

greatly diminish or arrest ciliary movement. This movement normally removes the tarry deposits from tobacco smoke which are formed in the bronchioles. The tar is transported from the respiratory passages into the oesophagus. The cough probably arises from the irritation caused by the tarry deposits, and would be made worse if the removal of these deposits were impeded.

Circumcision and Sexual Satisfaction

Q.—*I have heard it said on various occasions, sometimes by men and sometimes by women, that women prefer coitus with a circumcised male because he takes longer to reach orgasm than one who is uncircumcised. Is this a statement of fact or merely an expression of opinion?*

A.—This is a belief rather than a fact, but it is one which has been firmly held by certain races from earliest times. Ancient as well as modern literature contains accounts of women who, after failing to satisfy their sexual desires elsewhere, turned ultimately to a man who had been circumcised. The idea is widely accepted and discussed amongst the more primitive peoples to-day.

It is said that removal of the prepuce results in the glans penis becoming less sensitive to touch, and more stimulus is therefore required to produce an emission. The coital act is thus prolonged, and this tends to ensure that the woman always reaches orgasm. The same objective can be achieved by other means, so that the reputation enjoyed by circumcision is traditional rather than proved, and it remains to be shown that any success which a circumcised lover may have is "based not on artistry but on anatomy" (R. L. Dickinson). It may be added that ejaculation is not dependent only on the tactile sensitivity of the glans, and it is not uncommon to hear circumcised men complaining of premature ejaculation.

Circumcision does not necessarily make the act more pleasurable for the male, but the men of Eastern races tend in any case to set great store on mere prolongation of coitus—with or without the interests of the female partner in mind. Some authorities hold that this is the original motive for ritual circumcision as practised by certain primitive communities.

Plastic Ring Pessaries

Q.—*What advantages have plastic ring pessaries over vulcanite and rubber ones?*

A.—Although they can be moulded by heat, the only plastic rings of which the writer has knowledge are rigid in use and therefore a little more difficult to insert than pliable rubber or rubber-covered pessaries. Their great advantage is that they do not irritate the vaginal wall, so the patient remains free from offensive odour and discharge. They therefore require changing only at relatively infrequent intervals, and douching is usually unnecessary. They are not, of course, free from the risk of producing pressure necrosis. Vulcanite pessaries are also much less irritating than rubber-covered ones, although they may not be quite so good in this respect as those made of plastic material.

All ring pessaries, irrespective of their material, are only efficient if the perineum is strong enough to hold them. As a rule, they support the uterus better than the vaginal walls.

Nylon Toothbrushes

Q.—*Are toothbrushes made from nylon or other synthetic fibres better than those made of bristle? What are their advantages and disadvantages?*

A.—Toothbrushes made from nylon or synthetic fibres usually have a longer life than those made of natural bristle. The pattern of wear is also different, as nylon fibres tend to bend, producing a splayed brush (particularly if used with hot water), whereas natural bristle tends to break.

The main disadvantage of nylon toothbrushes is that most are too hard and are liable to damage the gums and teeth. Natural bristle brushes may be hard at first, but soften rapidly with use. As an alternative soft nylon brushes are now available and would appear to clean the teeth and gums adequately without causing damage. However, there is some evidence¹ that brushes made from natural bristles are more efficient cleansers. Unfortunately the supply of first-quality bristle available in this country is at present limited, as this grows on the backs of Siberian hogs.

REFERENCE

¹ *J. Periodont.*, 1954, 25, 183.

NOTES AND COMMENTS

Wet Clothes.—Colonel L. W. HARRISON (London, S.W.1) writes: Your expert's answer on this subject ("Any Questions?", April 9, p. 923) reminds me of an experience during the South African War of 1899–2 which may help to supplement his remarks usefully. For many months during that war I trekked with an infantry battalion, and on very many days we marched through a steady drizzle in which the soldiers' clothes were wet through. To my surprise at first, the soldiers kept their greatcoats rolled—in those days they carried them "banderole"—that is, rolled and supported on one shoulder whilst hanging diagonally across the body—and they did not put them on until the rain had ceased, in the evening. How they had learnt the tip I did not know. Perhaps it was from some Scot who had condescended to soldier with this "Manchester" battalion; perhaps it had been handed down in the regiment from experience in earlier campaigns. Your expert says, "The more clothing worn, within limits, the warmer the skin." The words "within limits" should be emphasized. For the three years I was in South Africa, during the war and immediately thereafter, except for three days in Lydenburg and two days in Johannesburg, I slept under tent or bivouac, mostly the latter, and in the cold season it was at first a problem to keep warm: it was quite usual then to find the water in one's hand-basin frozen pretty hard. At first I piled on clothing and seemed to become colder and colder, so one night I took off my greatcoat and laid it loosely over me, having concluded that the tightness of the clothing was responsible for the feeling of chilliness. The experiment was a success, and I learnt thereby that for warmth the clothing should not be too tight. In spite of the many days spent in saturated clothing nobody in my medical charge caught cold, so far as I knew.

A Commonwealth Tour.—Mr. D. D. BROWNE (Wangaratta, Victoria, Australia) writes: Mr. A. Lawrence Abel (*Journal*, December 25, 1954, p. 1540) refers to Wangaratta as a town of 16,000 people that has doubled in five years. Actually, the population is a little over 10,000 and has increased 64% in the last seven years. He refers to Dr. Phillips as the local senior surgeon with two partners, and as a member of the Commonwealth B.M.A. Council. None of these statements is correct. . . . In Dr. Phillip's own interest and in justice to his fellow practitioners in this town and surrounding country, among whom your *Journal* circulates, it seems fair to ask that these errors be corrected.

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Correction.—In Dr. A. T. Mennie's letter on tetracycline (*Journal*, April 16, p. 973) the statement in the last paragraph that "terramycin produces fewer side-effects . . ." should have read that "tetracycline produces fewer side-effects."

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