This month • ectopic pregnancy • 'nerves' • Blandford fly • health surveys • adaptive cytoprotection

Ectopic pregnancy

THE incidence of ectopic pregnancy is increasing in several countries, including the UK. Salpingitis was reported some years ago as being the most important predisposing factor in subsequent ectopic pregnancy, and *Chlamydia trachomatis* is found increasingly as a cause of salpingitis. This study, from Princess Anne Hospital, Southampton, aims to fit another piece into the jigsaw.

Fifty women with ectopic pregnancy and 50 age-matched controls with normal pregnancies at 16–18 weeks were tested for antibodies to *C. trachomatis* and *Neisseria gonorrhoeae*. In the ectopic pregnancy group, 76% had chlamydial and 32% gonococcal immunoglobulin G antibodies, compared with 38% and 4%, respectively, in the control group. Antibodies to either organism were found in 86% of the ectopic pregnancy group, compared with 40% of the controls. Most of the presumed infections were subclinical, with only three women out of the 50 with ectopic pregnancy giving a history of salpingitis, all some time previously. Eighteen gave a history of subfertility, and 12 had been users of intrauterine contraceptive devices, with a lower prevalence of antibodies to either chlamydia or gonococci than non-users.

The results give a reasonably clear picture and confirm findings from other countries, although the authors suggest that they need to be confirmed elsewhere in the UK. This seems to be another argument in favour of barrier contraceptive methods. (D.J.)

Source: Robertson JN, Hogston P, Ward ME. Gonococcal and chlamydial antibodies in ectopic and intrauterine pregnancy. *Br J Obstet Gynaecol* 1988; **95:** 711-716.

'Nerves'

EVERY general practitioner has heard the phrase 'It's my nerves doctor' and a recent series of articles has tried to place this common complaint in its historical and cultural perspective. Galen regarded nerves as conduction pathways for animal spirits which could be affected by body humours; nerves were related to mental illness and social pressures. In the eighteenth century, following Harvey's work on the circulation, nerves were first thought of as hollow tubes filled with fluid and then as solid cords which could become frayed, weak, overworked or shattered. By the nineteenth century such ideas had given rise to a proliferation of 'nervous' diseases often accompanied by social and moral implications. Women had more delicate nerves, and sensitive nerves were a sign of gentility. Modern nerves are not saddled with such moral judgements but loss of control is a key element. The problems are not physical, but are about emotions, experiences and beliefs.

Studies of the social meaning of 'nerves' illustrate how the term and its usage reflect historical experience and environmental realities. For an isolated fishing village in Newfoundland 'nerves' echo the gloom of incessant fog and the fears of women when their men are at the mercy of the sea. For women in general 'nerves' may reflect limited life choices and lack of self expression. In rural Virginia 'nerves' signal emotional distress which can be measured in terms of anxiety and depression, but have their meaning in the sufferers' lifestyle and view of the world. The physical and social environment of Britain's inner cities constricts the lifestyle and blights the outlook of too many people. We need to understand more fully before reaching for the prescription pad, when we next hear 'It's my nerves again doctor'. (D.H.)

Sources: Davis DL, Whitten RG. Medical and popular traditions of nerves. *Soc Sci Med* 1988; **26:** 1209-1221. Nations MK, Camino LA, Walker FB. 'Nerves': folk idiom for anxiety and depression. *Soc Sci Med* 1988; **26:** 1245-1259.

The Blandford fly

THE world, in this case a charming corner of rural Dorset, is full of strange perils. The Blandford fly (*Simulium posticatum*) is a small biting fly inhabiting lake outfalls. It tends to bite exposed legs (therefore women more than men) leading to anything from a small blister to a haemorrhagic indurated lesion up to nine inches in diameter. Apparently no one yet knows whether the effect is from an infective agent or an allergic reaction to the fly, so the prospects for treatment are not good. One is bemused to read of the possibility of controlling the Blandford fly with an equally obscure biological insecticide, *Bacillus thuringiensis israeliensis*. The mind conjures up an epic struggle between honest Dorset yeomen and fierce invaders from Jewish Thuringia. (D.J.)

Source: Healing TD, Dlugolecka MD, Morgan DTJ, Ladle M. The Blandford fly. *Communicable Disease Report* 1988; 88/26: 3.

The validity of health surveys

QUESTIONNAIRES designed to measure health status are being increasingly used, and a recent comparison of responses to two of these instruments raises important questions of validity. In a study of 1862 adults in the Manchester area results from the general household survey and the Nottingham health profile were compared. The general household survey deals with perceived health and illness, and covers a wide range of conditions without any indication of severity. Part one of the Nottingham health profile consists of 38 statements on six topics; energy, sleep, emotion, pain, mobility and social isolation.

While responses to the general household survey showed a strong correlation with Nottingham health profile scores, especially at the top and bottom of the scales, there was considerable variability between the extremes of very good and very poor health. It seems that general household survey responses have a bias towards physical health as opposed to psychosocial well being. A recent restriction in activity was only weakly associated with Nottingham health profile scores. Mobility and pain seemed more important in people's definition of health than emotional problems or sleep disturbance. Instruments designed to assess health in the population and predict the use of health services have built-in assumptions about the nature of health and illness which may not always be appropriate. (D.H.)

Source: Leavey R, Wilkin D. A comparison of two survey measures of health status. *Soc Sci Med* 1988; **27:** 269-275.

A little of what you fancy

ADAPTIVE cytoprotection is the term used to describe the experimental observation that the administration of small amounts of irritants such as aspirin or ethanol subsequently protects the gastric mucosa of the experimental animal from further injury. It has been suggested that endogenous prostaglandins have a major role to play in adaptive cytoprotection, hence current interest in their poten-

tial use as ulcer healing agents or as drugs which will protect the gastrointestinal tract from the damaging side effects of other medication such as non-steroidal anti-inflammatory drugs.

This intriguing study was performed in the University of Toronto and set out to test whether a small dose of ethanol offered any protection against subsequent gastro-duodenal mucosal damage by the administration of aspirin. Ten healthy volunteers, who were non-drinkers and had normal endoscopies, took part in a randomized double-blind crossover study. Bloody Marys were used as the experimental drug. Volunteers were given either vodka (37.5 ml) with tomato juice or tomato juice alone, followed 30 minutes later by 975 mg of aspirin and followed, a further hour later, by endoscopy. The degree of mucosal injury was scored and blood samples were taken for ethanol and salicylate levels.

After a single dose of aspirin, mucosal injury was confined to the fundus and antrum while the duodenum was only minimally affected. There was a significant reduction in mucosal damage in the antral region in those receiving ethanol pretreatment and the same, but insignificant, trend was evident when the fundal mucosa was examined. Serum salicylate levels averaged 13.2 mg per 100 ml in both groups and the ethanol concentrations in the subjects surprisingly ranged from 1.1 to 6.2 mM.

These are interesting results; they not only support the concept of adaptive cytoprotection but they may support the view (recently challenged by Shaper and colleagues) that small quantities of ethanol may actually be beneficial. As these authors point out, it would be of interest to determine if patients who indulge moderately in alcohol are less prone to the gastric side effects of aspirin and other irritant agents than those who are either non-drinkers or alcoholics. (R.J.)

Source: Cohen MM, Yeung R, Kilam S, Wang H-R. Aspirin-induced human antral injury is reduced by vodka pretreatment. *Dig Dis Sci* 1988; **33:** 513-517.

Contributors: David Jewell, Bristol; David Hannay, Sheffield; Roger Jones, Southampton.

INFECTIOUS DISEASES UPDATE: AIDS

International conference report

Several interesting studies were reported at the fourth International Conference on AIDS held in Stockholm this year. A study of HIV risk to health care workers at the National Institutes of Health at Bethesda, USA, by Henderson and colleagues has confirmed that the risk for occupational/nosocomial HIV-1 transmission is small. The most significant finding was the lack of seroconversion in 108 individuals who experienced percutaneous exposures to HIV infected blood. However, a linked study by the same group revealed that cutaneous exposure to blood and body fluids occurs far too frequently in the health care setting; 423 of 668 individuals studied acknowledged at least one cutaneous exposure to blood during a 12-month period, and also estimated an astonishing 10 908 cutaneous exposures to blood in total.

An evaluation of HIV testing by general practitioners was set up on the French Communicable Diseases Network in March 1987. This network links 480 sentinel general practitioners to a central computer by electronic mail. The 10-month survey reported by Massari and colleagues revealed information on 917 HIV tests. No seropositivity was found in non-risk group patients but 11% of homosexual men and 34% of intravenous drug users were infected with HIV. This study indicates how valuable computers can be in helping to determine HIV prevalence and it also highlights the importance of the general practitioner's role in this type of surveillance.

Two major studies from San Francisco, by Conte and colleagues and Leoung and colleagues, suggest that inhaled pentamidine aerosol is efficaceous in the prophylaxis of *Pneumocystis carinii* pneumonia in AIDS and AIDS related complex. Comparing relapse rates for *P. carinii* pneumonia in those on pentamidine and historical case controls, both investigations showed a significant ($P<0.01$) reduction of the relapse rate in the treatment groups.

AIDS and the general practitioner

Michael King's recent review[1] of 192 HIV infected outpatients attending sexually transmitted disease clinics in two London hospitals assessed the relationship between these patients and their general practitioners.

Of 173 cases registered with a general practitioner, 81 had doctors who were unaware of the diagnosis of HIV infection. The patients' reasons for not contacting their doctor included fear of a negative reaction or outright rejection, fear of a possible breach of confidentiality and a belief that the doctor was inexperienced in problems associated with HIV infection. Furthermore, 130 of the 192 patients reported that their general practitioner had not been mentioned to them by outpatient clinic staff. Although the author draws no association between this and general practitioners not being informed of the HIV diagnosis, discussion with the patient by the clinic staff might be the necessary stimulus to encourage patients, where appropriate, to contact their doctor about their HIV infectivity.

The author reports that only very few subjects whose diagnosis was known to the general practitioner had received any psychological or educational support, and concludes that if general practitioners are to do more for their patients with HIV, they will have to assume a more active role.

HIV seropositive patients becoming seronegative

Researchers[2] have found that of 1000 seropositive subjects, four men who were asymptomatic and who had become antibody negative were still infected with HIV which was identified using the DNA polymerase chain reaction technique. A negative HIV antibody test result is therefore not an absolute guarantee of non-infection even if the interval between last risk activity and testing was sufficient for seroconversion to have taken place.

References

1. King M. AIDS and the general practitioner: views of patients with HIV infection and AIDS. *Br Med J* 1988; **297:** 182-184.
2. Farzadegan H, Polis MA, Wolinsky SM, *et al.* Loss of human immunodeficiency virus type 1 (HIV-1) antibodies with evidence of viral infection in asymptomatic homosexual men. A report from the multicentre AIDS cohort study. *Ann Intern Med* 1988; **108:** 785-790.

Contributed by Dr D. Goldberg, AIDS Surveillance Programme Scotland, Communicable Diseases (Scotland) Unit, Ruchill Hospital, Glasgow G20 9NB.