the field of medicine and wants to help "not only the neurotic but mankind itself in all its spiritual and personal needs . . . we cannot yet foresee what will come of it". Dr. Dicks, therefore, does not bring out the fact that Jaspers is reflecting on psychotherapy as a new and developing activity and is pointing out that because of the very nature of the human psyche the essential nature of psychotherapy must be its inconclusiveness. Grounded in medical therapeutics, where science can play a part in studying the biological events, psychotherapy moves over into the different field of symbolic communication, where therapist and patient mutually explore possible meanings; the various analyses of depth psychology are one of the modes of doing this, but the dynamics of change reside elsewhere in the freedom of the individual to make decisive choices and of the therapist to communicate himself. These are historic, dramatic events, not subject to manipulation or prediction. The therapist may be analysed by someone else or not; indeed Jaspers suggests that if one applies empirical techniques in practice, one should at least have experienced their effects oneself, but he insists that there cannot be any "must" about it, as the dynamic element in any psychotherapeutic relationship comes from two unpredictable sources, from the extra-conscious somatic mechanisms on the one hand and on the other from the existential power of transcending possible meanings into realities. This power is inherent in every human being and can only be invoked by another person's reality, not commanded by any technique.

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SLEEP PATTERNS IN REACTIVE AND ENDOGENOUS DEPRESSIONS

DEAR SIR,

In their recent paper (*Journal*, June 1965, pp. 497–501), Costello and Selby assert that there is no significant difference between sleep patterns in endogenous and reactive depressions. Unfortunately for their argument they have nowhere indicated what criteria they used to differentiate endogenous from reactive depressions in the cases they studied. This is no mean consideration, for "early morning waking" is one of the cardinal symptoms used by clinicians in arriving at the diagnosis of endogenous depression! When a clinical psychiatrist examines a patient for the first time he is surely not aware of the diagnosis; how then does his "bias" operate to elicit "early morning waking" when, in fact, there is none?

Psychiatry is greatly in need of sharply-etched clinical studies, but more is required than the judicious application of non-parametric statistics in delineating the various clinical states. To discard well-known clinical observations in favour of statistical correlations is, in my opinion, a great error.

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A CORRECTION

DEAR SIR,

A note on page 1219 of the June 1965 number of the *American Journal of Psychiatry* refers to me as the "Maudsley Lecturer 1965". This is an error which I hasten to correct. With other invited members of the American Psychiatric Association, I gave one of the set of Maudsley Bequest lectures which followed the combined meeting with the Royal Medico-Psychological Association.

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