One day had elapsed since I addressed the Washington Forum on the subject of AIDS.

The County Medical Society is the backbone of local medicine in America. County Medical Societies tend to coalesce around certain regional issues, which are managed by the State Medical Society and the State Medical Societies convene twice a year in the House of Delegates to make policy for the American Medical Association and therefore, indirectly for the American people.

I trained in Philadelphia, I practiced medicine there for 40 years, and this was in a sense a hometown boy coming back from Washington to tell his story about AIDS.

It was just a few months ago that I had spoke on three consecutive days in Philadelphia. First, an invitational conference on pediatrics AIDS held at the Children's Hospital, second, the Alpha Omega Alpha lecture given to the Pennsylvania Chapter of Medical Students and Faculty on the Crisis of AIDS, and third, a rhash of most of the previous days lecture but to an entirely different audience where the lecture was given again at the Children's Hospital but as an honor lecture for Dr. Pasquariello.

This lecture was to a different audience from all three, although I'm sure there were a few from each of the previous three that managed to hear this as well. This lecture can best be described as an update on everything I knew about AIDS, but with special attention to some of my concerns about the situation in some international venues, the management of AIDS education at the worksite, and the new issues of the behavior of the medical profession in reference to AIDS patients, the behavior of patients and residents toward hospitals that have a large proportion of AIDS patients, the problems of privacy vs. the need for protection in the community and other social, cultural, legal, economic issues having to do with the cohesion of our society.

I will not attempt to summarize this lecture because it is a repetition of at least the last three and the index might be helpful for those seeking specific information.'
The only new things I reported in this lecture are as follows:

A recent Harvard School of Public Health Study, which showed in reference to pre-marital testing that:

- 3.8 million marriages
- 9,000 would screen positive
- 1,200 would be western blot positive (a more positive test than the screen)
- 100 positive would be missed
- Cost: $100,000,000
- Would not prevent infection or pregnancy
- Would not protect babies

Increased hospital testing would undoubtedly come, but for the moment it remains in the realm of trust between patient and physician.

### AIDS
- Abstinence
- Acceptable behavior to prevent the transmission of AIDS
- AIDS & economics
- AIDS & ethics
- AIDS & morality
- AIDS & our educational practices
- AIDS & our health care
- AIDS & our social institutions
- AIDS & the law
- AIDS & social cohesion
- AIDS & unwarranted disclosure of diagnosis
- AIDS as an affront to the moral standards of society
- AIDS is not intrinsic to heterosexuality
- AIDS is not intrinsic to homosexuality
- AIDS prevention method
- AIDS policy for corporations
- AIDS testing of hospital admissions
- Barrier to scientific understanding produced by AIDS
- Changes in our society
- Denial of HIV positive individuals to normal access
- Differences of opinion in U.S. about AIDS
- Discrimination against people that are HIV positive
- Drop in other sexually transmitted diseases among homosexual men
- Drop in wholesale anonymous promiscuous homosexual sex
- Economic & political aspects of AIDS
- Education of employees at the worksite
- Facilitating AIDS education at the work
environment
Fairness & objectivity in AIDS education
Future case-load of AIDS
Future cost of AIDS
Global problems of AIDS
Health workers & the ethical foundation of health care
Hemophilia
Heterosexual men & women
HIV neurologic disease & disqualified jobs
Homophobia or violence against homosexual & bisexual men
Homosexual/bisexual men
Importance of sexual history of sexual partners
Information education as the first line of defense
I.V. drug abusers
Issues involved in effective AIDS education at workplace
Level of rationality of conduct
Long incubation of the AIDS virus
Mandatory testing
Mutually faithful monogamous relationships
Obligations of employers for worksite information
Ostracized children
Partition of AIDS among youth, babies, Blacks & Hispanics
Partition of Blacks & Hispanics
Planning ahead on AIDS
Possible danger of HIV positive health workers
Premarital testing
Ray children in Florida
Realm of trust between patient & physician
Refusal to treat HIV positive individuals
School denial
State & federal law concerning disclosure of HIV positivity
State & local task forces
Under-reporting of the prevalence of AIDS
Use of a condom
Young people & babies with AIDS

Orange County Business Leadership Task Force on AIDS, Alcohol, & Drug Abuse
Surgeon General's Report on AIDS