newborn baby is not guaranteed. Opinion on the mode of delivery in these patients is divided, despite an appreciable risk of fetal intracerebral haemorrhage during vaginal delivery.

The advent of IVIG therapy in ITP raised the possibility of transplacental treatment in pregnancy. Several workers[1–6] have reported a normal neonatal platelet count where mothers had received IVIG before delivery and effective placental transfer of IgG has been demonstrated by Dr Hammarström and Dr Smith (March 22, p 681); however, perhaps therapeutic levels in cord blood are achieved only after multiple infusions over a long time. With the regimens reported here and by Pappas, the transplacental effect of IVIG is not reliable. Further controlled studies are required to define the best time, dose, and duration of IVIG administration in such cases. Until this has been done, antenatal IVIG cannot be considered an advance in the management of ITP pregnancy.

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HTLV-III ANTIBODIES IN AN EDINBURGH CLINIC

SIR,—A voluntary self-referral clinic was established in the Edinburgh regional infectious disease unit to provide open access HTLV-III antibody testing and counselling. It opened on Oct 16, 1985, to coincide with the start of testing of all blood donations by the National Blood Transfusion Service. Self-referrals apart, patients may also be referred by social workers, drug self-help groups, and general practitioners. HTLV-III antibodies are tested by an ELISA and confirmed by a different ELISA. Doubtful positives will be confirmed by immunofluorescence or western blotting, but so far there have been none.

202 patients had attended by March 31, 1986. Analysis of the first 100 records revealed that 91 were self-referred and that intravenous drug abusers (IVDAs) accounted for 46 patients of whom 30 (65%) had antibodies to HTLV-III. None admitted to homosexuality. The male/female ratio was 2·5/1 and the mean age was 25 years, being 23 years for those found to be antibody positive and 29 years for the rest ($p<0·001$). The mean age of onset of intravenous drug abuse was 18·5 years, 17·5 for those found to be positive and 21 years for those found to be negative for HTLV-III antibody ($p<0·01$). 45 (98%) of IVDAs had shared needles at some time, and 38 provided further information on their needle-sharing habits. 34% admitted to at least daily sharing whilst 26% shared at least weekly, 16% monthly, and 24% only infrequently. There was an association between the frequency of needle sharing and HTLV-III antibodies (table). 32/40 (80%) had markers of past or present infection with hepatitis B virus, and there was an association with HTLV-III infection (table).

21 of those tested were sexual contacts of IVDAs with a male/female ratio of 0·23/1, and 1 female was positive for HTLV-III antibody. (Before the clinic opened R. P. B. had seen a male who had acquired HTLV-III infection through heterosexual intercourse.) 13 of those tested were homosexual or bisexual and only 1 of these was positive for HTLV-III antibody. The remaining 20 patients had a variety of reasons for attending the clinic and they included 1 who had travelled to Africa and 2 who had received a blood transfusion (1 of whom was positive for HTLV-III antibody).

The importance of attempting to deflect high-risk individuals from the transfusion service is emphasised by the finding that 14 of

HTLV-III ANTIBODY POSITIVITY IN RELATION TO PAST OR PRESENT HEPATITIS B INFECTION AND TO FREQUENCY OF SHARING NEEDLES

	Anti-HTLV-III	
	Positive	Negative
*Needles shared**		
Weekly, or more frequently	19	2
Monthly, or less frequently	7	8
*Hepatitis B markers**		
Present	20	10
Absent	1	6

*Association with HTLV-III antibody significant ($p<0·05$).

96 clinic patients confirmed that they would have used the transfusion service for testing if no other facility had been available. 3 of these were positive for HTLV-III antibody. Of the 7 confirmed HTLV-III antibody positive donors identified on routine screening by the Scottish National Blood Transfusion Service, 5 are past or current IVDAs.

In areas with a large IVDA problem there appears to be a place for self-referral clinics, outside genitourinary medicine clinics, for HTLV-III antibody testing. 67% of those attending our clinics were IVDAs or sexual contacts of IVDAs, and 65% of IVDAs had HTLV-III antibodies. Only 5% of sexual contacts of IVDAs who have never themselves been IVDAs had HTLV-III antibodies.

The study confirms previous work in Edinburgh in IVDAs which has reported HTLV-III antibody rates of between 38 and 51%.[1,2] Those affected in Edinburgh are younger, have markers of current or past infection with hepatitis B virus, and are more likely to share needles/syringes frequently. Of 16 Edinburgh based IVDAs who had shared needles in other cities 11 (69%) were positive for HTLV-III antibody. This, together with recent reports that the HTLV-III seropositivity rate is rising in England and Wales,[3] suggests that it will not be long before other cities begin to experience problems similar to those faced in Edinburgh.

Sterile needles and syringes should be provided, on a new-for-old basis, to reduce needle sharing amongst IVDAs since this, rather than heterosexual intercourse, seems to be a major route of transmission of the HTLV-III.

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AIDS TRANSMISSION AND SALIVA

SIR,—Recent contributors to *The Lancet* have incautiously reached the conclusion that HTLV-III/LAV is not transmitted orally or via saliva, and this conclusion has been incorporated into guidelines for "safer sex" aimed at reducing the risk of AIDS. For example, Dr Acheson (March 22, p 662) asserts that there is no evidence of transmission by this means. Similarly, Schechter et al[1] state that isolation of virus from saliva and tears "has caused the greatest concern but there is no evidence to date that HTLV-III can be transmitted by either". The evidence cited for Acheson's assertion[2] demonstrates that non-sexual household contact with infectious persons, including casual kissing and sharing eating utensils, is not a significant route of infection. However, a leap to the conclusion that erotic or deep kissing is safe is not justified by