



# Rheumatism

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Sleeplessness is a common feature of Neurasthenia. The value of "Ovaltine" in this condition is exceptional. A cup of "Ovaltine" taken upon retiring allays nervous irritability, and the patient passes into a natural and healthful sleep.

As evidence of the value of "Ovaltine" in Insomnia the following extracts from unsolicited medical reports are noteworthy:

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"In a case of Neurasthenia associated with sleeplessness and difficult feeding I gave my patient 'Ovaltine.' To my great satisfaction 'Ovaltine' was retained without difficulty, and rapid improvement followed."

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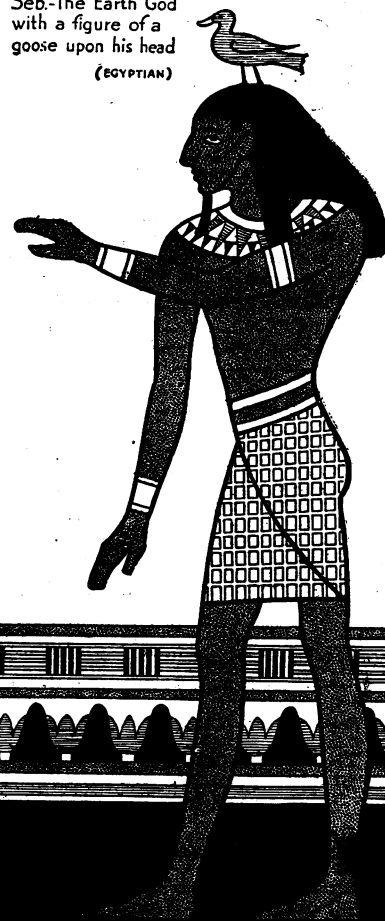
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M.205

Seb.—The Earth God  
with a figure of a  
goose upon his head  
(EGYPTIAN)



THE report for 1926 of the Laura Spelman Rockefeller Memorial, of which John D. Rockefeller, jun., is the president, has just been published, and shows that during that year the appropriations made to various institutions were nearly seven million dollars, rather more than two million dollars being payable in that year, the remainder in 1927 and subsequent years. Social science, research in institutions in America and abroad, conferences, travelling fellowships, child study and parental education, boy and girl scouts, and libraries were helped by grants.

THE second congress entitled the "Journées Médicales et Vétérinaires Marocaines" will be held next Easter, at Casablanca and Rabat. Professor Leriche and others will read papers on the grafting of glands and tissues in man and animals. Professor Calmette will speak on the use of B.C.G., Dr. Ramon on anatoxin, Professor Cruchet on mesoencephalitis, and Dr. J. Renault on the general hygiene of a large modern town. Excursions will be arranged in connexion with this congress. Further information may be obtained from the general secretary, Dr. Lépinay, Rue de Marseille, Casablanca.

THE mortality in the forty larger towns in Germany was lower in the first half of 1927 than in the corresponding period of 1926—namely, 10.1, as compared with 10.3 per 1,000 inhabitants; the mortality among children under 1 year of age was 1.2 as compared with 1.3, and the mortality from tuberculosis 1.01 as compared with 1.28. The depopulation of rural districts is still on the increase, as is shown by the fact that the population of the forty large towns was 16,881,000 in 1926 and 17,360,000 in 1927.

EXTRACTS from the annual report of the Ministry of Health for 1926-27, dealing with the administration of the Poor Law, and including reports of general inspectors of the Ministry, have been issued separately by H.M. Stationery Office for official use at the price of 1s.

## Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the **BRITISH MEDICAL JOURNAL** alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

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All communications with reference to ADVERTISEMENTS, as well as orders for copies of the **JOURNAL**, should be addressed to the Financial Secretary and Business Manager.

The **TELEPHONE NUMBERS** of the British Medical Association and the **BRITISH MEDICAL JOURNAL** are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

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## QUERIES AND ANSWERS.

### WINTER MOTORING.

"CANADIAN" asks whether any reader can from practical experience recommend a radiator-heating paraffin lamp—safe, efficient, economical, and not too expensive?

### INCOME TAX.

#### *Change in Partnership.*

"W. A. M. W.," after his return from abroad, entered his father's firm as a third-share partner as from June 1st, 1927. As from December 1st his father retired, receiving a lump sum of £300 and an annuity of one-third share. What is his liability to income tax.

\* \* \* Our correspondent's earnings are liable as from his return to this country—apart from any other reason he did not return for a temporary purpose only. Assuming the amount of the practice profits for 1926 (and, therefore, the amount of the assessment for 1927-28) to be £x, our correspondent's share of the assessment will be ten-twelfths of one-third of £x. The £300 is regarded as a capital payment and cannot be treated as a deductible expense for income tax

purposes. The firm, as such, are liable to account for the tax on the whole profits, including that portion paid over as an annuity to the retiring partner, but can claim a corresponding adjustment as between the partners and the annuitant. The most convenient way of dealing with the matter would be to regard him as a sleeping partner for periods subsequent to December 1st, 1927, and, as the amount of income tax ultimately payable would not be affected, it would seem likely that the authorities would acquiesce in that course.

## LETTERS, NOTES, ETC.

### A DISCLAIMER.

DR. JAMES LYONS, medical officer of the Burton Road Infirmary, Lincoln, writes: I wish to disclaim all responsibility for the extravagant claims appearing in the lay press on December 21st and other dates with regard to a case of encephalitis lethargica treated at this institution. I can state definitely that these reports were acquired by the lay press entirely from extra-medical sources.

### SHOCK AFTER PROTRUSION OF INTESTINES.

DR. GEO. SMITH SOWDEN (Elgin) writes: The recent correspondence in the **JOURNAL** on disembowelment and shock has brought to mind an incident related last summer to a colleague and myself by an officer of the Sudan Defence Force, who is in charge of one of the most southerly posts in the Sudan, and is twenty days' camel ride from the nearest medical officer and five days' camel ride from the nearest white man, and has no other white man with him, so he has to be M.O. as well as C.O. One day he espied a Sudanese staggering into the small fort, holding his hands in front of his abdomen, and with his jebbah (long loose gown worn by the natives) all bloodstained. Closer examination showed that, wrapped in the folds of the filthy jebbah, were 6 ft. or 7 ft. of intestine protruding from a long incised wound of the abdominal wall. The man said that he had had an altercation with a fellow villager that morning, and had been stabbed in the abdomen with the broad stabbing knife carried by the natives, with the result that his bowels protruded. He promptly set off and walked *three miles* to be attended by the white man, whom he trusted more than he did the local "hakim." My friend at once put him into the small hospital of the fort, and, remembering that carbolic was too strong for internal use (!), made a solution of salt and warm water, with which he washed the protruding bowels very carefully, and then proceeded to return the intestines to the abdomen, with the help of the native sergeant-major. This was safely accomplished, and the abdominal wall closed up. The whole operation was performed without an anaesthetic. The result was even more dramatic than the operation. The man had a rise of temperature for four or five days, but otherwise showed very little trace of what he had gone through. It was with difficulty that he was kept in bed for three weeks, as his one desire was to return and wreak vengeance on his opponent. This incident is still more remarkable when it is remembered that the resistance of the black races to surgical shock is considered to be very weak, and also when the rough-and-ready treatment he received is realized. It gives the Listerian disciple "furiously to think."

### DIPHTHERIA SIMULATING FOREIGN BODY IN THE THROAT.

DR. CAWLEY MADDEN (Education Department of New South Wales, Sydney, Australia) writes: I can corroborate Dr. Charles J. Hill Aitken in his report of a case of laryngeal diphtheria simulating foreign body in the larynx (**BRITISH MEDICAL JOURNAL**, September 17th, p. 526). In the winter of 1923 a child, aged about 12 months, was brought to the casualty department by its mother, who stated that it had "swallowed a bone" while she was feeding it with mutton broth. The child was not very well looked after, and it was impossible to get any more detailed history, so that, as far as this illness was concerned, the child had only been sick about an hour when seen at the hospital. In spite of this history the child was found to be suffering with a well marked laryngeal diphtheria, and to make doubly certain the larynx and trachea of the child were x-rayed, but no foreign body of any description was found. The child was eventually intubated, and finally a tracheotomy had to be performed, and I think, from memory, the child died. I was told at the time by the honorary physician (Dr. Margaret Harper) of a case in her experience in which the opposite had occurred: a child was brought to her for what was thought to be laryngeal diphtheria, but on examination she found a foreign body resting in or on the larynx. After all, it is to be wondered at that sometimes these conditions are mistaken one for the other. The membrane in laryngeal diphtheria acts very much like a foreign body, though usually, of course, the degree of toxæmia leaves little doubt of the diagnosis.

## VACANCIES.

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

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 252.

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In the manufacture of the P., D. & Co. product an attempt is made to render it actively antibacterial as well as antitoxic. The object is to obtain a serum that will not only be capable of neutralising the toxæmia but will also exert a direct action on the infectious processes. That the finished product does possess antibacterial properties can be demonstrated by agglutination and passive protection tests.

In the treatment of scarlet fever the contents of one bulb (a therapeutic dose) of Scarlet Fever Streptococcus Antitoxin, P., D. & Co., is generally sufficient to bring about a marked drop in temperature and pulse rate, and only in rare instances does it appear to be necessary to administer a second dose. Provided the serum is administered within the first three or four days of the disease the results are, to use the expression of a distinguished authority on fevers, even more dramatic than those that can be effected with diphtheria antitoxin in the treatment of diphtheria.

As a prophylactic agent, the antitoxin is equally valuable. Thus, one of the most eminent authorities on fevers in this country has stated that it may be inferred that a good concentrated scarlet fever antitoxin will protect a susceptible child for at least a fortnight (*British Medical Journal*, May 22, 1926).

*Further details and clinical reports will be sent  
to physicians on application.*

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