

answered for a time. At last no tube could be introduced and Dr. Merrin had to enlarge the fistula by a knife, until it took a 24 size. There was no trouble then for another few months, when leakage occurred from the side of the tube. Pads of various shapes have been tried—round, oval, square, hollowed out in the centre, bulged at the place where the leakage seems to occur—but all to no purpose. The leakage is not constant; it always ceases when the patient lies down, and sometimes he may be able to walk and sit about for a few days and keep dry. Varying the length of the tube in the bladder has been tried, with the idea that kinking might occur if too much projected into the bladder. My own view of what has happened (says Dr. Merrin) is that the pad has worn a sort of hollow above the symphysis pubis, the result of months of continual pressure, and that when the old gentleman stands up or sits down the pad rotates and causes a partial occlusion of the tube, with leakage at its side. The pad was dispensed with, but matters got worse. A 22 or 24 tube is used at present and is a very tight fit.

* * We have referred this to Mr. R. Ogier Ward, F.R.C.S., who has been good enough to state in reply that the operation of permanent drainage for enlarged prostate is generally successful, and the apparatus described usually keeps the patient quite dry. It is impossible to be sure of the cause of the trouble in this case without seeing the patient. The fault does not lie in the pad, but possibly in the tube, although this does not seem likely, since variations in both length and size have been tried. The other source of trouble is that the sinus is not long enough to make watertight contact with the tube, a matter of technique in performing the operation. All that can be suggested is that the tube be introduced for about 3½ in. Another way to check the length is to palpate the end of it per rectum and then withdraw it slightly. If this fails it is to be feared that nothing short of further operation, either to improve the sinus or to remove the prostate, can put the patient right.

INCOME TAX.

Motor Car Depreciation Allowance.

"T. F." desires further explanation as to the interaction of the depreciation and renewal allowances.

* * It has been held (Caledonian Railway Company v. Banks) that the motor car depreciation and renewal allowances cannot be granted concurrently, but under Rule 6 of Cases I and II, Schedule D, as extended recently to professions, depreciation allowance and "obsolescence" allowance can both be claimed. For practical purposes the difference between the latter allowance and the renewal allowance are (1) that obsolescence applies only where the car has ceased to be suitable for the purpose to be served (this may generally be presumed), and (2) that there should be added to the amount received for the sale of the displaced car the total amount of any depreciation allowances which have been given for income tax purposes in respect of that car. The depreciation allowance is correctly calculated on the basis of the written-down value as at the commencement of the year. In several cases that have come to our notice 20 per cent. has been taken as the basis, but the rate would presumably vary with the type of car—the better the construction the longer it will be fit for professional use, and therefore the smaller will be the appropriate percentage allowance. The annual depreciation allowance is valuable as giving something at once, but it is important to bear in mind that the obsolescence allowance is the ultimate remedy. If "T. F." temporarily loses the £75 allowance for 1925-26 he will pick it up again when he makes his obsolescence claim on his present car. We regard the inspector's action in refusing the £75 allowance for that year as unusual; "T. F." has, we believe, a valid title to it, but it might necessitate the loss of the renewal allowance, and it is perhaps best to accept the position, looking to the obsolescence claim to rectify the matter in the long run.

LETTERS, NOTES, ETC.

DRUG ADDICTS.

DR. A. G. WINTER (Crowborough) writes: I see we are to be subjected to more vexatious laws governing the administration of "dangerous drugs." Plain men like myself want to know where the drug addicts are that call for such measures. I have never seen a case in general practice: my partner has never seen one; more than that, a very eminent London neurologist whom I met in consultation told me he had been asking general practitioners their experience of such cases for two years—and none of them had ever seen one!

MENTAL IRRITABILITY AND BREAKDOWN IN THE TROPICS.

DR. V. D. WYBORN (Federated Malay States), after experience in several countries in the East having widely differing climatic conditions and environments, has formed the opinion that mental irritability and breakdown is due solely to a psychological cause, that of a "lack of associations." He writes: A person removed from his native surroundings, to which his mentality is adjusted, to a new environment, whether tropical or polar, will suffer

until new and mentally satisfactory associations and mental adjustments have dealt with the change. This may or may not occur, depending primarily upon his mental condition as judged from infancy upwards. All physical causes, such as heat, light, and glare, are merely aggravating agents, and are not to be confused with this, the prime cause of the trouble.

DR. T. A. G. HUDSON (Nakachari, Assam), in the course of a letter on the subject, writes: My observations have all pointed to the fact that it is work *per se* which is responsible for irritability of temperament. A man decides to make the tropics his home, either for a long spell or a short one—and I would emphasize that a short spell means at least three years. He comes out to new conditions of life in all its phases, and it is easy to picture that man trying, during his probation spell, to increase the output of the work done by the natives under him, and the result. In all cases, I might say, no physical or mental effort on the part of the newcomer will influence the native, who still regards him with suspicion. . . . I would urge that all Britishers who are domiciled in the tropics should, in addition to their home leave, have at least a fortnight's complete rest and change locally every year. I have considered mental irritability and breakdown as they arise without any pathological cause, or as they may be finally responsible for pathological changes.

DR. J. M. MACPHAIL (Middlesbrough) writes: With reference to mental irritability and breakdown in the tropics, I am surprised at the scant attention paid to the problem of colour: are the invalids dark or fair, and in what proportion? In England there is an impression that the fair people are dying off and are being replaced by the darker people, who are probably more akin to the original inhabitants. This tendency seems more marked in the large towns. Do not fair people (he asks) suffer more from the attacks of fleas, etc., and are they not more liable to tuberculosis? How do they compare in their reaction to drugs, and to prolonged direct or indirect sunlight? But (he continues) who are the fair? The average man finds in the hair no certain guide, and it is necessary to bring into review the colour of the skin, eyes, eyebrows, and moustache, as men may have indeterminate or darkish hair, with very blue eyes, and fair eyebrows and moustache. This side of the problem may be of interest, and, in any case, it bears an interest of its own.

MEDICO-HISTORICAL POSTCARDS.

AMONG its issue of "old Ashmolean postcards," the Oxford University Press has included a history of medicine series. No. 30, reproduced in colours, represents an amputation scene from a window in the Bodleian, dated 1660. No. 71 shows a Zodiac man illustrating the application of the twelve signs of the Zodiac to the principal regions of the body. No. 72 is an anatomical diagram of the fourteenth century, given by Ashmole to his museum. No. 73 depicts the human brain and the recently discovered "circle of Willis"; it is one of several anatomical drawings made by "C. Wren of Wadham College; 1664." No. 74 is from a diagram of 1631, representing a sick man in bed being besieged by microbes from the four quarters. The walls of his Castle of Health are still secure against the attack from east, south, and west, but the northern bastion has been breached by microbes from the icy regions, which are swarming round the invalid. A physician is feeling his patient's pulse and is holding up a vessel that looks like the urine glass used in uroscopy. The price of this interesting packet of postcards is 6d.

A MEDICAL TREATISE FOR NON-MEDICAL MISSIONARIES.

REFERRING to medical missionary work in Africa, as described in a recent issue of the *International Review of Missions*, it was mentioned (BRITISH MEDICAL JOURNAL, July 31st, 1926, p. 212) that one of the contributors to the *Review*, Dr. P. H. J. Lerrigo, had suggested that a special medical treatise for the use of non-medical missionaries should be prepared by a committee of medical practitioners with a knowledge of the special requirements of the entire African field. We have received a letter from Messrs. John Bale, Sons and Danielsson, Ltd., stating that they publish a *Manual of Tropical Disease and Hygiene for Missionaries* by Drs. E. A. and T. Miller Neatby (1923), price 12s. 6d. net.

"THE MEDICAL DIRECTORY."

THE editors of the *Medical Directory* ask us to state that the annual circular has been posted to each member of the medical profession, and that they will be grateful for its return by an early post. If the form has not been received a duplicate will be sent on a request addressed to 7, Great Marlborough Street, London, W.1.

THE ANNUAL DINNER: CORRECTION.

IN the report of Sir Berkeley Moynihan's speech at the annual dinner at Nottingham (SUPPLEMENT, July 31st, p. 92) reference is made to Dr. H. N. Anderson. This is a mistake; the old friend to whom Sir Berkeley alluded was Mr. A. R. Anderson, C.B.E., late senior surgeon to the General Hospital, Nottingham, now retired and living at Bournemouth.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 40, 41, 44, and 45 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 42 and 43.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 132.