patients classified as "Subnormal" might have to be discharged at the age of 25, although they were unfit (or not yet fit) to live in the community because of their inability to guard against exploitation. The definition of "Severe Subnormality" was therefore altered at this stage in order to include such patients. Here again, no one was thinking of incurability: it was a question of allowing time for further training with a view to independence.

In the conclusion to their letter the authors stress the need for greater agreement on the principles of classification. This, of course, is a matter for those working in this field; but I would suggest that any agreement on the use of legal (as distinct from clinical) terms must be within the bounds of what is stated in the law.

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DEAR SIR,

Drs. Castell and Mittler (*Journal*, December 1965) probably do not receive in their departments of psychology the official directives of the Ministry of Health. If they did, they might qualify their statement that "the Act's new classifications are indeed being used for clinical and administrative purposes".

The Ministry, which spawned 'mental subnormality', speaks with several voices. It is true that I occasionally receive from it communications addressed to me as "Medical Superintendent of a hospital for the subnormal and severely subnormal", the Ministry forgetting on these occasions that I might have a few psychopaths as well. The Statistics Branch of the Ministry ask for details of patients not only as "subnormal" or "severely subnormal", but also classified according to the type of "mental retardation".

The Architects' Department of the same Ministry has, however, its own views (Hospital Building Note No. 30), and must be congratulated on producing a classification unlike any other and probably unique. It is:

1. Severely subnormal, low-grade
2. Severely subnormal, medium-grade
3. Subnormal, low-grade
4. Subnormal, high-grade

To those who speak the English language all this may be sensible, unambiguous and crystal-clear. Foreigners to whom it is explained regard it as madness. As Dr. Bavin (*Journal*, June and September) and I (*Brit. med. J.*, 30 January, 1964) have suggested, could not the hideous and inaccurate terms "subnormal" and "severely subnormal" be reserved for those few patients who are legally detained? We might then get a little way out of the bog.

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CRYPTOMNESIA AND PLAGIARISM

DEAR SIR,

In his most interesting and valuable paper on "Cryptomnesia and Plagiarism" (*Journal*, November 1965, p. 1111), Dr. F. Kräupl Taylor mentions two points which, although peripheral to his main theme, are of sufficient general interest to justify further comment.

Firstly, he says that the term "cryptomnesia", in its use to denote the emergence of hidden memories in trance states, has fallen into such disrepute that it should now be restricted to "the appearance in normal consciousness of memories which are not recognized as such subjectively". It was, however, spiritualistic interpretations of trance phenomena which fell into disrepute, rather than the phenomena themselves. Also, hidden memories which emerge in trance states are just as "cryptomnesic" as those which emerge in normal consciousness—whatever the dictionaries may say. The proposed new use of the term would appear, therefore, to be too restrictive.

Secondly, Dr. Taylor asserts that "more sober" students of cryptomnesic phenomena "discount" the belief that a trance medium can reproduce the memories of dead people. Confidence in discounting this belief is based, however, not on factual evidence which disproves it, but on confidence in the conceptual framework of currently orthodox psychological theory—which excludes its credibility on *a priori* grounds. Moreover, if telepathic phenomena exist, this disputed ability of trance mediums would be an obvious possibility, requiring no spiritualistic hypothesis. Indeed, some students of the recently-published Cummins-Tennant automatic scripts, and of Professor C. D. Broad's searching commentary on them (Toksvig, 1965), may understandably conclude that there is weighty evidence to support it. Really sober students will hesitate, no doubt, to accept this belief as having been conclusively established, but they will also, surely, be sufficiently sceptical of speculative theory to refuse to "discount" it.

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