Although the Kinsey work has become a landmark of sociologic response, it was not designed to interpret the psychologic or physiological implications of sexual behavior. Its greatest contribution has been in opening the previously closed-door of our culture to decisive investigation of human sexual behavior. The reports of human sexual processes obtained by Kinsey and co-workers during World War II, and published a monumental compilation of observations. Views will be presented in general rather than in statistical detail.

In 1954 an investigation of the anatomy and physiology of the sexual response was initiated within the framework of the Masters, J. L., & Johnson, V. E. (1966).
The female sexual response cycle.

**Figure 1-2**

The female sexual response cycle.

---

The human female: sexual response. There is no unique pattern of sexual response in female sexual interaction. The seminal fluid is, however, a significant source of sexual excitement in female sexual response. Sexual response is a complex process involving the integration of sexual excitement, sexual response, and sexual satisfaction. Sexual satisfaction is achieved through the satisfaction of sexual excitement and the sexual response. Sexual response is the culmination of sexual excitement and the sexual satisfaction. Sexual satisfaction is achieved through the satisfaction of sexual excitement and the sexual response. Sexual satisfaction is achieved through the satisfaction of sexual excitement and the sexual response.
The basic physiological response of the human body to sexual stimulation is the autonomic nervous system response to evoke sexual stimulation. The autonomic nervous system responds to sexual stimulation in the peripheral nervous system by releasing neurotransmitters that affect the smooth muscles of the genitalia and the vascular system. This results in increased blood flow to the genital area, leading to increased sexual arousal. The sexual response can be divided into five stages: excitement, plateau, orgasm, and resolution. Each stage has its own unique physiological changes that occur to facilitate sexual pleasure and reproduction.

The excitement stage is characterized by increased heart rate, blood pressure, and respiration rate. The plateau stage is marked by continued physiological changes, such as increased blood flow to the genitalia, which leads to vaginal lubrication in women and erection in men. The orgasm stage is characterized by intense sexual pleasure, which is accompanied by contractions of the muscles of the pelvic floor. The resolution stage is the final stage of the sexual response cycle and is marked by the return of the body to its baseline state.

The sexual response cycle is influenced by a variety of factors, including hormones, emotions, and environmental cues. Hormones such as testosterone and estrogen play a significant role in the sexual response cycle, as they regulate the production of sexual desire and the physiological changes that occur during sexual activity. Emotional factors, such as love and intimacy, can also affect the sexual response cycle, as they can increase sexual desire and arousal.

The sexual response cycle is not only important for sexual pleasure, but it also has significant implications for overall health and well-being. A healthy sexual response cycle is vital for maintaining sexual health and preventing sexual dysfunction.

In summary, the sexual response cycle is a complex process that involves the interaction of the nervous system, hormones, and emotions. Understanding this cycle is essential for promoting healthy sexual relationships and overall well-being.
Objective research in human sexuality will become available as the mass of our society come to accept
will more clearly delineate human sexuality in accuurelated. Such data only
behavioral problems of human sexual inadequacy will not be affected adversely by either medical or behavioral 
problems. It is of no avail, when in the study of human sexual behavior,
available to research interests, even arbitrarily produced information
reproductions of the general population can be made
exemplifiability of patients can be presented as a
search populations will be presented as a
characteristic of the combined -
McAuliffe et al. (1976) discuss the sources of this information, and the public in mind. Until a
search populations will be presented in the
behavioral problems of human sexual inadequacy, the combined -

The reaction of any men and women respond as they do to
McAuliffe et al. (1976) discuss the sources of this information, and the public in mind. Until a
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behavioral problems of human sexual inadequacy, the combined -

The reaction of any men and women respond as they do to
McAuliffe et al. (1976) discuss the sources of this information, and the public in mind. Until a
THE BREASTS

Within the frame of reference of the cycle of sexual response, the accompanying discussion of physiological reaction presented are highlighted in this skeletal review of body systems and in the similarities of male and female response to sexual stimulation. The similarities of male and female response to sexual stimulation, the two sexes, male and female, are acknowledged. However, parallels in reactive potential are sketchy in characteristic. Furthermore, the emphasis on erectile potential for erectile duration and intensity of response—these usually are differences in established erectile patterns in sexual stimuli, and when combined by normal anatomical variation to a single sex, there are differences in erectile potential to a single sex. These differences are reactions to sexual stimulation that are the two sexes, male and female. The effects of the differences in sexual response patterns tend to emphasize the differences in sexual response patterns, the differences between the two sexes, male and female. This technique of contrasting physiological capacity of the human male and female for sexual performance in separate presentations does improve contrast and understanding of the differences in erectile potential of male and female, while the technique of contrast and understanding of the differences in erectile potential of male and female has been pointed primarily to anatomic presentation of erections. The male and female erections have been discussed in detail. In order to provide continuity, the anatomy and physiology of human response to sexual stimuli...
As opposed to the relatively rapid resolution-phase induction

of female nipple erection, male nipple erection is not demonstrated by the male breast.

(Serotonin for the nipples?) are not discussed by the author.

The increase in breast size and conspicuousness of the breasts can be provided.

Although frequently emphasized in medical and surgical texts, the nipple is not a normally
exposed part of the female breast. A minimization of nipple exposure is typical.

Breasts, for example, are not exposed in public showers or among bed sheets.

The nipple, however, is a very prominent part of the male breast.

The increase in breast size and conspicuousness of the breasts can be provided.

Serotonin for the breasts? are not discussed by the author.

The increase in breast size and conspicuousness of the breasts can be provided.

Text is too small to be legible.

Sex flush

Before demonstration has been completed.

may persist for many minutes after erection

of female nipple erection, male nipple erection, when established.

Both male and female subjects have demonstrated a

SEX FLUSH

Text is too small to be legible.
Hyperventilation

Release

takes been observed between the sexes in applicability of muscle tension
both types is accomplished during the plateau phase. No difference

together with the expectation of maximum tension in all cases; for instance,
there is little muscle tension during voluntary or involuntary de-

Hyperventilation is a consistent increase in plateau-phase tension for

maximizing the applicability of muscle tension.

Chapter Seven

Similarities in Physiologic Response

Mocona
Pelvic visera

The first responses of the pelvic visera to the stimulation of sexual tension are the reactions of the penis and the production of seminal fluid.

Blood pressure

In the past (6.9-7.0, 9.3-10.0, 12.1-13.7, 15.2-16.0, 18.7-20.0) blood pressures have been recorded. During orgasmic experiences the blood pressures of sexual tension have been recorded. In the pelvic organs during sexual activity and during the sexual climax, the blood pressure has been measured. From 11.0 to 12.0, 13.0 to 14.0, 15.0 to 16.0, 17.0 to 18.0, 19.0 to 20.0, the blood pressures have been recorded. The blood pressures have been recorded from 9.0 to 10.0, 10.0 to 11.0, 11.0 to 12.0, 12.0 to 13.0, 13.0 to 14.0.

The first orgasmic experience.

The second orgasmic reaction has been described.
The female sexual response is provided by the parthetone's glands. The female sexual response is preceded by the parthetone's glands.

Another common phase is the plateau phase. This phase is characterized by a prolonged plateau phase, during which the parthetone's glands are producing a secondary peak of estrogen. The plateau phase is the longest phase of the female sexual response, lasting several minutes to several hours.

The female sexual response is completed by the resolution phase. During this phase, the parthetone's glands decrease their production of estrogen, and the female sexual response returns to baseline levels.

The female sexual response is a complex process that involves the interaction of the parthetone's glands, the nervous system, and the endocrine system. This process is influenced by a variety of factors, including hormonal changes, emotional state, and physical activity.
Resorption Phase

At the most, ascension without detectable pulmonary and reach two of three times

which occurs in the process of the external tension which

of the ascending traction. There is no physiologic response. The

response, beginning to low external-phase traction of the response. The

younger than the patient, the higher the traction and more toward the lower

Florence's phase. II has onset with contributions of the traction

Florence's phase is expressed over a longer

Chapter 14.)

Contraction of the ascending traction of the patient you've

and circles 2.0s second and continue the contraction and

It is seen that the traction is increased after the traction

And Chapter 6.

The internal tension under significant traction pressure. These

seem pool is selected, above the lower traction and the

The traction of the traction effect, the traction bladder

The traction of the traction effect, the traction bladder

When seminal plasma is transported in the presence of the

When seminal plasma is transported in the presence of the

The gravitational plasma is expressed during the collection of

The gravitational plasma is expressed during the collection of

The gravitational plasma is expressed during the collection of

Possible may identify them as essentially similar substances.

The nucleus consistency of both materials, predominantly determining the

The particles' grains in view of the particle-phase timing and
culture conflict, contraception, etc., and of secondary impact when compared
characteristics of post-conflict, post-emergency, and post-conflict
situation. Voluntary and involuntary in
sexual and/or deep vs. consciousness and that the secondary reaction
there exists a female with observed sexual stimulation is higher-
paradigm there is evidence to observe that the primary physiological reaction of
ions and discussions that the primary physiological reaction of
parallel between the anatomic response of the human makes
Parallels between the anatomic response of the human makes
place on pages to-2, 3, and 4 have been
As and to comparison, Tables 1, 2, 3, and 2 have been
and female to observe sexual stimulation have been established.
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<table>
<thead>
<tr>
<th>I. Excitement Phase</th>
<th>II. Plateau Phase</th>
<th>III. Orgasmic Phase</th>
<th>IV. Resolution Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breasts</strong></td>
<td>Nipple erection; increased definition and extension of venous patterning; increase in breast size; turgidity of nipples; further increase in breast size; marked areolar engorgement.</td>
<td>No observed changes</td>
<td>Rapid detumescence of areolae and involution of nipple erection; slower decrease in breast volume and return to normal venous patterning.</td>
</tr>
<tr>
<td><strong>Sex Flush</strong></td>
<td>Appearance of maculopapular rash late in phase, first over epigastrium, spreading rapidly over breasts.</td>
<td>Well-developed flush; may have widespread body distribution late in phase.</td>
<td>Degree of flush parallels intensity of orgasmic experience (est. 75% incidence).</td>
</tr>
<tr>
<td><strong>Myotonia</strong></td>
<td>Voluntary-muscle tension; some evidence of involuntary activity (vaginal-wall expansion, tensing of abdominal and intercostal musculature).</td>
<td>Further increase in voluntary and involuntary tension; semispastic contractions of facial, abdominal, and intercostal musculature.</td>
<td>Loss of voluntary control; involuntary contractions and spasm of muscle groups.</td>
</tr>
<tr>
<td><strong>Rectum</strong></td>
<td>No observed reaction</td>
<td>Voluntary contraction of rectal sphincter as stimulative technique (inconsistent).</td>
<td>Involuntary contractions of rectal sphincter occurring simultaneously with contractions of orgasmic platform.</td>
</tr>
</tbody>
</table>

<p>| <strong>Hyperventilation</strong> | No observed reaction | Appearance of reaction occurs late in phase. | Respiratory rates as high as 40/min.; intensity and duration indicative of degree of sexual tension. |
| <strong>Tachycardia</strong>      | Heart rate increases in direct parallel to rising tension regardless of technique of stimulation. | Recorded rates average from 100 to 175 beats per min. | Recorded rates range from 110 to 180+ beats per min.; higher heart rates reflect more variation in orgasmic intensity for female than for male. |
| <strong>Blood Pressure</strong>   | Elevation occurs in direct parallel to rising tension regardless of technique of stimulation. | Elevations in systolic pressure of 20–60 mm. Hg, diastolic 10–20 mm. Hg. | Elevations in systolic pressure of 30–80 mm. Hg, diastolic 20–40 mm. Hg. |
| <strong>Perspiratory Reaction</strong> | No observed reaction | No observed reaction | Appearance of widespread film of perspiration, not related to degree of physical activity. |</p>
<table>
<thead>
<tr>
<th></th>
<th>I. Excitement Phase</th>
<th>II. Plateau Phase</th>
<th>III. Orgasmic Phase</th>
<th>IV. Resolution Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clitoris</td>
<td>Tunescence reaction of clitoral glans; vasocongestive increase in diameter of clitoral shaft; shaft elongation</td>
<td>Withdrawal of clitoral body (shaft and glans) from normal pudendal-overflow hang positioning and retraction against anterior body of symphysis</td>
<td>No observed changes</td>
<td>Return to normal position within 5 to 10 minutes after cessation of orgasmic platform contractions slower detumescence loss of vasocongestion</td>
</tr>
<tr>
<td>Vagina</td>
<td>Appearance of vaginal lubrication within 10–30 sec. after initiation of any form of sexual stimulation; expansion and distention of vaginal barrel; vaginal-well color alteration from normal purplish-red to darker, purplish hue of vasocongestion</td>
<td>Development of orgasmic platform at outer third of vagina; further increase in width and depth of vaginal barrel</td>
<td>Contractions of orgasmic platform starting at 0.8-sec. intervals and recurring 5–12 times; after first 3 to 6 contractions, intercontraction intervals lengthen and contractile intensity diminishes</td>
<td>Rapid detumescence orgasmic platform; relaxation of vaginal wall turn to normal color (may take as long as 1 min.)</td>
</tr>
<tr>
<td>Uterus</td>
<td>Partial elevation of anteriorly placed uterus; development of corpus irriability</td>
<td>Full uterine elevation into false pelvis; cervical elevation produces tenting effect in midvaginal plane; increasing corpus irritability</td>
<td>Corpus contractions beginning in fundus, progressing through midzone, and expiring in lower uterine segment; contractile excursion parallels intensity of orgasmic experience; multipara, est. 50% size increase</td>
<td>Gaping of external os which continues 2 min.; return of elevated uterus to uterine position in true pelvis; cervical descent to seminal basin</td>
</tr>
<tr>
<td>Labia Majora</td>
<td>Nullipara: flattening, separation and anterolateral elevation of labia away from vaginal outlet</td>
<td>Nullipara: labia may become severely engorged with venous blood during prolonged phase</td>
<td>Nullipara: no observed reaction</td>
<td>Nullipara: return to normal thickness and mix positioning</td>
</tr>
<tr>
<td></td>
<td>Multipara: vasocongestive increase in diameter; slight lateral movement away from midline</td>
<td>Multipara: further vasocongestive swelling depending upon degree of varicosity involvement</td>
<td>Multipara: no observed reaction</td>
<td>Multipara: involution of labial vasocongestion</td>
</tr>
<tr>
<td>Labia Minora</td>
<td>Minor labial thickening and expansion extending vaginal barrel approximately 1 cm.</td>
<td>Occurrence of vivid color change ranging from bright red to deep wine color; this sex-skin reaction pathognomonic of impending orgasm</td>
<td>No observed reaction</td>
<td>Color change from bright red to light pink within 10–15 sec.; loss of vasocongestive size increase</td>
</tr>
<tr>
<td>Bartholin’s Glands</td>
<td>No observed changes</td>
<td>Secretion of drop or two of mucoid material aiding in lubrication of vaginal outlet during long-maintained coital connection</td>
<td>No observed changes</td>
<td>No observed changes</td>
</tr>
</tbody>
</table>
# Table 17-3

**Sexual Response Cycle of the Human Male—Extragenital Reactions**

<table>
<thead>
<tr>
<th></th>
<th>I. Excitation Phase</th>
<th>II. Plateau Phase</th>
<th>III. Orgasmic Phase</th>
<th>IV. Resolution Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breasts</td>
<td>Nipple erection (inconsistent and may be delayed until plateau phase)</td>
<td>Nipple erection and turgidity (inconsistent)</td>
<td>No observed changes</td>
<td>Involution of nipple erection (may be prolong</td>
</tr>
<tr>
<td>Sex Flush</td>
<td>No observed reaction</td>
<td>Appearance of maculopapular rash late in phase (inconsistent); originates over epigastrium and spreads to anterior chest wall, neck, face, forehead, and occasionally to shoulders and forearms</td>
<td>Well-developed flush; degree parallels intensity of orgasm (est. 25% incidence)</td>
<td>Rapid disappearance flush in reverse order of appearance</td>
</tr>
<tr>
<td>Myotonia</td>
<td>Voluntary-muscle tension; some evidence of involuntary activity (partial testicular elevation, tensing of abdominal and intercostal musculature)</td>
<td>Further increase in voluntary and involuntary tension; semispastic contractions of facial, abdominal, and intercostal musculature</td>
<td>Loss of voluntary control; involuntary contractions and spasm of muscle groups</td>
<td>Myotonia rarely cat more than 5 min. phase but not lost as idly as many evidence vasocongestion</td>
</tr>
<tr>
<td>Rectum</td>
<td>No observed reaction</td>
<td>Voluntary contraction of rectal sphincter as stimulative technique (inconsistent)</td>
<td>Involuntary contractions of rectal sphincter at 0.8-sec. intervals</td>
<td>No observed changes</td>
</tr>
<tr>
<td>Hyperventilation</td>
<td>No observed reaction</td>
<td>Appearance of reaction occurs late in phase</td>
<td>Respiratory rates as high as 40/min.; intensity and duration indicative of degree of sexual tension</td>
<td>Resolves during refract period</td>
</tr>
<tr>
<td>Tachycardia</td>
<td>Heart rate increases in direct parallel to rising tension regardless of technique of stimulation</td>
<td>Recorded rates average from 100 to 175 beats per min.</td>
<td>Recorded rates range from 110 to 180 beats per min.</td>
<td>Return to normal</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Elevation occurs in direct parallel to rising tension regardless of technique of stimulation</td>
<td>Elevations in systolic pressure of 20–80 mm. Hg, diastolic 10–40 mm. Hg</td>
<td>Elevations in systolic pressure of 40–100 mm. Hg, diastolic 20–50 mm. Hg</td>
<td>Return to normal</td>
</tr>
<tr>
<td>Perspiratory Reaction</td>
<td>No observed reaction</td>
<td>No observed reaction</td>
<td>No observed reaction</td>
<td>Involuntary sweating reaction (inconsistent), usu confined to soles of and palms of hands</td>
</tr>
<tr>
<td></td>
<td>I. Excitement Phase</td>
<td>II. Plateau Phase</td>
<td>III. Orgasmic Phase</td>
<td>IV. Resolution Phase</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------</td>
<td>-------------------</td>
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<td>----------------------</td>
</tr>
<tr>
<td>Penis</td>
<td>Rapid occurrence of erection which may be partially lost and subsequently regained during a prolonged phase, or may be easily impaired by the introduction of asexual stimuli</td>
<td>Increase in penile circumference at coronal ridge; color change in coronal area (inconsistent)</td>
<td>Expulsive contractions of entire length of penile urethra; contractions start at 0.8-sec. intervals and after the first 3 or 4 are reduced in frequency and in expulsive force; minor contractions continue for several seconds</td>
<td>Detumescence occurs: stages; (1) rapid loss of vasocongestion until penis is from 1 to 1½ times enlarged; (2) slower inversion to normal state, ally extended process</td>
</tr>
<tr>
<td>Scrotum</td>
<td>Tensing and thickening of scrotal integument; flattening and elevation of scrotal sac</td>
<td>No specific reactions</td>
<td>No specific reactions</td>
<td>Rapid loss of congested appearance of scrotum and early reappearance of integumental firming; sometimes delay in process</td>
</tr>
<tr>
<td>Testes</td>
<td>Partial elevation of both testes toward perineum accomplished by shortening of spermatic cords</td>
<td>Enlargement of testes to a 50% increase over their unstimulated noncongested state; elevation to a position of close apposition to perineum; full testicular elevation pathognomonic of impending ejaculation</td>
<td>No recorded reaction</td>
<td>Loss of vasocongestive crease in testicular size full descent of testes: relaxed scrotum; may cur rapidly or slowly pending upon length plateau phase</td>
</tr>
</tbody>
</table>

Secondary Organs

- No observed changes

Cowper’s Glands

- No observed changes

Constrictions of secondary organs which develop sensation of ejaculatory inevitability and initiate ejaculatory process

- No observed changes

- No observed changes

Have been suggested as source of preejaculatory emission of 2 or 3 drops of mucoid fluid; timing is essentially same as that of secretory activity of Bartholin’s glands in female; active spermatozoa have been observed in this fluid

- No observed changes

- No observed changes
Jointed coital activity.

The accessory to the lubrication of the放出al discharge

Two small glands imbedded in the minor

area.

The clinical picture of a condition of the organ or part of the body.

atrophy. A failure of nutrition resulting in a wasting away of

A triangular hollow in front of the elbow.

anterior part of the arm.

A triangular hollow at the end of a tubular structure.

abnormal. Absence of the nerves.

A region of the body in response to a certain region.

abnormal. Absence of the normal growth of the accessory gland.

abnormal. Absence of the normal growth of the accessory gland.

abnormal. Absence of muscular contractions.

abnormal. Absence of the products of conception by the mother.

abnormal. Absence of muscular contractions.

abnormal. Absence of muscular contractions.

abnormal. Absence of muscular contractions.

abnormal. Absence of muscular contractions.
of the body, the right or left hand, raised in a gesture of approval or disapproval. The hand may be held in a fist or clenched, or the fingers may be extended in an open or closed position.

- The position of the hand may vary depending on the context. For example, in a medical examination, the hand may be placed on the abdomen or back to assess for tenderness. In a massage, the hand may be used to apply pressure or perform specific techniques.

- The position of the hand may also be used to indicate a gesture or sign. For example, the "O" hand sign is often used to indicate the letter "O" in sign language. The "thumbs up" gesture is used to indicate approval or success.

Overall, the position of the hand can convey a wide range of meanings, and understanding the context in which it is used is important in interpreting its significance.
Vulva (middle vulvar mucosa) N woman who has never borne a

Neatness A neowoman nearing

Spouse to sexual stimulation.

ACTIVATIONS Increased muscular tension, a secondary physiological re-

The muscular substance of the uterus.

Vulva A lump consisting of phalanges and musculature that grows

Two or more children.

Maturation (ad., maturant) A woman who has given birth to

Surface

Niacin A niacin metabolism; a thin tissue that has a most

Recumbent Recumbent on couch.

To make the initial thrust of the penis into the vagina

Penetration Penetration to monogamy, or marriage, to but one

The one of the sixth month of pregnancy.

Movement of a fetus from the upper to the lower

Retention The act of retaining.

The process of measuring.

Mononuclear Trophoblasts usually between the ages of 45 and 50.

The period of cessation of menstruation in the

Throughout the penis.

Over the age of 45.

The condition of having borne a child or children. Part I,

Four children.

Pain, The condition of having borne a child or children.

Foot of the cervix.

The condition of an organism from the embryonic follicle of

Ovarian, The release of an ovum from the Graafian follicle of

The ovary.

Is the position of the uterus in the pelvis.

ARTICLE 116. Procreation Briefly Assumed. 1. Mother, body.

Procreation, Accepting stimulation within the limits of the

Premature, Premature birth.

Procreation, See corpus luteum.

 tablespoons (ad., maturant) A woman who has never borne a

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The condition of an organism from the embryonic follicle of

Ovarian, The release of an ovum from the Graafian follicle of

The ovary.
Olfactory: Proportion of the female's ventila through the fascia of the scrotum.

Tactile: A sense that has passed, like sweat, through muscle. Tactile (Pleasure) Y band of cori of fibers and smooth muscle tissue. Transverse: A nerve stimulus that has produced and maintained the sec. Retract. Contraction of the muscles. The func. To transverse office and protect the skin to decelerate or enure.


Disorders: A group of symptoms which characterize a particular syndrome. A group of dense fibers of the men and women. Phases in the sexual response cycle by both men and women. During the immediate postorgasmic period of the resolution comes the immediate postorgasmic phase of the resolution of the sexual arousal response. These are the changes that occur during the immediate postorgasmic period of the resolution of the sexual arousal response. The first phase of the production of the natural opening is the period of the production of the natural opening.

Stimulation: A simple or complex phenomenon is able to evoke a simple or complex phenomenon in the visual examination of body parts. A simple or complex phenomenon in the visual examination of body parts.

Psychology: The conscious and unconscious processes.