Walker, who point out that there is a much lower incidence of postmenopausal osteoporosis in black women despite a diet that is often poorer in calcium. Our published studies have shown that black women have thicker skin and a higher skin collagen content than white women. The well recognised increased incidence of keloid formation and uterine fibroids also indicates an excessive connective tissue response that may protect women of African origin from postmenopausal osteoporosis.

We are concerned by Mr A W Fowler’s repeated condemnation of oestrogen treatment for the meno-
pause. His belief that the menopause is a psychologi-

cal condition that does not require treatment must be seen as a outdated spiritual

logical postmenopausal osteoporosis they

recognised despite women

postmenopausal osteoporosis.

Brincat M, Versi

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March,p 705) in anal

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There is also evidence, of considerable

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Kabalan S,

HIV


Psychiatric disorder and gynaecological symptoms in middle aged women

SIR,—In reporting their community survey of middle aged women (24 January, p 213) Dr Dennis Gaul and colleagues ask the question “How many have...both psychiatric disorders and gynaecological symptoms?” The answer would be of great interest to researchers and doctors, yet, regrettably, the provision of psy-

chiatric “cases” in the various symptom categories was not reported.

Instead, we are given an array of threshold signific-

ance levels for the tests of the relation between psychiatric state and all gynaecological symptoms. To make matters worse, the authors seem to mistake these significance levels for a measure of strength of association. To consider just the χ² test statistic (corresponding to the numbers of women with a symptom in those without the symptom in the present state examination and the previous state examination), it is not necessarily the case. For 2×2 tables the strength of association can be measured by ψ, (ψ²), which takes values between 0 (no association) and 1 (perfect association). For such tables a value of 10% is significant (p<0.001), regardless of the sample size n. On the other hand, the strength of association ϕ would be 0-52 if the sample size was 40 but only 0-15 if n was 504. In the paper by Dr Gaul and coauthors the significance quoted for the relation between dys-

menorrhoea “interfering with life” and present state examination is for ψ², but the number in the present state examination is more than 0-10. This is reported as “associated strongly,” whereas with n of 265 ψ is at most 0-20. Indeed, over three quarters of the women reporting such dysmenorrhoea were probably not psychiatric cases, as classified by the present state examination. The significance thresholds reported are thus not a useful way to present such data.

Considering only the severest subjective ratings for each symptom, the survey found a moderate relation between psychiatric state and all gynaecologi-

cal symptoms. There are, however, two important considerations: one, which the authors acknowledge, is that many women suffering premenstrual psychological symptoms has an increased likelihood of scoring as a “case” on account of symptom overlap alone, and the second is that the other gynaecological symptoms often overlap with symptoms of the premenstrual syndrome (in the case of dysmenorrhoea particularly this can be ascertained from the numbers reported). Dr Gaul and colleagues do not control for psychological symptoms of the premenstrual syndrome, and thus associations for other symptoms may have arisen. A small cluster of women suffering severely from the premenstrual syndrome who are cases and who also report dysmenorrhoea, and so on. To avoid this possibility, the other researchers would report the symptoms with and without severe symptoms of the premenstrual syndrome.

The conclusions, not the community picture, is directly relevant to general practice. Again, actual case rates among women consulting doctors about gynaecological problems would have been preferable to the significance levels that were reported. The gynaecological symptoms and case rates of the many women consulting for psychiatric symptoms would also have been interesting.

For these reasons, we believe no conclusion was reported between psychiatric state and vasmotor symptoms or heavy periods; the positive relation with the premenstrual syndrome is not unexpected, though it would be interesting to ascertain the relation for women with physical symptoms alone, and the relation with dysmenorrhoea may not persist after controlling for premenstrual tension. General practitioners consider not only symptoms of gynaecological syndromes but also psychological disturbances. On the basis of what is reported, we are in fact a small number of consultations, the implications for general practice hardly clear.

It is clear, however, that we urgently need a measurement strategy for psychiatric state in women that can take account of the striking within cycle variation in psychological wellbeing that many women experience.

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HIV transmitted by kissing

SIR,—Public health policy on the acquired immune
deficiency syndrome (AIDS) must depend on what is

found to happen in practice. Arguments about the role of cell free or cell associated virus (14 March, p 705) have no bearing on the practical issues of transmission by semen or saliva. There is clear evidence that semen from men infected with the human immuno deficiency virus (HIV) transmits infection, in particular to the receptive partner in anal intercourse. There would not be this difference between the risk of infection to recep-
tive and insertive partners if transmission were by way of saliva or minor abrasions, as Dr Seale (p 705), Mr Monckton (p 706), and Dr Kay (706) suggest. There is also evidence, of considerable practical importance, that wearing a condom has a valuable protective effect.1 2

In spite of the many close and sometimes intimate contacts taking place in the home between those susceptible and those who are infected, there is no epidemiological evidence that HIV has been transmitted by saliva.1 3

There is no reason to change the advice given to the government on how should protect themselves from HIV infection.1 4

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