complete inversions). The aqueous phase is then discarded, and the ether extract is then partitioned extracted with 50 ml. of distilled water for half a minute. This is repeated with a further 50 ml. of distilled water.

The ether extract is decanted into a test-tube, free from any water, and evaporated to 0.1–0.2 ml. by means of immersion in a water-bath and use of an air-condenser. Since it is important that the ether extract is not completely evaporated (when any drug present may be lost by volatilization) it is probably easier to evaporate the ether in two stages, using a smaller tube for the second stage.

The ether extract is seeded completely on to a sheet of Whatman No. 1 chromatography paper with a 0.1 ml. micropipette, the area of seeding not exceeding 1.0 cm. in diameter.

A 1.0 g./100 ml. solution of *p*-dimethyl-amino-benzaldehyde in methanol is seeded, sprayed, or dropped on to the extract spot and the paper is heated in a hot air oven at 90–100° C. for three minutes. A positive result is indicated by the development of a yellow spot, and it is simple to run control positive and negative tests in parallel with a number of urine extracts from patients.

—We are, etc.,

Department of Pathology, R. D. EASTHAM.
Frenchay Hospital, P. A. G. COX.
Bristol.

Work for Married Women Doctors

SIR,—I have read with interest Dr. Valerie Y. Muir's letter (27 February, p. 591). I am in agreement with her findings, having for the past 10 years tried without success to find regular part-time work.

I should like to make one addition to the possible solutions. For most specialties and in general practice the years that a woman may spend in full-time domesticity while rearing children must be counted as wasted, but in local authority work, particularly in the fields of child welfare and mental hygiene, these years may become an asset. After these years of enforced retirement, if a woman is prepared to work for a D.P.H. would a local authority be prepared to allow her to share a full-time job with another woman in the same position? It seems to me by this arrangement all parties might benefit.—I am, etc.,

D. ELIZABETH FORSYTHE.

Saffron Walden,
Essex.

Rapid Estimation of Blood Glucose

SIR,—Following the article in the *B.M.J.* by Dr. V. Marks and Mr. A. Dawson (30 January, p. 293) describing the use of Dextrostix for the estimation of blood glucose, I would like to give details of a simple system I have devised to expand the range of the method.

Using the Dextrostix plus a bottle of normal saline and an ordinary Mantoux syringe, it is possible to estimate blood sugar up to and above 1,000 mg./100 ml. Blood is taken from the patient and kept in the standard 1-ml. fluoride tube. Initial estimation having been carried out, blood is drawn up into the Mantoux syringe to the 25 mark and then diluted to 100 using the normal saline. Testing on the strip can again be carried out. The system of dilutions is performed discarding part of the syringe contents and further diluting the solution until the stick reading is brought within, preferably, the 40–130

mg./100 ml. range, since this would appear to be the most accurate scale. We have used this technique during the management of diabetic coma, and so far we have obtained close correlation with laboratory determinations of blood sugar and those done on the Dextrostix. The dilution of blood with saline has no obvious effect on the actual colours obtained.

Where 24-hour laboratory investigations are available this relatively inaccurate method would naturally feature as second best, but, nevertheless, it is quick and can be performed by any houseman in minutes on the ward.

The range at present, rather roughly calculated in view of the small number of cases on which we have employed it, would appear to be ± 100 mg./100 ml. at 1,000 mg./100 ml. blood sugar with a descending scale of error as the dilution factor decreases.—I am, etc.,

RICHARD WARBURTON.

Queen's Park Hospital,
Blackburn, Lancs.

Unusual Foreign Body

SIR,—During the recent foggy weather a marine engineer drove his sports car straight into a tree and sustained multiple injuries including a compound comminuted fracture of patella.

At operation, after removal of the fragments of the patella and several blood clots from the outer part of the joint, a detached "piece of bone" was seen, for which no obvious source could be found. The "piece of bone" was picked out and resembled the triangular fragment seen in the fracture of the tibia. After operation the "piece of bone" was seen to be a piece of white plastic. X-ray before operation had not indicated that there was any foreign material in the joint.

The patient could not think of any part of the car from which such a fragment could have been derived. I went along to the garage and looked at the very bent car. The only possible source of the fragment was the bonnet-release knob, which had disappeared.

Subsequently three smaller fragments of plastic material have been removed from subcutaneous tissue in front of the knee-joint.

This occurrence would seem to present still another problem in dealing with multiple injuries from road accidents, and it would seem worth while to try to get the manufacturers either to make all plastic knobs of a material which will not fragment on impact or, if this is not possible, to include in the material at the time of manufacture a radio-opaque substance.—I am, etc.,

North Lonsdale Hospital,
Barrow-in-Furness, Lancs.

A. RONALD.

Services for the Elderly

SIR,—I have been interested to read the further correspondence on my comments (16 January, p. 194) regarding *Services for the Elderly*, and I have been impressed by the failure of each of the correspondents to comment constructively upon the findings. It is a disease of present-day life that the findings of one committee should lead to the setting up of a further committee to corroborate these findings.

None of your correspondents felt strongly that they could have come to any conclusion on the detailed evidence collected by the Committee over the four years they sat, other than that which the majority report puts forward. Can I therefore take the argument a little further?

Is there not a double significance in this report? Firstly, that the time has now come to call a halt to the proliferation of geriatric units throughout the country and to apply the lessons which these units have taught to the everyday practice of medicine. In his letter (20 February, p. 524) Dr. R. E. Irvine has eulogized the work of the general physicians at Lewisham, but for some astounding reason the letter goes on to state that it would be premature to regard their work as creating a precedent in this field. Surely this is less than justice to those whose work has, in part, enabled Lewisham to stand out amongst urban districts.

Secondly—and possibly this is the more important lesson to be drawn from the report and one which has not been mentioned in any of the letters—is simply that where pressure, however indirectly, is brought to bear upon local authorities to supply a domiciliary and community service which will cope with demands of general practitioners in the home, then at least a large part of the geriatric problem melts away. I would like to pay tribute to my colleagues in general practice in the Lewisham area who have been able, with energy and ingenuity, to keep patients at home where more often they are happier and, I believe, more contented.

Might I, in closing this letter, comment upon Dr. A. N. Exton-Smith's reference (13 February, p. 542) to preventive medicine amongst the elderly? He has, of course, given the lie to his argument by claiming that "many elderly patients receive treatment from their general practitioners . . . only when their clinical disorder is advanced." It is precisely because the field of the family doctor is in the home and amongst people of all ages that he is best placed to detect early illness, whether it be degenerative or otherwise. It may surprise Dr. Exton-Smith to know that this is done on a large scale, and would be done on an even larger scale were it not for the problems of the more extensive development of the "domiciliary health team," towards which some of us at least are hopefully working.—I am, etc.,

London S.E.6.

R. LL. MEYRICK.

Disinfectants in Hospitals

SIR,—The report "Use of Disinfectants in Hospitals" by the Public Health Laboratory Service Committee on the Testing and Evaluation of Disinfectants (13 February, p. 408) is the result of a careful