

The diagnosis in the first case has been confirmed by cone biopsy; the second is awaiting treatment. A third young woman seen during the same period had a suspicious smear and cone biopsy was performed, but carcinoma was not found.

One must conclude that with such a high incidence of chance (i.e., symptom-free) findings there is a need for young women to be educated to undergo screening. It is to be hoped that the N.H.S. will see the necessity for G.P.s to be encouraged to participate in this.—I am, etc.,

E. ANN TAIT

London N.W.1.

Antibiotic Sensitivity of *Escherichia coli*

SIR,—The "clinical notes" depicted in an advertisement for Keflex (cephalexin monohydrate) appearing in the *B.M.J.* (30 December, p. iv) describe a strain of *Escherichia coli* which is sensitive to ampicillin but resistant to nitrofurantoin. Such a result is a reversal of the usual experience of clinical bacteriologists since, nowadays, strains of *E. coli* are sensitive far more often to nitrofurantoin than to ampicillin. In this hospital, for example, the majority of strains of *E. coli* isolated in urinary tract infections continue to be nitrofurantoin-sensitive, but ampicillin resistance is not uncommon.

In a recent multicentre survey of the sensitivities of urinary tract pathogens¹ (in which *E. coli* was the predominant organism isolated) a "league table" of percentage sensitivities was constructed. The top three drugs recommended for starting treatment of both inpatients and outpatients were trimethoprim/sulphamethoxazole (co-trimoxazole), nitrofurantoin, and nalidixic acid. The figures given for ampicillin sensitivity placed this drug low on the list of primary choices for outpatients and lower still for inpatients.

The results of the sensitivity tests portrayed in the advertisement represent only a minority of urinary pathogens and, if taken to be typical, might serve to restrict the choice of drugs available to a practitioner for initial treatment.—I am, etc.,

R. FRAZER WILLIAMS

Booth Hall Children's Hospital,
Manchester

¹ MacAlister, T. A., et al., *Postgraduate Medical Journal*, (Suppl. September), 1971, 47, 7.

Cholera in the Nineteenth Century

SIR,—I was interested to read Dr. N. Howard-Jones's account of the Gelsenkirchen typhoid epidemic of 1901 (13 January, p. 103). In certain aspects it was remarkably similar to the last major cholera epidemic in London in 1866, which accounted for nearly 6,000 deaths, mostly occurring in an area where the water supply was provided by the East London Water Company from the River Lea, as pointed out by Dr. William Farr, principal statistician in the Registrar General's Office.¹ A subsequent inquiry showed that the water company had been supplying unfiltered water in breach of the law, yet the difficulty of legal proof was so great and the maximum penalty so small that no prosecution ever took place.

These events are vividly described by

Francis Sheppard² in his book, *London: The Infernal Wen*.²—I am, etc.,

TONY DUGGAN

Wellcome Museum of Medical Science,
London N.W.1

¹ Registrar General's Weekly Return of Births and Deaths in London, 28 July 1866. London, H.M.S.O.
² Sheppard, F., *London 1808-1870: The Infernal Wen*. London, Secker and Warburg, 1971.

Source of Extrarenal Renin

SIR,—Dr. A. Medina and others in their article on changes of blood pressure, renin, and angiotensin after bilateral nephrectomy (23 December, p. 694) refer to an extrarenal source of renin to explain its now well-confirmed persistence in plasma after bilateral nephrectomy. Although several organs yield renin-like material on extraction, data are not available to identify the source of this renin in nephrectomized patients.

Some years ago I obtained data¹ on normal patients during abdominal surgery which indicated a possible splanchnic source of renin-like activity. I wonder whether Dr. Medina and his colleagues have any similar data from their patients or whether they could obtain such data by sampling portal and peripheral blood simultaneously if their patients were subjected to abdominal surgery for some other reason or possibly at the time of renal transplantation.—I am, etc.,

DAVID E. BARNARDO

Queen Mary's Hospital,
Rochampton, London S.W.15

¹ Barnardo, D. E., Strong, C. G., and Baldus, W. P., *Journal of Laboratory Clinical Medicine*, 1969, 74, 495.

Future of the B.M.A.

SIR,—At a well-attended meeting of the Worcester and Bromsgrove Branch on 22 January 1973 the following resolutions were passed with only one dissentient vote:

1. That the Representative Body should consider the Reports of Council (*Supplement*, 22 July, p. 47, and 16 September, p. 163) relating to the reorganization of the B.M.A.

2. That the (Branch) Secretary be instructed to seek the necessary support from other Branches and Divisions to call a Special Representative Meeting in order to have the Council's recommendations for the reorganization of the B.M.A. discussed.

At the meeting the overwhelming importance of finding an early and practical solution to the present medicopolitical impasse was recognized. There are two essentials to this end. Firstly, there must be a mutually acceptable basis upon which discussions can take place to achieve agreement. We believe that Council's proposals could provide such a basis. Secondly, a period of time is necessary for such discussions. The occasion of an S.R.M. would enable the Representative Body (by some form of delegation of its own choosing and suitable to this special occasion) to arrange to engage in the continuing discussions which are needed. This would avoid the present handicap in negotiation resulting from the necessarily infrequent meetings of the Representative Body.

May we, through you, Sir, seek the sup-

port of many other Branches and Divisions towards convening a Special Representative Meeting for this purpose.—We are, etc.,

JOHN G. BALL
Chairman, Worcestershire L.M.C.

PHILIP JONES
President,
Worcester and Bromsgrove Branch, B.M.A.

MACPHERSON KNOWLES
Chairman, Worcester City L.M.C.

Kidderminster, Worcs.

SIR,—We, the undersigned members of the Executive Committee of the West Essex Division of the B.M.A., wish to make it known that we are anxious about the rift between the General Medical Services Committee and the rest of the profession. Our representative (a general practitioner) attended the Special Representative Meeting with a clear view of the Division's feelings in favour of the Chambers proposals. He voted for acceptance in principle of the report in the clear knowledge of its significance and not in the heat of the moment.

The pamphlet S.C.12 received from the G.M.S.C. states the choice offered to the family doctor: Do the family doctors want to be represented by (1) a committee elected in effect by all G.P.s or (2) by G.P.s elected through an organization of doctors in all branches of medicine and limited to members of that organization alone?

The pamphlet seemed to expect an affirmative answer to proposal 1, but we feel that our needs are exactly stated in the proposal 2 and that this was the expressed wish of the Representative Body. The first alternative seems to us to nullify all our attempts to bring hospital doctors and general practitioners closer and we feel that all branches of the profession should face the future together along the lines of the Chambers Report.

We are concerned that those taking part in the referendum may well only hear the G.M.S.C. side of the argument and hence we send you this letter.—We are, etc.,

O. ROSS
I. HAMILTON
S. SCOTT
H. GRVLLS
Z. SHARNAGIEL
D. WRIGHT
D. BATEMAN
J. HILL

Harlow, Essex

Oxford Street Traffic Regulations

SIR,—At its last meeting the council of the Metropolitan Counties Branch of the B.M.A. expressed concern at the potential hazards for both doctors and patients resulting from the new traffic regulations for the Oxford Street area.

I have therefore been requested by the Branch council to urge doctors who are delayed as a result of the new regulations when visiting patients to send details immediately to the Secretary of the Association.—I am, etc.,

F. V. GRIFFITHS
Honorary Secretary,
Metropolitan Counties Branch, B.M.A.

London W.C.1