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