Is saliva another means of HIV transmission?

Although numerous epidemiologic studies have failed to show the spread of the human immunodeficiency virus (HIV) through casual contact, significant concern remains regarding the possible oral transmission of HIV through saliva. The dental profession has had a particular interest in this potential route of transmission. Yet, physicians, especially those of us in anesthesiology and otolaryngology, share similar concerns. The public-at-large has also been confused by early conflicting reports regarding the possible transmission of an HIV-infected person's saliva.

A study by Charles Barr, DDS, director, Department of Dental Medicine at Beth Israel Hospital (New York), appears in the February issue of the *Journal of the American Dental Association*. In that study, Dr Barr and colleagues investigated the potential of the HIV's being transmitted via saliva. The researchers collected blood and whole saliva samples simultaneously at 4-month intervals for 12 months. The samples were taken from 75 HIV-positive bisexual and homosexual men. Of the 218 serum sample cultures taken, 82 (38%) were positive. However, only 2 (<1%) of the 218 saliva cultures were positive. The findings of this first longitudinal study of the possible transmission of HIV through saliva are consistent with earlier studies examining the same potential link.

Assuring as this latest finding may be, the need for universal precautions remains ever-present. The potential for bleeding from the oral cavity during examination, surgery, and intubation cannot be overlooked.

With that in mind, this issue of the *JAOA* focuses on various aspects of the HIV epidemic and how it affects today's practicing physicians. Specifically, the diagnostic angle is cov-

ered in an article beginning on page 485 that examines the current HIV screening and testing methods, including their limitations. The *HIV Dialogues and Management* series continues, providing us physicians with guidelines for HIV testing in our practices. Finally, do patients have the right to know the HIV-status of their physicians and dentists? What about the rights of HIV-infected healthcare personnel? Should they be allowed to continue practicing medicine? The legal—and ethical—aspects of this complex issue are presented for your perusal, beginning on page 477.

As we enter the second decade of the HIV epidemic, much has been learned about this virus, but with new knowledge comes more questions. With your input, the *JAOA* will continue to play an important role in asking and, whenever possible, answering these questions.

THOMAS WESLEY ALLEN, DO
Editor in Chief

'Ad Diction Ary' enhances physician/patient communication

The list of street drug-related terms compiled by Tyler Childs Cymet, DO, which appears in this issue of the *JAOA*, beginning on page 433, is impressive. After working in the field of chemical dependency for the past 9 years, I found it to be very accurate.

Dr Cymet's interest in culture dates back to his undergraduate training in anthropology. During his internship at Chicago Osteopathic Hospitals and Medical Centers, he found himself immersed in a culture for which medical school had not prepared him. Anthropology gave him a better background to deal with persons whose lives are dominated by the use of illegal drugs. Dr Cymet could not understand their language and when these patients wound

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