

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Insulin in Cases of Undernourishment

"EMBONPOINT" writes: I should be grateful if any reader could give me information as to the use of insulin in the treatment of constitutionally thin people.

Buccal Ulcers

"X.Y.Z." would be glad to know of any effective treatment for small, circular, recurring, tormenting ulcers of the mouth in a middle-aged male patient, otherwise well, apart from fibrositis. Local applications, vaccine, and general treatment have not given any lasting benefit.

? Allergenic Substance in Bread

"WIGWAM" would be glad to know if any medical practitioners are getting patients with rashes which they can reasonably attribute to modern bread, and, if so, to what ingredient thereof. Our correspondent's patient cannot eat oatmeal porridge for more than two days at a time, as it causes a rash similar to the one now complained of. The patient has eaten a good deal more bread than usual this summer, and a rash has appeared, which gets nearly well and then breaks out again, confined to the forehead, and very similar to that which follows the eating of porridge. The rash disappears soon after the porridge is stopped. Does modern bread, as usually made, contain any oatmeal?

Menstrual Eruption

Lieut.-Colonel E. L. GOWLLAND (Richmond Surrey) writes in answer to the query by "L. B." (September 23rd, p. 589): I believe that your correspondent will obtain the desired results by giving hypodermically 2 c.cm. ampoules of colloidal calcium + ostelin on *alternate* days for twenty days before the period—that is, ten doses hypodermically; thereafter give two kalzana tablets three times daily for one month, then one kalzana tablet thrice daily, regularly, and for an indefinite time. In my experience the provision and exhibition of calcium in an assimilable form has never failed to correct the urticarial disturbances of menstruation.

Burial at Home

"C." writes: A patient of mine wishes to know how he can be buried in his own garden, which is about an acre in extent. To whom must application be made; and is much difficulty and expense entailed in this?

** There is no legal obligation to bury dead bodies in a public burial ground or cemetery or any place set apart for burials. Many families have their mausoleums on their own private land. It would, in fact, appear to be lawful to retain a dead body in a house, provided that it is kept in a metal shell hermetically sealed and that it causes no nuisance. Where a body is buried in private land it may be assumed to be essential that that land should be freehold and that the facts of the burial are documented with the title deeds. Obviously if the land is leasehold the ground landlords could prohibit burial on the land.

The Burial Act of 1855 and the Burials Act of 1906 enact that no portion of a new burial ground shall be nearer than 100 yards to any dwelling house except by consent of the owner, lessee, and occupier, but in this connexion "burial ground" refers to a public cemetery. It is not likely that the expense of burial in a private garden would exceed that in a cemetery, but information on this point could probably be obtained from the local burial authority, with whom it would be desirable to communicate as to the proposal, although it does not appear that there is any legal obligation to do so.

"Pulex ubiquitus"

Mr. P. JOHNSTON-SAINT, M.A., F.R.S.E., writes from the Wellcome Historical Medical Museum: I am unfortunately in the same category as "Hopeful" (September 23rd, p. 590). Having had occasion to travel and reside for some considerable time during the past few years in the Near East—Egypt, Palestine, Turkey, etc.—I have been much bothered by these insects. Pyrethrum powder is more or less useless. I find from experience that the following are the best antidotes: using a carbolic soap in the bath, and lightly applying oil of pennyroyal to the skin, particularly round the neck, wrists, and calves. This does much to prevent fleas entering under the clothes. Further, the use of "Flit," spraying it from a small "Flit" gun on the clothes, is also of great assistance; and last year, although I stayed for some little time in Tiberius—which has the reputation amongst the Arabs of being the capital of the Kingdom of the Fleas, because the King of the Fleas is supposed to reside there—I was left entirely alone. Nevertheless, I should be interested to hear of any other suggestions which "Hopeful" might receive.

Dr. M. E. PEASE (Biggin Hill), in answer to "Hopeful's" inquiry, writes: Oil of lavender is effective against on-slaughts by the common flea. A drop or two should be applied to the clothing at ankles, wrists, and knees. It is too expensive to sprinkle freely.

LETTERS, NOTES, ETC.

Ligature of Stump in Appendicectomy

Mr. FREDERICK EDGE, F.R.C.S. (Birmingham), referring to Mr. M. J. Petty's article entitled "Internal Faecal Fistula and Death Following Appendicectomy" (*Journal*, September 9th, p. 491), writes: The suture of the stump or base of the appendix is often not securely made; it should be treated with the same care as suture of the intestine. Especially to be avoided is the suture of the stump with the same ligature which has been used for the mesentery. To ask one ligature to do two things is dangerous.

The Late Professor Fülleborn

A correspondent writes: The appreciation of Professor Fülleborn, signed "P. M.-B.," in last week's *Journal* contains several inaccuracies. Fülleborn was never a pupil at the London School of Tropical Medicine; he paid an odd visit there from time to time. There is no such thing as a corresponding member of the Royal Society of Tropical Medicine and Hygiene; he was an Honorary Fellow of the society. Leuckart and Looss are the correct spellings of the celebrated German helminthologists mentioned.

Prices of Vitamin-containing Products

GLAXO LABORATORIES (London, N.W.1) write: Pursuing our policy of passing on to practitioners and their patients the savings effected whenever increased sales permit more economical manufacturing methods to be adopted, we are pleased to announce that, on and from September 29th, the following changes will be made:—*Adexolin Liquid* and *Ostelin Liquid*: 2s. 6d. phials increased from 8 c.cm. to 1 1/2 oz.; 2 oz. bottles reduced from 10s. to 7s. 6d.; 4 oz. bottles reduced from 15s. net to 11s. 3d. net; 8 oz. bottles reduced from 25s. net to 20s. 3d. net. *Ostomalt*: 1 1/2 lb. jars reduced from 2s. 6d. to 1s. 9d.; 1 lb. jars reduced from 4s. to 3s.; 7 lb. jars reduced from 21s. to 17s. These changes make available vitamin therapy and prophylaxis to a great number of patients to whom they have hitherto not been easily accessible.

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 183.