easier to perform, in clinics where the transport of slides is necessary and delays may occur, or where a chlamydial diagnostic service is being established de novo, slide tests may have a role.

Yours faithfully,
V Manoharan*
P Hammond†

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† Public Health Laboratories, Coventry and Warwickshire Hospital, Coventry.

Reference

Teare EL, Saxton C, Lim F, McManus T, Uttley AHC, Hodgson J. *Genitourin Med* 1985;61:379-82.

TO THE EDITOR, *Genitourinary Medicine*

Control of hepatitis B and human T lymphotropic virus type III (HTLV-III) in homosexuals in Sheffield

Sir,
The serious psychosocial impact of hepatitis B carriage can now be reduced by the cost effective immunisation of high risk groups, such as male homosexuals.¹ Studies conducted in London clinics for sexually transmitted disease (STD) during the 1970s, however, indicated that most homosexual and bisexual men had already been exposed to hepatitis B virus.

We have compared the prevalence of serological markers for hepatitis B infections, by using radioimmunoassay tests for

hepatitis B surface antigen (HBsAg) and antibodies to HBsAg in this high risk population attending provincial departments of genitourinary medicine from September 1981 to August 1984 (Leeds) and from January 1984 to June 1985 (Sheffield). The table shows the results.

In contrast to the 56.5% prevalence at a London clinic,² both our study populations had an appreciably lower prevalence. It is postulated that these findings largely related to differences in sexual behaviour, though other factors, such as ethnic background or associated intravenous drug abuse, may also play a part.

Preliminary studies in Sheffield also show a lower prevalence of HTLV-III seropositivity, currently 3% of homosexual and bisexual men, compared with over 30% reported in those attending London clinics.³ The persisting relatively low prevalence of hepatitis B infection in our at risk population whose methods of transmission are similar and infectivity higher than those for HTLV-III provides some encouragement that the spread of HTLV-III related disease among provincial homosexual men may be much lower than that witnessed in London.

We suggest that one method of inhibiting the future spread of these two potentially serious viral sexually transmitted diseases would be to combine screening with an active vaccination programme against hepatitis B and individual counselling about the risk of acquiring and transmitting HTLV-III. Such a programme would encourage those at high risk to attend clinics and help promote a cost effective approach to the prevention of the long term sequelae of these potentially serious viral infections.

Yours faithfully,
G R Kinghorn
E Monteiro,

Department of Genitourinary Medicine, Royal Hallamshire Hospital, Glossop Road, Sheffield S10 2JF

References

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TO THE EDITOR, *Genitourinary Medicine*

Antibodies to cytomegalovirus in heterosexual and homosexual men in Cardiff

Sir,
Cytomegalovirus (CMV) antibody in women of childbearing age varies from 40% to 70% in most temperate climates.¹ In the United Kingdom, most of Western Europe, and North America 50% to 60% of the population will eventually acquire the infection; about one third in childhood and the rest between the ages of 15 and 35 years.²

Blood samples were taken from 120 homosexual and 133 heterosexual men. The CMV complement fixation was measured by the technique of Bradstreet and Taylor.³ The table shows the results. They compare with a previous study of homosexuals and heterosexuals attending the Middlesex Hospital, London, which found antibody to CMV at a titre of 1/4 or more in 92% of homosexuals, 80% of bisexuals, and 56% of heterosexuals.⁴ In that study, using a series of log linear models, sexual orientation was shown to be the most important determinant of antibody to CMV in the population.⁴

TABLE Antibody to cytomegalovirus in 120 homosexual and 133 heterosexual men

	No (%) with titres of:	
	< 1/4	> 1/4
Homosexuals	44 (37)	76 (63)
Heterosexuals	92 (69)	41 (31)

Coutinho *et al* noted in a study in the Netherlands that of 710 homosexuals, 501 (70.6%) had complement fixing antibodies to CMV on entry to the study.⁵ During follow up (maximum 23 months) 69 CMV infections were found. Of these, 50 were primary infections among 209 seronegative men (attack rate 27.3%), and 19 were recurrent infections among 501 seropositive men (attack rate 6.2%).

Our study shows a prevalence of CMV antibodies in homosexuals fairly close to that of Coutinho *et al*, who used the same cut off titre of 1/8. The higher incidence in the Middlesex Hospital study may be partly explained by a lower cut off titre of 1/4, but cannot account for the difference between heterosexuals (London 56%, Cardiff 31%). The difference between homosexuals and heterosexuals is more clearly polarised in the

TABLE Incidence of hepatitis B surface antigens (HBsAg) or antibodies to HBsAg (anti-HBs) in 815 homosexual and bisexual men in Leeds and Sheffield

Clinic	No of men studied	No (%) with HBsAg or anti-HBs
Leeds	522	162 (31)*
Sheffield	293	47 (16)*

* $p=0.001$.

firmed acute proctitis. The zymodemes we found are those that produce no disease in parts of the world with endemic amoebiasis. Where is the evidence for invasion? McMillan and his colleagues postulated a toxin derived from *E. histolytica* causing symptoms. Our work showed no cytotoxin of any sort in our patients harbouring *E. histolytica* in their bowels.

Yours faithfully,
D Goldmeir
P G Sargeant

Præd Street Clinic,
St Mary's Hospital,
London W2 1NY

Correction

Control of hepatitis B and human T lymphotropic virus type III (HTLV-III) in homosexuals in Sheffield

This letter (*Genitourin Med* 1986;62:206) contained data from the department of genitourinary medicine of the General Infirmary, Leeds, by kind permission of Dr M Waugh. An acknowledgement of this was omitted in error.

Book review

Clinical aspects of AIDS and AIDS-related complex. Staquet M, Hemmer R, Baert A, eds, 1986. Oxford: Oxford University Press. Pp 209 including index. Price £25 (hardback).

This is a well produced book based on a symposium held in Belgium in October 1985. The papers are of uniformly high standard and the editors have ensured uniformity of style, though they understandably had to allow the introductions to each paper to be somewhat repetitive.

The first section deals with clinical presentations, clinical epidemiology, and natural history. Most accounts are descriptive and confirm previously held suspicions concerning the extent and nature of the problems. As one paper stated, almost on behalf of the others, "the clinical features observed are similar to those reported from elsewhere."

The second section deals with the infections seen in the acquired immune deficiency syndrome (AIDS), and comprises a review, fungal infections, aspects of mycobacterial infections seen in the United Kingdom, preliminary results of treatment for central nervous system toxoplasmosis, and treating patients with AIDS and cryptosporidiosis with interferon and interleukin-2.

The third section deals with clinical immunology, laboratory tests, and

"diagnostics", and includes a useful paper on the diagnostic and prognostic value of lymph node biopsy.

The fourth section deals with treatment, and comprises reports on the use of interferon, interleukin-2, suramin (two papers), and DHPG (RS2192). Three of the five paper titles contain the qualification "preliminary", which adds to their interest and simultaneously suggests that by the time you read this review (or the book) more relevant information will be available. Interestingly there is some debate about the side effects of suramin, which "are similar to those already published in the treatment of onchocerciasis" (p 192), but on page 186 "these side effects, in our experience and that of others, seldom occur in the treatment of onchocerciasis". Such contradictions almost certainly reflect the problems of comparing relatively small trials derived from different population groups in differing stages of infection with human immunodeficiency virus (HIV): if the side effects are different this suggests that it would be even more difficult to draw generally relevant conclusions about treatment results from either study: more work is required.

If you require a review of all aspects of AIDS there are more integrated accounts available, and if you want up to date information and trial results there are the journals. As this book fulfills neither role and costs £25, I cannot judge it to be a good buy: it would have been an ideal journal supplement.

P D Welsby

Notices

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for applications.

Sixth Latin American congress of sexually transmitted diseases

The sixth Latin American congress of sexually transmitted diseases will be held on 16 to 18 September 1987 in Guayaquil, Ecuador. It will be preceded by a theoretical and practical course on "The laboratory in the diagnosis of sexually transmitted diseases", which will be held on 14 and 15 September.

For further information please contact Dr J Felipe Aroca Campodonico, President of UECETS, Casilla 4733, Guayaquil, Ecuador.

5th Forum of international andrology (note new date)

The 5th forum of international andrology will be held in Paris on 6-8 July 1987.

Subjects will include male impotence, puberty and andropause, tumours of the testis, penile curvatures, urethritis, artificial insemination, and anti-androgens.

For further information please contact: Professor G Arvis, Department of Andrology-Urology, Hopital Saint-Antoine, 184 rue du Faubourg Saint-Antoine, F-75012 Paris, France (Tel: (1) 43 43 73 40, Telex: ARVIS 250 303 PUBLIC PARIS).