

Patrick J. Buchanan and J. Gordon Muir

GAY TIMES AND DISEASES

Whom the Democrats would embrace, they may be infected by.

Gay Rights is no longer a debatable issue within the Democratic Party—Ann Lewis, Political Director, DNC.

Well, Ann, perhaps. But when the Democratic Convention opens with fifty thousand Sodomites marching down Castro Street under the command of Sister Boom Boom—the transvestite who wears a nun's habit and rolled up 23,000 votes for city supervisor—the Democrats observing from home may consider it a "debatable issue" indeed.

Gay Rights promises to become for the eighties what busing and abortion were to the seventies, the social issue that sunders the Democratic coalition. Mondale, Hart, and Jackson have all signed on to the non-negotiable demand of the movement: that "sexual preference" be written into the Civil Rights Act of 1964 to designate another category, homosexuals, against whom it will henceforth be a federal crime to discriminate. Can the Democrats have reflected seriously upon the ramifications of this latest pandering to a militant special interest?

Currently, gays and Lesbians are routinely severed from the armed services. The military has always considered such severances essential to good order, discipline, and morale. But if Gay Rights are written into federal law, not only will homosexuals in the service come out of the closet; they will have to be admitted to West Point and Annapolis, the Air Force Academy and VMI.

Basic training of 18-year-old Marine recruits will include sensitivity training on the proper respect to be accorded the "alternative life style" of their gay comrades in the barracks. Landlords who refuse to rent apartments or beach houses to homosexual couples will be subject to federal prosecution. So, too,

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will high schools, grammar schools, nursery schools, and day-care centers that recoil at hiring homosexual teachers, counselors, or custodians.

Already, political collisions are occurring. Mayor Ed Koch was forced to terminate \$4 million in program grants when the Salvation Army refused to sign a pledge not to discriminate against gays in hiring for its day-care centers. The Catholic Archdiocese sided with the Salvation Army. In New Orleans, Archbishop Phillip Hannon warned the city council a gay rights ordinance would be met with a diocesan-led campaign for repeal. The council backed down. In affluent, trendy Montgomery County, Maryland, a gay rights ordinance goes on the ballot this fall because 25,000 voters signed a Christian Fundamentalist preacher's petition demanding a referendum on repeal.

Increasingly, traditionalist religious communities and the Gay Rights activists are seeing each other as social and political antagonists. A microcosm of this conflict is the annual Gay Pride march in Manhattan, where the strategic objective of the marching homosexuals has become capture of

the cathedral steps of St. Patrick's, and their conversion into a "reviewing stand" for the parade.

The bizarre details of these parades are usually censored in the national press. Last year, there were men marching naked except for pubic pouches and floats proclaiming "Dykes and Tykes." A giant banner was unfurled on the cathedral steps proclaiming, "Intolerance and Ignorance Taught Here." The mockery of Christ, the Virgin Mary, and the late Cardinal Cook has been commonplace. Two years ago, the featured float was a garbage can on wheels with a huge crucifix inside it.

On the flip side, however, Paul Moore, Episcopal Bishop of New York, has written the *New York Times* that gays "make an enormous contribution to the commercial, artistic, and religious life of our city."

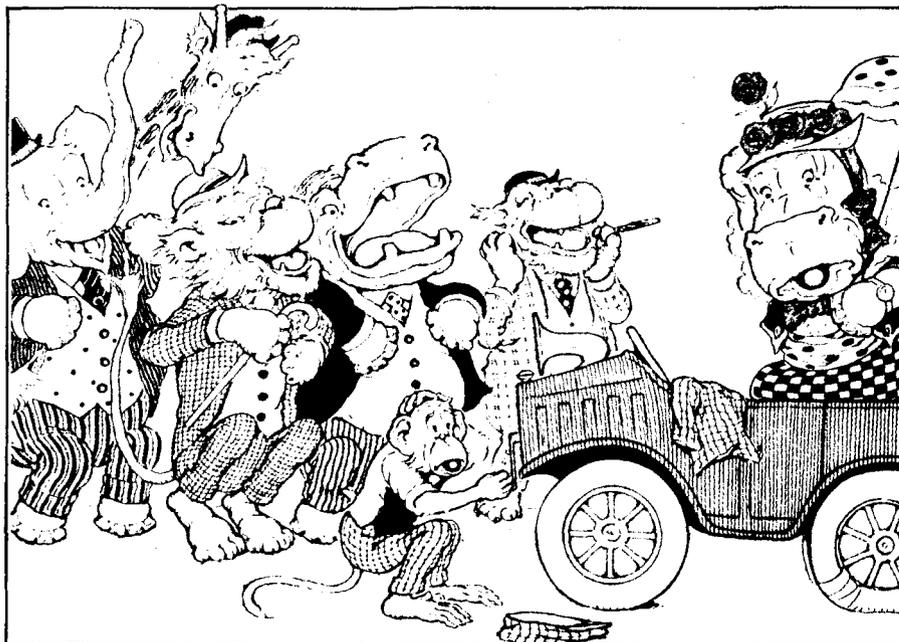
Then there is the issue of children. Gay activists vehemently deny there is a greater incidence of child abuse among homosexuals than heterosexuals. But the presence in Gay Pride marches of NAMBLA—the North American Man/Boy Love Association, which lobbies for repeal of laws pro-

hibiting sex with children—is hardly reassuring. Declares NAMBLA militant Charles Snively of Boston: "[We at NAMBLA] attack a presupposition . . . that parents have a hereditary right to their children, that parents have a right to their children that we do not have." At a 1975 conference of the Campaign for Homosexual Equality in Britain, the question was put to a thousand gays as to how many would find child sex attractive. One-third responded in the affirmative, according to the *Daily Telegraph*.

To most Americans, however, a tolerant people, the prevalent attitude seems to be: So long as they don't bother us, leave them be. What now threatens this attitude of benign neglect is the alarming and deepening health crisis inside the homosexual community—especially in cities like New York and San Francisco, the Sodom and Gomorrah of the Sexual Revolution.

AIDS, acquired immune deficiency syndrome, the killer disease that has claimed 4600 victims—40 percent of whom are already dead—is but the tip of an immense iceberg. Within the homosexual community, there are today incubating pandemic, rare, and exotic diseases with a time-bomb potential of exploding into the general population. Without descending into clinical detail, some concept of the "gay life style" needs to be understood. Its essence is random, repeated, anonymous sex—runaway promiscuity. The chapel of this new faith has been the bath house.

According to Dr. Kinsey, the average homosexual has 1000 sex partners in a lifetime. *Village Voice* put the figure at 1600. One activist has said that 10,000 sex partners in the lifetime of a "very active" homosexual would not be extraordinary. (Frank Sinatra was once quoted as saying that had he romanced half as many women as gossip-mongers contended, he would be speaking from a jar at the Harvard



Medical School.) Many gays visit these bath houses two and three times a week, where ten contacts a night are not uncommon. A study a decade ago found that more than half the active gay males (Lesbians have more enduring relationships) engaged in group sex at least once a month.

As a consequence of this jack-rabbitry, young men living the gay life in America's large cities are infecting and re-infecting one another with a variety of diseases that suggests that the proper term to describe their behavior is suicidal. By the precise way in which they define themselves, they are killing themselves.

That realization is hitting the Gay Community. A year ago, a co-author of this article was denounced as a "homophobe" by Governor Cuomo and Mayor Koch for suggesting that Gotham's bath houses be shut down as a health hazard during Gay Pride Week. Early this year, San Francisco homosexuals themselves took the lead in demanding a municipal decree outlawing sex in the city's baths. As one gay writer told the *Washington Post*: "You can take away AIDS and you're still looking at a community that happens to be a diseased community. I'm sorry. The bulk of your venereal diseases now reside within the gay community. The bulk of enteric (intestinal) diseases is now within the gay community."

When it comes to health, declares the *Medical Tribune*, the gay life is "no bed of roses." It never was—withstanding the mendacious propaganda of gay activists to paint homosexuality as a natural and healthy alternative. Laboring under this self-generated delusion, hundreds of thousands of young men have been indulging themselves in what *Newsweek* termed a "carefree sexual adventure, a headlong gambol on the far side of the human libido." Well, the adventure is ending—and it is revealed for what it always was: an egregious assault upon the ecology of the human body. Call it nature's retribution, God's will, the wages of sin, paying the piper, ecological kickback, whatever phraseology you prefer. The facts demonstrate that promiscuous homosexual conduct is utterly destructive of human health.

This is not to disavow sympathy for those horribly caught up in the most highly publicized consequence of the homosexual life style—AIDS. There are few sadder or more pathetic human tragedies than the stories of young men trying to cope with the sudden crushing agony of discovering that they have this inexorably fatal disease. An element of that tragedy is that the victims were lied to—consistently. As one 28-year-old AIDS victim from New

York City told *Newsweek*: "The belief that was handed to me was that sex was liberating and more sex was more liberating." Nobody told that young man, now under a sentence of death, that his life style and his body were on a fatal collision course.

The AIDS epidemic has been the single most prominent factor in blowing apart the "natural alternative" myth about homosexuality—a myth that should have been dispelled before the first AIDS case came to light. But organized medicine has been timid to the point of cowardice in speaking openly about the health consequences

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of homosexual practice. Why? Quite simple. Warning people about the health hazards of promiscuous eating or drinking is sound advice. Warning people about the health hazards of promiscuous or unnatural sexual activity is not advice. It is "moralizing." And moralizing is wrong!

As a consequence of this "conspiracy of silence" in the medical community—one physician's phrase—tens of thousands of young men joyously embarked upon their pleasure cruises, ignorant of the fate awaiting them at journey's end—while the science pages of the fashionable press were given over to learned discussion of the medical consequences of exhaled cigarette smoke upon the non-smoking passengers of United Airlines.

The real story is that there are several epidemics running loose, not all of them permanently confined to the gay community. They have been largely or solely caused, and perpetuated, by the growing urban population of active gays whose modal form of sexual behavior is impersonal, repeated, random, and anonymous sex. (The typical AIDS victim admits to five different sex encounters monthly.)

How did gays get led into this mess? Again, very simple: They followed leaders who spouted slogans and clichés about "rights." They took intellectual comfort from harebrained psychologists who peddled nonsense in the guise of learning. When George Will, in a 1977 *Newsweek* column, suggested that homosexuality was "an injury to healthy functioning," gay leaders John O'Leary and Bruce Voeller screamed "outrage" at this "unsupported and totally false state-

ment." Shortly thereafter, gay history professor Martin Duberman, challenging the view that homosexuality was abnormal, wrote in *Skeptic* that "almost all the recent scientific literature . . . points to exactly the opposite conclusion." (Duberman did not indicate what scientific literature he had been reading.)

Some of the most profound rot on the subject was penned back in 1975 in *Psychology Today* by San Francisco psychologist Mark Freedman (a founding member of the Association of Gay Psychologists):

. . . homosexuality in some cases can lead to better-than-average functioning and to

a fuller realization of certain fundamental values.

Gay people . . . commonly decide to have sex for the sake of sex . . . The prospective partners don't have to feign love or any other emotion . . . Moreover, gay men are more comfortable engaging in group sex than nongay men, and group sex in my opinion offers pleasures that are impossible for couples.

Gay people constitute a large and varied group and they are capable of providing new kinds of personal fulfillment and social vitality.

With this sort of science-fiction in vogue, gay liberation became clamorous. The movement demanded all manner of reform: That sex education courses in public schools taught by gays portray homosexuality as a valid, healthy life style. That gay love stories be available in libraries and schools.

One goal the gay movement sought desperately was removal of the term "homosexuality" as a category of mental disorder from the diagnostic manual of the American Psychiatric Association. This they achieved. The APA had probably never before seen such pressure, but that is a story in itself. The APA capitulated. In an attempt at explanation the APA said, "no doubt homosexual activist groups will claim that psychiatry has at last recognized that homosexuality is as 'normal' as heterosexuality. They will be wrong. In removing homosexuality *per se* from the nomenclature we are only recognizing that by itself homosexuality does not meet the criteria for being considered a psychiatric disorder." *Time* magazine called the APA's action "an awkward compromise by a confused and defensive profession." That the APA was confused and defensive should be no

surprise. So was almost everyone else.

Despite intense pressure to recognize homosexuality (and its model sex practices) as normal human behavior, a few in the medical profession refused to capitulate. In a letter to *Patient Care*, Prof. James Kurfees of the University of Louisville School of Medicine declared himself "appalled" at the way "this deviant sexual behavior is now dignified with more and more pseudo-science. Most of the homosexuals I have known have been pretty miserable, unhappy misfits." A 1982 report by the American Medical Association's council on scientific affairs stated that "Any person, of whatever sexual preference, who shows a dominant pattern of frequent sexual activity with many partners who are and will remain strangers, presents evidence of shallow, narcissistic, impersonal, often compulsively driven genital—rather than person-oriented sex and is almost always regarded as pathological."

A recent signed editorial in the *Southern Medical Journal* refers to the homosexual disease epidemics as a "kickback." Quoting from the book *Homosexuality and the Law: From Condemnation to Celebration*, the author notes that "The law on homosexuality is changing rapidly. It is moving from condemnation to legitimation and next . . . to sponsorship." Even now, he points out, we have such things as "Gay Pride Month, with notable politicians lending their support to gays by marching with them down public thoroughfares." The author proceeds to ask the key question:

If we act as empirical scientists, can we not see the implications of the data before us? If homosexuality, or even just male homosexuality, is "OK," then why the high prevalence of associated complications both in general and especially with regard to AIDS? Might not these "complications" be "consequences"? Might it be that our society's approval of homosexuality is an error and that the unobvious words of wisdom of the Bible are frightfully correct?

The writer adds that "from an empirical medical perspective alone, current scientific observation seems to require the conclusion that homosexuality is a pathologic condition . . . certain cause and effect data are convincing—so convincing that health care providers, in this age of unbridled enthusiasm for preventive medicine, would do well to seek reversal treatment for their homosexual patients just as vigorously as they would for alcoholics or heavy cigarette smokers, for what may not be treated might well be avoided." (Although life-style changes for homosexuals appear to be difficult, there is good evidence they are not impossible.)

AIDS is a breakdown of the natural immune mechanism of the body. This mechanism, developed in response to the microbial world around us, enables us to live in reasonable ecological balance with our environment. In patients with AIDS the immune system breaks down and the body can no longer effectively fight infection. Organisms normally resisted easily by healthy persons invade the body and cause serious diseases (opportunistic infections). In the early stages the condition is characterized by weight loss, fever, thrush (especially of the throat), diarrhea, and swollen lymph glands. Unusual forms of herpes, cytomegalovirus, TB, and toxoplasmosis may develop. Invasion of the brain by organisms usually never found there can occur. A previously rare form of cancer (Kaposi's sarcoma) may develop; eventually most patients will contract *Pneumocystis carinii* pneumonia. For many of the infections afflicting AIDS victims there is no treatment. Where drug treatment can be used it proves less effective and more toxic. The fatality rate appears to be 100 percent. No one has ever recovered.

Ninety percent of AIDS victims are sexually active homosexual males or intravenous drug users. Most other victims have been infected by secondary spread from these groups: recipients of blood transfusions or blood components (e.g., hemophiliacs among whom AIDS is now the second most common cause of death); women who have had sexual contact with infected bisexual males; and a few children born to such women. AIDS has occurred in Haitians (about 6 percent of cases) causing them to be listed as a risk group, but there is strong evidence that in these people AIDS had its origin in the gay clubs of Haiti frequented by young poor Haitian male prostitutes and vacationing U.S. gays.

So far there are over 4,000 confirmed cases of AIDS in the U.S. It is estimated that there are 20,000 to 40,000 persons with pre-AIDS (i.e., with some of the early signs, such as swollen lymph glands), and no one can be sure how many persons with no symptoms are incubating the disease. John Maddox, editor of *Nature*, describes the situation as "chilling." According to *Newsweek*, Dr. Donald Abrams of San Francisco General Hospital "estimates that 25 percent of gay men in San Francisco now have lymphadenopathy." If this represents an early stage of AIDS (and there is evidence that it does and that it is infective), then, short of some dramatic behavioral change, the gay community may self-destruct.

The cause of AIDS may recently have been discovered by Dr. Robert

Gallo and his research team at the National Institutes of Health. The suspected culprit is a virus designated HTLV-3. This agent may or may not be the sole cause. Some research physicians believe the announcement of this finding was grossly premature, spurred by what the *New York Times* called "a private competition—for fame, prizes, new research funds."

If HTLV-3, frequently found in pre-AIDS patients, is indeed the cause of AIDS, this is a truly ominous finding. *For HTLV-3 has been detected in 75 percent of patients with pre-AIDS and no less than 35 percent of symptomless homosexuals.* Whether or not it is the cause, it appears to be a reliable marker for infected donor blood—a positive finding, which could provide a means to protect the blood supply at the staggering cost of 23 million blood tests per year. However, talk of a cure resulting from this research is nonsense; and talk of a vaccine should await confirmation of Gallo's research.

The nation's blood supply also appears to have been contaminated by homosexual donors, though the present risk of contracting AIDS from a one- or two-unit blood transfusion is low—about one in 100,000. Hemophiliacs, deriving blood components from several thousand units at a time, are at much greater risk. Other ways that AIDS may spill over into the general population would theoretically be similar to those applying to hepatitis B. Thus health-care professionals are at some risk as, conversely, are patients in the care of certain homosexually active health-care professionals. So far this problem hasn't materialized, but AIDS is a new disease with a long incubation period (up to four years).

If the AIDS agent is indeed a virus, a worrisome possibility is that changes in virulence will take place, now that the disease is in the amplification system of homosexual promiscuity. It may be that the AIDS agent underwent some change in 1979 that triggered the sudden appearance of the current epidemic. John Maddox asks, "May [it] change again, becoming in the process a more generalized infection of people?" In the microbial world there are precedents. God forbid that such a thing should happen. The result could well be the real "final epidemic" (the description given by a group of physicians to the effects of a nuclear exchange between the U.S. and the USSR). The continuation of human life on this planet would then depend on the rapid development of an AIDS vaccine to protect those not yet infected. This isn't scare talk. The question was raised by the editor of one of the world's leading scientific journals.

Gay leaders, while demanding massive government spending to find an AIDS "cure," are advising gays only to be more careful in their sexual practices. Picture, if you can, the vaulted gothic chapel of the Union Theological Seminary in upper Manhattan with speakers for the Gay Men's Health Crisis standing below a large carved crucifix, graphically explaining the elements of low-risk sex and distributing pamphlets advising the assembled to "shower with your partner as part of your foreplay to check for sores, swollen glands, etc., of which he may not be aware."

Hepatitis B, once uncommon in this country, has become epidemic among active homosexuals. The virus agent is carried in blood, semen, saliva, and possibly in mucus, urine, and sweat. No effective treatment exists for this liver infection, which can progress to cirrhosis and cancer. Transmission through infected semen explains its prevalence in the gay community. One study found that nearly 50 percent of homosexuals with a history of more than 40 sexual partners had evidence of previous infection. Another study of homosexual men in Amsterdam showed evidence of previous infection in over 60 percent—and an annual attack rate of about 30 percent among the previously uninfected.

The hepatitis B epidemic puts the general population at risk in several ways. Health-care workers in contact with body fluids or secretions of carriers are at risk, as, in some cases, are patients cared for by carriers. The carrier rate among homosexuals is 20 to 50 times that of the general population. Again, the blood supply has undoubtedly been contaminated. While there is a test which identifies carrier blood, it is not foolproof, and it may even be less accurate than we thought (maybe 60 percent at best). The question, usually met with thundering silence, is why was it only in 1983, after the AIDS scare, that homosexuals were discouraged from giving blood? Fortunately, there is now a hepatitis B vaccine.

Another equally serious type of hepatitis, for which there are no tests or vaccines, is hepatitis non-A, non-B. An intelligent guess would be that this disease has been propagated in the homosexual community the same way as hepatitis B. Two viruses are possibly involved: They are believed to be the main cause of chronic liver disease in hemophiliacs and of post-transfusion hepatitis. (The problems visited on hemophiliacs by homosexual blood donors through AIDS, and possibly through hepatitis non-A, non-B, have yet to evoke any large measure of con-

trition from the gay activists whose greatest concern has been with the ethical issue of anonymity attending blood-screening procedures.)

Then there is the "Gay Bowel Syndrome," a group of rare bowel diseases, previously considered "tropical," now epidemic in urban gay communities. These are a particular cause for concern because they can be transmitted by fecal contamination. All it requires is unclean hands in contact with food or water. Inside a population of sexually active gays where oro-anal contact is reportedly practiced by 70-75 percent it is hardly surprising that the increase in these diseases has been described as "explosive."

The main conditions normally considered under the GBS are amebiasis,¹ giardiasis,² shigellosis,³ and hepatitis A.⁴ From a public health viewpoint there are several alarming features in these diseases: the rapidly expanding pool of infection in the homosexual community; the ease of spread to the wider public; the tendency for persons to be infected with two or more organisms at once; the difficulty of laboratory diagnosis; the difficulty of clinical diagnosis (they all have common symptoms); the likelihood of active homosexuals repeatedly re-infecting themselves; and the fact that nearly all the GBS groups of diseases have symptomless carrier states.

¹Amebiasis: a disease of the colon caused by parasites. Causes dysentery and sometimes liver abscesses. Usually picked up from contaminated food.

²Giardiasis: a parasitic bowel disease causing diarrhea. Spread in a similar way to amebiasis.

³Shigellosis: a bacterial bowel disease which can cause severe dysentery. In children, can be fatal. Contaminated food is the usual cause.

⁴Hepatitis A: a viral liver disease (less serious than B or non-A, non-B) spread by fecal contamination: e.g., food, water, and close person-to-person contact. →



Back in 1977, a fourfold to tenfold increase in GBS-type diseases was noted in the San Francisco area. Since then the situation has deteriorated. The incidence of shigellosis and hepatitis A in men 20 to 29 years of age is now six to ten times that of men or women in any other age group. Amebiasis and/or giardiasis are estimated to affect between 10,000 and 50,000 men in New York City. The facts are beginning to bear out the contention of one leading British expert, writing in the *British Journal of Venereal Diseases* in 1982, that the common mouth-anal contact of active homosexuals carries "the almost inevitable risk of transfer of bowel pathogens."

A 1979 study of gay men in New York City turned up an infection rate of 39 percent for amebiasis or giardiasis (that was using only a single fecal specimen; three are usually required to be sure of not missing the diagnosis).

Back in 1974 shigellosis began to turn up as a common homosexual infection, first in San Francisco and later in New York, London, and elsewhere. In 1976 physicians at the New York hospital found that 57 percent of cases of shigellosis, not related to foreign travel, were in homosexuals, who

made up only 2.5 percent of the patients.

Hepatitis A is also common in homosexuals. Among gay men attending a venereal disease clinic in Seattle there was evidence of previous hepatitis A infection in 30 percent. The yearly attack rate was about 22 percent.

A public health debacle is here in the making. The *New England Journal of Medicine* reported in 1980 that in San Francisco an average of 10 percent of persons reported as having amebiasis, giardiasis, or shigellosis were employed as food handlers. Between 60 percent and 70 percent of these persons were homosexuals.

Clearly, homosexuals no more belong in the food-handling business than they do in the blood banks. As Dr. Selma Dritz of the San Francisco Department of Public Health wrote in the *Western Journal of Medicine* in 1982, "special precautions are required to protect the public from [carriers] who work as food handlers, bartenders, attendants in medical care facilities, and as teachers and aides in day-care centers for infants and young children." Common sense suggests that sexually active gays have no business in any of these occupations.

Finally, gonorrhea is also rampant in the homosexual community. In one large survey of U.S. gays, 40 percent reported known infection with gonorrhea. Common homosexual varieties of this disease (oral and rectal) are also more difficult to detect and treat. Antibiotic-resistant gonococci are now making an appearance; the pharmaceutical industry is only about one drug ahead of these strains, and there is no guarantee it will remain so.

Syphilis, an old disease that was in decline, is also making a comeback. In the same gay survey, 13.5 percent reported a previous infection with syphilis. Among gays attending saunas in Amsterdam there was evidence of old or recent syphilis in 34 percent; only half the men were aware of their infection.

It is self-evident that gay sexual practices are an assault upon the ecology of the human body, that the gay communities of America's cities are polluted with disease. With respect to AIDS, there exists a potential for disaster.

The general public has been grossly deceived about the gravity of this homosexually engendered public health menace. Hollywood and

the media under the tutelage of the Gay Media Task Force have done their part, portraying gays in programs like "Dynasty" as all-American types with boy-next-door good looks. Of the movie *Partners*, Richard Schickel wrote: "Like all the other pictures, in what looks like a trend . . . it shows homosexuality neutrally, as just another fact one is likely to encounter." Of the movie *Making Love*, he added, "the people who made this picture are determined to prove that 'nice boys' do, that homosexuals can be as well-adjusted and as middle-class as anyone else."

According to *TV Guide*, we can expect to see many more "almost commonplace" gay characters. "'We're very pleased,' says Chris Uszler, chairperson of the Alliance for Gay Artists . . . 'there are [going to be] more of what we call 'happens-to-be-gay' characters.'"

Perhaps so, Chris. Still, one is reminded of the observation of the nineteenth-century historian J.A. Froude: "One lesson, and one lesson only, history may be said to repeat with distinctness [and that is] that the world is built somehow on moral foundations." □

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T. John Jamieson

DRESSED TO KILL: THE CONSERVATIVE EXTERIOR

You can spot a conservative by the raiment.

Plato observed that a democracy is a place where everyone conducts his life exactly as he pleases; hence a democracy tends to exhibit every possible type of human character, and resembles "a garment of many colors, embroidered with all kinds of hues"—a pleasant sight to women and boys. The reference is clearly patronizing. It seems to me that the sartorial image occurred to Plato because he knew that, in a democracy, dress is "optional."

The main culture that the sixties counterculture was countering no longer exists; America is today only an

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assemblage of subcultures, each having its own richly symbolic dress code to establish its identity before the public. *Homo democraticus americanus* minimizes the time and emotional investment in work and maximizes vacation time and "discretionary income" so that life can revolve completely around some hobby or particular form of sensual indulgence, putting a "bohemian hedge," as Tom Wolfe calls it, between the source of his money and his "authentic self"—and wrapping that self in iconographic costume. "What do you do?" It could be wind-surfing, flash-dancing, non-polluting vegetarianism, occidental guru-worship, voluntary pedophilia, sadomasochism,

or satanism. We are told that S & M "is rising from the underground—it's becoming street-level"—as tight black leather clothing with studs and spikes is hitting the boutiques. I predict that satanism is about to make a big comeback: Consider the antinomian zeal with which "avowed" sodomites are rushing to get themselves ordained to the priesthood; consider also that, in the modern age, blasphemy may be the last available experience of the numinous. Soon it will be said that satanism "is becoming street-level."

"Our one chance for success in life lies in getting as many pulsations as possible into the given time," some new Walter Pater of the American decadence might rise to tell us; "only

be sure that the form of enthusiastic activity you choose yields the fruit of a quickened, multiplied consciousness—and that you can buy clothes and equipment for it." America is mentally under-taxed and morally under-employed.

Successful businessmen are an interesting American subculture; they like to read about themselves in *Forbes*. I recall reading the *Forbes* profile of one old geezer who pontificated, as old geezers are wont to do in their *Forbes* profiles, upon his formula for a "successful" life; one of his admonitions was, "Always try to live like other people." Truly these were words from another age, an age when bourgeois conformism might have

been a sort of moral safeguard, when people did live like other people, and not living like other people was indeed cause for suspicion of depravity or madness. That was the idea of "respectability"; but, in a climate of cultural pluralism, each little cult presumably defines its own standard of "respectability." Do you care to be a respectable sadomasochist, or a respectable satanist? No, with all due respect to the jolly old boy, I fear he was not a conservative but only an old-fashioned stick-in-the-mud. That isn't to say that stick-in-the-muds do not serve a useful purpose. They can sustain a decent holding action against the cultural revolution if, to begin with, their eyes are open.

Like the ambassador of a deposed monarchy, the true conservative will never openly admit that his civilization, the disestablished establishment, has been reduced to the status of a subculture among the rest. He is perhaps supported in this illusion by the fact that the marketplace has not recognized him as it recognizes the other subcultures, by granting him his own exclusive underground boutique. But I speak too quickly. There is The Decatur Shop, in North Adams, Michigan, where Mr. Don Lipsett sells his invention, the Adam Smith tie—and its sequel, the Edmund Burke tie, conceived possibly for those conservatives with some residual hostility to plutocracy. The Adam Smith tie is the unofficial official tie of the Philadelphia Society, of which Mr. Lipsett is the perpetual secretary. Personally speaking, I prefer Burke to Smith, but I am not about to sport a neckcloth of maroon sprinkled with his micrographic profile in gold; it strikes me as being not so much idolatrous as incomprehensible. When I go to the Philadelphia Society, I wear my Heraldry Society tie, which is sprinkled with crowned lions' heads; someone took the trouble to weave some red silk into the design, so that the lions, "langued gules" (in heraldic parlance), distinctly appear to be sticking their tongues out. I prefer to think that they are sticking their tongues out at the Adam Smiths.

In their day, the scruffy radicals of Bloomsbury used to pepper their socially indignant letters to *The Times* with little digs about the "Old School Tie." Max Beerbohm, whom Rebecca West described as "the last civilized man on earth," was indignant and disgusted at their appearance and politics while staying in that district of London during a brief return from his self-imposed Italian exile. The reactionary impulse brought him to don his Old School Tie for the first time in his

life. The colors were bright crimson, salmon pink, and royal blue. "They are dangerous to the appearance of even a quite young man. To that of an old man they are utterly disastrous." Nonetheless, the conservative is prepared to make personal sacrifices in the defense of order.

You can indeed spot a conservative

If heredity makes you the man your grandfather was, then it also makes you able to wear his clothes.

by what he wears; it is especially easy if he's trying to indicate what his little platoon in society is, for then you know that he has one. If he is wearing his kilt, and you have your copy of *The Clans, Septs, and Regiments of the Scottish Highlands* close at hand, you can identify his tartan. Conservatives also wear a lot of interesting lapel insignia; my favorite is Erik von Kuehnelt-Leddihn's tiny Maltese cross—and the Sovereign Military Order of Malta is a pretty good platoon. Without these dead giveaways, it may be less simple to spot a conservative, but it can be done. There are several conservative ideologies of dress, and one can learn to decode them.

One of these ideologies states that it doesn't matter what you wear, so long as it was good once. This gave rise to somebody's observation that liberals give their old clothes away to help the poor, while conservatives wear theirs. The conservative does not buy new clothes simply because the fashion has changed or because his wife and children plead with him to try and look like other husbands and daddies. To him, those are two reasons for not buying new clothes. He does not part with old friends for light causes, and his old clothes are old friends indeed. He may think that he is simply being great-souled in his indifference to so small a matter as his appearance, but

that is not the case at all. His identity is at stake, the conscious possession of his individual character. No doubt most fashion designers, like most sociologists, who have as much sympathy for human nature as Robespierre, think that you should not have an individual character. Anyway, when the conservative looks in the mir-

ror and sees himself in his threadbare coat and his faded tie, he knows that this man is the same one who looked back at him yesterday, that his beliefs and loyalties are none the worse for wear, and that words will still mean the same thing to him tomorrow that they mean today. He knows he cannot say the same of the people he is likely to face in the street. Above all, he considers the idea that he should wear blazer buttons with the initials of some Parisian couturier whose models look like transvestites—unspeakable.

Needless to say, the conservative gets his clothes made for him, since the mass market would never be able to anticipate his demands. Whereas most customers of a tailor merely order a suit, the conservative dictates one. Nothing can be left to chance; the slightest variation in the width of a cuff or the number of vest pockets could get him confused with somebody he thoroughly despises. Color choices do not interest him much; black is the color of mourning for the *ancien régime*, grey is the color of aristocratic indifference. Material, however, is important: Natural fibers require the subjugation of man and beast. The rest is habit: I believe that I have been wearing three-button coats and waistcoats since I attained the doctrinal age of free will (seven), and I do not intend to change now.

On the other hand, Russell Kirk has been known to wear things that he found in a trunk at Piety Hill. If

heredity makes you the man your grandfather was, then it also makes you able to wear his clothes. The morning coats worn in the Royal Enclosure at Ascot are passed from generation to generation and are probably better proof of ancestry than a title, especially in these days when the aristocracy is riddled with recently ennobled political bounders. Of course, the clothes were made better in the old days and are well-nigh indestructible. My oldest Chesterfield (inherited, in truth, through the line of a good friend) dates back to the Hoover era; I had to have it relined, but that is like dropping a new engine into the old Rolls.

The Russell Kirk of nineteenth-century French conservatism was Baudelaire's friend, the ultramontane ultra-royalist Barbey d'Aurevilly. Barbey's version of *The Conservative Mind* was a book called *The Prophets of the Past* and included essays on de Maistre, Bonald, Chateaubriand, and Lammennais. His Mecosta was an ancestral village in Normandy, where he wrote ghost-stories about defrocked priests and counterrevolutionary secret agents. He wore old clothes too, but with a different method to his madness.

The young Kirk's checkered career as a self-styled "Bohemian Tory" no doubt found him in many a checkered coat. The young Barbey, however, was a dandy, an aesthetic reactionary, a sartorial "lion" who literally wore his contempt of the middle classes on his sleeve—with a ruffle and a tautly buttoned glove. The affected dress of the dandy was a defense: Its integrity of taste, its internal logic, was calculated to outrage the bourgeois standard of "respectable" conformism; it was meant to keep people he didn't care to deal with too angry to speak to him. Now Barbey developed his personal costume as a young man in the 1830s; and he adhered to it strictly through all upheavals in fashion and politics until his death in 1889. No doubt he found the baggy trousers of those latter days effeminate and ridiculous, the colors drab and characterless, the abandonment of ruffles an admission of the triumph of democracy, the hard, cylindrical collars and waistless coats rectilinearly representative of the age of *machinisme*. To become a reactionary in a revolutionary age, you need only stand still.

Dandyism is the diametrical opposite of the "bohemian hedge." As of this writing, the closest thing to a dandy among the conservatives is Dr. Thomas Kennerly Wolfe, Jr., vulgarly known as Tom Wolfe, who spoke with an utterly disarming candor of his

