Ernest GRÄFENBERG (1950) *The role of urethra in female orgasm*,
in: The International Journal of Sexology vol. III, no. 3: 145-148.

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:
(1) *Der Milchbaum und die Physiologie der weiblichen Ejakulation: Bemerkungen über Papiermaulbeer- und Feigenbäume im Süden Altchinas*. [The milk tree and the physiology of female ejaculation].
<https://www.academia.edu/170192/>
(2) *On the Partonymy of Female Genitals in Chinese Manuscripts on Sexual Body Techniques*, item (5).
<https://www.academia.edu/25569423/>

For ancient India, see: SYED, Renate (1999): *Zur Kenntnis der "Gräfenberg-Zone" und der weiblichen Ejakulation in der altindischen Sexualwissenschaft*, in: Sudhoffs Archiv, Zeitschrift für Wissenschaftsgeschichte, Band 83, Heft 2, Stuttgart 1999, S. 171-190.
<http://www.jstor.org/stable/20777721>

a hypochondriacal complex of symptoms, using morning erections as a hitching post. (6). To mention two cases: one patient consulted me, complaining about morning erections. He feared them, believing that he would ruin his sex life by "misuse" of the organ. At first he had tried to have more intercourse, with the result that he got even less "rest" and continued to have morning erections. What he really feared, unconsciously to be sure, was his guilt connected with dreams accompanying the morning erections. He was full of inner passivity. His guilt was unconsciously shifted. Another patient came with the complaint that his morning erections were "less powerful" than in previous years. He deduced from that a decline of sex, although his sexual power in reality had not changed. Others have the same complaint.

These and similar thoughts in connection with morning erections show that we still have to learn a great deal about sex. The *practical* aim of opposing the "mistreatment" of and tabu on sex in various cultural orbits and the need for debunking these neurotic inhibitions should not blind us to the *scientific* fact that sex can be used as an inner defense. There seems to be a good deal of "*bogus sex*" loose on this good earth. (7)

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 pathogenic 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.

2 Washington Institute of Medicine, Washington D. C., 1948.

3 Published in, "Instinct Dualism in Dreams", *Imago*, 1934, and *Psychoanalytic Quarterly*, 1940.

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 Neurosis*, Grune and Stratton, New York, 1949.

6 Described by the author in "A Short Genetic Survey of Psychic Impotence, I and II," *Th Psychiatric Quarterly*, July and October, 1945.

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 Aggression," *Quarterly Review of Psychiatry and Neurology*, 1946.

Erections Matinales

L'auteur rappelle les idées traditionnelles en ce qui concerne les érections matinales et en tire des conclusions qui ne sont guerre flatteuses pour nos connaissances actuelles sur la question. Les théories actuelles sont soit fausses soit très insuffisantes et demandent de nouvelles études et recherches. Il pointe la voie à suivre, en usant des concepts de la psychoanalyse, pour arriver à une meilleur conpréhension de l'étiologie des érections matinales. Il coulera encore beaucoup d'eau sous les ponts avant que nous ayons trouvé le dernier mot de ce chapitre de la sexologie qui, comme bien d'autres encore compte pas mal de ténébres.

M. LANVAL

Morgendliche Erektionen

Der Verfasser weist darauf hin, dass wir trotz aller Versuche noch immer keine zufriedenstellende Erklärung dieses Symptoms haben und er versucht, diese Erklärung mit Hilfe von psychoanalytischen Konzepten zu ergänzen. Eine endgültige Klärung 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 Tag sind wir noch weit entfernt.

E. ELKAN

THE ROLE OF URETHRA IN FEMALE ORGASM

By ERNEST GRAFENBERG M. D.,
New York

A rather high percentage of women do not reach the climax in sexual intercourse. The frigidity figures of different authors vary from 10-80 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, while Kinsey found it to be 75 per cent. Hardenberg'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 Bergler sees the condition of eupareunia 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 to a heterosexual 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 clitoris 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 fulfilment of her erotic dreams and desires.

Although female erotism 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 eternal woman" is still under discussion. The solution of the problem would be better furthered, if the sexologists know exactly what they are talking about.

The criteria for sexual satisfaction have first to be fixed before we make comparisons. Numerous "frigid" women enjoy thoroughly all the different phases of "necking". Should we count out all variations of sex practices which result in complete orgasm though not vaginal orgasm?

Innumerable erotogenic spots are distributed all over the body, from where sexual satisfaction can be elicited; these are so many that we can almost say that there is no part of the female body which does not give sexual response, the partner has only to find the erotogenic zones.

It is not frigidity, if the wife does not reach orgasm in intercourse with her husband, but finds it in sexual relations with another partner. One of my patients, who married early a very much older, rich man and had two children, pestered me persistantly with questions as to why she could not experience an orgasm. I explained that physically there was nothing wrong with her. Bored by the repeated discussions with her, I finally asked her, if she had tried sex relations with another male partner. No, was the answer and reflectively she left my office. The next day in the middle of the night, I was awakened by a telephone call and a familiar voice who did not give her name asked: "Doctor are you there? You are right," and hung up the receiver with a bang! I never had to answer any further sexual questions from her.

In spite of abundant literature dealing with female orgasm, our knowledge of the mechanism and the localisation of the final climax is insufficient. Different organs and their stimulation work as a trigger and cause an increase of the sexual "potential" up to the level where the orgasm goes off. One could suppose that the clitoris alone is involved in causing excitation, since this organ is an erotic centre even before puberty, though it is aided by other erotogenic zones.

Inflammations of the clitoris, especially below the prepuce, can make it so hypersensitive that it loses its ability to produce orgasm. Such changes occur by masturbation in elderly women after the menopause when the external genitals shrink

and become affected by hypoesterogenism. The erotogenic power of the clitoris passes then mostly to the neighbourhood 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 erotogenic centre, not for anal intercourse, but for stimulation with the finger. In one of my patients vaginal orgasm was lost completely, 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 erotisation. 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 erotogenic zones in females.

Some investigators of female sex behaviour believe that most women cannot experience vaginal orgasm, because there are no nerves in the vaginal wall. In contrast to this statement 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 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.

Erotogenic zones in the female urethra are sometimes the cause of urethral onanism. 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 centre. One stone 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 onanism. They are longer than the hairpins and do not glide into the bladder so easily, though they cause a painful urethritis. Urethral onanism 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 on New Years Eve.

Analogous to the male urethra, the female urethra also seems to be surrounded by erectile tissues like the corpora cavernosa. In the course of sexual stimulation, the female urethra begins to enlarge and can be felt easily. It swells out greatly at the end of orgasm. The most stimulating part is located at the posterior urethra, where it arises from the neck of the bladder.

Sometimes patients of Birth Control clinics complain that their sexual feelings were impaired by the diaphragm pessary. In such cases the orgastic capacity was restored by the use of the plastic cervical cap, which does not cover the erotogenic zone of the anterior vaginal wall. Such complaints occured more frequently in Europe than here in U. S. A., and was one of the reasons for giving preference to the cervical cap over the diaphragm pessary.

Frigidity after hysterectomy may happen, if the erotogenic zone of the anterior vaginal wall was removed at the time of the operation. The vaginal wall is preserved best by the abdominal subtotal hysterectomy, less by the total

hysterectomy and least by vaginal hysterectomy when always large parts of the vagina are removed. That is the cause of vaginal frigidity after vaginal hysterectomy observed by LeMon Clark.

The uterus or the cervix uteri takes no part in producing orgasm, even though Havelock Ellis speaks of the sucking in of sperms by the cervix into the uterus.

The non-existence of the uterine suction power was proved by a simple experiment, in which a plastic cervical cap was filled with a contrast oil (radiopac) and fitted over the cervix. The cap was left in for the whole interval between two menstrual periods. These women had frequent sexual relations with satisfying orgasm. Repeated X-ray pictures taken during the time when the cap was covering the cervix, never showed any of the contrast medium inside the cervix or in the body of the uterus. The whole contrast medium was always in the cap.

The glands around the vaginal orifice, especially the large Bartholin glands, have a lubricating effect. Therefore they are located at the entrance of the vagina and produce their mucus at the beginning of the sexual relations and not synchronously with the orgasm. Sometimes the mucus is produced so abundantly and makes the vulva slippery, that the female partner is inclined to compare it with the ejaculation of the male. Occasionally the production of fluids is so profuse that a large towel has to be spread under the woman to prevent the bedsheets getting soiled. This convulsory 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 "urine" reported to be expelled during female orgasm is not urine, but only secretions of the intraurethral glands correlated with the erotogenic 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 produced 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 elicited. Mostly, 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 reloading 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. It may be that during menstruation the sexual tension is higher, because the danger of unwanted pregnancy is lessened. The woman-on-top posture is more stimulating as the erotogenic parts come in contact better. The angle which is formed by the erected penis and the male abdomen has great influence on the female orgasm.

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 erotogenic zone on the anterior wall of the vagina can be understood only from a comparison with the phylogenetic ancestery. In the most commonly adopted position, where "the lady 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 steep or 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 bestiarum* 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 Sims', knee-elbow 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 melodious 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. Certain it is that this 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 necking.

The erotising effect of the coitus *a posteriori* is very great, as only in this position the most stimulating parts of 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 erotogenic zone and has to be taken into account more in the treatment of female sexual deficiency.

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A BRITISH SEX SURVEY

By LEONARD ENGLAND

When the Kinsey hullaballoo died down and the irrelevancies were forgotten, there was left in *The Sexual Behaviour of the Human Male* one of the most important documents of its kind that had ever appeared. But there were also left two important and sustained objections to the report. The first was a statistical one: that Kinsey's sample was not a correct cross-section of the American male population, and therefore that his results had limited validity outside those he had interviewed. And the second was an ethical one; that Kinsey implied, or seemed to imply, that what most people did was most likely to be right—that, in other words, if 90 out of 100 people went to prostitutes then it was right to go to prostitutes.

Whether or not the latter is in fact the doctor's contention is not the concern of this article; but certainly the *attitudes* of his sample towards the various forms of sexual intercourse described in his report, do not figure prominently. Sociology, as so often seemed to be regarded as in two separate and almost watertight compartments; what people say, and what people do. The two are rarely considered together except that on occasions what *everybody* does is compared to what *some people* say. It is, for instance rare in Britain to find any published statement of a speaker praising football pools despite the fact that 20,000,000 are at least occasional form fillers. Similarly there is a tendency to judge sexual ethics by the opinions of judges, clergy and the like—people nearly always drawn from one class and from one form of education and compare their utterances to divorce rates, syphilis rates and so on that apply to literate and illiterate alike.

For many years Mass-Observation has been anxious to find out in this country not merely what the mass of the people *do* about sex but also what they *say* about it, and it has always believed that the first survey in a field that is almost entirely neglected in Britain should attempt to outline both habit and attitude rather than to concentrate on one at the expense of the other. Recently the opportunity for such a survey arose, and it has now been completed; some results have already appeared in a British newspaper, *The Sunday Pictorial,* and the complete findings will be published in book form early next year.

For the survey Mass-Observation felt that the advice of experts was quite essential,

and attempts were therefore made to form a board of assessors to examine the results and discuss their validity. On this board we were fortunate enough to obtain the very valuable help of Cyril Bibby (British editor of this Journal) Dr. Clifford Allen, (the psychologist), Mrs. Marjorie Hume (Chairman of the London Marriage Guidance Council), the late Mrs. Eva Hubback (then principal of Morley College), Dr. David Mace (at that time Secretary 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, 2000 strong. On this the survey really stands or falls, but many other aspects were also covered, the most important being the use of Mass-Observation's National Panel. This is a predominantly middle-class group of people who correspond with 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 1000 clergymen, 1000 schoolmasters, and 1000 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 steel town), penetrative observation and fieldwork was undertaken.

The results are compared to a sketch map not merely because of their lack of detail but also because of their possible lack of accuracy. None of the complex Kinsey checkbacks could be used to ensure that the respondent was telling the truth. On the other hand, there is no internal evidence for lying which, it would be thought, 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 member in four admits to intercourse with prostitutes. In the few cases where official statistics provide some check Mass-Observation results bear the stamp of truth. And Cyril Bibby reported after accompanying an investigator from Mass-Observation:

> "I did not observe anything to indicate that those questioned were unwilling to answer truly. How much this was due to the skill of the particular investigator, and how much those questioned may have been unconsciously deluding 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 of course to be considered in terms of hundreds of thousands. There are even many fundamentally different ways of approaching the raw material; some 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 and so on. Considerable opposition was expected, in fact, rather less than 1% of all people interviewed refused to continue answering questions when the subject matter of the questionnaire was discovered to be sex, whereas 11% agreed to give their names and addresses in order, that they might be asked far more personal questions on habit, as opposed to attitude. Nor throughout the three months of field work was there anything in the nature of a "scene", although one returned 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 a subject about which people are not likely to talk, whereas the fact is that they talk perfectly willingly and often with extreme frankness.