UK and US are modifying their sexual behaviour and that the relatively slow rate of partner change in the heterosexual community may also limit the spread of the disease. The papers by Brew *et al* and Grant *et al* both review clinical, neuropsychological and pathological features of CNS abnormality associated with HIV infection. Grant *et al* provide impressive evidence that neuropsychological abnormalities occur quite frequently in HIV infected patients even before there are any other manifestations of AIDS, although it is not clear whether the subtle neuropsychological deficits they describe are reflected in any practical difficulties in professional or daily living skills. Both papers express a degree of cautious optimism concerning the partial but useful responses to the anti-viral agent AZT of neuropsychiatric symptoms and signs in several patients, as measured both by neuropsychometry and by NMR scanning.

Fenton's broadly based paper on psychiatric aspects of HIV infection gives a very brief account of the wide variety of psychiatric disorders other than dementia reported in HIV infected patients. He also touches on the need to develop a strategy for community and hospital care of AIDS patients which takes their psychiatric difficulties into account and the implications for staff education, training and support. In particular, he highlights the potential need for specialist long-stay care of the significant minority of AIDS patients who develop relatively chronic dementias without correspondingly severe physical illness.

The papers by Pinching and by Green & Kocsis review very different aspects of the care needs of patients with neurological complications of AIDS. Pinching emphasises the importance of thorough neurological review to identify those patients with treatable CNS infections. Green & Kocsis address the problems of counselling patients with AIDS dementia complex (ADC) and their carers and professional staff and, like Fenton, of providing a comprehensive framework of care for ADC patients. They also touch on the particular ethical difficulties involved in counselling patients with relatively mild impairment but with intellectually demanding jobs. Finally the paper by Miller *et al* presents a detailed and fascinating account of the diagnosis and treatment of patients who do not have HIV infection but have the conviction, usually in the setting of obsessive/compulsive disorder, that they are HIV positive or have AIDS. This patient group, termed by Miller *et al* the "worried well", may themselves represent a large and growing burden to the psychiatric and psychological services. The carefully described preliminary work of this paper both identifies a need for future research and provides practical advice for jobbing psychiatrists faced with "worried well" patients.

The measured optimism expressed by most of the authors is a pleasant contrast to the earlier overwhelmingly doom-laden reviews in both the medical and the popular press. I would have welcomed more detailed discussion of the possible psychiatric input into services plans and for a psychiatric input into any comprehensive service planned for AIDS patients as their number increases. I would, however, commend this booklet as an excellent introduction and reference source for psychiatrists wanting to learn, as we all must, about AIDS and the brain.

CORNELIUS L. E. KATONA, *Senior Lecturer and Honorary Consultant in Psychiatry, University College and Middlesex School of Medicine, London.*

Occasional Papers published by the Royal College of General Practitioners (14 Princes Gate, Hyde Park, London SW7 1PU).

In its publications, the Royal College of General Practitioners has a series of Occasional Papers among which, other than the two reviewed here in detail, there are several of general interest and relevance to psychiatry. For example, paper 17 on Patient Participation, paper 19 on Inner Cities, paper 22 on Prevention, paper 25 on Social Class and Health Status, paper 36 on the Prevention of Depression, and paper 37 on Counsellors in General Practice.

Occasional Paper 39: Practice Assessment and Quality of Care. By Richard Baker. 1988. Pp. 30. £5.00

Practice assessment refers to the external evaluation of the quality of care provided to patients of one or more general practices. It involves the examination of all possible faults of practice within the constraints of the local health system, and is not just the assessment of the performance of individual doctors. Such practice assessment began with Florence Nightingale during the Crimean War, when she was able to reduce dramatically the mortality in British military hospitals, between January 1855 and June 1856, by this means.

In this review of the literature on current practice assessment, Baker under the heading of *acute illness* quotes the difficulty of making psychiatric diagnoses in general practice (Goldberg & Blackwell, 1970; Skuse & Williams, 1984; Goldberg & Bridges, 1987) especially of depression (Freeling *et al*, 1985), the failure to treat vigorously enough depression in the elderly (McDonald, 1986) and the need for pastoral care of the elderly bereaved (Cartwright, 1982). The care of epilepsy and of the mentally handicapped are included under *chronic illness*, but no mention is made of chronic psychoses nor the care of the demented. Chronic alcohol abuse and the plethora of

drugs consumed by many patients, especially the elderly, are mentioned under *prevention*. In the section on *prescribing*, attention is drawn to the misuse of psychotropics, risk of self-poisoning, repeat prescriptions, and the uptake of widely advertised new preparations. In *general comments* mention is made of the work of practice teams, including receptionists and ancillary workers, presumably including CPNs where available.

Baker accepts that the setting of standards of care in general practice could be unrealistic and change rapidly with changes in societal demands. There is also the danger that such recommended standards are not set in a comprehensive review of practice as a whole.

This paper had relevance to ourselves in that it reminds us of our own need to review the standard of care we as specialists provide for psychiatric patients referred to us, and also reminds us and our GP colleagues of the importance of the wide variety of psychiatric disorders presenting in primary care settings.

Occasional Paper 40: Rating Scales for Vocational Trainees in GP 1988. By the Centre for Primary Care Research, Department of General Practice, University of Manchester. Pp. 25. £5.00.

This paper sets out in detail 23 areas of skill required of vocational trainees, organised under the main headings of history and examination (6 scales), diagnosing and defining the problem (4 scales), management (5 scales), emergency care (3 scales) and professionalism (5 scales). Each scale has a main component under 10 boxes ranging from "poor performance" of that particular skill, up to "skilled performance". There then follows a number of subscales examining that skill in detail on a 5-point range of "seldom performed" to "usually performed". Notes for raters accompany the scales.

The scales of particular interest to ourselves are as follows: psychiatric aspects of history taking and diagnosis (scale 2), hypothesis formation (7), hypothesis testing (8), coping with uncertainty (11), using community resources (12), interpersonal skills in prescribing (14), emergencies – acute psychoses, depression (including the assessment of suicidal risk), and panic attacks (18), and finally, accessibility, involvement, commitment, working with collegues and personal development, under professionalism (19–23).

Again, this paper has relevance to us in that it serves as a model whereby we might assess the content of the curriculum and the progress of our trainees towards the MRCPsych, and it again reminds us of the important aspects of the psychiatric component of primary medical care.

ROSS MITCHELL, *Community Psychiatrist, Cambridge.*

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Videotape review

The Final Choice: An Introduction to Suicide
(UK 1988, 40 mins.)

This videotape deals with suicide in a wide perspective. It offers a comprehensive survey of historical and religious developments, it compares differing national and cultural attitudes and it outlines various legal aspects, Sociological, psychological and psychiatric factors are discussed, supported by statistics and useful 'clinical' (enacted) recordings. It includes some fascinating asides; for example, suicide predates man, and dogs commit suicide (not a lot of psychiatrists know that!).

The whole is very effectively bound together by an excellent link-man (Paul Sinclair – an actor?) and there are some authoritative comments from Professor Philip Seager. A "Senior Tutor for Continuing Education" also appears, who must be assumed to be a nurse (the producers are rather fond of anonymity) and, to a less effect, the publicity officer for MIND and the National Chairperson of The Samaritans contribute in part II.

Technically this is a very competent production, with excellent titling and graphics. It is sympathetic, maintains interest and gives a clear, easy-to-follow, exposition of the subject. It would, however, have benefited from more vigorous cutting, especially of the 'clinical' recordings which go on long after they have made their point. It is intended however for members of The Samaritans, MIND and other mental health volunteers, as well as professionals in training. For the last group part I (20 minutes) contains most, but not all, of the main points and