

gentlemen. The remuneration offered by this club is almost upon a par with the wages of a labourer who is employed to break stones on the road. In the first place he is to receive three-half-pence per week from each family that he attends, whether large or small. Take the average; a man and wife, with three children, in number five; and suppose there are 20 families in each parish, who may be able to avail themselves of the "benefits" of the club; that would amount to 2s 6d per week for each parish. He is next to receive sixpence for the extraction of each tooth. Presume that he extracts 20 a year; that will make 10s per year. Next comes midwifery, for which he is allowed a fee of either 3s, 5s, or 7s, according to distance provided he arrives before the birth of the child, the maximum fee being less than an uneducated old woman is in the habit of receiving. Take the medium fee of 5s, and suppose he has six cases a year in each parish, that will amount to £1 10s for each parish; so that he will have the medical and surgical charge of about 300 persons, scattered over three extensive rural parishes, for the following sums:

For 20 families in each parish, at 1½d, per week for each family, for the year	19	10	0
Midwifery, for three parishes	4	10	0
Tooth-drawing	0	10	0
	£24	10	0

the whole amounting to an average of 9s 5½d per week. It is clear that he cannot

keep a horse; so that in a time of great sickness, lamentable neglect, with a probable loss of life, must be the result. Should there be two midwifery cases at the same time, he will be allowed 5s for another medical man's fee, which may be either £1 1s, or £1 11s 6d, so that, in that case he would lose £1 6s 4d, he, consequently, cannot calculate even upon 9s 5½d per week.

It is to be regretted that gentlemen holding high and responsible duties should place themselves at the head of such mean, paltry, and degrading societies; instances of this kind call loudly for medical reform. I am, sir, your obedient servant,

George Bottomley
Croydon, 8 October, 1840'

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References

1. Bottomley G. Advertisement of clergymen for some medical slaves in Surrey. *Lancet* 1840; 1: 162-163.

The Journal is grateful to the Lancet for permission to publish the above letter.

British Diabetic Association educational holidays

Sir,
During my general practice training I had the opportunity to work as a medical of-

ficer on two British Diabetic Association educational holidays for children. These holidays are intended to educate children about their diabetes and how to live with it while at the same time allowing them to have an enjoyable time. The children find that they are able to participate in activities which up until then they might have thought were impossible. They learn about their dietary treatment, blood testing to monitor control of their diabetes, insulin injection and identifying the warning signs of hypoglycaemia.

The staff on the holidays are all volunteers and work together as a team. The warden is responsible for organizing the daily activities. There are usually two medical officers, three nurses, three dietitians and four or five male and female leaders. The senior medical officer is usually a consultant or registrar with paediatric experience.

Working as a medical officer on these holidays has provided me with a greater understanding of the day-to-day management of diabetes, and the potential problems that diabetics might encounter in trying to lead a normal life. This experience has been invaluable. I would suggest that potential general practitioners might also benefit from working on one of these holidays.

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INFECTIOUS DISEASES UPDATE: AIDS

Monitoring the prevalence of HIV

THIS paper sets out the case for unlinked involuntary anonymous testing for human immunodeficiency virus (HIV) infection in selected groups in the population in the United Kingdom. The introduction briefly describes current estimates of the prevalence of HIV infection: 'it is uncertain whether transmission solely by such contact [heterosexual] will produce a self-sustaining HIV epidemic throughout whole or parts of heterosexually active society in England and Wales. Such uncertainties about a major epidemic of largely fatal infection make it imperative that such surveillance methods be reviewed regularly'. The paper goes on to review present methods of ascertaining the prevalence of HIV infection: a byproduct of case finding using

named tests as part of clinical investigations, at the request of patients and the mandatory test which is carried out for potential blood donors. The selection bias inherent in these methods is emphasized.

In a section on the case for the unlinked anonymous method the review cites studies in New Mexico and the United States of America where unlinked anonymous testing has been carried out. In a small study in London the prevalence of infection found in a named testing programme was less than half the 25% found in the same population when studied unlinked and anonymously. In an American unlinked anonymous sentinel hospital study of patients admitted for reasons unrelated to HIV infection, the prevalence of HIV infection was 0.3% and in the same mostly mid-western cities the prevalence among military recruitment applicants was of the order of 0.1%.

The review acknowledges the limited value of unlinked testing if the only information which accompanies the sample is sex and age group. The value would be enhanced if changing prevalence were estimated in vulnerable groups, and hence additional information should be sought about patients attending genitourinary medicine clinics and those identified as injecting drugs. The review identifies pregnant women as a stable sub-group of the total heterosexually active population and comments that the trend in HIV infection in pregnant women should mirror that in the heterosexual population. However, unless special steps are taken it will not be possible to separate women who acquired their infection through intravenous drug misuse from those who acquired it through heterosexual intercourse.

If the present estimate of the prevalence of HIV infection in pregnant women in