response is only partial. The treatment of the dwarfism is by thyroid and growth hormone.

Relief of Tinnitus

Q.—A woman aged 50 has suffered from "noises in the head" since a post-scarlatiniform infection of the ear in childhood. These have become gradually more severe and distressing. Is there any means of relieving the symptoms?

A.—A course of short-wave diathermy to the affected ear will occasionally relieve the tinnitus, and is worth a trial. If the tinnitus is high-pitched, the administration of nicotinic acid may help. Failing relief, the usual sedatives, acid. hydrobrom. & phenobarbitone, should be given.

Fly Repellents

Q.—What is the best fly repellent (with special reference to the article in the Journal of May 19 entitled "Dimethyl Phthalate as an Insect Repellent," in which indalone is mentioned?) What is indalone? What is its smell and consistency, what is its cost, and where can it be obtained? Is it the sort of thing which an old lady would be grateful to have sprayed on her pillow, or would she prefer to let the flies go on crawling over her nose?

A.—It should be realized that most effective repellents act by contact rather than by the smell of the vapour. Their principal use, therefore, is against biting insects, either by treating the skin or else clothing over which the insect may travel on its way to bite. There is much data on repellents for housesflies, though some American experiments in 1939 showed that indalone was much more effective than citronella in preventing flies from settling on a molasses bait. Indalone, which is an compound, is an amber-coloured liquid with little or no smell. Like dimethyl phthalate it can be applied to the skin without danger. It is manufactured in the U.S.A. and cannot be freely purchased in this country at present.

Probable Case of Neurosyphilis

Q.—Three or four years ago a woman consulted me for pains on the left side of her face. The pupil of her left eye was dilated and reacted to light but not accommodation. A Wassermann test was positive. Since then I have given her regular courses of injections of salvarsan. Subsequent serological tests have still proved positive. Shall I continue with the treatment already given or can you recommend any other better remedies to be used by intramuscular injection, as this is much easier for a general practitioner than oral treatment?

A.—This question would be easier to answer if more particulars were available—e.g., previous history, family history, age of the patient, whether married or single, any miscarriages, state of other reflexes, etc. A dilated left pupil which reacts to light but not to accommodation is the exact opposite of the Argyll-Robertson pupil, but in view of the fact that the Wassermann reaction has been repeatedly positive it seems probable that the patient is suffering from neurosyphilis in some form. For this reason it is essential that an examination be made of the cerebrospinal fluid together with a complete clinical examination of the nervous and vascular systems; the former is beyond the scope of the average general practitioner and the patient should be referred to an expert pathologist. Treatment will depend on the results of examination and particularly on the state of the cerebrospinal fluid. If the fluid is normal or shows only mild changes, potassium iodide by mouth and bismuth intramuscularly will probably prevent extension of any morbid process; if, on the other hand, the fluid shows marked changes, including a strongly positive Wassermann reaction and a parietic type of gold curve, more drastic methods are indicated, such as artificial fever (malaria) therapy followed by repeated courses of tryparsamide intravenously and bismuth intramuscularly. In this connexion it cannot be too strongly stressed that it is the patient who should be treated, not the positive serum reaction; the type and amount of treatment will depend mainly on the clinical signs and the effect of treatment on the reactions of the cerebrospinal fluid.

INCOME TAX

Child Allowance

R.M.’s child was born on April 3, 1944. Which is the first year for which he is entitled to the £50 allowance?

** The full £50 is due for the year ending April 5, 1944.

Hospital Appointment

J. D. inquires as to the deduction of certain expenses.

** (1) Cost of moving to take up appointment—not allowable. Such expenses are incurred anterior to, and not in the carrying out of, the duties of the appointment. (2) Expenses to be incurred in acquiring the D.P.M.—not allowable. Such expenses are of a capital nature and therefore not allowable against income.

National First-Aid Service

Dr. Bowman Edgar (Kirkcaldy, Dumfriesshire) writes: First-aid has, along with medicine and surgery, made striking advances during the last five years. The experience gained in war and under attack from the air has proved useful as a system of well-organized rescue work. It is to be hoped that first aid will not be allowed in peacetime to dwindle for lack of broad outlook and organizing keenness to the rush it has occupied for too many years. Is it not to be deplored that no fewer than three “Societies” (St. John’s in England, St. Andrew’s in Scotland, and the B.R.C.S.) are necessary to carry on this work in this island? Are the societies, without a doubt, doing excellent work each in its own sphere, but not one of them can speak for the British first-aid workers as a whole; not one of them is capable per se of organizing and equipping, in a manner consistent with the results obtained, first-aid workers to take up the work on a national basis? So far, no hint of a move in that direction has been heard from any of the three. The following true case is worth consideration. Some years ago a Government order was issued to certain works instructing that, for every so-many workmen employed, there must be one man holding a first-aid certificate. By going over the works with a small-tooth comb and accepting certificates dated up to 25 years previously, the management was able to obtain the requisite “first aid men” (all of whom have now been obediently tested). The spirit of the law and the interests of any injured man were apparently of no importance whatever. The works sent in their full quota of names; they did not state that 75% were quite inefficient and that no one was allowed to be appointed for the interests of the injured. The law had been obeyed; what happened to any casualties just didn’t matter. This blind acceptance of certificates as evidence of training and ability to work efficiently brings us to one big question which must be squarely faced, and answered. Is first aid to achieve promotion in these coming post-war years to its rightful high place on the list of national services? Under all manner of enemy attack the British first aid has proved, and will prove again, both the importance and the immense value of the training he has received. Does he not deserve to be raised to membership of a properly organized national service, with recognition and privileges as such? This reward of the members of the societies could be achieved by establishing a representative “British Council of First Aid” with the following mandate: (1) The “continuation, intensification, and modernization” of first-aid training in Great Britain. (2) The standardization of this training over the whole country and the raising of examination standards. (3) Revision of the system of certification, the award of badges in place of certificates, and the establishment of these badges under the “unauthorized wearing” law. (4) Cooperation between the Government and volunteer organizations to a “General Command” in any questions touching first aid (as in the case mentioned above). (5) Recruiting of the best type of volunteer. (6) Consideration of conditions of service of full-time first-aid personnel. (7) The establishment of the first-aid service as a branch of the “First-Aid Service of Great Britain.” (8) The publication of an official up-to-date “Manual of British First Aid” with space at the end for quarterly “bulletins” of up-to-the-minute information, or is it merely a preliminary list of certain steps required to set the service on a national basis, which is its due?

Calciferol and Toxicasterol

Mr. J. Greenbaum, B.Sc., Ph.D., writes: In the Journal of March 19 (p. 721) a correspondent asked a question concerning the existence of and toxicity of toxicasterol. The answer given was in error when outlining the sequence of ergosterol irradiation products, and particularly in stating that calciferol is the first irradiation product of ergosterol, which is then further irradiated to lumisterol, tachysterol, and toxicasterol. It is known that the sequence of substances on irradiation is as follows: ergosterol, lumisterol, protachysterol, tachysterol, calciferol, toxicasterol, and suprasterol. As will be seen from this, calciferol is an end-product of a series of substances, and is transformed into toxicasterol, and is known, without intermediate compound formation, on further irradiation.

Corrections

Air-Cдр. T. C. St. C. Morton wishes to correct a typing error in his article on “Diodoquin for Chronic Amoebic Dysentery” published on June 16. The fourth line under “Conclusions” on page 832 should read “approximately one-fourth of the cases have relapsed;” not one-third. By a misprint in the obituary notice of Mr. Bishop Harman published last week the late Dr. Wallace Henry’s name was printed as Henry Wallace.