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This letter is an attempt to convey to you a sense of what it was like to be involved in infectious diseases in 1990.

The disease of the last decade has been AIDS. As of this writing, well over 100,000 Americans have been diagnosed with AIDS. It is estimated that 1,000,000 Americans are infected. More Americans have died from AIDS than died in Viet Nam. Worldwide, it is estimated that 8,000,000 individuals are infected with the human immunodeficiency virus.

Because of AIDS, diseases such as tuberculosis and syphilis, which were declining in frequency and perceived significance, are now back in the forefront of medicine. Previously unrecognized pathogens, such as the agent of bacillary angiomatosis, are being discovered with increasing frequency.

But AIDS has meant much more. Never before have so many young, previously healthy individuals been afflicted with a chronic terminal disease. The financial, social, and emotional strains of the disease have been enormous. The cost to society in terms of years of lost productivity has been incalculable. Furthermore, AIDS has created an entirely new group of outcasts, made to feel like lepers by frightened individuals and communities.

We know that HIV infection is almost impossible to acquire through casual contact, and yet fear of the disease is immense. Even the medical community is not immune to this fear, as evidenced by the fact that many physicians refuse to care for HIV-infected patients, or change career plans to avoid having to deal with the issue altogether.

And yet, not all of the effects of the AIDS epidemic have been negative. Those of us who take care of these patients have re-learned the value of communication. A kind word or a tender caress between physician and patient brings us back to a day when the practice of medicine meant more than numbers on a computer printout or images obtained from magnetic resonance studies.

Our understanding of virology, molecular biology, and immunology has increased substantially in the last decade, in part because of research on the human immunodeficiency virus. We have made some progress in preventing many of the infectious complications of AIDS, but we are, at this time, years away from a cure. We have only one licensed anti-retroviral agent, zidovudine, and two similar compounds, ddI (didanosine) and ddC, that are in experimental trials. Much work is being done on vaccine development, but we have been saying for over five years now that an effective vaccine is at least a decade away.

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Perhaps, in twenty-five years, the seemingly insurmountable problem of mobilizing the immune system to fight a virus that has infected those very cells that typically are necessary to fight infection will be solved. In the meantime, I foresee that the practice of infectious diseases will, in many ways, parallel the practice of oncology, in that they both deal with chronic disease processes.

Here at the Medical College of Ohio, the AIDS effort has expanded substantially in the last two years. Our patient population has tripled in that period of time, from 75 individuals at the end of 1988, to 225 patients currently. We now see over 80% of the HIV-infected individuals seeking medical attention in Northwest Ohio.

We estimate that we will be adding between 100-150 HIV-infected individuals annually for the next several years to our clinic population. Our clinical HIV-related effort has just started at the time of this writing. Even such a modest effort could not have been envisioned five years ago.

I have enclosed with this letter various items which might add to the understanding of AIDS in 1990. I fervently hope that AIDS will be of little significance in 25 years. Perhaps those of us in infectious diseases at MCO today will have contributed to the eradication of this terrible disease.



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