important reason for interpreting our results as we did was much simpler. It was clear to us, from the spontaneous comments of our patients, that they were misinterpreting the standard test instructions and that the sentence we later added altered the meaning of these for them. Time and again the standard form would be handed back with some such comment as "Of course, I didn't use to be like this" and our amended form would be received with "Oh, I see, now you want to know how I used to be before this depression came on. Is that it?" Nor do we remember anyone, on receiving the amended form, telling us that he had already discounted the symptoms of his illness on the first occasion.

One final point. Dr. Shaw and Dr. Hare suggest that our results may have been distorted by unequal numbers of patients receiving the A and B parallel forms of the test on recovery. A more careful study of our description of our results will make it clear that this possibility was both foreseen and allowed for.

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USE OF SECTION 26, MENTAL HEALTH ACT

DEAR SIR,

Dr. Alarcon's letter (*Journal*, January 1969, p. 126) raises points which need critical evaluation.

The Act rightly recognizes that patients are not either mentally ill or mentally well, and as the Mental Health Act is now constituted treatment under Section 26 includes out-patient treatment. It is possible to commence treatment without even disturbing the patient's residence and employment, and this can be valuable when the patient lives a long way from the hospital. In principle full hospital review at not less than six monthly intervals seems a small imposition if the Order's continuation is in fact necessary. The trial leave period would be better extended to coincide with the normal expiry of the Order.

We have found that the major difficulty is in administration. This is caused by the patients not complying with the Order because they have been notified too late of their appointment time. This also allows them, if they wish, to evade the Order.

The residential requirement is particularly necessary with the addicts and psychopaths. These patients require the stability of the hospital until they have finally established themselves. The residential requirement ensures that they also meet the nurses and social workers, upon whom are based many of their relationships and profit from their new environmental experiences. These meetings are particularly valuable in view of the medical staff shortage and the large numbers of patients that have to be treated. The majority of these residential requirements are fulfilled during the week-end, thereby avoiding disruption of the patient's working life.

Patients who have travelled across country would, I believe, resent only a short out-patient review of their achievements, especially if this were conducted by a member of the medical staff with whom they were not acquainted. Some of the patients welcome the feeling of security provided by the Order, and a number have asked for the Order to be extended, even when it was not felt to be clinically necessary.

I would doubt if guardianship could give the continuity and quality of care needed by psychopaths and addicts, even if suitable guardians could be found. The physician certainly needs more resources than those normally available to guardians when dealing with these groups of patients.

I would accept Dr. Alarcon's viewpoint so far as most of the psychotic mental illnesses are concerned, but in these cases it is usually possible to discharge the patient to the care of the general practitioner or the industrial medical officer as soon as he is stabilized.

These changes would, however, entail either recognizing addiction as primarily a psychopathic disorder, whereas we now regard it as a mental illness with the social aftermath and psychopathy as directly following the addiction; alternatively, it would be better to recognize addiction as a separate legal entity for the purposes of Section 26 (2) (a) (ii).

The security which the various sections of the Mental Health Act give the employer and the patient's family as well as to the patient are important factors in using the Act for the patient's treatment.

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THE BRITISH SOCIETY FOR PHENOMENOLOGY

DEAR SIR,

The British Society for Phenomenology will begin publication of a new journal in the autumn of 1969 under the editorship of the undersigned. It will

contain articles on phenomenology and related topics in the humanities, and also discussion notes, reviews of recent books, and a bibliographical section. It will be called *The Journal of The British Society for Phenomenology*, will appear three times per year, and each issue will contain about 100 pages. The yearly subscription will be 60*s*. (members of the Society 45*s*.). It will be published and distributed by Haigh & Hochland, Ltd., University Booksellers, 399 Oxford Road, Manchester 13, to whom subscriptions should be sent. Articles, discussion notes and books for review should be sent to the Editor.

WOLFE MAYS.

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ERRATUM

It is regretted that a misprint occurred in the letter from Professor C. E. M. Hansel in the November 1968 issue of the *Journal*.

On page 1478, the last sentence of the second paragraph in the right-hand column should read: "As Dr. West points out, in one experiment Fisk got results whereas, under similar conditions, he did not."