sometimes symbolically and sometimes with connecting bits left out.

If we look at the above letter with a wish to understand its meaning we realize that it is at least as likely that instead of irrelevant intrusions there are very relevant omissions. One cannot of course, interpret the letter without knowing the writer, but a possible version might be like this, with my suggested omissions in italics:

'See the committee (*I know all the red tape involved and that you'd never make such a decision just because I asked you to, so consult everyone who must be consulted*) about my coming home for Easter for my 24th birthday. I hope all is well at home. How is Father getting on? (*We all know that I don't give a damn how father is getting on*). Never mind, there is hope. (*Perhaps some day even Father will act like a decent human being*). Heaven will come. (*It would certainly have to be a miracle*). Time heals all wounds. (*Perhaps even Father and I might forgive each other in time*).

I do not, of course, claim that this is anything like the proper interpretation for this particular letter. One can only make informed guesses if one knows the patient; and can only discover whether one's guess is correct by putting it to the patient.

That Dr. Maher has listened more to speech patterns than to the meaning of speech seems confirmed by his astonishing assertion that schizophrenics make puns which appear as puns only to the listener, that the patient has no awareness of the double meanings of the words he uses. I think this would be disputed by anyone who has dealt on a one-to-one, human basis with schizophrenics. The joke may be a bitter one, but it is there, part of the shorthand communication which the more accessible patient is usually glad to have someone understand. Let me give three examples of such communication.

(1) A man of about thirty, a chronic schizophrenic since age twenty, had come to see me shortly after an acute psychotic episode. He had just left and was standing in the waiting room when he was approached by a patient coming in. The second man, a short-tempered aggressive character told me, a little later what had happened. 'I very nearly slugged that guy.' He explained that, realizing he was early for his appointment, he had taken out a cigarette only to discover after going through his pockets that he had no match. He turned to the other man and said, 'Do you have a match?' 'And you know what he did, he smiled this blank smile and said, "Yes, I have a match," and just stood there. He must have seen I was about to slug him because, just in time, he put his hand in his pocket, brought out a box of matches and said, "Did you want one"?'

(2) A patient on a long-stay disturbed ward in a California hospital had been mute for some time. He did nothing on the ward, and for some time had refused to see his very demanding and domineering mother. Nonetheless he was included in the group taken into town to buy cards for Mother's Day. (May I say parenthetically that in the United States it is possible to buy cards suitable for almost any relationship and any occasion or non-occasion). He went along passively as usual. But when they reached the store he surprised everyone by actually looking through the cards with interest. He even took the initiative in finding one, paying for it, addressing the envelope, stamping and posting it. When his mother, who was my patient, received it, her upset state left no doubt that she had understood the cryptic message from her son. The card read:

'To someone who has been almost a mother to me.'

My third example was another patient on the same ward. He never passed the door of the Director's office, where a sign read PLEASE KNOCK, without going up to it courteously and, very loudly, knocking.

No matter how helpful the techniques of the linguist and the 'communication engineer' one cannot, in my opinion separate the speech from the speaker. In schizophrenic speech, especially, one must listen for what is implicit as well as for what is explicit; and to do this one must be attentive not only to the words he uses, but to the patient himself.

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RESULTS IN A THERAPEUTIC COMMUNITY

DEAR SIR,

In their paper 'Results in a Therapeutic Community' (*Journal*, January 1972, vol. 20, p. 51) Myers and Clark are at pains to distinguish between the therapeutic community in a broad sense: 'a humane, liberal approach marked by full occupation, open doors, active rehabilitation programmes and increased community involvement' and the therapeutic community proper: 'concentrating on continual analysis of events, community meetings, role examination and blurring, flattening of the authority pyramid etc.'

It is, therefore, difficult to understand why they chose as the control ward, in their investigation of the efficacy of the second type of organization, a ward which violated most of the precepts of the first. Their 'traditional' ward seems to have been so only in the sense that it enshrined errors of management and staffing which have a regrettably long history.

The authors' results are important, for as long as such wards continue to exist their failings need to be re-emphasized; but they provide no information on

the part, if any, played by the specific features of the therapeutic community proper, as defined by themselves, in the outcome.

It would be a pity if their results were misconstrued to suggest that improvements in such 'traditional' wards are contingent on full acceptance and implementation of controversial concepts, rather than on the application of basic principles of psychiatric care which are universally accepted, in theory if not always in practice.

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CLUSTER ANALYSIS

DEAR SIR,

B. S. Everitt's excellent article on cluster analysis (*Journal*, February 1972, p. 143) provides a much needed warning of the difficulties involved in the use of this technique. One way, however, of avoiding at least some of the pitfalls of this method needs to be stressed. This is the application of what is perhaps the universal panacea for scientific flights of fancy, namely, common sense. Common sense is particularly applicable to the choice of variables to be measured, and, of course, to the problem of naming the groups once they have been found. The use of mathematical techniques without the concurrent application of common sense is one of the greatest traps for the unwary and the overenthusiastic.

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DO MENTAL EVENTS EXIST?

DEAR SIR,

One need not be a 'mentalist' to be put into a critical frame of mind (a mental event?) by Dr. Ray's oversimplifications (*Journal*, February 1972, pp. 129–132). Did it ever occur to him that by the very writing of his article he has given evidence contradictory to himself, and if he ever amends one or another sentence (as most writers do), what biochemical or electrophysiological or, briefly, neuronal impulse makes him do so? Unless one is the purest empiricist 'knowing' only the input of sense data objectifiable by instruments, there is no *a priori* difficulty in 'categorizing' (as categories are made by us and not vice versa) mental life processes alongside with and of equal 'dignity' (whether further reducible or not) as biochemical or electrophysiological processes. Let us have the most intricate electrophysiological research and progress, by all means, but can it ultimately shed light on what inner conflict, jealousy, remorse, envy etc. are? Do we 'live' or are we, like lower organisms, 'being lived' by the particles of our 'machinery' (responding to stimulation)? If a person is observed sitting on a chair—chin in hand and forehead furrowed—and he keeps silent, what behaviouristic principle or instrument is able to decide whether he has just pondered about a domestic problem or a religious scruple or just a debt? If mental events do *not* exist, we can scrap all the beautiful works of classical world literature and bequeath to future generations just Dr. Ray's theorem—unpolluted by psychologism.

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DEAR SIR,

May I publicly applaud J. J. Ray for his paper? This was a truly brilliant satire on the Victorian, but still popular, habit of trying to physiologize psychology, and the *Journal* is to be congratulated on publishing a paper which, while very humorous in form, was very serious in intent.

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PSYCHIATRIC IN-PATIENTS AND OUT-PATIENTS

DEAR SIR,

The reply of Morgan and Compton in this issue of the *Journal* (pp. 433–6), is based on a misunderstanding of our results and of the problem investigated. This leads them into a refutation of 'claims' never made and they buttress it with a statistical exercise of great naivety. Our findings were:

(a) '. . . in certain important respects in-patients and out-patients are derived from different though overlapping populations.' The most marked differences (dismissed by Morgan and Compton as 'slight') were found among the elderly. 'The admission rate for the over 65s of both sexes was 4·90 per 1,000. In contrast, increasing age was associated with a gradual fall of out-patient referral rate to 1·60 for the over 65s.' We did not claim to have demonstrated the cause of these differences, but mentioned possible reasons for them.

(b) In a district general hospital-centred psychiatric service we observed a 34 per cent increase of new out-patient referrals while hospital admissions