

*BBC 1 Byline: "A Kiss is Just a Kiss"*  
*BBC 2 A Secret World of Sex: "A Kiss of Death"*

## Sexuality and stigma

On 24 January 1989 *Eastenders* (watched by up to 16 million people weekly) portrayed two separate kisses, one "heterosexual" kiss and one "homosexual" kiss, lasting about 30 seconds and half a second respectively. The shorter kiss, a tender peck on the lips between two lovers, caused a storm of protest quite out of proportion to the actual event. Predictably it resulted in insulting headlines and articles in several tabloid newspapers, including the *Sun* and the *News of The World*, mostly directed at Michael Cashman, one of the gay actors. He was also harassed at his home only 24 hours after one of the newspapers had published his address.

"A Kiss is Just a Kiss" is a personal view written by Cashman of his own experiences and more general issues concerning homosexuality in Britain. He skilfully and coolly describes discrimination against homosexuals in Britain, acknowledging that it is part of a wider problem of bigotry and intolerance. He introduces himself and his partner, Paul, as a conventional couple living together and then, using interviews with friends and other people in central London, establishes that homosexuals are, in fact, ordinary people. Homosexuality is legal in Britain but not as legal as being heterosexual—for example, the ages of consent are 21 years and 16 years respectively; gay couples cannot marry. Over 25 000 men have been convicted for consenting homo-

sexual behaviour in Britain during the 1980s (2500 imprisoned) for crimes including public displays of affection such as holding hands, kissing, embracing, and swapping phone numbers. Section 28 of the 1988 Local Government Act, pushed through parliament largely by the homophobic right (counterpart of the "homophilic loony left"), prevents local authorities from promoting homosexuality as an acceptable way to live, "declaring that these relationships are pretend and unreal"—thereby undermining the existence of a sizable minority in British society.

Cashman also discusses the lack of consistent support from the church and the continued irrational demonisation of homosexual people as perverts, paedophiles, and a threat to children, adolescents, families, and the very fabric of society itself. This disinformation is dangerous for everyone, especially in the context of HIV/AIDS; attempts over the years to label it a "gay plague" may have confused many heterosexuals about the real nature of the disease and their own potential vulnerability.

"A Kiss of Death," through personal testimony and archive film, charts the changing and interrelated attitudes towards sexuality and venereal disease in Britain for the first half of this century, and the stigmatisation of sex through the threat of venereal disease. There were remarkable statistics of huge surges in syphilis and gonorrhoea during and in the aftermath of the two world wars. Syphilis apparently killed 60 000 people in 1924, and penicillin first came into use during the second world war and provided a cure for venereal disease, which was rampant, but diverted vital supplies from wounded troops. Earlier treatments included "priming" the penile urethra by forcing gunpowder into it

with a matchstick, moving a liquorice rod up and down inside the penis, or even soaking the end of the penis in a pot of urine.

Propaganda films terrified rather than informed (remember the icebergs and tombstones in the advertisements warning about AIDS?) and didn't seem to prepare soldiers appropriately for using condoms in real life—for example, after having drunk seven pints of bitter. However, the severity in prevalence of the disease did force increased awareness and openness about sexual matters by the end of the second world war.

Sexuality in Britain is going through another revolution, some of it positive, much of it retrograde. It is appalling that a programme such as Michael Cashman's edition of *Byline* has to be made to plead for the acceptance of homosexuality. It is also outrageous that recent legislation is compounding the situation. Understanding of ourselves and each other as well as the inherently neutral nature of disease are crucial if we are to overcome the terrible devastation of HIV and AIDS.—CHRIS WOODS, registrar, *St Stephen's Clinic London*

ITV *This Week*: "Get Slim and Die" 23 May

## Lost generations

Business is booming for Uganda's coffin makers. Since AIDS came along, people in the villages have been dying at a rate of five a week. Ugandans have their own name for this disease which wastes their young. They call it "slim."

Watching *This Week*, a tale of ordinary heterosexual folk, I found it almost unbelievable. According to the World Health Organisation one in 12 Ugandans now carries the AIDS virus. "Let's put it simply," says Dr Warren Naamara, the man with the unenviable job of directing the AIDS control programme, "it's a huge problem. We don't have any immediate answers."

In case we British should feel complacent, Dr David Nabarro of the UK Overseas Development Administration extrapolates the scene to London. "We would find it very difficult to cope with one in 12 of our tube drivers or postmen or bus drivers dying in the next five or 10 years. I think we would freak out," he says.

*This Week* claims that AIDS has swept into Uganda along the trans-African highway. Truckers stop off to visit prostitutes, who have a 70% chance of carrying the virus. Despite a government campaign to "Love carefully," condoms are scorned as Western and unmanly. Less than 1% use them.

In the village of Kasensero 300 of the original population of 1000 have died of AIDS. According to the head man, "One doctor visited here once. No one has been from the government to give us any advice."



*Mercury treatment for syphilis c1500*

Farming is done at night because the day is taken up with attending funerals. Children are often the chief mourners. Not only is Uganda losing a generation of workers, it is losing a generation of parents.

What little orthodox medicine there is has

had no impact. Even professional people are visiting the witch doctors, drinking mud mixed with water as a last resort. The WHO predicts that 10 million people will be carrying the AIDS virus by the year 2000. This programme sounded a grim but realistic

note. As the director of Uganda's AIDS control programme said, "AIDS is a sexually transmitted disease. If you do sex you are at risk. That's the message."—LUISA DILLNER, *editorial registrar, BMJ*

## PERSONAL VIEW

### Just another day

Brian Witcombe

Until it was stolen from outside the casualty department one Christmas Eve a valued possession of mine was a battered, run down bicycle. I am fond of cycling and enjoy the exercise but I have no taste for bicycle maintenance. The knack of being able quickly to fix mechanical things has always escaped me. If I try to repair a leaking radiator I will invariably damage the screw thread. When repairing a car tyre I once forgot to tighten the nuts and the wheel had to be replaced when the holes in the hub quickly became worn. Failures such as these together with natural ineptitude dampen any enthusiasm, so prophylactic maintenance was one thing that my bicycle did not get.

The attraction of Stroud in the western Cotswolds is that it sits like the centre of a star at the head of five deep valleys. The hills between the valleys are in parts too steep to farm or too stony for crops so they are attractively wooded or given over to common land. Each hill lies between two valleys and so there is a different vista in opposite directions from the same spot. The road from Stroud to Gloucester passes over one of these hills and on one side of this road there is a fine view of the Painswick valley with its nestling village and spired church. On the other side the road drops down the western Cotswold escarpment to the city of Gloucester and the view extends across the broad Severn valley to south Wales in the west and to the Malvern hills in the north. At this point is the village of Edge, whose name tells as much about the road here as any description.

This route is the sort loved by those 55 kg athletes who do most of their cycling standing up looking like whippets in their sealskin outfits. But I am nearly 92 kg and while I can zip along on the flat with the best of them a hillock shows up my weight to power ratio for what it is. Hilly routes are usually avoided but every now and again I get the urge to test my arm or rather my leg. One morning on the way to work I thought that I would have a crack at Edge Hill and after much puffing in bottom gear I got to the top all right. A Chinese proverb says that experience is the comb that nature provides when you are bald. I am not yet bald but what happened thereafter on Edge Hill taught me a lot.

My bicycle was in its usual imperfect condition. When the rear brake handle was pulled hard the brake blocks stroked the back wheel rim like a powder puff brushing a lady's face, for the brake shoes were widely

separated to avoid rubbing the buckled back wheel. The front brake blocks were fresh out of their wrapping, however, and the only problem at the front was the residue of a previous ailment. Treatment for a buckle had left the front rim with a little local irregularity. This was not noticeable until the front brakes were applied when there was much juddering instead of smooth deceleration. Nevertheless, the braking mechanism at the front was effective and I was confident when I set off down the hill. The gradient quickly steepened and a critical moment came and went. I applied the brakes aware that if I pulled too hard the front brake would be much more effective than the one at the back and I should be over the handlebars. So I gently applied the brakes but the steepness of the hill was too great. I then pulled the brakes as hard as I dared and realised in panic that I was accelerating no matter how hard I dared brake. All this occurred almost instantaneously with the upshot that I set off down this 2 km drop out of control.

#### *... experience is the comb that nature provides when you are bald.*

The road has long sweeping bends and apart from an occasional interruption by a tree, a cottage, or a bit of hedging there is a drop off to the left. I should like to think that as I rounded each corner I felt like the optimist in the old joke who, when falling from a 12 storey building, was heard to say as he passed each floor, "so far, so good." It was not like that, however. I was terrified. I realised that if there was any obstruction, if a car stopped or even just slowed down, there would be no avoiding it. It would be curtains. A curious feeling of objectivity developed, a feeling of disbelief. To heighten the fear, I realised I was losing control of steering. Rather than speeding round each corner in a smooth arc I was veering over half the road. The bike repeatedly swerved to the crown of the road and back to the kerb no matter how hard I tried to prevent it.

There is a cycling phenomenon called "steering shimmy" or "speed wobble," which Chris Juden, technical officer of the Cyclists' Touring Club, has described.

Shimmy arises when the bicycle front wheel suddenly becomes unstable wobbling to left and

right and shaking the handlebars. The whole machine yaws in time with the wobbling wheel and the oscillations are usually too rapid for human responses. Shimmy requires a bit of a shake from a rough road surface to get started, and the critical speed for shimmy is reduced by rear loading. The rider's best hope of avoiding a crash is to alter his personal dampening effect by leaning on the handlebars, pressing one or both legs against the frame and applying the rear brake.

This description appeared to fit my experience so I wrote to Mr Juden. He replied saying that my experience was probably not due to shimmy but rather to an alteration in the response characteristics of the humanoid control mechanism, brought about by sheer terror. He is probably right.

I'm sure I braced my limbs, thrusting my weight backwards off the front wheel, which was then readily displaced by the slightest bump in the road. The "juddering" from braking on the irregular front wheel rim and my overcompensation for handlebar movement probably led to my zig zag course. Physicists may question this theory but every skier knows that a fundamental principle of ski control is to resist natural instinct and lean down the slope.

The panic lasted for several minutes. The road then levelled out and the rest is anticlimax. My speed slowed although my pulse took longer. When I arrived at work I felt like the stiff upper lip British officer played by David Niven in an old war movie. With an American colleague in the film he escaped capture behind enemy lines, endured a forced march across a mountain range, overcame food deprivation and other obstacles, eventually reaching the safety of a neutral town. The American danced with the first person he met in the street. The inhibited Britisher merely sidled into a bar and ordered a drink. I arrived at work after my ordeal and it was just another day.

Eventually over lunch I mentioned the incident to the local coroner's pathologist. "It's a bad hill, that one," he muttered. "It's usually the tree just round the second bend that gets them."

I now have a new bike with first class brakes, double butted stainless steel spokes, and hand built wheels. The works. I don't leave my bike outside the casualty department, repairs are carried out immediately, and I'm pretty careful about hills. He who once burns his mouth always blows his soup.

*Brian Witcombe is a radiologist from Gloucester.*