

We suggest that there are features of the contemporary situation which may exacerbate the difficulties faced by those who, as parents or otherwise, have to care for three, four, five, or six infants born of the same pregnancy. Now that it is being acknowledged that pregnancies have been achieved at the Sheffield IVF centre and elsewhere, where research has concentrated on limiting the number of embryos transferred, it cannot be justified to increase the risk of a higher order multiple birth by transferring more than three embryos.

Child Care and Development Group,
Department of Paediatrics
and Social and Political Sciences Committee,
University of Cambridge,
Cambridge CB2 3RF

MARTIN RICHARDS
FRANCES PRICE

1. Botting B, Macdonald Davies I, Macfarlane A. Recent trends in the incidence of multiple births and their mortality. *Arch Dis Child* (in press).
2. Levene MI. Grand multiple pregnancies and demand for neonatal intensive care. *Lancet* 1986; ii: 347-48.
3. Johnson M, Shaw R, Bird D. Test-tube baby procedures: Stress and judgements under uncertainty. *Psychol Health* (in press).

SURROGACY

SIR,—The news (May 16, p 1159) that the Council of the British Medical Association no longer supports surrogate motherhood under any circumstances is a disappointing reaction to recent surrogacy litigation in the United States and Britain. In this large clinic devoted to infertility management via a range of modern methods, doctors, nurses, and technical staff feel that anti-surrogacy directives and legislation are retrograde steps that fail to take account of important medical and social developments.

The advent of successful infertility treatments has encouraged more couples to identify their conception difficulties, which may well be increasing as a consequence of a general delay in trying to start a family. The demand for infertility services needs to be reviewed; such services may be required by at least 20% of couples desiring children.

Instances of women losing their uteruses but retaining at least one functioning ovary are increasing because of the rising prevalence of early invasive cervical cancer in young woman and its treatment by hysterectomy. In this situation, in any surrogacy arrangement with the commissioning couple supplies both gametes. Whatever technique is chosen to establish pregnancy in the surrogate she has no genetic identification with the resulting pregnancy, unlike the cases that have been publicised lately.

We find that in most such couples a sister or other relative is willing to be the surrogate mother. This obviates the need for financial consideration, other than medical expenses. Although confidentiality is difficult to preserve, we feel that children arising from such surrogacy procedures should not be shielded from the facts surrounding their origins. Today's children will absorb such information comfortably. The child will know that his or her origin is a direct complex product of his parents' genetic information via their gametes and that his or her aunt, with the uncle's support, played a special role in providing an intrauterine home for 9 months. We believe that legal arrangements in such cases would not be difficult to organise, for the protection of all concerned, and especially for children born of surrogacy pregnancies.

We are concerned that authoritative bodies in the UK and Australia are too ready to recommend legislation to ban surrogacy without acknowledging certain special considerations such as those outlined here. On behalf of our patients, we would ask for support to proceed with surrogacy arrangements where neither gamete is provided by the surrogate woman.

Pivot Medical Centre,
Leederville, Perth,
Western Australia 6007.

JOHN YOVICH

AIDS AND STUDENT ELECTIVES OVERSEAS

SIR,—Electives overseas are an important part of the curriculum of many UK medical schools. Students often choose an elective in a developing country, to the mutual benefit of both the student and

the host institution. In many hospitals an additional pair of hands provides welcome relief to hard-pressed clinical staff and students are provided with experience of the medical problems that face much of the world's population. A few students return after qualification to work for a longer period in a developing country and, for others, an elective in a developing country has a lasting influence on their attitudes to the practice of medicine.

For many years the MRC Laboratories in The Gambia have hosted medical students on elective from the UK, elsewhere in Europe, and the USA, including students from the University of Glasgow. Recently, I was informed that the Faculty of Medicine, Glasgow University, had decided to advise students not to undertake elective study in central African countries, including The Gambia, because of the risk that they might contract AIDS during their elective. I believe that this action is misguided.

Students on an elective in Africa might be exposed to HIV infection under three sets of circumstances. In the areas of central Africa where HIV infection is very common (so far this is not so for most of West Africa, including The Gambia) students are likely to be involved in the care of substantial numbers of patients with subclinical HIV infections or with clinical AIDS. However, it has been established clearly both in the United States and in Africa that, provided reasonable precautions are taken, caring for patients with AIDS carries little or no risk.^{1,2} Even when needlestick injuries occur the risk of infection is very small. Blood transfusions pose another potential risk. Many African countries have not yet established blood donor screening programmes, although this situation is changing rapidly, so that any illness or accident that necessitates a blood transfusion is more hazardous than would be the case in a community where screening is done. The chances that a blood transfusion might be necessary during a short period of residence are small and this risk is not sufficient to deter the large number of tourists who holiday happily in tropical Africa. The main source of HIV infection in tropical Africa is probably prostitutes. There is no reason why students should be exposed to this risk during an elective. Thus, provided that students follow sensible medical practices and avoid casual sexual contacts the risk of contracting HIV infection during an elective in Africa, even in those countries where the prevalence of the infection is high, must be very small.

An important part of the tradition of western medical practice is that physicians provide the best care that they can for their patients, even when this involves exposing themselves to risk. This tradition has been honourably maintained by many generations of physicians who have cared for patients with infectious and tropical diseases, and some, even in recent times, have died from infections such as hepatitis B or Lassa fever acquired during the course of their work. Those who care for patients with infectious diseases accept this risk whilst doing everything they can to ensure that it is kept as small as possible. I believe that the action of the Faculty of Medicine of Glasgow University in strongly discouraging students from undertaking electives in tropical Africa, because of a risk of AIDS, is contrary to this tradition. No student should be asked to look after patients with AIDS without being fully informed about the nature of the infection nor should any student be allowed to visit an area where the prevalence of HIV infection is high without a forceful reminder of the dangers of casual sexual contacts. However, I believe strongly that students should not be discouraged officially, at a formative stage of their medical career, from showing a concern for the health problems of people living in less privileged communities than their own, on the grounds that they might be required to look after patients with a serious infection.

Medical Research Council Laboratories,
Fajara, Banjul, The Gambia

B. M. GREENWOOD

1. Hirsch MS, Wormser GP, Schooley RT, et al. Risk of nosocomial infection with human T-cell lymphotropic virus III (HTLV-III). *N Engl J Med* 1985; 312: 1-4.
2. Mann JM, Francis H, Quinn TC, et al. HIV seroprevalence among hospital workers in Kinshasa, Zaire. Lack of association with occupational exposure. *JAMA* 1986; 256: 3099-102.