

who are busy integrating and improving the practice of psychotherapy and its evaluation. They find the question 'Is psychotherapy effective?' inappropriate rather than unimportant, just as a similar question applied to psychiatry, teaching, parenting or any other complex human activity would be judged unproductive by any sophisticated investigator.

As for Sam Weller, his comments hardly support Prof. Shepherd's argument, for the alphabet, however painfully achieved, was of immense benefit to the Victorian charity boy, even though research had not demonstrated the uses and effects of literacy. The uses and effects of psychotherapy are in the realm of value and meaning as well as of symptoms and behaviours and their measurement is never going to be easy. This is not to say that it should not be attempted, but any suggestion that only those effects that are easily measurable are real or important would be philistine in the extreme. We need more, and more subtle research, but we do not need to mount a 'vigorous initiative' by one section of the College on another, however much Prof. Shepherd might hanker after the role of Grand Inquisitor.

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References

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Fear of AIDS

DEAR SIR,

The title of the article "A Pseudo AIDS Syndrome following from Fear of AIDS" (Miller *et al*) (*Journal*, May 1985, 146, 550–551) is not substantiated by the content of the article itself. They say "We report two cases showing psychiatric symptoms associated with a fear of Acquired Immune Deficiency Syndrome", but only in the second case of perhaps very understandable anxiety arising from a possible contact with an AIDS carrier could the (I feel unnecessary) invention of "Pseudo AIDS Syndrome" be stated to be *following* from a fear of AIDS. The other case they report is a classical description of a depressive illness.

Surely we need no further confusion in our already confusing and loose nosology. Do we call a depressive illness characterised in part by either

hypochondrical, over-valued or frankly delusional ideas of cancer (even if the patient has been recently in contact with a cancer victim), a "Pseudo-Cancer Syndrome". No, I think not.

They say "The above cases highlight two manifestations of fears of AIDS resulting in significant impairment". What they actually describe, however, are two manifestations of psychiatric disturbance characterised *in part* by a fear of AIDS resulting in significant impairment but, contrary to the title of the article, they do not convincingly describe "The psychiatric symptoms resulting *from* a fear of AIDS" which they wish to refer to as "Pseudo AIDS".

Both these patients were at high risk of contracting AIDS, and further I fear that the invention of a "Pseudo AIDS Syndrome", set against the backdrop of the difficulty of diagnosing AIDS itself in the early stages might prejudice the diagnosis of AIDS where it actually exists.

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Parasuicide in Adolescents

DEAR SIR,

Doctor Donald J. Brooksbank's recommendation (*Journal*, May 1985, 146, 459–463) of "A short stay in hospital" for adolescents who have attempted suicide is not entirely borne out by the data cited.

In the first place these data suggest that, in the common case, where there is no identifiable psychiatric disorder, the immediate aftermath of the suicide attempt is a spell of safety. The overall suicide risk is greater than for the general population and most of this risk extends over the subsequent year. This suggests that, if the purpose of the hospitalisation is protective custody to prevent a second attempt, then the length suggested is almost exactly the wrong one.

In the second place much of the evaluation suggested is non-medical and even (by Dr. Brooksbank's statements) non-psychiatric. This being so, it might be equally well carried out in an out-patient clinic or (perhaps even better) by means of visits to the patient's home.

In the third place there is evidence that these young people are characterised by anti-social and manipulative behavior. A short term hospitalisation after a suicide attempt tends to be in the permissive atmosphere of an open ward of a general hospital. Such patients may be difficult to handle in such an