taining dexamphetamine and methylamphetamine were presumed positive. In all 55 'screened' specimens were further investigated by the method of Beckett *et al.*, of which 13 were 'confirmed'. Control experiments showed the sensitivity of the Beckett method to be twice as great as that of Mellon and Stiven. It was considered reasonable, therefore, to regard as 'positive' only those samples confirmed by the Beckett system.

Results: 640 specimens were tested in the 52 weeks from October 1968 to September 1969, inclusive. The results, according to age, are shown in the table below:

Age (yrs.) ..	13	14	15	16	Totals
No. of tests ..	2	202	179	257	640
No. of positives	0	0	3	10	13
% positive ..	0	0	1·7	3·9	2·0

These results would appear to show that drug abuse in the North West is no significant problem under the age of 15 years, and the incidence is lower than in the London area.

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CONTROLLED EVALUATION OF CHLORDIAZEPOXIDE

Dear Sir,

In the paper by Kelly *et al.* (*Journal*, December 1969), p. 1387–92) the last sentence of the summary states: 'The Clyde Mood Scale and Semantic Differential are valuable for quantifying subjective changes, and deserve wider use.'

This sentence is rather vague and uninformative, and contrasts strongly with the fact that in Table I of this paper (p. 1398) the data are given for 6 scales of the Clyde Mood Scale, and only one shows significant differences between drug and placebo. Of the 7 variables of the Semantic Differential Scale none shows significant difference.

It is unfortunate but true that all too often the summary of a paper does not accurately reflect the contents. It would be helpful to readers and to those looking up references if such anomalies could be eliminated.

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MENTAL RETARDATION

Dear Sir,

May I comment upon Dr. Spencer's letter in the *Journal*, January 1970, p. 127.

I agree with Dr. Spencer that it is essential that there should be a consistent international nomenclature. Unfortunately, the term 'mental retardation' which has been adopted by the W.H.O. classification, is a bad one. This is because in clinical practice it is used to describe cases where bad environmental conditions have produced a retardation of development, in patients who have normal potential. I share Dr. Spencer's dislike of the term 'subnormality' both because it is a confusing term, as he points out, and also because it is inaccurate, as the majority of cases are abnormal, rather than subnormal.

It is a great pity that the term 'mental deficiency' was discarded, especially as this was done, not for scientific, but for emotional reasons. I feel that there is quite a case for urging the W.H.O. to go back to it, particularly since, as Dr. Spencer points out, it is still used in Scotland.

If, however, people are determined to have a new term, may I suggest that 'mental handicap' is one which is most acceptable, as it cannot be confused with clinical terminology and descriptions.

Alexander Shapiro.

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Dear Sir,

I am glad to have Dr. D. A. Spencer's support in the campaign to introduce the term 'mental retardation'. I suggested this in the correspondence columns of the *British Medical Journal* on 9 November 1963 and again on 6 September 1969, pointing out that the use of the term 'subnormal' conveyed abuse, degradation, hopelessness, inaccuracy and confusion. I got little support for my first letter, and apparently the Department of Health and Social Security now prefers to

use the term 'mentally handicapped', which merely adds to the confusion.

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DEAR SIR,

May I point out—it should hardly be necessary—that 'retardation' has long been in use in psychiatry in the sense of a slowing down of thought, as occurs, for instance, in depressive states? The term is by no means obsolete; there are 9 entries for it in the index to Mayer-Gross, Slater and Roth, and it appears in the recent textbooks by Fish and by Anderson and Trethowan. In our issue for February, 1969, we published a study by Foulds and his colleagues on retardation as a form of cognitive disorder in schizophrenia.

Is it not therefore presumptuous to try to annex the term to describe a completely different set of conditions? Is this misuse not an example of the well-known American love of euphemisms, suggesting as it does a mere delay in development which will eventually come right?

'Subnormality' was introduced with the intention of banishing the supposed stigma associated with 'mental'; but since 'mental subnormality' has returned to official use, this has lost its purpose. 'Mentally handicapped' seems to be accepted quite willingly by the many parents who are members of the Society.

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UNWANTED PREGNANCY

DEAR SIR,

Dr. Nunn (*Journal*, January 1970) takes me to task about my review of Professor Schulte's book on unwanted pregnancy. He is absolutely right in the second paragraph of his letter: I have no first-hand knowledge of conditions in Zambia, though I have always stressed the importance of the culture pattern.

Dr. Nunn may be aware of the abuse of the new Abortion Act by, I am glad to say, only a few people, and I saw Professor Schulte's book as an interesting illumination of a certain clinical aspect in medicine.

Psychiatry has been 'respectable' in Switzerland for many many years, and we in this country have nearly succeeded in being so; we do not want our efforts to be undermined by a handful of people. I am sure that if I worked in Zambia I would be able to adjust myself to the situation.

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MAPOTHER AND NEUROPSYCHIATRY

DEAR SIR,

I found the First Mapother Lecture (*Journal*, December 1969, p. 349–66) of great interest. Discovering a patient of Dr. Mapother's from the first World War still alive at this hospital some years ago, and glancing through the clinical notes, began to conjure up for me a figure previously only a name in my copy of *Price's Textbook of the Practice of Medicine*. Sir Aubrey Lewis' Lecture has now clarified and enlarged my vague picture of Dr. Mapother's significance.

Predictably, perhaps, I found of particular interest Sir Aubrey's references to Mapother's unsuccessful attempts to realize the last of his most cherished projects, namely a neuropsychiatric unit at the Maudsley to study the kind of neurology directly relevant to psychiatry though not the clinical province of the neurologist. Is it possible, perhaps, that this might now be achieved in another form?

In 1881 Hughlings Jackson wrote: 'We require for the science of insanity a rational generalization which shall show how insanities, in the widest sense of the word, including not only cases specially described by alienists but delirium in acute non-cerebral disease, degrees of drunkenness, and even sleep with dreaming, are related one to another. Dreaming is for such purpose as important as any kind of insanity. More than this, we require a rational generalization so wide as to show on the physical side relations of diseases of the mind, which are for the physicians nothing but diseases of the higher centres, to all other diseases of the nervous system. We have to find some fundamental principle under which things so superficially different as the diseases empirically named hemiplegia, aphasia, acute mania, chorea, melancholia, permanent dementia, coma, etc., can be methodically classified.' (*Selected Writings*, ed. Taylor, II, 4–5). I believe it is such 'rational generalization' and 'fundamental principle' which are directly relevant to psychiatry, rather than neurological practice as a whole.

Ten years working continuously in one fairly typical comprehensive psychiatric service have suggested to me that neurological disease may be no more commonly encountered in such circumstances (i.e. the bulk of psychiatric work) than any other kind of physical disease. I have suggested therefore (1, 2, 3) a fundamental change in the nature of