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Fear of AIDS

SIR: There have been some reports (Miller *et al*, 1985; Jacob *et al*, 1987) of psychological problems among people who are uninfected but fear that they might have AIDS (acquired immune deficiency syndrome). We would like to present a case of acute obsessional neurosis which responded well to clomipramine infusion.

Case report: A 27-year-old married man was admitted to the psychiatric unit as an emergency. He was very anxious and had obsessive ruminations about having developed AIDS. He had been worried about this since he borrowed a razor from a workmate who had had a recent viral illness and then heard rumours that this man might have AIDS.

He went into a local restaurant with his wife for a meal, and the manager of this restaurant later died of AIDS. His wife was presented with a rose by the manager, who pricked his finger on it, and he thought that he might also have pricked his finger on the same rose. He also thought that he might have had sex with the manager in the toilet, but he realised that this was absurd. Nevertheless, he went back to check the toilet in the restaurant to reassure himself that this incident did not occur. He denied having any homosexual experiences, but was worried that he might become homosexual because of these ruminations.

His wife was pregnant at the time, and he was afraid that he might have infected his wife and unborn baby with AIDS. He was self-accusative and thought of cutting his wrist, but was worried in case his wife would not be able to collect the insurance money. He then entertained the idea of committing suicide in such a way as it to appear accidental death. It was at this point that he was admitted to hospital.

There was no personal or family history of psychiatric illness. The patient had an uneventful school career and became a Scientific Officer. He was happily married with two children. He described himself as an "introvert and a worrying type of person". His only past medical history of note was a skull fracture sustained during a road traffic accident at the age of 20, after which he was unconscious for three weeks and later had an isolated epileptic seizure.

On examination he looked very worried and complained of having disturbed sleep, but his appetite was fair. He was well orientated and his memory was intact. HIV antibody tests were negative and EEG was normal.

He was diagnosed as suffering from an acute obsessional neurosis in an anxiety prone personality and commenced on daily clomipramine infusions.

He made a good symptomatic recovery after ten days and remained symptom-free on oral clomipramine (25 mg t.d.s.) eight months later.

This case presents a problem of differential diagnosis of anxiety state, depressive illness, delusional state, and organic condition. Although he exhibited the psychic symptoms of anxiety, the patient lacked the somatic symptoms which makes anxiety state unlikely. His anxious mood and lack of biological features exclude the possibility of a depressive illness. Retention of insight ruled out a delusional condition, and lack of cognitive and memory impairment made an organic condition unlikely. It would appear that the anxiety and some of the depressive features were inter-related to an obsessional illness.

There have been reports of the development of obsessional illness as a consequence of head injury (McKeon *et al*, 1984). In this case, the seven-year interval makes head injury an unlikely cause, but it may have affected his personality. It seems that the predisposed personality and media influence contributed to the genesis of his obsessional illness. This case also highlights the point made by O'Brien (1987) that a wide range of psychiatric illness may present with fear of AIDS, and shows that obsessional illness is one of them.

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Mania in a Case of Eale's Disease

SIR: Eale's disease is characterised by recurrent retinal and vitreous haemmorhages with retinal perivasculitis, predominantly affecting the veins (Duke-Elder, 1967). There have been several reports of associated neurological involvement (Singhal and Dastur, 1976), but psychiatric complications are unreported. In this report we present a man with Eale's disease and neuropsychiatric complications.