recommended in conjunction with treatment along the lines indicated above and with dyes or calamine lotion applied locally. On the hairy forearms the same principles apply. Autogenous vaccines have also been recommended; non-specific shock therapy is often of value, as are whole-blood injections (10 ml. weekly).

Histamine-sensitivity

Q.—*How should I test for histamine-sensitivity? How is desensitization effected particularly in relation to the treatment of Ménière's syndrome in histamine-sensitive patients?*

A.—To test for histamine-sensitivity inject into the skin of the forearm 0.05 ml. of a 1 in 10,000 solution of histamine, calculated in terms of histamine base. Sensitive patients will react with an urticarial weal almost an inch (2.5 cm.) in diameter, having one or more pseudopodia, 1 inch in length, with a surrounding erythema of 2 inches (5 cm.) or more. In the non-sensitive patient the urticarial weal will be about 1/3 inch (0.8 cm.) in diameter, will have either no pseudopodia or at the most very small buds, and the erythema will be about an inch in diameter. If in doubt test again with double the dose a few days later. If no pseudopodia appear, then the case is not histamine-sensitive.

Histamine-sensitive patients should be treated with gradually increasing doses of histamine given subcutaneously. The following is a suggested scheme of dosage: starting with a 1 in 10,000 solution, 0.05 ml., 0.1 ml., 0.2 ml., 0.3 ml., and so on up to 0.8 ml.; then with a 1 in 1,000 solution, 0.1 ml., 0.2 ml., up to 0.8 ml.; then with a 1 in 100 solution, 0.1 ml. and so on up to a maximum dose of 1 mg., or until symptoms of overdose occur, which is not infrequent at a dose of 0.4 to 0.5 mg. The injections are given twice a week until the maximum, or the maximum without symptoms, is reached, after which this dose is maintained weekly for two months (M. Atkinson, *J. Amer. med. Ass.*, 1941, **116**, 1753; *Proc. roy. Soc. Med.*, 1946, **39**, 807). The intravenous administration of histamine, 1 mg. of histamine base in 250 ml. of saline, given over at least one and a half hours, is recommended by Horton for the relief of an acute attack of Ménière's syndrome, and is especially indicated for those who have acute loss of hearing. (B. T. Horton, *Surg. Gynec. Obstet.*, 1941, **72**, 417; C. H. Sheldon and B. T. Horton, *Proc. Mayo Clin.*, 1941, **15**, 17).

INCOME TAX

All inquiries will receive an authoritative reply but only a selection can be published.

Living-out Allowances

S. E. inquires whether payment at £100 per annum made as a living-out allowance because there is no residential accommodation in the hospital is liable to income tax.

*** Yes—it is liable. The official who makes the payments is responsible for deducting tax under the Pay-as-you-earn scheme. It is, of course, true that a medical officer living in is not liable on the value of that benefit, but when living out he falls into the general class of employees and as such must bear the cost of living out of his taxed income.

"Family Allowances" and "Wife's Earned Income"

"FATHER" writes—"Family allowance is considered by my Inspector of Taxes to be a part of the earned income of the husband. Should not the allowance legally be considered as a part of the earned income of the wife, and thus, in many cases, be covered by the wife's earned income allowance?"

*** No. The point is covered by Sec. 27 (2) of the Finance Act, 1946, which provides that "payments of benefit under the National Insurance Act, other than maternity grant and death grant, shall be charged to income tax under Schedule E" and further that "no such payment shall be treated by virtue of this subsection as earned income for the purpose of Sec. 18 (2) of the Finance Act, 1920 (which provides, in the case of married persons, for an increased personal allowance by reference to the wife's earned income), unless it is payable by way of unemployment benefit, sickness benefit, or maternity allowance."

This statutory rule is clearly one which was deliberately adopted by Parliament and an attempt to abrogate it would be very unlikely to succeed.

Letters and Notes

Car Sickness in Children

Dr. A. H. MOSELEY (Warrawee, New South Wales) writes: There was a question about car sickness in children (Nov. 30, 1946, p. 842). The following simple treatment has been satisfactory with three small children. It was used by the old coach-drivers to keep out the cold. A sheet of brown paper under the shirt and coming well up to the base of the neck, and over the abdomen.

Massive Doses of Penicillin

Dr. J. C. JONES (London, S.E.25) writes: With reference to the reply under "Any Questions?" on Nov. 30, 1946 (p. 842), during the recent measles epidemic I have given 250,000 units of penicillin (calc. suspension), and even 375,000 units, to children who developed otitis—children mostly of 5 years or less—which completely cleared up the attacks within 24 hours. In two or three cases at the most has the injection had to be repeated. At the same time or immediately following the penicillin a four-days course of "uleron" (crushed tablets in syr. tolu.) to prevent recurrence of the otitis was given. Points of importance are: It is necessary to use a very wide-bore needle, so that skin anaesthesia (ethyl chloride freezing) is advisable. It is necessary to cover the point of injection with "elastoplast" made more sticky by spraying with ethyl chloride. It is advisable to inject into the upper lateral sections of the buttocks, otherwise the oily suspension of penicillin will leak out and the effect be lost. The only complication I had was with a child suffering not from otitis but from meningitis. This child was given "uleron" followed after 2 days with several large doses of penicillin. She cleared up in about a week but broke out into a universal vesicular skin rash in which the vesicles ran together into confluent patches. This looked terribly distressing but the patient did not worry much about it, and it cleared quite up without attention except for large doses of "calfos."

Lymphoedema of the Legs

Dr. FREDERICK SUTTON (Clifton, Bristol) writes: Your contributor (March 22, p. 402) makes no mention of chronic postural oedema in women, which is a common cause of this condition. So little is said about it in textbooks that one not infrequently sees girls or young women who have been sent by doctors to the out-patient clinic as "obscure oedema." In many there is an obvious peripheral circulatory anomaly such as erythrocyanosis, the lower part of the legs being cold and blue and even showing trophic ulcers at times, especially during the colder months of the year. Some patients, however, show only a rather hard lymphatic type of swelling, often affecting only one leg. In the majority of them there is no previous history of thrombophlebitis, or other inflammatory reaction, and careful inquiry suggests that it has developed gradually over a period of time. Very rarely one meets with periodic streptococcal lymphangitis in such cases, which arises because of the circulatory dysfunction and which rapidly subsided with rest in bed and salicylates before the days of modern therapy. At the time of the attack the classical signs of inflammation appear and, in a few, ague-like chills with fever occur for the time being. Treatment is very unsatisfactory, though the very severe cyanotic cases may be helped by lumbar sympathectomy. Thyroid, pituitary gland extracts, dienoestrol in large doses, and mercurial diuretics have been tried with some temporary success. Physical treatment, such as the wearing of an elastic stocking or fine elastic-woven bandages, and such measures as massage, diathermy, and especially the daily use of the pulsator are helpful, and, moreover, unless they are employed the ankle region gradually becomes more swollen.

Correction

In the answer to a question about "faecal *B. coli*" (May 3, p. 625) the statement, "therefore many *B. coli* occur which are not faecal; those which are not faecal are widely distributed as animal parasites," is incorrect. It should have read: "therefore many *B. coli* occur which are not faecal; those organisms which *are* faecal are widely distributed as animal parasites."

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