

and investigations. Once the patient's physical state has been thoroughly evaluated, none of these should be repeated without clear clinical indication. Successful treatment should teach the patient alternative methods of dealing with their concerns. Case 5 illustrates both these points successfully. The use of cognitive techniques and hyperventilation control will undoubtedly have helped this man to make more accurate interpretations of the cause of his symptoms. He sensibly refused the HIV test, for which there was no clear indication, and hence did not reinforce his anxieties.

Presentations of this type are not peculiar to AIDS. Any illness receiving publicity is likely to be associated with unnecessary concern in some individuals, other examples being syphilis or cancer. However, Dr Todd's AIDS cases serve as a timely reminder that the classification of unnecessary concerns about *all* illnesses is confused and needs clarification. It is often possible to diagnose both hypochondriasis (a somatoform disorder) and an anxiety disorder in the same case. There are no clear guidelines as to which diagnosis takes precedence, although the recent addition of an arbitrary six-month duration as a criterion for DSM-III-R hypochondriasis will lead to this diagnosis being made less frequently. However, the principles of the management of the disorder should always be used where appropriate in the treatment of cases of unwarranted somatic concern.

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Journal contents page

SIR: I was dismayed to find that the contents page for the Journal is no longer provided on the back cover, but inside where it is less easily glanced at. I am not aware that advertising revenue is particularly required—I believe that the Journal makes quite a lot of money for the College—and I hope the Editorial Board will revise its decision in placing the

contents page inside the Journal. If it doesn't, I think it would be fair for advertisers to know that many readers will never look again at the back cover! If the purpose of the change is to facilitate binding, which certainly applies to only a small number of the published copies, perhaps a provision of a contents list for binding might be dealt with by a different means, as the needs of the general readership of the Journal are surely paramount. I hope my comments may invite some debate on this small but important unannounced matter.

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SIR: I do hope the experiment of having the list of contents on the third leaf of the Journal will end soon. Surely the front or back cover has become popular for good reason, namely ease of reference. I don't believe advertising revenue should be allowed to alter this. Perhaps, if it is unavoidable to have an advertisement on the back cover, it could be done in such a way as to allow removal of it to reveal the list of contributors.

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I am sorry that Drs Wrate and Lambert do not approve of the change to the back cover. As Dr Wrate says, the present arrangement is much more convenient for those subscribers who bind their journals. However, I agree with Dr Lambert that the new sequence of pages at the front of the issue doesn't seem to be the best possible, and a different version is now being tried. A comparison of other leading monthly journals shows a great diversity of arrangements, but most have advertising on the back cover when they can get it.

I am dismayed by Dr Wrate saying he is "not aware that advertising revenue is particularly required", in view of the enormous efforts made by the Journal staff to produce a financial surplus, which is essential to keeping the College going. I would suggest a careful look at the Annual Accounts for recent years. The alternative would be an enormous (and in the end, self-defeating) increase in subscription rates.

HUGH FREEMAN

Editor, British Journal of Psychiatry