

The illogical nature of Costello's and Selby's argument is well illustrated by the data they consider next. Of 28 patients with reactive depression, 21 (i.e. 75 per cent.) complained of difficulty in getting off to sleep on their first night in hospital, whereas only 7 out of 13 (54 per cent.) patients with endogenous depression made a similar claim. The between-group difference (21 per cent.) does not differ significantly from zero, but this does not therefore confirm the hypothesis that the true difference is zero. On the contrary, the *most probable* percentage difference between the populations from which the samples were drawn is 21 per cent. The standard error of this difference is 16 per cent. The true difference might well be zero, but also might be considerably larger than 21 per cent.

The same number of reactive depression patients (75 per cent.) reported that they woke up early on their first night in hospital, but 12 out of 13 (92 per cent.) with endogenous depressions made a similar complaint. Once again, the percentage difference of 17 per cent. is not significant. Nevertheless, these data are clearly consistent with the usual clinical view that endogenous depressives tend to complain of early waking more often than do reactive depressives. The data do not, therefore, confirm the null hypothesis.

The remaining data of Costello and Selby are not so strikingly at variance with their conclusions, but are still not significant. Thus their complaint that Kiloh and I applied "elaborate sophisticated statistical techniques" to perhaps unworthy data rests entirely upon a misunderstanding of the logic underlying simple tests of statistical significance.

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TREATMENT OF PSYCHOGENIC DYSpareunia

DEAR SIR,

I should like to congratulate Dr. Haslam (*Journal*, March 1965, p. 280) on his successful treatment of two cases of psychogenic dyspareunia by reciprocal inhibition, whilst recording a reservation about his remark that "the time taken . . . compared very favourably with any other psychiatric approach that might have been attempted."

In fact a different psychiatric approach (1) (a combination of psychotherapy and digital exploration of the vagina by women general practitioners, under psychiatric guidance) has produced very similar

results; "71 patients out of 100 (81 per cent. of those with known outcome) consummated their marriages, 96 per cent. of them after 5 or fewer sessions".

To my mind, we have here a fascinating instance of how workers with different theoretical orientations may operate in rather kindred ways in the actual treatment situation, obtaining comparable results and explaining them quite differently. There would seem to be a case for investigating what it is that different psychiatric treatments have in common, instead of continuing the well-known polemic about how they differ.

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REFERENCE

1. FRIEDMAN, L. J. (1962). *Virgin Wives*. London: Tavistock Publications.

KORO IN A BRITON

DEAR SIR,

To the account of a koro case mentioned by Dr. F. Bodman (*Journal*, April 1965, p. 369), I should like to add the following report of one seen informally by me during a recent visit to Britain.

The patient was a physically healthy man of 43, a book-keeper, who had never ventured beyond Western Europe. Like his father and brothers, he was of a worrying, nervous disposition, with a history of youthful stuttering. Between the ages of 15 and 24 he had indulged in masturbation, with guilt and fears of insanity. He married at 32, and although he fathered three children he remained sexually shy and took little pleasure in coitus. As a young man one of his testicles had been forced into the inguinal canal in a fall, but this was reduced. He had long been worried over and ashamed of the somewhat small size of his penis in contrast to what he held to be unduly long testes, and because of this he avoided undressing in front of others, for example in a public bath.

Since the age of 22 he had suffered three spells of depression, during which he complained of pain in the neck, back and testicles, as well as paraesthesiae in the legs. One attack coincided with his engagement. Some two months before he was seen he had become tense and depressed, with loss of libido. He was impotent, but still had occasional wet dreams. One unusually cold morning he felt his penis shrinking to about half an inch, although