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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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

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he thought it elongated on urination. This feeling lasted a whole day and night. He believed it was a unique physical illness, though he had not heard of koro himself.

It would seem that heightened self-observation of the genitals is an essential factor leading to koro. In the present case the patient had experienced genital trauma, and elsewhere patients acquire this habit of self-examination by learning of a supposed koro illness. Enhanced self-observation was thought by P. Schilder to be a necessary precondition of depersonalization. Since psychic factors can so distinctly produce a localized, specific depersonalization, it is meaningless to regard such states as a "preformed functional cerebral response" (Mayer-Gross), comparable to an epileptic fit or a delirium. A specific mechanism must be looked for at a discrete level. Conceivably the penile depersonalization may have a physical basis in excessive adrenergic vaso-constriction in the erectile tissue precipitated by a number of factors, including anxiety and cold, but I have not been able clearly to reproduce attacks with intramuscular injections of 0·2 c.c. of 1 in 1,000 adrenaline in koro patients. An Englishman taking large quantities of amphetamine has reported to me the experience of penile diminution.

The penis is unique in that, while it is a visceral organ subserving a powerful emotion, it is nevertheless exteriorized so as to become readily the object of discursive self-scrutiny and retrospection. Hypochondriacal concern for its integrity is not commonly reported in patients, but possibly many examples are missed.

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Reference

Mayer-Gross, W. (1935). *Brit. J. Med. Psychol.*, 15, 103-122.

JASPERS' *NATURE OF PSYCHOTHERAPY*

Dear Sir,

The review of Karl Jaspers' *Nature of Psychotherapy* by Dr. H. V. Dicks (*Journal*, June 1965) is a little misleading, and in justice to the book invites comment on three major points:

First, Dr. Dicks wonders why this excerpt from the great "General Psychopathology" has been made and published separately. It would seem that he did not read the author's preface, nor Sir Aubrey Lewis's foreword. The author did not have in mind "persons of a high degree of medico-psychological sophistication", but "anyone who takes an interest [in psychotherapy] and who is looking for information". He points out that "anyone who intends to undergo psychotherapy should know what he is doing and what he is to expect", and adds that the idea of making the matter accessible to a wider public led to a separate publication. Sir Aubrey, on his side, underlines the stimulus to be derived by psychiatrists of all schools from finding "the large issues of psychotherapy considered with such detached yet acute scrutiny". I introduced this book to my own students and was interested to see how much they welcomed it. They found it provided a context within which they could begin to think about psychotherapy. Some handbook like this appears badly needed by those approaching the field for the first time. I would be interested to learn of any similar text in the English language that goes to first principles.

In the second place, Dr. Dicks uses the depressing adjectives "dated" and "parochial" to express the fact that Jaspers' main ideas germinated at least 30 years ago within the framework of Continental psychiatry and without benefit of contact with developments in Britain and the New World. Would Dr. Dicks also label Freud's basic contribution in the same way? Since both men made such strenuous efforts to discover the universal in human nature rather than the particular and the contingent, such categorization of them seems more than a little ironical. Jaspers' stiff, philosophic style may indeed seem "dated", but perhaps not more than many polyglot treatises now current in the sociological and psychological field. But the main ideas are highly relevant to our present therapeutic activities, and since they deal with fundamental human matters can hardly be said to "date". Nor can Jaspers' constant endeavour to bring psychology into formal German psychiatry and submit both disciplines to the critique of conscious thought be easily dubbed "parochial". (Incidentally, Jaspers held the Chair of Philosophy in Heidelberg at the time the Nazis took over, not a Chair of Psychiatry, as Dr. Dicks remarks.)

Thirdly, it is stated that Jaspers does not tell us directly what psychotherapy is, yet surely pp. 1–5 do so quite categorically and elaborate the opening statement that "psychotherapy is the name given to all those methods of treatment that affect both psyche and body by measures which proceed via the psyche. The co-operation of the patient is always required." On p. 36 the author comments that although psychotherapy has its roots in medicine, it has in its contemporary reality gone far beyond

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