

premorbid personality and 2 had an Inadequate personality. One must, therefore, have had both. Under B/R someone had no personality at all.

Mendels claims that none of the features of endogenous depression occur dominantly in that group. The first one I tried out—Psychomotor Retardation—was significantly commoner among endogenous depressives (under B/EvR, Chi Squared is 6.7 for 1 df). Others look significant.

“Those symptoms which occur predominantly in one syndrome are : emotional lability . . . (and four others) . . . They have all been used as features of reactive depression.” But one cannot demonstrate that emotional lability predominates significantly in reactives without showing that the absence of lability predominates in endogenous depressives. Adequate personality and Steady Course are used under endogenous and their opposites under reactive. This is inadmissible and renders Mendel’s interpretation arbitrary.

The weight of the evidence lies, therefore, with Carney *et al.* It is unfortunate that they chose terms from two different universes of discourse.

G. A. FOULDS

As from :
The Medical Research Council Unit
for Research on the Epidemiology
of Psychiatric Illness,
Edinburgh.

SLEEP PATTERNS IN REACTIVE AND ENDOGENOUS DEPRESSIONS

DEAR SIR,

In his letter (*Journal*, Aug. 1965) bearing the above title, Abrams seems to be inviting Costello and Selby to use the Early Waking as a cardinal symptom for the diagnosis of endogenous depression, when he feels sure they would find that Early Waking was commoner in endogenous depression. I am sure he is right.

“When a clinical psychiatrist examines a patient for the first time he is surely not aware of the diagnosis.” But he may quite soon form an impression.

If this impression is Endogenous Depression, he may press home questions relating to early waking ; if the impression is Reactive Depression, he may not ask the question with the same persistence. It would further appear that the “well-known clinical observations” have failed to take account of the correlation between ageing and early waking amongst normal people (McGhie and Russell, 1962) and amongst Depressives (Foulds, 1960). I am at the moment on holiday in Minorca ; I am not feeling at all depressed, but I do experience early waking. This I attribute to taking a siesta after lunch. Endogenous or Reactive?

G. A. FOULDS

REFERENCES

- McGHIE, A., and RUSSELL, S. M. (1962). “The Subjective assessment of normal sleep patterns.” *J. Ment. Sci.*, **108**, 642.
FOULDS, G. A. (1960). “Psychotic depression and age.” *J. Ment. Sci.*, **106**, 1394.

AN OMISSION

DEAR SIR,

In my article “Electroconvulsive Therapy and Depression” which appeared in the *Journal* for August, 1965, the following acknowledgment was inadvertently omitted:

“I am grateful to Professor L. A. Hurst and Dr. H. Moross for their generous provision of facilities to conduct this study; and to the medical staff of Tara Hospital, Johannesburg, who allowed free access to their patients. I am also grateful to Professor J. E. Kerrich, who advised on statistical procedures and Dr. D. Henderson and Miss Kay Krige of the University of the Witwatersrand Computer Center for their assistance with the programming.”

I am taking the opportunity of remedying this and of apologizing to those concerned.

J. D. MENDELS

The North Carolina Memorial Hospital,
The University of North Carolina,
Chapel Hill,
N. Carolina, U.S.A.