

## CONCENTRATION (MG./100 ML.)

Sample No.	Van Slyke	Watt and Chrisp Reading at 420 nm.	Watt and Chrisp Reading at 435 nm.	Sample No.	Uvispec Reading at 435 nm.	Spectronic Reading at 435 nm.
1	19	30	14	1	28	29
2	41	73	38	2	28	30
3	97	126	102	3	21	24
4	32	50	28	4	29	31
5	97	137	107	5	21	36
6	72	103	70	6	146	141
7	29	38	21	7	126	116
8				8	54	55
9	116	155	133	9	185	178
10	23	26	18	10	312	275
11	27	17	23			
12	48	47	47			
13	36	55	29			

With this valuable modification the method of Watt and Chrisp comes within the reach of laboratories with modest equipment and attains the same grade of accuracy as the other routine laboratory procedures for blood urea besides being much more suitable for routine clinical pathology than the other available methods.

It must, however, be emphasized that extreme care is necessary in preparing the reagents, that high quality distilled water is required, and that fresh reagent (4) has to be used every week.

## A method for the collection of saliva

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The collection of saliva from normal adults and children—unless they are very young—presents no difficulty, but where the patient is unable to use (or, as in one case, considered it rude to spit for any reason) a sputum-receiver the collection presents a problem.

During a study of saliva from children with phenylketonuria (Cousins, Philips, Stroud, Wise, and Woolf, 1960), a simple method of collection was adopted. A pasteur pipette with a bulb was cut short and a piece of polythene tubing of 2 mm. bore affixed. The end of the polythene tube was warmed and pushed on to the pipette tip, this having been similarly warmed; on cooling the joint was found to be very firm. The tubing was cut, so that its length was 6 cm., the cut being diagonal across the tube. This end was warmed until pliable and then squashed against a glass plate, thus forming a thickened and wide orifice approximately 4 mm. × 2 mm.

The patient was in one of two positions depending on the degree of cooperation:

(1) The lateral position of the head while lying flat; assistance in holding the head is necessary in cases of poor cooperation.

(2) Normal sitting position; assistance is necessary only in the case of the very young.

The pipette is introduced (a) to the cheek wall, and (b) under the tongue. Saliva can then be collected by normal pipetteage. Amounts of the order of 2 to 3 ml can be collected in a comparatively short time and transferred to a stoppered test-tube (Exelo 10 cm. × 1 cm most useful).

The best times for collection are just before a feed or at least two hours afterwards, there being no contamination by food residues at these times.

The advantages of such a pipette are:

(1) Should the patient bite down on the pipette no harm is done, the portion in the mouth being polythene.

(2) No trauma occurs using polythene.

(3) Stimulation of salivary glands is easily effected.

(4) Polythene is easily cleaned and the pipette is easily and quickly cleaned in water.

(5) Such a pipette has a longer life than an ordinary bulb pasteur pipette.

### REFERENCE

- Cousins, P. J., Phillips, S. J., Stroud, C. E., Wise, J., and Woolf, C. L. (1960). *Amino Acids of Sweat and Saliva in Phenylketonuria*. In preparation.

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