antisocial behaviour. The homeless lead itinerant disorganized lives, are alienated from authority and institutions, and are frequently physically or mentally infirm or the worse for drink.

Consequently many general practitioners refuse to accept homeless people on their lists or to visit hostels for the homeless; and these social outcasts often receive only a grudging emergency service from casualty departments and general practice deputizing services.[13] This is a classic example of the 'inverse care law', where those who have the greatest medical needs receive the worst standard of care.[14]

Possible solutions

In parts of the UK, where primary care has proved too inflexible to provide an adequate service for the homeless, special medical centres have been set up.[2,15,16] Some of these have been criticized on the grounds that they are too clinical, expensive to set up and difficult to integrate with primary care services.[13] More importantly, they may discourage other parts of the health service from taking any responsibility for the care of the homeless.

We believe that a peripatetic service, offering health care at hostels, day centres and other places where the homeless are to be found,[2,13,16] can be based on the system described here. The service is based on primary care and develops the role of the nurse practitioner. The treatable medical conditions discovered in this study justify the effort involved and there are rewards for general practitioners in that less visits are required and their information is increased without their having to perform all the checks themselves. Most importantly, this service is acceptable to the homeless and is cheap and easy to administer.

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Address for correspondence

Dr Peter Featherstone, 3 Pilmuir Avenue, Torquay, Devon TQ2 6AL.

AIDS update

Cumulative totals of UK reports of acquired immune deficiency syndrome cases, by transmission characteristics, to 30 June 1988.

	No. of cases			No. of deaths		
Transmission categories	Male	Female	Total	Male	Female	Total
Homosexual/bisexual	1315	–	1315	738	–	738
Intravenous drug abuser (IVDA)	20	7	27	14	3	17
Homosexual and IVDA	27	–	27	12	–	12
Haemophiliac	107	1	108	67	1	68
Recipient of blood						
Abroad	10	9	19	7	5	12
UK	9	3	12	7	3	10
Heterosexual, presumed infected						
Abroad	36	14	50	11	6	17
UK	4	6	10	3	4	7
Child of HIV-antibody positive parent	6	10	16	2	6	8
Other/undetermined	12	2	14	6	2	8
Total	1546	52	1598	867	30	897

Cumulative totals of UK reports of human immunodeficiency virus antibody positive persons, by transmission characteristics, to 30 June 1988.

	No. of HIV cases			
Transmission category	Male	Female	Unknown	Total
Homosexual/bisexual	4101	–	–	4101
Intravenous drug abuser (IVDA)	894	477	28	1399
Homo/bisexual male and IVDA	65	–	–	65
Haemophiliac	1065	3	1	1069
Blood/components recipient	43	36	1	80
Heterosexual contact	200	225	7	432
Child of at risk/infected parent	34	31	30	95
Multiple risks	8	–	–	8
Other/undetermined	1297	117	131	1515
Total	7707	889	198	8794

Source: Communicable Disease Surveillance Centre, London and Communicable Diseases (Scotland) Unit, Glasgow.