

beyond my own immediate horizons for further stimulation. During my stay I was offered tremendous personal hospitality and learned advice and guidance at work; I would particularly like to thank my friends David Pickar and Joel Kleinman. The generosity of the US Public Health Service for allowing me full and free use of their facilities must also be acknowledged.

In these days of cutbacks and reduced spending on academic medicine the Squibb Fellowship has offered me an opportunity to obtain additional experience of my own choosing. The effort expended in preparing an application is far outweighed by the probable rewards. If you are eligible and have some idea of what you would like to do, my advice is "go for it".

## *Letters to the President*

### *HIV Infection and AIDS*

DEAR DR BEWLEY

I am writing to seek your support and that of your colleagues in the surveillance of the acquired deficiency syndrome and in the detection of other diseases related to HIV infection.

The national surveillance scheme for AIDS is based mainly on voluntary confidential reports by clinicians to this Communicable Disease Surveillance Centre. As you will appreciate most of these reports have come from genitourinary physicians but as cases have occurred outside the risk group of homosexuals, other clinicians have contributed to this national surveillance scheme.

It occurs to me that cases may present to psychiatrists, not all of whom may be aware of the reporting scheme and I wondered if you could help us by bringing it to their attention. If you thought it was useful, I would be happy to give

you a note describing the scheme and let you have a copy of the report form.

The second point I wanted to raise was whether you and your colleagues are aware of psychiatric conditions associated with HIV infection in patients who do not have AIDS? I ask this because I do not know if there is indeed a problem and if so whether we should not be considering a special means of surveillance.

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### *Mental Health Act 1983*

DEAR DR BEWLEY

At a recent public meeting, organised by one of our local Groups, a consultant psychiatrist stated that the only grounds for compulsory admission to hospital were danger to self or others. This is only the latest of a number of such instances coming to our notice, of seeming ignorance of the law on the part of consultant psychiatrists.

We realise that statements like this arise from exasperation with the excessive emphasis given to personal liberty by review tribunals and the draft Code of Practice; but we feel that this prevalent imbalance makes it particularly important to take every opportunity for making clear what the law actually says.

Less surprisingly perhaps, there is similar ignorance elsewhere.

A particularly unfortunate example of this omission of the alternative ground for 'sectioning'—in the interest of the health of the patient—occurred in the address given by

the 'guest speaker' on mental health (a social worker) to the DHSS training course for Special Case Officers in local DHSS offices. We called the attention of the DHSS to this—with what results we do not know.

We would like to suggest that this misunderstanding is serious enough to warrant a reminder by the Royal College, to its members in this country, of the wording of the Act; coupled perhaps with—or disguised as—encouragement to do what is possible to correct such misapprehensions in other quarters.

I would be very grateful for your views on this issue which is of critical concern to a number of our members.

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