

artery disease, observed persistent regional myocardial dysfunction in the first seven to ten beats after cessation of rapid atrial pacing, but not for days. Data from Tomoike *et al.*¹⁰ showed that regional myocardial function in compromised areas returned to the prepacing control level within approximately 5 min.

Numerous other cardiologists have used atrial pacing for clinical studies (including the evaluation of drug effects on myocardial oxygenation) because of its safety and ease of reversibility, and their results have been published in esteemed medical journals.^{4,11-14} Have all these distinguished clinicians worked outside the bonds of medical ethics? Or does a pacing study become less ethical when performed by anesthesiologists?

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HTLV-III Is Now HIV

To the Editor:—In their excellent review of a complex subject,¹ Kunkel and Warner neglected to mention the important point that the causative agent of AIDS is now referred to as the *human immunodeficiency virus*, or HIV.* This has hopefully put an end to any confusion or conflict engendered by previous names for the retrovirus, and will allow for systematic subclassification of genomic variants.

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* CDC: Update: Acquired Immunodeficiency Syndrome—United States. *Morbidity and Mortality Weekly Report* 35:757-768, 1986.