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See "The Lancet," Jan. 16, 1932, p. 119, *et seq.*, Jan. 30, 1932, p. 263, also May 28, 1932

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**Blood Groups in Disputed Paternity**

"J. A. S. M." writes: I should be grateful for information as to the value of a blood test in proving the paternity of a child.

\*\* The blood-group test can never give positive evidence that a certain man is the father of a certain child. It can prove either that he may have been its father, or that he could not possibly have been its father. The test for one of the classical four groups will definitely eliminate a given man in about one case in six, but if the test for the M and N agglutinogens is also applied the proportion is increased to about one in three. When performed by a competent pathologist who is used to it the test is of undisputed value. A general practitioner who wishes to test a set of blood specimens should get in touch with the pathologist of the nearest large general hospital; if this officer is willing to undertake the test he will give the practitioner full instructions for taking and submitting samples, and will probably indicate the cost.

**Income Tax****Assistant: Liability for Board and Lodging**

"T. D. F." is going as a private assistant for six months; he is to receive a guinea a day (paying his own car expenses) plus his board, lodging, and laundry. Which will be best from the income tax point of view: (a) for his board and lodging to be paid for out of the practice receipts; or (b) for the amount—say at £150 a year—to be paid to him and for him to pay the actual expenses himself?

\*\* The former alternative would be better. In either case the practice can regard what is paid—either to "T. D. F." or his landlady—as allowable expenses, but whereas he would not be liable in the former case to assessment on the value of his board and lodging he would be liable in the latter case to tax on what is paid to him. The actual amount of tax payable for the six months would depend too much on his income for the remainder of the financial year or years concerned for any helpful estimate to be given.

**Cessation of Wife's Income**

"J. H. R." was married on November 12th, 1931. His wife had earned £130 for the period from April 5th, 1931, to the date of marriage; since then her earnings have ceased. Is he liable in any respect for tax on her earnings?

\*\* No. As regards the year to April 5th, 1932, the wife is liable personally in respect of tax on her earnings; the amount of tax on the £130 is almost nil, and as she then ceased to carry on her vocation there is no subsequent liability on her earnings, either for 1931-2 or 1932-3.

**Depreciation Allowance on Electrocardiograph**

"E. H." purchased a portable electrocardiograph in 1931 for £195, and asks for information as to the rate of depreciation allowable thereon.

\*\* We know of no standard or agreed rate for apparatus of this type, but believe that 10 per cent. has been allowed in somewhat similar cases; we suggest that no higher rate is likely to be obtained, but that "E. H." should press for that rate.

**LETTERS, NOTES, ETC.****"Basic Blood Pressure"**

Dr. G. ARBOUR STEPHENS (Swansea) writes: I feel certain you will allow me to draw attention to an interesting slip on the part of the reviewer of Dr. Beaumont's book on page 839 of your issue of November 5th. He very dogmatically insists that "Raynaud's disease is not due to the raising of the basic blood pressure," although he admits he does not know what basic blood pressure means. This lapse is all the more remarkable, as you allowed the report of a paper which was read by me before the Swansea Division on that very subject to appear in the *British Medical Journal* of February 8th, 1930 (p. 242), and that paper was followed by an article on "The basic blood pressure in Raynaud's disease" in the *British Medical Journal* of August 23rd, 1930. The last volume of the *Transactions of the Medical Society* contains a full account of the paper I read before that society on the subject of basic blood pressure and its estimation. These several references have been made in order to show that medical men have had ample opportunity of learning what is meant by the term "basic blood pressure."

**A Conundrum by Wireless**

Dr. FRANK PORTAS (Hove) writes: To my mind the "Conundrum by wireless," as reported by Dr. Harris (November 5th, p. 843), may be answered ninety-nine times out of a hundred as malaria. It is possible, but not probable, that one of the other causes may have operated here, giving an example sometimes met with of one condition simulating all the typical signs of another. I must confess that the fact of my making the diagnosis after reading the messages and before reading the diagnoses given was greatly due to the fact that when I was a patient in a military hospital the man in the next bed had exactly similar symptoms, and having nothing else to do all day I was able to follow every phase of his case, which was soon diagnosed as malaria by blood films.

\*\* The correct answer to the "conundrum" was malaria.

**Actinotherapy for Eczema**

Dr. W. ANNANDALE TROUP (London, W.) writes: I read with dismay the following sentence in Dr. G. B. Dowling's article on the infective eczemas of the scalp in your issue of November 5th: "In both adults and children artificial light therapy, whether the carbon arc or mercury vapour lamp be used, is ineffective." This is a general statement which in my opinion is wrong and utterly misleading. Those of us who specialize in light therapy during the course of the year treat many cases of chronic eczema of all types which have defied the efforts not only of the general practitioner, but also of the skin specialist. It should be borne in mind that these patients consult, or are referred to, the light specialist as a last resource. I have just completed, with success, the treatment of a patient who has suffered from chronic eczema intermittently for thirty years. During the last year his symptoms have been markedly aggravated, the eczema affecting both nostrils, the left ear, and the upper eyelids. His treatment consisted of general irradiation by means of the titanium alloy arc and local irradiation of both nostrils, external ear, and eyelids by suitable quartz applicators attached to the Kromayer lamp. One cannot help thinking that faulty results are due to faulty technique. In all such cases the Kromayer lamp should be used. I am convinced from an extended experience that a large percentage of such cases can be cured if appropriate technique and apparatus are used.

**Indications For and Against Caesarean Section**

Dr. JANET MILNER CAMPBELL GRAY (London, S.E.) writes: I was interested in your report (October 29th, p. 796) of the discussion on this subject. I sometimes think Caesarean section is advised where it is not absolutely necessary. I have been working in India since 1892 to the end of 1928, except for a little over a year when on furlough during the war. An American patient I had applied to two hospitals, and they refused to take her unless she would agree to Caesarean section; she had a contracted pelvis, but I told her if she had been an Indian woman I would not have expected any trouble. She was going to the hills for six months, and I advised her to walk a great deal and not to eat too much. She came into hospital, which was on the plains, a week or so before delivery; labour lasted three hours, and a healthy baby of six pounds was delivered by forceps with great ease. On returning from holiday I found a Hindu woman in, who was admitted for Caesarean section; on my late evening round she was sleeping happily; in the morning I found that she had a living baby, after a very easy normal labour. But in India there are a great many cases of contracted pelvis due to osteomalacia where Caesarean section is the only way in which delivery is possible, and is usually so extreme that I do hysterectomy also, for the osteomalacia increases very rapidly all the time of pregnancy. Also, when the patient is admitted with a ruptured uterus, and the foetus has been dead some time, I remove it, for, if not, the woman would certainly die of septicaemia. Latterly I did not see nearly as many bad cases as I did thirty years ago.

**Corrigendum**

The footnote to our annotation on asthma research last week (page 891) was incorrectly worded. Copies of the report can be obtained gratis from the secretary, Asthma Research Council, c.o. King's College, Strand, W.C.2.

**Vacancies**

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 44, 45, 46, 47, 50, and 51 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 48 and 49.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 263.

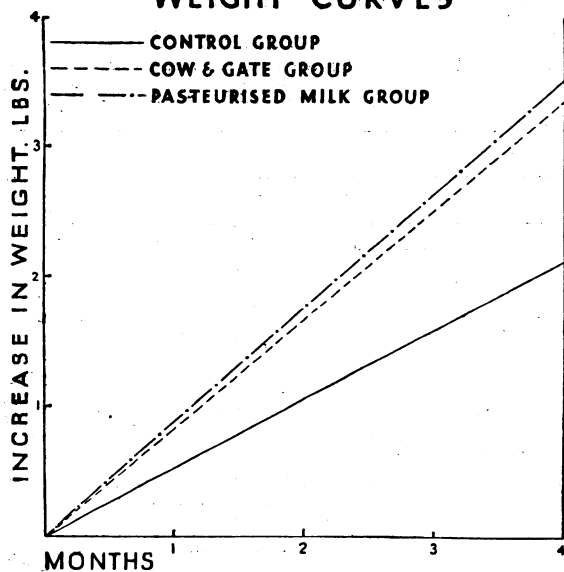
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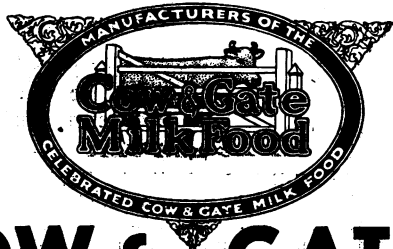
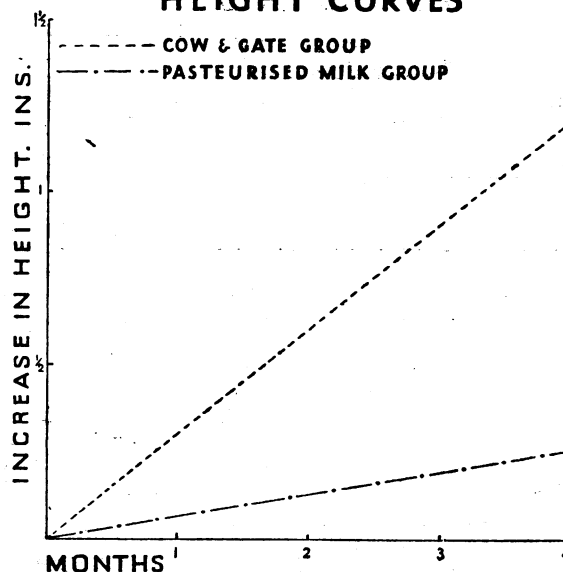
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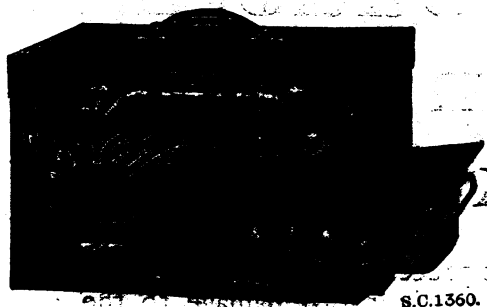
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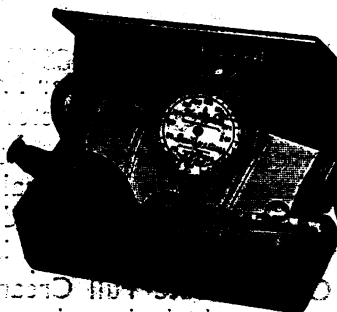
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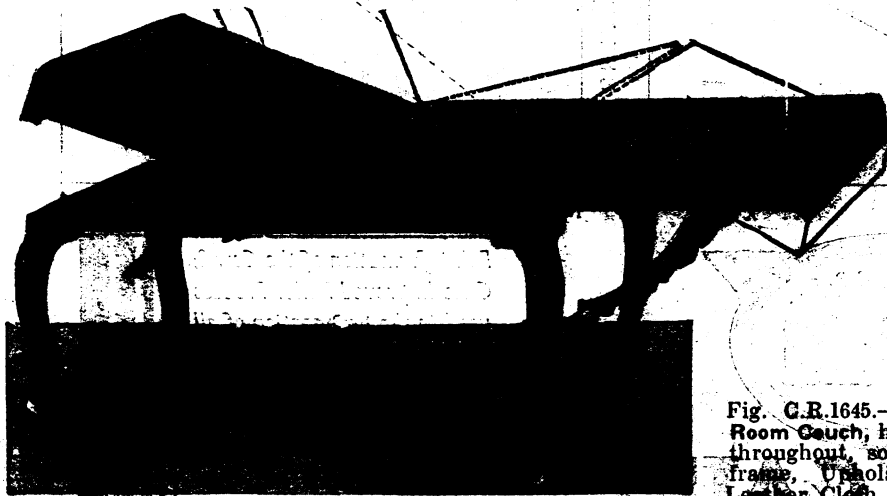
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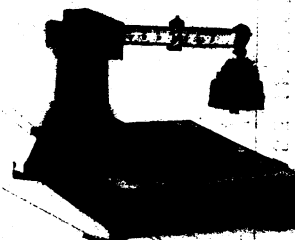
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