

and the intermediate tissues are divided horizontally or excised on the groove of the director, thereby throwing the three apertures into one. The scar tissue at each angle of the mouth would prevent adhesions from re-forming, and the occasional passage of a lubricated soft rubber tube or the patient's own tongue would assist in keeping apart the more recent raw surfaces until healing or scarring had taken place. The artistic result would depend upon correctly estimating the sites for the future angles of the mouth when making the lateral perforations. I have employed the principles of this method (which I suggested in 1910) for many years in dealing with adhesions between the gums and the cheek, which sometimes prevent the wearing of a denture, but admit that the present method of using an epithelial inlay, as practised at Sidcup, is more advantageous for extensive adhesions.

#### BENEDICT'S TEST: AN EXPLOSION.

"A. G. N." asks for an explanation of the following: Using this test solution (recently supplied) for the presence of sugar in the urine, I have on several occasions got a white flocculent precipitate with slight albumin in the urine and also without any albumin being present, though sugar is present. On two occasions an explosion has occurred—one with no albumin but with sugar, and the other with slight albumin but no sugar. In this latter case the test tube was blown out of my hand.

"A. G. N." writes later to say that the firm who supplied him state that they sent a quantitative solution of Benedict's test, and that this does throw down a white precipitate with sugar.

\* \* \* No explanation of the explosion is to be found in any suggestion of chemical reaction, even if it be supposed that the solution contained a foreign constituent. There is, however, nothing extravagant in the supposition that the explosion resulted from overheating. Explosions resulting from the overheating of liquids which do not boil freely may assume a violence resembling that caused by chemical decomposition. Alkaline liquids are particularly liable to boil percussively. The cause lies in the interfacial tension between the liquid and the surface of the glass test tube, where the heat on meeting the liquid ought to generate bubbles of steam freely and evenly. But bubbles of steam are not generated freely in the absence of particles of solid matter, for such particles are necessary as nuclei for the formation of vapour. Accordingly the cleaner the liquid the more unevenly it boils, and if incipient boiling is delayed the liquid becomes overheated to a greater or less degree, until a sudden burst of boiling is induced. Quiet ebullition is favoured by shallowness of the vessel. The deeper the liquid in proportion to its volume the more it becomes liable to bumping. The addition of dust favours steady boiling. It is useful to add a few granules of powdered pumice as a corrective. Alkaline liquids usually boil with intermittent bursts because of their cleansing action on the glass and the consequent removal of solid impurities. There is also a peculiar solvent action of alkali on glass, which adds to the effect. It is usually worse when the liquid contains much saline matter, and some kinds of glass are worse than others, particularly certain thick-walled test tubes. In extreme cases explosions of remarkable violence may take place from the superheating of liquids.

#### GOUT, FIBROSITIS, AND NEURITIS.

"A. W. G." asks for information as to the following points relating to gout and its complications, especially fibrositis and neuritis: (1) Does a warm, dry climate have any beneficial effect? (2) If so, which are the localities advised—(a) in the British Isles; (b) in Europe; (c) in Africa, north or south; (d) other places? (3) Does living in proximity to the sea, rivers, lakes, or wooded country have any effect? (4) The effect of nature of soil and drainage. (5) Exercise—outdoor occupation entailing wet feet and damp clothes. He asks for personal observation, literature, statistics, and a recommendation as to what to read on the subject.

#### RECURRENT URTICARIA.

DR. I. DAVID (Colombo) writes: Recently I had a case similar to that recorded by "N. L." (BRITISH MEDICAL JOURNAL, November 21st, 1925). It yielded to an intramuscular injection of sulpharsenol, followed by an intravenous injection of neosalvarsan (0.9 gram). By mouth he was given melubrin and calcium lactate.

#### LETTERS, NOTES, ETC.

##### LIFE POLICY HOLDERS MEDICAL OVERHAUL.

SINCE July, 1923, the Legal and General Assurance Society has had a scheme for the medical overhaul of life policy holders, a procedure which has been adopted with satisfaction by some American insurance offices. The process of popularizing the scheme of the Legal and General Society is enlivened from time to time by essays written by Dr. Leonard Williams. The latest of these is entitled *The Sere, the Yellow Leaf*. The author protests against the tendency of many men and some women to allow themselves to get old, or to die at an age when they ought to be beginning to live, to the detriment, incidentally, of their insurance society. He disapproves of a life of *otium cum dignitate*, especially when combined with penury. His remedy is exercise; and if golf and tennis are too expensive, or cycling too dangerous,

he recommends the adoption of a system of physical exercises, or the practice of walking, if possible with some end in view. The Legal and General Assurance Society sends these booklets free to policy holders, as it is to the interest of the society that the policy holder should maintain good health. For the same reason the society invites its life policy holders to present themselves once a year for a medical overhaul which will not infringe the rights of the ordinary medical attendant.

##### CANCER PREVENTION: FREE CLINICS.

DR. JOHN BROWN (Blackpool) writes: Dr. Young's letter in the JOURNAL of December 12th, 1925 (p. 1147), has met with ready response and approval by those who have devoted many years to the cancer problem. The results of free clinics clearly demonstrate that in the city of Detroit the majority of the growths were innocent, but there were some in the precancerous stage, and 42 out of 1,100 persons were cancerous. The methods adopted in Detroit can readily be carried out in this country. Already the public is being prepared for its adoption. We have several cities federating the city health authority, the universities, and the hospitals. The medical and lay press in the United States for several years have been educating the public on the fact that certain types of cancer can be prevented by the early diagnosis of tumours in the precancerous stage. My personal experience and correspondence with doctors in all parts of this and other countries show that there is a far more hopeful outlook. I am convinced that the time is ripe for the Ministry of Health to begin these free clinics, so that all persons with suspicious growths can have expert advice.

##### THE NATURAL FOOD OF A BABY.

DR. W. Y. DAVIDSON (Birmingham) writes: I wholly disagree with the remarks of Dr. MacLachlan (BRITISH MEDICAL JOURNAL, January 16th, p. 126). I have no hesitation in saying that the best and cheapest substitute for the mother's milk is undiluted cow's milk. In 1914 I was greatly struck by an article in the *Practitioner's Encyclopaedia of Medicine and Surgery* (Murphy: Oxford Medical Publications) on the artificial feeding of infants, by Dr. Frederick Langmead of Great Ormond Street Hospital. He recommended undiluted citrated cow's milk (2 grains of sodium citrate to the ounce). With a slight modification I have used this method since 1914, with the very best results. The modification consists in the addition of an eggspoonful of extract of malt to each feed. The most delicate and puny babies will take this and thrive on it. The addition of the malt is of great advantage, as it gives the milk a pleasant flavour and also aids digestion. I have never known a case where this diet disagreed with an infant.

##### ONE HUNDRED YEARS OF MEDICAL JOURNALISM IN BORDEAUX.

THE issue of the *Journal de Médecine de Bordeaux et du Sud-Ouest* for November 1st, 1925, forms the centenary number of this periodical, which was founded in 1824 under the name of *Journal Médical de la Gironde*. Since then its title and format have changed several times, and during certain critical stages of French history—namely, towards the end of the Restoration, in 1870, and again in 1914—its publication was temporarily suspended. After a long period of existence as a monthly it became a weekly publication, and subsequently a fortnightly, as it is at present, when it forms one of the leading French medical journals, with a circulation of 20,000 copies. The centenary number contains interesting articles on medical journalism at Bordeaux before 1850 by Dr. Pierre Mauriac, on medical life at Bordeaux from 1850 to 1870 by Dr. René Cruchet, on medicine and surgery at Bordeaux from 1870 to 1924 by the editor, Dr. Xavier Arnozan, on medical instruction at Bordeaux during the last hundred years by Dr. H. Verger, and articles on the Bordeaux schools of neurology, dermatology, ophthalmology, oto-rhino-laryngology, obstetrics, gynaecology, children's diseases, and medical electricity by the present occupants of the chairs devoted to these subjects. The text is interspersed with numerous portraits of the medical celebrities of Bordeaux during the last hundred years, including Jean Hameau, to whose great contributions to medical science we referred on May 17th, 1924 (p. 871); Guérin, a pioneer in ophthalmology, Elie Gintrac, an eminent general physician and dermatologist, as well as contemporary specialists such as Professors Régis, Pîtres, Moure, Dubreuilh, and Bergonié.

##### RENEWAL OF MOTOR LICENCES.

FOR the benefit of motorists who are not well acquainted with the more important points in the present system of licensing and registration of cars and motor cycles, the Automobile Association is issuing a booklet entitled *Your Motor Tax at a Glance*, which shows the amounts due for quarterly licences, licences for less than a quarter, licences for more than a quarter but less than a year, and whole-year licences. Information is given also concerning the allowances on old cars, refunds for surrendered licences, and the procedure for renewing licences. Copies may be had, gratis, on application to the Secretary, the Automobile Association, Fannum House, New Coventry Street, W.1.

##### 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, 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 pages 31 and 32.