

life. Marriage at a comparatively late age might also be a factor. The management of the case will depend on aspects such as these. A psychiatrist might help, but only if the man is willing and anxious to co-operate.

The question whether the marriage has been "consummated" is hardly a medico-legal one; it is rather a question of the legal definition of the term "consummation." This was discussed at length and very helpfully by one of the leading authorities on divorce law, Mr. William Latey, in a paper read before the Medico-Legal Society and reported in the *Medico-Legal and Criminological Review*, 1946, 14, 51.

In the case quoted there was undoubtedly "consummation," since the parties are said to have "had intercourse on a few occasions when first married." This case must therefore be distinguished from that of *Cowen v. Cowen* (1946) in which a marriage was declared on appeal to be a nullity, on the ground that the husband had persisted in using a condom, against the wishes of his wife. This was held to be a failure to consummate, so giving the petitioner a right to a declaration of nullity under section 7, subsection i (a), of the Matrimonial Causes Act, 1937 (the "Herbert" Act). A petition on this ground would fail if the wife did not satisfy the Court that she had always objected to the use of this contraceptive device. The wife may have another remedy: if she can prove to the satisfaction of the Court that the husband's conduct has had, or is likely to have, a serious effect on her health, this may constitute grounds for divorce by reason of "cruelty" on his part.

Lead Contamination of Water

Q.—Would you consider the presence of lead in a public water supply (pipe service) to the extent of 1/350 gr. of lead per gallon (0.04 mg. per litre) injurious to health when consumed over a period of many years? If so, what symptoms might be expected?

A.—One authority states that 2 mg. (1/32 gr.) absorbed daily will in time undermine the constitution and set up chronic lead poisoning with changes in the kidneys and arteries which will shorten life (*Industrial Maladies*, by Sir Thomas Legge, p. 47).

NOTES AND COMMENTS

Ejaculatio Praecox.—Dr. K. F. D. SWEETMAN (Kuala Belait, Brunei) writes: This evening while relaxing at the end of a day's work I opened my latest copies of the *B.M.J.*, which arrived only an hour or two before, and tucked away in odd corners I found in two copies (June 28, p. 958, and July 12, p. 82) references to the treatment of the condition known as ejaculatio praecox. It seemed to me that both articles dismissed the subject rather summarily without touching upon several important points. Ejaculatio praecox is not by any means of no consequence; it can be the cause of serious marital maladjustment, causing frigidity on the part of the wife and, from this, antagonism and even open anger in the first offending male. Several factors should be considered before attempting to treat this condition, some of them being:

(1) The build of the male sexual organs. Often one finds the penis a little shorter than normal, a circumcision which has cut the prepuce too short, or some mild condition of chronic inflammation. Local causes are by no means the only or main factor concerned, because one may find that the patient sometimes has an ejaculation before he can commence the act of intercourse. (2) The mental make-up of the man concerned. Almost invariably they are what is called "a little highly strung" without there being any suggestion of mental pathology, though a state of anxiety may be caused secondarily from marital maladjustment arising from premature ejaculation. No amount of local anaesthetic applied to the genitals can overcome this factor. (3) The woman. Frigidity, opposition, inexperience, or lack of co-operation occurring in the female partner may decide the occurrence of ejaculatio praecox in a borderline case and most certainly aggravates it enormously. Also frigidity, opposition, and passivity can follow continual ejaculatio praecox. Fear of pregnancy can make a normal warmly reacting woman passive, frigid, or frankly in opposition.

In treating a case of this condition all these and other factors as well must be taken into consideration. My experience has been that it is impossible to eradicate the condition; whatever is done only lessens the degree of disability, but this is no bar to a successful marital adjustment for both partners, the real aim of treatment. At the commencement any general or local pathology should be eliminated and treated, at the same time making sure that the

symptoms complained of are not temporary, due to mental stress, business worries, etc., and other factors of a non-sexual nature, or over-indulgence. This leaves to be treated what one might be excused in calling true ejaculatio praecox. From the outset both partners must be considered, their confidence obtained, and separate advice given. Where the woman is concerned plain speaking is necessary and she must be convinced that she can do a lot to help her husband. More active movement on her part and love play extragenitally will take her husband's mind away a little and lessen his mental tension, and a dorsal position with the legs raised and flexed more than usual will facilitate full entry, all these manoeuvres tending to hasten her own orgasm, thus lessening greatly the difference in time between hers and that of her husband. Secondly will follow also an increased flow of natural secretions and lessened friction.

The man should not indulge in intercourse if overtired, sick, emotionally upset, or if his wife is obviously in a non-responsive mood. It is also a help to avoid intercourse when the bladder is full. Though I have found local anaesthetics alone to be of little use, a lubricant used on the penis to decrease local friction is a definite help to both parties. Oleum arachidis I have found to be as good as any and practically odourless as well as non-irritating. He should be advised to indulge in extragenital love play to distract his attention a little and thus decrease his mental tension. Alcohol in small quantities is an asset to treatment: it helps to prolong the erection and abolishes some of the mental tension at the same time as the higher cerebral controls. All of these points are only contributory and cannot cure the condition, though they are essential to what treatment should aim at—satisfactory orgasm and sexual satisfaction for both man and wife. These points all tend to one result—earlier orgasm for the woman and a later one for the man. In some cases they will be enough, but not continually.

I consider the next step the most important—that is, to train the man to maintain his erection after the premature ejaculation. The longer the duration of the erection before ejaculation the easier it is, and for it to occur there must be the minimum of local friction. With training this can be regularly accomplished, if intercourse is limited to say once or twice a week. Once accomplished the woman can be carried on to her own orgasm, which is often accompanied by a second orgasm on the man's part, or he can relax with no ill effects, as one climax has been accomplished. This procedure can be readily accomplished by practice and involves no unpleasant or awkward and prolonged measures. If some frigidity of the woman is present make sure this is not due to fear of pregnancy, and, if so, abolish this by prescribing a suitable and safe method of contraception—preferably not elaborate, and using, if possible, a substance which acts as a lubricant as well. Condoms are definitely contraindicated. This rather lengthy discourse is not meant to be an authoritative treatise; it is merely an account of the condition drawn from my own observations and experiences in patients treated.

Corrections

Dr. LESLIE HARRIS writes: In my passing allusion ("Ail the Vitamins," Nov. 1, p. 683) to recent observations on the treatment of lupus vulgaris by massive doses of vitamin D, I should have written "by massive doses, orally or by injection" rather than "by massive local injection." Administration by mouth has of course been the procedure described in most accounts, although, for example, Dr. D. E. Macrae (*Lancet*, Jan. 25, p. 135) treated some cases by intramuscular injection and some by mouth (either oily solution or emulsion) and concluded that there was no difference in the results obtained by the different methods of administration. Incidentally, the international unit is 0.025 μ g. of calciferol, not 0.02 μ g. as printed.

The price of *Human Genetics*, by Prof. R. R. Gates, which was reviewed on July 12 (p. 57), has been reduced to £3 15s.

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