tion of the analytical technique used.⁷ Interested readers are referred to this article and two recent reviews.^{8,9} Finally I want to stress the statement of Goldberg and Rimington¹⁰ that whenever an active case of acute intermittent porphyria is discovered it becomes a duty to test the urines of relatives for the presence of porphobilinogen; this test needs to be done with ion exchange chromatography and as far as possible determination of A.L.A. should be included (see ref. 7).—I am, etc.,

TORBEN K. WITH.

Svendborg County Hospital,
Denmark.

REFERENCES

- Goldberg, A., and Rimington, C., *Diseases of Porphyrin Metabolism*, 1962, p. 3. C. C. Thomas, Springfield.
- loc. cit., p. 113, Table XIa.
- Berger, H., and Goldberg, A., *Brit. med. J.*, 1955, 2, 85.
- Tönz, O., Mereu, T., and Käser, H., *Helvet. Paediat. Acta*, 1961, 16, 111.
- With, T. K., *Nordisk. Med.*, 1962, 67, 815.
- Ackner, B., Cooper, J. E., Gray, C. H., Kelly, M., and Nicholson, D. C., *Lancet*, 1961, 1, 1256.
- With, T. K., *Ztschr. f. klin. Chemie (Berlin)*, in the press (English text).
- Spectrum International*, 1962, VI, 77.
- Jørgensen, S. K., and With, T. K., *Ann. N.Y. Acad. Sci.*, 1963, 104, 701.
- Goldberg, A., and Rimington, C., loc. cit., p. 95.

Foreign Bodies in the Stomach

SIR,—I enclose a photograph of foreign bodies removed from the stomach of a male prisoner. There were no symptoms,

but the ingestion of foreign bodies had been suspected and an x-ray showed knives, etc., and two very strange objects which proved to be prisoners' tightly compressed sugar tins. The knife was in three pieces, which in the photograph have been laid end to end.

The biggest collection of foreign material that I have ever heard of was published in the *Sunday Pictorial* of September 21, 1958, when it was said that a surgeon in Sweden (Dr. Rossman) had at one operation removed: 1,500 pins and needles, 100 nails, 330 buttons, 167

coins, 12 curtain rings, 11 keys, and 176 other things, including fish hooks, badges, stones, a buckle, and a bicycle tyre valve!—I am, etc.,

DESMOND FARLEY.

Royal Northern Hospital,
London N.7.

Part-time Work for Women Doctors

SIR,—I read with interest the correspondence earlier this year regretting the loss of married women to the profession. I have, since qualifying in 1948, worked in general practice almost non-stop, despite having had four children over that period. For the last seven years I had my own small list in London. This spring we moved to Suffolk. Extensive local inquiries indicated that there was no part-time work in any medical field whatsoever. Before starting a fresh N.H.S. practice (the area is intermediate) I realized that I would have to brush up my obstetrics considerably, and thus need to work in a labour ward plus its associated clinics for a few months, a house job being out of the question with a young family. I explained to the departments I approached that I would of course not expect any remuneration. It proved impossible to obtain these facilities. I was able to attend Mr. David B. Brown's excellent two weeks' course in Chelmsford (September 7, p. 597), but that of course was only a beginning. The only department that has so far offered me the facilities is one in the West Indies. Continental medical friends assure me that in various European countries such facilities are made available as a matter of course and courtesy among colleagues.

One appreciates that a busy department might thereby have a little additional responsibility placed on it. On the other hand, it would be sending out into its district a disciple, thereby facilitating the highest level of co-operation that is so desirable. If this is really asking too much, not only will married women doctors be lost to the profession, but the latter shows itself lacking in that flexibility without which nothing can either live or grow.—I am, etc.,

Little Cornard,
Suffolk.

ELEONORE ETTLINGER.

Periodic Health Examination

SIR,—Everybody will agree with your correspondent Dr. A. H. Levers (September 28, p. 810) that in the present state of the National Health Service it would be impossible to carry out all the tests he mentions. "Half a loaf is better than no bread." and from the point of view of malignant disease a yearly check up would be of much value in detecting "early stage cancers." A quick examination of the mouth, tongue, breasts in the case of women, uterus with smear (this latter need only be done every two or three years), and rectum for cancer of the rectum or prostate, would be of

very great value and save many lives. Such an examination should not take more than 20 minutes. To wait until disease is well advanced before diagnosis is a counsel of despair.—I am, etc.,

MALCOLM DONALDSON,
Hon. Secretary.

Cancer Information Association,
Oxford.

Certification

SIR,—As far as the working conditions in general practice are concerned, there has been too much talk of money—and too little demand for positive improvements in the working system. The major difficulty is, and always will be, cost. The Government is loath to implement any scheme—no matter how praiseworthy—which will cost it more money. Any suggestion must then create not only improved conditions but also not cost the Government money to implement.

The suggested need for revision of insurance certification—little changed since its inception—put forward by Dr. Alex Crawford (September 28, p. 808) seems to be a field of possible hope. I agree with his remarks that, in town practice at least, the ritual of certification is very time-consuming.

The attendance of the patient at a surgery has often been necessitated more by the need for a certificate than by the degree of illness, and these attendances make up a fair bulk of patients in surgeries to-day. The G.P.'s time is increasingly taken up by administrative matters, and this insurance certificate field is one which could easily be removed from him and done just as well somewhere else—with a consequent lightening of his work load, and therefore improved care for those really needing his time. A system could be evolved based on a local insurance clinic where a patient could attend for all certificates needed. The clinic could be staffed by a part-time rota of G.P.s, etc. (seeing all patients but their own) and paid on a sessional basis. If treatment was required the patient could still attend his G.P. for this, but a vast number of patients would be able and willing to handle their own minor illnesses without wasting their time in surgery as they do now mainly to obtain a certificate. The deterrent effect of a clinic attendance could prevent the milder lead-swinging activities which must cost the country millions each year, and the scheme would show a profit in no time.

Short or prolonged certificates could be issued at the clinic's discretion and the G.P. notified accordingly. The duration would be based on clinical condition and not on the list-preserving relationship which tends to bias the G.P. The money saved on insurance payments would gratify the Treasury and the guilt complexes of patient and G.P. would be lessened.

Complications and difficulties are obvious—for domiciliary illnesses, etc.—but none are insoluble with a little