

1982). In 141 patients with MVP Hartman *et al* found that 22 (16%) had panic disorder (PD). However, the prevalence of PD among the *relatives* of these patients (a population with minimal selection bias) was much lower: only 3% of relatives with or without MVP had evidence of PD. This is similar to the figure reported in the general population, and suggests that the high prevalence of PD in hospital populations is due to the selection of highly symptomatic individuals.

Two cardiologists (Leatham and Brigden, 1980) also criticized the ill-considered attempts to ascribe all sorts of properties to the prolapsing mitral valve. They were impressed by the absence of symptoms in those patients seen for the first time who were unaware of the existence of disease. In an attempt to explore the apparent association between clinical findings and reported complaints, Procacci *et al* (1976) identified all women on an air force base with an auscultatory click, murmur, or both and found that the symptoms of palpitations, dizziness, weakness and chest pains were as common in the group with as in those without the auscultatory abnormalities. These results, taken together with those of Hickey *et al* (1983), suggest that the underlying mechanism that causes MVP is not additionally responsible for psychological symptoms. Eight years after Wooley's editorial we are in a position to say that the association of MVP and anxiety disorders is no longer an enigma: it merely reflects the chance association of two exceedingly common conditions.

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DREAMS AFTER AMPUTATION

DEAR SIR,

I enjoyed reading the article by Frank *et al* (*Journal*, May, 1984, **144**, 493-497) on psychological response to

amputation as a function of age and time since amputation. I was particularly interested in their discussion of the importance of change in body image following amputation. It had come to my attention, in talking with persons who have had amputations, that a potentially useful measure of psychological response may be body image during dreams.

A 37 year old farm worker was sawing logs when one of the logs became caught in the saw. In an attempt to free it he became entangled in the log and had both arms amputated, one near the shoulder and the other just above the elbow. After several weeks of rehabilitation, physical therapy and occupational therapy he was fitted with two artificial arms and hook hands. He was then discharged home. In follow-up visits he continued to report difficulties in adjustment and acceptance of his amputations. Particularly, he observed difficulties in expressing physical affection to his children, his wife and in taking care of his toileting needs. As follow-up continued he continued to make excellent progress. He then reported that he knew the time when he had accepted his amputations because he began to dream of himself with hook hands.

This has been reported in a number of other patients I have seen who have suffered amputations. Many will no longer dream of themselves as running or walking but rather wheeling along in their wheelchairs or see themselves in their dreams with an artificial limb, these patients appear particularly well adjusted. To my knowledge, investigations in this specific area have not been completed. I think it is a particularly fruitful area to pursue from a research standpoint. From a clinical standpoint, it may also be useful in the ascertainment of individual acceptance of amputation and physical handicap. Finally, it would appear that, to a degree, this change in body image is a function of time since amputation.

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DEXAMETHASONE SUPPRESSION TEST AND RESPONSE TO ANTIDEPRESSANT DRUGS

DEAR SIR,

Beckmann *et al* (*Journal*, April 1984, **144**, 440-441) claim that in their study comparing response to amitriptyline and nomifensine, there was a preferential response of DST positive depressives to amitriptyline and of DST negative depressives to nomifensine.

In order to refute the null hypothesis that there is no difference in the distribution of treatment response to either drug among DST suppressors or non-suppress-