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.