

in order to avoid constipation. Factors in early upbringing and general hygiene may have much to do with it, and especially the prevalent habitual use of purgatives of all kinds, though the constant use of purgatives has at last become less universal, thanks to popular teaching on the subject.

It is hardly an exaggeration to say that of the adult patients I formerly used to see in hospital as well as in private practice a large proportion thought that they could not possibly get on without the habitual use of purgatives. Many of the others avoided constipation by bulky diets, which, though they provided sufficient cellulose to avoid constipation, tended to induce obesity and other evil results of over-feeding—often aided in that respect by insufficient open-air exercise. In fact, the large meals which they took contained enough cellulose but too much nutritive material of various kinds, and thus, though their intake saved them from habitual constipation, the results of habitual over-nutrition tended to shorten their lives, making them die from degenerative diseases before their time—say, between 55 and 65 instead of between 65 and 75 or later.

For those persons whose bowels require a relatively large proportion of cellulose in order to act properly it is a hardship to cut off their bran supply. For many of them excess of the stringy cellulose of vegetables causes flatulence and does not act so well as does the granular cellulose material of All-Bran, which swells up to a mucilaginous consistence in the bowels. All-Bran is, as far as I know, the only properly prepared bran at present available in England, and it would be, I think, a great pity if the supply were cut off. How far ordinary bran, as given to animals, could be used for the same purpose, I am not able at present to say.—I am, etc.,

London, W.1, Feb. 5.

F. PARKES WEBER.

Research in Stilboestrol

SIR,—In your issue of December 21, 1940, there is on page 876 a definite misstatement with regard to stilboestrol. This substance was produced as the result of a very long series of investigations in our respective departments, and if you refer to the various publications you will find acknowledgments to commercial firms for the assistance we received. Thus in the paper by Dodds and Lawson describing for the first time oestrogenic compounds which do not contain the phenanthrene nucleus (*Proc. roy. Soc., B*, 1938, **125**, 222) we acknowledged the great help given by Dr. F. Lee Pyman, F.R.S., of Messrs. Boots Pure Drug Co., Ltd., who supplied us with a whole series of phenyl methanes and ethanes. Again, in the paper by Dodds, Golberg, Lawson, and Robinson (*Proc. roy. Soc., B*, 1939, **127**, 140) acknowledgments are made to Messrs. Boots for assistance in the preparation of diethylstilboestrol and to the British Drug Houses, Ltd., for a communication respecting the properties of diethylstilboestrol.

Whilst it is true that the investigations were begun and carried out in university laboratories, it is definitely not true to say that the drug houses made no contribution whatever to the work.—We are, etc.,

E. C. DODDS.

R. ROBINSON.

The Courtauld Institute of Biochemistry,
Middlesex Hospital Medical School, and the
Dyson Perrins Laboratory, Oxford, Feb. 5.

** While accepting the above correction, we would stress that the research on stilboestrol was initiated in university laboratories.—Ed., *B.M.J.*

Recruits and Tuberculosis

SIR,—Examination of the chest for tuberculosis in recruits and other applicants for war work is more a dynamic or physiological than a static or anatomical problem. Our object is not so much to discover what lesions are present as to estimate their probable effect upon health under the new conditions of life—and this cannot in doubtful cases be done by physical examination alone, with or without x rays, or at one sitting. Moreover, we have to allow for undiscoverable lesions in the lungs and elsewhere.

During the last war as tuberculosis officer, and both earlier and later in sanatorium practice, I found many examples of quiescent or arrested tuberculosis in which without a practical

test one could not estimate the chances of health. The story of Aesop and the traveller is apposite here. Some of my patients who had tuberculous lesions in the lungs served in the Army with credit and without a breakdown; and, of course, thousands who have minimal tuberculous lesions in the body remain in excellent health.

In the Army, apart from injury, the chief differences from ordinary civil life depend upon over-exertion and lack of rest, irregular meals, exposure to trying weather or climate, sometimes on stuffy rooms or dusty or poisonous atmospheres. Local extension of a tuberculous lesion is usually very slow; but we may take any evidence of the leakage of toxins into the general circulation with imperfect compensation as a sign of activity. An exercise test with very careful thermometry will often help in doubtful cases. The usual methods of temperature-taking by nurses or overworked medical practitioners in civil life would, however, be of no use for such a test.—I am, etc.,

Farnham, Surrey, Feb. 1.

F. R. WALTERS.

Prosthetic Ulcer of the Mouth

SIR,—I was much interested in Mr. H. T. Simmons's paper on prosthetic ulcer of the mouth (January 25, p. 119). I described this condition in 1939 (*Practitioner*, 1939, **143**, 113) under the designation of "denture ulcer and denture granuloma," the term "granuloma" being necessary, as many of these cases do not present themselves as ulcers. Hospital records do not present a large series, as many are treated in the out-patient department. It is, in my opinion, a relatively common condition, and this is not surprising in view of the neglect with which many persons treat their dentures. In a series of fifty-eight consecutive individuals, all of whom were wearing dentures and who were admitted to hospital for various surgical conditions, I found that fourteen had not had an adjustment or remodelling of their dentures carried out for ten years or more, the average period being twelve and a half years. It is significant that these individuals had not seen a dental surgeon for a similar period. Another interesting feature elicited was that in six instances the wearer was not in the habit of removing the denture for regular cleansing, and one woman had not removed her denture for several years. In this instance the woman states that she had on several occasions attempted to remove her denture, but had failed to do so. Other factors in the causation, in addition to those mentioned by Mr. Simmons, are alteration of the distribution of occlusive pressure and alteration in the action of the temporo-mandibular joint coincidental with the age changes at the angle of the jaw. Removal of the offending denture eliminates all pain, tenderness, and discomfort within a short space of time, but, once developed, the swelling does not appear to shrink, even when the causation factor is removed.

Provided the possibility of a denture granuloma is considered, it is not likely to be confused with a carcinoma of the gum, especially as the granuloma is covered by normal epithelium and is firm or elastic in consistence.

With regard to treatment, I think quicker healing can be obtained by an elliptical excision of the swelling, followed by loose suturing of the adjacent mucosa over the denuded area. This can be done under local anaesthesia, and healing is usually complete within ten days. My experience corresponds with that of Mr. Simmons in that these small lesions are extremely radio-resistant.

Finally, I suggest that the description "dental granuloma," implying cause and effect, is preferable to such terms as false epulis, localized hypertrophy or papilloma of the gum, or even prosthetic ulcer of the mouth, especially as the lesion may present as a granulomatous mass without ulceration.—I am, etc.,

Liverpool, Feb. 1.

J. COSBIE ROSS.

SIR,—The condition described by Mr. H. T. Simmons in the *Journal* of January 25 is one well recognized by dentists. The ulceration and hypertrophy of the tissues in the lip or the cheek sulcus which is described is due to pressure of a denture.

Dentures are constructed, especially for edentulous mouths, to obtain the maximum amount of retention, and hence of stability. This entails making the "gum" portion of the