Our findings, therefore, are different from those of Kumar and Robson, who found a peak incidence of depressive neurosis in the first trimester. Some of the symptoms elicited in our population undoubtedly reflect physical changes of pregnancy, particularly in the late stages. Nevertheless, we feel that these observations merit further consideration, as depressive symptoms in pregnancy may be important and underdiagnosed.

We are following these women for one year postnatally, in order to explore further the relationship, if any, between antenatal depressive symptoms and postnatal depressive illness.

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## **DEPRESSION AND AFFECT-LADEN WORDS**

DEAR SIR,

There appears to be a serious flaw in the design of the interesting study of Dunbar and Lishman (*Journal* April 1984 144, 376–382). "Depression, Recognition-Memory and Hedonic Tone", from which the authors drew the conclusion that depressives showed a preferred recognition for unpleasant material.

Dunbar and Lishman, using Broadbent's word list, found that depressed subjects were as likely to recognize 'bad' words as controls, but were less likely to recognize 'good' and 'neutral' words. Inspection of the word list used however, shows that unfortunately affect type and intensity are linked in it, with all of the strongly stimulating words in the 'bad' group:

BAD	GOOD	NEUTRAL
bleed	cheese	crow
starve	bride	chest
dread	mirth	brass
scream	cruise	flake
crash	ripe	flock
cruel	tune	sixth
groan	peach	plough
brute	hymn	mode
mock	cash	holt
pinch	plum	moist
snake	soup	barn
mob	lawn	glove

Fig. 1 Broadbent's list rearranged

Consequently, the results of the study can be accounted for equally by the "intensity of affect hypothesis" as by the "type of affect hypothesis". To distinguish them, matching for intensity in the word list would be required.

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## MITRAL VALVE PROLAPSE AND ANXIETY DISORDERS: NO LONGER AN ENIGMA

DEAR SIR.

As Chan et al correctly point out (Journal, August, 1984 145, 216) most of the literature linking mitral valve prolapse (MVP) and anxiety disorders stemmed from the United States in the late 1970's. However, there is no justification in continuing to refer to the relationship between the two disorders as "an enigma".

Wooley (1976) was the first to draw attention to the fact that the symptoms reported by patients with MVP were strikingly similar to those with various "cardioanxiety" disorders described in the past, including Da Costa's syndrome and neurocirculatory asthenia. Demographically, MVP resembles anxiety neurosis (or panic disorder of DSM III). Both are common diseases occurring in 5-10% of the population, both affect women almost twice as frequently as men, and both are familial (Marks and Lader, 1973; Devereux et al, 1976). Wooley's suggestion that many patients previously designated as cardiac neurotics were in fact undiagnosed examples of MVP had important implications. Subsequent case reports and a number of methodologically flawed studies appeared to confirm this view.

Unfortunately we had to wait until 1982 for these early claims to be seriously challenged (Hartman et al,