of immunological suppression such as CMV and *Pneumocystis carinii*.

Between the rich world and the poor world there is already a huge energy gap, a huge consumption and pollution gap, the vital communication chasm gapes wider, and now there are two HIV diseases. In the rich world, AIDS is now a chronic disease afflicting a minority still separated by their sexual mores and chaotic drug use from the rest of society, and it can be held at bay for long periods, albeit with costly combinations of toxic drugs. In Zambia, it is a sub-acute disease affecting a fifth or more of the people and afflicting everyone by its impact upon the society of today and the children of tomorrow. Amidst this poverty, this squalor, the multiple infections and infestations, a positive HIV test is a death sentence to be executed within 3–5 years. There is a dignity, there is too a fatalism — when there is no hope ... just cope.

Note
The above is the personal view of the author and not necessarily government policy.

Yours faithfully
Professor Peter Sims
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London SW1A 2AH

'Syndromes' and reasons not to do a project

Sirs,

We have all mixed feelings before starting a project — and have at least temporarily tried to escape them. I think this painstaking decision-making process consists of a set of 'syndromes'. One or probably several of the 15 syndromes below have sometimes hit us all. To have suffered from them is a normal part in the life of any scientist.

The syndrome might be based on reality — even be factual — but may also form a hidden or overt excuse to avoid challenges. The natural history varies — cure, remitting or chronic.

You may use this to diagnose the project syndrome profile of yourself and others and use it for prevention and treatment.

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technocratism</td>
<td>I must have funding before I start project A</td>
</tr>
<tr>
<td>Corruptionism</td>
<td>I must have equipment A before I can go further</td>
</tr>
<tr>
<td>Hyperlogism</td>
<td>I must have data A analysed before I take on data B</td>
</tr>
<tr>
<td>Analysm</td>
<td>I want to go more in depth with problem A before I can write something meaningful</td>
</tr>
<tr>
<td>Sequentialism</td>
<td>I must finish project A before I start with project B</td>
</tr>
<tr>
<td>Escapism</td>
<td>I shall take on project A when I have more time</td>
</tr>
</tbody>
</table>

Yours faithfully
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NHS performance guides: raising the standard – indirectly?

Sirs,

The NHS performance guides are now published annually to 'help you and your family doctor decide where you can go to get the best services'. The guides award hospitals star ratings for a number of simple 'performance' measures. Like star ratings for hotels, these have been awarded on the basis of percentages: e.g. over 90 per cent in a given measure attracts five stars. Unlike star ratings for hotels, mostly awarded on 'provision' (e.g. proportion of rooms with private bath and WC), hospitals have been awarded stars on 'performance', e.g. proportion of waiting list patients admitted within 12 months.

The performance tables present a very limited picture of the standard of care by NHS hospitals and doctors; other health professionals and hospital managers have ample grounds for criticizing their presentation, emphasis and content under that