nice if a copy of *Not on Your Own* could be distributed to every new patient and their relatives and friends. This is most unlikely to be taken up by our present management but the thought should be there and it could, at least, become part of every unit's patients' library.

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We are Just in Time – AIDS, Brain Damage and Psychiatric Hospital Closures: A Policy Rethink
By Charles Tannock and Caroline Collier. London: Bow Group. Pp. 10. £5.00. 1989.

This ten-page political pamphlet could be damaging if it were not so silly. The thesis of the two authors is that AIDS is a big epidemic which causes a lot of dementia. The people with dementia will therefore require psychiatric care. The best place to provide this psychiatric care is in mental hospitals, of which, therefore, they "recommend that as a measure of strategic and contingency reserve between two and eight long stay hospitals be mothballed for this purpose".

There may be many good reasons for not closing all mental hospitals and quite a lot of bad ones as well. This one is probably the least relevant to the argument. There are many errors and distortions of facts in the background to the argument.

Some examples of the errors in interpreting the literature include the percentages of patients who suffer from various kinds of nervous system damage during the course of their illness. For example, it is stated that, at the Fourth International Conference on AIDS, some studies showed 70 to 78% of AIDS sufferers developing some form of brain damage. Because this paper does not present references (it is a political pamphlet rather than a scientific article) it is impossible to tell which papers they are referring to. However I have the Stockholm book of abstracts before me and attended that conference and do not recall such figures being quoted. An oft quoted figure is that 80% of AIDS sufferers will develop some kind of neuro-psychiatric 'disorder' during the course of their illness but this will include illnesses such as depression, transient confusional episodes and anxiety states as well as disorders of the peripheral nervous system certainly not relevant to the argument of the authors.

Another example is the statement that the demented AIDS patients would be best kept in separate facilities from general medical wards even though they may be seriously physically ill. This is a highly questionable statement, especially if the alternative is to be an ill-equipped mental hospital.

The authors make a major clinical error. They assume a significant longevity for AIDS-dementia patients. However, it is very clearly the case that the dementia of AIDS is a late phenomenon in the course of the illness and indicates a bad prognosis. Work showing technical cognitive impairments on a few tests in asymptomatic patients has not been replicated and even if true, indicates a very minor abnormality which cannot be called dementia. The authors have their facts wrong. I imagine that at this point in the argument the authors would bring in the effects of therapy. I think they would say that the development of anti-HIV drugs such as Zidovudine will exacerbate the problem by prolonging life expectancy without preventing brain damage. However, the latest information on this question suggests the opposite, i.e. patients with early dementia whose immune systems respond to Zidovudine also get an improvement in cognitive functions.

How would the argument look if they had all their facts right? Here we must remember that mental hospitals were designed not to treat the physically ill, indeed most of them were hardly designed at all. They grew pell-mell from their planned, relatively small, sizes to unmanageable sprawling complexes in which individuality of all but the most disturbed was submerged among the faceless masses of the mentally ill. Can it be that two doctors, one a general practitioner the other a psychiatrist, can advocate keeping available Victorian facilities in order to treat this most highly complex and demanding clinical condition of our times? The argument is so ludicrous that one is left, after clearing away its debris, with the strong impression that their argument is a moral rather than a practical one. Surely if it is really true that we were to be faced with large numbers of young, possibly cognitively impaired, sick patients in the next decade or two we should, in the wealthy society which the Conservative Government have helped to create, be able to afford both financially and morally to provide proper modern facilities for our patients – not workhouses.

I take comfort in the fact that this 'memorandum' has little chance of finding favour. You cannot, after all, mothball a Victorian asylum without spending a lot of money on it or it would simply fall down.

Although I disagree entirely with Dr Tannock and Dr Collier's ideas, they are at least aware that AIDS is a problem which will have to be faced by psychiatrists as well as other specialties. They just seem to have got stuck in a time warp and need to be encouraged to think about other models of care, not only for patients with AIDS dementia who are likely to be short-lived, but also for brain-injured and mentally handicapped people whose disabilities they incorrectly assume are mimicked by AIDS dementia.

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