negative effects, then painful, elective surgery should not be allowed without adequate anaesthesia.

Second, since parental consent may not be adequate for painful, unaesthetised, cosmetic surgery on infants, I suggest that circumcisions be done on consenting adults. Adults could describe the pain associated with unaesthetised circumcision and, therefore, the pain assessment would be less inferential. Although the pain assessment in an adult study would be less abstract, I fear volunteers would be hard to find.

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HIV testing in developing countries

Sir—During a study on the gastrointestinal problems associated with HIV infection, Chintu and colleagues (March 1, p 650) noted very high rates of false-positive (30%) and false-negative (37%) self-reports of HIV status in Zambia. They suggest that these high rates are caused by the perception of the Zambians with respect to HIV infection. We are not sure that this is a sustainable explanation for this finding. We are not told in the description of the recruitment procedures whether participants had previously been tested for HIV or whether participants simply reported their perceived HIV status in order to become enrolled and receive compensation and medical attention. It is also possible that an adequate explanation of the HIV test result was never provided. Other possibilities are that HIV-seronegative individuals became infected with HIV, or that there was a laboratory error, either during the first test or the second test.

Generally there is very little quality control on HIV testing in African countries. During October, 1996, we evaluated HIV testing in transfusion centres in Kinshasa. Errors in the HIV-testing procedures were noted in many centres, including, for example, the inadequate use of the ELISA reader, performance of ELISA tests without a washing machine, the use of machines that were out of order, as well as the incorrect interpretation of test results and administrative errors. 236 samples tested by transfusion centres in Kinshasa were also tested at the AIDS reference laboratory of the Institute of Tropical Medicine in Antwerp, Belgium. The HIV testing strategy in Antwerp included two ELISA tests, the Virognostika HIV Uniform II plus O test (Organon Technika, Netherlands) and the Enzygnost anti-HIV § plus test (Behringwerke AG, Germany). The Inno-Lia confirmation (Innogenetics, Belgium) and the HIV blot 2.2 (Genelabs Diagnostics, Singapore) had a sensitivity of 100% and a specificity of 85% (51 samples evaluated) and the ELISA tests (Enzygnost anti-HIV §) a sensitivity of 70-9% and a specificity of 61-1% (212 samples evaluated).

Before introducing large-scale HIV testing in poor resource countries, one should make the establishment of a sound programme of quality control of HIV testing and counselling a priority.

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VRE and meat

Sir—The question of whether or not vancomycin-resistant enterococci (VRE) have entered the community via the food chain is much debated,1,4 and has led to investigations into livestock feed for their meat and, finally, to the European ban on glycopeptide used as a food additive.1,4 Nevertheless, the evidence is only circumstantial; even the fact that the raw meat presented in the home for elderly vegetarians (3-8 meat-free years, mean 46 years) and another home whose residents ate meat (less than 256 mg/L. Our findings suggest that the consumption of meat is associated with colonisation of the gastrointestinal tract by VRE.

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