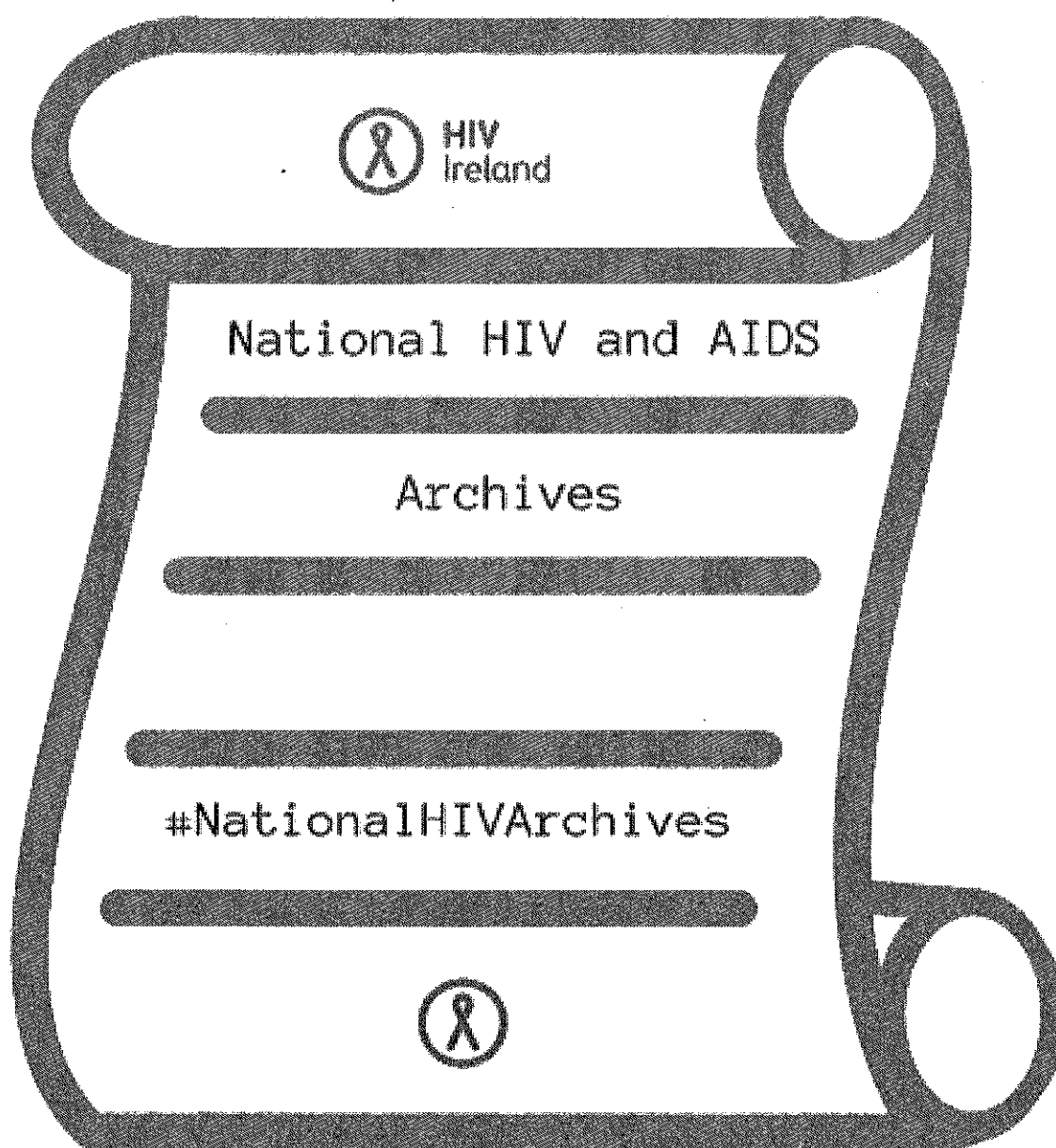


Print Media



6th to 9th March 1987

NHS counts cost of new Aids drug

Fears grow over Retrovir distribution

AIDS experts and the drugs company Wellcome have started negotiating how to distribute the new anti-Aids treatment Retrovir through the National Health Service and concern about its cost and supply.

Retrovir — awarded a product licence by the Government on Wednesday — could cost the NHS more than £1 million next year if more than 100 sufferers likely to benefit from it.

The drug, which costs £125 a pill to produce, is not a cure or vaccine but it is regarded as the most effective treatment currently on the market to control severe effects of the disease.

On average patient will require up to one gram of the drug each day as Retrovir must be taken continuously to remain effective. Clinical tests in the United States and London have concentrated on PCP pneumonia sufferers, who make

up about 80 per cent of all those who have developed the disease.

In Britain, between 250 and 260 sufferers have developed the condition. To give them all Retrovir would cost more than £1 million.

So far, Wellcome and the NHS have refused to reveal their estimates on the number of patients likely to be treated with Retrovir.

Wellcome said today the drug would be available to treat patients "in many countries suffering from certain severe manifestations of Aids." These manifestations included pneumonia conditions.

The company has already said it will be able to produce enough of the drug to treat 10,000 patients worldwide in May. The drug is based on World Health Organisation formulae.

In Britain, distribution would

initially be through "physicals experienced in the management of patients with serious HIV (Human Immunodeficiency Virus) infections." In effect, it means through hospitals currently treating Aids patients.

Although Wellcome added that once a "suitable distribution" system was in place the drug would be made "commercially available" throughout the UK, Aids doctors doubt whether Retrovir, which has severe side effects and high toxicity, could even be given on prescription via GPs.

Dr John P. R. of the clinical immunology department at London's St Mary's Hospital, said because of the need to monitor the effectiveness of the drug and its side effects, it would have to be administered through hospitals.

Cost will also be a major factor in

distribution of the drug. The NHS currently spends £1 million for the treatment of Aids. In hospitals and Retrovir could take up a significant proportion of that budget.

Dr Parkin said: "We have to hope extra money will be found."

Professor Michael Adler, of Midland Hospital's gastro-urinary department, expressed concern because the drug is "extremely complex to manufacture."

"The problem will be whether the supply is enough. I am sure Wellcome will try to make it quickly, but obviously, initially, there will be a limit on the amount of the drug," said Prof Adler.

He also said he thought the Government's AIDS advertising campaign would be too middle class and should be toned

down to reduce anxiety among low risk groups.

He said the campaign had been very effective but should be targeted more towards homosexual and drug abusers, the two main groups at risk from catching the Aids virus.

Which patients receive the drug will depend on negotiations between Wellcome, the NHS and Aids doctors. Wellcome will supply doctors with kits of clinical tests in the United States, which have been going on for more than a year and trials have started at three London hospitals on 18 patients.

Medical experts are cautious about the significance of the drug and say it is only effective in controlling PCP pneumonia symptoms, but they do agree that Retrovir is the best on

offer at the moment.

It is the first anti-viral drug which can be taken in pill form. Other anti-viral drugs and other treatments like anti-biotics have been used in Aids patients, but Retrovir is the first treatment where the benefits outweigh the dangerous side-effects. It has been shown in clinical tests to help sufferers survive for a year or more longer than those who were not treated. There has been some evidence that the death rate starts to rise after this time.

Its most important side-effect, causing anaemia in users which can require transfusions, is regarded as manageable and a price worth paying. Prospective patients will, however, have to undergo tests to ensure they can withstand this side effect.

At least one other anti-Aids treatment is believed to be before the Government's Committee on Safety of Medicine for a product licence, and other companies are working on similar projects.

A vaccine, which requires wholly different scientific research from controlling a treatment, is thought to be some years away.

A Commons committee was told last night that medical staff at specialist units treating Aids victims were working so hard that they were being sent home.

Dr David Miller, senior clinical psychologist at the Maudsley Hospital Medical School, London, said his staff could not face the pressure for much longer.

He also warned that by 1991 Aids deaths could exceed those from heart attacks.



Norman Fowler: Announced licence to market drug on Wednesday.

Woman spurned by doc slashed wrists

A WOMAN drug addict with Aids cut her wrists after a doctor refused to see her, it was claimed yesterday.

The Terence Higgins Trust, giving details of "horror stories" of treatment given to some patients, said the woman approached her GP for help in Dundee about

six weeks ago.

A spokesman said she was told: "We don't want you shits in here. You had better go off and cut your wrists because I am not going to help."

The patient "went away and did just that," said the trust spokesman. She had not died but remained

emotionally scarred.

Mr Richard Haigh, chairman of the trust's steering committee, said: "I have met a man with Aids whose house was firebombed by hostile neighbours. I have met a mother whose son's body was dragged in a plastic bag down three flights of steps

by the feet. It went bump, bump, bump down the stairs, and you can imagine what the mother felt."

The Trust said that in another case, in London last January, a doctor refused to arrange for the body of an Aids victim to be taken away from the home where he died. The Trust had to make

the arrangements instead.

Mr Tony Whitehead, chairman of the trust's board of directors, said the trust was now thinking of reporting some of the doctors involved to the General Medical Council for disciplinary action. "We want a test case," he said. Dr John Marks, chairman

of the British Medical Association, said of the doctors involved: "It is absolutely unethical. The patient who has Aids is still a patient!"
The Terence Higgins Trust has commissioned a study on discrimination against Aids victims and has helped to set up 12 London homes

B. News
6th March 1987

Disease victim gets cas award

A man who contracted AIDS while working in Zaire will receive worker's compensation payments because the company condoned recreational sex for employees in the African country, a judge in New York, California, ruled.

Judge Maurice C. said Paul Trejo, should receive benefits because Morrison Knudsen Corporation condoned the practice of procuring Zaire women, often by bribing tribal leaders with kerosene or aviation fuel, which the company wrote off as public relations expenses.

Morrison Knudsen, an American engineering and construction concern, said they felt their decision was wrong and would appeal.

"We are very sorry he contracted AIDS while working in Zaire. In no way or at any time has the company supplied prostitutes or condoned prostitution."

Carey said the approximately 30 Americans assigned to Morrison Knudsen construction projects in Zaire from 1980 to 1984 "would bring in women by carload."

Trejo testified he was told by the company he could not take his wife because of danger from rebels in neighbouring Angola.

"He asked what there was to do and was told: 'Except for sex, there

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Daily Mail
6th March 1987

AIDS: Listen to doctors not admen

ONLY a cave-dwelling recluse could now be unaware of the dangers of AIDS. To that extent, the Government campaign has succeeded. But there is growing unease about both its targetting and its tone.

Doctors are warning of the dangers of causing unnecessary panic. They are being swamped with requests for blood tests because the impression has been given that everybody who indulges in casual sex is equally vulnerable.

In the West, this is not true. The risk of carrying and contracting AIDS is overwhelmingly, though not exclusively, confined to homosexuals, drug-users and those tragic recipients of transfusions of tainted blood.

Commendably anxious not to whip up an ugly vendetta of fear against homosexuals, the Social Services Secretary has fallen into the alternative trap: That of over-alarms all those members of the heterosexual community who are neither chaste nor monogamous.

In his anxiety to popularise the Government's message, Mr Norman Fowler has let loose the admen and the entertainers. Many will consider — this newspaper among them — that the resulting propaganda on TV has at times degenerated from the clinical and informative to the slick and sniggering.

The anti-AIDS campaign is taking on a glib and counter-productive momentum of its own. Mr Fowler must re-establish responsible control.

It is the doctors he should heed. Not the admen.

AIDS battle delays denied

By ANNETTE BLACKWELL

THE anti-AIDS campaign will be launched as scheduled, former Health Minister Barry Desmond said today.

He said the decision on the January 28 date for the launch was taken before his resignation.

Commenting on reports that the campaign was scheduled to start this week and had now been postponed until after the general election, he said he was unaware of any decision to postpone it.

There was no question of it starting this week, he said.

At the last meeting of the joint Labour/Fine Gael Cabinet, Taoiseach Garret

FitzGerald studied the campaign and, on Mr. Desmond's recommendation, it was given the go-ahead.

Meetings have already been held with the chief executive officers of the Health Boards and the campaign strategy has been agreed and counsellors trained. The only problem outstanding is the question of advertising.

Media space had been booked but fears had been expressed as to whether or not the effectiveness of the advertising would be hit by the General Election.

"It would be useless running advertising if it was swamped by something else". The decision about the advertising would have to be taken by new Health Minister, John Boland, he said.



BARRY DESMOND
Campaign go-ahead.

SL

AIDS 'fugitive' gives up

Panic as prostitute freed

By BRENDAN MALIN

EIGHT DAYS after she became a fugitive, a Boston woman turned herself into the city hospital for treatment and tests as a possible AIDS carrier.

At the same time, 29-year-old Patricia Murray, a prostitute, became the starting-point of a new campaign by Mayor Raymond Flynn and city health authorities to educate patrons of Boston's vice area, known as the Combat Zone, about engaging in "safe sex" as a weapon against the fatal disease.

The project is being supported by the city's AIDS action committee, which has formed a unit to expand educational efforts on AIDS in bars, bookstores and peep shows in the Combat Zone.

The mayor's action came after a hospital visit to the woman, during which he reassured her that she could receive special medical help if she wanted it. Expressing appreciation for the visit, Patricia Murray said she wanted to overcome her \$250-a-day heroin addiction. "I want to beat this," she said. "I don't want to go back to the streets."

The street-walker achieved notoriety when she was granted bail and released on a soliciting charge after telling police she was suffering from AIDS. A mild panic gripped city health authorities when she failed to appear in court and disappeared for a week. But police authorities pointed out that under current law, they had no option but to permit release on bail, and Mayor Flynn announced a new procedure for city police in such cases.

Under it, police will be authorised to detain prostitutes and intravenous drug users who say they have AIDS if there appears to be a risk that they will spread the disease. A recent Boston survey showed that about 20 per cent of a sample of intravenous drug users in the city had AIDS antibodies, meaning that they could spread the disease or may already have done so.

When the mayor and the Health and Hospitals Commissioners Lewis Pollack visited Miss Murray, she was undergoing treatment for bleeding ulcers on her ankles, but the woman insists she is an AIDS victim and that she was already tested for the disease at another hospital. She told health authorities that her belief is based on the fact that she had been sharing needles with heroin addicts who have the disease.

"Obviously she is going through a very traumatic time in her life," commented Mayor Flynn.

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Evening Press
6th March 1987

EVENING PRESS, FRIDAY, MARCH 6, 1987

Dry blood missed test

Tests were ordered in hospitals all over Britain today after dried blood samples imported from a German company, Beohringer Mannheim, were found contaminated in a London hospital.

The company was reported to have estimated that 800 similar bottles were sitting on the shelves of about 200 other hospitals in Britain and Northern Ireland.

They were bought before new safety regulations came into force on January 1. These insist that all blood samples should be labelled to

show the donor has been cleared of having AIDS.

In Belfast at the Royal Victoria and Mater Hospitals, tests were ordered on their bottles. But a spokesman for the Eastern Health Board in Belfast said: "They were to be used only for laboratory tests and not for patients and there was no danger to patients."

A Department of Health spokesman in London confirmed the dried blood was only to be used for "quality control" to test the efficiency of machinery and processes. He insisted that there was no danger to patients.

54

'SAFE SEX' IS ON UPSWING ACROSS U.S.

As AIDS and the fear of it increasingly infect America, a new movement toward safer sexual practices is starting to gather momentum among heterosexuals. It promises to work a major change in male-female relationships and bedroom behaviour if, as some health officials warn, the fatal disease reaches epidemic proportions in the general population and no cure is found.

The disease, transmitted through intimate sexual contact or through exchanges of blood, has mainly affected male homosexuals and intravenous drug users. Whether it will become epidemic beyond those groups is not yet clear. What is clear is that many heterosexuals, especially women, are no longer just asking concerned questions about their chances of contracting AIDS.

More and more, according to interviews with both health experts and ordinary citizens around the country, heterosexuals are starting to limit their sexual partners, choose them more carefully and ask about their sexual histories. Caution is in. The one-night stand is on the way out. While singles bars have not disappeared, bowling is replacing bar-hopping in some young circles. Monogamy, abstinence and even celibacy are being embraced anew.

Monogamy is "definitely" back, said a 27-year-old film critic in San Francisco. Even in a monogamous relationship, "I would practice safe sex with her at least five to six years," he said. "As the woman says in the condom ad, 'I'd do a lot for love, but I wouldn't die for it,'"

Similar attitudes flourished to some degree in the scare over genital herpes in the early 1980s. Concern over herpes seemed to fade, however. And now, because Acquired Immune Deficiency Syndrome is invariably fatal, sexual practices appear once again to be on the verge of a counter-revolution after the widespread lifting of restraint of the 1960s and 1970s.

There is a thoroughly new aspect of the picture as well; since last summer, a growing campaign to promote "safer sex" has taken hold. Aimed at persuading people to adopt habits that will block out the AIDS virus, the campaign has focussed on the ancient condom as not only the best protection against AIDS, barring abstinence, but also as the "safer sex" movement's symbol.

The American College Health Association, a leader in the safer-sex movement, has distributed to campuses around the country a slick brochure that deals in the most forthright terms with the relative risks of kissing, mutual masturbation, oral sex, vaginal intercourse, anal intercourse and oral-anal contact. Colleges themselves, including Columbia University and Dartmouth College, are also distributing such materials.

"When you put that down on paper, it is pretty startling," says Dr. Beverlie Conant Sloane, the Director of Health Education at Dartmouth. Health officials there gave away "safe sex kits" at registration last month as a way to catch students' attention. The plastic bags contained explicit brochures, plus a container of lubricant, a

condom and a "rubber dam", a square of latex designed to cover the vulva or the anus during oral sex.

The explicitness did indeed open the eyes of heterosexual students and prompted them to talk about AIDS for the first time, says Dr. Conant Sloane. But the explicitness is also causing some conflict, with critics accusing the safer-sex promoters of encouraging promiscuity, fostering perversion and trying to use fear of AIDS to encourage birth control.

The editor of the Dartmouth Review, a conservative publication independent of the college, for example, accused the college administration of surrendering to "a tide of immorality" and condoning oral and anal sex. To which Conant Sloane responds: "Nonsense. We don't care what people do. We're saying that if you practice this, be aware of the dangers, if you choose to be sexually active, keep this in mind."

Sc

Wellcome to restrict anti-AIDS drug sales

By Terry Dodsworth,

THE Wellcome Foundation, which has just won approval to market the world's first anti-AIDS drug, said yesterday it would restrict distribution of the product to doctors experienced in dealing with AIDS patients.

The company began negotiations with the National Health Service yesterday on its distribution methods. It said the NHS would be prescribing the drug, but sales would be limited to specialists in the AIDS field because of the side-effects and its limited availability.

The anti-AIDS drug, known as Retrovir, is not a cure for the disease, which remains incurable. However, it has been shown to slow down the effects of the illness in certain kinds of AIDS, affecting about 60 per cent of patients.

Following the Government's decision to allow Retrovir to go on sale, the first licence to be granted anywhere in the world for an AIDS treatment, shares in Wellcome rose by 70p on the Stock Exchange yesterday, to close at 493p.

Analysts said they expected a decision to go ahead with distribution of Retrovir in the US in the near future. "We believe that the drug will have widespread approval around the world by June," said Mr Ian White of Greenwell Montague, the stockbrokers.

Wellcome, which plans to sell Retrovir at £1.20 a capsule, making it one of the most expensive treatments in the world, says that production is building up at its plant at Dartford, Kent and Greenville, North Carolina, in the US.

Later this year, it expects to have enough of the drug to treat the present number of registered patients.

SV

Trust accuses doctors on AIDS patients

A WOMAN drug addict with AIDS cut her wrists after her doctor refused to see her, it was claimed yesterday.

The Terence Higgins Trust, giving details of treatment given to some patients, said the woman approached her doctor for help in Dundee about six weeks ago.

A spokesman said she was told: "We don't want you shits in here. You had better go off and cut your wrists because I am not going to help."

The patient "went away and did just that," said the trust spokesman. She had not died but remained emotionally scarred.

Mr Richard Haigh, chairman of the trust's steering committee said: "I have met a man with AIDS whose house was firebombed by hostile neighbours. I have met a mother whose son's body was dragged in a plastic bag down three flights of steps by the feet. It went bump, bump down the stairs, and you can imagine what the mother felt."

The trust said that in another case, in London last January, a doctor refused to arrange for the body of an AIDS victim to be taken away from the home where he died. The trust had to make the arrangements instead.

Mr Tony Whitehead, chairman of the trust's board of directors, said the trust was now thinking of

reporting some of the doctors involved to the General Medical Council for disciplinary action.

The Terence Higgins Trust has commissioned a study on discrimination against AIDS victims and has helped to set up 12 London homes for patients to go for short periods, giving a break to those caring for them.

The BMA yesterday published a new AIDS booklet with graphic illustrations showing people how to avoid infection.

AIDS experts and drugs company Wellcome have started negotiating the distribution through the National Health Service of the new anti-AIDS treatment, Retrovir, amid concern about its cost and supply.

Retrovir — awarded a product licence by the Government on Wednesday — could cost the NHS more than £1 million next year if given to all the sufferers likely to benefit from it.

The drug, which costs £1.25 a pill to produce, is NOT a cure or vaccine but it is regarded as the most effective treatment currently on the market to control severe effects of the disease.

An average patient will require one gramme — or ten pills — each day as Retrovir must be taken continuously to remain effective. (PA).

● The British Government is giving "high priority" to preventing the spread of AIDS in prisons though it was not aware of any instance of AIDS being transmitted in jail, the Home Office Minister of State, Mr David Mellor, said in a House of Commons written answer yesterday. — (PA).

● Hospitals around Britain are ordering urgent safety checks for AIDS after doctors at St Thomas' Hospital, London, discovered infected batches of five dried blood products imported from a German company, Boehringer Mannheim. A company source estimated that 800 similar bottles were sitting on the shelves of about 200 other British hospitals. They were purchased before new regulations insisted that from January 1st all blood samples be labelled to show the donor has been cleared of having AIDS. — (PA).

● West Germany plans to increase spending on its anti-AIDS campaign from DM20 million (7.5 million) to DM135 million (£50.6 million) as well as the creation of about 60 AIDS help centres. The measures are expected to be included in a statement by the Chancellor, Mr Helmut Kohl, to the new Parliament in Bonn on March 17th. — (AFP).

Sc

such phenomena as a transition from a nonmetallic to a metallic state.

The Meissner effect provides an independent and more stringent test of superconductivity because it is harder to mimic when the measurement is done correctly. When a metal in a constant (dc) magnetic field is cooled to below its superconducting transition temperature, it expels all magnetic flux lines from its interior. This effect shows up as a large negative magnetic susceptibility below the transition temperature. In addition to the published ac susceptibility measurements, dc measurements on samples taken to the Los Alamos National Laboratory indeed exhibited the expected large negative susceptibility.

Useful superconductors in large-scale applications must retain their properties not only at high temperatures but also in the presence of high magnetic fields and while carrying large electrical currents. The first measurements of the maximum or critical field at which the new Y-Ba-Cu-O compound remains superconducting suggest a critical field at 0 K as high as 180 tesla. In comparison, the critical field of lanthanum-copper-oxygen material containing either strontium or barium is estimated to be at least 60 tesla at 0 K. The presence of a high transition temperature and critical field does not necessarily imply a high critical current, however. The previous holder of the record for critical field, the compound PbMo_6S_8 , has had disappointingly low critical currents.

It is too soon for theorists to have developed models for the new superconductor. The standard Bardeen-Cooper-Schrieffer theory of superconductivity contains two aspects. The first is that the superconducting state consists of electrons bound together in pairs known as Cooper pairs. The second is that the binding occurs by means of an interaction between electrons and lattice vibrations that generates an attractive force between the electrons involved. The transition temperature is the temperature at which thermal energy is sufficient to break up the Cooper pairs.

Stronger attractive forces between electrons than the electron-lattice vibration interaction can generate may be necessary to explain transition temperatures as high as 94 K. Several proposals for ways to produce such forces, including the magnetic interaction described by Anderson in this issue of *Science*, exist in the literature. ■

ARTHUR L. ROBINSON

ADDITIONAL READING

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Clinical Trials Planned for New AIDS Drug

U.S. researchers seek FDA approval to start testing peptide T in AIDS patients while the Swedish government has okayed a randomized controlled trial

A new anti-AIDS drug, which may prevent the AIDS virus from entering cells, is about to be tested in Sweden in a randomized, controlled, clinical trial. At the same time, researchers at the National Institute of Mental Health have applied to the Food and Drug Administration for permission to begin a 1-month phase one trial, which tests toxicity only. If that trial is successful, the group wants to follow it immediately with a randomized controlled trial in the United States.



Candace Pert

The Swedish investigators, led by Lennart Wetterberg of the Karolinska Institute, gave the drug, known as peptide T, to a group of four near-terminal AIDS patients last October. This was not meant to be a scientific study—the drug was given on a compassionate basis, Wetterberg explains. But the four men showed no ill effects during the month they received peptide T and, in fact, their symptoms abated. Their conditions have declined since the peptide was withdrawn, and the Swedish government has given Wetterberg and his colleagues permission to give these men the drug again for a period of 6 months. At the same time, the group will start testing peptide T against placebo in 36 AIDS patients.

Peptide T is the only potential anti-AIDS drug that is thought to work by preventing the virus from entering cells. Candace Pert

of the NIMH, in whose lab it was discovered, explains that "it came out of left field and it sounded to some people too good to be true." But, she continues, other investigators are becoming convinced. "Skepticism is changing to excitement," she remarks.

Samuel Broder of the National Cancer Institute, says "the important thing is that there are data that suggest peptide T can interfere with binding [of the AIDS virus]. It is an interesting hypothesis and it can be tested at the clinical level. The clinical trial methodology will determine if it is useful."

Dean Mann of the cancer institute, who says that his preliminary data do not indicate that the peptide blocks the AIDS virus from attaching to cells, says he nonetheless has a "gut feeling" that peptide T prevents the AIDS virus from growing in cells. Pert's data indicate that when cells are treated with peptide T, the AIDS virus no longer replicates in them, although she did not measure viral binding directly.

The discovery of peptide T, says Pert, "came out of my lab's 15 years of studying peptides and peptide receptors and mapping receptor patterns in brains." Since AIDS patients often have neurological problems, including dementia, memory loss, and depression, Pert and her colleagues decided to look for evidence that the AIDS virus infects brain cells. When the AIDS virus infects lymphocytes, it enters the cells through the T4 receptor. So Pert and her associates decided to look for T4 receptors in the brain.

They and others found the T4 receptor in the brain, but what was most intriguing was the pattern of the distribution of the receptor. It looked to Pert, Joanna Hill and the others in the group exactly like the pattern of neuropeptide receptors, such as the opiate receptors which Pert and her colleagues had studied extensively. "As soon as we saw the pattern, we knew it was a neuropeptide receptor," Pert says. There was a great deal of binding in the amygdala, for example, the walnut-sized portion of brain that is just below the ears and that is "hard-wired with deep-seated emotional patterns—sex and violence," Pert explains. All neuropeptides bind in the amygdala, she says.

Pert and her associates then decided to try

to make a peptide that binds to the AIDS virus receptor. Since the binding data indicated that a naturally occurring neuropeptide binds to the receptor, they began by looking for such a peptide. To do this, they searched a computer data bank, looking for sequences shared by the AIDS virus and other known substances. The computer found an octapeptide from the viral coat which matched up with a segment of the coat of Epstein-Barr virus. They called this AIDS peptide peptide T because it contains four threonines. Then Edward Ginns of NIMH "thumbed through books" and found that the peptide also is part of vasoactive intestinal peptide, or VIP, a 28 amino acid peptide that acts on the gut and the central nervous system.

They then looked at the sequences of all known AIDS virus isolates and discovered that a pentapeptide within the original octapeptide remains constant. "It is a mini-constant region within a hypervariable region," says Pert. Moreover, they learned that this pentapeptide prevents the replication of the AIDS virus in lymphocytes, presumably by preventing the virus from entering cells. It also binds to brain—including monkey brain and human brain obtained after autopsy—in the same pattern as the antibodies against the AIDS virus receptor.

When the researchers gave peptide T to rats and monkeys, they found that it seemed nontoxic and that it entered the animals' brains. In fact, says Peter Bridge, they "never found an LD₅₀", which is the dose that kills 50% of the animals receiving the drug. Standard toxicological studies of drugs always include an LD₅₀ as an indicator of a drug's lethal dose.

In Sweden, says Wetterberg, the AIDS patients who received peptide T had no ill effects. The only adverse effect occurred when a nurse doubled the rate at which a patient was being infused with the drug. The patient's blood pressure dropped from 120 to 90. The patient, however, "did not feel anything. He had no subjective side effects," Wetterberg says.

Although the Swedish study was not meant to be a scientific test of the drug, Wetterberg says he was encouraged by the way the patients improved when they took it. Their lymphocytes increased in number and the virus' effects on their brains, as measured by nuclear magnetic resonance, declined. One patient had a severe case of psoriasis as a result of his AIDS infection and his lesions cleared up entirely after four weeks of treatment. The psoriasis has now returned, Wetterberg says. The patients have been off the drug since the end of October.

If indeed peptide T is relatively nontoxic,

its apparent safety seems paradoxical since it is derived from VIP, which has definite physiological effects. VIP in large doses causes an increase in blood pressure and also causes diarrhea, for example. But Michael Ruff and his colleagues from the NIMH speculate that these known effects of VIP may be caused by a different part of the molecule than peptide T.

When VIP was first sequenced, says Ruff, investigators noticed that it has a natural cleavage site about 13 or 14 amino acids from its carboxyl terminus. They suggested that perhaps VIP normally is split up and that the two sections of it have different actions. This hypothesis was not pursued, however, until the NIMH investigators came upon peptide T. Ruff, Ginns, and their colleagues are looking to see if a 12-amino acid fragment of VIP exists in nature and, if so, what it does. Although VIP apparently binds to the brain, no one has any idea what it does there.

Wetterberg speculates that the normal function of VIP in the brain may be a clue to the AIDS-associated dementia and other neurological problems. The AIDS virus, he says, may bind to VIP receptors in the brain

and prevent VIP from acting as a neuropeptide. Peptide T may overcome this effect of the AIDS virus.

Although the Swedes are testing peptide T alone against placebo, they and the NIMH group think that if the drug is successful it may eventually be given along with an anti-viral agent, such as azidodeoxythymidine, or AZT. Peptide T does not kill the AIDS virus and patients may retain active viruses which may enter cells as soon as peptide T is withdrawn.

Of course, peptide T, promising as it looks, has not yet been scientifically tested in humans and it could still turn out to be a disappointment. Although the theory that led to the drug is attractive, the real test will be the clinical trials. ■ GINA KOLATA

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Manic-Depression Gene Tied to Chromosome 11

A dominant gene causes this psychiatric disorder in 60 to 70% of those who inherit it

A group of researchers from the Massachusetts Institute of Technology, the University of Miami School of Medicine, and Yale University School of Medicine has found a genetic marker for manic-depression—a piece of DNA so near the manic-depression gene that it is inherited along with the disease-causing gene. This is the first genetic marker for a mental illness and the investigators stress that it is expected to lead to a new understanding of the biochemistry of manic-depression and also to new treatments. "We see this as a landmark study," says David Pauls, one of the study investigators.

At the same time, two other groups report that they have failed to find the marker in other populations of patients with manic-depression, indicating that there is more

than one gene that predisposes to this mental illness. The three groups report their results in the 26 February issue of *Nature*.

The new study indicates that at least some cases of manic-depression are caused by a dominant gene on the tip of the short arm of chromosome 11. Although the researchers do not yet know what the manic-depression gene is, they are intrigued by the fact that at least one gene in this region of chromosome 11—the tyrosine hydroxylase gene—is involved in the synthesis of the neurotransmitter dopamine. Dopamine is thought to be involved in the genesis of manic-depression.

Yet, at least in the case of manic-depression, the gene is not necessarily destiny. Only 60 to 70% of those who inherit the gene get the disease, and investigators speculate that some as yet unknown environ-

Aids message from the Government is 'not tough enough'

By Thomson Prentice, Science Correspondent

The Government's publicity campaign on Aids is not explicit enough but it has succeeded in reaching almost the entire population, according to a Gallup opinion poll.

Most people who read the leaflet sent to every household found it informative and easy to understand. But, like the television advertisements on Aids, they felt the message was not blunt enough.

The results of the poll were broadcast on the BBC2 *Newsnight* programme last night.

They included majority views in favour of free contraceptives and of laws to restrict prostitutes, but only 46 per cent support for free needles to drug addicts.

Nine out of 10 people want blood tests for Aids infection to be made available to everybody on demand, and want the Government to introduce screening for the virus.

Two out of three said that they would like an Aids blood test if it was free and confidential. Sixty-two per cent thought blood tests should be compulsory for everyone.

Three out of four would support a law restraining Aids carriers from having sexual intercourse with other people without telling them, the survey found.

Young, single men and women aged between 16 and 24 see themselves most at risk from Aids, but people over 65

are more likely to be misinformed about how Aids is caught, according to the survey.

Seven out of 10 people who received the government leaflet read it completely. "Virtually no one complained that it was too explicit or offensive, in fact people complained it was not explicit enough", Mr Gordon Heald, managing director of Gallup said.

Reactions to the two television advertisements, which featured images of a tombstone or an iceberg, were less favourable. Fifty one per cent thought the tombstone message was "poor" and only 47 per cent considered the iceberg film "good".

The survey included interviews with 1,115 people aged 16 and over at 120 sampling points.

● Some doctors may be reported to the General Medical Council because of alleged discrimination against Aids victims, officials of a charity said yesterday.

A woman drug addict with the disease cut her wrists after her doctor refused to see her, and another doctor refused to arrange for the removal of the body of an Aids patient from the home where he died, the Terrence Higgins Trust said.

The woman, from Dundee, claimed that her GP told her: "You had better go off and cut your wrists because I am not going to help", according to a trust spokesman.

"The patient went away and did just that", he said. The woman had not died but remained "emotionally scarred", he said.

Mr Tony Whitehead, chairman of the trust's board of directors, said it was considering reporting some doctors to the GMC for disciplinary action.

"We want a test case".

● The new anti-Aids drug Retrovir (AZT) could cost the National Health Service more than £1 million next year if given to all sufferers likely to benefit from it.

The drug's manufacturers, Wellcome, have been given government permission to market the drug, which is not a cure but is regarded as the most effective treatment at present available to control severe effects of the disease.

It is likely to be used only by hospital specialists and will probably not be available on prescription from general practitioners, because of the need to monitor its effectiveness and its side-effects.

● A cure for Aids may be available by the 1990s, according to a survey of American scientists. But almost a third of those involved in Aids research predicted that there would be more than a million victims in the United States by the year 2000.

The survey, conducted by Louis Harris and Associates, was taken among 227 biomedical researchers.

Today
6th March 1987

TODAY, FRIDAY, MARCH 6, 1987

Doctor drove Aids girl to suicide bid

by CHRIS MIHILL
Medical Correspondent

AIDS victims are having to fight fear and prejudice among the medical profession, it was claimed yesterday.

In one case, a sufferer tried to kill herself after she was told by a doctor: "You may as well go away and cut your wrists — I can't help you."

The woman, from Dundee, survived but later the council refused to wash away the blood where she collapsed.

The incident was one of a catalogue of cases revealed yesterday by the Aids

Tragic case shows up profession's 'hysteria'

helpline charity, the Terrence Higgins Trust.

The disturbing casebook was released on the same day the British Medical Association unveiled a book for health staff, teachers and the public on how to care for sufferers.

Later, BMA spokesman Dr John Dawson admitted that many doctors were ignorant about Aids.

But he condemned medical staff who shunned victims.

"We have made it quite clear that not

to treat a patient is unethical and we would condemn such behaviour out of hand," he said.

The Trust, which plans to take action against the doctor in the suicide bid case, also revealed:

- A doctor in west London refused to enter the room where a dead Aids patient had lain for two days.

- A district nurse refused to check the pulse of a sufferer until his wrist was wrapped in newspaper.

- One central London hospital kept an

incontinent Aids patient in a side room with two weeks of soiled sheets piled in a corner because staff would not touch them.

The sick man had to crawl across the floor to get food left outside the door.

"That was two years ago and things have improved at that hospital," said spokesman Mr Richard Haigh at yesterday's press conference to highlight the Trust's work.

"But we know similar incidents are still happening every day up and down the country."

A London housing association has made 12 flats available to Aids victims, the Trust revealed. But the address is being kept a secret for fear of attacks.

Meanwhile, the BMA book, entitled *Aids and You*, identifies who is at risk from Aids and advises how to care for victims.

Today
6th March 1987

When voicing the Aids message hurts

As the television Aids blitz ends, SANDY FAWKES talks to the man whose voice is behind the government's Aids advertising campaign — actor John Hurt.

WHEN actor John Hurt was asked to do the voice-over for the government's Aids advertisements, he was delighted. After all, these are a lucrative supplement to any actor's income.

He treated it as just another job and his distinctive, measured, yet classless tones carry the sombre message: "Aids — Don't Die of Ignorance".

Today, almost seven weeks after the campaign began, it is the reaction of others to his part in the campaign that has surprised him. "It has been quite disconcerting," admits Hurt. "Some people have queried my motives — almost insinuating that I may be an intrinsic part of the campaign, perhaps had a personal interest because of some of my past roles, like Quentin Crisp in *The Naked Civil Servant* and then *Caligula*.

"I had no doubts, though I realised this commercial was obviously more serious than selling a product.

"Having been asked since about the implication, I realise that, had I stopped to think, I would have wanted to be more involved, to have been in at the beginning with the script editor and director.

RISKS

"It wasn't easy to do. Sometimes a small, concise script is more difficult than a lengthy one. The advertisements are all saying this is a deadly virus, a vile killer, but we wanted to avoid inflicting ecclesiastical overtones.

"There is no use just pointing a finger at promiscuity. That has always been around and has always involved risk — but not to the point of death, as it is now.

"We must present the facts to people, facts which will completely change attitudes to casual sex. People will have to ask themselves and potential partners very serious questions from now on.

"It is a difficult message to convey and I cannot be sure how I would have reacted to it in my own past.

"I do consider too stern a moral stance, putting oneself up as an arbiter of other per-



DISTINCTIVE: Hurt's voice lends gravity to the ad

sons' morals, both presumptuous and dangerous."

As Hurt talks he reaches for his umpteenth cigarette — an indication that not all health warnings work. "Ah," he says, after a slightly-defensive pause, "smoking is different. You're only harming yourself.

"Being happily and faithfully married I am not vulnerable to Aids, but if I were I would certainly have to learn to use a condom. I remember trying it once in my youth and I'm

afraid we both collapsed in a heap of giggles. But then I grew up in the age of women taking the Pill."

Before taking on the ad, Hurt didn't discuss the implications with his wife, Donna.

"It never occurred to me, but then she is not the sort of person to consider it peculiar.

"It is the first time I have ever stopped to think about the content of an ad. Usually I just do them for the money."

Some actors would have



THE WARNING: stern stuff from the government

shied away from such a campaign, for fear it could damage their careers. So far, no such ignominy has befallen John Hurt.

"And I can't imagine why it should," he says. "People told me not to touch *The Naked Civil Servant*, but I never considered that doing it was brave. I just thought it was a bloody good piece of work.

"I think doing the Aids advert was important too. I don't know anyone personally who has Aids but I understand that it is a hideous way to die.

DYING

"Perhaps we are all a bit like Harry Truman with the atom bomb. The scientists all begged him not to use it but he went ahead. The story goes that when he was shown the photographs his response was: 'If only I had known'."

"I think this shows that, until the actuality is presented to us, the imagination is never quite adequate. I suppose the logical conclusion would be to show someone dying of the disease, but should one be that heavy?"

"We are dealing with a deadly virus that could affect many innocent lives and I have to be very serious in the way I implicate myself in such a project."

● Today the week-long television campaign ends with Aids Help at 10.30pm on ITV and Aids Brief at 11.15pm on Channel 4.

SL

HIV infection and AIDS in newborn babies of mothers positive for HIV antibody

Two thirds of the reported cases of the acquired immune deficiency syndrome (AIDS) in children have no risk factor except a mother belonging to a group with an increased prevalence of infection with human immunodeficiency virus (HIV). There is evidence of transplacental passage of the virus during early and late gestation,¹ but the incidence of fetal and neonatal infection in newborn babies of seropositive mothers has not yet been determined. We present the clinical and serological outcome of 24 babies aged 6 months born to mothers who were drug addicts and positive for HIV antibodies.

Patients, methods, and results

In 1985, 31 pregnant intravenous drug abusers at the Center for Pregnant Drug Addicts of Milano, Italy, were identified as being positive for HIV antibodies by enzyme linked immunosorbent assay and Western blot analysis at the first obstetrical visit and confirmed again before delivery. All patients were followed up and delivered at this department.

All the women were clinically well except for one, who had generalised lymphadenopathy, fewer than 400 T4 lymphocytes/mm³, and a low T4/T8 lymphocyte ratio. Nine women were primigravidae; 15 were secundigravidae, but only three were parous, reflecting a high incidence of elective abortions. All the pregnancies were singleton. 18 women being delivered vaginally and six by caesarean section: two babies in breech position, four suffering from intrapartum distress. All the babies were in good condition at birth with no malformations. The prevalence of premature delivery, fetal growth retardation, and early neonatal disease was comparable to that in the pregnant seronegative drug addicts. None of the babies was breast fed.

We obtained informed consent from the parents to follow up their babies. Clinical evaluations were performed at intervals of one month, and serological screening: enzyme linked immunosorbent assay and white blood cell count and counts of T4 and T8 lymphocytes were performed on cord blood and at intervals of three months. At 6 months 12 babies were seropositive and 12 seronegative

Serological state of 24 babies at 6 months born to intravenous drug addicts positive for HIV antibody

Delivery	No of babies	Seropositive	Seronegative
Vaginal	18	9*	9
Caesarean	6	3	3
Total	24	12	12

*Died at 4 months from *Pneumocystis carinii* pneumonia.

table). One seropositive baby died of *Pneumocystis carinii* pneumonia at 4 months, and one seropositive baby was diagnosed as suffering from AIDS related complex at the age of 3 months. All the other babies thrived, the results of their follow up being entirely normal.

Comment

Our limited study shows that the prevalence of seropositivity in children aged 6 months, when all the maternal antibodies should have disappeared, is 50%. Caesarean section does not seem to protect the fetus from infection, as has been suggested by one author and later refuted by the Center for Disease Control.¹ This is consistent with the discovery of the virus in the fetal compartment in cases of elective caesarean section at 20 and 36 weeks.²

The two cases of immune deficiency acquired by maternal transmission of the virus indicate that early morbidity and mortality are a severe problem, but their incidence seems to be restricted to about 10% of the offspring. Unfortunately, nothing can yet be said about long term morbidity and mortality. These data may be helpful in counselling seropositive women before or in early gestation, as they suggest that the risk of fetal infection and severe postnatal morbidity is high. Unfavourable perinatal outcome, usually associated with drug addiction, was similar in seropositive and seronegative women: a detrimental effect of the virus in this regard was thus not evident.

Constant updating of available data will allow better counselling, more appropriate obstetrical care, prenatal diagnosis, and prompt treatment when effective treatment is available.

The Center for Pregnant Drug Addicts of Milano comprises Carmen Brescianini, Anna Bucceri, Anna Canestrari, Gabriele Ferraris, Isa Lodi, and Marina Ravizza.

- 1 Center for Disease Control. Recommendation for assisting in the prevention of perinatal transmission of human T-lymphotropic virus type-III lymphadenopathy associated virus and acquired immunodeficiency syndrome. *MMWR* 1985; 34:48.
- 2 Jovias E, Koch MA, Schaefer A, Schaefer M, Loewental D. LAV HTLV-III in 20-week fetus. *Lancet* 1985;ii:1129.
- 3 Lapointe N, Michaud J, Pekovic D, Chausseau JP, Dupuy JM. Transplacental transmission of HTLV-III virus. *N Engl J Med* 1985; 312:1325-6.
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5

SHORT REPORTS

From persistent generalised lymphadenopathy to AIDS: Who will progress?

About one third of people infected with the human immunodeficiency virus (HIV) have persistent generalised lymphadenopathy and are at risk of developing the acquired immune deficiency syndrome (AIDS). We report on the current rate of progression of persistent generalised lymphadenopathy to AIDS in a cohort of homosexual men in London and the value to the general physician of simple clinical markers for predicting the risk of progression.

Patients, methods, and results

One hundred and five patients who had persistent generalised lymphadenopathy were recruited from this clinic between November 1982 and April 1986 into a study of the clinical course of HIV infection. Five patients were lost to follow up. The remaining 100 patients were followed up for a median period of 24 months (range 9-50). Persistent generalised lymphadenopathy was defined as the presence of lymph nodes greater than 1 cm in diameter in two or more extrainguinal sites for at least three months, other causes for lymphadenopathy having been excluded. The patients were seen at intervals of three months, and all were consistently shown to be positive for HIV antibody by competitive enzyme

linked immunosorbent assay (ELISA). From our previous clinical observations certain features stood out as possible predictors of AIDS—oral candida (found on examination and confirmed on culture) and, if present for more than three months, anaemia (haemoglobin concentration <13 g/l), leucopenia ($<4.0 \times 10^9$ /l), neutropenia ($<2.0 \times 10^9$ /l), lymphopenia ($<1.5 \times 10^9$ /l), thrombocytopenia ($<150 \times 10^9$ /l), and erythrocyte sedimentation rate >15 mm in the first hour. Data were analysed with Fisher's exact test and by calculating the relative risk.

Thirteen patients developed AIDS during a median follow up of 22 months (range 12-32). Five of these developed *Pneumocystis carinii* pneumonia, five Kaposi's sarcoma, one both, one *P. carinii* pneumonia and cryptosporidiosis, and one cryptococcal meningitis. Oral candida were found in nine patients with persistent generalised lymphadenopathy. The following haematological abnormalities had been present for at least three months: anaemia (nine patients), leucopenia (19), neutropenia (18), lymphopenia (24), increased erythrocyte sedimentation rate (15), and thrombocytopenia (four). Oral candida and the first five of these haematological abnormalities were found to be associated with the later development of AIDS (table).

Comment

Of 100 patients with persistent generalised lymphadenopathy followed up for a median of 24 months, 13 developed AIDS. Using a life table technique we calculated that over three years the probability of patients with persistent generalised lymphadenopathy progressing to AIDS was 20.9%. Of the clinical features examined in our study oral candida, lymphopenia, an increased erythrocyte sedimentation rate, and anaemia were found to be the best predictors of the later development of AIDS.

Features associated with risk of progression to AIDS in 100 patients with persistent generalised lymphadenopathy

	Proportion of patients with abnormality who progressed to AIDS	Relative risk	Significance*	Median (range) time before onset of AIDS (months)
Oral candida	$\frac{1}{2}$	12	$p < 0.0005$	8 (1-24)
Lymphopenia	$\frac{9}{11}$	7	$p < 0.0005$	19 (2-33)
Erythrocyte sedimentation rate >15 mm in first hour	$\frac{7}{8}$	7	$p < 0.0005$	23 (10-33)
Haemoglobin <13 g/l	$\frac{3}{4}$	6	$p = 0.002$	18 (11-33)
Neutrophils $<2.0 \times 10^9$ /l	$\frac{9}{11}$	4	$p = 0.01$	16.5 (2-21)
White cell count $<4.0 \times 10^9$ /l	$\frac{9}{11}$	4	$p = 0.02$	16.5 (2-33)
Platelets $<150 \times 10^9$ /l	$\frac{1}{2}$	4	NS	18.5 (16-21)

*Fisher's exact test.

SL

Today
7th March 1987

PAGE 2

Unions hail school strike poll triumph

by GREG HADFIELD
Education Correspondent

TEACHERS' leaders last night claimed resounding support for another round of strikes which threaten to plunge schools into chaos next week.

Members of the two biggest teaching unions voted by more than four to one for a series of half-day walk-outs.

But the result brought a scathing attack from Education Secretary Kenneth Baker,

who claimed that hard-line union chiefs had pushed rank-and-file teachers into striking.

He said voting turn-outs of around 60 percent showed that the two main unions were still split almost down the middle on strike action.

Leaders of the National Union of Teachers and the National Association of Schoolmasters-Union of Women Teachers called

the ballot an "emphatic endorsement" of their battle plans.

The unions, which represent three-quarters of Britain's 400,000 teachers, are fighting the removal of their right to negotiate pay with council employers.

In future they will have to deal with a temporary, hand-picked advisory committee working within government cash limits.

"They are bitterly against the destruction of their negotiating rights — and bitterly against an imposed package," said NUT general secretary Fred Jarvis.

NAS-UWT leader Fred Smithies refused to rule out GCE examinations being hit during a long campaign set to continue after teachers receive new salaries imposed by Mr Baker. But the Education Secretary questioned the ballot's validity as votes were cast before he announced improvements in the government's salary offer.

"As only about a third of teachers voted for action, it's clear the majority aren't ready to disrupt the education of our children," he said.

■ COMMENT: Page 6

'Get tough on Aids' plea

by GREG HADFIELD

TEACHERS should be handing out hard-hitting lessons in morality to stop teenagers catching Aids by sleeping around, Education Secretary Kenneth Baker said yesterday.

"The message is clear — do not be promiscuous," the minister said at the launch of a

new question-and-answer booklet on Aids which will be sent to all schools.

Mr Baker condemned attempts by teachers to promote homosexuality and came out strongly against schools giving out free condoms.

He said that Aids education should be handled "sensitively and carefully".

● Hairdressers have been warned to take extra care over hygiene because of the Aids danger. Experts fear there is "a remote possibility" of the killer virus being spread by razors and scissors.

SL

SUNDAY TIMES
LOOK

8 MARCH 1987

& PERSONAL FINANCE

The threat to innocence

TALK in the playground and at the school gates has taken a turn for the worse recently. While parents debate exactly what is the best way to describe a condom and its uses to an inquisitive eight-year-old, the children themselves are busily disseminating a broad range of misinformation: that Aids is caused "by kissing"; even, according to one six-year-old, that it "comes in a bag". He might equally believe it comes in an envelope, its contents helpfully identified by the post office franking machine.

Things are getting dangerously out of proportion.

The media hysteria around Aids, epitomised by the saturation coverage on television over the last week, begs the thought that as a society we have somehow become addicted to the prospect of apocalypse — even, perversely, in the case of Aids,

Children are now being assailed at every turn by a disturbing juxtaposition of words and images — sex, disease, death

titled by it. If the bomb doesn't get you, disease will. Most adults are able to rationalise this, put the facts of Aids, and their personal fears, into a proper, containable perspective. Young children are not.

In a perfect world, death and disease are not things which the very young would normally choose to preoccupy themselves with, and nor should they. One hopes that the understanding of such matters grows in their minds naturally, to be assimilated as a fact of life, not a cause for nagging anxiety and alarm.

And yet children are now being assailed at every turn by a disturbing juxtaposition of words and images — sex, disease, death — none of which are properly understood in themselves, but which mingle together to form a picture which is unnecessarily confusing and frightening. To a young mind, the information emblazoned on billboards that Aids is not prejudiced — that it can kill "anyone" — is received without the corollary that death is, in fact, con-



MICK BROWN on the way the Aids campaign is frightening our children

ducted only by blood or bodily fluids.

To those parents who have not yet broached the subject of sex with their children, the choice is clear: either to mount a futile conspiracy of silence or obfuscation, rather than have to work backwards from the proposition that sex is a potentially lethal pastime, or to try and discuss sex in the way in which one would nor-

mally choose — albeit sooner than one would have chosen — fearful that whatever last vestige of innocence you may have hoped for your child is irredeemably lost. The ideal explanation, that sex is an expression of love, joy and procreation seems now, sadly, altogether too optimistic.

This is not to minimise the threat which the disease poses, nor to suggest that peo-

ple should not be properly warned about it; simply to argue for a more cogent and appropriate way of tackling it, sensitive to the impressionability of young minds.

The joint policy on the television coverage of Aids, agreed by commercial television, the BBC and the DHSS, has been to reach "as many people as we possibly

can" with information. This is right and proper, as is the acknowledgement that the main target group should be people in their mid-teens to late-twenties — those most at risk. But television is a notoriously indiscriminating medium, and it is surely arguable whether transmitting government Aids warnings on television at a time when young children may be watch-

ing should fall within the official remit. What is designed to alert and inform adults may serve only to frighten and confuse young children.

For parents, the need is to put these things in proportion, to decode the bewildering onslaught from newspapers and television in as simple a fashion as possible, and redress it with a moderating dose of reassurance and common sense. Aids, after all, is but one disease among many that arrive in a variety of ways. To a child it is less an immediate threat than cancer, leukaemia or typhoid — none of which are part of the average child's vocabulary; none a cause for nightmares.

It is an unfortunate symptom of the age in which we live that such reassurance has become second nature to most parents. Yes, there is

The explanation that sex is an expression of love, joy and procreation seems now, sadly, altogether too optimistic

such a thing as rape, but it's threat to their own lives is not necessarily commensurate with the size of newspaper headlines. Yes, some children are victims of cruelty and mistreatment at the hands of their own parents; but the number of children who actually call Childline are relatively few, and its existence should not be allowed to disturb the balance of their own security and happiness.

To explain that the death of innocence at the hands of the media poses a far greater threat than the diseases or physical harm which the media reports is beyond the skills of most parents, and beyond the understanding of their children.

"You're so ignorant!", a friend playfully admonished her family at the dining-table. "Mummy", said her 6-year-old daughter. "Does that mean I'll die?"

Ignorance may kill adults. But to young children, it should remain bliss.

LOOK AGAIN

FIGHT TO SAVE IRISH FROM AIDS AND DRUGS

From PATSY
McARDLE
in London

Tragedy behind London's

FUN-LOVING Paddies flirting with the deadly threat of AIDS — and a target for drug peddlers — in London are being "rescued" by the folks back home!

Clergy in several rural parishes throughout the country are co-operating in a campaign launched in the Thames-side city to tie-up the foot-loose hours of the exiles by putting them in touch with their 'cradle-county' compatriots.

Bishop Joseph Duffy travelled this week-end from the Clogher diocese to London to boost the work being done by the Monaghan county association for the emigrants.

He told **SUNDAY WORLD** yesterday: "These

bright lights

county associations are playing a vital role in helping the Irish to stay in touch with their homeland and families."

Clones-man Aidan Murray, who is secretary of the Monaghan County Association, revealed details of the hands-across-the-sea campaign aimed at preventing young Irish people from being ensnared in the sleazy side of London life.

"We've asked the clergy at home to issue an appeal through their weekly parish bulletins to the parents and relatives of those in England to get in touch with

them, and urge them to join their own county association.

"This means they will have plenty of activities in their spare time — and won't have time to get involved in the unseemly and sordid side of London's night-life.

* A report prepared by the Irish Welfare Bureau in Hammersmith has revealed that large numbers of people from Dublin and Belfast sought help during the past year.

A social worker attached to the centre told **SUNDAY WORLD** yesterday: "The situation is really frightening — it's very serious for young people who come to London in search of work with no place to stay. Very soon their few pounds are gone, and they end up on the streets — where disease and drugs are rampant."

SV

After insurance blow for haemophiliacs... STATE CASH FOR AIDS 'INNOCENTS'?

THE Department of Health may be asked to compensate haemophiliacs who have contracted the AIDS virus.

The move seems certain following the refusal of the country's insurance companies to give cover to those who have been exposed to the baffling bug.

One hundred and three of Ireland's 300 haemophiliac patients are now carrying the virus as a result of being treated with contaminated blood products.

Mr. Brian O'Mahony, a spokesman for the Haemophilia Society of Ireland, said yesterday: "We will be seeking a meeting with the in-coming Minister for Health to see what can be done to help them."

"While compensation will not alleviate the worry and anxiety they are suffering, it would at least give recognition to the fact that they contracted the virus innocently."

Last month life assurance cover for most haemophiliacs was effectively stopped after they were asked to produce proof that they had not been exposed to the bug.

In global terms it is thought that about one in four virus carriers eventually go on to develop fully blown-up AIDS, a fatal disease that breaks down the body's immune system allowing an infection as simple as a cold to kill.

"The insurance companies are sadly lacking in compensation and are singling us out because we are an easily identifiable group," said Mr. O'Mahony.

"They are not being as stringent with other groupings or individuals."

He said that their action was not alone preventing haemophiliacs from obtaining life cover, but it was also stopping them from being able to buy their own homes.

He pointed out that most

By CATHAL O'SHEA

building societies refused to loan money unless the borrower had life assurance cover.

"Haemophiliacs who have been exposed to the virus contracted it through no fault of their own," he said.

"They are now living with the continual fear that they may die at any stage in the immediate future."

"When they catch a cold they wonder is that going to be it."

"For some lives have been wrecked as they worry about who will support their wives and children in the event of them dying."

Mr. O'Mahony said there was a clear case for the Government stepping in. He did not want those who had tragically contracted the virus ending up as statistics or forgotten people.

He pointed out that Professor Ian Temperley, director of the National Haemophilic Centre at St. James's Hospital, had already suggested that in the event of insurance companies refusing to change their policy, the State should offer some kind of indemnity.

Most haemophiliacs who contracted the virus did so prior to 1985.

Since then the risks of them being exposed to the bug have been greatly reduced through new safe guards and precautions being taken when dealing with blood pressure.

SUNDAY WORLD, MARCH 8th, 1987

Sunday World
8th March 1987

CONDOMS FOR ALL

IT was most heartening to see an I.C.A. spokesperson on T.V. recently advocating condoms when necessary to prevent AIDS.

This was particularly laudable view of the fact that the I.C.A. generally speaking are not noted for being the most radical group of women going.

It's a pity that the former Government doesn't take the matter of AIDS as seriously as the I.C.A. do, that the Government education campaign on AIDS is held in abeyance because of politicians playing politics is nothing short of scandalous.

The last meeting of the

Coalition Government sent the planned campaign back for redesigning — and particularly to include more emphasis on drug taking as a source of AIDS.

But rumour has it that it's the condoms issue that is the stumbling block — since condoms are against the Catholic teaching here.

At a time like this, when

the deadly disease is spreading like wildfire in other countries, and will eventually be as contagious here, I don't think it's a time to worry about whether condoms are against the Church or not.

If it would save just a few deaths, I'd pass them out myself, any Saturday morning on Grafton Street!

SV

AIDS

The David Bellamy column

the ultimate weapon against man



THE NEWS last week that a mutation of the AIDS virus was found to have crossed species and entered the genetic system of a pussycat has worried the scientific community. It's bad news of course for friends of the cat, though there's no need as yet to worry about our household pets. It's an isolated incident, and if repeated at all, may prove very rare.

But it's scientifically problematic, because the virus is beginning to show itself to be unpredictable, and it would that nobody, not even a household pet, is 100% immune from contracting this disease.

Not only is AIDS uniquely unpredictable, it's almost unnatural, a disease which breaks down completely the body's immune system, paving the way for infections which eventually kill. And although there are no shortage of theories, we really don't know how AIDS originated. I, like many though, have my suspicion. If someone wanted to invent a truly terrible weapon against humanity they couldn't have come up with anything worse.

Not that there's been a shortage of attempts to create precisely that. Respectable laboratory-based scientists, chemists and civil servants in many countries around the 'civilised' world have, for the last few years, been experimenting with a horrible range of chemical concoctions, nerve gases, chemical weapons, biological weapons, for use in some imaginary future theatre of war, or as part of a defence strategy they call 'deterrence'. Could the AIDS virus have emerged from one such set of experiments, the by-product of some irresponsible experiment in genetic engineering or quasi-nuclear technology?

There was a report in *New Scientist* a few months ago that AIDS was indeed thought to have been bred in some such laboratory. This report has neither been substantiated or repudiated. Maybe it's been quelled by those who make their careers out of such dubious and dangerous areas of research. Whatever the truth, we should be told.

The AIDS-infected cat may have contracted the

disease as part of some such experiment whereby the virus spread among experiment animals and eventually escaped to the outside world... a lab cat or rat is prime suspect.

Another quite different theory of its origin is that AIDS emerged in Africa as a by-product of diseases associated with malnutrition, and spread largely through the activities of prostitutes and travelling businessmen and servicemen, to the rest of the world. What does seem consistent is that the virus seems to thrive in conditions of overcrowding, where human beings interact intimately with great frequency. Hence, its prevalence in brothels and American gay bath-houses. The exchange of blood or semen is merely the intensification of that intimacy.

However, there is another factor here. One of the countries with the worst AIDS problems is Kenya, and it's worst in the cities and big urban centres where population growth is at its maximum. This in a country with one of the fastest-growing populations in the world... it's expected to double to over 40 million inside the next fifteen years.

This gives some credence to the theory that AIDS may be a by-product of over-population: that it's nature's way of telling us that we humans are getting too many for the ecosystem to control. With the world population growing from over its present 4,000 million to over eight billion by the year 2025, are the first four AIDS viruses merely the beginning of a natural reaction?

Whatever the origins of AIDS, natural or unnatural, increasingly it appears that the conditions for the success of the disease are of our own making.

Let's hope that a cure to this plague is at hand. But let's also hope that we can do something about the gross, officially sanctioned irresponsibilities in our society, the experiments in biological warfare and the overpopulation of our planet, that have been allowed to emerge, aided and abetted.

Otherwise, bang, bang, and we're all dead.

Evening Herald
9th March 1987

Dying from AIDS — the drama

DANIEL MASSEY
—an AIDS
victim in
'Intimate Contact'
starting tonight
on UTV.



LAST week was AIDS week on the box. And if you didn't know that, you must have been hibernating or in the ever shrinking area which receives only the RTE channels. Those were the facts. Tonight, comes the fiction.

Britain's Central Television become the first station this side of the world to tackle the AIDS problem in a drama series. "Intimate Contact", starring Claire Bloom and Daniel Massey will be a tearjerking boost to the AIDS campaign that, thank God, is becoming hard to avoid.

It painfully unmask the established relationship between a husband and wife and exposes raw emotion in their family life. They are forced to cope with social isolation as well as the imminent death of the husband and father, whose indiscretion on a business trip has shattered all their lives.

Claire Bloom and Daniel Massey play the well-off middle class couple Ruth and Clive Gregory. They have been married for 25 comfortable years but Ruth's cosy and protected world in London's green-belt begins to disintegrate when Clive collapses on the golf course.

Hospital tests reveal he has AIDS, picked up from a sexual encounter with a female prostitute while on a business trip

to New York 18 months before. He knows he will die and can only wait for his physical condition to deteriorate.

Daniel Massey speaks with concern about the implications of a drama that takes the AIDS issue into every viewer's living room.

Before filming started he talked to a number of doctors and nurses about AIDS.

"I was deeply impressed by their dedication and care for sufferers" he says. "The effects of AIDS alarmed me. Of course I knew it was a deadly disease — but not the extent of its ravages on the individual and the physical and mental torture sufferers must go through."

"Intimate Contact," UTV, tonight 9 p.m.

SL

Evening Press
9th March 1987

★★★★★★★★★★★★★★★★★★★★
★
★ **Because**
★ **it's risky**
★

★ SOME PEOPLE might like to
★ ★ think that all Irish 15 and 16-
★ year-old are innocent angels of
★ God, but in Britain statistics show
★ that when it comes to catching
★ AIDs 15-16 year-olds are in a high-
★ risk group.

★ If you're a teenager in Ireland
★ you might not be in such a high-
★ risk group but even still, stop
★ complaining that there's a glut of
★ AIDs programmes on TV and too
★ many AIDs articles in the
★ newspapers. It's not a free car
★ being given away you know, it's a
★ free disease.
★

★★★★★★★★★★★★★★★★★★★★

SL

Nupe publishes guidelines on Aids aimed at women

BY JIMMY BURNS

THE National Union of Public Employees has linked up with the Terrence Higgins Trust, the Aids advisory group, to publish the first guidelines on the disease specifically aimed at women.

Nupe, which has more than 400,000 female members working in local government offices and hospitals, said the guidelines, *Women and Aids*, were designed to answer the questions and fears about Aids faced by women at home and at work.

Nupe officials are at the forefront of a growing body of opinion within the trade union movement which is treating Aids as a key medical and industrial relations issue.

It is believed the union has a number of members who have either been dismissed or are frightened of losing their jobs because they have contracted the virus.

Nupe said its current campaign, with its emphasis on

members helping each other, was an attempt to offset "some of the most lurid accounts" about the disease in the popular press.

The union's executive is studying a policy statement that would call for a new government programme for dealing with Aids including the setting up of special hospices, increased NHS assistance, and changes to the advertising campaign.

"Factual information should replace doom and gloom," Nupe said.

● Most senior managers in the UK believe that over the next year they will face the dilemma of coping with Aids in their workforce, according to a survey published today in the magazine *Chief Executive*.

A little under a fifth of the 321 company directors interviewed said they would suspend sufferers on full pay and about the same proportion would ask him or her to resign.

Jaunt's deadly aftermath

INTIMATE CONTACT (9.00 ITV) is Central TV's contribution to the AIDS war, this battle being staged in the green-belt home of a wealthy business man, played by Daniel Massey, who has brought a little something home after his last business trip to New York.

The first instalment in the four-part serial comes close to being gruesomely mawkish with Claire Bloom (*comforting Daniel Massey right*) giving a rigid performance as the wife with the stiffest upper lip in town. What is beyond the boundaries of good taste is the unnecessarily lengthy 'blue movie' flashback to Massey's Rotten Apple orgy.

Such gratuitous voyeurism is distinctly tasteless in this context, and laying the blame so firmly on the 'filthy, rotten, diseased tart', as the Massey character calls his conquest, rather than on the adulterous man, borders on misogyny. *Intimate Contact* is directed with soapy flair by Waris Hussein and written coyly by Alma Cullen.

The evening's two current affairs programmes have both unearthed heavyweight reports.

HORIZON (8.10 BBC2) takes the subject of Police Stress: The John Wayne Syndrome. Ian



McKenzie, a former police superintendent now a psychologist says 'psychological illness among British police could still be costing the force the equivalent of several thousand full-time police officers a year.'

PANORAMA (9.30 BBC1) adds fuel to the escalating debate about the nature of competitive games in our schools. The lobby which believes in a short, sharp, shock for its offsprings in the form of cross country runs and cold showers, will be appalled by a new report which claims the decline in sport in state schools is undermining the health of the nation's youth.

SV

Irish Times
9th March 1987

 **INFORMATION
ON AIDS**

Sir, — I am writing to you about recent reports on the possible risk of AIDS with acupuncture treatment. This has been mentioned recently by several patients, and I feel that it is important to clarify the issue.

The usual conventional sterilisation techniques involve either autoclaving or chemical methods. All current knowledge suggests that these methods are perfectly adequate in the case of the AIDS virus. Despite this all procedures involving needles are seen as a potential risk by some people. This is understandable in view of the continuing flux of our knowledge about the illness.

This problem is completely avoided by using disposable needles, i.e. the set of needles are used on only one patient and then destroyed. This is obviously 100% safe, as there is no contact with needles used by any other patient. This practice is becoming more widespread in Britain, USA and Australia to meet patients' perceived fears about AIDS.

Acupuncture is of considerable value in selected conditions. It would be unfortunate if this useful skill was neglected because of misinformation and misunderstanding. — Yours, etc.,

BRENDAN FITZPATRICK,
MRCPI, MFHom,

115 Morehampton Road,
Dublin 4.

SV

Irish Times
9th March 1987

Priests with AIDS die alone in US

From Sean Cronin,
in Washington

AT LEAST a dozen Catholic priests in the US are reported to have died of AIDS. There are no exact figures, but they include a parish priest in Chicago and another in Hawaii. Priests suffering from AIDS are transferred from their parishes, according to gay rights activists, and no account is given of their condition. Their families usually are too ashamed to say and often the priests die alone.

Homosexual rights groups in the US also accuse the Catholic Church of being slow to minister to AIDS patients and they contrast this, unfavourably, with the attitude of the Episcopal Church, the Anglican Church in the US.

A former Christian Brother estimates that from 40 per cent to 60 per cent of the Catholic clergy in the US are homosexuals. The usual estimate is 10 per cent, the same as for the population at large, but Mr Kevin Gordon, in a book published earlier this year, says the numbers are far higher. The exact figures are not known.

A major scandal erupted in Brooklyn late last year when a leading diocesan official was found murdered in a slum area, wearing lay clothes. A black youth was arrested and claimed that he shot the priest in self-defence. The jury exonerated him.

Gay rights activists are particularly incensed by the attitude of the present Pope to homosexuals. In 1976, the US Catholic Bishops said homosexuals "have a right to respect, friendship and justice. They should have an active role in the Christian community."

At the same time, the then Archbishop of Chicago, Cardinal Cody, allowed Catholic homosexual rights group, Dignity, to sponsor Masses in the city's churches. Homosexuals charge that today they are denied any role in the US Catholic community on the direct orders of the Vatican.

A Vatican letter last October denounced the activities of Catholic gay rights groups, such as Dignity, as "deceitful propaganda."

Pope John Paul will visit California in September, and gay activists plan demonstrations wherever he goes.

A parish priest in Texas, the Rev Laurence Connelly, told the *Wall Street Journal* that the Vatican view of homosexuality was "anti-Christ and anti-Gospel." Many theologians agree with him; they say the current view breaks with traditional teaching about the difference between the "sinner" and the "sin."

The Rev Charles Curran, a noted theologian, was dismissed from his post at Catholic University in Washington for, among other reasons, his writings on homosexuality. Dr Curran is suing the university authorities for wrongful dismissal. The order to remove him as Professor of Moral Theology came from the Vatican.

The Rev John McNeill, who describes himself as a celibate homosexual, was expelled from the Jesuits last month for a lecture in which he argued that sexual-morality issues come under the heading of "freedom of conscience." He had previously been ordered not to discuss the issue publicly.

In Philadelphia, under Cardinal John Krol, homosexuals are banned from Church activities or using Church property for meetings.

When Archbishop Raymond Hunthausen of Seattle permitted Dignity-sponsored Masses and welcomed a gay rights convention to this city, he was disciplined by the Vatican and stripped of his authority.

Cardinal John O'Connor of New York went to court when the municipal government opposed his order giving the archdiocese the right to dismiss homosexuals from teaching and other posts. He won.

Last month, however, Cardinal O'Connor allowed a man dying of AIDS to marry in St Patrick's Cathedral after the priest in charge had rejected the request, and the cardinal has invited Mother Teresa to set up AIDS clinics in the archdiocese. Some observers are convinced the AIDS epidemic has produced the strong Vatican line on the question of homosexuality.

SL

Norris attacks Senate role for failed politicians

By Niall Kiely

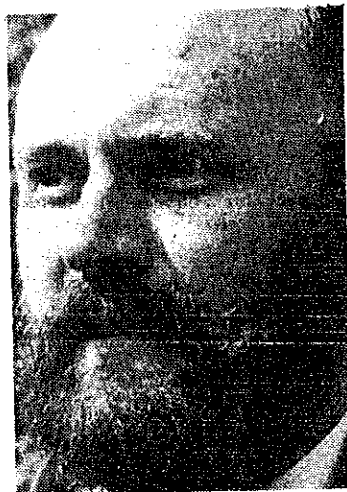
HIS CAMPAIGN will rail against "bloody-minded little bureaucrats," the use of the Senate as a dumping-ground for failed politicians and the treatment of Dublin as a flea-bitten provincial market town, Mr David Norris said yesterday at the launching of his manifesto for the 1987 Senate election.

Mr Norris, an English lecturer at Trinity College, Dublin, has been nominated for a TCD seat by Dr Noel Browne, former TD and Minister for Health in the 1948-51 Coalition, and seconded by Dean Victor Griffin, of St Patrick's Cathedral, Dublin.

Mr Norris told a press conference yesterday that, although his support would come from the graduates of Trinity, he believed that he also shared a wider, conservation-oriented constituency in the greater Dublin area. "Just as Trinity is central to Dublin, so Dublin and its proper development as a capital city is central to the well-being of the nation."

The candidate, a prominent Joyce scholar, cited the example of Edinburgh, Dublin's sister city, to show the income-generating potential of the arts could be encouraged with an annual festival. "But in Dublin, despite the fact that we have an international reputation as the cradle of the Abbey Theatre and birthplace of playwrights such as Wilde, Shaw, Synge, O'Casey and Beckett, the goose that laid the golden egg is being slowly strangled by bloody-minded little bureaucrats."

Mr Norris said he supported initiatives such as the Anglo-Irish Agreement, which provided "room to hope," and he commended the weekend television programme hosted on RTE by Ms Rhonda Paisley as an example of how a sense of humour could unite the Irish more effectively than politics. He agreed with the O'Casey character who said: "I'm a nationalist myself right enough. I believe in a united Ireland, but I draw the line when I hear the gunmen blowin' about dyin' for Ireland when it's the people that is dyin' for the gunmen."



Mr David Norris

He was delighted to see skin and hair flying in the letters columns of *The Irish Times* on the topic of Senate reform, and said that this was an example of what he could do when he set his mind to something. "I have often said that the Senate should cease being used as a dumping ground for failed politicians. I am now looking into the possibility of running Dail and Seanad elections concurrently. It is especially galling to kick someone out the front door, only to find them waving to you from the drawing-room window."

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