

noticed by the GP in an epidemic, and if more severe is often short-lived.

I am conducting some research on this; minor disturbances in mood following viral illnesses are commonly found. The severe depressions which are found following viral infections are usually short-lived (of 4 to 28 days' duration). It would be interesting to know why these changes take place. Encephalitis, autoimmune processes, amine depletion, or steroid imbalances are all speculative causes of mood disturbances but have not yet been proved. When I have collected some more data I will be publishing my results.

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Fringe benefit

SIR,—The private bed fee at this hospital is now about £280 per week. Government and union policy is designed to stop this flow of cash into the Treasury.

Would it not be more equitable if a percentage were paid to all nursing and ancillary staff—for example, porters, x-ray, etc—directly concerned in the care of each private patient, thus creating at no extra cost a worthwhile fringe benefit? Such payment, which might be termed a "UNIT of Care Payment" (UCP) could be the subject of negotiation between the unions concerned and the respective health authorities after suitable amendment to existing regulations.

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Perishable goods

SIR,—I should like to draw attention to a problem which has affected this and associated hospitals. This is that goods and supplies are sometimes perishable or of limited life as far as sterility and other factors are concerned, yet no indication of this appears on the packaging. With drugs, manufacturers normally give an indication of the life to be expected under specified conditions, but with items such as catheters, tubing, etc, there is no obligation and manufacturers give no guidance. It therefore is important that anyone using such products should not assume that they are sterile and in good condition.

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Vaginal discharge and *Enterobacter agglomerans*

SIR,—*Enterobacter agglomerans* is a low-grade human pathogen¹⁻³ which has been associated in the past with wound infections in agricultural workers in the United States⁴ and with an outbreak of septicaemia due to contaminated infusion fluids.⁵ In the majority of cases it has proved difficult to determine the pathogenicity of the organism. Only rarely has it been isolated from the vagina.² We wish to report a case in which the presence of the organism in the vagina was associated with a discharge.

The patient, a 29-year-old married woman with four children, had been taking oral contraceptives since 1971. Apart from perineal warts in 1974 there was no history of vaginal or sexually transmitted infection. On a routine visit to the family planning clinic on 30 August 1976 she complained of a longstanding, intermittent, offensive, dirty white vaginal discharge. Speculum examination recorded no cervical erosion and no vaginitis. A high vaginal swab yielded moderate numbers of epithelial cells only on direct microscopy. Trichomonas was not seen. On culture there was a moderate growth of a yellow pigmented coliform and a profuse growth of lactobacilli. Yeasts were not isolated on blood or malt agar. The coliform was identified as *Enterobacter agglomerans* by API strip.⁶

Ten days later the patient was re-examined and a further high vaginal swab was taken under direct vision. There was no evidence of discharge on this occasion, and neither vaginitis nor cervical erosions were detected. The patient commented that the discharge had now stopped. The bacteriology of the second swab was identical with that of the first with the exception that *E agglomerans* was absent.

A stool specimen was obtained at this time in an attempt to discover the source of the organism. This failed to yield *E agglomerans* after examination by a serial dilution technique known to allow recognition of coliforms present in faeces in counts as low as 10⁴ organisms/gram.

In this patient isolation of *E agglomerans* was associated with a vaginal discharge, though the pathogenicity of the organism must remain in doubt in the absence of pus cells in the discharge. The source of the organism remains obscure. The discharge ceased and the organism was cleared spontaneously from the vagina in the absence of any chemotherapy.

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- ¹ Graevenitz, A, and Strouse, A, *Antonie van Leeuwenhoek*, 1966, **32**, 429.
- ² Graevenitz, A, *Annals of the New York Academy of Sciences*, 1970, **174**, 436.
- ³ Gilardi, G L, Bottone, E, and Birnbaum, M, *Applied Microbiology*, 1970, **20**, 151.
- ⁴ Pien, F D, et al, *Mayo Clinic Proceedings*, 1972, **47**, 739.
- ⁵ *British Medical Journal*, 1976, **2**, 547.
- ⁶ Nord, C E, Lindberg, A A, and Dahlback, A, *Medical Microbiology and Immunology*, 1974, **159**, 211.

Sailing to ARM

SIR,—The suggestion has been made that the 1977 Glasgow ARM represents an ideal opportunity to make arrangements for members who either own or would like to charter boats to bring them to a suitable site on the Clyde (in or near the middle of Glasgow). They could then use them for accommodation and social purposes during the week of the meeting and possibly then forgather at some spot such as the Kyles of Bute for a post-meeting get-together. The idea has received some official encouragement, and it is likely that the co-operation of the civic authorities and area sailing organisations such as the Clyde Cruising Club will be readily proffered.

Particularly for members who do not have

their yachts based on the west coast of Scotland it is obviously necessary to make arrangements well in advance if they propose to take part in such a gathering. If they have a definite intent to participate, perhaps they could let me have a preliminary note, obviously without a specific commitment, as soon as possible, so that I might form an estimate of the likely response.

One would point out that the Clyde and Western Isles are one of the finest cruising grounds anywhere. The short nights and favourable weather at this time of the year facilitate navigation, and a myriad of harbours and anchorages are available, for the most part without dues. Such an event has not been arranged before by the Association, and it is hoped that there will be a worthwhile response from the many boat owners among our members.

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Plight of the younger consultant surgeon

SIR,—May we thank all those who replied to our letter (28 August, p 531)? We are replying individually to each correspondent, but all will be pleased to hear that the unanimous support expressed in their letters was reflected at the meeting when the motion "the young fellows of this college protest their right to a career in surgery" was put before the annual general meeting of the Royal College of Surgeons. The motion was accepted by all present, and several speakers from the floor supported our case. The president of the royal college in replying assured fellows of the college's intention to present the college's views on the current problems of British surgical practice to the Royal Commission.

Arrangements have been made for a special meeting to be held at the Royal College of Surgeons on 24 November so that a delegation of young surgeons will be able to meet the president and discuss their views in detail. These delegates have been selected from a wide range of specialties and areas, and will be representative of surgeons in training and established consultants.

It is clear that Sir Rodney Smith and the council of the royal college are aware of the dangerous situation that exists as a result of the low morale of a generation of surgeons coming into consultant practice. The relentless erosion of freedom and incentive to practise is at the basis of this feeling. Many of us find the present clinical situation degrading in that we are unable to apply the standards of surgery which we have been taught to our ordinary clinical practice. The response to the motion submitted to the annual general meeting of the Royal College of Surgeons has made it clear that we do not regard surgical standards as being negotiable. We must defend the professional standards of our work and obtain a reasonable standard of living for ourselves and our families. We are acutely aware of the disadvantages we confer on others by electing to undertake a specialist career. Chronic underfinancing of the Health Service and increasing political and administrative interference combine to devalue the standard of our practice. Physicians and anaesthetists have replied to our letter as well as surgeons. We encourage colleagues and other specialists to seek the active support of their respective