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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References

Beckett, A. H., Tucker, G. T., and Moffat, A. C. (1967). 'Routine detection and identification in urine of stimulants and other drugs.' *J. Pharm. Pharmacol.*, 19, 273–94.

Cockett, R., and Marks, V. (1969). 'Amphetamine taking among young offenders.' *Brit. J. Psychiat.*, 115, 1203–4.

Mellon, J. P., and Stiven, A. G. (1967). 'Detection of dexamphetamine sulphate in urine.' *J. med. Lab. Tech.*, 24, 285–88.

Scott, P. D., and Wilcox, D. R. C. (1965). 'Delinquency and the amphetamines.' *Brit. J. Psychiat.*, 111, 865–75.

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.

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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