

approximately 72% water, which renders it highly incom-
bustible: a temperature of 1,500° C. is required for the
destruction of the body at cremation.

It is probable that the greatest publicity to the theory of
spontaneous combustion was given by Charles Dickens in
Bleak House, but in the preface to that volume, dated August,
1853, he admits that "the possibility of what is called
spontaneous combustion has been denied since the death of
Mr. Krook." Dickens stated at that time that there were
about thirty cases on record, and cited several instances
occurring in the eighteenth century. There is some support
for the theory that bodies which have undergone extreme
fatty degeneration are possibly unusually combustible and
may act as the tallow of a candle, the wick being provided
by clothing.

Death as a result of a conflagration is undoubtedly com-
moner in chronic alcoholics than in the general public, but
this is owing to the fact that the alcoholic does not take
ordinary precautions against fire, such as extinguishing
cigarette ends, guarding the fire, etc., and he is of course
more liable than ordinary persons to fall into a fire. But
the detailed investigations carried out by fire brigades into
the cause of individual fires have not confirmed the belief
that the chronic alcoholic has, of himself, been the site of
origin. Spontaneous combustion has been put forward as
a defence in murder cases, and on one occasion at least
in the eighteenth century it succeeded, but the theory is
now quite contrary to all scientific knowledge.

Gases may be formed within the intestinal tract which
can be ignited on the application of a flame, but there is
no evidence that such gases are spontaneously combustible.

Mepacrine for Rheumatoid Arthritis

Q.—*Is mepacrine of value in the treatment of rheumatoid
arthritis?*

A.—Mepacrine has been reported to be of value in rheu-
matoid arthritis in several papers which have appeared in
the United States. No controlled series has yet been
reported, but preliminary observations which have been
carried out in this country have not proved to be encourag-
ing. Such improvement as has sometimes been reported
by patients has, on examination, seemed to be subjective
rather than objective.

Percussion for a Painful Stump

Q.—*What treatment is advised for constant pain and pins-
and-needles in a forearm amputation stump? On inspec-
tion the stump appears healthy. Local injection of the
cervical sympathetic (with the production of a Horner's
syndrome) has failed to benefit the patient, and he is now
weary of hospital treatment. Would tapping the stump
with a rubber hammer do any good, and, if so, could you
please give details?*

A.—Many of the paraesthesiae and pains experienced in
amputation stumps or phantom limbs undoubtedly originate
in neuromata in the stump. This is demonstrated by the
temporary disappearance of such sensations when the nerves
to the stump are blocked by local analgesia. Percussion
treatment to the end of the stump is often effective in
relieving these pains (see *British Medical Journal*, 1950, 2,
68). It seems to render the neuromata insensitive and
gradually converts them into painless scars. The patient
must at first treat himself several times a day. For the
lower limb a short length of broom handle (15 cm.) is
fitted with a metal applicator at one end which is then
pressed firmly against the tender neuromata and hammered
with a heavy wooden mallet, gently at first, for 10 to
15 minutes. The relief experienced is often quite startling
to both patient and doctor. For the upper limb the
patient may slap the end of the stump repeatedly on a
smooth wooden table, but the better way is to use an electric
vibrator, and these have become so popular that the Minis-
try of Pensions now issues them on loan to certain patients.

This causes the neuromata to become insensitive—a trau-
matic local analgesia—and the effects of such repeated per-
cussion or vibration seem to be very effective in most cases.
Incidentally the local analgesic effect of a vibrator used in
this way makes it useful for a variety of other conditions
in which local tenderness or even pruritus are prominent.

NOTES AND COMMENTS

Spinach.—OUR EXPERT writes: Your correspondents Dr. J. E.
and Mr. N. S. Bamji (March 21, p. 674) must be thanked for their
useful review. Spinach is certainly rich in oxalic acid, and it is
clear that it may adversely affect the absorption of calcium in
rats when it is given in large amounts after concentration into the
dry form. Indications that it is harmful to humans when con-
sumed in reasonable quantities after cooking, however, are much
less definite. The oxalic acid is largely soluble, and some may
be discarded in the cooking water or exuded juice. Bonner *et al.*¹
have reported that a daily intake of 700 mg. of the acid has no
ill effects on children receiving adequate amounts of calcium in
their food, and less than this amount should be contained in a
normal helping of the vegetable. From experiments with rats,
Gortner *et al.*² have even suggested that oxalic acid may protect
the teeth from etching caused by other acids, such as citric and
phosphoric, which may be included in soft drinks. The teeth
of Hawaiian natives are said to have deteriorated since they
stopped eating taro, which is rich in oxalic acid. Iron is less well
absorbed from spinach than from wheat, but the same finding
appears to apply to kale and other green vegetables.

The progress of nutritional research has revealed objectionable
features in many common foodstuffs. Wholemeal flour depresses
calcium absorption on account of its high content of phytic acid.
Cod-liver oil opposes vitamin E and can cause serious lesions of
the muscles and brain in experimental animals. Cabbage contains
a factor which opposes the action of thyroxine. Maize is asso-
ciated with the incidence of pellagra. When eating a good mixed
diet, however, we may include all these foods without ill effects,
and the same immunity probably applies with spinach.

Perhaps the most alarming point raised by your correspondents
is the tendency in some children for spinach to cause soreness
round the mouth and anal region. It should certainly neither be
given to young children in unreasonable quantities nor be forced
upon them at all if not wanted. A watch should be kept for
signs suggesting that it is poorly tolerated.

REFERENCES

- ¹ *J. Pediat.*, 1938, 12, 188.
- ² *J. Nutrit.*, 1946, 32, 121.

Allergic Rhinitis.—Mr. C. HAMBLEN-THOMAS (London, W.1)
writes: I am sorry to see the proposal ("Notes and Comments,"
March 7, p. 576) to revive the use of the long-discarded method
of electric ionization in the treatment of hay fever. Apart from
the suggestive effect with an electric method in this age of
"electrotonics" I consider the treatment disappointing as well as
harmful to the mucous membrane of the nose and likely to
destroy the delicate hair cells which are so important; there is
also often considerable pain. If an empirical treatment is to be
used, simple cauterization with the electric point applied to a
minimal area is preferable and considerably more effective. The
area touched is not more than $\frac{1}{4}$ -1 mm. in diameter and rapidly
heals with normal tissue. But in all cases of hay fever a careful
investigation of all factors is necessary and a correspondingly
well-planned treatment carried out if the patient is to receive
lasting benefit.

Correction.—Dr. S. D. MITCHELL has written to point out that
he made no claims for the "curative" value of music at the
recent conference on "Pictures, Books, and Music in Hospitals"
(March 21, p. 683), but only gave examples of its value as an
"ancillary in treatment."

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