the Department of Health and Social Security after seeing it. Despite this we still get about 50% of the employees presenting private certificates.

As a works medical officer I am more than willing to assume my responsibility in deciding whether or not a man is fit enough to do his particular job, but when I approached the local medical committee and suggested this, I was only permitted to issue the first certificate to those persons injured at work. It was said that the family doctor must know what is happening to his patient, but with the increasing use of locum services in the large towns I wonder whether the family doctor is as informed as he should be. Patients attending hospital are frequently signed off as fit for work and the family doctor may or may not be notified.

If the works medical officer is willing to help with the problems of certification surely this help should be accepted, and the patient and family doctor both are saved time.—I am, etc.,

DENNIS L. SMITH,

Works Medical Officer,
British Leyland (Austin-Morris) Ltd.
Birmingham.

Hospital Junior Doctors

SIR,—At the annual general meeting of the South-east Metropolitan Regional Hospital Junior Staff Group it was unanimously decided to instruct the region's representatives to continue not to attend the meetings of the Hospital Junior Staff Group Council (H.J.S.G.C.). I have been asked to write to you that this has been the policy of the region since January this year when the final attempt to gain recognition for the H.J.S.G.C. as a Standing Committee failed. Since then meetings held at the Maudsley Hospital and Lewisham Hospital (attended by Dr. E. Grey-Turner) and B.M.A. House have endorsed this view.

It is felt that the increased representation of junior doctors within the Central Committee for Hospital Medical Services (C.C.H.M.S.) is a wrong approach and in many ways will serve to weaken rather than strengthen the hospital junior doctors' position. The junior opinion is now splintered into 21 regions and with the equivalent of about half the Group Council sitting as a minority group on the C.C.H.M.S. the rationale for a separate "junior voice" in the H.J.S.G.C. could well be called into question. The C.C.H.M.S. has grown in size to over 100 and will, like the old Council, have to be reduced in size for economic reasons alone. Will the 21 regional representatives of hospital junior staff be retained?

We know that the hospital junior doctors have a distinct viewpoint, and we insist that the H.J.S.G.C. should have equal status as a Standing Committee within the B.M.A. The current issues affecting the control of the profession's standards, postgraduate training, and career structure are vital to the future of the profession. It is tragic that the B.M.A. should seem to continue to deny the views of the hospital junior doctors through the H.J.S.G.C. equal weight in formulating the Association's policies.—I am, etc.,

JAMES APPEYARD,

Honorary Secretary South-east Metropolitan
Regional Hospital Junior Staff Group.
London S.E.10.

Hepatitis in Dialysis Units

SIR,—Your leading article on hepatitis in dialysis units (31 October, p. 255) ignores the possibility of enhanced virulence of the hepatitis-associated antigen on passage through a patient with diminished immune response. Such a hypothesis would seem worthy of consideration, as the other reasons given for the high morbidity and mortality rate among staff of dialysis units, such as frequent handling of blood containing the virus, have applied for many years in pathology departments. Until we understand more clearly what is happening it is important to try to confine the outbreaks of infection and avoid the possible closing of other departments, such as blood transfusion centres.

In this region arrangements have been made to supply blood for transfusion to dialysis units in disposable plastic bags. If bottles (such as containing dried plasma) have to be used, the dialysis units have been asked to dispose of them locally.

To overcome the problem of screening donors for the hepatitis-associated antigen all dialysis cases are transfused from a stock of blood frozen in liquid nitrogen. This blood is fully tested by Dr. A. J. Zuckerman and its post-transfusion survival is equal to that of fresh blood. It has the added advantage of being leucocyte-poor, which for patients who are candidates for renal transplants may be effective in reducing or eliminating the development of tissue antibodies.—I am, etc.,

W. J. JENKINS.

N.E. Metropolitan Regional
Blood Transfusion Centre,
Brentwood,
Essex.

Outbreak of El Tor Cholera in Istanbul

SIR,—The epidemics caused by *Vibrio cholerae* biotype El Tor reached the southern and eastern frontiers of Turkey in 1965. Unfortunately, in spite of all efforts to prevent the entrance of the disease into Turkey, an epidemic of El Tor cholera started in Sagmalcilar, a suburb of Istanbul, in October 1970.

The first specimens of stool and vomit from patients were received in our laboratory on 13 October. At this date we had no specific media for the isolation of cholera agents. So we inoculated media like Endo agar and Mueller-Kauffmann broth, which we routinely use for the isolation of enteric pathogens, and alkaline peptone broth and alkaline nutrient agar. The pure cultures isolated from specimens were investigated

for their morphological, biochemical, and antigenic characteristics.

It was found that 16 strains isolated from the specimens had the same morphological, biochemical, and antigenic characteristics. They all were Gram-negative motile rods among which some comma-shaped bacterial cells were observed. They produced acid but no gas from glucose, maltose, mannitol, and sucrose in 24 hours. They gave positive Voges-Proskauer and negative methyl-red reactions. All the strains produced indole and slight hydrogen sulphide, reduced nitrates to nitrites, and liquefied gelatin. They were oxidase- and catalase-positive. They lysed goat erythrocytes and agglutinated chicken erythrocytes. All of them were found to be resistant to polymyxin B when 50 µg. discs were used.

The strains were agglutinated by *Vibrio cholerae* polyvalent agglutinating serum and by Inaba agglutinating serum. According to the above mentioned results, the strains were identified as *V. cholerae* biotype El Tor serotype Inaba.

The antibiotic susceptibility tests were performed by the disc method. The strains were susceptible to chloramphenicol, tetracycline group, streptomycin, erythromycin, cephalothin, kanamycin, gentamicin, rifampicin, nalidixic acid, and nitrofurantoin, and resistant to penicillin, oxacillin, cloxacillin, methicillin, ampicillin, novobiocin, rifamycin, and polymyxin B.

Further investigations on this El Tor cholera epidemic are in progress.—We are, etc.,

E. T. CETIN.

O. ANÇ.

K. TÖRECI.

Department of Microbiology,
Tropical Diseases, and Parasitology,
Istanbul Medical Faculty,
University, Istanbul, Turkey.

Christmas Gifts Fund Appeal

SIR,—It is customary at this time of year, through the courtesy of the B.M.J., to make an appeal on behalf of the Royal Medical Benevolent Fund. We realize that there will be many calls on your readers' generosity at this time, but it is hoped a warm response to this appeal will allow us to send a special Christmas gift to each of the Fund's regular beneficiaries.

You will recall that the Fund aims to help those of our colleagues and dependants who have met with misfortune. This is often sudden and unexpected, and the need of those in distress is real.

Contribution, marked "Christmas Gifts," should be sent to the Secretary of the Royal Medical Benevolent Fund at 24 King's Road, Wimbledon, London S.W.19.—I am, etc.,

T. HOLMES SELLORS,
President,

Royal Medical Benevolent Fund.
London S.W.19.

Seeböhm Sequel

SIR,—May I congratulate you on your leading article, "Seeböhm Sequel" (31 October, p. 254), in which you rightly point out that some doctors have been astonished at the scale of salaries now being offered in the advertisements for directors of social service departments in local authorities. I have noticed that many of these posts are advertised at the salary scale of £6,000 to £8,000, and some even over the latter figure, yet the qualifications required are vague in comparison to those of consultant posts in the National Health Service.

We are already finding that the criticisms of the B.M.A. and the Central Health Services Council were well justified in that persons lacking the necessary qualifications and experience for these posts are now being appointed on a permanent basis. Those of us who have worked for a long time in the field of medical rehabilitation have found that the welfare budgets of the local authorities, like those in the National Health Service, have been inadequate, and I wonder if we are now in danger of establishing social departments which may