

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Oxaluria

Dr. BLACKBURN (Beckenham) writes: In reply to "Inquirer" (Kenya), the conditions causing an excretion of oxalate crystals, in addition to exogenous sources, are achlorhydria or diminished acidity, with resulting fermentative digestive disturbances. A diet poor in calcium and rich in magnesium should be ordered. An increase in meat is advisable, as it raises the acidity of the urine. Tomatoes and asparagus should be avoided, and gelatin is inadvisable, as it is a precursor of oxalates. A dose of calomel once a week, followed by mag. sulph., is the best medicine to order. Plenty of fluids should be taken, and Contrexville water, containing acid carbonates, is valuable.

Income Tax

Car Allowance

"A. F." bought a new car in April, 1930, "and was allowed replacement allowance," based on a cost of £350 for the new car. For 1931-32 he claimed depreciation allowance—that is, 20 per cent. of £350=£70—but has been allowed only £28 at 20 per cent. = £6, that allowance being based on the written-down value (? of the old car) brought forward.

** Depreciation allowance is made by way of anticipation of the cost of replacement, and it has been decided that, as for the same financial year, a taxpayer cannot claim an actual replacement cost and a depreciation allowance in respect of the same kind of equipment. "A. F.'s" liability for 1931-32 is based on his earnings for 1930-31, and it is understood that in computing the amount of those earnings he deducted the cost of car replacement. If so, and if he were allowed depreciation for 1931-32, the tax for that financial year would be reduced by both (alternative) forms of allowance. We suggest that he should ask the inspector of taxes whether he will be prepared to admit a claim to depreciation on his car for 1932-33, when the tax payable will no longer be affected by the cost of replacement deduction.

LETTERS, NOTES, ETC.

Operation for Cataract

Personal Experiences

Lieut.-Colonel W. K. HATCH, F.R.C.S., I.M.S. (ret.), writes: The question of operating for cataract when one eye is in a more advanced condition of disease must, I think, be decided after due consideration of the condition in each case. In my own case the history is approximately as follows. In 1929 I was told by Lieut.-Colonel R. H. Elliot,

whom I consulted, that I had a definite cataract in the left eye and commencing disease in the right eye. I therefore had an iridectomy performed by him in April, 1929, and would have had the extraction in the same year, but severe bleeding from duodenal ulcer prevented the operation taking place until the end of May, 1930, the operation being most successful. During that summer I was able, using my right eye, to play bowls and to do some fly-fishing fairly comfortably. Though I could see splendidly with the glasses for the left eye I did not use them much indoors. Early this year I could still read clear print in a good light, and even decipher my own writing (which is rather difficult to do), but found that I could no longer play bowls or see my line when fishing, except very occasionally, and was unable to do delicate operations, such as tying on flies, etc. I therefore had to fall back on the operated eye, which I fortunately had in reserve. By this time, too, I was better able to judge distances and to walk with more facility. At the end of May, 1931, Colonel Elliot performed iridectomy on the right eye, and the date of extraction now remains to be settled. I have no doubt that I could shoot all game, using the operated eye, but as it is the left, I do not think it worth while to learn how to shoot from the left shoulder, or have a cast made in the stock of my gun. As it takes longer than one would expect to get accustomed to cataract glasses, and to judge distances, get over the peculiar giddiness one feels at first, and the change of colour of some objects, faces, and clothes, it seems to me most necessary to operate early on the worst eye. It will then be ready to take over charge when the best eye fails. I am thankful that this was done in my case, as I can still enjoy my usual pastimes as well as I did before operation.

Nord-Sud Tour in Italy

We are asked by the London office of the Italian State Railways (16, Waterloo Place, S.W.1) to say that there are still some vacancies in the medical tour to Italian resorts and spas in September and October next, referred to by a correspondent on March 28th (p. 568).

West African Medical Staff Dinners

"W.A.M.S." writes: The effort to revive the annual dinner of the W.A.M.S., which used to be held before the war, has been unsuccessful, apparently owing to apathy on the part of those concerned. This is to be regretted. Such dinners tend to foster the spirit of cohesion and *esprit de corps* among the officers in the Service; they also afford opportunities for meetings between past and present members of staff, and between the staff and officials of the Colonial Office and prominent medical men, some of whom, in each category, are usually present. At this time of year most organized units—the regiments, the I.M.S., the R.A.M.C., and others—are holding their annual dinners; the W.A.M.S. seems to be almost the only unit that does not follow the custom. It is to be hoped that the matter will not be allowed to drop, but that some energetic officer on the active list will, later on, try to revive the dinners, with more success than has attended the present effort.

A Warning

The Chief Constable of Birkenhead informs us that a man recently called on a doctor in that borough pretending to represent the Lady Haig Fund for Students Disabled in the Great War, and trying to sell Harris tweeds, fountain pens, etc., and filing cabinets for the use of panel doctors. The man is described as follows: 26 to 28 years, height 5 ft. 10 in., fair hair, curly at back, fresh complexion, clean shaven; dressed in navy blue mackintosh, carries a walking stick, and walks with a limp.

Disclaimers

Dr. EDGAR CYRIAX (London, W.) writes: My attention has been drawn to a book entitled *The Quest for Health*, which has just been published. It contains a number of statements, many of which are entirely erroneous, about certain methods of treatment practised by myself and my wife, Dr. A. Kellgren-Cyriax. This was done without my knowledge and consent.

Dr. G. EDHOLM (London, S.W.) also writes to say that his name appears in *The Quest for Health* without his authority.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 47, 48, 49, 50, 51, 54, and 55 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 52 and 53.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 47.