- All letters must be typed with double spacing and signed by all authors.
- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Adoption in utero

SIR,—Increasing numbers of previously infertile couples have now completed their families after assisted conception treatment but still have “surplus” cryopreserved embryos in storage. These have to be disposed of within five years under the terms of the Human Fertilisation and Embryology Act 1990.

In a previous survey of 1000 infertile couples we confirmed that infertile couples have a sympathy for those of similar plight: 64% agree that in the event of their unexpected death their cryopreserved embryos should be made available to other infertile couples. Our ethics committee has approved an anonymous embryo donation programme and we now document the first reported pregnancy.

The donating couple had twins in August 1990 following their first gamete intrafallopian transfer (GIFT) attempt after 17 years' infertility, at 37 and 38 years of age. Nine oocytes were recovered, three transferred, and five pronucleate embryos frozen. One ampoule containing two pronucleate embryos was subsequently thawed and, after 24 hours' in vitro culture, two embryos (one of three cells and one of four cells) were transferred into the recipient's uterus.

The recipient woman, aged 41, had had repeated assisted conception treatment since 1984 (table). Initially she used her own oocytes; on each occasion only three oocytes were collected and fertilised. Six other attempts were abandoned because of a poor response. Subsequently, donor oocytes were used repeatedly without success. Donor sperm has been used throughout because of azoospermia.

Because of the recipient's age we undertook embryo transfer in a cycle controlled by a luteinising hormone releasing hormone analogue (goserelin 3.6 mg subcutaneous implant) combined with oestradiol valerate (Progynova) 2 mg twice daily to promote endometrial development. Progesterone (400 mg) suppositories were started two days before embryo transfer. An ultrasound scan performed four weeks after the procedure confirmed a viable intrauterine twin pregnancy.

We previously reported six pregnancies following donation of both sperm and oocytes when male and

female factors coexisted, three after GIFT, two after in vitro fertilisation, and one after frozen embryo replacement.¹ In these circumstances gametes from unrelated individuals were used to generate the embryos. The pregnancy now reported results from “surplus” embryos of an anonymous fertile couple who succeeded with their own fertility treatment. A wider availability of embryo donation may help many couples have a child even if their resistant infertility of many years' duration has, or has not, been associated with the ability to generate embryos by in vitro fertilisation without a maintained pregnancy ensuing.

Couples desperate to have a child may turn to partial or complete surrogacy as a means of solving their problem, but gamete or embryo donation may dramatically improve their chances of carrying a child, given better quality embryos with improved implantation potential. It is in reality adoption in utero. It also raises the prospect that donor embryo banks from related, or unrelated, individuals could be set up as a means of overcoming intractable infertility.

IAN CRAFT

ELLY FINCHAM

TALHA AL-SHAWAF

London Fertility Centre and Medicaft Services,
London W1N 1AF

1 Craft I, Fincham E, Al-Shawaf T. Six pregnancies following donation of both oocytes and sperm. *Lancet* 1991;339:307-8.

Changing disease patterns in AIDS

SIR,—In our original paper on the “changing face of AIDS” and the subsequent follow up letter published last year^{1,2} we showed that two year survival had dramatically improved when those diagnosed with AIDS in 1986 were compared with those diagnosed in 1987. Now that the full data for two year survival of the 1989 cohort are available (figure; log rank $\chi^2_5=39.6$, $p<0.0001$) we confirm that there is no statistically significant difference in the median survival between the

Survival of patients with AIDS diagnosed 1984-9

1987, 1988, and 1989 cohorts (log rank $\chi^2=0.6$, $p=0.73$).

Short term survival (12 months), which improved significantly between 1987 and 1988, has been consolidated at a similar level for 1989. For both 1988 and 1989, however, this is followed by a decline in the second year, and thus over a two year period there is no clear difference in the median survival of all three cohorts, though all represent an improvement over earlier years.

It seems probable that the improvement in survival which we have observed since 1987 has reached its limit and that further improvement will depend upon substantial advances in treatment.

D G COLEMAN

E J BECK

B S PETERS

J R W HARRIS

A J PINCHING

Departments of Genitourinary Medicine,
Academic Public Health, and Immunology,
St Mary's Hospital and Medical School,
London W2 1NY

1 Peters BS, Beck EJ, Coleman DG, Wadsworth MJH, McGuinness O, Harris JRW, *et al.* Changing disease patterns in patients with AIDS in a referral centre on the United Kingdom: the changing face of AIDS. *BMJ* 1991;302:203-7.

2 Peters BS, Coleman D, Beck EJ, Todd JF, Main J, Harris JRW, *et al.* Changing disease patterns in AIDS. *BMJ* 1991;302:726.

Previous treatment of recipient of anonymous embryo donation

Attempt No	Date	Method	Source of oocytes	Donor sperm	No of oocytes or embryos transferred
1	May 1984	IVF	Patient	+	3
2	September 1984	IVF	Patient	+	3
3	April 1986	IVF	Patient	+	3
4	June 1987	GIFT	Donated	+	8
5	April 1988	GIFT	Donated	+	4
6	September 1988	ZIFT	Donated	+	4
7	November 1988	GIFT	Donated	+	1
		ZIFT	Donated	+	2
8	August 1989	GIFT	Donated	+	3

IVF=in vitro fertilisation, GIFT=gamete intrafallopian transfer, ZIFT=zygote intrafallopian transfer.

Ocular injuries from boxing

SIR,—In his editorial on ocular injuries sustained during boxing David McLeod asks, “What about prophylactic laser coagulation of boxers' retinas?” In so doing he adroitly skirts, indeed clouds, the moral issues concerning ocular injuries in boxing—namely, should the head, and therefore the