tion unknown, and the published trials do not allow any conclusion about its efficacy (let alone its effectiveness or cost effectiveness). In its defence it does seem to be very safe—and any safe, effective compound used for osteoarthritis could do much good, even if the effect size is small. However, given the confusion we cannot recommend its wholesale use. We need large clinical trials, without company interference.

Jiri Chard research assistant
Paul Dieppe director

2 Adams ME. Hype about glucosamine. Lancet 1999;352:3-4.

Twenty years of AIDS, and no end in sight

**A BMJ theme issue will refocus attention on this catastrophic epidemic**

A Martian researcher is sent to earth. His southern hemisphere. On returning to Mars he files his report: “Human beings are undergoing one of the greatest catastrophes in recorded history. The epidemic rages far beyond their control and is steadily gaining momentum. Widespread misery, the devastation of communities, and death outpace the inconsequential expenditures of governments in denial. Nothing stands in its way.”

All this began without fanfare. In 1981 the *Morbidity and Mortality Weekly Report* published a small case series of five gay men in Los Angeles who had *Pneumocystis carinii*—a rare form of pneumonia usually found in people with immune dysfunction.2 Since then, the disease has left 25 million dead; it will have killed 55 million by 2010. Africa suffers most of the disease burden. India is next in line.

Why did the Martian’s report fail to mention the United Nations Secretary General’s call for a $10bn global health and AIDS fund?3 When there are some. We ask all editorial writers to sign a declaration of competing interests (bmj.com/guides/conflict.shtml#aut). We print the interests only when there are some. When none are shown, the authors have ticked the “None declared” box.