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SEXOLOGY IN THE YISHUV: THE RISE AND DECLINE OF SEXUAL CONSULTATION IN TEL AVIV, 1930–39

Perhaps my readers are wondering what this digression into high politics really has to do with the love-life of nations. More than appears. The feeling of freedom which is determined biologically and deeply anchored in the souls of mankind, extends first to personal individuality, then directly to sex and the sexual influence on a person as embodied in the family, and thirdly, in the families bound closely together through marriage, language, the home and many common living conditions. By comprehending such factors as these we can come to some accurate conception of the nation.[1]

In late 1931, German sexologist and gay-rights activist Magnus Hirschfeld, quoted above, visited Palestine for a lecture tour that attracted hundreds in Tel Aviv, Jerusalem, Haifa, and kibbutz Beit Alfa. By this time, the Jewish settlers' community (or Yishuv) in Mandate Palestine had already been exposed to the science of sexology and to the reform movement it inspired. Sexual-hygiene manuals had been translated into Hebrew and Yiddish in both Tel Aviv and Warsaw. Hebrew readers had access, for example, to translations of Auguste Forel's *Sexual Ethics* and Max Hodann's *A Boy and a Girl*. Finally, in the fall and winter of 1931–32, three sex consultation centers were opened in Tel Aviv.

This article focuses on the assimilation of sexology and sexual reform in the Yishuv of the 1930s. In this period, German welfare and health systems, as well as Bolshevik projects to remodel the normative family, provided potent manifestations of the abilities of medicine and law to reform family and sexual life. Beyond these specific sites, reform of sexual life was an international, even transnational, movement. Recent studies demonstrate how ideas and practices were disseminated across national borders. Most of these studies, however, focus on Europe.[2]

This article explores the assimilation of sexology in the Yishuv, first, as a case study for cross-national transmission of practices and ideas. Men and women of various nationalities traveled across the world to study with, lecture for, and meet other prominent activists and physicians. Translated books and articles informed laypersons across the globe, who debated concepts of eugenics and reformed family life, and ideas and institutions from one social milieu were re-created in new environments. Thus, I examine

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not only how the Yishuv responded or adapted to sexology but also how it created its own version of reform.

Second, I focus on Palestine as more than just another site where sexual reform was taken up and adapted. Many sexual reformers were German Jews who fled their country shortly after the Nazi rise to power and chose to settle in Palestine, where, together with Russian immigrants, they helped create and upgrade its medical system. The short-lived attempt in the Yishuv to establish sexual consultation centers and encourage open discussion of sex was sometimes compatible with mainstream Zionist ideology and sometimes at odds with it. Mapping those elements of sexual reform that the Yishuv's institutions chose to adopt, and those they rejected, helps to unravel some of the ambiguities that this project entailed at this particular nation-building moment. It is important to note that these centers mostly targeted the Jewish community and virtually ignored Palestine's Arab majority.[3]

Third, this work follows recent critiques of mainstream histories of Mandate Palestine, by focusing on individuals, practices, and experiences that did not fit into a grand-narrative of national revival. Until the last decade, historiography of the Mandate period largely focused on social elites, political leadership, labor movements, and the settlements; other social and cultural elements were left at the margins of Zionist historiography, if not outside of it altogether.[4] In recent years, social and cultural historians have started challenging dominant narratives of the period. Such decentralization of Zionist narratives entails a multiplicity of voices and narratives, multiple experiences of the local story. Such, for example, is the study of bourgeois culture, particularly in Tel Aviv, which was not part of the Zionist ideal of agrarian socialist settlement.[5] Tami Razi and Deborah Bernstein, in recent groundbreaking works, narrate Mandate Tel Aviv through its social margins: prostitutes, street children, unwed mothers, and abandoned wives.[6] Tel Aviv is a center of their stories because its highly developed welfare services attracted single women and mothers. This is also the Tel Aviv in which my story takes place.

Another productive research direction has been to look at the Jewish community in Palestine in terms of immigration rather than the all-consuming concept of *aliyah* (literally: ascent). The latter concept implies an ideological immigration to Eretz Israel, a willingness to leave the old society and the old self behind and build a new society and a new self, preferably through manual labor. Immigration, as an analytical category, brings to the fore new questions and enables a more diverse picture of the Yishuv society: the loneliness of immigrants, longing for home, employment difficulties, abandoned wives, and broken families. This implies a comparative perspective, namely, situating Jewish immigration to Palestine within the context of contemporary waves of migration. It also allows us to examine practices and ideas that immigrants were not interested in leaving behind but rather in recreating in their new homes. Rakefet Sela-Sheffy's research on lawyers and Eran Rolnik's study of psychoanalysis are two such examples.[7]

In what follows, I first situate the Yishuv's sexual discourse in the international context from which it emanated, particularly Weimar Germany and Soviet Russia, which provided the lion's share of Jewish immigrants, including many doctors, to interwar Palestine. I then explore two institutions through which the new sexual discourses emerged: consultation centers and the press. Finally, I question why this movement came to an abrupt end in the late 1930s, and what legacy, if any, it bequeathed to present-day Israel.

SEX AND NATION

Michel Foucault and George Mosse explore, in different ways, the relationship between the emergence of the modern nation–state and the construction of modern bodies. In this process, argues Foucault, the medical profession was given a new role in regulating not only individual but also social life. Medical diagnosis and advice were brought to bear on the social order, the strength of armies, and the everyday processes of reproduction. The domestic sphere and the conjugal bed became objects of state intervention because the continuation of the national body depended on individual reproductive choices.[8]

Sex and the body have also been part of the Zionist project, in simultaneous rejection and adoption of contemporary scientific ideas. New notions of respectability and manliness became a vital part of 19th-century national movements in general. In European medical discourse of the time, the Jewish male was constructed as effeminate and degenerate, the "other" of modern masculinity. Jewish thinkers (and later Zionists as well) sought to counteract this stereotype by creating a new Jew, a "muscle Jew," devoted to physical exercise and self-restraint, who would liberate the diasporic Jews not only from tradition but also from the confines of the Diaspora body. Immigration to Palestine and renewed connection to the land were to free the Jewish body from the degenerating effects of diasporic urban life.[9] In a similar vein, Zionists adopted the emergent eugenic and racial medical assumptions of the time. They advocated eugenics as a means to prevent poverty, disease, and crime. As will be demonstrated, medical professionals in mandatory Palestine encouraged couples to consult an expert before marriage to avoid giving birth to unhealthy offspring.[10]

As Dafna Hirsch demonstrates, this discourse was also highly racialized. After "civilizing" and "Westernizing" their own bodies, East European Zionist thinkers and physicians saw themselves as a national elite, in charge of educating their less fortunate brethren into a "healthy" and "rational" way of life, in the service of a national regeneration that would cure not merely the individual body but also the entire nation. In Palestine, hygienic discourse of the degenerate body contrasted the modern, civilized, hygienic West with the primitive, uncivilized, and unhygienic East. Mizrahi Jews were depicted not only as poor but also as lacking the will and culture to instill the healthy habits that European Jews already possessed.[11]

The new modes of thinking generated oppressive discourses and practices along with ones that many perceived as liberating. Foucault cautions us that both emanated from the same underlying notion of power, which targeted the human body as an object of intervention. It is important to keep this duality in mind; oppression and liberation were often two sides of the same coin, and both modern states and reform movements constructed the body as an object of knowledge and intervention.

Within emerging categories of health and medicine, the sexual-reform movement used the new language of science to advocate the liberation of sexuality from the confines of church and state. From the early decades of the 20th century, this movement influenced reform-minded physicians and activists in Europe and beyond. It espoused a strong belief in the ability to rationalize society according to scientific and/or social principles and signaled the emergence of new (albeit short-lived) sexual discourses. In the United States, Margaret Sanger and the American Birth Control League promoted

birth control as well as eugenics. In Europe, Bolshevik Russia and Weimar Germany instituted more comprehensive reforms of family life, linked to a scientific exploration of human sexuality.

Shortly after coming to power in 1917, the Bolshevik government instituted laws aimed at reconstructing the bourgeois family. Church weddings were no longer recognized, and divorce was easily granted. Abortion was legalized, illegitimacy ceased to be a legal category, and cohabitation was recognized as legal marriage. Sex-education campaigns focused on contraception, hygiene, and prevention of venereal diseases. Communal dining rooms, public laundries, and childcare facilities were intended to liberate women from their domestic burdens and improve their educational and employment opportunities. Bolshevik hygienic education included sanitary-enlightenment houses established in most cities, sanitary lectures and posters in the workplace, newspaper ads, movies, plays, and more. To some activists and physicians elsewhere in Europe, these innovations served as a model for successful reform of family and sexual life until an extreme revision of Soviet policies under Stalin revoked some of the early revolutionary legislation and recriminalized abortion in 1936.[12]

The German sexual-reform movement had considerable international impact. Composed of radical doctors, abortion-rights activists, communists, and gay-rights activists, the movement advocated decriminalization of homosexuality and abortion, accessible contraception, and sex education. In promoting legalized abortions, sexual reformers believed they were improving the life of the poor, by regulating a practice that poor families and single women were resorting to anyway. They also believed sex education could prevent most, if not all, unwanted pregnancies and therefore abortions. Sexual satisfaction and the ability to plan parenthood, in turn, were believed to produce not only happier marriages but also healthier offspring and to reduce prostitution and divorce. German reformers likewise followed the Soviet example in calling for improved antenatal and child care, reform of marriage and divorce, and legalization of consensual sexual acts. Eugenics was part of their agenda, as they believed that voluntary restriction of the birth of the unfit would benefit individual families as well as society at large.[13]

In 1919, Prussia's new social-democratic government offered Magnus Hirschfeld a mansion in Berlin's Tiergarten district to house his library and clinic. This mansion subsequently became the Institute for Sexual Science. There, Hirschfeld pioneered a sex consultation clinic and open Q&A forums. His counseling strategies set the style for municipal and health insurance clinics established in Berlin in subsequent years, which advised men and women on sexual problems, venereal diseases, unwanted pregnancies, and birth control. Advice columns in the printed press served as extensions of these consultation centers.[14]

German Jewish physicians (including Hirschfeld) were at the forefront of the German sexology and reform movement.[15] Gynecologist Ludwig Levy Lenz (1889–1976) worked in Hirschfeld's institute in the 1920s and 1930s and in 1931 was one of the first physicians to perform sex-reassignment surgery.[16] Max Marcuse (1877–1963), a dermatologist by training, wrote articles and books on sexually transmitted diseases, infertility, and unwed motherhood. In 1904 he was one of the founders of the League for the Protection of Mothers and later founded and edited the journal *Sexuelle Probleme*. From 1930 he also served as an expert witness on sexual pathology in German courts.[17] In 1913, Felix Theilhaber (1884–1956) founded the Society of Sexual Reform (Gesex),

which was to lead the campaign for legalized abortions in Weimar Germany. He edited a series of twenty booklets called "Contributions to Sexual Problems" and authored some of them himself. Theilhaber advocated liberalized birth-control policies and a general reform of sex laws.[18]

Max Hodann (1894–1946), one of the non-Jewish members of the group, exercised a significant impact on the Yishuv's sexual-reform discourse and would later visit Palestine. Hodann was head of sexual counseling at the sexology institute and organized public Q&A evenings on sex education. He also wrote several sex-education publications, which were temporarily banned.[19]

The Jewish members of the movement diverged in their opinions of Zionism. Marcuse was a strong supporter of integration and intermarriage as the solution for the "Jewish problem" and therefore objected to Zionism.[20] Theilhaber was a Zionist from his early teens and was particularly concerned by what he saw as the decline and eventual disappearance of German Jewry due to intermarriage and a low fertility rate.[21] Hirschfeld was impressed by Zionism and felt at home in Tel Aviv. He was well aware, however, of the rival claim of Palestine's Arabs to the land. He also considered the revival of the Hebrew language an unnecessarily divisive factor in an already fragmented world.[22]

The World League for Sexual Reform (WLSR), officially inaugurated at a 1928 Copenhagen conference, signaled a combined international effort for the reform of social and legal realities alongside international scientific research of human sexuality. The league attracted medical professionals and lay activists from throughout Europe and beyond. Its members, however, were divided on its guiding principles. Although all supported the call for reform of matrimonial law and for voluntary and responsible control of procreation, they disagreed on the legalization of abortion and homosexuality. The German branch, particularly Hirschfeld's institute, was the most radical; physicians and activists in countries such as Spain, The Netherlands, France, and Britain developed a deradicalized version of the German movement.[23]

German sexual reform came to a tragic end in 1933, affecting its sister movements elsewhere. The medical profession was among the first targeted by the Nazis after their rise to power. In April, non-Aryan and politically suspect doctors were dismissed from municipal and communal health institutes and denied access to health-insurance eligibility, thus removing their major source of income and depriving Germany's public health system of more than half its personnel. Birth-control clinics were closed down and the records of sexual consultation centers were confiscated for use in Nazi sterilization projects. Between February and June, the headquarters of sex-reform organizations were searched and closed. Activists, including Felix Theilhaber and Max Hodann, were arrested and interrogated. On 6 May, Nazi troops stormed Hirschfeld's Institute for Sexology. Books from his library were burned in Berlin's Opera square, and the institute's archives were confiscated and used against homosexuals and other "deviants." Many activists subsequently left the country, never to return. Without Germany at its center, the WLSR died out shortly thereafter.[24]

In an interview, Max Marcuse's son Michael Meroz talked about the burning of Hirschfeld's library as a turning point for his father. At age fifty-six, Marcuse packed his belongings and arrived in Palestine six weeks later.[25] He was not alone in exile. Hirschfeld had left Germany for a world tour in 1930; upon landing in Greece in early 1932, he was advised not to return to his country. He died in Nice in 1935. Max

Hodann left Germany and tried to establish an Institute of Sexology in London. But he was refused permanent asylum in Britain, mainly due to his Communist affiliation and despite repeated appeals by London's sexual-reform activists and medical professionals. He died in Sweden in 1946, apparently by suicide, a broken and disappointed man.[26]

Levy Lenz was more fortunate. In 1933, he left Berlin for Paris, where he acquired new skills as a cosmetic surgeon in the hope that he would be allowed to practice this less controversial branch of medicine in his home country. He returned to Berlin in 1935 and opened a surgical practice, but he had to flee Nazi persecution again in late 1936. He ended up in Cairo, where he received a local license and opened a successful practice as a plastic surgeon. After the war he remained in Egypt but returned often to Germany, mainly to teach cosmetic surgery.[27]

TRAVELING MEN, TRAVELING IDEAS

Travelers from Mandate Palestine to Europe, particularly Berlin and Vienna, acquainted the Yishuv with scientific-reformist sexology from at least the early 1930s. In October 1930, Moshe Ungerfeld, *Haaretz* correspondent in Vienna, published an article enthusiastically describing the Vienna Congress of the WLSR held the previous month. Ungerfeld was fascinated by the prospects for a new sexual morality, governed not by religion or convention but by the objectivity of science. The opinions he expressed in the article were radical: he supported the abolition of organized religion's monopoly on marriage and divorce, legalization of abortions, and eliminating the double standard toward prostitutes and their clients. He was particularly impressed to hear Hirschfeld and his ("Jewish!" as he emphasized) colleagues speaking about women's rights to choose single motherhood and abortion or to refrain from motherhood altogether, the decriminalization of homosexuality, and marriage sanctioned by love alone. The tone of the article is optimistic, if not enthusiastic.[28]

Haaretz did not publish Ungerfeld's subsequent impressions from that congress. First they were "lost in the mail," and Ungerfeld hastened to resend them, only to hear from *Haaretz* editor Moshe Glikson that he had no intention of publishing them. "We have our own worries here," he wrote Ungerfeld in late November, "and our heart is not into such things. Had I published long follow-up items on the same matter, it would have raised some resentment among our readers and, in the present conditions, would have made *Haaretz* into a laughingstock."[29] This letter epitomizes some of the censorship and self-censorship that German sexual reform encountered on its way to Palestine. As in other places, the movement was deradicalized, with issues such as homosexuality or unwed mothers essentially omitted.

Other travelers were leading European sexologists who visited Palestine. Two of them, Magnus Hirschfeld and Max Hodann, arrived in 1932 and 1934, respectively. Hirschfeld was impressed by the social experiment of the kibbutz. In the absence of private property, he claimed, marriage could be exclusively based on erotic-biological motivations and genuine mutual inclination rather than exogenous considerations of "a good match."[30] Hodann was less optimistic. Long years of abstinence, fear of masturbation, and lack of privacy, he argued, caused many sexual difficulties for young couples in the Yishuv. Hodann recounted his passionate conversations with kibbutz members, which belied their self-perception as socially and sexually emancipated. The uniqueness of the kibbutz, he

claimed, lay in the pressures such a small community imposes on its members: the inability of former couples to avoid each other; the small pool of eligible mates; the ratio between men and women, which reflected a "shortage of women"; and most seriously, the accommodation problem. Forcing couples to share their living space with a roommate, due to an inadequate number of rooms, was detrimental to marital and sexual life.[31]

Some of Hirschfeld's colleagues chose to settle in Palestine as part of a wave of immigration of German Jewish doctors. Many of them did not find work; unemployment of medical doctors was a pressing problem from 1933 onward. In their new home, they did not succeed in reviving the radical movement crushed by the Nazis in 1933.[32] Max Marcuse never managed to learn Hebrew and hardly knew any English, while the German-speaking community in Mandatory Palestine, and later Israel, provided a limited pool of patients and admirers. Most of his works were never translated from German, and he died in Israel, mostly unrecognized, in 1963.[33] Felix Theilhaber founded a new health-insurance clinic network, the Maccabi Health Services, and was its chief doctor until his death in 1956. He dedicated most of his time and energy to Maccabi and to promoting recreational sports and did not return to his earlier engagement with sexual reform. Like Marcuse, he never mastered Hebrew.[34] These men's life choices left sexual consultation to others, mainly Russian-born women and men, who were influenced by both the German and Bolshevik examples.

TEL AVIV'S SEXUAL CONSULTATION CENTERS

In the 1930s Tel Aviv was quickly becoming the largest Jewish city in Palestine, mainly due to middle-class immigration from eastern and central Europe. From a town of 34,000 in 1925, it had grown to a city of 120,000 in 1936. The municipality sponsored health and education services that made it even more attractive to Jewish settlers. Indeed, Palestine's Jewish medical health services developed as part of the Zionist project.

Kupat Holim, a healthcare and sick-fund organization, was founded in 1911 with the stated aim of providing affordable medical care to Palestine's Jewish workers.[35] Hadassah, the Daughters of Zion Organization founded by American activist Henrietta Szold in 1912, was devoted to providing medical and educational assistance to Palestine's Jews. Hadassah's funding was instrumental in establishing several hospitals as well as a network of pre- and postnatal care centers. These were modeled after early 20th-century American progressive-era health initiatives and would later provide the infrastructure for the sexual consultation centers.[36] The Tel Aviv Health House was opened in 1932, across the street from Hadassah Hospital. In addition to prenatal and postnatal care, it offered a municipal soup kitchen for abandoned children, a daycare center, a medical library, and regular lectures of the Hebrew Medical Association. It also housed several consultation centers, for vocational advice, sports medicine, medical pedagogy, and mental disorders.[37]

Between 1931 and 1939 Tel Aviv offered three sexual consultation centers. One was a private initiative of Avraham Matmon, who returned to Tel Aviv in 1931 after medical studies in Germany and a brief internship in Hirschfeld's institute. Matmon was born in Odessa in 1900 and immigrated to Palestine with his family at the age of four. He received his medical degree in Berne and then worked and studied in Vienna and Egypt.

Back in Tel Aviv, he founded a Sexual Science Institute in his home while maintaining a day job as an in-house doctor at Nordiya School, a vocational school targeting lower-class, lower-income families. In 1932, Matmon's institute held public lectures as well as two courses on sexual anatomy, development, and hygiene attended by 145 individuals, more than half of whom were women. Some of the lectures were held separately for men and women, and some were offered to both. Starting in September 1932, the institute also offered sexual consultation sessions—two weekly hours for men, two for women, and two for couples. Consultation for women was provided by Dr. Kaufman (probably a female doctor), and the other four hours by Dr. Matmon. Between 1932 and 1935 he also published a biweekly (and later monthly) medical journal named *Ha-Briʾut* (Health). Matmon's book on human sexual life, based on his lecture series and subsequent journal articles, was published in 20,000 copies and eight editions, the last in 1969.[38]

A second venue for sexual consultation, created by Kupat Holim, also opened in 1932. The living spirit behind Kupat Holim's station was gynecologist Miryam Aharonova (1889–1967). Aharonova emigrated to Tel Aviv from Belarus in 1929 and started working for Kupat Holim shortly thereafter. She ran Kupat Holim's Consultation Station for Women, while Kupat Holim General Director Dr. Yosef Meir operated a parallel station for men. Each offered weekly consultation hours and held public lectures. In 1934 Aharonova published *Ha-Higyenah shel Haye ha-Ishah* (The Hygiene of a Woman's Life), subsequently republished in four editions. She also answered readers' health questions in the *Histadrut* Labor Union Federation organ, *Davar*.[39]

The third venue for sexual consultation was the Health House. The station for women opened in May 1932, and the station for men opened two months later; they provided two weekly consultation hours each. Gynecologist Dr. Esther Einhorn operated the station for women, and psychiatrist Dr. Avraham Rabinovic operated the station for men. The latter was subsequently replaced by Einhorn's husband, Shimon, a neurologist. In addition to these regular office hours, the stations held public lectures that attracted hundreds of men and women.[40] Dr. Einhorn and her husband had emigrated from Moscow in 1925. In addition to her volunteer work at the Health House, she worked in a clinic for low-income patients in Shenkin Street in Tel Aviv.[41]

It is worth noting here the relatively high proportion of female doctors in the Yishuv at the time, which reached a peak of about 30 percent in the early 1930s. These figures represent developments specific to Russia and Germany, the main sources of Jewish immigration at the time. Beginning in the late 19th century, women and Jews had been integrating into fields of higher education, including medicine, from which they had previously been barred. In both countries, Jewish women's percentage among the female students was larger than their share of the total female population. This high percentage of women was later felt in Palestine's sexual consultation centers and in public health services.[42]

One of the main purposes of the stations was to prevent eugenically unsound unions. For Aharonova, Matmon, and others, marriage consultation meant limiting, on a voluntary basis, procreation by the invalid, the insane, and "undesirable" social elements, such as alcoholics, prostitutes, and homosexuals. Matmon advised doctors to take patients' family histories, trace recurring defects, and subsequently advise couples on whether to marry.[43] In a 1932 communiqué to *Haaretz*, Dr. Tova Berman, director of the Tel Aviv Health House in its first years, emphasized the importance of the premarital eugenic

consultation provided there: "It is possible to improve the race and reduce the number of individuals whose physical or emotional condition burdens their families and the entire public."[44] Aharonova and Matmon's writings reflected similar concerns.[45] The eugenic element, however, was more prominent in the rhetoric of doctors than in the actual operation of the stations, to judge by doctors' monthly reports and by medical-advice columns in the press. Men and women who turned to the stations were less interested in "eugenically sound" marriages and more in advice about their sex lives.

Medical advice on marital sex life was also seen as a means to a national goal. Healthy intercourse helped stabilize and preserve marriages and thus the well-being of the nation. According to Matmon, for example, an informed sex life meant a happier union. Sexual difficulties, often due to ignorance, could threaten marital and familial life. If people sought sexual advice in time, fornication and divorce could be prevented, as men would learn to guarantee their wives' and their own sexual satisfaction.[46] The purpose of medical advice on sexual matters was thus preemptive. Even the slightest deviation from the norm, claimed Aharonova, might negatively affect married life. Good advice could clear up misunderstandings and return family and sexual life to their normal course. As long as embarrassment relegated such problems to the private domain, they might ultimately lead to divorce.[47] What we see here is a powerful normalization motive. Happiness was equated with a "normal" sex life, which physicians could facilitate. Yet this motive again was only part of the picture. It tells us very little of the uses that men and women chose to make of the stations and advice columns and the role these started to play in their lives.

Doctors' monthly reports are one available indication of what consultation sessions actually entailed and of the identities of those who sought their advice. According to Dr. Einhorn, the consultation center at the Health House provided women with contraceptives, for little or no charge in the case of low-income women. She prided herself on an ethnically diverse clientele who reached the stations thanks to wide publicity in the newspapers as well as on-the-spot referrals from the Health House's maternal- and infantile-care station. In 1938–39, for example, the women's station opened forty-two times and had sixty-six new and seventy-one returning visitors. Most of them consulted Dr. Einhorn about contraception, infertility, sexual hygiene, and marital questions. Dr. Einhorn proudly reported that about 60 percent of the visitors were Ashkenazi and the others Mizrahi Jews, a pride that can be understood as part of the civilizing mission toward the Mizrahi population that Dafna Hirsch notes in other branches of Hadassah Health Services.[48] The men's station was open thirty-nine times and received sixty-nine new and eleven returning visitors, about 80 percent of whom were Ashkenazi. Men tended to make single visits to the station, usually for advice regarding impotence and premature ejaculation. Others consulted Dr. Einhorn about contraception and sexual hygiene. Men also visited the station upon contracting sexually transmitted diseases and were referred to a specialist.[49]

Miryam Aharonova, like Esther Einhorn, noted contraception as the main reason women came to the Kupat Holim station. Her aim was to regulate births and prevent abortions. According to Aharonova, the Kupat Holim station also provided women with helpful information about anatomy, physiology, and hygiene and answered their questions, "each according to her understanding and educational level."[50] In some of the letters to her column in *Davar* (see next section), readers protested that sexual

consultation centers did not operate outside Tel Aviv. Aharonova insisted that any Kupat Holim doctor was qualified to advise on sexual matters, but her readers disagreed. One reader, for example, protested that when she tried to consult her doctor about unwanted pregnancy, his reaction was patronizing and moralistic, unbecoming of a "labor-oriented organization" such as Kupat Holim. Aharonova also encouraged readers from outside Tel Aviv to visit the center, but such suggestions did not satisfy them.[51]

THE PRESS AS A VENUE

The health columns edited by Aharonova in *Davar* and by Matmon in *Ha-Briʾut* are sources of information about the ideology behind these centers and offer indications of the public demand served by the stations. In response to their letters, readers sometimes received detailed answers in the column or privately by mail and at other times were advised to contact their family doctors or a sexual consultation center. Although not all questions were related to sexual matters, *Ha-Briʾut*'s question and answer section addressed at least one such question in each issue and sometimes devoted an entire column to it. In *Davar,* Aharonova reported an influx of dozens of letters, about 90 percent of which concerned sexual matters, all insisting on personalized answers and rejecting the column's advice to turn to the consultation centers. Many of these questions, she claimed, were ones people were too embarrassed to ask their own physicians. Both men and women appreciated the anonymity of the printed medium, away from the judgmental setting of the doctor's office. This demand, Aharonova claimed, attested to a real need, a fallow land, that she simply could not ignore.[52]

In January 1932, for example, Aharonova answered a concerned reader that intercourse may be resumed about two months after birth, whereas only a month of abstinence is required after a miscarriage. Another reader asked how long she would have to wait after an abortion before resuming physical exercise and was answered that she must wait until her first period.[53] In other columns readers asked about crab lice, the fertile days of the month, and causes of infertility and infant mortality.[54] Men wrote to Matmon when they suspected they were infected with a sexually transmitted disease; women wrote to his column when they suspected they were pregnant or for advice about painful or irregular menses. Matmon sometimes referred readers to replies to similar questions in the past, reinforcing the sense that they were not alone in their difficulties; repetition may have had some reassuring value.

These columns emphasize two major concerns of the sexual consultation discourse in Mandate Palestine, masturbation and abortion, both of which failed to fulfill the traditional purpose of the sexual act—procreation. One assumption that guided advice columns was that anything short of complete penile penetration—for example, masturbation, *coitus interruptus*, and even an erotic caress—was harmful to the neural systems of both men and women. It was deemed "unnatural" and therefore physically and mentally dangerous. The masturbating man and the aborting woman did not fulfill their "natural" roles and were therefore singled out as medical problems.

Control of masturbation was thus a site of self-discipline. No longer perceived as a cause of blindness or insanity, as it had been in previous decades, it still manifested a lack of self-restraint and was therefore the opposite of everything manly and virile—or

womanly and chaste.[55] Avraham Matmon advised readers concerned with their masturbation "obsession" to practice auto-suggestive methods and physical exercise, take cold showers, keep a healthy diet, and refrain from excessive reading and contemplation. Masturbation is neither a crime nor an illness, he explained, but rather a weakness that one should overcome by willpower. Although denying many of the alleged negative outcomes of masturbation, Matmon did caution his readers that excessive masturbation might lead to sexual dysfunctions, particularly premature ejaculation.[56] On one occasion, Matmon congratulated a reader who had overcome his masturbation habit and referred him to a sexual consultant for treatment of premature ejaculation.[57] Similarly, *Davar* recommended physical exercise, more relaxed interaction between the sexes, and sexual hygiene as methods of avoiding masturbation.[58] At the same time, in response to a reader's letter, *Davar* noted that male masturbation does not lead to impotence, has no negative impact on children's health, and causes no harm to semen.[59]

References to female masturbation were less frequent. Because the female sex drive was considered weaker than its male counterpart, it did not have the alleged consequences of male masturbation. In a translated article, Dr. Levy Lenz determined that female masturbation had no long-term effects on women's health but nevertheless prescribed marriage and motherhood as a cure.[60] Aharonova cautioned parents to identify girls' tendency to masturbate from infancy. Special attention should be given to intestinal worms, the recurrence of which might lead to masturbation, since they make girls touch their genitalia.[61] To one reader, Matmon wrote that beatings and threats would not "cure" his daughter's masturbation, quite the contrary. He suggested they contact a sexual consultation center for advice.[62]

The recurring reference to premature ejaculation in Matmon's discussion of masturbation is not coincidental. The taboo on masturbation was imposed on actual bodies, which rebelled. Many readers thus wrote Matmon and Aharonova about involuntary ejaculation. In response to a question, *Davar* advised a reader to avoid idleness, eat less meat, drink less in the evening, and have dinner at least three hours before bedtime, presumably as a remedy for nocturnal omissions.[63] Matmon similarly recommended healthy nutrition, less meat, cold showers, physical activity, and light cover.[64] To men who wrote to *Ha-Bri'ut* about premature ejaculation, Matmon advised turning to a medical doctor, who would determine whether the causes were psychological or physiological.[65] Here an expert was called in to deal with a difficulty that resulted from the "self-restraint" that doctors helped enforce.

Foucault describes the clinic as a process that makes the individual patient both the subject and the object of knowledge. A series of questions about the patient's habits, pains, and physiological functions verbalizes the body and renders it meaningful to both patient and doctor. It is only through this dialogue that illness is understood (and cured). The purpose of the clinical interview is to extract from the patients truths that they are not aware of themselves.[66] Sexual consultation, as described here, followed a similar logic. In sexual consultation columns in the printed press, public-health services were not actively or violently penetrating the conjugal bed but were invited to help improve marital relations. Letters to Q&A columns provide examples of men and women seeking advice on how to regulate their bodies, habits, relationships, and reproduction. In this dialogue, they accepted the superiority of medical practitioners who had never met them in explaining their own bodies and in defining normal behavior.

ABORTION

Motherhood offers women unmatched satisfaction, incomparable bliss. It is not only a natural necessity for a woman, but also the hallmark of her life. . . . There is nothing a woman would not sacrifice for such happiness. The childless woman ages prematurely. . . . She will feel this absence most powerfully as she gets older, as no public recognition will compensate her for her loss.[67]

Written by Aharonova, this excerpt reflects the pronatal impetus that drove interwar medical discourse on abortions. Knowing that Aharonova was childless adds a measure of bitterness, even sad irony, to this statement, which exerted its oppressive power on thousands of readers. Aharonova's reflections on abortion are often quoted as epitomizing the Yishuv's harsh pronatalism and objection to abortion.[68] In other articles, however, Aharonova was ambivalent at best when it came to abortions in Mandate Palestine, which were illegal in accordance with the Ottoman Penal Code. The aborting woman was to be sentenced to three years' imprisonment and the doctor and midwife from one to three years. In addition, the license of doctors who performed abortions was to be revoked. According to Shoshi and Amir, this law was not enforced. Abortion was available to those who could afford the services of a private practitioner, which made it a class-specific choice.[69]

The abortion issue reflected the following dilemma: on the one hand, the Yishuv (like many other contemporary societies) was facing a voluntary decrease in family size. In Palestine, low Jewish fertility rates subverted Zionist ambition to counterbalance Palestine's Arab majority. On the other hand, women demanded abortion because they could not afford another child. One approach was to preempt the demand for abortion by encouraging the use of contraception, as indeed consultation centers were doing. Press articles and letters to consultation columns reflected concern with people's ignorance regarding contraceptives and their use of the ineffective *coitus interruptus*, which also ostensibly threatened the mental health of both men and women.

Aharonova, Berman, and Einhorn found themselves trying to balance the national ideal with women's predicaments as presented to them at the clinics, sometimes against their far from sympathetic male colleagues. In this sense, their roles were similar to those of female doctors in Weimar Germany, who stood on the frontlines of the bureaucratized public health system. Relegated to subordinate employee positions within municipal-, welfare-, and insurance-network clinics, they came into closest contact with working-class women and children. More than their male colleagues, they were aware of tensions that women experienced between the national goal of reproduction and prevention of abortion on the one hand and women's predicaments on the other hand. In their everyday work at the clinic, they had to balance social prescription and social need.[70]

In Mandate Palestine, physicians sometimes tried to discourage women from aborting or simply refused to perform abortions. Several articles in the medical and labor press publicly expressed such attitudes. One Dr. Z.-N. wrote in *Dvar ha-Poʿelet* (a newspaper for female workers) about how he tried to dissuade a patient from abortion: he used statistics to convince her of the risks involved, spoke of the first smile of her only daughter, and tried to convince her that she could afford a second child. When this failed, he refused to help her, as he believed that aborting her pregnancy would "wrong the woman, her family, and the public."[71] Aharonova similarly cautioned readers that abortion was a brutal human act that destabilized the delicate work of nature. Abortion

could be traumatic to the woman's body, might cause complications, and might even risk her future fertility—a dear price indeed.[72]

In an anonymous response to Dr. Z.-N.'s letter cited previously, one woman questioned why doctors spent so much time and energy warning women against abortion but were not similarly vocal regarding contraceptives. She argued that the use of *coitus interruptus*, instead of more reliable contraceptives, was a social ill not only because of its dubious effectiveness. Of more importance, long periods of an unsatisfactory sexual life led to nervousness, if not full-fledged neurosis, and jeopardized marital life. It was the responsibility of physicians to advise and educate, even if their help was not explicitly solicited.[73]

Doctors similarly emphasized public ignorance about contraception as one of the root causes of both sexual misery and uncontrollable abortions. In a 1937 article, Dr. Tova Berman stressed the importance of one-on-one consultation sessions for containing the spread of abortions. Women, she claimed, knew no better than *coitus interruptus*, stopped using contraception when they reached forty, or believed abortion to be a risk-free procedure. Such ignorance, she maintained, should be rooted out.[74] Matmon similarly advised his readers against *coitus interruptus* and calendar contraceptive methods and advocated the use of condoms instead. Both Aharonova and Matmon cautioned women against iodine injections as an abortive measure, claiming they only rarely precipitated abortions and always caused long-term physical damage.[75]

To many married and unmarried women who immigrated to Palestine without the economic and logistic support of an extended family, an unwanted child was an overwhelming burden. Like their German counterparts, Berman, Aharonova, and others were well aware of women's dilemmas when facing unwanted pregnancies. In spite of Aharonova's objection to abortion, she expressed clear sympathy with the plight of working-class women who resorted to abortion for lack of alternatives. Based on their clinical experience, Aharonova and Berman noted that abortion often stemmed from inability to support a child and fear of losing a low-income job upon childbirth. It could also be an outcome of premarital sex, broken marital promises, or boyfriends or husbands leaving upon learning of the pregnancy. Some of these women, they claimed, would have loved to keep a child but simply could not afford to. Until the nation was able to assist women in raising an unplanned child, Berman argued, it could not demand that a woman refrain from the "difficult and painful" choice of abortion.[76]

Aharonova and Berman also hailed the Soviet example of legislation and institutions protecting mothers' rights: state-sponsored daycare, protection of pregnant woman against dismissal, maternity leave, and more. A house for mothers and children, capable of hosting single mothers in the weeks and months following birth, was another suggested solution. Only such legislation, which would provide women economic security, would be able to prevent abortions or at least reduce their rate.[77]

Their suggestion was to entrust decisions about abortion to a national committee rather than leave it to the discretion of individual doctors. Matmon asserted that abortions should be entrusted to an officially appointed doctor, or even a committee, who would weigh the issue on an individual basis, according to a woman's socioeconomic circumstances and her ability to support her children.[78] Yosef Meir similarly emphasized that such a decision should not be taken by a woman alone. According to Meir, it was a national responsibility to create an advisory body that would persuade women

to reconsider aborting a pregnancy. Preliminary financial help might dissuade women from hasty decisions, since "after all, she is a woman, and deep inside her she longs for a child."[79] Berman similarly argued that the question of abortion was a national problem, threatening not only the health of individual women but also the future of the entire Yishuv.[80]

THE DECLINE OF SEXUAL CONSULTATION

Dr. Harold Schiller immigrated to Palestine in the early 1930s from New York, where he had worked in the municipal Birth Control Clinical Research Bureau. In the spring of 1940 he wrote to Hadassah's director, Dr. Haim Yaski, offering to open a birth-control clinic based on the American model as part of the Hadassah's preventive medical services. Yaski replied that the emergency medical services at the Yishuv were busy enough in preparation for war. He further maintained that such an endeavor might not be easy, "because of our settlement politics, because of the decrease in birth rates, and because of the religious decrees."[81] In a subsequent letter, Dr. Schiller tried to convince Yaski yet again to accept his offer and exclaimed: "Our religion does not positively forbid the use of preventive measures by the woman. The political objection is tainted by hypocrisy, as is evident by the widespread use of methods which are less successful or harmful."[82] Disappointed, Schiller returned to New York shortly thereafter. Schiller's focus on contraception was increasingly controversial. Later, following the Holocaust, procreation was seen as crucial not only for the demographic struggle in Palestine but also for the survival of individual families and of the Jewish people as a whole.

The consultation stations were already dying away in the years leading up to World War II. During the Arab Revolt of 1936 to 1939, the Health House was busy hosting Jewish refugees from Jaffa and surrounding settlements. The demand for sexual consultation also decreased. Already in the late 1930s, doctors voiced their disappointment in the poor attendance at public lectures and the dubious nature of those who did choose to attend. In a 1937 article, for example, Tova Berman maintained that the intended audience did not come, and those who did frequent the lectures came only to satisfy their "sick curiosity"[83] or were "unusual characters, extravagant, a little psychotic," as Dr. Haim Berlin would maintain eight years later in an internal discussion at the Health House.[84] Of more significance, as Dr. Einhorn noted in May 1945, the demand for the station's services decreased, "maybe due to pronatalist propaganda."[85]

Contraception thus came to be denoted as a national problem. The low fertility rate and the "one-child fashion" or "two-children fashion," prevalent mainly in Ashkenazi families, were risking the Jewish future as a whole, not just the continuity of the Yishuv. Gynecologist Yosef Asherman, for example, noted that it was now the doctor's assignment, even duty, to encourage women to bear more children, urging them to "fulfill their natural role" and to produce more of the "human material required for [national] construction."[86] Berman similarly encouraged doctors to convince women not to abort, due to the "dire problem of our very existence as a nation." By allowing abortions, she argued, "we destroy with our own hands the mother's health and the new generation that must arise should we wish to be a nation."[87] Italian-born demographer Dr. Roberto Beki similarly cautioned that contraception and late marriage indeed freed women from the burden of unwanted pregnancies but caused a "birth deficit" that "endangers our

nation," particularly in view of the high fertility rates among Palestinian Arabs—almost the only context in which Palestine's Arab majority was mentioned.[88]

The first decades of Israel's existence witnessed no public debate on human sexuality, a discussion that had to wait for the 1970s and second-wave feminism. The demographic threat turned into a central trope in both Israeli and Palestinian nationalism. Genetic testing in present-day Israel follows some of the patterns set in the Mandatory period. Prenatal and antenatal care institutions established in the same period exist to this day, sometimes even in the same buildings. Sexual consultation, however, did not survive World War II.

CONCLUSION

In this article, I have explored the short-lived sexual consultation discourse that emerged in Jewish Palestine in the early 1930s in the form of ongoing interactions between doctors and patients. Like the works of Razi and Bernstein, this article has touched on the lives of women struggling with economic predicaments, immigration hardships, unwanted pregnancies, and unsympathetic doctors. Discursively, the male body was to channel sexuality into legitimate expression in a healthy marital union; the female body was to be guarded against unwanted pregnancies and undesirable abortions. Individual bodies, however, did face longing, loneliness, and poverty, which led to diverse life choices.

The story of sexual consultation centers also offers a glimpse into the predicament of immigrant doctors, who were uprooted from their intellectual world, had to find new ways of making sense of their lives, and sometimes tried to re-create the world they had known. Such a story presents success and failure side by side and enriches our understanding of the history of the Yishuv, filling it with tensions and contradictions. Here a comparative perspective was very helpful in understanding the lives of German sexologists compared to their colleagues elsewhere and in understanding the experiences and choices of female doctors compared to their colleagues in Germany and Russia. This article has offered a chapter in the history of international sexual reform and of the movement beyond its European center. It is also a chapter in the history of the Jewish community in the Yishuv, of a social experience that touched the lives of thousands.

NOTES

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[65]"Sheʾelot u-Tshuvot," *Ha-Briʾut* 3, no. 9 (15 March 1935): 72.

[66]Foucault, *The Birth of the Clinic*, xviii–xix.

[67]Aharonova, *Ha-Higyenah shel Haye ha-Ishah*, 53.

[68]See, for example, Delilah Amir and Niva Shoshi, "Hok ha-Hapalot ha-Yisreʾeli—Hebet Migdari ve-Feministi" (The Israeli Abortion Law—A Gendered and a Feminist Perspective), in *ʿIyunim be-Mishpat, Migdar u-Feminizm* (Studies in Law, Gender, and Feminism), ed. Dafna Barak-Erez (Srigim, Israel: Nevo, 2007), 784–85.

[69]On the legal status of abortions in Mandate Palestine, see Tz. Eliyahu Cohen, "La-Sheʾelah ha-Mishpatit shel ha-Yeled" (On the Legal Question of the Child), *Ha-Ishah* 2 (1929): 9; Amir and Shoshi, "Hok ha-Hapalot ha- Yisreʾeli—Hebet Migdari ve Feministi," 784–85.

[70]Atina Grossman, "German Women Doctors From Berlin to New York: Maternity and Modernity in Weimar and in Exile," *Feminist Studies* 19 (1993): 65–88; Jill Stephenson, "Girls' Higher Education in Germany in the 1930s," *Journal of Contemporary History* 10 (1975): 41–69.

[71]Dr. Z.-N., "Vikuakh" (Debate), *Dvar ha-Poʿelet* 1, no. 10 (27 December 1934): 215.

[72]Miryam Aharonova, "Ha-Hapalah ve-Totsʾoteha" (Abortion and its Consequences), in "Mishmar ha-Briʾut," *Davar,* 14 October 1931, 3; idem, *Ha-Higyenah shel Haye ha-Ishah,* 55.

[73]H., "Le-Divere Dr. Z.-N.," *Dvar ha-Poʿelet* 1 (24 February 1935): 266–68.

[74]Tova Berman, "Le-Darkhe ha-Hasbarah ha-Popularit" (On Ways of Distributing Information to the Public), *Dapim Refuʾiyim* 2, nos. 1–2 (November 1937): 60–61.

[75]"Hazrakat Yod li-Mniʿat o Hafsakat Herayon" (Iodine Injection for the Prevention or Termination of Pregnancy), *Ha-Briʾut* 2, no. 3 (12 November 1933): 26.

[76]Tova Berman, "She'elah Yishuvit" (A Yishuv's Question), *Dvar ha-Po'elet* 3, no. 12 (February 1937): 247.

[77]Dr. Miryam Aharonova, "Haganat ha-Em" (Protecting the Mother), *Dvar ha-Po'elet* 1 (March 1934): 10–11; Dr. Tova Berman, "Vitur al ha-Yeled" (Giving up on a Child), *Dvar ha-Po'elet* 1 (31 July 1934): 107; Dr. M. Aharonova, "Ovdot" (Female Workers), *Dvar ha-Po'elet* 1 (27 November 1934): 178–80; Dr. M. Aharonava in the third meeting, "Ha-Kinus Ha-Artsi shel Irgune Imahot 'Ovdot" (The National Convention of Working Mothers), *Dvar ha-Po'elet* (27 December 1934): 223; Dr. M. Aharonova, "Darush Pitron" (A Solution is Needed), *Dvar ha-Po'elet* 2 (6 June 1935): 71; Dr. Tova Berman, *Dvar ha-Po'elet* 3 (February 1937): 247; Dr. Tova Berman, "Al Sibot ha-Hapalot ha-Melakhutiyot" (Reasons for Abortion), *Ha-Refu'ah* 38 (1 March 1945): 98–99; M. Aharonova, "Ha-Hapalah ve-Totz'oteha" (Abortion and its Outcomes), *Davar*, 14 October 1932, 3.

[78]"She'elot u-Tshuvot," *Ha-Bri'ut* 3, no. 3 (21 November 1934): 3.

[79]Yosef Meir, "Le-She'elat Hafsakat ha-Herayon" (The Question of Termination of Pregnancy), *Dvar ha-Po'elet* 3, no. 8 (25 October 1936): 148.

[80]Dr. Tova Berman, *Dvar ha-Po'elet* 3 (February 1937): 247.

[81]Preventive medicine, Tel Aviv Station, 1939–1940, two letters from Dr. Yaski to Dr. Schiller, 7 April 1940 and 15 July 1940; a letter from Dr. Schiller to Dr. Yaski, 26 March 1940. CZA, J113/2374.

[82]Letter from Dr. Yaski to Dr. Schiller, 10 April 1940, CZA, J113/2312.

[83]Tova Berman, "Le-Darkhe ha-Hasbarah ha-Popularit," *Dapim Refu'iyim* 2, nos. 1–2 (November 1937): 59–60.

[84]A protocol, 22 May 1945, CZA, J113/2376.

[85]Minutes from the sub-committee's meeting on 7 May 1945, the end of the war, CZA, J113/2376.

[86]Dr. Yosef Asherman, "Tafkid ha-Rofe' be-'Idud ha-Yeludah" (The Pro-Natalist Role of the Doctor), *Ha-Refu'ah* 38 (1 February 1945): 50–51; "Ha-Kinus ha-Artsi ha-Rishon shel Rof'e Nashim be-Tel Aviv" (The First Convention of Tel Aviv Gynecologists), *Ha-Refu'ah* 36 (1 May 1944): 173.

[87]Tova Berman, "Al Sibot ha-Hapalot ha- Melakhutiyot," *Ha-Refu'ah* 38 (1 March 1945): 100.

[88]Prof. R. Beki, "Ha-Matsav ha-Demografi be-Eretz Israel" (The Demographic Situation in Eretz Israel), *Ha-Refu'ah* 38 (15 March 1945): 131–32.