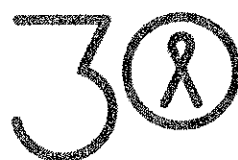


# National HIV & AIDS Archive

## Print Media

21st to 31st October 1987

HIV Ireland  
1987—2017



# Aids research may benefit sufferers of multiple sclerosis

By Thomson Prentice, Science Correspondent

The huge sums being spent on Aids research may produce spin-off benefits for sufferers of multiple sclerosis, according to a report published today.

About 100,000 people in Britain suffer from the chronic disabling disease, which led to the death on Monday of Miss Jacqueline du Pré, the former leading cellist, at the age of 42.

Up to 1,000 people a year die from the condition, which affects almost twice as many women as men. The highest mortality is among the middle-aged and elderly and the cost to the health service was more than £18 million last year, the report from the Office of Health Economics says.

The causes of multiple sclerosis are unknown, but some researchers believe that an Aids-type virus which affects the body's immune system could be involved. Mr Bernie O'Brien, a research fellow at Brunel University and author of the report, said yesterday: "The illness remains an enigma and a challenge to medical scientists, but there are good reasons to hope for a breakthrough.

"The most likely explanation is that multiple sclerosis is caused either directly by

some viral infection of unknown origin or that indirectly such a virus provokes the body's immune system to attack itself.

"There are some obvious parallels to be drawn between multiple sclerosis and Aids. If an Aids-type virus is involved, then the millions of pounds currently being invested in Aids research may provide some valuable spin-off knowledge."

The report says that improvements in diagnosis have been achieved through the use of the latest medical technology, including magnetic resonance imaging. There is, however, still no proven effective treatment and many sufferers have resorted to fringe treatments such as snake venom or hyperbaric oxygen (HBO).

The idea that HBO could be beneficial arose from its success in treating deep-sea divers suffering from "the bends", the decompression sickness that can inflict damage to the central nervous system similar to that caused by multiple sclerosis. Patients with multiple sclerosis undergoing HBO therapy breathe pure oxygen from a face mask while sitting in a pressure chamber.

The report says that "the

vast majority of evidence from trials of HBO suggests that it has no beneficial impact on the disease". Two scientific studies published in the past two years concluded that there was "no clinically important or significant benefit", but the report acknowledges that multiple sclerosis sufferers may nevertheless believe they have been helped by HBO. "To some extent the simple bringing together of patients into a group necessary for HBO will aid communication and lift spirits.

"When doctors can offer little by way of treatment, it is perhaps not surprising that many multiple sclerosis sufferers are prepared to put their faith in new ideas which, although they may not carry the full scientific stamp of approval, may offer some hope."

Venom from the cobra, viper and other snakes is also used by some sufferers who claim they have benefited from it. Advocates of its use believe that the venom attacks the nervous system in a way similar to multiple sclerosis.

*Multiple Sclerosis* (Office Of Health Economics, 12 Whitehall, London SW1A 2DY; £1.00).

Irish Press  
22<sup>nd</sup> October 1987

## MS — AIDS 'LINK'

THE disabling disease that claimed the life of cellist Jacqueline du Pre may be caused by an Aids-type virus that attacks the body's defences.

Now a report from the British Office of Health Economics suggests that MS, Aids and rheumatoid arthritis could all be caused by exposure to a virus that attacks the body's immune system.

The report offers the ray of hope that if MS is indeed the "result of an Aids-type virus then the millions of pounds currently being invested in Aids research may provide some valuable spin-off knowledge about the immune system in relation to such diseases."

It says: "Much of the available evidence suggests that MS is some form of disease affecting the immune system which finds its origin in a viral infection. There may be some genetic defect in the immune system which permits the persistence of a virus such as measles which is acquired in childhood — the virus somehow lays dormant within the body."

In later life the virus either directly attacks the nerve of the central system or — more likely — stimulates the body's immune system to attack the fibres.

The report estimates that up to 100,000 people in Britain suffer from MS, at a cost to the NHS of more than £18 million last year.

NEW SCIENTIST 22/10/87

### Vaccinia carries the seeds of its own destruction

**S**MALLPOX virus was defeated by vaccinating people with its milder cousin the vaccinia (cowpox) virus. That success prompted genetic engineers to use vaccinia as a vector for segments of other deadly viruses in the hope of inducing an immune response. Because that approach also succeeded in the case of hepatitis B and rabies, biologists have tried the same trick with HIV (the AIDS virus). The snag, though, is that once people are infected with HIV their immune response is already sluggish, making it dangerous to inject vaccinia into them. This was only too apparent when one US army recruit died after such treatment (*New England Journal of Medicine*, vol 316, p 673).

One solution, however, might be to use vaccinia not as a vector for surface proteins on HIV but to carry a stimulant of the immune system, as reported by a group of researchers in Australia (*Nature*, vol 329, p 545). Ian Ramshaw and Susan Phillips from the Australian National University in Canberra teamed up with Marion Andrew and colleagues at the CSIRO Animal Health

Laboratory to study the effects of vaccinia that carries the gene for interleukin-2 (IL2). When produced by white blood cells, IL2 boosts the production of "primed" T-cells, an important event in the body's response to viral infections.

The researchers found that injecting normal vaccinia virus into immunodeficient mice led to a bad case of cowpox. In contrast the modified, or recombinant, cowpox led to rapid recovery from infection. The researchers found that the vaccinia had reproduced and, in doing so, had made enough IL2 to persuade the mouse's immune response to flare up and kill it.

Vaccinating people who have an impaired immune response might be feasible. HIV-positive people might receive vaccinia/IL2 and vaccinia/HIV simultaneously. However, the researchers warn that a hidden HIV infection of white blood cells might be encouraged to spread if the affected cells are stimulated by IL2. Only trials on a "mixed" vaccine will test the idea fully. □

New Scientist 22 Oct 87.

3.7  
6.5

Evening Herald  
23<sup>rd</sup> October 1987

## Aids 'cure' tests <sup>③</sup>

A POSSIBLE Aids vaccine developed by a little-known pharmaceutical company is being tested on the human volunteers.

Microgenesys burst forth from obscurity to become the first — and so far the only — company in the US to win approval from the Food and Drugs Administration to conduct human trials of its vaccine.

A group of homosexual volunteers was vaccinated in the first week of October, said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases.

Dr. Fauci said the volunteers have experienced no adverse effects. "We cannot make a projection from that, however," he cautioned.

He has declined to disclose the number of volunteers vaccinated or exactly when they received the injections. "We don't want to build false hopes, and we don't want the volunteers harassed."

5 ✓

# Meeting told alcoholism 'like AIDS'

From Arthur Quinlan,  
in Limerick

A LEADING Canadian scientist told an audience in Limerick yesterday that while the issues might at first seem different, both alcohol problems and that of Acquired Immune Deficiency Syndrome (AIDS) had a great deal in common.

Dr Mark Sobell, senior scientist at the Addiction Research Foundation in Toronto, was addressing the Mid-Western Group of the Psychological Society of Ireland at a two-day conference on "New Perspectives of the Treatment of Alcoholism."

Professor Maxwell Taylor, of the Department of Applied Psychology at UCC, convener of the conference, described Dr Sobell as one of the world's leading authorities on the subject of alcoholism. He said he had produced

over 100 publications and four major books on the area.

Dr Sobell said that one major way that AIDS is transmitted is through sexual contact. "Both drinking problems and the spread of AIDS have in common the fact that the problem occurs by way of a behaviour that many find to be highly rewarding. With sex there is little question that the rewards are biologically programmed, as they might be with alcohol."

He added: "drinking and sex, at least in the sense of sex outside of wedlock, are also both behaviours that society can do without, but they are both behaviours that many people do not do without, even though they involve serious risks. They even go great lengths and take risks to fulfil their desires."

Dr Sobell said that if people did without these behaviours the impact of both disorders would be

radically reduced so the situations are analogous in many ways, the main difference being the present inevitability about the course of AIDS and the fact that its rapid spread has forced the societal response to be telescoped into a very short time period.

The speaker said that people are willing to take a chance even if it involves a high element of risk, for they are engaging in behaviours that they find rewarding. Governments and health authorities, he said, are finding ways to communicate to the public about making informed, rational, individually-based decisions about sex.

"I suggest that we can think of moderation approaches as helping the alcoholic in the same way. If people will stop drinking that is fine, but if they don't, we have no right to disown them when in fact we might have been able to help."

Dr Sobell said that 20 per cent of the people were non-users of drink, 62 per cent had no problems, 15 per cent had problems but are not physically dependent and only three per cent are in the dangerous area of dependability.

Mr Declan Roche, director of the Rutland Centre, Dublin, said that it was important to see alcoholism in a distinct class of its own and very different from merely being a person with an alcohol problem. Twenty-five per cent of the admissions to psychiatric hospitals are of such people, almost 19 per cent of the clients coming for treatment to the Centre had attempted suicide because of the distress they suffered, and 51 per cent came from families where there was alcoholic addiction.

An essential prerequisite for recovery was total abstinence from alcohol, he said.

# Aids drive aimed at sex attitudes

By Andrew Veitch,  
Medical Correspondent

A £3 million Aids information campaign is to be launched by the Health Education Authority after Christmas. It will be aimed at specific groups, probably teenagers.

Details are being finalised with TBWA, the advertising agency responsible for the "Don't inject Aids" campaign, and for the icebergs and tombstones screened in the spring.

With at least 50,000 people already infected by the virus, the main aim of the new campaign will be to change sexual behaviour — something which the previous campaigns have failed to do, according to the Government's own published research.

The HEA, set up by the Government in April to run Aids information campaigns, finally took over from the Department of Health yesterday with a £4.1 million budget to

last till the end of the present financial year.

A strategy document sent to ministers in June listed a £6.1 million programme. Plans released by the authority at its meeting yesterday show that £2 million has been trimmed to meet this year's budget, announced by the health minister, Mrs Edwina Currie, in the Commons on Friday.

Officials explained that the £2 million had been removed to take account of the four-month

delay before ministers approved the programme.

However, the HEA's chief executive, Dr Spencer Hagar, said that the Department of Health still had £2 million which he would ask for if necessary.

Sir Brian Bailey, the HEA chairman, told members yesterday: "The country is sitting on a time bomb. There is already an enormous Aids problem, but no one knows how big it is or when it will manifest itself. We

have to target people most at risk. Even £4 million won't do everything."

● Mrs Caroline Waldegrave, wife of the environment minister, Mr William Waldegrave, has resigned from the HEA, leaving it without a nutritionist as either a member or an official. It is understood that she is expecting a baby.

The authority's former food specialist, Dr John Brown, resigned in the spring.

5 ✓

## Hospices in dilemma over Aids cases

By Thomson Prentice,  
Science Correspondent

Hospices for the terminally ill may be forced to turn away dying Aids patients, Mr Antony Newton, Minister for Health, was told at a conference of experts in the field yesterday.

Hospice care is a key element of government plans to help sufferers of the disease. But shortage of places for patients, and fears and prejudices associated with Aids, will pose serious problems, the conference heard.

Dame Cicely Saunders, a pioneer of the hospice movement in Britain, told Mr Newton: "We are worried that we will have to displace cancer patients if we take in Aids sufferers."

She said units, such as St Christopher's, London, which she founded, were pledged to offer places only to cancer patients. Although about 40,000 dying cancer patients could be helped each year, 140,000 deaths annually were due to cancer.

Dame Cicely said: "Our

feeling is that we can take Aids patients only if they have a form of cancer."

In a discussion document submitted to the conference, Professor Eric Wilkes, joint chairman of the Help the Hospices charity, said: "Although only a small number of hospices are religious organizations, most contain a number of committed Christians on the staff.

"Some of these may have difficulty in adjusting to the needs of drug abusers, homosexuals and male prostitutes.

Involvement with Aids might affect fund-raising for some hospices, he said.

The Government wanted to encourage hospices to play a larger role in Aids care but it could not dictate to individual establishments or to local health authorities, he said.

Dr Anthony Pinching, senior lecturer in clinical immunology at St Mary's Hospital, Paddington, west London and a leading Aids specialist, said most people dying from Aids wanted to do so at home but some would want hospice care.



29 OCT 87

MEDIC LEGAL

# Doctors must have patient's consent for HIV antibody tests

Doctors who carry out HIV Antibody tests without the patient's consent could be acting outside the law, the British Medical Association has advised its members.

According to the BMA, the consent of the patient is essential if the act of taking a sample for testing is not to amount to an assault or expose the doctor to a claim in negligence for failing to inform the patient of the nature of the test and the possible consequences of a positive result.

The Association's advice is based on legal opinion sought following a motion passed at the Association's annual representative meeting earlier this year.

The resolution stated that HIV Antibody testing should be at the discretion of the doctor and should not necessarily require the patient's consent.

A formal interpretation of the resolution by the BMA's Representative Body ruled out indiscriminate involuntary screening or testing and said the doctor's discretion should be exercised in the patient's best interest.

The opinion of Mr. Michael Sherrard, QC warned of the effects of implementing the resolution:

"As the law stands at present, the consent of the patient is essential if the act of taking a sample for testing is not to constitute an assault or expose the practitioner to

similar circumstances would do."

The BMA warns that a doctor may only proceed without the patient's consent in a situation of great emergency where the taking of the sample and testing are essential in order to save the life of or preserve the health of the patient. An example is where the patient is unconscious and it can be shown that the procedure is vital to be performed there and then. Failure to obtain explicit consent must be capable of justification before a court of law.

The Association points out that Counsel's advice is based on the fundamental principle of English common law that every adult human being of sound mind has a right to determine what shall be done with his own body. Any medical treatment which involves physical contact with a patient's body is potentially an assault and it is the existence of the patient's consent to the touching which renders it unobjectionable. The use of the term "treatment" is regarded as including "testing".

The Association also reminds members that a patient's consent must be informed and the doctor's obligation to explain has been judicially described as follows: "The duty of the doctor is to explain what he intends to do, and its implications in the way a careful and responsible doctor in similar circumstances would have done."

that it is in the doctor's interests, the interests of his colleagues and the public interest that the patient should consent to the testing. Any patient refusing consent could then be treated as if they were infected.

Counsel has advised that where a patient is merely told that a sample is being taken for "tests", the doctor would have difficulty justifying taking the sample. If the doctor is asked by the patient what tests are to be carried out he must answer truthfully. Where the patient makes no enquiry it is Counsel's view that there is no valid consent as there is an implied representation that the tests to be carried out are merely routine.

Based on Counsel's advice, the BMA warns that a doctor who deliberately conceals his intention to carry out a HIV test does so at his peril.

If the doctor feels that despite what the patient might think, a HIV Antibody test would be in the patient's best interests he would similarly be open to legal liability if he fails to seek consent, Counsel points out. Such a situation would not fall within the exception of a life saving emergency, referred to above.

Earlier this month, the IMO's annual general meeting rejected a motion that would allow doctors to conduct HIV Antibody tests "where clinical suspicion demands it".

position where a doctor comes to the conclusion that it would be negligent not to arrange for HIV antibody tests because a specific treatment or drug for an infected (or high-risk group) patient might be contra-indicated?

Counsel takes the view that in coming to this conclusion a doctor is not absolved of his duty to explain the situation to the patient and to seek consent to the tests being carried out in the patient's own interests. A refusal of consent, like the giving of consent, should be recorded in writing and signed by the patient, Counsel advises.

Where the doctor, rightly or wrongly, concludes that HIV testing is necessary to preserve the safety of himself or, for example that of his surgical team, or of the equipment he uses or of other patients, what is the appropriate action?

Again Counsel advises that consent should be sought and in this instance the doctor should counsel the patient explaining frankly to him

members that to be effective consent must be genuine and it will not be so if it is obtained by misrepresentation, fraud, deceit or duress.

In certain very rare circumstances the patient's consent may be implied in that by presenting himself for and requesting treatment he has impliedly acquiesced in any routine procedures that are necessary to comply with his request. However, it is the opinion of counsel that the doctrine of implied consent is not at all likely to be held to cover testing for HIV antibody and the taking and testing of a sample would not be regarded as routine.

The Association also reminds members that a patient's consent must be informed and the doctor's obligation to explain has been judicially described as follows: "The duty of the doctor is to explain what he intends to do, and its implications in the way a careful and responsible doctor in similar circumstances would have done."

So what for example is the explaining frankly to him

# AIDS MONITOR

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## Wellcome forces shift in drug project



A BRITISH company has put pressure on the Medical Research Council to shift a research project away from Imperial College in London to the University of Oxford. The Wellcome Foundation persuaded the council to place a project grant out to tender. As a result, the research team at Imperial will not receive a grant to investigate the structure of reverse transcriptase, an enzyme vital to the replication of the AIDS virus.

According to some scientists that have dealings with the research council, placing a project out to tender in this way is highly unusual. One source said that Wellcome did not seem to be satisfied with the speed with which the group at Imperial was working. Now the team at Oxford will have to start the research from scratch.

Wellcome has taken centre stage on AIDS research because of its drug zidovudine (formerly known as AZT). The company is also supplying quantities of reverse transcriptase for studies such as that at Imperial. A spokesman for Wellcome said that the decision to move the work to Oxford was taken by an expert committee

of the research council. Wellcome has representatives on this committee. But, said the spokesman, "I don't know how the voting went".

Researchers at Wellcome succeeded in crystallising the enzyme reverse transcriptase last month (*New Scientist*, 8 October, p 27). The next step is to determine the three-dimensional configuration of the molecule to try to understand how drugs can block the enzyme.

Wellcome approached Imperial College earlier this year for help in this matter, according to David Blow, head of the college's Centre for Biotechnology. The company was interested in Blow's skills in X-ray crystallography, which can reveal the three-dimensional structure of molecules in crystal form.

Blow's group subsequently applied for and received a small grant from the Medical Research Council to carry out the work. Blow said that he received an invitation from the council at the end of August to tender for a larger grant, amounting to over £100 000, to continue the work. The deadline for applications was the beginning of September, and he only had a few days to prepare an application.

In the event, the research council's expert committee decided to move the work to a group led by David Stewart of Oxford University. Blow says that he has no idea

why the council wants to shift research funding on this project. The council told him that his proposal "had been judged on the basis of the criteria laid down in the invitation to tender".

A spokeswoman for the council said that the project was part of the directed programme of research into AIDS, which might explain why the research had been put out to tender. She said that the council never comments on grant refusals.

Blow said that the group at Oxford is larger than his, and has more equipment. There may be other reasons why the team at Oxford won the contract, he said, but he is not aware of them. He said that he could only speculate that it is Wellcome's intention to stimulate competition. A group of scientists from Harvard is also trying to determine the three-dimensional structure of reverse transcriptase.

Blow intends to continue his research on the enzyme. The work, he said, "is so important that we are putting all the effort into it that we can. We are committed to continue and we plan to carry on. All we are looking for is the resources."

Reverse transcriptase is the enzyme that helps to convert viral genetic material into DNA. If Wellcome can discover the detailed structure of the molecule, then the company is in a better position to design a drug that can destroy it. □

SV

## Clinical trials begin for promising antibiotic

DOCTORS in several countries have started trials with fusidic acid, an antibiotic normally used to treat bacterial infections, after the drug produced a dramatic improvement in the condition of a man with AIDS. The man had advanced tuberculosis and had lost a great deal of weight.

Vigo Faber, of the University Hospital in Copenhagen, says that he tried fusidic acid almost as a last resort. When the patient recovered, Faber asked researchers at the Clinical Research Centre in Harrow to investigate the drug's antiviral activity.

Faber began a trial of fusidic acid in 12 patients with AIDS two months ago. He now has 20 patients on the drug and the number is rising all the time. Another trial of fusidic acid in people with AIDS or severe disease related to HIV infection began last week at St Stephen's Hospital in

London. Angus Dalgleish, of the Clinical Research Centre, says that doctors in the US and Canada have also begun tests.

Preliminary research by Dalgleish and his colleagues found that fusidic acid somehow inhibits the replication of HIV. They are now trying to discover how the drug acts against the virus.

Faber cautioned that the first case is "just one example". He added: "We must do many more experiments, but we believe that fusidic acid can be a good alternative to [zidovudine] since it causes fewer side effects."

Dalgleish agrees. He said: "There is a desperate need for something to treat people who can't take [zidovudine] any more. Fusidic acid has fared better than any of the other drugs screened for use in AIDS patients. There are good ethical reasons to give it."

Faber, Dalgleish and their colleagues relate in *The Lancet* how a 58-year-old man with AIDS had lost 16 kilograms in six weeks despite conventional medication (vol ii, p 827). Because the patient was infected with *Mycobacterium tuberculosis* and because fusidic acid is known to act both against this bacterium and synergistically with other drugs prescribed to this patient, Faber added fusidic acid to the list of prescribed drugs.

Two weeks later, the man recovered from his fever, put on weight and was able to return to work. Two months later, his weight had increased by 10 kilograms.

Dalgleish and his co-workers investigated whether fusidic acid had any direct effect against HIV using a technique called an infectivity assay. HIV mainly attacks T-

helper lymphocytes, a type of white blood cell. If the virus is added to a culture of these cells, it normally makes them clump together. The reason is that viral proteins—whether on free virus or on the surface of infected cells—bind to the CD4 receptors on the T cells.

The researchers found, however, that if the uninfected cells had previously been exposed to fusidic acid, they did not fuse together when HIV-infected cells were added, even after three to four weeks. Another good indicator of viral activity is the presence of the viral enzyme reverse transcriptase. The virus uses this enzyme to replicate itself. But there was no sign of reverse transcriptase either, suggesting that there were no infectious particles left after treatment with fusidic acid.

A recognised mode of action for drugs effective against AIDS is interference with reverse transcriptase. When the researchers mixed fusidic acid with HIV, however, they saw no change in the activity of reverse transcriptase.

Fusidic acid is known to disrupt protein synthesis in bacterial cells by inhibiting the normal association between transfer RNA and ribosomes, an important part of the process of protein synthesis. Whether a similar effect occurs during the synthesis of viral proteins is not known. Another possibility is that the drug may inhibit viral enzymes that split the large precursor proteins manufactured by the virus into smaller functional units.

Dalgleish says that it will take at least three months to come to any meaningful conclusions about the efficacy of fusidic acid in the treatment of AIDS. □

**Cork Examiner**  
**30th October 1987**

## **Own condom hope for women**

**WOMEN** in Britain could soon have the opportunity to wear their own condoms instead of relying on men to use the sheath.

A revolutionary protective is now undergoing trials there, and family planning experts say that, if it works, women will have their first birth control method to use themselves to guard against AIDS.

Leading fertility expert Mr. John Guillebaud, medical director of the Margaret Pyke Centre in London, said today a small trial involving 25 women would find out whether they and their partners would find the condom acceptable.

CLERGY IN 'CLEAN-UP' PLEA TO BISHOP

# Stop the sale of gay sex books in church, says vicar

By STEPHEN DOUGHTY, Home Affairs Correspondent

A CHURCH that sells explicit homosexual literature is at the centre of the Church of England row over gay clergymen.

Clerics campaigning to outlaw homosexuality among churchmen appealed to the Bishop of London, Dr Graham Leonard, to stop the sale of books there by the Lesbian and Gay Christian Movement.

They describe material on sale at St Botolph's, Aldgate, in the City of London as 'filth.'

They hope for speedy action from Dr Leonard, Mrs Thatcher's favourite churchman and a declared supporter of strict moral standards in the Church of England.

Among books on sale in the 18th century church, used as headquarters by the LGCN, is one called 'The Joy Of Gay Sex.'

The Rev Tony Higton, the Essex vicar leading moves to persuade next month's Anglican General Synod to ban homosexuals, said: 'There are over 40 explicit drawings of a wide variety of homosexual acts and nine full colour pictures.'

## Academic

'The text is littered with four-letter words and other indecent language.'

Other material on sale at the church includes a leaflet on 'Sexual Experience between Men and Boys', and a guide to London listing homosexual pubs and clubs.

Mr Higton's attack follows a condemnation of lack of moral guidance of Church leaders made by Mrs Thatcher earlier this week.

The Lesbian and Gay Christian Movement, which will oppose the Higton motion at the Synod, accused him of selecting material out of context.

'We only have two or three works which are sexually explicit,' the movement's general secretary, the Rev Richard Kirker, said. 'The others are all academic works about the Christian approach to sexuality.'



From Monday's Mail

**Independent**  
**30<sup>th</sup> October 1987**

# **Trials of female condom launched**

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**By Cherrill Hicks**

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A CONDOM for women has been developed in Britain and is expected to be available by next spring.

The new device is expected to prove as effective as the male sheath in preventing pregnancy and the spread of sexually transmitted diseases, including Aids, a symposium at the Royal College of Obstetricians and Gynaecologists in London heard yesterday.

The device could compete with the male sheath in popularity, John Guillebaud, medical director of the Margaret Pyke family planning centre in London, said. A small-scale study in Denmark has shown that men prefer it to the sheath because it interferes less with intercourse, he said. Women had found it as acceptable as the male sheath. Some said they had better orgasms using it, perhaps because of the extra stimulation it provided.

"It feels to men like making love in the normal way," he said. "The trouble with the condom is that it often gets left on the bedside table."

The new sheath for women is basically a soft, transparent pouch made of a thin plastic, and is meant to be used with vaginal lubricant.

It has a loose rubber ring at one end which is inserted into the vagina in much the same way as a diaphragm and which holds the pouch in place. At the other end is another soft rubber ring which fits externally, and which "might prove a bit of a problem in foreplay", according to Mr Guillebaud.

The device is undergoing trials at the Margaret Pyke centre, which is looking for 225 volunteers to take part.

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## Aids test for Bowie

A COURT has ordered rock star David Bowie to have an Aids test in Dallas early next month at the request of a 30-year-old woman who has accused him of raping her, police said yesterday.

The woman allegedly claimed that Bowie had told her he had given her Aids immediately after the alleged rape. She has since tested negative for exposure to the virus but doctors have advised her it might take several months to show up.

A Dallas police spokeswoman said a Texas district court judge agreed to issue the Aids-test order at the request of lawyers for the woman, whose name was withheld. The woman has claimed 40-year-old Bowie raped



DAVID BOWIE  
Aids test.

her in his hotel room on October 10 after an all-night party during the Dallas portion of his world concert tour.

# AIDS painting of Di 'appalling'

A CONTROVERSIAL painting showing the Princess of Wales clutching the hand of an AIDS victim is to be unveiled in London tomorrow. The work, *Votive Offering*, has been described as "appalling" by one art critic.

The princess was asked to endorse the painting, by Canadian-born artist Andre Durand, but she replied that she had not seen it, said Lord Ennals, chairman of the Votive Offering Committee.

The work, shown at a press preview yesterday, will tour Britain's cathedrals and the United States before being hung at the Middlesex Hospital, where the princess met AIDS patients.

"I'm sure she'll come to see it. And I bet she'll love it too," said the artist. The six-foot by 12-foot oil painting depicts the princess as a royal healer, stooping to touch the hand of Mrs. Sunnye Sherman, an American legal secretary who died last year.

## NEVER MET

The two women never met and Mrs. Sherman never visited London, where the work is set.

The princess, in a plain

purple dress, leans on the arm of St. George, St. Catherine stands nearby and a naked, black St. Sebastian sits at her feet.

The saints have shafts of light coming from their heads. AIDS patients, doctors and nurses surround the two women.

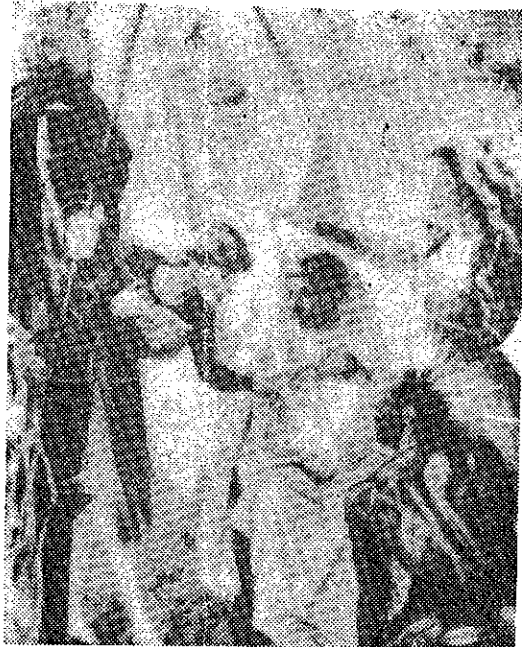
Historian and art expert, Mr. Brian Sewell, said yesterday: "Basically the real problem is that of not being able to draw. There is only one word for it — appalling."

## SYMBOLIC

The artist says the princess's role in the picture is symbolic and idealised. "The ancient belief that the royal touch could cure the sick is the heart of the composition."

Labour MP, Mr. Ken Livingstone, said at the preview: "What is really great about the picture is that it puts it in an historical context. It has a medieval quality."





• Part of the controversial painting showing Princess Diana touching a woman dying of AIDS.

## Di in storm over AIDS painting

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## Rock star David Bowie to undergo AIDS test

A COURT in Dallas, Texas, has ordered rock star David Bowie to have an AIDS test early next month at the request of a 30-year-old woman who has accused him of raping her, police said yesterday.

The woman allegedly claimed that Bowie had told her he had given her AIDS immediately after the alleged rape. She has since tested negative for exposure to the virus but doctors have advised her it might take several months to show up.

A Dallas police spokeswoman said a Texas district court judge agreed on Thursday to issue the AIDS-test order

at the request of lawyers for the woman, Wanda Nichols, 30, of Dallas.

She has claimed 40-year-old Bowie raped her in his hotel room on October 10 after an all-night party during the Dallas portion of his world concert tour.

After investigating, police said they could not find enough evidence to justify charges and referred the case to a grand jury, which will decide if the case should proceed. It is due to hear evidence on November 11.

Bowie, who has admitted to spending the evening with the woman, has called her charges false and outrageous.

**Irish Times**  
**31<sup>st</sup> October 1987**

(AFP)

### Bowie AIDS test

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A Dallas police spokeswoman said a Texas district court judge agreed on Thursday to issue the AIDS-test order at the request of lawyers for the woman, whose name was withheld. — (Reuter)

SV

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## TEACHING ON SEX

Sir, — Many Catholics are disorientated by the new open-mindedness about sex which seems to be spreading with alarming facility through the Church. Hence the endless bickering about the suspicious contents of almost any discourse touching on the issue: school texts on "life skills", tapes about AIDS, textbooks in moral theology, and even episcopal teaching.

It is not that the conservatives are paranoid. There really does seem to be radical shift taking place, with collusion from the highest levels.

What is this Apostasy? A sell-out of Gospel strictness just when the rest of the world most needs it? Or is it just a lightening of the long Augustinian spell, the Manichaean tinge, which has shaped the ethics of the West and which is now yielding ineluctably to new cultural co-ordinates?

If so, we are in a transition, which carries dangers of folly and irresponsibility, but should eventually lead to a more humane and well-grounded ethics. However, so much of Christian, and especially Roman Catholic, identity has been shared by Augustine's teaching of a particularly intimate link between sexual desire and "original sin" that a change in this matter sends shock waves through the whole celibacy, marriage, confession, Mariology, Christology, and so on.

It seems that disorientation is something we'll just have to work through together, in dialogue and mutual charity. — Yours, etc.,

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