go into hiding. Birmingham was said to be in the grip of an "AIDS panic" and local haemophiliacs experienced a sense of being further stigmatised. What Mr Bestell meant was that the panic fulfilled local AIDS workers' desires to "do something" to curtail one man's sexual activities. Furthermore it satisfied the wider need to revive fears about the heterosexual spread of HIV.

The health authority has confirmed that there is to be no inquiry and no attempt to identify or discipline the "medical mole."

The Birmingham affair reveals a tendency to regard HIV infection as more a moral condition than a disease. People suffering from other illnesses are regarded as deserving of sympathy from society and care from doctors. People with HIV and AIDS, by

contrast, are judged according to the degree of their individual responsibility for their condition. The moralistic climate created by the AIDS panic enables health workers to justify violating the most elementary standards of confidentiality in the cause of promoting righteous behaviour, in one individual and in society at large.—MICHAEL FITZPATRICK, *general practitioner, London*

PERSONAL VIEW

A tale of one city

Christina M De Wind

Kampala 1981

Among the many cases of gunshot wounds this one I shall never forget. On a Saturday afternoon a nurse calls me. The newly arrived patient is a 12 year old boy, seated on a bench at the nurse's desk. History as usual: he was cycling around town when a soldier stopped him and wanted his bike. He resisted and was shot in the chest. When I open his shirt I can actually see the lung, part of the chest wall has been blow away. I say something about the memories this child will carry with him for the rest of his life, but the nurse's answer is simple, "Oh, Doctor, that is no problem. He will become a soldier and take revenge." Children in Kampala grow up with the idea that evil is normal.

Uganda has just been liberated from Idi Amin's régime by Obote's soldiers together with their Tanzanian colleagues. The population should show its gratefulness and not resist or complain when a soldier takes what he likes. Radios, blankets, lamps, all are rewards for the liberators. The country is in total chaos and one thing only is clear: whoever has a gun has power. This is most obvious at the many roadblocks. All cars are stopped and unless the driver produces a bribe everybody's luggage is searched. Attractive items are confiscated. Often men are stripped naked and forced to lie face down on the grass. If anybody does not have enough money on him to satisfy the soldier he will be beaten. Moreover you can never be sure who actually stopped you. You can hire a soldier's uniform and gun for the day and operate your own roadblock.

Going out after 6 pm is impossible. You will almost certainly lose your car and probably your life. The hospital compound is relatively safe surrounded as it is by a tall barbed wire fence. Hundreds of people, friends and relatives of staff, stay on the premises. Sanitary conditions are doubtful, there is no running water. Patients' safety, however, is not guaranteed. From time to time soldiers enter the wards and diagnose people who look as if they may have a gunshot wound as "guerrillas." These patients are then taken away "for better treatment." I always protest, which is

completely useless and not without risk. One day I operated on a man who was shot in the abdomen. In the middle of the operation I received the message that the army had arrived to abduct the patient. I refused and they laid a cordon around the theatre. As soon as the operation was finished they took the victim away in the back of a lorry. We now put wounded people in isolation rooms with a notice "typhoid, infectious case." It helps.

Nearly every day a member of staff will tell you that a relative has "disappeared." The army is in the habit of posting lorries on the roads to the suburbs in the morning and arresting large numbers of commuters on their way to work. They are taken to the

"We would all be happy and optimistic about the future if AIDS was not here."

barracks and selected. The poor ones are released and the obviously better off are labelled as "guerrillas" and kept until the relatives appear with money to get them out. But often a missing person will never be found again.

Kampala 1991

"When all the parents die what can the children say?

When all the children die what can the parents say?

Oh, AIDS, forgive us, forgive us.

Oh, AIDS, forgive us, forgive us all."

After boarding the minibus it takes me a minute or so to understand the words of the song on the radio. Children's voices sing a cheerful, rhythmic tune. The other passengers pay no attention. They know it all, the government sees to that by transmitting hourly warnings on Radio Uganda: "The next pretty girl will give you HIV." Meanwhile you hardly recognise the streets of this town. Since President Museveni came to power economy and security have improved radically. Shops and markets are open until late at night and crowded. Public transport is frequent and reliable.

Small scale industry flourishes. Many products are made and displayed at the road side: furniture, hardware, clothes, shoes, etc. The country produces its own sugar, tea, coffee, soft drinks, plastics, and toilet paper.

We would all be happy and optimistic about the future if AIDS was not here.

AIDS is not just another disease, it has changed life and death in Africa. It dominates the medical and social scene and there is no doubt that the economy will soon be affected. The Kampala blood bank tells us that 40% of the healthy population is already seropositive. In the hospitals the majority of medical admissions suffer from AIDS, and suffer terribly. Diarrhoea up to 30 times a day and an itching dermatitis never allow the patient any rest. Some are confused, some develop extremely painful anal conditions. They all cost society lots of money. HIV has changed the whole spectrum of diseases. We see more cancer of the cervix and lymphoma. Appendicitis is on the increase; should we blame a more Western diet or HIV? Tuberculous lymph nodes, a curiosity in the past, are now quite common. Anal conditions such as haemorrhoids, perianal abscesses, fistulas, and fissures are so common that I see at least 10 new cases every week. Many of these patients already have enough clinical symptoms to qualify as "clinical HIV."

The government is open about the position and is active in preventive measures and education. Private charities and foreign aid organisations contribute. But the epidemic is now so overwhelming that we begin to feel defeated. Furthermore, the sensational aspects of the first years have worn off. I am afraid some Western organisations will soon lose interest in us as there will be no such thing as a "good" result of their efforts.

Finally, another child. This boy is 6 years old but looks about 3. He is not thin, just small. He has grossly swollen lymph nodes around his neck. Both parotids are painfully swollen, pus pours from the ears. A non-specific cough and a mild diarrhoea are also present. What bothers him most is an itching and sore herpes zoster on his left chest. The mother begs me to remove the swelling of the neck. When I tell her the truth she bursts out in tears of anger. For her AIDS means sexual promiscuity. "But this is only a child, he has never done any sin." I agree, and as a Christian I try to tell her about God's love, which I always find extremely hard and embarrassing. The earthly father of the boy is unknown but he has a Father in heaven. "But I don't want him to go to heaven. He helps me in the shop, I cannot do without him."

One thing has remained the same in the city. Our staff members still lose their relatives. This time it is not the army but the virus.—CHRISTINA M DE WIND is a surgeon in Kampala