Lesbian perspectives on such subjects as alternative fertilization, alcoholism, menopause, and feminist therapy.

A comprehensive professional handbook, covering medical practice, bacterially sexually transmitted diseases, enterically transmitted diseases, anal disorders, dermatological problems, AIDS, and volatile nitrates ("poppers").

Results of a questionnaire distributed by the gay weekly show that French gays are seriously concerned about the health crisis, but not panicky. Some change in sexual behavior is documented, but "safe sex" has not been generally adopted. A companion article by Frank Arnal (pp. 14-15) reports on an opinion poll conducted among the French population at large, showing that they reject alarmism.

Medical report on increasing numbers of homosexual cases in East German hospitals at the time of legal reform.


Handbook on disease and health for gay men. This edition contains a special AIDS supplement ("AIDS Nachtrag").

Account by the team that successfully developed and tested a vaccine for hepatitis B, with the cooperation of the gay-male community. See also Szmuness et al., "On the Role of Sexual Behavior in the Spread of Hepatitis B Infection," Annals of Internal Medicine, 83 (1975), 489-95.
B. PROFESSIONALS AND PATIENTS

Gay men and lesbians have for long been hesitant to discuss their sexuality with health care givers, a reticence that has tended to hamper treatment. Another form of concealment—all-too-often a necessary one—is the closeted sexuality of gay and lesbian doctors and nurses.

Responses of 64 female nursing students indicated that they held more negative attitudes and stereotyped beliefs that did a sample of male counselors and psychologists. After a two-hour workshop attitudes of 37 had changed.

Inasmuch as homosexuality involves a large number of divergent experiences, the label affords little predictability. The physician should listen carefully to the patient's own statements, so as to help enhance his or her coping strategies.

Urges commitment to the social-work values of self-determination and nonjudgmental service.

The late New York City activist describes his life and medical career with asides on the experiences of others.

Health professionals need to avoid not only overt expressions of prejudice, but also procedures that prematurely foreclose the possibility of patients disclosing their sexual orientation to practitioners.

Psychiatrist relates his own difficulties in coming to terms with his homosexuality.
Vigorous efforts must be undertaken to combat the society's tendency to punish those who have contracted sexually transmitted diseases (STDs) and homosexuals.

Traditional attitudes that flourished during the period.

Asserts that the typical homosexual physician is likely to live in a large city; probably not married; more likely to specialize in pathology or anaesthesiology or some other non-patient-contact discipline than pediatrics, orthopedics, or internal medicine; and living in mortal terror of being exposed.

Argues that officially accepted statistics for the incidence of STDs among homosexuals are questionable.

Personal account describing wrongs suffered and difficulties of "coming out."

A study of 117 lesbians showed that these women actively utilized the health care system, though many chose less traditional sources. No medical problems specific to lesbians were identified.

Students need to be reminded that passing moral judgments is not a function of nursing and that such judgments merely impede the ability to give quality care.

Before AIDS became prominent, 40% of physicians surveyed reported feeling uncomfortable treating homosexual patients.
4651. MAURER, TOM B. "Health Care and the Gay Community," Postgraduate Medicine, 58 (1975), 127-30.
Health care professionals who are the most rejecting of homosexuals are usually uncomfortable with sexuality in general and with some aspect of their own sexuality in particular.

Urge humanistic, nonjudgmental practices and attitudes.

Lesbian activist's appraisal of shortcomings of the health-care delivery system.

Patterson, a physician, recounts her struggles against discrimination as a woman and a lesbian.

Results of a questionnaire study of 937 Oregon physicians show that attitudes vary to some extent according to field of specialization and age.

An overview of the subject of homosexuality for the health-care practitioner, including a glossary of slang.

If there are problems in treating the homosexual patient, they probably stem from the attitudes of the staff.

Previous research indicates that the views of private physicians are more liberal towards homosexuals and STDs in homosexual males than might be expected.

Memoirs of a Dutch physician (born 1911), including his
work abroad, his marriage, and his homosexuality.

Problems encountered by homosexual physicians in disclosing their orientation, and uneasiness felt by homosexual patients in consulting a physician whom they believe to be heterosexual.

C. THE AIDS CRISIS

The Acquired Immune Deficiency Syndrome (AIDS) first drew significant attention in the spring of 1981. The chief groups affected by this extraordinarily lethal disease are male homosexuals and intravenous drug users. The following section does not pretend to offer any control over the thousands of professionally medical reports that have been published—though these can be approached through the bibliographies that have been cited. Instead the coverage focuses chiefly on the social and political aspects: the effects of the disease on the life patterns and self-concept of homosexuals, changes in the structure of gay service organizations, and the response of the larger political community.

Attempts an overview of how the AIDS crisis has altered attitudes about sex, disease, medicine, and death. While the final chapter offers an account of what is specifically American about the response, this ambitious study lacks comparative depth. See also his: "AIDS: The Politicization of an Epidemic," Socialist Review, no. 78 (November-December 1984), 93-109.

The psychological ramifications of AIDS involve the social stigmas attached to the lifestyles of high-risk groups and the fear of contracting AIDS held by the general public.

Fearful of how medical authority might be abused, the gay community has sought to invoke protections enunciated in the liberal tradition of biomedical ethics.

On March 4, 1983, the U.S. Public Health Service recommended that "sexually active homosexual and bisexual men with multiple partners" be prohibited from donating or selling their blood. Success of the ban depends on the cooperation and honesty of gay men.

Increasing knowledge about AIDS and the social problems consequent on this knowledge pose new challenges in the area of personal privacy.

Traces the effects of AIDS on a Dutchman, Levert Schep- pert, diagnosed on November 27, 1984, and his friend Reijer Breed.

Objective overview for the lay public by West German gay physicians, now somewhat dated.

Advice on "safer sex," some of it sensible, some problematic.

An expanded version of a series of articles written for Rolling Stone magazine; in keeping with this origin, the book is irritating and sometimes unconsidered, but occasionally insightful.

A first attempt at a comprehensive assessment: thirteen papers, mainly by physicians, presented at a symposium at Lenox Hill Hospital in New York City and covering epidemiology, immunology, the clinical picture, and implications.

Offers some light on an understudied phenomenon.

4671. CECCHI, ROBERT L. "Stress: Prodrome to Immune