In the Discussion section of the paper we inadvertently distracted the attention of the reader from the high level in the TA sample by drawing comparison with the levels for young married Thamesmead women and for women in the same age range as the Thamesmead women recorded in Camberwell by Bebbington *et al* (1981); two population samples with relatively high 'caseness' levels. Dr Bebbington has kindly produced for us 'caseness' levels for subjects under the age of 50, which would correspond with the age-range of the TA subjects. These are 5.6% for men, 17.5% for women, and 12.0% for the sexes combined. The corresponding levels for the TA sample, using a DSI cut off point of 13+, were 8.9% for men, 35.8% for women, and 21.3% for the sexes combined. The levels using the BDI and the GHQ were comparable. Thus the level for TA women was particularly high, although one should remember that a high proportion of these women would be in the vulnerable age-range of 25–34. We would not wish to comment further on this finding at this stage, but we do have further data on the TA sample which we intend to publish in due course.

JOHN BIRTCHNELL

MRC Social Psychiatry Unit
Institute of Psychiatry
De Crespigny Park
London SE5 8AF

NIGEL MASTERS

Lakeside Health Centre
Thamesmead
London SE2 9UQ

MARTIN DEAHL

Maudsley Hospital
Denmark Hill
London SE5 8AZ

Reference

BEBBINGTON, P., HURRY, J., TENNANT, C., STURT, E. & WING, J. K. (1981) Epidemiology of mental disorders in Camberwell. *Psychological Medicine*, **11**, 561–579.

Screening for HIV

SIR: Davies (*Journal*, June 1988, **152,** 857) apparently sees no distinction between the investigation of a full blood count in suspected alcoholics, which may help consolidate the diagnosis, if the MCV is raised, and HIV screening in a psychotic patient from the known high-risk groups. Once treatment has been instigated, alcoholics, if motivated, can abstain, and providing no irreversible neuronal or liver damage has occurred have a reasonable chance of survival. AIDS is lethal. No known cure exists at present.

I cannot agree with Dr Davies when he suggests that certain psychotic patients should be routinely screened for HIV status. Diagnosing AIDS in a psychotic patient benefits neither the patient, his or her family, nor the medical staff, for the following reasons:

(a) The treatment of the psychosis is symptomatic. Knowledge of HIV status does not affect treatment outcome, in contrast to syphilitic infection for which a specific treatment exists.
(b) If the test is not made, the patient and his or her family are spared the devastating effects of such a diagnosis.
(c) If adequate precaution is taken with every patient, staff are at minimal risk of contracting the disease.

Many patients who are not of high-risk groups and who have no symptoms typical of HIV infection may carry the virus – therefore it is mandatory that patient carers exercise due caution when dealing with all patients. Patients with AIDS may perhaps on occasions "spit and spray blood", but this I believe is more likely to happen when they are labelled as HIV positive. With the expected increased prevalence of AIDS, HIV encephalopathy will probably increase significantly and educated staff should feel comfortable in caring for these patients. Are these people, if disturbed, not entitled to proper treatment? Knowledge of HIV status does not provide staff with any extra protection.

AIDS is a transmissable disease, but the public via the mass media have been educated regarding the HIV virus and the modes of transmission, and this would appear to be the most reasonable means of controlling the spread of the disease. I do not believe that screening plays an important role in helping to control the spread of this virus. In conclusion, therefore, I have great reservations about the value of HIV screening. Generally, when dealing with a lethal illness such as AIDS and its accompanying social stigma we in the medical profession should use common sense and treat these patients with the compassion they need.

THERESE O'NEILL

St Vincent's Hospital
Convent Avenue
Fairview
Dublin 3, Ireland

SIR: Dr Davies' astonishment (*Journal,* June 1988, **152,** 857) is matched by my own. I am astonished at Dr Davies' whole approach towards the AIDS problem. He makes a number of assertions which need to be challenged.