

REVACCINATION AND ADMISSION TO INSTITUTIONS.

SIR,—With regard to the recent conference of municipal authorities to consider the means for prevention of epidemic small-pox, it has always occurred to me how much could be done by many of us who, like myself, are medical officers to large institutions, such as industrial schools, orphanages, and various homes, by insisting upon the revaccination of all children when admitted.

During the last fifteen years I have revaccinated every child admitted unless the child has but just recently had primary vaccination, and in that period have protected at least 275, the total number of inmates being on the average 150. Possibly I may be acting *ultra vires*, but as the rule of the institution is that every candidate for admission must have been vaccinated before election, I do not ask consent for revaccination; and should the friends grumble at revaccination, my committee support me by saying that in our establishment, at least, revaccination is also compulsory.

I find that at ages between 7 and 10, from 10 to 15 per cent. give results undistinguishable from primary vesicles, even when there are good scars. As many such institutions admit only twice a year, the time and trouble necessary are very trifling.—I am, etc.,

July 25th.

PROTECTIONIST.

INCOME TAX.

SIR,—I have read with much pleasure in the BRITISH MEDICAL JOURNAL to-day Dr. Gordon's letter on the distinction which ought to be drawn, in levying income tax, between incomes derived from work and those from investments, and quite agree with his sentiments. The complaint they embody is by no means new. But the distinction needs to be extended to that between temporary investments under which the principal will have disappeared at the end of the time—such, for instance, as a twenty-one years' lease—and permanent ones, in which it will not. In the former case a part of the annual return is really return of capital. Take this case as an example of the inequality of the burden: A. begins practice unusually young without a farthing (except £100 borrowed from a friend). It is in a poor part of a manufacturing district. After about thirty-five years' excessive work, with less than thirty-five weeks' holidays, he finds his income insufficient for the completion of the education of his numerous sons, and therefore sells his life insurance policy, and with the purchase money buys a twenty-one years' leasehold, thus considerably increasing his income in the present at the cost of the future. But now he has to pay tax on the rent, and besides, through the increase in his income, loses the right to the abatement in the assessment of it which he was entitled to before. Yet it is clear that he is absolutely no richer than he was before, and also that, although only "worth" about £4,000, he pays as much tax as other men worth nearly four times as much invested at 4 per cent. He had, moreover, already, during the thirty-five years mentioned, paid income tax on all his savings.—I am, etc.,

July 29th.

H. F.

IRELAND AND THE MIDWIVES ACT.

SIR,—As the Midwives Act does not apply to Ireland, our hospitals lose little in not having their trained nurses placed on the roll of certified midwives. The wonder, indeed, is that any names in this country were accepted. When the Act is made to apply to Ireland an opportunity may be afforded our nurses and "women in bona-fide practice" to have their names registered. At present, however, the only advantage in being certified is to be legally qualified to practise midwifery in England. It is well known that for many years almost all countries recognized the Rotunda Hospital, Dublin, as the pioneer of improvement and advance in the practice of midwifery, and its power to grant a licence is not of yesterday. Surely, with such a high record, we should not allow ourselves to be absorbed in any other system, but have an executive Board in Dublin, in which our obstetricians and representatives from our maternity hospitals would have a voice in the requirements and training of their own nurses.—I am, etc.,

Belfast, July 29th.

S. W. ALLWORTHY, M.D.

SUTURE OF GRANULATING WOUNDS.

SIR,—May I, following your other correspondents, call attention to another application of this principle? In drainage for localized collections of pus in the abdominal cavity, and

in drainage for diffuse peritonitis, large granulating openings often result in the parietes, which if allowed to heal as they stand leave weak, easily-yielding scars. If, however, such openings are brought together throughout the greater part of their extent some ten to fourteen days after the primary operation the resulting scar is much firmer, and ventral hernia much less likely to result. I have carried out the method with success in several cases.—I am, etc.,

Cardiff, July 24th.

WILLIAM SHEEN.

THE DIET OF THE PRECIBICULTURISTS.

SIR,—In the BRITISH MEDICAL JOURNAL of July 22nd appeared the first part of a paper by me on the diet of the Australian aborigines. Without waiting for its completion Mr. Alexander Francis writes concerning it, in your issue of July 29th:

It would be a big task to attempt to correct in detail the errors in this paper, for it is a somewhat difficult matter to find any statement which is accurate. . . . Dr. Campbell seems to have got possession of some camp-fire yarns, told for the edification of new-chum jackaroos, but they hardly qualify him to write a serious history of our Australian aborigines.

Does, I would ask, Mr. Francis, in sober earnest, consider himself qualified to criticize my paper *ex cathedra*? At the end of the second part of my paper (which will be published in due course) is a list of the writings consulted in its preparation, and it is for your readers to decide whether they will accept the authority of men of the stamp of Sir George Grey, E. J. Eyre, and E. M. Curr, who, from the middle of the last century onwards, have been in intimate touch with the natives, and whose writings bear on the face of them evidence of their trustworthiness—whether, I say, they will accept the authority of such men as these, or that of the very positive gentleman who gives them all the lie direct.

Doubtless errors have crept into my paper—that is, from the nature of things, inevitable—but I have spared no pains to be accurate, and your readers may rely upon the substantial accuracy of my paper as it stands.—I am, etc.,

London, W., Aug. 1st.

HARRY CAMPBELL.

COMMONLY OVERLOOKED FACTORS IN VOCAL MECHANISM.

SIR,—In my article, "Commonly Overlooked Factors in Vocal Mechanism," published in the BRITISH MEDICAL JOURNAL of March 25th, 1905, p. 647, I omitted to make any remarks on the position of the chest during speaking or singing; and as it is rather an important point, with your permission I will comment on it now.

In all vocal efforts the upper part of the chest should be held up firmly by keeping the shoulders well thrown back, so that breath-pressure can be effectively controlled from below. Without complete mastery of this *fixed high chest position* the voice will be uncertain. Not only does this position of the chest give great control over breath-pressure, but owing to the apices of the lungs being always full the trachea is drawn down and the larynx is fixed, so the adductor muscles of the cords can act to the best advantage, and the greatest possible tension of the cords, consistent with the pitch of a note, is also ensured.—I am, etc.,

R. F. E. AUSTIN,
Major, R.A.M.C.

Station Hospital, Imtarfa, Malta.

OBITUARY.

WE regret to announce the death of Mr. CHARLES HOOPER, Consulting Surgeon, Royal Bucks Hospital, which occurred at Aylesbury on July 16th. Mr. Hooper, who was 75 years of age, had been ill for ten weeks with pneumonia complicated with hydrothorax and later empyema. He bore his sufferings with exemplary patience. He was born at Buntingford, where his father, John Hooper, M.D., was in practice, and studied medicine at King's College, London, becoming a Licentiate of the Apothecaries' Society in 1852, and a Member of the Royal College of Surgeons of England in the following year. He was appointed House-Surgeon to the present Royal Bucks Hospital, then called the Bucks Infirmary, at Aylesbury, where he soon succeeded to the practice of Mr. Henry Hayward. At the time of his death he had been in private practice for upwards of fifty years. Mr. Hooper always took a keen interest in his profession, and was especially attentive to his poorer patients and those in receipt of parish relief; he was much interested in sanitary matters, and held the post of Medical Officer of Health to the Ayles-