

The following suitable insecticides are available from pharmacists: "gammexane" 0.2% (preferably as an aqueous suspension); D.D.T. 2% (as emulsion); lethane hair oil (N.W.F.).

Body louse infestations are much rarer and confined to people who do not regularly change their underwear. The simplest treatment is the liberal use of 10% D.D.T. powder, scattered among the underwear. This does not kill the eggs, but the powder persists long enough to destroy the young lice as they hatch out. For crab lice, two or three good applications of 10% D.D.T. powder should be made to the pubic hair at weekly intervals.

Treatment of Condyloma Acuminatum

Q.—*What is the treatment of condyloma acuminatum? A male patient, aged 37, has a profuse growth of cauliflower-like warts around the anus with one or two warts on the penis. The Kahn test is negative. Silver nitrate has been tried without success, and a 25% solution of podophyllin resin in liquid paraffin with only temporary effect. I wish to avoid surgical treatment if possible. What steps would you suggest?*

A.—There is no reliable alternative to treatment with podophyllin other than surgical removal. In the case described a further trial of podophyllin is advised. It is not unusual for large warts of this sort to need several applications at weekly intervals. If this fails the only treatment likely to succeed is surgical removal of the warts with scissors or curette under general anaesthesia, followed by cauterization of their base.

Congenital Aural Fistula

Q.—*I recently saw a baby with a tiny depression, about the size of the head of a pin, on the crus of the helix of the left ear. On the right ear, in an identical position, there was a small sinus which was discharging mucoid material. The mother informs me that these were first noticed by her when the child was brought home from hospital on the tenth day. What is this condition?*

A.—The description is that of a congenital aural fistula. Such fistulae are unilateral or bilateral and may be associated with other defects such as auricular appendages. The commonest site for the fistula is the anterior margin of the helix. The length of the sinus track is usually 5 to 7 mm. Figures given for their frequency in the normal population vary from 1 to 6%. The openings are probably the result of the failure of complete fusion of the six primary embryonal tubercles which form the external ear. The fistulae are usually symptomless, but they may become obstructed by desquamating epithelial cells and mucoid secretion and so become infected and form an abscess. The condition should, in fact, always be borne in mind when local suppuration occurs at this site. Treatment in an uncomplicated case is unnecessary, but if there is recurrent suppuration the sinus track should be excised.

Inheritance of Asthma

Q.—*I have been asked by a patient, who is asthmatic, whether there is any substance that his wife, while she is pregnant, could take to prevent hereditary asthma. I have not been able to trace any reference to such a substance, but I wonder if you could help.*

A.—There is no substance which can be given to a pregnant woman which influences whether or not her child will develop asthma. Unless there is a strong history of allergy on both sides of the family, the chance of any individual child developing asthma is small.

If there is a strong bilateral inheritance, the questioner might consider the advisability of the mother avoiding excessive eating of individual foods during pregnancy, as there is evidence that this has led to active sensitization *in utero*.

The Impotent Husband

Q.—*An athletic man of 46, resident in Kenya and the father of three young children, complains of a falling off in sexual efficiency, which has developed over a comparatively short time. The only illness to which he admits is dysentery some six years ago. Physical examination is negative, and I think it very unlikely that there is a psychological element in this case. What is the likely cause of the condition, and how should it be treated?*

A.—Without more precise information it is impossible to account for the patient's impotence. The majority of cases of impotence are psychogenic, and the responsible factors are often multiple—*anxiety, loss of confidence, preoccupation with the state of erection at the start of intercourse, nervousness lest intercourse should result in economic difficulties owing to the birth of another child, emotional stresses between the husband and wife, fear that damage has been done to the genital organs by previous masturbation, and a score of other possible factors might be suggested.*

As no precise diagnosis can be made, treatment must be along general lines. The patient must be repeatedly reassured that the genital organs are intact and told that the difficulties are only temporary. It is vital that the co-operation and understanding of the wife should be procured, because her attitude to her husband's failures is a determining factor. Middle-aged patients often benefit from small doses of thyroid, and injections of testosterone may be helpful, especially when they are made the occasion for more psychotherapy.

Fainting in the Surgery

Q.—*Is there any prophylactic for patients who habitually suffer from vasovagal attacks in doctors' or dentists' surgeries?*

A.—Vasovagal attacks are more likely to occur in some patients than in others, and it is very difficult to spot those liable before their first attacks. Therefore precautions should be taken in all patients, while special precautions should be taken in those who have had fainting attacks before. Fainting is much more likely to occur in the standing or sitting position, and procedures likely to produce fainting should therefore where possible be carried out with the patient horizontal. Should the patient show signs of an impending attack (pallor, sweating, over-breathing, and a slow pulse) the patient should be made to lie down.

No drug is known which is likely to prevent such attacks occurring.

Correction.—In the third paragraph, lines 1 and 2, of Dr. D. P. Jones's article, "Methoin in the Treatment of Epilepsy" (January 13, p. 64), the chemical name for "dilantal" was erroneously given as sodium diphenylhydantoinate. This should have read "a combination of 'mesontoin' and phenobarbitone."

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