SIR: Dr Thomas is indeed correct that the term 'dysmorphophobia' has mainly been used to describe patients who are deluded that a *visible* part of their body is defective. There seems no good reason, however, to restrict this term solely to visible delusions. Patients who believe that they smell and so request surgery to remove apocrine glands in the axilla are similar to classic dysmorphophobics in three ways: (a) their social avoidance; (b) their desire for surgery; and (c) their response to exposure therapy, at least in some cases. It thus seems logical to label as dysmorphophobics those patients who believe that part of their body is malfunctioning on evidence from any sensory modality.

As mentioned in our paper, delusional conviction was rated on a scale from 100% = total conviction to 0 = no belief at all. A delusion is not a black and white issue where somebody is either deluded or not deluded – there can be gradations from no belief at all to a totally fixed belief. Delusion-like ideas, overvalued ideas and primary delusions would score increasingly on such a scale. These phenomena shade into one another with no clear divide, and change with successful treatment – for example, exposure improves fixed beliefs and overvalued ideas in obsessive-compulsive disorder (Lelliott & Marks, 1986; Lelliott *et al*, 1988) and also improves abnormal cognitions in social dysfunction (Stravynski *et al*, 1982).

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Schizophrenic Thought Disorder

SIR: Cutting & Murphy (*Journal*, March 1988, **152**, 310–319) propose that schizophrenic thought disorder comprises four relatively independent components: delusion, intrinsic thinking disturbance, formal thought disorder, and deficient real-world knowledge. In order to determine whether the fourth component, real-world knowledge, is intact in schizophrenic persons, they devised tests of social and practical knowledge, using multiple-choice questions. The majority of schizophrenic patients tested had low scores.

How should one test practical and social knowledge? Should one not test practical activities and social behaviour, rather than asking questions about these things? I would suggest that one might possess this information, and be able to use it in a practical situation, but be unable to express it in a verbal form – or vice versa. It would be interesting to know how many of the schizophrenics tested would, for example, be unable to describe in detail (or answer detailed questions about) how to best cross the road, but would choose a pedestrian crossing and wait for traffic to stop before walking across to the other side.

Could there be any relationship between such a discrepancy in 'knowledge' and 'behaviour' and another, well-recognised discrepancy between thoughts and actions: the "double orientation" of patients with chronic schizophrenia? Here the patient is wholly convinced that a delusion is true, even though it may be clearly contrary to generally held knowledge about the real world, yet his behaviour is appropriate to his circumstances – i.e. his behaviour, but not his expressed beliefs, is in keeping with 'real-world knowledge'. Did the patient who was described giving his plan to go to Scotland after discharge to audition for a star part in "Fiddler on the Roof" actually leave for Scotland?

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Screening for HIV

SIR: Dr Davies expressed "astonishment" that a psychiatrist should have any qualms about determining the HIV status of patients admitted to psychiatric units (*Journal*, June 1988, **152**, 857). He went on to advocate the routine screening of all such patients. Dr Davies would appear to be ignorant of the legal, moral, epidemiological, clinical, and financial issues surrounding HIV testing.

The British Medical Association sought legal advice on HIV testing and were told that as it was not a routine test, testing without specific consent could constitute an assault. Even if consent were sought the disturbed patient, to whom Dr Davies refers, is likely to be psychotic and may be incapable of giving informed consent and unable to fully appreciate the implications of a positive result.