treatment of abscesses of different aetiology, with which we dealt in our second report.³ We regard this omission as dangerous.

Your preoccupation with a single chemotherapeutic agent, effective only against strict anaerobes, is misleading, since we have demonstrated that aerobic and microaerophilic organisms predominate in cerebral abscesses. Of the patients in our study, 76% were infected only with microbes that were demonstrably resistant to metronidazole. Further, we remind you that lincomycin and chloramphenicol are effective against anaerobic bacteria and that they were used in the treatment of some abscesses in both series of cases discussed in the leading article. Carbenicillin, not used in either series, and fusidic acid also have some activity against anaerobic bacteria.

The treatment of cerebral abscesses is primarily surgical and it remains so. Rapid and accurate location of the lesion followed by prompt evacuation of the pus and internal decompression continues to save lives. Factors other than the choice of antibiotics, such as measures taken against cerebral oedema, should be taken into account in any discussion of mortality.

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¹ de Louvois, J, Gortvai, P, and Hurley, R, *British Medical Journal*, 1977, 2, 981.

² Ingham, H R, Selkon, J B, and Roxby, C M, *British Medical Journal*, 1977, 2, 991.

³ de Louvois, J, Gortvai, P, and Hurley, R, *British Medical Journal*, 1977, 2, 985.

Polio immunisation in pregnancy

SIR,—To your expert (Any Questions?, 23 July, p 244) it is clearly sensible to use the opportunity of antenatal contact to immunise non-immune mothers against poliomyelitis. As recently as March of this year, however, the Joint Committee on Vaccination and Immunisation¹ stated that "live vaccines should not be administered to pregnant women, particularly early in pregnancy, because of possible harm to the fetus. However, where there is a significant risk of exposure to such serious conditions as poliomyelitis or yellow fever the importance of vaccination may outweigh the possible risk to the fetus." Attention to this general contraindication is drawn again in the section of the same report specifically dealing with poliomyelitis.

Many doctors will instinctively feel that the more cautious approach of the joint committee is the wiser policy. It has been said that the best obstetrician is the one who keeps his hands longest in his pockets.

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¹ Note by Joint Committee on Vaccination and Immunisation. Appendix to CMO(77)7/CNO (77)3. London, DHSS, March 1977.

* * * Our expert replies: "My answer was to a question from Iraq, which was not made clear in the printed question but should have been. The Joint Committee on Vaccination and Immunisation provides national and not

international guidelines, although they do say, as Dr Twomey quotes, that vaccination during pregnancy may be justified 'where there is a significant risk of exposure to . . . poliomyelitis.' I therefore stand firmly by my view in the Iraqi context." We regret our omission to indicate the place of origin of the question and apologise to our expert and to readers for any misunderstanding that this may have caused.—Ed, *BMJ*.

Plight of Maltese medical students

SIR,—With reference to the comments by Scrutator on the position of Maltese medical students (15 October, p 1036) I must point out that the impasse the final-year medical students found themselves in when they were left with their examinations not completed was precipitated by the Medical Association of Malta when it decided to take industrial action fully aware that the examinations would have been completed had their action been delayed by just two more days and also fully aware at the time of the repercussions that would result therefrom.

The Government was in no way responsible for that situation, as, in the interest of the patients, it could not discriminate between consultants who refused to give an emergency service as required from them by the Government from those same consultants who, as examiners, insisted that they be admitted to hospital to select patients for clinical examinations. In this connection it is also to be borne in mind that at the time only emergency cases were being treated in Government hospitals and the Government was not therefore in a position to allow patients to be used for clinical examination purposes when their care and treatment were its primary consideration.

Besides, the examiners did not even have the decency to give advance notice when they would be using the hospital. They just appeared at the hospital doors and demanded admittance. Such arrogance could not be tolerated and was moreover interpreted as being intended to place the authorities in a position where they could not accede to the examiners' request.

The students, other than those in their final year, who chose to leave Malta did so despite the Government's promise that the medical school would be reopened, as it did on Monday, 17 October.

The fact that "Britain is still a democracy" does not give the right to any group of Britishers to interfere in the internal affairs of any other Commonwealth country. It is high time for these Colonels Blimp to accept the fact that Malta is no longer a British colony.

Lastly, it is more deplorable and it betrays a large measure of bias for Scrutator to conclude that the present dispute "seems bound to affect the standard of medical services." Not only have the previous standards been maintained but also the medical services being provided at present have been extended to include operations which before were never performed in Malta.

TONI PELLEGRINI
Director of Information

Office of the Prime Minister,
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* * * The Secretary writes: "Information reaching the BMA conflicts strongly with several of Mr Pellegrini's statements and sheds a very different light on the state of affairs in Malta as described by him.

"(1) None of the Malta doctors have refused to treat emergencies. The MAM has published advertisements in the press telling the people of Malta that they stand ready to treat emergencies in any hospital, public or private. This has been the position from the start. Unfortunately the Government reacted by locking doctors out of the hospitals, and those who attempted to remain were ejected by the police.

"(2) Dates when examinations are to be held are arranged a long time in advance and the Government therefore had plenty of notice of these dates. Nevertheless the examiners, including external examiners who had travelled from Britain, were refused admission to the hospital for purposes of conducting the examination.

"(3) As nearly all the clinical teaching staff have been dismissed by the Government it is impossible to see how clinical training can be conducted properly. The Maltese Minister of Health met the students on the evening of 15 October in order to tell them that the medical school would be reopened on 17 October. The students asked for the names of those who would teach them and they were not given a single name.

"(4) It is stated that the imported doctors staffing the hospitals at the time of the examinations were dealing only with emergencies. In fact they were dealing with 'cold' cases as well as with emergencies."—Ed, *BMJ*.

Dispute in Malta

SIR,—May I add my voice in support of Mr L J German, of the Medical Association of Malta (22 October, p 1082)? The struggle of our colleagues on that island is now against what is probably the ultimate threat to professional independence, a government that regards judgment of competence to practise as made better on political than on professional grounds. The Maltese Government has not only sought to dominate the profession by withdrawing their legal right to practise but has even added a quite monstrous denial of hard-earned pension rights. There are lessons in this, sir, for all of us. The independence of our profession must be fought for wherever it is challenged and I am happy to support Dr J A Cameron's appeal for funds (10 September, p 708).

Publicity is essential. We should be warning our patients personally, through the press and through travel agents, that a medical emergency to a tourist in Malta will no longer be managed by the local men for whose competence we in Britain have so often been able to vouch. Instead they will be in the care of doctors chosen on political grounds from Libya, Czechoslovakia, the Palestine Liberation Organisation, and Pakistan. Few if any of these will have reached professional standards of which we have knowledge or can approve. We should also surely be re-examining the arrangements for the treatment of selected Maltese patients under the NHS here so long as this duress continues.

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Vitamin B₁₂ deficiency in a child

SIR,—I think it is up to me to respond to Dr R Ferguson's criticism (22 October, p 1086) of our paper (24 September, p 807), since the question of jejunal biopsy was dis-