varying the width of the image results in a change in illumination, and the wider the image the poorer the contrast and the less clear the image definition. These two problems are by no means trivial. Perception of size is influenced by contrast between foreground and background (Goldstein, 1980), and clarity of outline in turn affects contrast. Clearly these factors need to be properly controlled in research concerned with perception of body size.

It is likely that the method of assessment reported by Touyz and colleagues will be adopted by other researchers in this field. Should this be the case, equipment should be employed which is not susceptible to the illumination problems highlighted. We have found also that the problem can be overcome electronically be coupling the image control to a source of illumination so that contrast and definition remain constant.

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DISORDERS WITH OVERVALUED IDEAS

DEAR SIR,

McKenna's review article (*Journal,* December 1984, **145,** 579–585) with the above title contributes some useful points towards defining the nature of the belief, in dysmorphophobia, although he omits to state that the excessive concern with unsightly appearance occurs in a person of normal appearance.

The nature of the belief is rightly described as an overvalued idea. But many of the past studies he mentions fail to specify this view (Thomas, 1984), so that in such series the belief could be a delusion-like idea or a primary delusion (Jaspers, 1946). The latter is said to be diagnostic of schizophrenia and the former occurs in all types of psychoses (Fish, 1967), so it comes as no surprise to find high rates of schizophrenia. depression, personality disorder and severe neurosis in these populations.

The view that dysmorphophobia may be a symptom of an underlying disease is indisputable on clinical grounds, but 40% of the patients do not have underlying classifiable psychiatric illness (Thomas, 1984). I suggest that the term dysmorphophobia be reserved for such patients and that secondary or symptomatic dysmorphophobia should be used when other mental illness is responsible.

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MOOD CHANGES AFTER CHILD BIRTH

DEAR SIR,

With regard to the paper by Kendell *et al* (*Journal,* December 1984, **145,** 620–625), I note that those components of mood likely to cause distress to the patient in the first two weeks after childbirth which were measured in this study included depression, irritability, tearfulness and anxiety. In out study of 42 women during the first week after childbirth, using a modified form of P.S.E. (Cooper *et al,* 1977), we found the major features of mood disturbance to be: anxiety, depression, tension and worries, with other less important but significant variables being obsessionalism, less of concentration and listlessness. In this series of publications we have drawn attention to the close correlation between platelet MAO activity (George & Wilson, 1980), serum prolactin (George *et al,* 1980) and maternal B-endorphin/B-lipotrophin (George & Wilson, 1982) and these specific mood variables. These studies emphasise the importance of biochemical mediators in the presentation of early puerperal mood disturbance and offer a biochemical template in studying the puerperal specificity of these mood changes as discussed in Kendell's paper.

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