

**HIV infection**

Conservative treatment is preferable because of the risk of septic complications after surgery, and other causes of perianal symptoms should be excluded. Patients with asymptomatic HIV infection may be treated safely and successfully by band ligation.<sup>24</sup> There is a risk of delayed wound healing after haemorrhoidectomy in HIV-positive patients which is higher for patients with AIDS.<sup>25</sup>

**Pregnancy**

Symptomatic haemorrhoids are common as a result of hormonal changes and straining associated with constipation. Haemorrhoids should be managed conservatively, using laxatives and dietary fibre. Surgery for intractable disease should be delayed until the fetus is viable. Surgical excision of symptomatic tissue at this stage may be performed safely under local anaesthesia.<sup>26</sup>

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**Corrections and clarifications***Ethiopia's famine worsens despite aid*

For some reason, in this "In brief" news article (13 September, p 578) we suggested that it was the Sudan government that called for assistance for an extra 2.4 million people in Ethiopia. It was of course Ethiopia's own government.

*Interpregnancy interval and risk of preterm birth and neonatal death: retrospective cohort study*

Some inconsistencies in confidence intervals appeared in this paper by Gordon C S Smith and colleagues (9 August, pp 313-6). In the third to last sentence of the results section of the abstract, the confidence interval for the adjusted odds ratio of 2.2 (for a short interpregnancy interval being a risk factor for extremely preterm birth) is 1.4 to 3.6 [not 1.3 to 4.6]. In the final sentence of the third paragraph of the Results section of the main article, the confidence intervals for the adjusted odds ratios given should be 1.4 to 3.6 [not 1.3 to 4.6] and 1.3 to 2.0 [1.2 to 2.2]. However, all these data were correct in table 2 in the abridged version and in table 3 in the full version (bmj.com).

*Obituary of Kurt Semm*

In this obituary of Kurt Semm supplied by Annette Tuffs (16 August, p 397), Raoul Palmer was wrongly referred to as an American surgeon; he was in fact French.

*Interactive case report***A 2 year old child with rash and fever**

This child's case was described on 20 September and 27 September (*BMJ* 2003;327:668, 720). Debate on her management continues on [bmj.com](http://bmj.com) ([bmj.com/cgi/eletters/327/7416/668](http://bmj.com/cgi/eletters/327/7416/668)). On 18 October we will publish the outcome of the case together

with commentaries on the issues raised by the management and online discussion from a general practitioner, a paediatric cardiologist, a specialist in paediatric infectious disease, and the patient's mother.