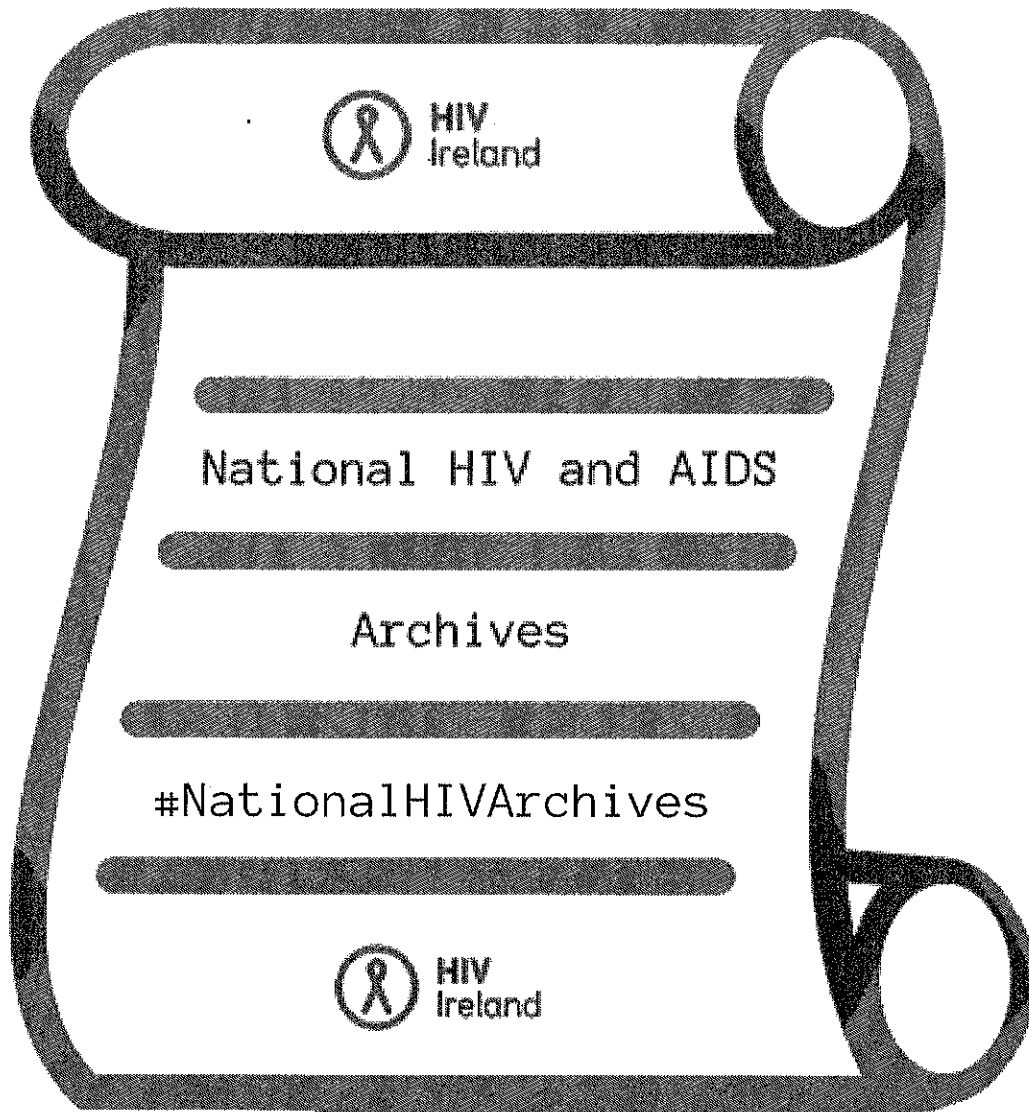


Print Media



1st to 10th January 1987

Irish Times
2nd January 1987

AIDS

Sir, — May one ask if the AIDS disease can be transmitted by saliva? If so, what precautions, if any, are taken by the gardai when breathalysing people?

The question is prompted after seeing on TV the British police breathalyse three motorists one after the other without cleaning the mouthpiece of the implement after each use.

And even if the outside is cleansed, wouldn't there remain the saliva trapped on the inside of the mouthpiece? — Yours, etc.,

LIAM DEEGAN,
68 Cappagh Avenue,
Finglas,
Dublin 11.

Aids campaign extends to TV and leafleting

By Jill Sherman

The first government leaflets giving detailed information on the risks of catching Aids will be pushed through millions of letter boxes on January 12.

The leaflet drop to 23 million households will be preceded by television advertisements on either Wednesday or Thursday next week.

The distribution of the leaflets, which is expected to take up to two weeks, will coincide with a cinema advertising campaign also starting on January 12. A second phase of television advertising will follow at the end of the month.

This new stage of the Government's £20 million education campaign on Aids is expected to be launched next week by Mr Norman Fowler, the Secretary of State for Social Services, to ensure additional media coverage.

The leaflets will reiterate messages in the Government's poster, radio and magazine campaign, and are unlikely to be more explicit. "We will be as explicit as we feel is necessary to get the message across," a Department of Health and Social Security spokesman said.

Yesterday the DHSS, doctors and Aids organizations were heartened by findings of a MORI poll commissioned by *The Times*, which indicates that people are beginning to change their sexual habits to protect themselves from Aids.

According to the poll 26 per cent of single men and women aged 18 to 29 are now more likely to use a condom, and 42 per cent of married couples are less likely to have affairs.

Most of the 1,093 adults polled also knew that the disease could be spread homosexually, heterosexually and through hyperdermic syringes.

But the findings also showed that 50 per cent of the poll thought that Aids could

be transmitted by saliva and significant numbers were less likely to give mouth-to-mouth resuscitation or help accident victims.

Specialists warned that the public needs more detailed information both about how the disease is spread and how to gain maximum protection.

Mr John Fitzpatrick, of the Terrence Higgins Trust, said: "The results are encouraging."

Letters

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They seem to show that the message is getting through to a substantial proportion of the population.

"Now we need to refine this information so that people have a deeper knowledge of Aids. There is no evidence that Aids can be transmitted through saliva or through mouth-to-mouth resuscitation. People with Aids are not lepers."

Dr John Gallwey, a genitourinary physician at the Radcliffe Infirmary, Oxford, pointed out that although the public was becoming more aware of Aids it was those least at risk who were now changing their behaviour.

Dr Gallwey holds a weekly special clinic to offer advice to people in high-risk groups or practising high-risk behaviour. "But those who come are typically couples who have been faithful to each other for three years and are worried about previous affairs."

Those who are promiscuous are not changing their behaviour, he said. The people who come to his sexually transmitted diseases (STD) clinic are not those that attend the special Aids clinic.

"Prostitutes or women from escort agencies come to the STD clinic and are amazed that they are at risk. These people never think it will happen to them."

PLEASE MAKE SURE THIS IS READ

This time last year most people hadn't heard of the threat. By the end of 1986, no-one was talking of anything else. AIDS has become the most discussed, the most feared, the most preached-about disease in living memory. Not since bubonic plague swept across the medieval world have people been so terrified.

So, in this first week of a hopeful New Year, let's look at the hard facts about the situation as it is now, and assess the likelihood of AIDS becoming a direct part of your personal or family life over the next twelve months.

AIDS is *not* a "plague" of the sort that spreads like wildfire through helpless populations. The bubonic plague was like that, and so were cholera, typhoid, typhus and yellow fever, tuberculosis and polio—but we are not helpless against this infection. It is, in fact, not very infectious at all; you can't catch it from sitting next to someone on a bus, sharing a water supply or a loo, a swimming pool or a restaurant, social kissing or holding hands. People did catch all those other infections via those routes.

AIDS can only be caught from contact with blood which carries the virus, or from intimate sexual contact. The virus is a fragile one and is easily destroyed by simple processes; ordinary hospital sterilising procedures put paid to it, so there is no risk of picking it up from that source. It is because this is so that the disease, when news of it first spread, was limited in developed countries mainly to three groups of people: those suffering from illnesses like haemophilia, which demand the use of blood products for treatment; those drug addicts who inject their drugs and share needles; and homosexual men who practise anal intercourse, which carries a high risk of damaging small blood vessels. In some parts of the world,

AIDS



A deadly threat is posed by the AIDS virus. The most pressing medical problem of the year—and the most difficult—is to find a cure. Until then, we should be concerned about our own health, and that of the people we love. Act now and minimise the risks, says Claire Rayner

notably Haiti, and certain parts of Africa—Zaire, for example—heterosexual men and women have also been infected, and there has been some research into the possibility that the virus reached people there via green monkeys, which are prone to a disease from a similar virus. The monkeys have been

known to bite people, and it is thought the virus escaped that way and then mutated—changed and became able to attack humans. (There is certainly no evidence to support the rumour that this is a man-made virus; no scientist anywhere is clever enough to do that!) At the time of writing, relatively few

women in the UK have been infected—but it is certain that more will be, unless we all learn how to protect ourselves.

AIDS IS avoidable. It is essentially a sexually transmitted disease, like syphilis and gonorrhoea (never forget that syphilis was a killer, and caused the same sort of terror, when it first appeared, as AIDS is causing now). With sensible awareness of what that implies, you and the people you love can be safe.

But having said that, far too many people ignore the warnings and the practical advice about self-protection. We have been told over and over again that there are three ways to avoid this disease—and several others at the same time, up to and including cancer of the cervix—and I make no apology for repeating them now.

ONE. Lifelong celibacy confers total protection. This is not the method chosen by the majority, but for some people it is a valid and workable one.

TWO. Lifelong monogamy with a person who was, like yourself, a virgin when you embarked on your

AIDS—THE FACTS AND THE FALSEHOODS

AIDS is spreading like wildfire—it's a plague.
NOT TRUE. The disease is a difficult one to catch. The number of known cases in the UK is at present relatively low. AIDS has the potential to become a major epidemic but it is not one yet.

AIDS threatens everyone—no-one is safe.
NOT TRUE. AIDS is an avoidable infection. Once people know the facts about it and know how to make sure they do not expose themselves, they have nothing to fear. It is ignorance that is dangerous.

AIDS is caused by homosexuals.
NOT TRUE. Forget all the scare stories you may have read about AIDS being a "gay

plague." AIDS is a sexually transmitted disease spread by promiscuity. A person's sexual feelings and needs are not important—the way he or she behaves is. It is sleeping around with infected people that spreads AIDS.

AIDS can be picked up in public lavatories, from sharing glasses and dishes with infected people, from working with infected people, and so on.

NOT TRUE. The disease is passed from one person to another via blood, or vaginal fluid or via semen—the sticky liquid men produce when they have a sexual climax. So, sharing soiled needles, as drug addicts do, can spread it, and sharing sex can spread it. Ordinary social contact cannot.

BY EVERYONE YOU LOVE . . .

partnership is also completely secure. This is the method of choice for very large numbers of people, who live perfectly happy lives within that framework.

THREE. The use of a barrier method, notably spermicide-treated sheaths (there is evidence that the spermicide kills the AIDS

Sheaths will reduce the risks

virus, and the rubber prevents viral escape from an infected person to a recipient) can confer a high level of protection on those who opt to share their sex with partners of whose previous sexual history they have inadequate knowledge and reassurance. Sheaths do *not* make it totally safe and reasonable to sleep around—but they do greatly reduce the risks which that sort of lifestyle can create.

If there are, among your family and friends, people who sneer at this advice or who shrug their shoulders and say, "it couldn't happen to me," (it's an idiotic attitude, but it exists) then they are seriously at risk.

If there are among them drug users who mainline (inject into a vein) and are not fussy about the sort of needles they use, then they, too, are at risk.

If you know someone who needs blood products or a blood transfusion, there is no risk, because now all such products are carefully tested and screened for AIDS safety. That avenue has been well and truly blocked.

So what do you do if one of your family develops the illness? (And by the way, I have no intention of listing symptoms here, since all of them could be caused by much less worrying conditions, and watching for symptoms can make even the most sensible person unnecessarily anxious to the point of neurosis.)

First, both you and your family need to keep your heads and not panic. Being told that you have a positive result to a blood test for AIDS is obviously alarming but it does not necessarily mean an immediate death sentence. At the moment we just don't know how many people who pick up the virus will go on to develop the disease. Estimates vary a great deal but the commonest is up to 30 per cent, which means that 70 per cent will *not* get ill. They will always be carriers—that is, well themselves, but capable of infecting others. They must always be very sensible about safe sex, and if they are women, must take careful advice about whether or not to get pregnant (there is some evidence that

babies born to carriers have a high risk of being infected) but will not necessarily suffer severely or have shortened lives.

If symptoms do appear, however, then the person you love will need what any ill person needs—care, attention and love, the assurance that all that can be done to make them comfortable will be done, and constant support. They may, during their particularly ill phases, need to stay in a specialist hospital unit where they can be treated and enabled to return home. They need to feel that the people they care about care about them—and if all this sounds familiar to those readers who have looked after relatives or friends suffering from cancer, motor neurone disease, heart disease or kidney failure, it's meant to.

They will know exactly what I am talking about, because this is the sort of care that families give such patients day in, day out all over the country. All such illnesses carry distress and pain and unhappiness—but all can be eased by sensible measures, which remain the same whatever the disease.

Learn as much as you can about the condition your patient has. Doctors and nurses looking after them will give you some information, but there are also specialist self-help groups who can advise. In the case of AIDS, there is the Terrence Higgins Trust, BM AIDS, London WC1N 3XX. On their Helpline, 01-833 2971, trained counsellors take calls from 7–10 a.m. weekdays, 3–10 p.m. weekends. Body Positive, at the same address, counsel those who have positive blood tests.

Talk as much as you can with the person who is ill. By "as much as you can" I mean as much as the

patient wants to. Sometimes ill people want to talk a great deal about their feelings; sometimes they prefer to ignore their situation and talk about anything and everything else. Each person has the right to be treated as an individual and given the response they need.

Then, it is necessary to *take good care of yourself*. And that does *not* mean that you are at high risk of infection; not a single doctor or nurse looking after AIDS patients has yet caught it from their work. Of course, simple, obvious hygiene measures are needed, as with any home nursing, but they will be explained by the doctor responsible for the patient and need not be particularly onerous. But it is important that you, as carer, eat well and get enough rest, recreation and support, because without it you can't give the care you want to and which your patient needs.

If you hear of a neighbour or an acquaintance who has the infection, then do as any civilised and caring person would, *commiserate*. Send cards and good wishes,

AIDS-afflicted friends need you —don't turn away

flowers maybe, and above all, *visit*. And if the person who has the illness is able to get out and about, then take them out. (I know someone with AIDS. He's now going through a bad patch but, as soon as he's feeling fit, we will go to a restaurant and eat and drink nice things and laugh and joke a lot; and I'm looking forward to it immensely, just as I would to any night out.) Oddly, caring for someone who is

ill with AIDS is easier to cope with in some ways than living with a person who is only carrying the virus. That can feel like living with a time bomb but it must never be seen that way, if you and your family are to stay happy together.

Again, the place to look for sources of guidance on how to handle it is among those people who have had treatment for life-threatening diseases. People, for example, who have had cancers removed and had follow up treatment, and who must then go on living in the hope they will remain well, but with the knowledge that there is a possibility that the condition may recur. The positive AIDS sufferer is in precisely the same situation—and if cancer patients can cope as splendidly as vast numbers do, then be sure that AIDS patients can as well.

It is hard to persuade people to be of good cheer when faced with a disagreeable disease; it sounds like whistling in the dark. But this disease, like so many of the previous killers, will be conquered just as were tuberculosis, smallpox—one of the most ghastly diseases ever, now totally eradicated—polio and many more.

We must not get fatalistic about this new one, because, let me remind you, it *is* an avoidable illness. The most useful thing any of us can do now is not to worry about whether someone we love will get it this year—but to make extremely sure that all of them know precisely how *not* to get it. And if that means talking in very direct terms about sexual matters you would prefer not to think of, let alone discuss, then that's the way it has to be. Never forget that squeamishness can severely damage your health. And that of the people you love. ■

AIDS—THE SAFE SEX CODE

ONE Always try to share sex with someone you know and can trust to tell you the truth about previous sexual adventures. REMEMBER, even if you are a virgin, if you have sex with a person who has had two or three previous partners or is a drug user who shares needles with others, you are in effect having sex with all of them as well. Lifelong commitment to a partner who also was a virgin when you started out together protects you not only from AIDS, but other illnesses, including cervical cancer, too.

TWO If you cannot be sure of your partner's sexual health (and he may have to admit doubt about his previous sexual partners, never have vaginal intercourse without using a sheath (or condom, rubber johnnie or French letter—whatever you want to call it).

THREE If you want to start a pregnancy with a man of whose sexual health

you are unsure, it is reasonable to ask him to consider coming with you to a sexually transmitted diseases clinic (addresses in the phone book) for advice and (if necessary) a blood test. If he refuses, reconsider carefully. Women with AIDS have a high risk of passing the virus to their babies.

FOUR If your partner has had previous homosexual liaisons (and bisexuality is far commoner than most women realise) during which he may have collected the AIDS virus, or if he injects drugs, be particularly careful. If he has been tested and has a positive reaction, you can still be lovers, but should avoid intercourse and oral sex. Caressing and stroking to the point of orgasm is safe, as long as he wears a condom to contain the semen. Pregnancy is not safe for either mother or baby. Remember—the control of AIDS is not, ultimately, the responsibility of any government agency. It's your health—it's in your hands.

Irish Times
5th January 1987

Plan to fight AIDS urged

THE TUC yesterday called for a major programme of action to combat AIDS — including the possible checking of everybody admitted to hospital to see if they are carrying the virus.

Many hospitals already assume that those taken to casualty departments have hepatitis "B" until proved otherwise, the TUC stated in evidence to a Commons social services committee inquiry into problems associated with AIDS.

"In the TUC's view, it may be necessary to consider whether the Health Service should assume that everyone admitted for treatment was infected with the AIDS virus as the spread of the disease accelerates," it added.

They also seek: Full protection of employment rights of AIDS patients and carriers; No discrimination against "high risk" groups at work or in the community; Introduction of random medical surveillance screening to monitor the progress of the disease. — (PA)



On the
new and
ominous
side to
our drugs
nightmare



Can addicts help control AIDS?

By Edmund J. O'Neill

THE TWILIGHT world of hard drug taking in Dublin and other centres could now hold the key to preventing the escalation of the already ominous AIDS problem in this country.

And as the new year gets into its stride the Health Education Bureau and other organisations are confronted with another serious dilemma as they try and finalise an overall plan to try and halt the steady increase of AIDS in Ireland.

The "condom controversy" has already bedevilled plans to introduce a comprehensive State backed AIDS health education programme for both the heterosexual and homosexual sections of the population.

However, there is growing evidence that homosexuals in Ireland — one of the most potentially high risk groups — have already taken independent steps to introduce their own safety procedures.

The homosexual community in Ireland is believed to be more tightly knit and less promiscuous than comparable groups in other countries and is therefore believed to pose less of a threat to the population in general.

But no such advances have been made with the drug taking population in Dublin and other major centres — and this group now constitutes the most serious risk of spreading the AIDS virus to the heterosexual community.

Already the known statistics make foreboding reading — for example tests carried out by the

UCD virus laboratory indicate that about 30 per cent of intravenous drug abusers in the Republic may now be carriers.

The health authorities now regard these drug users as the major cause of the spread of the virus here, and in Dublin alone there is well over 1,000 of this type of addict.

Within the drug community the main method of transmitting AIDS is due to the ritual of sharing infected needles — and all the re-

there has been, no indication of what will be their final decision.

A decision in favour of the provision of free needles would inevitably provoke an outcry from certain sections of the population here, where the overall AIDS control debate has been particularly intense.

When regard to the drug taking population one of the most worrying facts is that the virus can be transmitted to children by their parents. Some doctors in Dublin maternity hospitals are extremely concerned with the number of

search to date suggests that it is the key problem to be confronted.

This acute dilemma of whether or not drug addicts should be provided with free needles has already led to a major debate in Britain.

Some experts argue strongly that these addicts should be provided with free hygienic needles, which they can dispose of following use, and therefore halt the further spread of the virus.

It is understood that officials in our Department of Health are currently examining the pros and cons of this measure although so far

The key point is: should addicts be given free needles to help control AIDS?



drug addicted mothers giving birth to babies infected with the virus.

The high incidence of the AIDS virus in Irish babies is to be examined as part of a multi-million pound European research project which gets underway this year.

It is probable that Ireland will have a significant contribution to make to this study — for example we have what is probably a unique case in this country of a mother with the AIDS virus giving birth to two babies only one of whom was infected.

We also have another incidence of a baby born with the virus who

has now been free of it for two months — although experts caution that it is too early to say if this remission will be permanent. This is the first known instance in this country where a person confirmed as having the virus subsequently showed up without it.

So far 19 babies have been born in Ireland with the AIDS virus and two of these have subsequently developed the disease. In all a total of 12 cases of the disease has been reported in the country as a whole — but only four of these patients including the two babies — are now alive.

Within the next few weeks pressure is certain to increase on the authorities to finalise its anti-AIDS programme. Last year it turned up 526 carriers of the virus just by screening high risk cases.

Some medical experts warn that the disease could escalate dramatically in this country during the coming 12 months and one of the most worrying statistics is that 10 per cent of those who pick up the virus will go on to develop full blown AIDS.

Further danger signs from an Irish viewpoint is that babies born here have a higher incidence of the virus than those in any other European country, and of course there is also the highly publicised fact that there are 30 AIDS carriers in Mountjoy prison.

Certain important steps have already been taken by the authorities such as the fact that the National Blood Transfusion Service Board now screens all donors for the virus thus ensuring that all blood given to Irish patients is not contaminated.

But most objective observers would agree that much more needs to be done in Ireland — not least among the promiscuous hard drug taking section of the population who now pose such a potentially dire threat to the health of the community in general.

Irish Times
5th January 1987

Patient gets AIDS

A LEUKAEMIA patient given a blood transfusion in a Glasgow hospital has contracted the AIDS virus, health officials confirmed today. In one of only a handful of cases recorded in Britain, the infected blood was not detected by tests introduced nationally in 1985 because the donor had contracted the virus only recently. There is a period of about three months after infection in which existing tests cannot detect the virus, experts said.

Hospital authorities would not discuss the case on the grounds of patient confidentiality but confirmed: "There was a patient who had a bone marrow transplant who is HIV positive. It is believed this happened as a consequence of a blood transfusion." — (PA)

Alice Rawsthorn assesses the impact of Richard Branson's Mates on the booming condom market

Converting a generation to the idea of insulated sex

WHEN Mr Richard Branson, the architect of the Virgin pop music empire, announced his intention to introduce Mates, a brand of condom, as a weapon in the battle against AIDS he threw the British condom market into turmoil.

Mates was conceived as an inexpensive form of contraception that would coax a new generation of young people to use condoms both as a form of birth control and as a barrier against AIDS, with profits from its sales ploughed into a campaign to raise awareness about the disease.

Yet Mates faced the task of transforming the condom - which until AIDS seemed doomed to be the least fashionable form of contraception - into an acceptable means of birth control for the young and sexually aware. Mates has now been marketed for more than two months and is being introduced to other countries this year.

The condom, or something very like it, has been one of the most common forms of contraception for centuries. Fish intestines and animal hide were used in its earliest guises. The more fastidious libertines of the 1700s

THE VIRGIN Healthcare Foundation, the charitable trust formed last autumn by Mr Richard Branson, the pop music entrepreneur, plans to introduce Mates condoms to other countries this spring.

Mr John Jackson, chief executive of Mates Healthcare - the foundation's trading arm - said sales were running 50 per cent ahead of target and estimated that more than 86m Mates condoms were sold to retail customers in the 10 weeks between the launch

and 1800s favoured silk. It was in the 1920s that production of rubber condoms began. The first mass-manufactured condoms were developed in Germany in the mid-1930s by the London Rubber Company - now renamed London International - established a British production plant.

During the Second World War the LRC increased its share of the British market as the flow of imports from Germany ceased. When the British Government decreed that manufacturers using latex must restrict their

and the end of 1987.

The foundation is finalising plans to sell Mates internationally. Mr Jackson said the marketing strategy would be adapted to suit countries' specific needs.

He said that Mates Healthcare should have made a modest profit in its first 10 weeks.

The cost of establishing the foundation was underwritten by Mr Branson, but Mates had already covered its start-up costs and the funding for its first advertising campaign.

output to a single product because of supply shortages, the LRC was the only company to choose condoms. Its Durex brand has dominated the market since and before the launch of Mates claimed 85 per cent of all sales.

London International is also the leading player in the European market. Since its acquisition last year of HAFU-ICO, the largest Italian condom manufacturer, it has claimed 50 per cent of sales in western Europe. The US market is dominated by Carter-Wallace with its Trojan brand. Over the years several compa-

nies have challenged Durex. Warner-Lambert launched an ambitious assault with its Lifestyle condoms a few years ago, but two factors have inhibited prospective competitors.

First, the cost of joining the market has been prohibitively high, given that condom sales were relatively small - just \$21m in 1986 - and that it would require a heavy investment to oust as well-established a brand as Durex.

Second, condom sales have declined steadily since the introduction of the contraceptive pill in the early 1960s. The fall slowed down from the mid-1970s as concern grew about the pill's side-effects, but by 1986 only 110m condoms were sold in Britain.

Until AIDS, the condom was little more than the butt of "is there anything else, sir?" adolescent jokes. However, the discovery that it could act as a barrier against AIDS has encouraged sales throughout the world.

From the outset the Virgin Foundation emphasised that the aim of Mates was to increase the condom market by drawing in younger consumers, not to steal sales from competitors.

Initial research suggests it may



Alan Harper

Richard Branson: making the condom fashionable

have succeeded. Mr John Jackson, chief executive of Mates Healthcare, says that 35m Mates have been sold since mid-October and that sales are 50 per cent above target.

Yet so far the competitors seem to have emerged unscathed. London International says its sales growth has continued since the Mates launch.

BBC launches new radio campaign against AIDS

A NEW campaign to alert people about the dangers of AIDS was launched yesterday by the BBC and the British Medical Association.

Presenters at the 32 BBC local radio stations in England will warn against the dangers of promiscuity and unprotected sex and explain how AIDS can and cannot be transmitted.

The broadcasts will begin next Monday to coincide with the Department of Health and Social Security's national AIDS leaflet delivery to 23 million households.

BBC chiefs have agreed that explicit language should be used by presenters to ensure listeners

understand the health messages. They believe AIDS poses such a horrendous threat that it is more important to be clear than tasteful, although they hope they will not cause offence.

The BBC and BMA have jointly produced a leaflet dealing with questions and answers on AIDS. Called "AIDS" — Are you at Risk? it will be distributed by local radio stations as part of the campaign.

The leaflet warns: "We appear to be just at the beginning of what the experts fear will be a major epidemic — the greatest public health problem of the century.

"The number of reported cases

in Britain rose from three in 1982 to over 600 by the end of last year. If present trends continue, there will be more than 10,000 cases by 1990. The worldwide forecast is 4.7 million cases within ten years."

The BBC said a special AIDS Helpline, set up last month for the BBC's campaign on Radio 1, 2 and 4, was being extended to cope with calls for listeners to local radio.

Radio Scotland, Radio Wales and Radio Ulster will also be looking at the problem of AIDS over the next few months. — (PA)

Blood donor advice attacked

THE AIDS controversy took a new turn last night, with an attack on the British Medical Association for saying that anyone who had had casual sex in recent years should not give blood.

The British Government's chief medical officer, Sir Donald Acheson, said the BMA warning would almost certainly cause a shortage of blood — quite unnecessarily.

"The result of that would be a very serious one. You would have people who needed blood transfusion not having the blood," Sir Donald told ITN.

Dr Harold Gunson, consultant adviser in blood transfusion to the

Health Department, said the BMA idea "goes too far at the present time. It would cause us a serious loss of blood donors."

The Terrence Higgins Trust, a charity named after the first Briton to die of AIDS, said the suggestion was "unnecessarily broad, and could severely limit the supply of blood".

The DHSS also joined in the criticism, saying: "There is no point in creating a shortage in the supply of blood needed by excluding donors unnecessarily".

The BMA call came from the head of its professional division, Dr John Dawson, who said anyone who had slept around promiscuously in the past four years

should think carefully before donating blood.

They could not be absolutely certain their sexual partners were not in one of the high risk AIDS categories, and might therefore become infected themselves and carry the virus in their blood, he said.

The current advice is that people should not give blood if they are homosexual, take drugs intravenously, are haemophiliacs, come from central Africa, or have had sex with anyone in these high risk categories.

Dr Dawson said the list should be extended to cover people who have had casual sex, because their sexual partner might be in one of these categories. — (PA)

Blood transfusion service and BMA clash over Aids

By Thomson Prentice, Science Correspondent

A clash on Aids guidelines developed yesterday between the British Medical Association and the National Blood Transfusion Service over who should or should not donate blood.

The disagreement could lead to public confusion and alarm, and "decimate" the number of donors coming forward, an expert in the transfusion network said. Both organizations conceded that their differences were "regrettable".

The association said that any man or woman who had a casual sexual relationship in the past four years should not offer blood, in conflict with the transfusion service's own advice which only excludes specific, high-risk groups.

The association also said that it could see no reason why male homosexuals who had been in a monogamous relationship for eight years or more should not donate blood.

However, a leaflet from the transfusion service insists that no homosexual man should give blood.

The disagreement occurred despite the efforts of both

organizations to provide clear advice about the risks associated with the disease.

It overshadowed the association's announcement of a collaboration with BBC local radio stations in which Aids education programmes will be combined with a new information leaflet.

Experts in the blood transfusion service have been worried about the potential shortage of donors that could result from the current advice to "high-risk" groups such as homosexuals, intravenous drug abusers and their sexual partners not to offer blood. A 15 per cent drop in London blood stocks has already resulted.

But they are also anxious to prevent any Aids-infected blood slipping through the existing screening system and being used in a transfusion.

Such a case was reported at the weekend in Glasgow, where a man suffering from leukaemia became infected after being given blood. That was a "million to one chance", a transfusion specialist said yesterday.

Donated blood is routinely
Continued on page 16, col 1

Evening Herald
7th January 1987

ing Herald, Wednesday, January 7, 1987

AIDS morality

THREE letters from readers in the Sunday Independent (28/12/86) have one thing in common — the promotion of ignorance in the name of religion!

Friars Domnick Johnson and Patrick O'Connor along with a G. Glennon tried their best to show Mary Kenny

where she was wrong in her interpretation of Church law, etc!

The issue is AIDS and how best to prevent it. These gentlemen (at least two unmarried) appealed to "authority" to win adherents to their views. This device is always employed when logic is missing.

We were told by them that a person must choose a disease rather than use a condom, also "it is never right to do a bad action" (inferring that to use a condom is a "bad action").

Would these people please give us a break from such unadulterated nonsense?

It is far worse to sexually abuse a child and rob her of her God-ordained innocence than to steal some object from a church. What about the politics of frustration when it comes to equal food distribution! Explain the tormented reasons why most churches sanction war!

Or an easier example; a woman is drowning in a river beside a sports shop which happens to be closed. However in the window is a life jacket . . . would these righteous people refuse to break the window and technically steal and break the law and save a life or by their own reasoning "even if we have the best of intentions it is never right to do a bad action" allow the poor woman to drown?

Finally a sinister but very real situation: a woman is aware of her husband's constant infidelities. There is the strong possibility of her contacting an infection eventually. But we are told that for her to be right with her Maker, she has to choose disease!

Is it any wonder so many young people are turning their backs on Christianity when it is presented to them in such ridiculous terms?

JOHN J. MAY
Co. Dublin.

EVENING PRESS, WEDNESDAY, JANUARY 7, 1987

No jail while he has AIDS

A man dying from AIDS was sentenced in Los Angeles yesterday to 15 years in prison for mail fraud and racketeering, but he will not have to serve a day as long as his life is threatened by the disease.

The judge placed Sheldon Block (36) on five years' probation and ordered that his prison sentence be stayed until he is cured of AIDS or until it is determined that his life is no longer threatened.

He also must forfeit \$2.2 million in property to the US government, pay a \$250,000 fine and \$50,000 restitution to his victims. Block pleaded guilty to 76 counts of mail fraud and racketeering in connection with a \$30-million telephone marketing scheme.

London Times
7th January 1987

A sister for the dying

Britain's first hospital ward devoted to Aids patients is due to open on Monday next week. Sally Brompton meets the woman chosen — from an unusually large number of applicants — to run it



A job of work: Jacqui Elliott in her new ward — "Aids patients are very special people. They have amazing courage"

Jacqui Elliott considers working with Aids sufferers no more distressing than nursing renal patients who are forced to endure a life-or-death wait in the hope that one day they might receive a new kidney. "For them, the most depressing thing is the uncertainty," she says.

While the lay world quivers over the lengthening spectre of Acquired Immune Deficiency Syndrome, Elliott regards its victims simply as patients, to be cared for and consoled to the best of her — and her colleagues' — ability.

It is something to which she will be devoting herself completely over the next few months in her new role as sister of Britain's first purpose-built ward for the treatment of patients suffering from the Aids virus. When the £350,000 Broderip Ward opens for business at London's Middlesex Hospital next week with six patients, 26-year-old Elliott will be out in front, heading her team of 14 hand-picked staff nurses aged from 22 to 35.

For many people, the idea of this useful team nursing patients for whom there is no hope and no cure conjures up images of dedication beyond the call of duty. Jacqui Elliott scoffs at such a suggestion. "I'm so fed up with the popular image of nurses as Goody Two Shoes. Even that line about 'wanting to help people' has become clichéd by the Miss World contestants."

"We're skilled people who have studied and practised and who like to think we're intelligent and simply doing a job of work."

Certainly, nursing was not a childhood ambition for this former dancing teacher, the only child of a City director. It seemed, she says, "a slightly more stable career" than teaching ballet and tap. Having trained and worked at the Middlesex, she nursed children at Great Ormond Street and worked in the renal unit of City's. She applied for her present job because "I thought I could do it and it was a real challenge. Aids patients are very special people, there's no doubt about that. They have amazing courage. Besides, I do think someone has got to put a more positive face on it."

Surprisingly, perhaps, there were a large number of applicants for her job and more than double the number needed for the other nursing posts.

Elliott selected the applicants whom she considered to possess what she describes as insight. "You obviously have to look for people who want to do it for the right reasons. It's no good them having the attitude of 'Aids is the in-thing, I've never looked after an Aids patient before, so let's do it now'. I wanted people who are caring without being hysterical."

She herself was picked, according to Professor Stephen Semple at the Middlesex, because "she seemed to have the most sensible approach to the problem. She came across as a very down-to-earth young lady who would be able to cope with the emotional and physical strain, as well as being a first-class nurse."

She had worked with Aids patients at the Middlesex in the past, during the initial appearance of the disease in Britain, and considers it to be no more dangerous to nursing staff than hepatitis-B or tuberculosis. She and her nurses will wear protective clothing — gloves and aprons — only when dealing with blood or other body fluids. "Nothing special. But the emergence of Aids has made us all aware of a tightening up of what we do every day, such as patient confidentiality."

Of the built-in despondency element of nursing no-hopers, she says: "There's no cure for Aids today, but there may be tomorrow. I have implicit faith in my medical colleagues to come up with something in the near future. You just have to treat the symptoms as they come along, keep a positive attitude and provide the best possible nursing care for the patients."

And it isn't limited to giving out bedpans — you have to treat them as a whole, mentally and physically, as well as all the people around them — family, colleagues and friends.

"You need to be sensitive but you need to be positive, too. You have to appreciate the limits of your own job and be aware of the point at which someone else might do it better. There again, the patient might find it easier to talk to one of the domestics rather than to one of our psychologists."

"Obviously, when somebody dies it hits you but it's the same for anyone working on a cancer ward. Anywhere where people are dying puts a strain on you. It's the way that you approach the work that counts."

Even so, she will be keeping a close eye on her nursing staff to ensure that the inevitable stresses of the job do not wear them down. "Socially I'll be trying to keep up morale and I'll also make sure that they are aware that there are professionals around for them to talk to."

In fact, she has found that the greatest stresses of Aids come not from working with the patients but from the people she meets who have nothing to do with the medical profession and are prejudiced by ignorance and fear. "It's very difficult to wipe out those attitudes and I sometimes feel I'm beating my head against a brick wall. It makes me feel tremendously sympathetic towards the patients because they're actually having to live with it."

For the patients themselves, dwelling in a twilight world, relationships with nursing staff can be the most

important factor in their abbreviated lives. At the Middlesex, where the majority are homosexual men, Elliott has found that their attitude is frequently one of amazement that there are people prepared to help them in the face of what they see to be widespread prejudice against them.

The idea that it is a gay plague still lives on in many people's memories, she says. "I've no prejudice and I don't see Aids victims as homosexual people. I see them as people infected with the virus."

She is aware of the danger to her own life, not of catching Aids — a risk she dismisses as minimal — but of allowing it to dominate her entirely. "You could get to the point where you eat, sleep and breathe Aids. It's very important to be carrying on a normal life outside. If you devoted all your time to it you would just go mad."

Her family and friends have been entirely supportive. "My mum was very chuffed about the whole thing. My dad was a little bit anxious but I think I've managed to educate him."

Her main concern now is to make a success of a project that is a trail blazer in British medical care. "I've never set up a unit before and because there's never been one like this there are no guidelines. But I think we probably will get it right because I've done a fair bit of homework."

"I'm no angel of mercy, nor am I walking around with a death wish. I want to be here. And I want to be doing this job."

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THE TIMES WEDNESDAY JANUARY 7 1987

Some people have claimed that the Aids epidemic is God's punishment of a sinful world. It is better seen as proof of a general law that actions have consequences and that disorder inevitably damages and then destroys.

In fact, Aids is neither the whole problem nor the central issue. It is a symptom of something deeper and more deadly. Aids is but one of the many disastrous consequences of promiscuous sexual behaviour. Promiscuity is the root cause of the present epidemic. It has always been sinful; it is rapidly becoming suicidal.

Are, then, dealing with an intrinsically moral issue and not simply one of public health. No campaign against Aids can ignore or trivialize the moral question. Refusal to address the moral issues is itself a moral statement.

In the public campaign so far, much attention has been focused in very explicit terms on the way the virus is transmitted and on precautions to reduce the risk of infection. Too little has been said so far, and too vaguely, about the radical shift in attitudes needed to halt the advance of the epidemic. Yet when, as here, morality concerns matters of life and death, it affects the public good and involves the whole community. It is certainly not the exclusive concern of the Church and the clergy.

The Church and the Government have a common aim, to limit and, if possible, to eliminate the disease. The Church wants to reduce promiscuity as the principal cause of infection. I would argue that the Government itself could legitimately, and helpfully, lay greater stress on the moral issues.

No purpose can be served by recriminations against any section of the population held to be responsible. Instead, we should offer to those with Aids unconditional and practical compassion. It would be unfortunate, too, if reaction took the form of a merciless and self-righteous moral backlash. Something much more radical and constructive is called for than the scourging of other people's vices. If a catastrophe is to be averted there must be an urgent and immediate reappraisal of our attitudes and behaviour in matters of sexual behaviour and human relationships.

Even in the short term a moral reawakening is society's best hope. That must be part of any national

Aids: time for a moral renaissance

by Cardinal Basil Hume

programme of information and education. Condoms and free needles for drug addicts will reduce but not remove the dangers; those most at risk might be led to conclude that a potentially lethal life style can, with precautions, be made safe.

The fact to be faced is that all of us in society have to learn to live according to a renewed set of values. That will not be easy. How can any appeal for faithfulness and sexual restraint be heeded when there is on all sides explicit encouragement to promiscuous behaviour and frequent ridicule of moral values? Society is in moral disarray, for which we must all take our share of blame. Sexual permissiveness reflects a general decline of values.

Some might question whether any consensus on values is possible in a society which has so lost touch with its cultural, religious and spiritual roots. None the less I am convinced that there are untapped reserves of goodness and idealism in many individuals and communities. Laying the foundations for a new consensus will be prolonged, arduous and quite often hotly contested.

The search for a better way, the endeavour to reconstruct society's attitudes and values will, of necessity, take many forms. Together we must reflect on the consequences of our common humanity, the needs and longings of the human heart. We can learn too from history, while not idealizing the past. There can be no question, even if it were possible, of attempting to turn back the clock. The situation we confront demands of us a new response.

The Christian churches have an obvious part to play in this fundamental rethinking. So too have the world religions now represented in our country. The

Judaean-Christian heritage of moral values still has much to offer contemporary society. We can learn much also from the traditions of asceticism and self-discipline prized by Islam and the great religions of the East. Reconstruction demands serious dialogue. People, whether religious or not, can surely find common ground and shared ideals in face of the manifest dangers which threaten society.

Some are prepared to concede that such a transformation is required but believe it to be a long-term objective. It is necessary in the short term, they argue, to adopt the measures advocated in the present campaign of public education on Aids. The Roman Catholic Church in this country is being urged to modify its opposition to the use of condoms and its condemnation of sexual activity outside marriage, at least in the case of stable relationships. There are, however, serious matters of principle which the Church is not at liberty to ignore.

Roman Catholic teaching maintains that human love is a precious gift, a sharing in the life and love of God himself. Unselfish love between persons is itself a way to God. It enriches the human personality. In married love a couple come together in a life-long, life-giving union in which they give themselves totally and exclusively to each other. To be fully human and self-giving, that love has to remain open to the possibility of new life. It provides the stability and affection necessary for the nurturing and development of the growing child. For all these reasons, the full sexual expression of love is reserved for husband and wife within marriage.

The Roman Catholic Church, therefore, cannot be expected to lend support to any measures which tacitly accept, even if they do not encourage, sexual activity outside marriage. To do so would be inconsistent. It would weaken our primary witness to the Christian vision of human love and marriage. Nor do we accept that for the unmarried the choice lies solely between condoms and infection. There is a third course of action: refusal to engage in extra-marital sexual activity. Such self-discipline is not emotionally destructive, but can be a positive affirmation of a radical ideal, demanding but not impossible.

The Roman Catholic Church is committed to the cause of marriage and family life. It is a sad reflection on present values that no political party offers a coherent and comprehensive policy to sustain and uphold family life. Here there is much common ground to be explored. It is essential to enhance the quality of individual and family life.

A radical change in popular attitudes is possible, indeed necessary. Many in recent years have become convinced of the need to embrace a simpler, healthier life-style in order to enjoy a fuller, longer life. We are already changing deep-rooted habits in eating, drinking, smoking, exercise. How much greater is the necessity to rediscover the joy of faithful love and lasting marriage. It calls for self-discipline, restraint and a new awareness. Such a profound change in society also needs a comprehensive campaign of public education and persuasion.

The Aids crisis represents a watershed for contemporary society. It is much more than a matter of sexual morality. Shared moral values derive from an accepted understanding of society. Fear may well induce some to modify their sexual behaviour. That is not enough, however, to achieve that radical renewal of society which is so clearly needed. The necessary steps should be taken, I would suggest, in an atmosphere of calm and trust and in a spirit of dialogue and hope. There is much to be done in the home, in schools and in every part of our life and work together. Parents, teachers, clergy, communicators, those in public and political life, all have shared responsibility to discover new hope and a better way.

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Today
7th January 1987

Church 'snubs' priests dying from Aids virus

AT LEAST 12 Catholic priests have contracted Aids in America, it has been revealed.

Some have been disowned by their orders or sent away to be treated in secret for the virus, which affects mainly homosexuals.

Benedictine Brother Mario Riveccio, 37, who has Aids, said yesterday:

"The church has to acknowledge that the religious aren't immune. And they know darn well that clergymen, gay or straight, aren't always celibate.

"I don't think they are dealing with reality."

One Aids expert said: "There are an awful lot of men in that profession who test positive for the virus."

Today
7th December 1987

Doctors stand by Aids blood alert

THE British Medical Association yesterday stood by its advice that anyone who has had an affair in the past four years should not give blood.

The doctors' organisation repeated its warning issued on Monday, despite strong criticism from blood transfusion service experts and the DHSS.

BMA chiefs now admit privately that their advice was based on a misunderstanding of existing guidelines, but won't back down.

While the transfusion service warns off members of specific high-risk groups and their sexual partners, the BMA warning includes *anyone* who has been promiscuous.

But, after some thought, BMA chiefs decided to maintain the

by CHRIS MIHILL
Medical Correspondent

tougher line, on the grounds that no-one can be sure of the sexual history of a number of partners.

A spokesman said: "We stand by what we said. It goes further than any advice so far, but since we've said it we are sticking to it.

"We don't accept any more that only the high risk groups should not give blood. The risk from heterosexual people may be minute, but we should consider ways of cutting out even small risks."

The DHSS chief medical officer Sir Donald Acheson says the new BMA advice goes too far, and blood transfusion chiefs have said it is unnecessary, and likely to lead in a drastic drop in donors.

Doctors back down in AIDS blood row

By JOHN ILLMAN, Medical Correspondent

AIDS campaign doctors yesterday climbed down over their controversial advice to people not to give blood if they had had casual sex over the last four years.

The request from the British Medical Association infuriated health chiefs, who feared it could lead to a blood shortage and put at risk thousands of patients who need vital transfusions.

BMA officials insisted their advice was correct, but yesterday they were so concerned at the confusion caused to Britain's two million blood donors that they contacted the Government's Chief Medical Officer Sir Donald Acheson.

Sir Donald met them for more than an hour and was said to have 'jumped on them from a great height.' He has repeatedly made it clear that men and women who are not in the main risk groups, and who have had more than one sexual partner in recent years, should continue to volunteer to give blood if they wish.

After the meeting the BMA withdrew its advice, but warned people who have had casual sex to 'think carefully' before donating blood. They maintained that promiscuous people will not always know their partners' sexual histories, and therefore might sleep with someone in one of the high-risk groups.

In a joint statement with the Department of Health, the BMA agreed with the Government that the risk of a

patient receiving blood contaminated with the AIDS virus is less than one in a million.

The statement added: 'It is vitally important that this risk should remain negligible. So far the guidelines to donors, combined with testing, have proved highly effective in safeguarding this position.'

'The BMA fully supports these guidelines and regrets that its views have been misunderstood.'

Two haemophiliac school-boys have contracted the AIDS virus.

The boys, from Bradford, West Yorkshire, are believed to have been infected by the Factor 8 blood clotting agent imported from the United States before screening began.

Education director Mr Richard Knight said: 'These children must be allowed to lead as normal a life as possible. There is no danger to anyone they may come into contact with.'

MA/C
8/1/87

SW

Daily Mail
8th January 1987

The TV soaps at war

CROSSROADS CHIEF HITS EASTENDERS FOR 'CHEAP' STUNT OVER AIDS DEATH

By PATRICK HILL

CROSSROADS producer Bill Smethurst last night attacked his rivals at EastEnders over their plans to introduce an AIDS storyline into their soap opera. He said it would only fuel public panic over the disease and was a cheap way of increasing viewers.

Mr Smethurst, who plans to revitalise his ailing motel series by axing more than half the cast, added: 'You don't have to have stories about rape, murder and AIDS in a show which is supposed to be entertainment.'

It was revealed last week that EastEnders bosses intend to introduce an AIDS storyline and that one of the central characters would die from the disease.

Mr Smethurst, former producer of The Archers, added: 'They are simply dwelling on people's fears to gain audiences. My programme will be about normal happenings in normal life. You don't need to have stunts.'

To make Crossroads more of a threat to EastEnders, 12 of the regular cast of 20 are to go. Mr Smethurst has also brought in his own team of scriptwriters from The Archers.

Identity

He believes the new-look series should go back to its roots, away from the glossy image which it aimed for but never achieved.

A new line-up of characters will be led by award-winning National Theatre actor Terence Rigby, who shot to fame in the classic BBC police series Softly Softly. He plays hard businessman Tommy Lancaster, who takes over the motel with his put-down wife Mary, played by Royal Shakespeare actress Francis Cuka.

And there is a surprise return for 84-year-old Ann George, who took the role of busybody cleaner Amy until she was sacked from the show in 1975. She said: 'It's wonderful to be back.'

Mr Smethurst added: 'I felt the main problem with Crossroads was that it had lost its identity. Everyone knows Coronation Street is set in Manchester and EastEnders in London now I want Crossroads to reflect life in the Midlands, with true-to-life characters.'

'I hope not only to maintain viewers, but also win back some lost over recent years. In six months time viewers will not recognise Crossroads.'



JOAN COLLINS

Alexis and Blake to kiss and make up

TV's most bitter enemies are at last going to settle their differences.

Dynasty superbitch Alexis Colby, played by Joan Collins, and her ex-husband Blake Carrington, will fall madly in love again.

In an episode to be seen next week in America, Blake, played by John Forsythe, receives a blow to the head that takes him into his past. He forgels his wife Krystal, and is re-united with Alexis.

The sensational plot is a blatant attempt by the soap's producers to halt the slide down the audience ratings.



JOHN FORSYTHE

AIDS fear sparks condoms boom

CONDOM sales are soaring in Ireland because of increased fears of catching the deadly AIDS virus, according to medical experts.

And one specialist in the field admitted today that more women are going into chemist shops to buy the traditional male contraceptive.

Figures to be published shortly by the Department of Health will show a noticeable decrease in the number of sexually transmitted diseases being detected because people

By GORDON PATERSON

are becoming more aware of the AIDS threat.

"Bluntly, women are thinking twice about contraception," said Dr. Robert Crowe, the Limerick-based secretary of the Society of Sexually Transmitted Diseases in Ireland. "Not only are they remaining on the Pill but many of them are buying condoms for their husbands.

"People are also presenting themselves less often to STD clinics and

those who do are finding that they are showing a clean bill of health. However, there is no room for complacency.

Meanwhile, a major new strategy to fight the scourge is being drawn up by the Department of Health and it will be launched shortly. Special accommodation and facilities are also being considered by Eastern Health Board chief executive officer Barry Seagrave.

Latest figures available, according to the Irish Medical Times, show that a total of 521 cases of the virus have been reported in Ireland — of which eight people have died.

And of 1,543 drug abusers tested, 21 p.c. were virus positive.

Dr. Crowe said he was "perfectly happy" with Health Minister Barry Desmond's plans to shortly launch a campaign warning of the AIDS threat. "People appear to be exercising more caution as far as casual sex is concerned," he added.

NEW AIDS ADVANCE BY DUBLIN DOCTOR

By MAOL MUIRE TYNAN

THURSDAY, JANUARY 8, 1987

EVENING PRESS

RESEARCH by a Dublin-based doctor into an anti-cancer drug may help patients who are found to have AIDS antibodies, it was disclosed today.

The findings of Professor Douglas Thorne of the Richmond Hospital have been put into effect in an American clinic in a desperate attempt to curb the virus that is sweeping the U.S.

The possibility of a breakthrough by Prof. Thorne came during research into the treatment of a disease affecting dogs known as Fading Puppy Syndrome, which is similar to the deadly AIDS disease in humans.

Prof. Thorne said the most important aspect of the breakthrough was the fact that an animal model had been discovered on which doctors could work to help patients who were AIDS-positive.

The findings had already been sent for publication, he added.

Medical experts in Germany were "happy" with the discovery, as there had been a problem in finding an animal model suffering from a disease similar to AIDS on which to carry out research, he said. "But it is only the beginning. These are very early days yet," he added.

Prof. Thorne explained that Fading Puppy Syndrome is found in bitches and is passed on in the uterus to the pups. The offspring are born without an immune system and normally die soon after birth.

According to Dr. Paddy Wall of Our Lady of Lourdes Hospital, Drogheda, Prof. Thorne, an immunologist, has been researching the drug Benzopyrone to see its effects on patients whose own defence mechanisms had broken down.

Dr. Wall said he had been treating Fading Puppy Syndrome for some time without success. He approached Prof. Thorne who helped him start a trial on 70 dogs, using the anti-cancer drug.

Dr. Wall said he had been treating Fading Puppy Syndrome for some time without success. He approached Prof. Thorne who helped him start a trial on 70 dogs, using the anti-cancer drug.

Within two years they had brought the mortality rate among dogs suffering from the disease down by almost 80 per cent.

Dr. Wall added that the professor, who had worked with Benzopyrone for the past 20 years, made a link between the dogs syndrome and AIDS.

He revealed his findings at a conference called by the manufacturers of the drug in Germany two weeks ago. The findings caused such excitement among doctors at the conference that two American experts immediately established a clinic using the drug on their return to the U.S.

"Everybody in medicine is interested in AIDS. Since the conference the drugs company itself has latched onto Prof. Thorne's suggestion and they are now working on the subject. It is a pity that we are not treating AIDS-positive people in Ireland because this is where the research was started," said Dr. Wall.

A total of 14 cases of the disease have been diagnosed in Ireland to date, with eight of these resulting in fatalities. It is understood that the total number of confirmed cases of the infection is now 521.

Times
8th January 1987

WORLD SUMMARY

New York Aids toll up sharply

New York (AP) — Aids claimed 2,139 lives in New York City in 1986, an increase of more than 800 over the previous year.

The New York Times reported that at least 2,790 Aids cases were diagnosed in 1986, compared with 2,362 in 1985, bringing the city's total to 8,681 cases and 4,914 deaths since the disease was first detected in 1981.

New York City's total cases represent 31.7 per cent of the nation's total of 29,003, according to the Centres for Disease Control in Atlanta. San Francisco has the second greatest number of cases with 2,912.

"The fact that it's not a geometric increase shouldn't lull anyone," said Dr Rand L. Stoneburger, head of New York City Health Department's Aids unit. "It's distressing that it continues to increase."

Health officials are particularly concerned about the prolonged latency of Aids. Researchers warn that those who carry the virus may harbour and transmit the virus for years without having symptoms.

Dr Stoneburner said cases contracted by heterosexual partners of Aids carriers rose from 1.4 per cent in 1985 to 2.2 per cent in 1986.

Aids, morals and taking care

From Mr John Pilgrim

Sir, While the results of *The Times* MORI poll (January 1) may provide evidence of greater security from Aids for the majority of the population and of changed attitudes to sexual behaviour in general as a result of Aids, it would be dangerous to assume that it provides any evidence of changed behaviour or reduced risk for the minority who are most in danger from the disease.

As with other diseases in which there is a strong social factor, there are likely to be a number of behavioural elements which contribute to the degree of risk experienced in sexual promiscuity or shared hypodermic syringes in drug-taking.

To be more sure of the relevance of the MORI poll findings one would in particular wish to see more intensive study carried out among the young urban population, with particular attention to factors possibly associated with sexual promiscuity and drug-taking, including homelessness and unemployment.

One would, moreover, wish to see any attitudinal or behavioural study correlated with voluntary screening for Aids, which should in any case be most easily available and its availability known to high-risk groups.

Perhaps the most important conclusion from the MORI poll is that most people know of the causes of Aids and react with common sense in seeking to avoid them. It is probable, on this evidence, that those at greatest risk of contracting or spreading Aids would, given sufficient knowledge and access, react with similar common sense in making use of a voluntary screening service.

Yours sincerely,
JOHN PILGRIM,
Old Bowlsh House,
Bowlsh,
Shepton Mallet, Somerset.

From Mr Patrick Duffy, MP for Sheffield, Attercliffe (Labour)

Sir, Whether the Government's campaign against Aids is effective remains to be seen, but the omens are not good. An adequate response is unlikely to be achieved by exhortations, warnings, advertising techniques or a generally utilitarian approach.

The current campaign against smoking and drugs points to the limitations of determent. Something else then is needed to reinforce the DHSS campaign, and I take this to be implicit in the findings of the MORI poll published in *The Times* today. "Fifty-eight per cent... said Britain would only avoid a major Aids epidemic if traditional family values were upheld".

I know that many parents in my Sheffield (Attercliffe) constituency feel a desperate need for a greater emphasis on such a pastoral approach, not with the view to arriving at moral judgments, but indicating moral choices. For they firmly believe that in the end Aids raises moral questions relating to the sanctity of the family and the renewed need for moral and religious teaching in our schools.

This suggests some responsibility at local community level, as well as by central government. Is there not a role then for local authorities to reinforce the work of their local health authorities?

Where such an elected body can see its way towards the local mobilization of resources and agencies for the purpose of reinforcing that work: filling the moral void, initiating and pointing towards more wholesome and socially acceptable behavioural changes, I hope there will be a supportive response. I have asked the Prime Minister today if she will consider instructing the Secretaries of State for the Social Services, the Environment and Education to provide the appropriate co-ordination.

Yours sincerely,
PATRICK DUFFY,
House of Commons,
January 1.

From the Reverend Professor J. W. Bowker

Sir, The recent disagreement between the BMA and the National Blood Transfusion Service has created a totally different anxiety among some people (to judge from phone calls and letters) to the effect that if those in risk groups have been or are donating blood, other donors may receive the virus from the equipment used.

The widest possible publicity needs to be given to the fact that this cannot happen. It cannot happen because the equipment used is discarded on each occasion that blood is taken.

Your own report (January 6) makes it clear how great the threat to the transfusion services is from the decline in donors. This unnecessary fear needs to be removed at once; and beyond that, it becomes an even deeper moral obligation on those who know they have not been in the risk categories to come forward as donors.

Yours faithfully,
JOHN BOWKER (President,
Christian Action on Aids),
Trinity College, Cambridge.
January 6.

From Mr Anthony Hyman

Sir, Following well publicized examples of infection, people will soon be refusing transfusion for fear of contracting Aids. Also, pressures on the blood transfusion service are heavy.

A partial remedy exists for both problems. If patients undergoing elective surgery could give, in appropriate cases, a pint of their own blood for use in emergency it would not have to be screened, while there could be no danger of cross-infection. Three weeks before an operation should usually suffice for the patient's haemoglobin level to return to normal.

Such measures are urgently needed to maintain confidence in the medical services. This facility has long been used by a knowledgeable few. It should now be made available to the many.

Yours etc,
ANTHONY HYMAN,
38A Downshire Hill,
Hampstead, NW3.
January 6.

Today
8th January 1987

Doctors back down over Aids warning

DOCTORS' leaders yesterday retracted their controversial advice over Aids and giving blood.

The British Medical Association had warned donors not to give blood if they had had casual sex in the past four years.

The advice caused a storm of protest from the transfusion service, and angered DHSS chief medical officer Sir Donald Acheson.

Yesterday, after a lengthy debate the BMA council voted to retract the advice.

by CHRIS MIHILL

Privately BMA leaders were wishing the statement had never been made, but in public they presented a united front.

They decided the guidelines — originally made in an off-the-cuff remark by the group's scientific under-secretary Dr John Dawson — would do more harm than good.

They were worried that the advice would confuse the public and lead to a drop in urgently-needed blood.

But BMA chairman Dr John Marks was reported to be "furious" at the remarks, believing they made the association look foolish.

Although criticised by senior colleagues, Dr Dawson, a rising star in the BMA, is not expected to resign.

During the council debate one BMA heavyweight, secretary Dr Tony Keable Elliot, defended Dr Dawson and members applauded.

Addicts

The blood transfusion service advises only those in high risk groups, such as gay men or drug addicts, to refrain from giving blood.

And chief medical officer Sir Donald Acheson said that the risk of receiving blood contaminated with Aids was only one in a million.

Just four out of 3 million pints of blood from people outside the high risk groups had been found with the virus.

A DHSS spokeswoman said the BMA retraction had been agreed with the Health Department.

Aids war launch date soon

IRELAND'S first nationwide AIDS campaign is to be launched before the end of the month.

The Dept. of Health — Health Education Bureau run campaign is almost ready and final details are at present being worked out with Health Minister Barry Desmond.

At least three top Dublin advertising agencies have made presentations for the campaign account — valued at over £250,000.

The AIDS education campaign will take the form of newspaper, radio and television advertisements and will initially cost over £250,000 over three months.

The decision on which advertising agency clinches the lucrative campaign, which has been in preparation since early

By BAIRBRE POWER

December, is to be announced next Monday or Tuesday.

Unlike the British Government's AIDS campaign, it is understood that the forthcoming Irish campaign will not include leaflet drops to homes, warning of the spread of the disease.

From next Monday, every home in Britain and Northern Ireland will receive a leaflet, entitled 'AIDS — Don't Die of Ignorance', as part of the British public education campaign on the disease.

It is understood that — the basic message of the AIDS campaign will be on the "one person-one partner" theme and will include advice on the use of condoms.

And if Belfast people have been warned of the high risk of catching AIDS in Dublin by the North's campaign co-ordinator Prof. David Simpson.

AIDS carriers not notified

BLOOD donors whose donations are discovered to have AIDS antibodies are not informed of the fact, the Blood Transfusion Board confirmed to *The Irish People* this week. They further confirmed that this is different to the practice in Britain, where AIDS anti-body carriers are personally notified.

Instead the donor's doctor is notified in due course. But in a situation where a person has changed their doctor, or address, or does not list or contact a doctor, it is possible that many months could pass before information on their condition is received by them. This creates a substantial and unnecessary risk that they will transmit the virus in the meantime.

The situation is further evidence of confusion in co-ordination in the fight against AIDS here, where over 500 people have already been confirmed to carry the virus.

The Department of Health and Health Education Bureau are currently preparing a public awareness campaign on the AIDS threat, due to be launched at the end of January.

"It is vital, however, that information given be explicit and avoid any vagueness or generality," Workers' Party Health spokesperson Dr John McManus warned this week.

"Just because the disease hasn't yet reached epidemic proportions as in the US doesn't mean we don't face a potentially similar crisis here within a few years — the information battle should be fought now, not when the

situation deteriorates," he argues.

It is now believed the main risk in the spread of the AIDS virus is through intravenous drug users, who are usually young, lack motivation to protect themselves or others, are more likely to be sexually active and may be involved in prostitution.

In other countries authorities have agreed to issue free syringes to these and other high risk categories in a move putting practical prevention before legal or moral considerations.

● In Ireland so far the gay community is one of the few areas where a comprehensive information and prevention campaign has been launched. Before Christmas, Gay Health Action published an information pack on AIDS, which includes a highly detailed 44 page 'Medical Answers on AIDS' booklet published in the US, and details on the exact level of risk from various sexual activities.

The group also call for information aimed at the general public and a further campaign geared to specific high risk groups, which they say should involve those working in the areas targeted.

"Even based on current statistics we will have a new case of AIDS every week in the coming year. But based on rates elsewhere, figures can double every six months," Gay Health Action point out.

Their booklet, price £1.50, is available through The Bookshop, 30 Gardiner Place, 10 Fownes Street, Dublin 2, and 24 Sullivan's Quay, Cork city.

Cancer drug break in AIDS fight

RESEARCH by two Irish doctors into an AIDS-like disease affecting dogs may help people with AIDS antibodies, it was revealed yesterday. The dogs were treated with a drug normally used to fight cancer in humans.

Already, the findings of Prof. Douglas Thorne, of the Richmond Hospital, have been used in an American clinic. His breakthrough came during research into the treatment of a disease affecting dogs known as Feding Puppy Syndrome, which is similar to the deadly AIDS virus.

Dr. Paddy Wall of Our Lady of Lourdes Hospital, Drogheda, said he had been treating the syndrome for some time without success. He had approached Prof. Thorne who helped him start a trial on 70 dogs using the anti-cancer drug, Benzopyrone. Prof. Thorne has been working with it for the past 20 years.

Within two years, they had brought the mortality rate among dogs suffering from the disease down by almost

80%, and Professor Thorne had made a link between the syndrome and AIDS.

The drug stimulates T-Lymphocytes, which are "like soldiers in the body forming the first line against the disease", said Dr. Wall who added that AIDS attacks kills the T-Lymphocytes but the drug may be able to stimulate the defence system and help reject the virus.

"We have not really found a cure for full-blown AIDS. The drug will be tried on AIDS-positive people and if it does work, it will be a major breakthrough," he added.

Prof. Thorne said the most important aspect of the breakthrough was the fact that an animal model had been discovered on which doctors could work to help patients who were AIDS-positive.

Aids TV battle

From AIDAN HENNIGAN
in London

A STARK warning that 4,000 people in Britain will have died of AIDS by 1990 was issued yesterday by the British Social Services Secretary, Norman Fowler, as the Government's Aids publicity campaign got under way.

The first television advertisements, on the BBC and the commercial channels, were shown last night. Next week, a special leaflet will be delivered to every household in Britain setting out the dangers and listing the precautions that should be taken.

Essentially the government's message is: "If you ignore Aids it could be the death of you. Don't die of ignorance."

Mr. Fowler told a London press conference that 293 people has so far died of the disease out of 610 known cases who had contracted it by the end of last month. The majority of the victims were homosexuals, mainly living in London.

Mr. Fowler said the World Health Organisation estimated

there will be between 500,000 to three million deaths from Aids within the next five years.

The Chief Medical Officer, Sir Donald Acheson, speaking at the launch of the campaign, said: "It is impossible for us to predict at this stage what the long-term result of 10 or 20 years of the virus will be in the human body, although we know that 10% to 30% of those infected at the beginning of the outbreak have subsequently developed the fatal condition. "We should be prepared for the possibility that the final figure may be more than 50%."

The latest figures released by the DHSS yesterday show that up to the end of last month there had been 610 Aids cases in Britain with 293 deaths.

The new TV advertising campaign to stop the spread of the disease will run for three weeks. It warns that Aids now presents a threat to everyone and urges people to read the government leaflets which will drop through letter boxes over the next two to

three weeks.

The TV ad will be backed up by advertising in 1,200 cinemas for one month, from January 16. Letters sent through the post will be stamped "Aids — Don't die of ignorance".

Sir Donald said progress was being made in developing a vaccine against Aids, but the assumption was that it would not be possible to immunise people against the virus for at least five years.

"At the moment within the UK the virus is still confined to the recognised risk groups but it is spreading. Unless people change their behaviour it will become much more widespread," he warned.

Mr. Fowler said: "There is good evidence that knowledge about Aids and the Aids virus can lead to quite dramatic changes in sexual behaviour."

Meanwhile, it was announced that the authorities were considering screening members of the armed forces following a scare about the visit of a regiment to an area near Mombassa which is said to be riven with the disease.

AIDS tests urged as regiment returns



Professor David Simpson (left) and Dr Noel Donaldson at yesterday's launch in Belfast of the national AIDS leaflet.

4,000 doomed in next three years

AS many as 4,000 Britons are probably doomed to die from AIDS in the next three years, the Government warned yesterday — the day when the first TV AIDS commercial was screened.

More than half the 30,000 people now carrying the virus could go on to develop the full-blown fatal disease, said social services secretary Norman Fowler at the launch of last night's advertisement.

However, a Queen's University professor yesterday called the Government's anti-AIDS leaflets "a bit boring".

Professor David Simpson, of the microbiology department, said the leaflets — due to arrive at homes in the Province next week — should have been more explicit.

He said: "Parents might be offended at these dropping through the letter-box but we simply have to get the facts across."

The leaflets explain what the killer disease is, how it is spread and how people can avoid becoming infected, as well as giving details of new freephone telephone services.

At a news conference to launch the leaflet, Dr Simpson said: "I think it's a bit boring. I would like to see it being a little more explicit."

He said the Government could not moralise. "That is up to ministers of religion and I would like to see a closer collaboration between the churches and the medical profession," he said.

Prof Simpson said the campaign was justified in spite of the fact that Northern Ireland continues to have a much smaller AIDS problem than the rest of the United Kingdom due to the Province's traditional standards of family life and the absence of a major drug problem here.

"In Dublin, however, there is a major problem of drug abuse. Many of drug addicted women are turning to prostitution to get their next fix and spreading the disease quite liberally. Lots of people go down to Dublin for a week-end — you never know

what they are up to," he said.

Of the four people in the Province who have had AIDS — two of them have died — three were

homosexuals. There are around 30 people who have the virus, almost half of them haemophiliacs who have been given infected blood.

Army on the alert

STAFF REPORTER

THE Army refused to comment last night on when the 1st Battalion The Queens Own Highlanders — whose members have been urged to take tests for Aids — is next due in Northern Ireland.

Defence Ministry advice to the battalion came after it returned from Kenya, where the disease is rife.

An Army spokesman said: "We do not reveal in advance the movements of Army battalions. It is strictly classified information."

However, sources say the battalion is not due to return in the near future.

All servicemen are being given the opportunity to be screened for AIDS when they return from duties overseas. Those found to have been particularly at risk are personally urged by senior officers to undergo blood tests.

As concern about the virus grows among the armed forces, senior medical and personnel officers in the Defence Ministry are working urgently on the enormous potential problem.

Options being considered include whether a servicemen who catches AIDS should be discharged.

The 600-strong 1st Battalion the Queens Own Highlanders spent eight weeks on exercise in Kenya, where soldiers visited the coastal

area near Mombasa and Malindi — well-known as haunts for prostitutes.

But the Ministry refused to confirm that the battalion's medical officer requested the tests after learning that at least 40 men caught venereal disease during the visit.

During the Queen's Own Highlanders training in Kenya it was decided that certain areas should be put out of bounds to the 2nd Battalion, the Parachute Regiment, which replaced them last month.

As an added protection, the 700-strong battalion transported 5,000 condoms as part of the supplies.

It was confirmed last night that several servicemen have been diagnosed as carrying the AIDS virus.

At least one acquired it through infected blood during a blood transfusion.

Some officers believe the threat is offset because homosexuality and drug-taking, two of the commonest ways of acquiring the AIDS virus, are strictly forbidden within the forces and, if discovered, mean instant dismissal.

It is acknowledged, however, that in some parts of the services homosexuality exists.

ACTING ON AIDS

Yesterday's statistics on the number of Aids victims up to the end of December, which were released to coincide with the Government's public health campaign of television advertising and leaflets, confirm rather than add to the known facts about the spread of the disease. By far the largest category of the 610 Aids victims in Britain, for instance, consists of homosexual and bisexual men — 538 in all. Other high-risk groups account for most of the rest. Only four heterosexuals, three women and one man, are presumed to have been infected in this country. The theme of much public health advertising — that Aids is not a "gay disease" — may be medically true but, for the moment at least, it is statistically false.

These are, of course, just the numbers of those who have either died or demonstrate the symptoms of "full-blown" Aids. Many more — a guesstimated 40,000 people — are Aids carriers. Mr Norman Fowler, the Secretary of State for Social Services, yesterday offered the further guesstimate that 4,000 of these potential victims will die between now and 1990 in Britain and nothing can be done to save them.

With the median time from infection to diagnosis currently put at five years, however, what happens today will determine the likely course of the disease from 1992 onwards. It will, of course, continue to spread. Some current

Aids carriers will not develop the full symptoms until 1993 or beyond and, because sexual habits do not change overnight, some people will be infected in the meantime.

There are good prospects, however, that the spread will be less rapid than the doubling every 10 months of recent years. Two years ago, public knowledge was so low that few people took even elementary precautions against Aids. The present level of awareness, though still inadequate, offers a considerably greater barrier to it. In addition, as Aids spreads from such high-risk groups as promiscuous homosexuals to the general population, it is likely to be transmitted from person to person less rapidly.

This modest optimism could be confounded if more virulent strains of the virus emerged which could be passed on by casual social contacts. Given the ability of the Aids virus to mutate, that horrifying prospect cannot be altogether excluded — though there is no sign of it as yet. By the same token, the disease might be contained more effectively if the public were to become either more moral or more prudent in sexual matters.

Both sorts of changes are perfectly possible. Indeed, to a modest extent, they are already visible. As Mr Fowler pointed out yesterday, the MORI poll published in *The Times* showed that, as a result of Aids and the public

information campaign about it, 42 per cent of married people said that they would be less likely to have extra-marital sex, and 26 per cent of young single people are more likely to use a condom. Moreover, the recent fall in venereal diseases among homosexuals in this country suggests that some quite dramatic changes in sexual behaviour may already have begun.

It is plain from the same poll, however, that some myths persist which need dispelling. And if people are not reminded of the various risks of Aids, their level of knowledge could well decline again. So the campaign of public education launched yesterday remains necessary. Is it, however, well-conceived, or is there justice in the criticism of it as feeble and overly restrained?

If the television advertising were the entire campaign, that criticism might hold. But it is designed merely to draw attention to the much more informative leaflet. This it does clearly, simply, dramatically and with candour. The fact that it does not employ "street" terms to make its point is no drawback. Such language is not necessary to convey the information; it would offend and thus deter the interest of many people; and it may even contribute to that coarsening of the sensibilities on sexual matters which is one factor encouraging the sexual promiscuity behind Aids.

Testing our defences

The call for Aids tests among the Queen's Own Highlanders has a worrying precedent

When the medical officer of the Queen's Own Highlanders this week urged the testing of his soldiers for the AIDS virus — the First Battalion have just returned from Kenya where the disease is rife — he may well have been prompted by another battle in another century. By 1859 it was estimated that one in four British soldiers had syphilis and in 1864 the government of the day brought in the first of three draconian Contagious Diseases Acts. It was passed without publicity or opposition, although the Act violated many of the civil rights achieved since Magna Carta.

But as the rights concerned were mainly those of working class women, there was at first little fuss at their inhumanity. The enemy, as far as the government was concerned, were prostitutes, not the men who used them. The Contagious Diseases Acts legalized the registration of prostitutes, their enforced medical examination and, for those found to be infected, compulsory detention.

The effect was that any woman walking along the street in a military district could be dragged off on the



Battling: Josephine Butler

suspicion of a single policeman and made to undergo a brutal examination. The centres for these became places of public entertainment and jeering crowds would gather outside to watch who was escorted in. One woman, not a prostitute, committed suicide as a result of her degradation and many others carried the scars from their treatment ever afterwards.

At one point the government considered extending such enforced examination to soldiers' wives, though not the soldiers themselves. Women had become the scapegoats for a worried society.

If the predictions of today's medical establishment — that every family, by the end of the century, will know someone with the disease — are right, then the "Victorian values" so

beloved by Mrs Thatcher may take on a new meaning.

The signs are already there. In Britain the Conservative Family Campaign, a right-wing pressure group, has called on the Government to isolate Aids victims. It has also been suggested — shades of 1859 — that the state should re-introduce the regulation of prostitution.

It may be that it will be considered a matter of survival to curtail civil liberties if Aids develops into the plague it threatens to become, but if that is the case, we might do well to consider how easy it once was for a panicking government to take them away, and how difficult to get them restored.

It took the Victorian reformer Josephine Butler 20 years to get the Contagious Diseases Acts off the Statute books. Raised though she was in upper-class gentility, Josephine Butler became incensed at the hypocrisy in the moral standards which castigated women as the sole perpetrators of vice and simultaneously condoned male promiscuity, and she revolted against the notion that to abolish the Acts would be "to sacrifice the health and vigour of unborn creatures to the rights of harlotry."

She viewed the Acts as the first step towards totalitarianism, and declared: "An injustice to the meanest citizen is an injustice to us all."

Samantha Norman

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Grim forecast of three million deaths worldwide by 1990

4,000 doomed to die of Aids, Fowler warns

By Thomson Prentice, Science Correspondent

About 4,000 people in Britain, and up to three million worldwide, will die of Aids in the next three years, Mr Norman Fowler, Secretary of State for Social Services, said yesterday.

Making it plain that he foresaw the time when hospitals would not be able to cope with the problem, he emphasized the potential role of the churches in providing hospices for the dying, and said he planned to call a conference of experts to discuss care outside hospitals for the victims.

The latest figures, issued by the Department of Health and Social Security yesterday, show that there had been 610 cases of Aids (acquired immune deficiency syndrome) in Britain by the end of December, including 293 patients who have died. Between 30,000 and 100,000 more are thought to be carriers of the infection.

Mr Fowler used the grim statistics and forecasts to emphasize the urgency of public response to the Government's campaign to restrict the spread of the epidemic.

He gave details of the latest phase of the campaign, including the broadcast last night of the first television advertisement on Aids.

The advertisement is being used to draw attention to the Aids leaflet which is being sent to all Britain's 23 million

Compulsory Aids screening for all serving military personnel is being considered by the Ministry of Defence although this might mean a change in Queen's Regulations. Officials are also concerned with what should happen to servicemen found to be carriers. In the last century the problem of syphilis in the armed forces led to the Government bringing in a draconian Act violating civil rights.

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households in the next few weeks. Distribution begins next Monday.

The advertisement shows the word "Aids" being chiselled from a piece of rock which becomes a gravestone. A commentary says that the Aids virus is deadly, can be passed during sexual intercourse, can be caught by anyone, and is spreading.

"If you ignore Aids it could be the death of you. So don't die of ignorance," it concludes.

A similar advertisement, featuring an Aids iceberg, is to be shown in 1,200 cinemas throughout the country from January 16.

"The most important thing we have to do is convince

people of the urgency of the situation without causing personal alarm and panic", Mr Fowler said at a news conference.

He said he fully accepted that there was a moral issue behind Aids and that he intended to continue talks with church leaders. "I hope we can work together to develop a compassionate and caring response to the needs of all those afflicted by the virus and the disease."

Mr Fowler drew attention to the likely need for hospices to be provided for patients dying from Aids, and the role he thought the churches could play in providing such care.

"The hospice area is one where some churches will want to make a contribution", he said. "The churches have a very big input to make here."

He said he was calling a conference of experts to discuss the care of Aids sufferers outside of hospitals after his return from a fact-finding visit to the United States later this month.

Sir Donald Acheson, the Government's chief medical officer, said: "We have to be prepared for the possibility that more than 50 per cent of those infected will develop Aids. It is also possible that further complications of the virus may emerge as the years go by."

But he said it was impossible to predict what the long-term effects of the virus on the human body would be over the next 10 to 20 years.

Vaccine development was likely to be at least five years away, and probably more, Sir D said.



Mr Norman Fowler speaking at yesterday's press conference (Photograph: Peter Trilevner).

Today
9th January 1987

TODAY, FRIDAY, JANUARY 9, 1987



HOW THE GOVERNMENT AIMS TO

Message

Fowler spells out Britain's bleak future

by CHRIS MIHILL

THE GOVERNMENT tried to spell out the full horror of the Aids threat last night with new figures and a TV advertising campaign.

Health chief Norman Fowler said that deaths in Britain would total 4,000 by 1990, and worldwide he expected up to three million deaths over the next five years.

The forecast is chilling — but it is still a considerable under-estimate according to some experts.

Mr Fowler revealed the latest Aids figures for Britain. By the end of December, 610 cases had been recorded and 293 people had died.

Experts welcome 'tough' crusade

AIDS EXPERTS have welcomed the television adverts as a major step in the battle to warn the public about the virus.

A spokesman for the Terrence Higgins Trust said the TV, cinema and leaflet campaign was a significant breakthrough but must be backed with more cash help.

He said: "This campaign is welcome only if it is the start of a wide ranging, properly co-ordinated, and adequately funded attack on what the government now recognises as the major public health challenge of this generation."

Panic

"Our major aim over the next few months must be to ensure that people are not caused to panic as the general level of infection is still low, but they must be persuaded to be careful about their activities in the future."

London advertising agency TBWA say that the screen adverts are designed for maximum impact to make viewers read the back-up leaflet.

Mr Sammy Harari, who masterminded the campaign, said that it was estimated that 90 percent of the population would see the TV adverts five or six times during a three-week run.

"They are essentially a commercial designed for maximum impact, which we hope will lead the viewers to the leaflets where there is more information," he said.

Delighted

Leading Aids expert Dr Charles Farthing, of St Stephen's Hospital, London, was delighted with the adverts.

"I think they are hard hitting... I hope that the television adverts will make people read the leaflets and not just throw them away."

"It is great that the government is spending money on this, but they also need to provide sufficient funds to hospitals, the community and research."

He said: "What all this means is that the only way of slowing down and halting the spread of infection is for everyone to behave in a way which minimises the chance of being infected."

"We have to convince people of the urgency of the situation without causing unnecessary personal alarm and panic."

The Secretary of State's prediction came during the unveiling of the TV and cinema adverts aimed at encouraging people to read the DHSS leaflet about the disease.

Volcano

The TV adverts, showing an erupting volcano followed by a man carving a tombstone, will run for three weeks. The cinema adverts feature an eerie Arctic landscape with the message: "There is now a deadly virus. And unless we act now it's going to get much, much worse."

The 40-second adverts will be shown on TV and BBC as part of a promise by the TV companies to help the public health campaign, although ITV will be charging for its services.

Mr Fowler explained that the adverts were not intended to convey a wealth of detail about the disease but were meant to encourage people to read the leaflet.

Twenty three million copies of the leaflet, entitled Aids: Don't die of ignorance, will start dropping through letter boxes on Monday.

Disturbing

"They are being posted in a envelope with the warning on the outside: 'It deals with matters of health and sex that may be disturbing.'"

"Please make sure that everyone in your household who may need this information sees this leaflet."

Inside the leaflet the ad-



POSTERS: Stark warning

"If you have children, think carefully what they need to know"

vice is: "The more people know about Aids the less likely it is to spread."

"So if you have children, think carefully what they need to know. Whether you approve or not, many teenagers do have sex and some may experiment with drugs."

Partners

"Even if you think your children don't, they will need advice, because they may have friends who encourage them to do so."

The leaflet spells out that anyone, male or female, can catch Aids. It adds: "There is no cure. And it kills."

But it stresses that for most people the only real danger is from sexual intercourse with an infected person.

"This means vaginal or anal

sex. It could also be that oral sex can be risky particularly if the semen is taken into the mouth."

The advice continues: "The more sexual partners you have, especially male partners, the more chance of having sex with someone who is infected. It is safest to stick to one partner."

"Unless you are sure of your partner, always use a condom. This will reduce your chance of catching the virus."

The leaflet says it is not safe to use equipment for ear piercing or acupuncture unless it has been sterilised.

"But there is no danger in sharing cups or cutlery. Nor can you catch it from public baths or toilets."

Kissing

"You cannot get it from shaking hands. Nor is there any record of anyone becoming infected through kissing."

The government has set up three Aids telephone lines to help those who are worried. One gives tape recorded information, the second is for simple queries and the last is a full-scale counselling service.

Callers will be referred along the line depending on their query. The number to ring is 0800 555777.

Mr Fowler announced he would be calling a major conference to look at ways of caring for Aids patients, and said that later this month he is to visit the USA to learn how San Francisco is coping with the disease.

Letters

He revealed that so far the government had spent £8 million on the Aids advertising campaign.

This included the TV slots, newspaper and magazine adverts, posters and the cost of the leaflets.

The Post Office will also give a warning by franking millions of letters with the words Aids: Don't die of ignorance.

Viewers are left

MANY VIEWERS who watched last night's 40-second Aids advert said it was too baffling to get the message across.

They were puzzled by the imagery of exploding volcanoes and a stonemason engraving a tombstone.

"It was all a bit too arty," said Michael Donovan, 35, of Brighton, Sussex. "I didn't understand the symbolism."

"It would have had more impact if they had kept it simple, instead of trying to be too clever."

Scourge

Helen Boud, 22, of Chiswick, West London, said: "This disease is supposed to be the scourge of the age, but you wouldn't think so looking at this."

"They have spent a lot of money



PUZZLE: the TV advert that baffled viewers

Today
9th January 1987

HALT THE PLAGUE THREATENING EVERY FAMILY

of doom as the Aids war begins



NORMAN FOWLER: 'We have to convince people of the urgency of the situation without causing alarm.'

All soldiers to face tests

by STEWART PAYNE

THE ARMY is considering introducing compulsory Aids tests amid fears of a major outbreak of the deadly virus among soldiers.

Several servicemen have been found to be carrying the virus although none has developed Aids symptoms. It was revealed last night.

It is understood that at least one acquired the virus through infected blood during a transfusion.

Soldiers and airmen may also face screening because the Ministry of Defence is alarmed that servicemen are taking risks against the advice of their medical officers.

They cannot be forced to submit to blood testing but

they are being "strongly advised" to do so. Queen's Own Highlanders spokesman Major Maitland-Magill-Crichton said last night: "This is not a matter I wish to discuss."

The warning follows fears that men of the 1st Battalion, the Queen's Own Highlanders, may have caught Aids from prostitutes in Kenya, where the disease is rife.

The soldiers are now back in Britain after a three month tour. But at least 40 caught VD after ignoring warnings to keep clear of prostitutes.

They cannot be forced to submit to blood testing but

they are being "strongly advised" to do so. Queen's Own Highlanders spokesman Major Maitland-Magill-Crichton said last night: "This is not a matter I wish to discuss."

Interpol has launched a hunt for a German call girl suspected of spreading Aids across Europe.

The alert was sparked by a photograph in a Danish hardcore porn magazine which showed sex queen Trudi entwined with two men.

Munich health officials recognised her as a known Aids victim.

A Bavarian police official said yesterday: "Interpol must

trace her before she transmits the disease to other men. It's very dangerous as these porn pictures require frequent retakes to get them right."

The official said that Trudi "could be charged with attempted poisoning."

German police are already considering charges against a 25-year-old male Aids carrier who had sex with 100 men in a "final fling."

Greene said yesterday it will spend £5.5 million on an anti-Aids campaign.

Particular attention will be paid to alerting the public to risks resulting from the annual influx of holidaymakers.

Interpol must



Softly, softly is not the way

THERE was nothing to offend anybody in last night's first TV ad in the government's campaign against Aids.

But there was nothing in it either to rouse the average viewer from his slumber. Parked dolefully in front of the box on a cold winter's night, Mr and Mrs Average — not to mention Miss and Master Ordinary — could be forgiven for missing the point.

The erupting volcano and the hands chiselling a tombstone might have been announcing a new self-melodrama. Aids even managed to come out of it with some of the allure of juicy horror movie. The Aids leaflet being delivered to every home next week is sensible and to the point. But from what we have seen so far, the government's campaign lacks the cutting edge it needs to succeed.

Softly, softly seems to be the motto when what is needed is a straight-from-the-shoulder, no-nonsense message that will make every viewer in the land sit up and think. The government will get no credit whatever for spending millions of taxpayers' money on a campaign as soft and coy as the ads for toilet rolls.

Aids is a killer. It needs to be fought with words and images that match its terrifying challenge. So far the government's campaign has failed to measure up.

Then haemophilia patients, who rely on a blood transfusion by-product called Factor 8, started to get the virus.

The government ruled that all Factor 8 be heat treated before use. By October 1986 ALL donated blood was being tested.

But there were widespread cries that the government was not doing enough.

Last year it started to act as Lord Whitelaw was appointed to head a special cabinet committee.

And in the autumn, a £20 million public education campaign was announced.

It aimed to reduce the spread of Aids by urging people to limit their sexual partners and use a condom.

By last November 599 cases had been reported — 296 of them fatal — and experts suggested that the number of people carrying the virus could be as high as 100,000.

Danger signals that no-one heeded

THE first British case of AIDS was reported in 1979.

But the disease wasn't considered a serious problem until 1983.

In 1981, only five cases were reported. The following year there were 19.

Alarm bells started ringing in 1983 when 52 people caught it, and the death toll went up fast.

Now, the Terrence Higgins Trust, an Aids help organisation formed in 1982, is getting up to 400 telephone calls a minute.

The Trust was set up and named in memory of one of the first Britons to die from the disease.

At first only a few doctors, working mainly in clinics dealing with sexually transmitted diseases, recognised how serious Aids was.

And it wasn't until 1983 that teams working in the USA and France finally isolated the virus behind it.

Treated

In September 1984, 111 British cases were reported. A year later it was 240.

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Promised

In December the government promised more money to the Medical Research Council to investigate the disease.

In some cities, free needles were promised to drug addicts.

This month, every household in Britain will see an official DHSS leaflet giving advice about Aids. Radio and TV advertising has also been launched.

There is still no single hospital dedicated to treating the disease, but leading units have been established in London at St Mary's Hospital, Paddington, the Middlesex and St Stephen's.

And the first Aids hospice is being planned in Notting Hill, north London.

baffled by 'arty' TV advert

on this and it's no better than a third-rate movie trailer."

Roger Tempest, a 23-year-old marketing officer, from Skipton, North Yorkshire, said the warning film should have set out to shock.

"Aids is a horrifying disease but that just didn't come across," he said.

Isolation

Kathy Taylor, 26, of Wapping, East London, added: "They should have portrayed an Aids patient alone in an isolation ward."

"That would have brought the message home more quickly than all this symbolic stuff."

Secretary Pamela Macdonald, 22, of Uppminster, Essex, said: "It wouldn't make me rush to read the

leaflet. Frankly, it left me cold. It just wasn't hard-hitting enough."

"The whole thing should have been more direct."

"The government are supposed to be aiming the warnings at teenagers and frankly this ad tells them nothing."

Diane Brady, 30, of Hampton, Middlesex, agreed but said the "eerie" atmosphere might be enough to get across the message spelling the dangers of Aids.

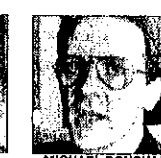
Scary

She said: "It didn't get the full message across about Aids but in another way it was a bit scary."

"Perhaps the authorities did it like this to avoid being accused of bad taste."



DIANE BRADY



MICHAEL DONOVAN



PAMELA MACDONALD



ROGER TEMPEST



HELEN BOUD



KATHY TAYLOR

Today
9th January 1987

Pioneer hospice's cash crisis

HEALTH CHIEF Norman Fowler's pledge of support for Aids hospices was challenged yesterday.

For the first hospice in the country planning to care specifically for Aids sufferers is facing a cash crisis.

Mr. Fowler, announcing the new Aids publicity campaign on Thursday, said hospices would play an increasingly important role in caring for victims.

by CHRIS MIHILL
Medical Correspondent

It brought an immediate plea for help from the London Lighthouse hospice in Notting Hill.

Director and founder Christopher Spence warned that people would be left to die at home unless the project could find £2 million. It has raised £250,000 so far.

Mr. Spence said: "With the numbers doubling every 10 months, we need to respond

quickly if we are going to provide the level of compassionate terminal nursing every person deserves.

"Even at this early stage of the epidemic London hospitals are unable to cope.

"It is vitally important that substantial government funds are made available now so centres like London Lighthouse can be established before it's too late."

The cash shortage may delay the 26-bed hospice's opening planned for the end of the year. The money is needed to pay for the building, staff and equipment.

Today
9th January 1987

**WINDSORS
AT WAR**



**She's
for
Edward**

— PAGE 5

TODAY

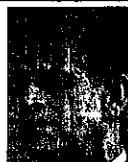
AN INDEPENDENT NEWSPAPER

FRIDAY, JANUARY 9, 1987

20p (Eire 30p)

**WINDSORS
AT WAR**

**He's
for the
Marines**



— PAGE 5

EXCLUSIVE

Expert tells government in a secret memo: The danger is far worse than we thought

AIDS

- An enormous epidemic in long-term future
- 25,000 cases in the next five years
- It is likely that every carrier will die of Aids
- Education may be only 50% effective

A SECRET memo by a government expert warns that 25,000 people will have Aids within five years, TODAY can reveal.

But this failed to emerge last night when Health Secretary Norman Fowler, launching a TV advertising campaign about the disease, said it will have killed only 4,000 by 1990.

Senior public health statistician Dr Hilary Tillet, in a paper in TODAY's possession, warns: "I have been made aware that the epidemic we are facing is far worse than I had realised."

"We should consider the implications of an enormous epidemic in the long-term future."

And she adds: "This is not my usual style of statistics. I prefer to be cautious and avoid speculation."

"However, in this situation I think it vital that everyone involved should be aware of the cost of not acting early over the possible heterosexual epidemic."

by CHRISTOPHER MONCKTON

At the same time a paper to be published soon in the scientific journal Nature says it is now thought likely that every Aids carrier will die.

Previously, experts had estimated that only one in three carriers would actually be killed by the disease.

Dr Tillet, of the Communicable Disease Surveillance Centre at Colindale in north London, is one of the leading forecasters of the spread of Aids in this country.

Distortion

Her internal memo says signs that the deadly virus may be spreading slowly are misleading, because:

- Not all cases are being reported on time;
- The length of time from infection to death varies widely, distorting figures;
- The disease is so new that the average length of time from infection to death is not known. A long period means more undiscovered cases will be revealed;
- The official definition of Aids is so narrow that it excludes many types of serious or fatal illness that are caused by the Aids virus;

● Some unexplained fatal accidents could be caused by premature senility, even in young people, caused by the virus attacking the brain directly.

The paper says that the fast rate at which the virus spreads among heterosexuals "could continue for many years before the epidemic slowed down".

It warns of a "doubling" effect, which Dr Tillet calls an exponential spread.

She writes: "The Aids cases being reported now reflect the spread of the virus around five years ago, as a conservative estimate."

"If there has been an exponential, or near exponential, spread of the virus in the intervening years then we are predestined for thousands more cases, perhaps 20,000 to 25,000 in the next five years."

Dr Tillet sketches out a "hypothetical spread" of the virus, trying to predict what effect the public health campaign may have in combating it.

She says it is "optimistic" to expect that education programmes could be even 60 per cent effective.

But she adds that if the campaigns are just 10 percent successful, around a quarter of a million infections will be prevented over the next nine years.

Dr Tillet was unable to comment when TODAY telephoned her. She said she had been instructed not to say anything, but to refer calls to the Press office at the Department of Health and Social Security.

A spokesman there said: "Dr Tillet has only just taken up the reins at the CDSC."

"You have to be careful about what to call an epidemic. An epidemic can be just one case, depending on the disease, whereas to us half of Africa being wiped out would be an enormous epidemic."

Devoting

"We would not deny that thousands of lives could be saved by the right preventive measures, and that is why we are doing the advertising campaign and devoting £20 million to it in the next 12-month period alone."

"People must take on board the message of these campaigns."

He said the official view of how fast Aids would spread had been printed in a letter by Dr Tillet to the Lancet on November 9.

The letter says there will be 1,500 new cases in Britain this year and another 3,000 in 1988. There are no published official forecasts beyond that date.

Last night Mr Fowler revealed that 293 Aids victims have died in Britain so far. Most were homosexuals and lived in London. And he warned of up to 3 million deaths worldwide over the next five years.

FOWLER'S MESSAGE: SPECIAL REPORT ON PAGES 2 & 3

OPINION 6 ● SCOOP 10 & 32 ● DIARY 13 ● TV 28 & 29 ● HOROSCOPE 30 ● WEATHER 37 ● SPORT STARTS 39

Today
9th January 1987

**Aidswatch backs
Fowler's fears**

My own Aidswatch computer model, based on what little is known about how the disease spreads, produces forecasts for the next few years which are very close to those of both Norman Fowler and Dr Tillet.

Assuming one infected person came to Britain in the early to mid-1970s, the model suggests there are now 35,000 carriers.

Independent
10th January 1987

Acupuncture: no AIDS fear

Fears that acupuncture needles can transmit AIDS are unfounded, the President of the Irish Acupuncture Association said last night.

Mr. Ronnie Turner said that some patients had raised queries about AIDS and acupuncture.

STOCK MARKET

Wellcome set to receive US go-ahead for anti-Aids drug

By Michael Clark and Carol Leonard

Wellcome, the pharmaceutical group which made a Valentine's Day debut on the stock market last year, is expected to have its anti-Aids drug AZT approved by the advisory committee to the US Food and Drugs Administration next Friday.

The advisory committee — a panel of medical experts — will hear evidence about the potentially life-saving drug in an open court in Washington and is expected to make its recommendation to the full board then.

It will be the first time any drug has been considered under the new "fast track" category, specially created by the US health authorities to handle all applications for Aids drugs. Experts in London say it is impossible to predict how long it will be before the FDA pronounces its final decision, which is expected to be a matter of days rather than weeks.

Approval by the FDA will release the drug for general sale in the US and although it is not expected to be of excessive value commercially — estimates of the cost of treatment range from \$2,000-\$4,000 per patient — its psychological and emotional importance is incalculable.

Almost nine million Wellcome shares were traded on the stock market yesterday as the share price ricocheted

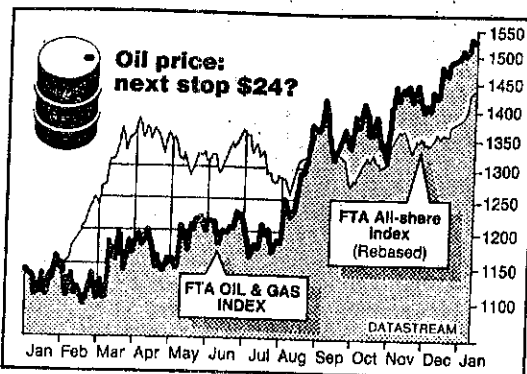
from the all-time high of 271p which it reached on Thursday night, down to 238p, before bouncing back up to 250p.

Yesterday's tumble in the share price was brought about by speculation that ICN, a small Californian-based drug company, might be about to pip Wellcome to the post in the race for the Aids cure, with its anti-viral drug ribavirin. But ICN's shares were themselves falling on the over-the-counter market in New York late yesterday as analysts became increasingly sceptical about ribavirin's potential.

Mr John Reeve, the pharmaceutical analyst at Kleinwort Greaveson, the broker, said: "It is certainly expected that Wellcome will

● **Rio Tinto-Zinc continues to build its chemicals side.** Yesterday it said it will pay \$9 million (£6.1 million) for two American companies. The strategy obviously finds favour in the market where the shares added 16p to 715p, their highest level for three months.

get approval for AZT and it will be good news for the shares even though they are already on an extremely high rating. Aids is here to stay for several years and unless the Wellcome drug is shown to be



no good, its shares will always have a premium rating."

Lord Hanson's Hanson Trust has reduced its holding in Bowater Industries, the paper and packaging group, where it previously held 10.8 million shares (11.2 per cent). Hanson's own broker Hoare Govett and rival Alexander Laing & Cruickshank are reckoned to have placed about six million Bowater shares, worth more than £21 million, with various institutions at about the 354p level. This takes Hanson's total holding just below the disclosable 5 per cent level.

Bowater finished 7p higher at 363p with Hanson 1p dearer at 202p as 7.5 million shares changed hands.

Boots, the high street chemist, where Hanson is also believed to have built a sizeable stake, rose 6p to 250p

despite suggestions that Hanson had tried to place part of its holding. But Mr Martin Taylor, a director of Hanson, refused to comment.

The rest of the equity market continued to set new

● **Shares in International Signal & Control, the American space, defence and electronics group, firmed 6p to 264p on talk of a possible new order from the US Defence Department.** Warburg Securities say the order book has already risen from \$800 million last month to \$1 billion this.

records helped by the overnight news that the Dow Jones industrial average had broken through the 2,000-level on Wall Street for the first time. The FT-SE index of the top 100 shares climbed a further

19.2 points to a record 1752.3. More than £10 billion has been added to the value of Britain's quoted companies during the past three days.

The FT 30-share index closed 13.9 points higher at 1386.4. During the long three-week account which ended yesterday, it has risen by more than 9 per cent.

Gilts rose a further 1½ at the longer end, helped by a firmer performance by the pound against its major rivals.

Most leaders notched up double-figure gains with ICI putting on 23p to a new high at 1162p.

Renewed heavy fighting around the Shatt al Arab waterway after a two-pronged attack by the Iranians could eventually lead to a disruption of oil supplies, say the experts. This is likely to force up the price of crude oil on world markets.

Mr Phillip Kapadia, broker at Raphael Zorn, reckons that the price of oil could go as high as \$24 a barrel, shortly.

Brent crude for February delivery was trading at about \$18.50 a barrel yesterday.

This prompted increased support for oil shares. Among the leaders, BP climbed 16p to 754p as nearly 4 million shares changed hands, Shell 14p to £10.19 on turnover of 3 million shares, Britoil 7.5p to 177.5p, Burmah 3p to 405p, Enterprise Oil a similar amount to 190.5p, London & Scottish Marine Oil 5p to 173p and Ultramar 5p to 181p.

Hill Samuel hit a new high with a rise of 18p to 461p. Earlier this week, it was revealed that New Zealand Insurance had accumulated a near 5 per cent stake and on Thursday FAI Insurance, a Sydney-based group, announced it had bought a 7.4 per cent stake. Both sides may have been adding to their holdings yesterday.

Other predators are said to have taken a look at the company with a view to making a bid, including American Can, the US financial services group.

Meanwhile, Morgan Grenfell, the troubled merchant bank at the centre of the Department of Trade and Industry inquiry into Guinness, continues to show signs of recovery. The price rose 9p to 404p amid hopes

ALPHA STOCKS

These prices are as at 6.45pm

1986	Price	Gross	Yld	Volume	1986	Price	Gross	Yld	Volume
High Low Company	Bid Offer	div	%	traded	High Low Company	Bid Offer	div	%	traded
355 299 Allied-Lyons	344 349	•	-4	14.5	42	15.8	7,500		
188 145 ASDA-MFI	163 167	•	+5	4.5	2.7	18.0	6,700		
458 414 BET	465 460	•	+5	24.3	5.3	16.6	748		
300 264 BTR	267 292	•	+2	9.8	3.4	20.2	1,200		
498 444 BAT	493 498	•	+10	18.4	3.7	12.9	3,500		
617 405 Barclays	512 519	•	+13	28.1	5.4	7.4	2,800		
781 703 Bess	773 783	•	+12	24.3	3.1	13.8	842		
468 411 Beecham	455 460	•	+5	17.1	3.7	19.0	1,900		
727 621 Blue Circle	722 727	•	+2	30.0	4.1	10.3	270		
404 326 BOC	395 398	•	-3	15.4	3.9	13.1	2,700		
250 219 Boots	248 261	•	+6	10.6	4.2	16.3	11,000		
537 468 Br Aerospace	533 538	•	+3	23.4	4.4	11.3	3,200		
66 61 Br Gas	65 67	•	+1	9.3	14.1	•	65,000		
755 688 Br Petroleum	753 758	•	+18	48.6	6.4	6.3	4,000		
220 188 Br Telecom	214 218	•	+11	11.2	6.2	12.6	10,000		
177 135 Britoil	178 178	•	•	9.3	5.3	4.8	10,000		
293 256 Burton	288 292	•	+5	8.1	2.8	17.7	2,600		
359 272 Cable & Wireless	350 357	•	+8	7.2	2.0	19.4	3,800		
197 172 Cadbury Schweppes	185 198	•	+6	8.7	4.4	23.0	8,800		
584 444 Coats Viyella	504 508	•	+12	17.9	3.5	15.1	766		
295 257 Com Union	263 298	•	+3	17.4	6.9	•	3,500		
712 553 Cons Goldfields	705 712	•	+7	35.0	4.9	20.3	2,200		
341 286 Courtaulds	339 342	•	+13	10.2	3.0	11.5	2,000		
224 201 Dee Corp	221 226	•	+1	10.6	4.7	16.1	1,400		
360 301 Dixons Grp	345 349	•	+13	4.3	1.2	24.7	4,200		
650 409 Fisons	578 583	•	+5	8.4	1.4	25.9	1,000		
454 769 Gen Accident	860 867	•	+7	34.3	4.0	21.7	267		
226 160 GEC	190 194	•	•	6.3	3.3	12.0	7,900		
11 111 RR7 Glaxo	11 111	•	•	20.0	1.8	23.5	1,500		
409 313 Ladbroke	400 405	•	-2	18.8	4.2	19.2	2,400		
350 302 Land Securities	347 350	•	+2	14.5	4.2	23.3	1,100		
288 216 Legal & Gen	267 272	•	+4	12.3	4.6	34.4	1,000		
604 352 Lloyds	453 460	•	+8	25.0	5.5	7.3	1,300		
301 198 Lohr	248 250	•	+4	17.1	6.9	12.3	1,400		
231 169 Marks & Spencer	195 198	•	+10	5.8	2.9	23.5	6,700		
925 507 Midland	590 595	•	-7	37.1	6.3	22.0	1,700		
626 447 Nat West	550 557	•	+5	27.6	5.0	5.8	1,600		
576 481 P & O Dfrd	545 550	•	+15	26.4	4.8	15.7	1,600		
618 443 Pearson	597 602	•	•	15.4	2.6	20.0	2,100		
641 398 Pilkington Bros	623 628	•	-9	21.4	3.4	16.6	5,100		
246 162 Plaxey	186 190	•	•	7.2	3.8	13.9	2,300		
939 749 Prudential	837 844	•	+4	38.6	4.6	55.5	618		
589 467 Rank Elect	184 188	•	-2	4.3	2.3	19.7	3,000		
924 734 Rankit & Coleman	549 556	•	+9	22.5	4.1	19.5	610		
584 379 Reuters	913 920	•	+10	23.9	2.6	19.8	185		
791 532 RTZ	689 670	•	•	5.4	0.9	43.2	373		
947 365 Rowntree	423 428	•	+23	31.4	4.3	9.6	2,100		
560 762 Royal Ins	875 882	•	+10	18.0	4.2	11.8	3,800		
438 344 Sainsbury (J)	436 440	•	+8	8.4	1.9	25.4	881		
148 39 Sears	124 126	•	+1	5.0	4.0	18.2	6,300		
395 300 Sedgwick Op	320 325	•	•	17.1	5.3	15.4	484		
10 733 Shell	10 10 10	•	•	51.4	6.0	10.1	3,000		
282 112 Smith & Nephew	134 138	•	+4	3.5	2.6	23.0	3,200		
186 122 STC	188 190	•	+3	2.1	1.1	17.5	2,100		
894 547 Stan Chart	798 795	•	•	46.4	5.9	9.8	132		
365 256 Storehouse	282 287	•	+2	11.0	3.9	15.2	1,100		
772 610 Sun Alliance	696 705	•	+6	27.5	3.9	63.2	1,400		