groups of three and none of these pools yielded organisms identified as *Y. enterocolitica*. The remaining 130 specimens were pooled in groups of 10, and from one of these pools *Y. enterocolitica* biotype 1, non-serotypable, was isolated. A second pool yielded an organism resembling *Y. enterocolitica* biotype 1 but which produced a negative result in tests for ornithine decarboxylase and lipase activity and was V-P negative.

Our results suggest that there is a low incidence of carriage of *Y. enterocolitica* in pigs from the south of England. However, carriage may vary geographically in Britain and may also show a seasonal variation: the specimens in this study were all collected between November and February.

To determine the sensitivity of the methods of isolation used we undertook a quantitative investigation using a reference strain of *Y. enterocolitica* biotype 4, serotype 3. This organism was regularly recovered after direct plating of pig caecal contents containing 8×10^4 organisms per g. However, after cold-temperature enrichment for three weeks the reference strain could not be routinely recovered from caecal contents initially inoculated with 8×10^6 organisms per g. The total count of bacteria increased during the period of incubation at 6°C, but *Pseudomonas* spp. predominated and this overgrowth probably accounted for the reduced sensitivity of the recovery of *Y. enterocolitica*.

These findings indicate that a more detailed study of the incidence of *Y. enterocolitica* in farm animals is required to determine whether or not these animals may represent the main reservoir for human infection. Some modification of the cold-temperature enrichment technique may also be required in studies on caecal material of porcine origin.

We are indebted to Dr N Mair of Leicester Public Health Laboratory for the confirming and serotyping of the *Y. enterocolitica* isolate and to Miss M Kendall of the Food Hygiene Laboratory, Colindale, for providing the reference strains of *Y. enterocolitica*.

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T J COLEMAN

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The case against neonatal circumcision

SIR,—Many complications of circumcision, which include infection, haemorrhage, injuries to the glans and shaft, meatal ulcers, and meatal stenosis, have been well known for years. A recent leading article (5 May, p 1163) discussed current medical opinion on the subject. We would like to add the following case history to the literature.

A healthy 1-week-old infant had a circumcision performed by a well-trained and experienced physician without any anaesthetic. The infant tolerated the procedure well except for excessive crying, which began at the time of the operation. The mother, attempting to soothe her distressed infant, resumed breast feeding after the operation. An episode of vomiting followed the feeding. An apnoeic spell followed the emesis. The infant was taken to a local emergency room and subsequently transferred to the Children's Hospital of Los Angeles. He received a complete septic work-up, intravenous antibiotics and hospitalisation for five days of observation until the cultures were negative and sepsis was ruled out. The infant was discharged from the hospital six days after circumcision doing very well.

Infants do feel the pain of the surgical removal of the foreskin performed without any anaesthetic, and they respond to the pain by crying. That crying may be excessive. Air may

be swallowed. Mothers do soothe their infants by feeding them. Vomiting may follow the feeding. Apnoea may follow vomiting.

Circumcision can be the onset of an unfortunate and unnecessary medical history. It is a procedure that should not be considered minor. If circumcision is done, it should be done with anaesthesia. But is it really worth the risk of anaesthesia? Pros and cons should be thoroughly and completely discussed with the infant's parents before the procedure is done.

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Destroying the whole-time option

SIR,—There appears to be a body of opinion, grossly over-represented in the CCHMS and its negotiating subcommittee, which finds it unacceptable that a consultant should earn the whole of his income from the NHS. Having failed to destroy the whole-time option by way of "the new contract" it now seems hell bent on achieving the same result by major modifications to our existing contracts. The speed with which these have been produced and presented to the new Secretary of State raises fears that they may become established fact before we all realise what is happening.

The main effect of the proposal that maximum part-time consultants should in future be paid 10/11ths of the whole-time consultant salary would be to give a further 9% pay rise to these particular consultants. If, as seems unlikely, "new money" is to be made available for this purpose, then it should be shared out in an equitable manner. If, however, there is no extra cash then the 9% for the part-timers would be achieved only by an equivalent reduction in the pay of the other half of the consultant body—the whole-timers. It may be that the other major proposal, that whole-timers should be allowed private practice to a limit of 10% of their NHS salaries, is meant to compensate for this, but if so it is quite unacceptable.

However difficult it may be for them, the CCHMS and others will have to learn that a large proportion of whole-time consultants have neither the time nor the inclination to become involved in private medicine, even if the opportunity existed, which in many cases it does not.

Instead of devising ever more complex schemes to manipulate our contracts for the benefit of the more vocal section of the profession, our so-called leaders should turn their attention to the real causes of declining morale. These owe very little to thwarted ambitions in the direction of private medical care but a great deal to the chronic underfunding of the NHS and even more to the appalling consequences which we can foresee if the proposed cuts in public expenditure are forced through.

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The "Radcliffe" hospitals, Oxford

SIR,—I have received several letters about the article "The Radcliffe hospitals" (7 July, p 33). Most have made reference to the need for a residents' mess in all hospitals and,

indeed, to a similar need for a room where consultants may meet and discuss hospital matters. One correspondent from North America suggests, "The average hospital administration has little or no idea of the value of a central meeting point, due in part to the fact that they don't seem to recognise the concept of an 'informal' variety of social organisation—as opposed to the more formal variants, such as committees and councils."

May I suggest that colleagues presently involved in planning new hospitals should insist that such facilities are provided. They should also ensure that offices for clinicians, where the work of the firm is co-ordinated, are retained, for this is another area which is at risk on "economic" grounds.

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Survival of the fittest?

SIR,—I read with interest Mr Hugh G Sturzaker's paper "Survival of the fittest" (11 August, p 374), having recently completed the obstacle course myself. I agree with his comments but would like to add two points.

Firstly, the choosing of a consultant post must be similar to a game of Russian roulette. Advertisements appear at infrequent intervals for posts which become available in the very near future. This means that senior registrars must often make a quick and hasty decision regarding their future. Surely a more sensible scheme would enable the prospective consultant to have knowledge of posts becoming available over a period of six to 12 months, so that he can wisely decide about his future.

Secondly, a number of consultant posts are given to local candidates, which makes a mockery of the interview procedure. It is therefore wise that registrars should choose their senior registrar posts very carefully. It is to be hoped that, with the introduction of a structural training programme for registrars, the transition to consultant will be less hazardous for doctors and their families.

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Points

Unfit for holiday

Mr WILLIAM I MARTIN (Greenock, Renfrewshire) writes: (28 July, p 273) "All three told me that they had been specifically told by their doctors that they were fit to go on holiday," says Dr A J E Pollock (28 July, p 273). Surely one of the early things one learns on acquiring one's MB is to treat with cynicism any such statement regarding what another doctor "said"—especially if things have gone wrong.

Fifty years of penicillin

Dr HENRY S FRASER and Mrs IRIS BANNOCHIE (formerly Bayley) write: Among the bright young men invited by Florey to Oxford in 1939 was Dr Harry Bayley, a Barbadian graduate of Cambridge and King's College