

A Concentrate of the finest cod-liver oil

It is the prime function of Ostelin preparations to supply the essential medicinal element of cod-liver oil in concentrated and easily assimilable forms, very convenient of administration.

Increased calcium and phosphorus absorption is the obvious benefit from treatment with Ostelin; but every physician will see that, in effect, all cases in which cod-liver oil is indicated can now be given Ostelin with greater advantage.

Ostelin

is obtainable in the following forms:

1. IN GLYCERIN SUSPENSION. Sold by chemists in phials containing 45 four-drop doses. Supplied for dispensing with other medicaments in bottles of 2 oz., 4 oz., 8 oz., and 16 oz. Indicated in wasting conditions, and in all cases in which cod-liver oil would be prescribed.
2. IN TABLET FORM (Tab. Ostelin Co., Ostelin m iv, Calcium Glycerophos. gr. ii). Indicated in nervous disorders, wasting diseases, and for all conditions due to defective calcium metabolism. A valuable general tonic, particularly for adults.
3. IN COMBINATION WITH MALT EXTRACT AND ORANGE JUICE, with a proportion of Calcium Glycerophosphate. Contains 50% cod-liver oil in the form of Ostelin, and is also a good source of Vitamins B and C. Specially suitable for growing children.
4. AS AN EMULSION (Crem. Ostelin Co.)—Ostelin Cream is an emulsion containing Ostelin equivalent to 50% cod-liver oil in the purest salad oil. Suitable for adults and children, and of value in milk modification.

Write for "The Presentation of Ostelin in Mixtures" to:

OSTELIN, 56 OSNABURGH STREET, LONDON, N.W.1

STAMMERING.

"H. L. E." asks for references to literature and suggestions as to home treatment of a boy of 14, who began to stammer at the age of 6, probably as the result of a long illness and an operation; he is left-handed in writing. His mother was a stammerer in childhood, but has outgrown the defect.

STOMACH COUGH.

DR. A. S. MCNEIL (Liverpool) writes to suggest to "M.B. Cantab." that the symptoms from which he desires relief are probably due to abdominal visceroposis, the "flatus" of which he complains being gases given off into the stomach and intestines by the blood vessels when, owing to the recumbent position of the body, they are allowed temporarily to resume an approximately correct anatomical position. The cough, of course, is reflex vagal in character. It would be wise, no doubt, to verify the position by a complete x-ray examination of the stomach and intestines, and if visceroposis is shown to be present, a suitable abdominal support worn in the daytime would, I think, relieve. A little gentle exercise of the abdominal muscles, each night and morning, would also be advisable.

PREVENTION OF SCABIES.

A WOMAN member of the profession who contracted scabies over a year ago has three times got rid of it, but on each occasion has been reinfected after varying periods. This she attributes to wearing some article of clothing which has not been thoroughly disinfected. Women's clothing being what it is, she asks what is the best disinfectant for garments which cannot be boiled.

GLOSSITIS.

"G. C." asks for suggestions for the treatment of a woman, aged 30, who has an enlarged tongue, with fissures and patches of desquamation. It is intensely irritating and uncomfortable. The usual methods of treatment have been tried, as well as dental, gastric, and tonsillar treatment, and x rays, without effect.

INCOME TAX.

Partnership Assessment.

"R. C." took over a practice from August 1st, 1924. His predecessor's figures were unknown, and he paid tax for the period to April 5th, 1927, on the basis of the amount of his earnings, as shown by accounts prepared for each of the two years to August 1st, 1926. He has been assessed for 1927-28 on £515, the amount of profits for the previous year—that is, to August, 1926. He has now been asked for a copy of his accounts to August, 1927. Has the inspector any right to alter the 1927-28 assessment if the result of these accounts should show an improvement on the previous year's figures?

* * No; probably there is no intention to do so, but perhaps the local office is desirous of getting forward with next year's work—that seems the only explanation of the request.

Expenses of Employment.

"A. D. K." obtained an appointment as from May 1st, 1927. He found it necessary to purchase a car for £160, and receives an allowance for its use at 6d. a mile. He calculates that the cost of the car, inclusive of depreciation, exceeds the mileage allowance. He asks whether he can claim to deduct anything in respect of the purchase of the car or the excess annual cost.

* * The purchase of the car represented capital outlay, and no allowance is due for that expense. On general principles "A. D. K." is entitled to deduct all expenses incurred solely, exclusively, and necessarily in the performance of his duties, but we think he will find it very difficult to convince the Commissioners that the county council allowance of 6d. a mile is inadequate to cover all necessary costs of travelling—for example, is the car of the minimum horse-power necessary for his work—and if that is so, it is useless to appeal.

Locumtenent's Expenses.

"Loco" has been taking locum work for the past few years through an agent, to whom he pays a commission of 1s. for each £1 s. earned. The income tax authorities have refused to allow him to deduct the commission as an expense.

* * Apparently, "Loco" is being assessed under Schedule E as for the profits of "employment," and it is agreed that the expense of obtaining employment is not deductible under the rules of Schedule E. We suggest that the basis of the assessment is wrong, and that our correspondent should be assessed not as an employee, but as a man practising his profession in a special way. As such he would be assessable under Schedule D for the profits of his practice, and in such a case the commission payable year by year would properly be deductible. If Schedule E is the correct basis of assessment, it would seem that separate assessments should be made for each separate "employment," which presumably has not been done.

Deduction for Use of Car.

"D. M. M." states that the inspector of taxes declines to allow him to deduct the expense of using his car for travelling to the station to take trains on professional visits.

* * We can see no justification for the distinction. The professional journey starts from the professional headquarters—the surgery or consulting room—and the expense covers the whole journey out and back.

LETTERS, NOTES, ETC.

DISEMBOWELMENT AND SHOCK.

DR. E. W. GOODALL (Hemington Abbots, Hants) writes: In connexion with this subject (November 5th, p. 847) the following quotation may also be of interest. It is taken from chapter vi of Lane's *Manners and Customs of the Modern Egyptians*, which was first published in 1836. The writer is giving instances of extraordinary feats performed, for the purpose of reward, in the processions of the brides of wealthy families.

"When the Serryid 'Omar . . . married a daughter, about twenty-seven years since, there walked before the procession a young man who had made an incision in his abdomen, and drawn out a large portion of his intestines, which he carried before him on a silver tray. After the procession he restored them to their proper place, and remained in bed many days before he recovered from the effects of this foolish and disgusting act."

Jane states that this incident was described to him by an eye-witness. But was the latter pulling the former's leg?

CONSTIPATION IN INFANCY.

DR. W. J. BURNS SELKIRK (Erlington, Birmingham) writes: When is a baby genuinely constipated? When rectal examination by the little finger determines the presence of a mass of faeces which the baby cannot pass? The rectum of the "constipated" is often empty. If, when a baby defaecates, the motion is soft, there has not been constipation. Under-feeding or perfect digestion may only give one action in forty-eight hours. Even at some welfare centres syrup of figs is unjustly advised, the natural reflex thereby impaired, and a drug-taking child and adult likely to result—then justifiably labelled "constipated." Most "constipated" babies are not constipated till submitted to human interference.

TREATMENT OF VARICOSE VEINS BY INJECTION.

DR. T. C. GREENE (American Presbyterian Mission, Peking) writes to call attention to a case of death following injection for varicose veins recorded by Dr. O. A. Olson in the *Journal of the American Medical Association* (August 27th, 1927, p. 692). Dr. Greene writes: A woman of 33 developed varicose veins during her first pregnancy. Two children, the youngest aged 2, were living and well. In 1924 she aborted in the second month. The Wassermann reaction was negative. No rupture of the veins occurred, and she was treated with elastic stockings until June, 1927. So we have a typical, uncomplicated case of varicose veins of several years' duration. On June 3rd and June 8th she received injections of salt solution and calomel. "She felt perfectly well until June 13th, when at 5 p.m., while playing with her children, she fell dead." Autopsy showed (1) varicose veins; (2) phlebitis and thrombosis of the right internal saphenous vein, the thrombus exhibiting a broken-off end; (3) pulmonary embolism. It may be advanced that another solution would have given a happier result. If the rationale of this treatment is to produce a sterile phlebitis and consequent thrombosis the underlying principle would seem dangerous, no matter what the agent used. To produce a thrombus, or to risk producing a thrombus, in a vessel in which the current is directed towards the heart, and whose calibre increases in the direction of flow, would seem hazardous at least. The current in a varicose vein may at times be away from the heart, or stationary, but certainly it often is directed towards the heart. In the straightforward surgical treatment of varicose veins there is the risk of embolism from the thrombus which would extend proximally from the highest point of venous ligation. *A priori*, this risk would seem less than the risk of embolism following the injection of varicose veins.

PULMONARY MEDICATION BY RIGHT CARDIAC INJECTIONS.

THE Academy of Medicine in Paris lately heard a paper by Drs. Cherechewski, Florentin, and Lesbouyries suggesting that injections into the right side of the heart might be used in the treatment of affections of the lung. Being dissatisfied with the results of attempts at disinfection of the lungs by remedies administered by the mouth, by inhalation, and by intratracheal injections, and finding intravenous injections difficult, these authors decided to try puncture of the right side of the heart as being the surest point of access to the lung. They found that dogs tolerated very well an injection of 1 per cent. solution of methylene blue, and that at the end of ten minutes the lungs had taken on a grey colour with scattered blue points. In less than half an hour the colouring substance was distributed evenly throughout the lung tissue. The method was tested in a dog suffering from distemper; a solution of "collobiose" of gold with methylene blue was injected into its heart for eight consecutive days. The treatment was followed by marked amelioration of the general condition, but did not bring about a cure. The authors think that the injections might be tried for pneumonia in man or animals, when all other remedies have failed, and for pulmonary tuberculosis in man.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 38, 39, 42, and 44 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 40 and 41.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 195.