intake compared with the lowest were 2.00 (95% confidence interval [CI], 1.21-3.30; *P* for trend =.01) for animal fat, 1.69 for saturated fat, and 1.90 for monounsaturated fat, and there was no association with vegetable fat or polyunsaturated fat. Greater intake of animal protein, but not vegetable protein, was associated with elevated risk, and this was mainly explained by greater consumption of red meat and hamburger in particular. Milk and dairy product consumption were not associated with elevated risks. A decreased risk of non-Hodgkin's lymphoma was also associated with greater consumption of fruits.

These findings indicate that a high-meat diet and high intake of fat from animal sources is associated with an increased risk of non-Hodgkin's lymphoma in older women.

Chiu BCH, Cerhan JR, Folsom AR, et al: Diet and risk of non-Hodgkin lymphoma in older women. *JAMA* 1996; 275:1315-1321.

Once-daily versus 8-hour gentamicin dosing in treatment of postpartum endometritis

Postpartum women with endometritis were randomized to receive gentamicin, 5 mg/kg as a single daily dose, or 1.75 mg/kg every 8 hours to evaluate whether the once-daily dosing is as effective as the traditional regimen. All subjects also received clindamycin. Each participant had a peak serum gentamicin level of at least 5.0 μg/mL within the first 24 hours. The dosing regimens were compared by analyzing the number of hours that patients were febrile, the length of hospital stay, occurrence of complications, pharmacy costs, and nursing time required to administer the regimens.

The study group (n=62) and the control group (n=65) were similar in demographic characteristics and the presence of endometritis risk factors. No differences were found between the groups in the number of patients who completed therapy without complications, required changes in antibiotics, or required readmission for endometritis. The groups did not differ in the number of hours that patients remained febrile after the start of therapy or in the length of hospital stay. No patient in the study group had an initial peak serum concentration less than 5.0 μg/mL, whereas 24 patients in the control group had initial peak serum concentrations less than 5.0 μg/mL and required dose adjustment, a statistically significant difference ($P<.001$).

Pharmacy costs averaged $16.12±5.68 for the study group and $41.75±17.41 for the control group, also a significant difference ($P<.001$). Nurse tasking time averaged 13.62±2.56 minutes for the study group and 28.06±8.77 minutes for the control group ($P<.001$). Thus, in patients with postpartum endometritis, once-daily gentamicin dosing provides consistently high peak serum levels of gentamicin, requires less nurse tasking time, costs less, and is as effective as the 8-hour dosing regimen.

Del Priore G, Jackson-Stone M, Shim EK, et al: A comparison of once-daily and 8-hour gentamicin dosing in the treatment of postpartum endometritis. *Obstet Gynecol* 1996;87:994-1000.

Albendazole treatment of diarrhea in Zambians with AIDS

A randomized, double-blind, placebo-controlled trial examined the value of short-course, high-dose albendazole chemotherapy in the treatment of persistent diarrhea related to infection with the human immunodeficiency virus (HIV) in unselected patients received home care AIDS services in urban Lusaka and Ndola, Zambia.

Albendazole, 800 mg twice daily, was administered for 2 weeks. Patients were monitored intensively for 1 month and followed up for up to 6 months.

Subjects were 174 HIV-seropositive patients with persistent diarrhea (defined as loose but not bloody stools three or more times a day for 3 weeks or longer). No investigations were undertaken except HIV testing after counseling.

The patients taking albendazole had diarrhea on 29% fewer days than those taking placebo in the 2 weeks after treatment. The benefit of albendazole was maintained during a 6-month period. In patients with a Karnofsky score of 50 to 70 (needing help with activities of daily living and unable to work, but not needing admission to the hospital), diarrhea was reduced by 50%. Remission was obtained in 26% of all patients who received albendazole, and this difference was maintained for 6 months. Albendazole had no effect on mortality. Minimal adverse effects were noted.◆

Kelly P, Lungu F, Keane E, et al: Albendazole chemotherapy for treatment of diarrhoea in patients with AIDS in Zambia: a randomised double blind controlled trial. *BMJ* 1996;312:1187-1191.