

voice was completely restored. Then in January of this year she contracted another attack of bronchitis, after recovery from which she has only been able to whisper. An x-ray examination of the chest revealed some thickening at the hilum of the left lung, and it was concluded that the left recurrent nerve was caught in this mass, leading to paralysis of the left cord. Various treatments have been tried: diathermy, faradism, etc., none of which have influenced the condition. I have come to the conclusion that the longer the condition remains the worse is the prognosis.

#### Income Tax

##### British Income of Foreign Resident

"PAOLINA" asks what rebate is allowed to a married man with an income of £800 per annum from British industrial shares who is living permanently abroad.

\*\* He is entitled, under Section 24 of the Finance Act, 1924, if he is a British subject, or was resident in the United Kingdom and is residing abroad for health reasons, to the same allowances as if he were residing here, subject to the proviso that foreign income not chargeable to tax shall be taken into account so as to restrict the allowances proportionately. The exemption which "Paolina" has in mind does not apply to income from British industrial shares, but to foreign income—for example, a colonial pension—and to interest on some Government loans—for example, the 3½ per cent. War Loan—issued with the condition that the interest shall not be liable to tax if it is in the beneficial ownership of persons not ordinarily resident in the United Kingdom.

#### LETTERS, NOTES, ETC.

##### Diphtheria: Two Questions

Dr. A. R. EATES writes from Acton, W.: It is only your very emphatic "Ten per cent. do not remain Schick-positive if the prophylaxis is properly carried out," that brings me once more to your portals begging for a little space in which to state publicly where I stand, and why I stand there. I have no desire to increase the difficulties of others; I seek to minimize my own. In what follows I quote from the *Epitome* published with the *Journal*, and from the *Journal* itself, and for brevity I state the dates only: December 2nd, 1933, M. Fayot states that "diphtheria in the inoculated occurs in about 3.3 per cent. of all the cases of diphtheria observed in France, and has been noted in 11.6 per cent. of the cases at the Hôpital des Enfants Malades in Paris in recent years." And "the mortality was 11 per cent. as compared with 4.8 per cent. in the inoculated" (italics mine). March 11th, 1933, Tomcsik reports the after-histories of 100,000 children who were immunized three times with diphtheria toxoid. The morbidity amongst the immunized cases was 10 per cent. of the expected (italics mine) morbidity in the control group. September 14th, 1935, "Within five months of the inoculations Schick tests were performed on 359 cases, and 225 (62.6 per cent.) were found to be immune"—that is, 37.4 per cent. were not immune. Lastly, I would point to your notice of the Chief M.O.H.'s report, from which, under "Epidemiology," you extract these figures for diphtheria:

Year	Cases Notified	Death Rate
1933	47,435	5.5 per cent.
1934	68,759	5.9 " "

The increase was 21,324, keeping pace, it would appear, with the increase in immunizings. The death rate up also. I cannot think that observers in China and France and Austria are ignorant of the proper technique. The money question, with your kind permission, I will drop for the present, so as to simplify the issue. In the meantime I must say I am "perplexed in the extreme" by all the contradictions I meet daily.

##### Haematemesis in Infancy

Dr. J. S. COLEMAN (assistant resident medical officer, Forest Gate Hospital, E.7) writes: I was much interested in Dr. R. Force-Jones's description of his case of haematemesis in infancy (October 19th, p. 770). I recently had a case presenting several similar features which was successfully treated by whole-blood injection, employing the mother's blood. A primipara, aged 25, gave birth normally on July 18th to an apparently healthy male infant weighing 6 lb. The child was put to the breast and sucked vigorously. On July 20th, at 1.30 a.m., he vomited suddenly

a small quantity of bright red blood, and passed a large quantity of dark, altered blood per rectum on to his napkins. During the morning he continued to vomit bright red blood in larger amounts, and his stools showed much dark, altered blood. The child was now pale and collapsed, and I feared he would not survive any further haematemesis. At 12 noon I withdrew 10 c.cm. of blood from the median basilic vein in the mother's arm, and injected the whole blood intramuscularly into the gluteal region of the infant. The effect was most dramatic. The vomiting of blood ceased and the stools were blood-stained only up to 8 a.m. on the 21st, after which they rapidly returned to normal. Slight vomiting of breast milk was noted the same day, but I attributed this in part to the "vomiting habit" already established. On the 22nd slight jaundice appeared; he vomited a little breast milk after one feed and the stools were normal. A little occasional vomiting after breast feeds occurred up to the 26th, from which date nothing further of abnormal character was noted. The jaundice was in no way different from the "physiological jaundice" observed in many newborn infants. I did not notice any abdominal tenderness, but distension was present, as recorded by Dr. Force-Jones in his case. The mother, whose breasts and nipples had been perfectly normal during the period of observation, and babe were discharged from hospital on July 29th: the infant weighed 5 lb. 10 oz., and was taking the breast well. I had a similar case about three years ago, which terminated fatally on the medicinal treatment recommended by Goodhart and Still. I think the haematuria is a point against the diagnosis of gastric ulcer, and would favour the view that the condition is due to an inborn lack of certain "bodies" in the epithelial lining of stomach and kidneys which normally prevent the transudation of blood through these epithelial structures at the critical period shortly after birth, when the rapid increase of the rate of the blood flow to these organs must occur to adapt them to their respective physiological functions. These bodies may be present in adult blood in large quantities, and the infant's deficiency can be rapidly made good either by direct blood transfusion, which requires considerable surgical dexterity, or by the method of whole-blood injection described in this case.

##### Aids to Hearing

The National Institute for the Deaf has recently issued an eight-page booklet entitled "The Choice of a Hearing Aid" (for the information of the deaf). Approved by the Hearing Committee of the Medical Research Council and the Institute's own medical committee, this pamphlet has the excellent object of advising the deaf in the purchase of instrumental aids to hearing and warning them against exploitation by firms whose business methods are unfair. It is well recognized that money is often lost by the uninitiated, and many whose hearing could be greatly improved by the choice of a correct aid are discouraged from pursuing their problems further. The booklet, which is quite short, explains in simple language the causes of deafness and the various means available for aiding it, and gives advice on purchase of apparatus. The reader is strongly urged to insist on trial of the apparatus before purchase, and in this connexion the booklet mentions certain firms (the present list, which is obtainable from the N.I.D., amounts to twenty-six) which allow an extended home trial subject to the payment of 5 per cent. of the value of the instrument. The booklet can be obtained at the headquarters of the Institute, 105, Gower Street, W.C.1 (price 3d.).

##### Corrigendum

In the obituary notice last week relating to Dr. Ian D. Suttie, Kenlaw private asylum should have been designated Kenlaw private hospital for functional nervous diseases.

H. K. Lewis and Co., Ltd. (136, Gower Street, London, W.C.1) inform us that they can supply copies of *Clinical Tuberculosis*, by Benjamin Goldberg (2 vols., 92s. net) and *Halfway to the Hereafter*, by Ethel Turner Stoneman (5s. net), reviews of which appeared on November 2nd, pp. 841 and 843 respectively.

##### Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 51, 52, 53, 54, 55, 58, and 59 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 56 and 57. A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 216.