
Key statement: 146: “An erotic zone always could be demonstrated on the anterior wall of the vagina along the course of the urethra. Even when there was a good response in the entire vagina, this particular area was more easily stimulated by the finger than the other areas of the vagina. Women tested this way always knew when the finger slipped from the urethra by the impairment of their sexual stimulation. During orgasm this area is pressed downwards against the finger like a small cystocele protruding into the vaginal canal. It looked as if the erotogenic part of the anterior vaginal wall tried to bring itself in closest contact with the finger. It could be found in all women, far more frequently than the spastic contractions of the levator muscles of the pelvic floor which are described as objective symptoms of the female orgasm by Levine. After the orgasm was achieved a complete relaxation of the anterior vaginal wall sets in.”

For the ‘milk fruit’ of ancient China, see:

   <https://www.academia.edu/170192/>

   <https://www.academia.edu/25569423/>

   <http://www.jstor.org/stable/20777721>
The role of the urethra in female orgasm.

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A rather high percentage of women do not have any sexual intercourse. The frigidity figures of different authors vary from 20-80 per cent and come closer to the statistics of older sexologists. Adler (Berlin) came to the conclusion that 80 per cent of women did not reach the sexual climax. Elkan guessed that 50 per cent suffered from frigidity. Kinsay found it to be 75 per cent. Härdenberg’s figures have a very wide range from 10 to 75 per cent.

Many of these statistics cannot be compared, since the various authors use different criteria. Edmund Berger sees the condition of euparenia only in vaginal orgasm and so his frigidity figures are naturally much higher than those based on any kind of sexual satisfaction. The restriction to the vaginal orgasm, however, does not give the true picture of female sexuality.

Lack of orgasm and frigidity are not identical. Frigid women can enjoy orgasm. The lesbian is frigid in her relations with a male partner, but is completely satisfied by homosexual loveplays. A deficient orgasm need not always be associated with frigidity. Numerous women have satisfactory enjoyment in normal heterosexual intercourse, even if they do not reach the orgasm. Genuine frigidity should be spoken of only if there is no response to any partner and in all situations. A woman with only clitoral orgasm is not frigid and sometimes is even more active sexually, because she is hunting for a male partner who would help her to achieve the fulfillment of her erotic dreams and desires.

Although female eroticism has been discussed for many centuries or even thousands of years, the problems of female satisfaction are not yet solved. Even though female doctors (Helena Wright) participate in these discussions nowadays, the epoch is still under discussion. The solution of the problem would be better furthered, if the sexologists know exactly what they are talking about.

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Notes

1. The ironic objection was easily produced: "How can nightmares preserve sleep? The opposite seems true: they interrupt sleep." The refutation is not difficult: the dream is an internal attempt to cope with inner disturbances; the attempt fails when the pathogenetic material is quantitatively too great. The objector reminds one of a man who judges the working of the motor of a car not from the usual performance, but the exceptional cases when it needed repair. Nothing is perfect—not even the dream mechanism.


4. There are connections here with sleeplessness. See The Battle Of The Conscience, Ch. XIV "Torturing Dreams and Insomnia Caused by Inner Guilt.

5. See the author’s The Basic Neuroses, Grune and Stratton, New York, 1949.


7. For example, it is well known that genital sex can be used as a defense against inner passive masochistic purposes. See "Differential Diagnosis Between Normal and Neurotic Aggressions," Quarterly Review of Psychiatry and Neurology, 1946.

Morgendliche Erkennungen

Der Verfasser weist darauf hin, dass wir trotz aller Versuche noch immer keine zufriedenstellende Erklärung dieses Symptoms haben und er versucht, diese Erklärung mittelst Hilfe von psychoanalytischen Konzepten zu ergänzen. Eine endgültige Klarung dieses und vieler anderer noch immer geheimnisvoller Symptome wird erst an dem Tag kommen, da wir volles Verständnis der Funktion unseres Nervensystems erhalten werden. Von diesem Tage an wird es noch weit entfernt...

E. ELKAN

compte pas mal de ténèbres.

M. LANVAL
and become affected by hypoestrogenism. The erogenous power of the clitoris passes to the neighborhood of the genital organs, to the inside of the small labia or to the pubic region of the abdomen. The entrance to the rectum can also become an erogenous centre, not for anal intercourse, but for stimulation with the finger. In one of my patients vaginal orgasm was quite satisfactory. Mostly, but orgasm could be achieved with a finger in the anus and the penis in the vagina.

Sometimes the breasts help the clitoris in producing excitement. Kissing the nipples, touching them with the penis, or inserting the penis between the two breasts lead to an orgasm. Cunnilingus or even insertion of the penis in the external orifice of the ear are other illustrations of the variability of the erogenous zones in females.

Some investigators of female sex behaviour believe that women cannot experience vaginal orgasm, because there are no nerves in the vaginal wall. In contrast, statements by Kinsey, Hardenberg mentions that nerves have been demonstrated only inside the vagina in the anterior wall, proximate to the base of the clitoris. This I can confirm by my own experience of numerous women. An erotic zone always could be demonstrated on the anterior wall of the vagina along the course of the urethra. Even when there was a good response in the entire vagina, this particular area was more easily stimulated by the finger than the other areas of the vagina. Women tested this way always knew when the finger slipped from the urethra by the impairment of their sexual stimulation. During orgasm, this is to proceed downwards against the finger like a small cystocele protruding into the vaginal canal. This is especially true of the erogenic part of the anterior vaginal wall tried to bring itself in closest contact with the finger. It could be found in all women, far more frequently than the spastic contractions of the levator muscles of the pelvic floor which are described as objective symptoms of the female orgasm by Le Mon. In this case the vagina achieved a complete relaxation of the anterior vaginal wall sets in.

Erogenous zones in the female urethra are sometimes referred to as urethral orgasm. I have seen two girls who had stimulated themselves with hair pins in their urethra. The blunt part of the old fashioned hair pin was introduced into the urethra and moved forwards and backwards. During the ecstasy of the orgasm the girls lost control of the pin which went into the bladder. Both girls felt ashamed and tried to hide the incident from their mothers until a huge bladder stone had developed around the pin as continual hair pin was removed by supra-pubic, and the other by vaginal cystotomy. A third hair pin entered the bladder and before the bladder was inflamed, it was angled out via the urethra. Since the old hairpins are no more in use, pencils are used for urethral orgasm. They are longer than the hairpins and do not glide into the bladder so easily, though they cause a painful urethritis. Urethral orgasm may happen in men as well. I saw a patient with a rifle bullet which glided into his bladder. He had played with it while he was lonesome on duty in New York.

Analogous to the male urethra, the female urethra also seems to be innervated by erectile tissues like the corpora cavernosa. In the course of sexual stimulation, the female urethra begins to swell and contract. Occasionally the production of fluids is so profuse that a large towel has to be spread under the woman to prevent the bedsheet getting wet. This convulsive expulsion of fluids occurs always at the acme of the orgasm and simultaneously with it. If there is the opportunity to observe the orgasm of such women, one can see that large quantities of a clear transparent fluid are expelled not from the vulva, but out of the urethra in gushes. At first I thought that the bladder sphincter has become defective by the intensity of the orgasm. Involuntary expulsion of urine is reported in sex literature. In the cases observed by us, the fluid was examined and it had no urinary character. I am inclined to believe that it is reported to be expelled during female orgasm is not urine, but only secretions of the intravaginal glands correlated with the erogenous zone along the urethra in the anterior vaginal wall. Moreover the profuse secretions coming out with the orgasm have no lubricating significance, otherwise they would be noticed at the beginning of intercourse and not at the peak of orgasm.

The intensity of the orgasm is dependent on the area from which it is produced. Cunnilingus leads to a more complete orgasm and (consequent) relaxation. The deeper the relaxation after intercourse the higher is the peak of the orgasm followed by depression and hence the students' joke: Post coitum omne animal triste est. The higher the climax the quicker is the release of the sexual potential.

Other somatic factors help to sexually stimulate the female partner. As was mentioned there is no spot in the female body, from which sexual desire could not be aroused. Some women have greater sexual desire at the ovulation time while others at the time of the menstrual period. This effect during menstruation the sexual tension is higher, because the danger of unwanted pregnancy is lessened. Post-coital order of somatic factors stimulating the erogenous parts come in contact better. The angle which is formed by the erected penis and the male is the quicker is the release of the sexual potential.

These mere somatic causes are often overshadowed by psychic factors, even the commonest automatic reflexes produce sexual reactions.

It is possible to cause an orgasm merely by using some stimulating sentence. Such a reaction follows the laws of the unconditioned reflexes.

The erogenous zone on the anterior wall of the vagina can be understood only from a comparison with the phylogenetic ancestry. In the most common adopted position, where the body does lay on her back, the penis does not reach the urethral part of the vaginal wall, unless the angle of the erected male organ is very acute. If the anterior vagina is directed towards the penis as by putting the legs of the female over the shoulders of her partner. The contact is very close, when the intercourse is
performed more lustierum or a la vache i.e., a posteriori. LeMon Clark is right when he mentions that we were designed as quadrupeds. Therefore intercourse from the back of the woman is the most natural one. This can be performed either in the side-to-side posture with the male partner behind, or better still with the woman in 'Sine', kneeling or shoulder position, the husband standing in front of the bed. The female genitals have to be higher than the other parts of her body. The stimulating effect of this kind of intercourse must not be explained away as LeMon Clark does by the monodinous movements of the testicles like a knocker on the clitoris, but is merely caused by the direct thrust of the penis towards the urethral erotic zone. Certainly it is that area in the anterior vaginal wall is a primary erotic zone, perhaps more important than the clitoris, which got its erotic supremacy only in the age of reckoning.

The erotic effect of the coitus a posteriori is very great, as only in this position does an exciting part of the male's body, the tip of the penis, both partners are brought in closest contact i.e., clitoris and anterior vaginal wall of the wife and the sensitive parts of the glans penis.

This short paper will, I hope, show that the anterior wall of the vagina along the urethra is the seat of a distinct erotic zone and has to be taken into account more in the treatment of female sexual deficiency.

Reference
Kinsky. Sexual Behaviour in the Human Male.

A BRITISH SEX SURVEY BY LEONARD ENGLAND

When the Kinsey hallmark died down and the interest in the British edition of this Journal of Dr. Clifford Allen, (the psychologist), Mrs. Marjorie Hume (Chairman of the Marriage Guidance Council), the late Mrs. Eva Hubbard (then principal of Morley College), Dr. David Macallum (at that time Director of the Marriage Guidance Council), and Dr. Gilbert Russell (of the Church of England Moral Welfare Council).

Methods
When Mass-Observation finally decided that this survey was a practical possibility, it did not of course have funds on anything like the Kinsey scale and the amount of work that could be undertaken was in consequence strictly limited. It was agreed, however, that the survey should attempt to provide a sketch map of the whole area rather than an enlargement of a small section, and, in view of this, emphasis was fairly firmly placed on an attitude questionnaire that was asked to a correct cross section of the British Isles, 2,000 strong. On this the survey really stands or falls. Whose attitudes are supposed to correspond with what mass-observation's headquarter staff, stating in confidence their opinions and attitudes on many subjects?

To volunteers from this group (the normal response is in the region of 600; in this case it was a little over 400) a habit questionnaire was asked concerning not merely details of marital intercourse but also prostitution and homosexuality. Again in order to ensure that "official" opinion was adequately collected, a special postal questionnaire was despatched to 1,000 clergymen, 1,000 schoolmasters, and 100 doctors, selected at random from the relevant year books. And finally, among the major lines of approach in certain special study areas (mainly a Western cathedral city and a Northern industrial town), penetrating observation and field work undertaken.

The results are compared to a sketch map not merely by their lack of detail but also because of their possible lack of accuracy. None of the complex Kinsey check-ups could have been arranged to ensure that the respondents were telling the truth. On the other hand, there is no internal evidence for lying which, if present, would bias the results in favour of respectability and convention; in fact, as will be shown later, the rank and file are far less orthodox in their attitudes to say... prostitution than the "leaders of opinion" while, among the middle class (but not noticeably exhibitionist) panel, one man in four has had intercourse with prostitutes. In the few cases where official statistics provide some check Mass-Observation's findings are confirmed.

"I did not observe anything to indicate that those questioned were unwilling to talk. In fact, on the contrary, this was due to the skill of the particular investigator, and it seemed that the questionnaires had been unconsciously delimiting themselves, I do not know, but I was certainly left with a quite clear impression that true answers were obtained to the questions put." So much then for a very brief outline of the survey and its methods. The rest of this article will deal very briefly with its conclusions. All results from questionnaires, incidentally, were coded and punched on Powers cards; actual tables extracted numbered many hundreds, and potential tables are to be considered in terms of hundreds of thousands. There are even many fundamentally different ways of approaching the raw material of these methods have of course been the subject of experiment but have not produced significant results.

General attitudes to sex
When Mass-Observation began this survey each investigator was armed with a special letter in case of emergency, was warned to discontinue the interview on signs of hostility. Considerable opposition was expected, in fact, rather less than 1% of all people interviewed refused to answer questions when the subject matter of the questionnaire was discovered to be sex, whereas 11% were opposed to attitude, or even to the subject of experiment. For instance, three months of field work was done in the middle of the nature of a scene, although one noted army chaplain did suggest, on the form asking him for his opinion on sex that the whole questionnaire was "gunpowder.

To Mass-Observation this seems one of the most important outcomes of the survey. Even to the sociologist sex still appears to be a subject difficult to talk, whereas the fact is that they talk perfectly willingly and often with extreme frankness.