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