closed.) For example, the words 'work' and 'employment' do not even feature in the index, yet it is striking in the UK how few HIV-positive people who are physically well on combination medication are in regular work by comparison with those of similar age carrying other life-threatening diseases.

The authors write that 'depressive illness is a major cause of distress in a patient with HIV and AIDS'. How are we to be clear that when we diagnose depression we are not simply medicalising situational distress, whether in UK patients or those from abroad? Half of our patients are African women: although many are referred as 'depressed', this is a biomedical category that does not exist in the cultures from which they come. Do we know better? I find that I spend a lot of time trying to unstick the label 'psychotic depression' from some of these women: in nine cases out of ten, auditory hallucinations are not evidence of active psychosis, but are merely non-specific markers of stress and distress. It is an omission for a clinical textbook aiming to be comprehensive to say nothing about psychiatry and culture.

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doi: 10.1192/bjp.bp.111.092395