

Pruritus Ani

Dr. CALEB JOYCE (Melbourne) writes, in answer to "M. O." in the *Journal* of March 3rd: I agree regarding diet as a cause; another cause is personal idiosyncrasy as to some article of food, the most important being the smear of faecal matter left after defaecation and imperfect cleansing by means of paper. I have found the solution of the trouble in many cases to consist in the use of a damp cloth following the use of paper.

"Oliguria"

Lieut.-Colonel EDWARD GOWLAND, M.B. (Commandant, Star and Garter Home for Disabled Sailors and Soldiers, Richmond, Surrey), writes: There are under my care a number of cases of paraplegia following wounds of spine, etc., who occasionally have attacks similar to the patient described in Dr. Miles's letter—that is to say, the patients pass practically no urine for several days, and on catheterization a maximum amount of some 4 to 5 oz. is obtained during twenty-four hours. I have tried all ordinary remedies, but have come to the conclusion that nephritin tablets (Coates and Cooper) solve the difficulty more quickly and satisfactorily than any other treatment. These tablets are made of kidney substance and have to be given in large doses—namely, twenty to thirty tablets a day. The proof of the pudding is in the eating, and I can only say that all who have been treated in the way indicated frequently ask for a repetition of a course of these tablets when they find the amount of urine becoming scanty.

"R. B. G." writes, in answer to Dr. Miles in last week's issue (p. 972): Has he considered the possibility of his patient getting rid of her urine, secretly, in a hot-water bottle in the bathroom? I read of a somewhat similar case lately—I forget where, and in a nursing home to boot! But there is no end to deceptions, especially in a mental case like Dr. Miles's.

Income Tax**Substitute During Leave**

"A. W. B." holds an appointment, and his council granted him leave for special study on condition that he provided a locumtenent. Can he deduct the cost—twenty-four guineas—in making his return?

** We fear not. If the council had granted him leave without pay and had provided the locumtenent, the position so far as "A. W. B." is concerned would have been similar in common sense but different in law. As it was he received the emoluments in full, and the question is whether he can claim that what he paid was expended in carrying out his duties. In fact they were incurred in enabling him to do something else, and do not seem to fall within the very restrictively defined scope of the deductions.

LETTERS, NOTES, ETC.**Fistula-in-ano**

Dr. R. YOUNG KENNY (New Malden) writes: The aetiology of fistula-in-ano is briefly dismissed by nearly all authors of our surgical textbooks with practically the same words, which are so welcome to the medical student for examination purposes on account of the brevity of the statement—"fistula is always the result of abscess." One invites condemnation for ever questioning the accuracy of so useful and time-honoured a solution of the problem. I have been led to doubt the accuracy of this brief statement, and to place emphasis on the mechanism of rectal flatus as a primary aetiological factor. Observe what happens when a tyre with a weak outer cover is overcharged. The elastic lining bulges through the weak places. This, I think, is a picture of what occurs in the production of fistula. Near the sphincters, where general expansion is restricted, the gas pushes the elastic lining in the line of least resistance, and under the high pressure which sometimes obtains forms, at first, a dimple. High pressure recurs and the dimple deepens to a small crypt, and then to a fairly deep cul-de-sac. This advancing channel may be obstructed by a more resisting band of tissue and turned aside, or even made to branch in its course, following lines of least resistance. Such a channel may readily harbour infection which will produce an abscess or may go on growing till, under great strain and with much pain, it bursts to make an outlet. The practical reasons for bringing up this question are: that the treatment of fistula should commence before the fistula develops, and it takes it out of the domain of

the surgeon to that of the physician provided the latter starts treatment in time. Since constipation *with much gas* is the aetiological factor, this must be treated and not neglected if fistula is to be prevented.

Planning a House for the Tropics

Engineer I. VICK, writing from Java to the *Arch. f. Schiffbau. Tropen-Hygiene* last year, proposed a scheme for building in the Tropics the most comfortable sort of house. In the Tropics, it must be remembered, the sun will appear at every point of the compass at some time in the year, so that houses are much the same all round; there is not the difference between front and back that is seen at home, and their first function is to protect from sun and rain. The characters of the tropical climate are, he says, high temperature, high humidity, little cooling at night, and stillness of the air. Nowadays men make less money in the Tropics than formerly. Hence they have to live there longer than of old, and require all the better housing, while one of the great needs in their houses is ventilation to cool them. The author's first approximation to the ideal tropical home has a plan roughly square, a veranda at each end connected by a central lobby or hall through which there will generally be a draught, and on each side of it two square sleeping rooms, side by side, with a window on the outer wall. But in his final plan he has the good idea to turn the rooms of each pair outwards through half a right angle, thus making the house octagonal in plan, somewhat rosette-shaped. Thus he is able to put a window into each side wall of the room, and beyond the end wall is an annexe, containing the bathroom and latrine, which shelters the living room from the direct rays of the sun. These rooms in the Tropics should never measure less than 13 ft. by 13 ft., and 9½ ft. high (1,600 cubic feet). A damp-proof course should not be forgotten; the walls are to be of porous or honeycomb cement (itself an insulator), faced outside with white glazed tiles. The floor, too, is tiled, and there is a 3 ft. by 3 ft. opening in the ceiling, communicating with the space under the octagonal roof. This opening in the ceiling and the small ventilators under the windows are protected against insects by wire gauze, even if this does halve the effective apertures. The octagonal roof is of corrugated iron, and so the air under it is heated and escapes through louvres, being replaced by cooler air from the ventilators through the ceilings. To prevent the warm air under the roof from heating the rooms below it the ceilings are covered on the upper side with aluminium foil, cheap and lasting, and sure to reflect radiant heat. Sun-blinds hang from the eaves of the roof, so are never just in front of the windows, and do not impede ventilation.

Rapid Labour

Dr. ERIC KENDERDINE (Coventry) writes: I attended two rapid confinements last week, which seem of interest. A lady with her second baby began pains at 20.30 o'clock, the birth occurring at 20.55. The second case was a primipara. She had a hot bath on the Sunday at 23 o'clock, and noticed a slight "show." She went to bed and awoke at 1 o'clock. She defaecated normally, but "had to support herself in front." A feeling of weight at the rectum sent her in to see the nurse, sleeping in the next room, at 2.20, when the first real pain occurred. This made her stand first on one leg and then on the other. The nurse was surprised to see the head crowned, and hurried her on the bed, where birth took place at once. The patient then started laughing, as she did not think it could be so easy. Both of these mothers had calcium-vitamin therapy, and both babies were of normal size.

Medical Golf

The spring meeting of the Sussex Medical and Dental Golfing Society was held on the links of the West Sussex Golf Club on Sunday, May 27th. In the morning the competition for the Rolls-Hoare Cup, 18 holes medal play, was won by A. R. Ferguson, 74 - 2 = 72; C. Guy Whorlow, 92 - 15 = 77, being second. In the afternoon foursomes resulted in a tie at 1 up between H. Butcher and G. Thwaites, F. Graham Bonnalie and J. H. Raymond, and A. R. Ferguson and R. H. Barron.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 41, 42, 43, 44, 45, 48, and 49 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 46 and 47.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 276.