These errors were eliminated when she was told to make sure that the number required was covered by the finger and disappeared from view when the finger was inserted. Again, this strategy interfered with the impaired automatic performance of the task.

This experience illustrates the importance of avoiding automatic processes that are impaired, of simplifying cognitive processing, of providing feedback on the performance of task components, and of encouraging processes that use undamaged brain areas. Verbal processes in the left hemisphere were, presumably, used to perform tasks hitherto done spatially with areas in the right hemisphere; visual tasks were simplified by apparatus that reduced unnecessary visual information; and linguistic tasks were helped by preventing automatic overlearned processing and by directing attention towards simple verbal components.

The patient, a lecturer, was articulate and well able to describe her problems and to understand the strategies used. We thank her for the insights she provided and hope that the techniques that have helped her may benefit others with similar problems, including those less able to help themselves.

HAEMORRHOIDS AND DÉFAECATORY HABITS

Sixty-one constipated patients attending a clinic for the treatment of proctoscopically verified haemorrhoids were compared with 100 age and sex matched general surgical outpatients. Controls were excluded if their condition was one associated with Cleave's hypothesis on low dietary fibre intake.1 All patients answered questions about their history of haemorrhoids, bowel motions, and their diet, and they recorded the time spent sitting on the lavatory during defaecation. Both groups were examined digitally and proctoscopically, and controls found to have asymptomatic haemorrhoids were excluded. The haemorrhoid group comprised 66 males and 34 females. 10 were in the 2nd, 17 in the 3rd, 26 in the 4th, 16 in the 5th, 21 in the 6th, and 10 in the 7th decade of life.

The controls spent significantly less time during defaecation (table) and significantly more haemorrhoid patients either read (29/37 vs 18/21, p < 0.001) or strained (42/37 vs 21/21, p < 0.001) during defaecation. 48 patients had heard of a high-fibre diet and the two groups did not differ in their consumption of unprocessed bran (24 haemorrhoid vs 13 control patients), bran-based breakfast cereals (37 vs 21), or wholemeal bread (59 vs 62).

Previous studies in western man4-8 have suggested an association between constipation, straining, and haemorrhoids, but little attention has been paid to defaecatory habits, which are, in part, socially determined. We found that patients with haemorrhoids tend to spend longer defaecating and also are more likely to read and strain while defaecating than are patients without haemorrhoids.