

**Obstinate Urticaria**

Dr. E. T. FISON (Salisbury) asks for advice in the case of a patient who has been suffering for the past twelve months from urticaria of the most intense type. Treatment, he says, has included varied diet, vaccine therapy with a streptococcus isolated from stools, dental extraction on account of sepsis, desensitization by peptone injections, auto-haemotherapy, T.A.B. injections to cause protein shock, intestinal antiseptics by mouth, and lavage of the bowel. Rest in bed, combined with the taking of bromide and valerian, has also been tried. All the above measures have failed to ameliorate the condition, though adrenaline injections kill the rash for about four hours.

\*\* We suggest thorough search for an offending protein, with an attempt to exclude any possible irritant from animal or other sources. A complete change of surroundings would be advantageous, both for diagnosis and for treatment. Calcium and parathyroid therapy might also be tried. Of the shock treatments, whole blood injections are generally the most successful.

**Income Tax****Colonial Appointment: Liability of Bonus**

"J. C. C." has been in the Colonial Service for eight years, during which his wife and family were maintained and boarded in this country. In April, 1931, he returned permanently to the United Kingdom, and his contract of service ceased on August 31st, 1931. He has received a "bonus for service" amounting to £800. Is this assessable?

\*\* For 1931-32 it is clear that "J. C. C." is a British resident, and the emoluments of his office would be assessable as "income arising from possessions out of the United Kingdom" under Rule V of Schedule D—the "possession" being the rights given to our correspondent by his contract of service. On that basis he would be liable to assessment in respect of all sums remitted to, or received in, the United Kingdom. We fear that, unless there is some departmental concession to modify the apparent hardship, "J. C. C." will have to account for tax on the £800.

**Income from Property**

"D. L." had a little property, which he transferred to his mother in October last. Is he liable to pay income tax thereon for 1931-32, and how will it affect his professional assessment?

\*\* He is liable to account for tax for the proportion of 1931-32—that is, for the period April 5th, 1931, to the date of transfer. He is entitled to have £175 (and no more) of his taxable income charged at the 2s. 6d. rate; if, therefore, the income from the property for that period, say £x, is charged at 2s. 6d., the amount chargeable at 2s. 6d. on his professional income will be £175-£x. (The two notices received with regard to the property no doubt relate to the same assessment, but come from different offices.)

**LETTERS, NOTES, ETC.****Results of a Campaign against Pediculosis in Schools**

Dr. A. SUNDAL has recently published an account of the measures taken against pediculosis in the schools in Oslo after the school health work had been reorganized and centralized in 1918. In 1920 an arrangement was made whereby discovery of pediculosis by a teacher or school nurse led to the dispatch of a notice in a sealed envelope to the child's home. This notice included a short account of the measures to be taken to de-louse the child at home, and an intimation that if, after eight days, the child was not clean, the school medical officer would let the school nurse treat the child at school. But in practice the system adopted when the child proved to be still infected about a week later, was for the nurse to make a personal visit to the home, and to speak to the mother. If this visit was fruitless, the de-lousing was performed at school. The school nurse examined every child for lice twice a year (spring and autumn), and her finds were recorded. It was thus possible to keep a louse register of the schools in Oslo during the past ten years, and to publish lists of the schools in the order of merit as judged by their degree of lousiness. In the list for the first half of 1931 there was only one school, heading the list, without a single lousy pupil. Second in the list came a school with a lousiness of 0.05 per cent. At the bottom of the list came a school with a louse incidence of 7 per cent. In 1920, among

24,768 school children, the incidence of pediculosis was nearly 8 per cent. By 1930 this incidence had been reduced to a trifle over 1 per cent. While in 1920 there were some 2,000 lousy school children in Oslo, in 1930 this number had been reduced to 300. Dr. Sundal (whose report is printed in *Tidsskrift f. d. Norske Laegeforening*, December 1st, 1931) believes that this residue comes from homes which are never likely to be thoroughly freed from vermin so long as de-lousing is only a voluntary operation, the execution of which cannot be enforced by the health authorities.

**Ectopic Kidney**

Mr. IAN FRASER (Belfast) writes: The following case of an ectopic kidney lying in the hollow of the sacrum, and forming a tumour which bulged into the posterior rectal wall, is of sufficient rarity to warrant a report, especially in view of a somewhat similar case described by Mr. Llewellyn Davies in the *Journal* of December 5th, 1931. Miss N., aged 38, had had marked ascites since August, 1931, and a large, smooth swelling projecting into the rectum was readily felt by the examining finger. An alternative diagnosis of carcinoma of the ovary with secondaries in the peritoneum, or retroperitoneal sarcoma, was made when she was first seen in Canada, and the condition was considered inoperable. She was advised to sail for home. An operation was performed on December 6th. A mid-line sub-umbilical incision was made, and the abdomen drained of twelve pints of ascitic fluid. A matted mass, presumably responsible for the free fluid, was found in the pelvis. Liver, portal fissure, and upper abdomen were normal. On freeing the uterus from its adhesions the rectum was felt, with a tumour lying behind it. The tumour, smooth and encapsuled, was at first thought to be a lipoma. When exteriorized, however, it was seen to be the left kidney—an ectopic kidney lying in the hollow of the sacrum. Nephrectomy was performed, and the patient has so far had an uneventful recovery. The case is of interest in showing how the two conditions, ascites and tumour, although of different origins, so closely simulated advanced malignant disease that operation had been considered inadvisable.

**Sepsis and Subinvolution**

Dr. F. W. INMAN (Wallasey) writes: In a recent article on "Failed forceps" Dr. Stacey stresses the frequent ill results of mild sepsis in causing subinvolution. It has been my experience that this can be largely obviated by the administration of liquid extract of ergot, two drachms in an eight-ounce bottle, one tablespoonful every three hours, given about the third day whenever there is any reason from manipulation or otherwise to fear sepsis. The temperature in the vast majority of cases immediately becomes normal, and the subsequent involution goes on satisfactorily. Even when there are signs of severe sepsis, such as a rigor, there is rarely any more trouble. For many years when called to a case of sepsis I have immediately ordered ergot in this way, and have found it much better than the old-fashioned douching and uterine examination. During the last year I have also given a capsule of S.U.P. 36 when the symptoms have appeared to be serious, and have been much struck by the effect in many cases. Usually, two capsules on successive days have proved sufficient. This substance undoubtedly raises the resisting power of the patient, and is much handier than raw carrots.

**Capitals and Italics**

Medical writers who recognize the desirability of following the modern practice adopted by technical journals of good standing, and who wish to give the least trouble to editors and printers, should read an article on the use and abuse of capital letters and italics which appeared in the *Indian Medical Gazette* for August, 1931. The broad principles laid down therein are not difficult to follow or to remember. To put the matter very shortly, we advise authors when in doubt to avoid beginning words with capitals. Italics should, in general, be reserved for titles of books and periodicals, for side-headings to paragraphs, for words and phrases in foreign languages which have not yet become anglicized, and for the proper names of micro-organisms, as *B. coli communis*. Italics for emphasis should be used very sparingly indeed; more often than not they defeat the author's purpose.

**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 19.