	"	good.	"	n'r m'l	nas'l cat'h	slight.	85 89	85 89	32	32½	
20	Good.	"	"	"	dyspeptic.	"	imp'r'd	normal.	"	96 101	96 101	30½	31½	
21	Poor.	"	despondent.	"	normal.	"	n'r m'l	"	good.	79 101	79 101	35½	37½	

No.	NERVOUS SYSTEM.		NUTRITIVE SYSTEM.					Respiratory system.	Muscular system.	Pulse.	Temperature.	Measure of chest, expiration.	Measure of chest, inspiration.	REMARKS.
	Sleep.	Pain and other Symptoms.	Mental State.	Appetite.	Digestion.	Bowels.	Nutrition.							
22	Good.	none.....	nervous.....	good..	normal...	regular.	" n'r'm'l	normal.	good....	84 98½ a	32½	34		
23	"	"	normal.....	"	indigest'n	"	"	"	"	78 99½	34½	35½	Had chronic diarrh. for a year.	
24	"	"	"	"	"	"	"	catarrh*	"	74 100	38	38½	Rheumatic.	
25	"	"	"	"	normal...	"	"	normal.	"	80 100½	34½	36		
26	"	"	"	"	"	"	"	"	"	84 100	31½	33		
27	"	"	"	"	"	"	"	"	"	80 100½	30½	32½		
28	"	headache.	"	"	"	"	"	"	"	78 99½	34½	36½		
29	"	"	despondent.	v'r'ble	indigest'n	const'pt'd.	imp'r'd	"	"	96 100	30½	32½		
30	"	none.....	normal.....	good..	normal...	regular...	n'r'm'l	"	good....	87 99½	34	34½		
31	"	sacralgia.	"	fair..	"	const'pt'd.	an'mc	"	"	80	"	"		
32	"	none.....	"	good..	"	regular...	n'r'm'l	"	"	80	"	"		
33	"	"	"	"	"	"	"	"	"	78 99 a	"	"	Does not appear bright [mentally.	
34	Poor.	sacralgia.	despondent.	poor..	indigest'n	const'pt'd.	imp'r'd	"	slight...	80 99½ a	"	"		
35	Good.	r. ov'gia sacralgia.	"	fair...	"	"	"	"	good....	78 98½ a	"	"		
36	"	sacralgia.	normal.....	"	normal..	"	fair...	"	"	75 99 a	"	"		
37	"	none.....	"	good..	"	"	good..	"	"	74 98½ a	"	"		
38	"	"	"	good..	"	"	"	"	"	"	"	"		
39	"	"	"	fair..	"	"	"	"	slight...	"	"	"		
40	"	sacralgia.	"	good..	"	"	"	"	good....	80 98½ a	"	"		
41	"	sacralgia.	despondent.	fair...	"	"	"	"	"	"	"	"		
42	"	ov'ar'gia	normal.....	"	"	"	"	"	"	78 99 a	"	"		

NOTE.—Temperatures, except those indicated by the letter *a*, were taken in the vagina. Concerning the chest measurements I append Dr. Theo. R. Noyes' note.

* Head and throat.

while 38 may also be assigned to the same class. The remaining cases we have selected may be fairly classed as hemorrhagic menstruation. We must bear in mind that great latitude is allowed within the normal limits in this relation. The duration averages a normal period, about five days; but, pathologically speaking, there is no meaning attached to an average of this character applied to a group. The marked errors apply to those numbers already selected out of the total; but glancing down the column, we must confess that, as we have had occasion to question women touching this function in other modes of life, no special difference is to be detected. In the absence of any well-defined standard of what a normal woman really is, I claim that in duration they comply with all we know of this measure. Of the total, twelve show the amount "large" or "profuse;" the former term is intended to indicate a normal limit; four are scanty in quantity, three of whom suffer dysmenorrhea; the remaining numbers show a healthy amount. Including ten of those described as "large," we have only six of whom we can say that they show serious error. In character, we find eight that approach the abnormal. These are described under the terms "watery," "small clots," "pale and watery," "dark and watery." The last column gives the worst showing of all. But here we are confronted with one source of error that would make the gynecologist, who sees in every woman a possible patient, condemn the whole group unless this was clearly stated. The symptoms are those which the women themselves used to describe their sensations, and, with the exceptions noted, are those which three-fourths of the women use to explain their subjective conditions during menstruation. Five of the total number were occasionally obliged to stop work by reason of dysmenorrhea, and in these cases rest was not habitual. Those who said they suffered "slight pain" were classed by Dr. Noyes and myself with those who said they were free from pain, as were also slight sacral pain. Numbers 37, 36, 31, 17, and 11 are the only cases that I should select as subject to noticeable error in this relation. Taking the table as a whole, I cannot see wherein it would differ from a similar tabulation of the menstrual function of a like number of women in the married relation in life as we are familiar with it, and when we take into consideration the

Table III.—Menstrual Function.

No.	Frequency; days.	Duration; days.	Amount.	Character.	Symptoms and other attending conditions.
2	28	3-4	Before child's b'th, scanty; now, moder- ate.	Occasional clots; bright.	Free from pain.
3	25	7-8	Normal... ..	Normal.....	Sacral & hypogastric pain.
4	28	7	do.	do.	Dysmenorrhea until after labor.
5	21-25	5-7	Large... ..	do.	Free from pain.
7	last 70	5	Irregular; last very large.	Bright; clots.	Slight pain.
9	21	4	7 to 8 napkins.	Dark and watery.	No pain.
11	14-21	3	Scanty.....	Pale and watery.	Sacral and hypogas. pain; bearing down.
14	28	5	Moderate. ...	Normal.....	Slight pain.
15	31	5	do.	do.	Free from pain.
16	28-31	5-6	Normal.....	do.	do.
17	21-28	7	Large.....	do.	Sacral and hypogas. pain more severe a week after.
18	35-56, 70	8	Moderate... .	do.	Free from pain, probably in dodging time.
19	31-32	4-5	Scanty.....	do.	Slight sacral pain.
20	28	5	Moderate.....	Occasional small clots or shreds.	Free from pain.
25	28	5-6	do.	Normal.	Usually free from pain.
26	90	5	Large.....	do.	No pain; this was the last interval.
27	28	5	Normal.....	Bright color..	Sacral pain; bearing down.
28	28	7	Large.....	Normal.....	Sacral and hypogas. pain.
29	28	5	Decreasing in amount.	do.	Sacral pain.
30	28	6-7	Normal.....	Rarely small clots.	Pain 1st day; hypogastric.
31	28	7-10	Large.....	Varying, dark or bright.	Sacral and hypogas. pain occasionally down limbs.
32	14	10-12	do.	Bright.....	No pain.
33	30-120	2-6	Very variable.	Dark offensive	Sacral and right and left ovarian pain.
34	28	5	Normal.....	Normal.....	Free from pain.
35	28	6-7	Profuse.....	Bright... ..	Uterine pain.
36	28	5	Large.....	Small clots...	Uterine expulsive pain.
37	28	4	do.	do.	Aggravation of general discomfort.
38	21	5	do.	Normal... .	Sacral pain.
39	24	5-7	Scanty.....	Watery.....	do.
40	28	7	do.	Normal.....	.....
41	25	5-6	Large.....	do.	No pain.
42	28	4	Moderate.....	do.	do.

severe duty exacted of all these women in the various business departments of the Community, I believe that I am safe

in saying that they are subject to no derangements of menstruation that we may assign to their peculiar sexual habits as a cause.

If it be true, as I have somewhere read, that a woman's good or bad condition at her climacteric depends upon the hygiene of her former sexual life, then the story told in Table IV. is a disappointing one. There does not appear but a single error of which it is possible to suspect their peculiar sexual life to be the factor of. Tilt gives the average of the cessation of menstruation in 1,082 women as 45.7 years.¹ Table IV. shows an average of 49 years. Numbers 1, 13, and 23, two having completed menstrual life at 50 and one at 40 years, joined the Community one year after, which fact renders it necessary to exclude these cases, giving us for the remaining numbers an average of 48.7 years, exceeding Tilt's average by three years. This is the error alluded to above. The reader may differ from me, but I submit that number 10 ought to be excluded for the same reason that the former numbers were, as a residence of only two years previous to cessation is not of sufficient duration to affect the result. Making this correction, the average is lowered to 48 years. The reader may offer in objection that, as in number 10 the menstrual function persisted until the age of 54 years, the fact that she joined the Community, and conformed to their peculiar sexual life for two years at such a critical period, is marked evidence of the morbid influence of their sexual habits. As I am giving in this rather unusual contribution facts and not arguments, the matter of nearly three years in excess of the normal limit of menstruation in the average woman has no other apparent explanation than as a result of conformity to their sexual practices. The conditions noted in columns three and four regarding the state of health during and after the completion of the change is remarkable. It shows that, if the tenacity of menstrual life was due to the morbid character of their sexual stimulus, the effect upon the general health was negative. The sexual organs, on careful inspection, seemed in all cases to be undergoing the senile changes in a normal manner. Slight catarrh of the cavity of the uterine neck is not an unusual condition in women well advanced in life, for which reason I

¹ The Change of Life. Am. Ed., p. 48.

have simply given the fact mention. Taken together, if the evidence given by this table is not, with one possible exception, in the main negative, it at least furnishes nothing positive against their sexual theories.

Women who had passed the period of menstrual life conformed to communism in their sexual relation, but not as a rule under the restriction of male continence. Boys who had not yet acquired the art of male continence, and men who found it impossible to keep the act of seminal emission under the control of the will, were obliged to consort with women who had passed the change of life. Younger women were not criticised for declining the company of men who labored under this disability. Both by the law of stirpiculture and of male continence, one who did not possess this necessary credential was

Table IV.—Change of life.

No.	Age at change.	Health during.	Health after.	Length of time resident before change, years.	Condition of uterus.
1	50	good.	good.	21	Depth of cavity 2 $\frac{3}{4}$ in., healthy on inspection.
6	48	do.	do.	..	Had passed 1 year before joining. Uterus far advanced in senile involution.
7	44	do.	do.	29	Change impending. Uterus 2 $\frac{1}{2}$ in., free from catarrh. See Table III.
8	50	do.	do.	7	Cavity 2 in. Uterine catarrh slight, acid.
10	54	do.	do.	2	Cavity 1 in., free from all morbid conditions.
12	52	do.	do.	20	Cavity 1 $\frac{1}{2}$ in., normal.
13	50	do.	do.	..	Joined O.C. 1 year after change. Cavity 1 in. Cervix very small and soft and crowded to left by a firm, non-fluctuating tumor and felt above pelvis, extending $\frac{1}{2}$ of its diameter to left of umbilicus, immobile. Noticed for 3 months.
21	53	do.	do.	27	Cavity 2 $\frac{1}{2}$ in., erosion of os. ex., slight acid catarrh.
22	48	do.	do.	18	Cavity 2 in., normal.
23	40	do.	do.	..	Did not join O. C. until after change. Cavity 1 in., normal.
24	50	do.	do.	5	Cavity 1 in., normal.

excluded from the peculiar sexual system of the Community. I may say here that I have been told by lady members that the practice of male continence was popular among the females, and was easily followed except by a few men. These exceptional men were relegated to the society of women with whom there was no danger of procreation. While continence

was easy to conform to in the miscellaneous relations of the Community at large, it was difficult to practise between lovers, with whom the psychic influence of mutual passion rendered emission almost a necessity. This was one of the reasons why such constant vigilance was maintained over affairs of the heart.

The presence of catarrhal discharges from the vagina in women who are indulging in sexual connection is so common that, when slight, it may be regarded as physiological rather than morbid. This is quite generally said of those periodical catarrhs that mark the conclusion of menstruation, and I think may be said with equal truth of the slight and constant albuminous discharge observed in a woman at the prime of her functional life. Table V. shows a large proportion of the leucorrhœas to be of this character, and therefore to be regarded as in no way peculiar to the group of women we are studying. It must be admitted that uterine catarrhs were as a rule present. Leaving out those of the character mentioned, we have the condition prevailing to an extent that requires explanation. I have classed 15 of the numbers as having the discharge in its physiological form or as being free from it. The remaining 27 show errors which are too marked to be regarded as due to the usual condition of the parts. While it would not be safe to predicate upon this number of cases the statement that male continence is the cause of the catarrhal condition of the women examined; yet, theoretically, one is justified in the supposition that habitually withholding from the woman in frequent sexual intercourse the sedative and relaxing seminal fluid would favor the passive hyperemia that in a great measure is the cause of uterine catarrh. In one sense of the word, the sexual status of these women must be regarded as polyandrous, and whether this relation would favor a similar result without the practice of male continence I leave the reader to judge for himself. The demi monde is subject to the same catarrhal state of the uterus, but as she is exposed to causes from which the women of the Community were exempt, no conclusions can be drawn from this class.

Taking a first glance at Table VI., 17 per cent only, from a gynecological standpoint, can be regarded as normal. How this may compare with the average of normal wives I am unable to say. We have all manner of figures concerning the

Table V.—Leucorrhœa.

No.	Amt.	Frequency.	Character.	When present.	Reaction	Remarks.
2	Large	Constant...	Albuminous.	....	Not obs.	Present 8 years : profuse 5 yrs.
3	Small	....	Albuminous, clear.	after menst.	Alkaline	....
4	None.	....	....	....	....	....
5	Small	Rarely pres- ent.	White and thick.	....	Not obs.	....
7	None.	....	....	....	....	....
8	Small	Short inter- vals.	Albuminous.	....	Acid....	See Table IV.
9	Large	Constant ..	White and thick.	....	do.	....
11	do.	do.	Albuminous.	....	do.	Causes irrita- tion.
14	Small	Rarely pres- ent.	do.	after menst.	Neutral.	....
15	do.	....	do.	do.	Acid faintly.	....
16	None.	....	....	..	....	....
17	Small	....	....	For a week after menst.	Acid....	....
18	do.	Rarely pres- ent.	....	From over- exertion.	Neutral.	....
19	do.	Constant ...	Thick and yellow.	....	Alkaline	Causes some ir- ritation.
20	do.	do.	do.	....	Neutral.	....
21	do.	Occasional..	Thick and white.	....	Acid....	See Table IV.
25	Large	Constant...	Albuminous.	....	Not obs.	....
26	Small	do.	do.	..	Slightly acid.	Causes some ir- ritation.
27	do.	....	do.	Just before menst.	Acid.	....
28	do.	Constant...	Not observed	....	Not obs.	....
29	Large	do.	Dark watery.	....	do.	....
30	None.	....	....	....	....	....
31	Large	Constant...	Not observed	....	Not obs.	....
32	Small	do.	do.	....	do.	....
33	do.	do.	Albuminous.	....	Acid....	....
34	Large	do.	do.	....	do.	....
35	do.	do.	do.	....	Not obs.	....
36	do.	do.	Albuminous, thick.	....	do.	....
37	Small	do.	Dark watery.	....	Acid slightly.	....
38	Large	do.	White and thick.	....	Not obs	....
39	Slight	....	Albuminous.	after menst.	do.	..
40	do.	....	do.	do.	do.	....
41	Large	Constant....	do.	....	Acid....	....
42	Slight	Irregular in- tervals.	....	After over- exertion.	Not obs.	....

ratio of one form of pelvic lesion or error to any other form, but I am unacquainted with any figures showing the relation of these errors to women in general. As I was informed in 1877, all of these women, with one or two exceptions which were not noted, believed themselves to be healthy and would not, had they been members of society outside of the Community, have applied to a physician for treatment of any of the local errors which are tabulated. In this view they may compare favorably with the ranks of toiling women who fulfil their sexual destiny in the world at large.

More than half show the position of the uterus to be normal; of the remaining numbers, those with ante flexion of the neck or of the vaginal portion were probably developmental, but if for this reason they ought to be excluded here, they ought also to be rejected from the whole series of tables. More than one-third exhibit variations from the normal in the condition of the cervix, and of these more than one-half are associated with a normal position of the uterus, showing that the errors are due to causes that lead to a chronic hyperæmia of the part. These changes in the condition of the cervix are associated in all the numbers with a softened condition of the vaginal portion, which appeared to me to be an exception to what we usually observe in gynecological cases, and that instances of indurated hypertrophy ought theoretically to be observed. The uterine measurements are the best feature of the table, and yet the absence of general uterine hypertrophy is singular. Faults in the condition of the bladder and urethra are present in sufficient numbers to make this a marked trait of the table, and what adds force to this symptom, they exist independently of uterine position. This, in my experience, is contrary to what we find in practice. If I were to point to an explanation, I should say that here, as already noted in the circulatory errors of the cervix, a persistent hyperæmia of the pelvic organs is a probable cause. I must say that I should be exceedingly surprised if thirty-four women taken without selection from among the married in middle life were to show an equal number of local changes from the normal. Notwithstanding the unfavorable conclusions one is inclined to draw from an analysis of this table, to me, who studied it upon the ground, the impression was a favorable one. This resulted from the

Table VI.—Condition of Uterus and Bladder.

No.	Position of uterus.	Condition of cervix.	Shape and density of cervix.	Depth of cavity, inches.	Condition of bladder and urethra.	Micturition.
1	Normal....	Normal....	....	2 $\frac{3}{8}$	Normal...	Dysuria, rare, slight.
2	Anteverted.	Gran. eros..	Flattened, soft	3	Painful bladder.	Urination frequent.
3	Normal....	Slight erosion.	Soft.....	2 $\frac{7}{8}$	Normal...	Normal.
4	Retroverted	Normal....	Patulous, soft.	3	do.	do.
5	Normal....	do.	Soft.....	2 $\frac{5}{8}$	do.	do.
6	do.	do.	Slight, conical	..	do.	Rarely irritable.
7	do.	do.	Small, firm...	2 $\frac{7}{8}$	do.	Normal.
8	do.	do.	Atrophied....	2 $\frac{3}{8}$	do.	do.
9	do.	Erosion....	Large, conical	2 $\frac{5}{8}$	do.	do.
10	do.	do.	Atrophied....	1	do.	do.
11	Anteflexed.	Normal...	Small, conical	2 $\frac{3}{8}$	Urethra tender.	Occasional dysuria.
12	....	....	Atrophied....	1 $\frac{3}{4}$	....	At times frequent.
13	See Table IV	....	do.	1	Normal...	Normal.
14	Slight retroversion.	Normal....	Soft.....	2 $\frac{5}{8}$	Occasion'l irritable urethra.	At those times dysuria.
15	Normal....	do.	do.	2 $\frac{5}{8}$	Normal...	Normal.
16	do.	do.	Small, short	2 $\frac{1}{4}$	do.	do.
17	Anteflexion of neck.	do.	Small, soft...	2 $\frac{5}{8}$	do.	do.
18	Retroverted 2°.	do.	Normal....	2 $\frac{5}{8}$	Urethra irritable.	Dysuria since child-birth.
19	Normal....	do.	Small, conical	2 $\frac{7}{8}$	Normal...	Normal.
20	Retroverted 2°.	Eros. bleeds easily.	Soft.....	2 $\frac{7}{8}$	do.	do.
21	Normal....	Atrophied..	do.	2 $\frac{1}{4}$	do.	do.
22	do.	do.	do.	2	do.	do.
23	do.	Reduced to a trace.	....	..	do.	do.
24	....	Atrophied..	Soft.....	1	do.	do.
25	Very low in pelvis.	Eros. bleeds easily.	Hypertroph'd, soft.	2 $\frac{3}{8}$	do.	do.
26	Normal....	Slight redness of os.ex	Normal....	2 $\frac{5}{8}$	do.	do.
27	Anteversion 2°.	Normal....	Soft.....	2 $\frac{5}{8}$	At times irritable.	Dysuria at times.
28	Normal....	Follicular hypertrophy	Soft, patulous.	2 $\frac{3}{8}$	Irritable..	....
29	do.	Eros. bleeds	Small.....	2 $\frac{1}{8}$	Normal...	Normal.
30	do.	Eros. on anterior lip.	Normal.....	2 $\frac{5}{8}$	do.	do.
31	Anteff'x.vag portion.	Eros. of os.ex.	Small, conical	2 $\frac{5}{8}$	Irritable..	Frequent.
32	Normal....	Normal....	do.	2 $\frac{3}{4}$	Normal...	Normal.
33	Retrovert'd, sensitive.	Patulous...	Large, soft...	..	....	Occasionally frequent.
34	Retroflex...	Patulous erosion.	Flattened, l'ge	3	Normal...	Normal.

minor character of all the lesions observed, and as the reader will note, if he takes the very nearly general normal measurement of the uterus as an index of the extent to which the morbidly acting causes were at work.

One table which it was designed to construct regarding the industrial efficiency of the women examined, but which, as hinted in Dr. Noyes' letter, was never undertaken, would have told the whole story so far as it concerned the effect of their mode of life upon the moral stamina, or the capacity for steady work. If this quality exists in any one to the extent of keeping him abreast of the general line of competitors, he must possess what is called average health. That is to say, the individual must be able to eat and sleep, be free from persistent pain, exhausting discharges, and the serious invasion by organic disease of any organ capable of becoming a centre of frequent reflex nervous disturbance. I may explain in a comprehensive way that, with two or three exceptions, these women belonged to this class. To one unacquainted with the discipline of the Community, it would be difficult to give an idea of the amount of work and steady application required of each inmate. There were no drones in the hive. To each was assigned the work best adapted to her mental or physical powers, and a debit and credit account kept, so that at the end of a week or a month it was known with rigid exactness how many hours of daily work, and with what result, each one had contributed to the industries of the Community. Such a tread-mill life as this must have required average health to its full extent. Further than this, the communistic theory of property under which they lived, deprived them of the stimulus of exertion for their private benefit, a motive that keeps many a weakly man or woman braced up throughout a lifetime. One other incentive to labor was wanting in the lives of these women, that of love and the instinctive longings of maternity. To the latter no woman's breast is a stranger that has once known man. These feelings were crushed out. The Community was a machine that kept its levers in operation to wring out of the heart of

Note to Table VI.—Through a blunder at the bindery, the MSS. containing the above facts relating to the remaining numbers were lost. As far as No. 33 we have all examined in the official inquiry. No. 30 showed a tumor on right side, reaching half-way to umbilicus, regular ovoid, fluctuating non-adherent to uterus.

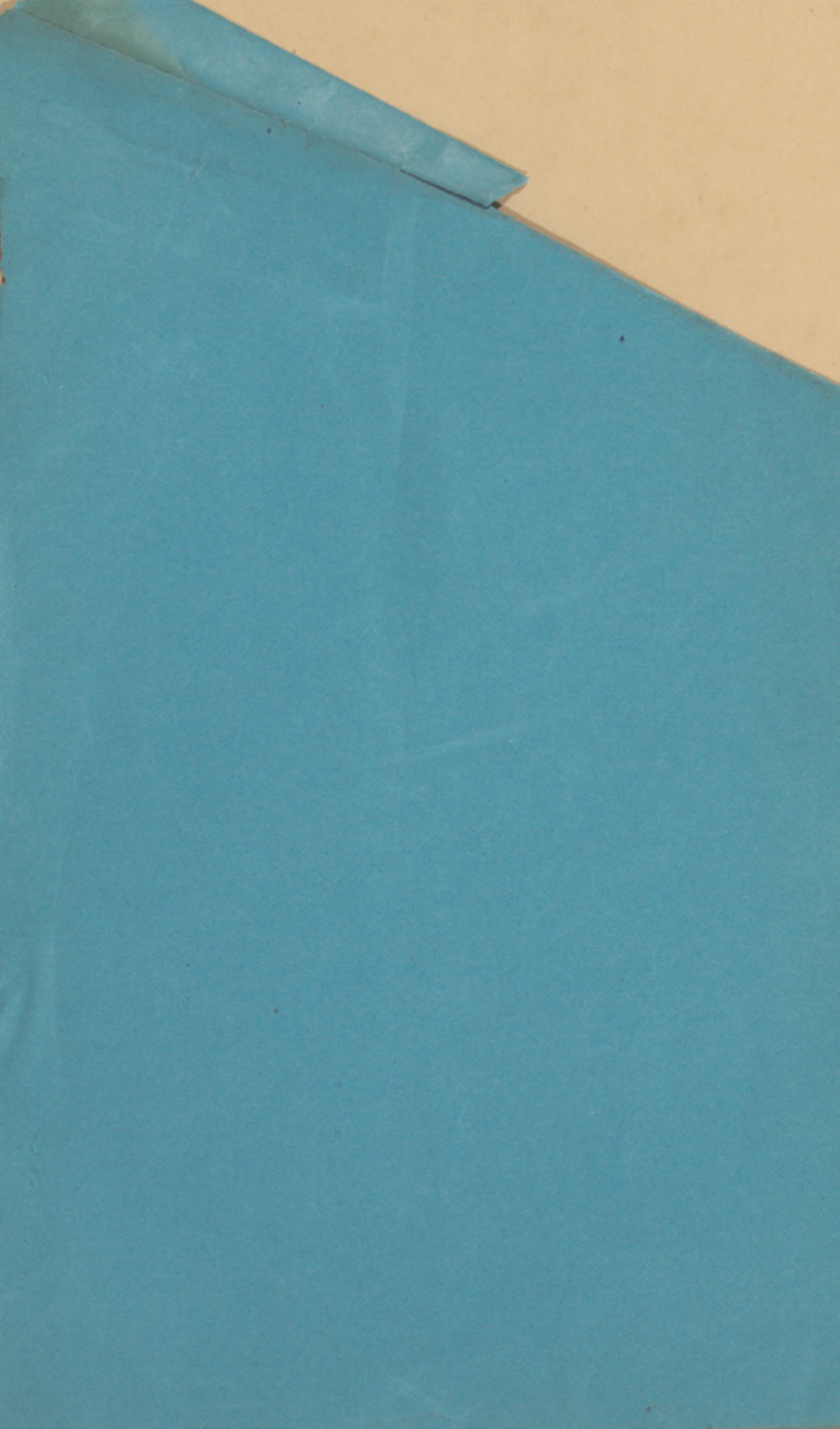
woman the emotions that make her all she is to man, love and its tender counterpart, the gentle instinct of maternity.

Now I ask any gynecologist if in the conditions I have tabulated he can trace one or more of them back to the peculiar sexual habits of these people as a primary cause? It is true that in the various tables I have not described well women; but are the habits of the Community, in matters aside from their sexualism, such as contribute to the physical well-being of women? If this is answered in the affirmative, then it is proper to assert that other factors than those which belong to male continence have helped to develop the local errors. I do not know as I am called upon to draw any conclusions, nor would I, if it were not for some tendencies which have entered into gynecology of late years to explain many of the uterine disabilities of women by evasions of the natural consequences of the sexual relation, and by irregularities in the act itself. It is within a recent period that this matter has been dignified with a place in literature, and from several authors it has relieved the importance due to a new discovery. But such irregularities are nearly as old as the human race, and whatever power they may possess now to produce disease has existed with equal force from the days of Onan down. It will be difficult to convince one who critically compares the physical and mental energies of the present generations of civilized men with those of the past that the race has deteriorated, as it most certainly would have done if such a prevalent and long-existing vice existed with the force lately assigned to it as a morbid factor.

The reader must clearly understand that I am not defending any possible evasions of the legitimate, physiological sexual relation. I am ready to grant that such evasions are physically and morally wrong; but what I am contending for is to give them no more than their just value, as disease-producing causes.

I have described in this paper one of the most artificial sexual mal-relations known to history, and in its most aggravated form, namely, a group of men and women under the laws of communism mingling promiscuously together. In the facts I have presented, without conscious bias, I can discover nothing but negative evidence relating to the effect of male continence upon the health of the Community. My conclusions are

mainly based upon the summary already given, the minor character of the local lesions observed, and the unimpaired working capacity of the women.



mainly based upon the summary
acter of the local lesions ob
capacity of the wom