crisis of a post-partum haemorrhage—namely, more than 20 oz. (0.6 litre) blood loss.

I submit that this catheterization is of doubtful value and may be harmful. It involves the passage of a synthetic instrument of arbitrary size in a direction opposite from that to which the urethral mucosa is accustomed, often by a perspiring operator wearing an all-too-often inadequate mask; and perhaps with an instructor also giving a running commentary. The passage is from an infected field—notwithstanding the use of chemicals which may destroy bacteria in ideal conditions—which may be considered as a lay-by for germs from the nearby rectum (and how very often may the activity of this orifice complicate the proceedings?)—into a sterile field rendered more fertile by erstwhile stasis of urine.

That the result of this is not often a clinical “urinary infection” I would take to be no consolation and would much appreciate the comments of your readers upon this whole subject.—I am, etc.,

Farnham Common, Bucks.

C. G. STEPHENSON.

Appendicitis

SIR,—I have been interested to read Dr. H. E. Harding's article (October 20, p. 1028) on the subject of the removal of normal appendices from young women.

This subject has concerned me for some time, and in 1958 a special study was begun on all young women referred to me for pain in the right iliac fossa.

The appendix was regarded as normal in 59% of the patients who came to appendectomy. Follow-up at one year is not yet complete. However, our present figures are very discouraging. Of young women who had normal appendices removed only 29% can be considered satisfactory. In contrast, of those who had frank appendicitis 90% show a perfectly satisfactory follow-up.

It is hoped to publish the full findings of this study in due course.—I am, etc.,

Royal Hampshire County Hospital,
Winchester, Hants.

PETER W. INGRAM.

SIR,—A spate of letters has recently appeared in this journal discussing the differential diagnosis between acute appendicitis and ovarian troubles of one sort or another. Might I suggest the simple expedient of having a leucocyte estimation performed in every case in which the diagnosis of acute appendicitis is in doubt? I have been doing this for a number of years, and find it perhaps the simplest and most rewarding of all “ancillary aids” to diagnosis of the acute abdomen. It is extremely rare to find a genuine acutely inflamed appendix unaccompanied by a leucocytosis, and equally rare to find the white blood count raised in various ovarian lesions which may be causing “appendicular” symptoms. Such an estimation also helps one to avoid mistakes in those cases of acutely inflamed—and often gangrenous and perforated—appendicitis, where there has at no time been any pain or tenderness in the right iliac fossa.—I am, etc.,

Upton Hospital,
Slough, Bucks.

ROBIN BURKITT.

Sphincter Dilatation for Anal Fissure

SIR,—Mr. R. C. Bennett and Professor J. C. Goligher (December 8, p. 1500) have done an excellent service in assessing so carefully the results of internal sphincterotomy for anal fissure. Most operative measures make heavy demands on medical and nursing supervision, cause the patient to lose time from work, and are inevitably accompanied by the risk of complications. Injection of oily anaesthetic solutions, etc., are liable to be slow, unsure, and even uncomfortable. For the last 10 years, therefore, I have used no other method than dilatation of the sphincter under general anaesthesia. I suppose about 10–12 times a year, from general surgical clinics. This procedure is given very little place in surgical discussion and teaching, perhaps because of its very simplicity, which makes it suspect. It has, however, regularly given immediate, complete, and as far as is known long-lasting relief without complications. It has been used in children and octogenarians, for recent severe fissures and for those of up to 18 months' to two years' duration. It can be delegated safely, or be fitted into a list, so avoiding painful delay. Under general anaesthesia, usually with a relaxant, first the index finger, then accompanied by the second, third, and at times the fourth fingers in turn, well lubricated and coned together, are passed deeply through the sphincter and rotated 90° to right and left; the “give” of the spastic muscle or fibrous band can be quite alarming, but has never led to any ill-effects except soreness and some frequency of defaecation for 12–24 hours. Injection of any haemorrhoids can be carried out at the same time, but not usually operation, as the pain makes preparation difficult and a bed is not usually available immediately to deal with such an elective procedure. The patients have all been seen personally after two to three weeks, and if at all indicated after three months to see if relief is complete or operation on any haemorrhoids required, and to offer a repeat should symptoms recur—an offer not so far requiring acceptance.

So universal has been relief that dilatation has been used as well in cases of sacral pain, low backache, and constipation if the anal sphincter was tight to digital examination, and has thus relieved coccydynia, lumbosacral strain, etc. The only patients in whom relief was less than complete were those stout individuals with a fibrous funnel-shaped anal introitus and skin change, when some slight discomfort might continue but be negligible by three months.

I look forward with great interest to Professor Goligher's further studies on simple stretching, and hope they will elucidate those points not obvious to “clinical impressions.”—I am, etc.,

Wolverhampton, Staffs.

HENRY B. YOUNG.

Sexually Assaulted Children

SIR,—I read the report (October 13, p. 973) with considerable interest. The problem of ensuring justice while avoiding additional emotional distress to the child is admittedly difficult, and the sworn deposition gives some help.

I am surprised, however, that no mention is made of the possibility of a tape recording. The recording could be taken in the presence of two suitably selected and experienced individuals, and would provide a record not only of what was said but how the questions were asked and the replies made, and provide a more balanced picture of the situation. It would be interesting to know what has been done in this direction and the reasons for or against.—I am, etc.,

Farnham Royal, Bucks.

M. E. M. HERFORD.