Brit. J. Psychiat. (1965), 111, 773–776

Correspondence

PSYCHIATRIC OUT-PATIENTS IN PLYMOUTH

DEAR SIR,

The reply of Drs. Kessel and Hassall (May, 1965, p. 449) impels me to go into greater detail concerning their paper on psychiatric out-patient services.

My criticism is that their analysis of psychiatric out-patient services in a general hospital was undertaken in an area where the psychiatrists were based on a large mental hospital and the authors derived a general conclusion from this analysis (viz. that "general physicians and surgeons do not refer most of the psychiatric patients they recognize") without qualifying it in any way by referring to, and taking account of, the specific setting in which the investigation was carried out. I would have had no objection to the conclusion if, say, it had read, "In an area where the psychiatric out-patient clinics held in a city general hospital are staffed by psychiatrists based on a large mental hospital situated thirteen miles from the city centre, general physicians and surgeons do not refer most of the psychiatric patients they recognize." In a paper concerned with providing information for the future development of psychiatric out-patient services and the effect of such services on patient demand for care, the question of whether the psychiatrists are based primarily on a mental hospital or a general hospital is of fundamental importance and has a direct bearing on the problems under consideration. The omission of any discussion of this aspect of the subject detracts, in my view, from the significance of the findings.

I would have thought it obvious, from the context, that the references I gave in my letter were cited solely to enable the reader to gain some idea of the type of comprehensive psychiatric unit that I had in mind, and not as sources for out-patient statistics. In fact, I stated that I had not got figures relating to sources of referral readily available. Although, however, I have not got the total figures, this does not mean that I have no figures at all on which to base my statement that the percentage of recognized cases referred from other departments is higher than that reported in Plymouth. I devote one comparatively short weekly out-patient session exclusively to seeing patients referred from other hospital departments. In the twelve months ending 31st December, 1964, I saw 103 recognized psychiatric cases in this clinic. In addition, I saw 54 such cases at other out-patient clinics. The consensus of opinion of our psychiatric staff, based on our routine weekly experience, is that we see, on an average, four recognized psychiatric cases per week in the general wards. These figures give an aggregate of 365 cases per year (compared with 193 in the Plymouth area) and do not even include relevant cases seen on domiciliary visits. In view of the fact that our catchment population is less than a quarter of a million (compared with one-third of a million in the Plymouth area), the percentage of cases referred is presumably higher than is the case in Plymouth—the only comparison with which I am here concerned.

MAURICE SILVERMAN.

Queen's Park Hospital,
Blackburn.

SLEEP PATTERNS IN REACTIVE AND ENDOGENOUS DEPRESSION

DEAR SIR,

Costello and Selby, in their recent paper (*Journal*, June 1965, p. 497), consider the sleep patterns in "reactive" and "endogenous" depression. They do not discuss what they mean by these terms, and thus it seems possible that their reactive depressive group may include all patients in whom depression has been precipitated by adverse circumstances. If this is the case, it is hardly surprising that their data do not agree with those of Kiloh and myself (*Journal*, July 1963, p. 451), who pointed out that many attacks of endogenous depression are so precipitated and hence used the term "neurotic" depression in preference to "reactive".

Apart, however, from any difference in definition, there is a logical error in Costello's and Selby's paper. They use non-significant results in sleep patterns to confirm the null hypothesis that "reactive and endogenous depressions do not differ in sleep pattern". Non-significant results are, of course, consistent with such a null hypothesis. But they are also consistent with the hypothesis that sleep patterns *do* differ between the groups in question. It is surprising that anyone needs to be reminded that a non-significant result does *not* confirm a null hypothesis. Such results do not confirm *any* hypothesis.