Case report: AB, a 37-year-old male homosexual teacher was diagnosed as having AIDS following pneumocystis carinii pneumonia. Initially, he accepted the diagnosis well but following a move to his new flat he became depressed. He withdrew from his friends and family, wished he were dead, but did not make any suicidal gestures. He was admitted to an acute psychiatric ward with the diagnosis of depressive illness, where he revealed that he was preoccupied with the idea that the interview he had recorded for a gay programme on television would reveal his sexual orientation and illness to the families of children he had taught previously. He feared that these families would harm him and the popular press would scapegoat him. He regretted having made the interview and had approached the television production team involved repeatedly, asking for his material to be withdrawn. He was informed that they had gained his written consent for the interview to be broadcast and intended to proceed with it. Following admission and noting his mental state, the medical team contacted the programme director and requested that material involving the patient be edited. The director consented after receiving the letter. This certainly helped alleviate the patient's worries, and following antidepressant medication and psychological treatment the patient was discharged.

As doctors, we are often critical of the way in which the broadcast and newspaper media collect and report information about patients. We present an example of the media behaving in the responsible manner, in cooperation with the medical staff, and the beneficial effect of such an intervention upon the patient's view of life and mood. While we are heartened by one experience in this case, the issue of informed consent for the broadcast of material containing medical as well as psychiatric patients, seems to be an area in which the best interests of the patients are often compromised by the desire of the journalists to collect visual images to accompany their stories about ward closures, living in the community and advances in medical technology. There seems to be an urgent need to review the issues involved in protecting patients from the media (especially the ones who may change their minds and withdraw their consent) in a society where a free press often comes close to compromising a patient's right to anonymity and confidentiality.

DINESH BHUGRA
MRC Social and Community Psychiatry Unit
Institute of Psychiatry
London SE5 8AF

ROBERT HOWARD
The Maudsley Hospital
Denmark Hill
London SE5 8AZ

CORRIGENDUM

Journal, October 1990, **157,** 626. The full reference should read *Journal of Mental Science,* 1890, **36,** 150–151. "Morton Hospital" should read "Horton Hospital".

A HUNDRED YEARS AGO

"Traumatic neuroses"

This is a convenient term, but, like other terms which are convenient, it is apt to include far too much. In this country the most important traumatic neurosis which is met with is no doubt the so-called "railway spine", and it may be that cases placed in this category are as varied as those which Hoffman (Berlin. Klin. Woch., No. 29) found among a series of twenty-four cases of "traumatic neurosis". Of those twenty-four, ten were found to have undoubted signs of organic mischief; in six the symptoms were partly the result of exaggeration and partly of simulation; in eight there was malingering, proved to be so after careful observation for several weeks. The author protests against the use of the term for such varied conditions, pointing out that in a so-called traumatic neurosis we may have to deal with organic nerve injury, with hysteria, the result of injury, with shock to the cerebrospinal system, with neurasthenia, or even with a true psychosis.

Reference

The Lancet, 17 January 1891.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Surrey

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