

The authors argue that these measures of quality, antibiotic prescription and psychosocial management are a function of how time is managed rather than personal clinical behaviour. The slow and fast doctors identified the same number of psychosocial problems when separate analysis of short and long consultations was carried out.

Howie had suggested earlier (meeting of Scottish university departments of general practice, 26 January 1989) that it may be in the first five minutes of the consultation that the physical problems are dealt with. In the second half of the consultation psychosocial problems may be identified and managed. In the present climate of discussions on the new contract this may be one of the most important pieces of operational research to emerge in the last few years. If consultation times become shorter as a reaction to larger list sizes, what will happen to the manage-

ment of psychosocial problems and to patient satisfaction?

(J.A.)

Source: Howie JGR, Porter AMD, Forbes JF. Quality and the use of time in general practice: widening the discussion. *Br Med J* 1989; **298**: 1008-1010.

Effectiveness of lumpectomy

THERE is still debate as to the effectiveness of lumpectomy and radiotherapy compared with total mastectomy for stage 1 and 2 breast cancer. Results published in 1985 showed a five-year survival rate of 85% for lumpectomy/radiotherapy compared with 76% for total mastectomy. In this study observations were extended through eight years of follow-up.

It was found that 90% of the women treated with lumpectomy and radiotherapy remained free of tumour recurrence in the same breast compared

with 61% of those not given adjuvant radiotherapy. Of women who also had positive axillary nodes and therefore received additional chemotherapy, only 6% had a recurrence of tumour in the same breast. Compared with total mastectomy, there was no significant difference in rates of disease-free survival, distant disease-free survival and overall survival.

The findings therefore continue to support the use of lumpectomy in patients with stage 1 or 2 breast cancer. In addition, adjuvant radiotherapy was found to reduce the probability of local tumour recurrence.

(V.O.)

Source: Fisher B, Redmond C, Poisson R, *et al.* Eight-year results of a randomized clinical trial comparing total mastectomy and lumpectomy with or without irradiation in the treatment of breast cancer. *N Engl J Med* 1989; **320**: 822-828.

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INFECTIOUS DISEASES UPDATE: AIDS

Fifth international conference on AIDS: part 1

Like the number of registered cases of AIDS, the number of people attending the annual AIDS conference grows and grows. This year almost 12 000 delegates and 2000 members of the press made their way to Montreal for the six day event, though not all were satisfied. Most complained that it was too crowded, and some could not come to terms with the presence of large numbers of various pressure groups run by people with AIDS and HIV. However, the overall impression after the conference was positive and it is likely that most participants will attend the 1990 conference in San Francisco where 16 000 are expected.

In terms of scientific progress, although few if any startling breakthroughs were announced, thousands of presentations emphasized the enormous amount of work being generated in this field. In spite of this year's findings being often confirmatory and consolidatory, they nevertheless permitted the evolution of last year's 'possible' into this year's 'probable'.

A vaccine and a cure are still many years away but there still remains optimism on both fronts. Researchers are well on the way to identifying the appropriate antigen(s) required to illicit an immune response to protect against infec-

tion. However, we have already learnt from hepatitis B that the development and licensing of such a vaccine might take almost 20 years after the decision on which antigen(s) to use.

At present 'soluble CD4' seems to be the most promising therapeutic strategy against HIV. Since HIV has such an affinity for the CD4 molecule the plan is to copy it pharmacologically and then deliver it to the infected patient. It would then act as a molecular decoy to which the virus would bind.

In the meantime the use of zidovudine in patients with AIDS and AIDS related complex certainly prolongs life, but at the end of the second year the survival rate is still only 20-40%. Earlier treatment may well be more efficacious and seven studies worldwide are currently being conducted in asymptomatic patients. Since the main problem with zidovudine is its toxicity, particularly at higher doses, it is likely that it will be used in the future in combination with other drugs. Such cocktails, which are often less toxic and additive or synergistic in effect, are of course being used in other branches of medicine sometimes with great success, for example, in childhood leukaemia. Of some concern, however, is the finding that isolates from some patients with symptomatic disease treated with zidovudine for six months showed some decrease in

sensitivity.

With regard to progression rates towards AIDS, studies of homosexuals and haemophiliacs are consistent in their findings, with 40-50% progression by the tenth year following infection.

Aerosolized pentamidine is now widely considered to be an effective means of preventing the onset or recurrence of *Pneumocystis carinii* pneumonia in patients with progressive disease.

The importance of drug use in the AIDS epidemic was clearly apparent at this conference. Indeed the difficulties in controlling the spread of HIV within and from this high risk group was never better emphasized than by the findings from Bangkok. In January 1987 the HIV prevalence in intravenous drug users was 0%. This rose to 20% by the summer of 1988 and is now 40%.

The cost of AIDS is enormous. In New York where approximately 200 000 people are infected with HIV the estimated cost of the epidemic will exceed \$7 billion in the next five years.

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A further report on the conference will appear in a future AIDS update.