Brit. J. Psychiat. (1967), 113, 1447–1448

Correspondence

ERWIN STENGEL PRIZE

DEAR SIR,

Professor Erwin Stengel retired from the Chair of Psychiatry at the University of Sheffield at the end of September, 1967. To mark the enormous contribution he has made to the teaching of psychiatry, his colleagues have inaugurated a research prize to the value of £120 in his name. This is to be awarded every three years, commencing in 1970, to the doctor who, in the opinion of the Assessors, submits the best piece of research in any field related to psychiatry and carried out during tenure of an appointment in the Sheffield Region. Preference will be given to doctors who have qualified not more than eight years. The prize is not confined to psychiatrists, and any doctor will be eligible irrespective of whether or not he is working in a specifically psychiatric field.

A statement of the prize and a list of subscribers was presented to Professor Stengel at a reception at the University Staff Club on 29th September, 1967. The presentation was made by Dr. Henry Dicks, President of the Royal Medico-Psychological Association. Over one hundred guests were present, and they included members of the University and the hospital staffs, as well as general practitioners. Professor Stengel was most appreciative of the form that his farewell presentation had taken, and in typical fashion went on to analyse the motives of those who subscribe to such presentations. He likened the gathering to a wake at which the corpse actively participated!

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DRUG TREATMENT OF DEPRESSION

DEAR SIR,

My attention has been drawn to the letter by Dr. Tewfik (*Journal*, October 1967, p. 1155), criticizing the paper by Dr. Hunter *et al.* (June 1967, p. 667). While the three points he makes are certainly ones that must be considered in a cross-over trial, I think he will find, on careful perusal of our paper, that we have done just this.

1. The design was one which allocated the order of treatments at random. The position in this order that a treatment occupied was a variable in the analysis. Both these devices obviate any need to assume that the clinical condition is static.

2. The relevant literature is quoted in the paper and supports the view that a period of 14 days would show change.

3. This appears very unlikely to be true. In fact a statistical examination of the residual effects shows them to be non-significant.

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MANIC-DEPRESSIVE PSYCHOTIC WITH A 48-HOUR CYCLE

DEAR SIR,

It might be superfluous to reply to Dr. Heymann's comments (*Journal*, October 1967, p. 1158) on the paper produced by my colleagues and me (August, 1967, pp. 895–910), as there is a further paper in the press on some of the points raised. However, as will be apparent, our next paper was not written to answer Dr. Heymann's questions.

Our experiment on living in 22 hour time answers the question: is this type of manic-depressive psychosis frequency entrained to the environment? It is. Had we used a 25 hour day it might still be asked whether the patient was responding to the environment or to his own circadian rhythm? The results of studies of renal excretion in our experiment do give evidence that the patient's circadian rhythm is longer than 24 hours.

It is, however, dangerous to deduce too much from this, as recent work shows that rhythms can be dissociated, for example temperature and activity, while both show evidence of a clock-like mechanism. Probably a number of clocks are synchronized by the hypothalamus, the rhythms are also dependent on light intensity and quite clearly on social factors, etc. Hence the semantic problem of 'What is his circadian rhythm?'