literature. The *American Journal of Mental Deficiency* of May, 1958, contains two major review articles: one uses mental retardation to describe the whole field of mental deficiency,¹ while the other restricts the term to cases in which "no pathology is . . . detectable and environmental deficits provide the causal explanations."²

We would make a plea that the term "mental retardation" be reserved for this non-organic category of patients, although with some further qualifications. Mental deficiency (or mental subnormality) has many causes. Only some of these fit the concept of a permanent intellectual deficit usually present at birth and persisting through growth and development to maturity. We believe, with others, that some causes can retard the development of minds normal at the outset; we have recently presented evidence which may help to define some of the characteristics of one such form of retardation.⁴ This retardation, which thus becomes apparent during development, is to some extent recoverable.

The syndrome of mental retardation would include most of those cases of mental subnormality designated by Lewis as "subcultural,"⁵ by Doll as "pseudo-defective,"⁶ and by Penrose as "residual,"⁷ as well as some of those designated by Tredgold as "primary amentia,"⁸ and by others as "garden variety."⁹—We are, etc.,

ZENA STEIN.

MERVYN SUSSER.

Department of Social and Preventive
Medicine,
University of Manchester.

REFERENCES

- ¹ Masland, R. L., *Amer. J. ment. Defic.*, 1958, **62**, 991.
- ² Sarason, S. B., and Gladwin, T., *ibid.*, 1958, **62**, 1115.
- ³ Clarke, A. D. B., Clarke, A. M., and Reiman, S., *Brit. J. Psychol.*, 1958, **49**, 144.
- ⁴ Stein, Z., and Susser, M. W., *Amer. J. ment. Defic.*, 1963, **67**, 811.
- ⁵ Lewis, E. O., *J. ment. Sci.*, 1933, **79**, 298.
- ⁶ Doll, E. A., *Amer. J. ment. Defic.*, 1947, **51**, 420.
- ⁷ Penrose, L. S., *The Biology of Mental Defect*, 1954, 2nd ed. Sidgwick and Jackson, London.
- ⁸ Tredgold, A. F., *A Textbook of Mental Deficiency*, 1907. Baillière, Tindall and Cox, London.
- ⁹ Sarason, S. B., *Psychological Problems in Mental Deficiency*, 2nd ed., 1953. Harper, New York.

Handicapped Children

SIR,—We read with interest your leading article on "Children at Risk of Handicap" (July 27, p. 193) and the comments of your correspondents (August 17, p. 443, and September 14, p. 685) on this subject.

In our opinion the value of knowing that the child is "at risk" is in alerting medical and public health personnel, so that the early diagnosis of the suspected physical or mental deficit allows for adequate medical, educational, and rehabilitative procedures to be instituted.

A Registry for Handicapped Children has been in operation in the Province of British Columbia for eleven years. Its chief function has been to ensure that the handicapped children of the Province do have full opportunity for proper medical,

educational, and rehabilitative care. It has also resulted in the accumulation of valuable incidence and prevalence statistics. In the light of your article, we have given some thought to how a "risk register" may supplement the Registry for the Handicapped now in existence and have the following points to make.

First, it is apparent in retrospect that a large number of the children now on the British Columbia Registry would have been on a "risk register" if one had been in existence. Second, a "risk register" or listing does seem worth while on a local health unit level by making the health officer and staff aware of those children or families (in the case of recurrent problems) which might merit special attention and to ensure prompt registration in the Registry for the Handicapped if the potential disability becomes manifest.

In our opinion it is most important that a register for the handicapped is based on a large population in order to provide a central reporting area which allows for the collection and compilation of accurate statistics on all handicapping or potentially handicapping conditions.—We are, etc.,

DONALD PATERSON.

JAMES R. MILLER.

ANNIE E. SCOTT.

Registry for Handicapped Children,
Department of Health Services and
Hospital Insurance,
Vancouver 9, B.C., Canada.

Central Sterilization

SIR,—Reading the description of the "Edinburgh Pre-set Tray System" (November 23, p. 1322), I was interested to compare this experiment with that carried out at this hospital at High Wycombe over the last three years. Here we have used packs in theatre supplied by the C.S.S.D. No sterilization of any sort is done in the theatre suite. Details of the system may be found in *The Hospital*¹ and the *Lancet*.²

Briefly all packs for theatre are packed in the C.S.S.D., which also serves the rest of the hospital. Before each list the packs are delivered to theatre, where they are stored in what used to be the sterilizing room. As at Edinburgh only when the patient is on the table are the packs opened.

While the Edinburgh system has the decided advantage that there is no laying up to be done in theatre there are several other points which we at High Wycombe would not feel altogether happy about:

1. The use of only three sizes of tray must result in considerable bulk. We use a system of a few comprehensive packs together with supplementaries, so that even though there are about 100 packs many of them are very small. With this system we feel that we have gained the advantage of standardization but without the disadvantage of forcing inflexible practice. We have also found that it is useful to be able to pack some items in transparent nylon film in order that size may be checked before opening.

2. At Edinburgh considerable ingenuity has been used to overcome drying difficulties occasioned by the use of trays. We have found that by using paper wrappers and purpose-designed cardboard boxes this difficulty does not arise.

3. We have also noticed an increased demand for the autoclave, but only to the extent that it is now used more consistently throughout the day.

4. The increase in instruments quoted by Edinburgh seems phenomenal. At High Wycombe we examined every procedure and as a result have been able to make savings in the number of instruments laid up. We found that in some cases custom, not practice, had stipulated the numbers of instruments laid up. For instance, we were able to cut down the number of Spencer Wells, as we are now using more diathermy. The result of this review was that very few extra instruments have had to be provided because of the new system.

5. In the new High Wycombe hospital the C.S.S.D. will operate two work streams, the inner one for the theatres sited above it and connected by "clean" and "dirty" hoists, and the outer one for the rest of the hospital. It is not contemplated that there will be any difficulty in adapting the present system, which only serves 150 beds, one theatre, and very busy accident and out-patient departments, to deal with three theatres and up to 1,000 beds.

Finally, it is encouraging to know that not everyone is being deterred by the often repeated cry that central sterilizing of theatre instruments will not work; both Edinburgh and High Wycombe have shown that it can work most successfully.—I am, etc.,

N. F. SPARROW.

War Memorial Hospital,
High Wycombe, Bucks.

REFERENCES

- ¹ Sparrow, N. F., and Wall, A., *Hospital*, 1963, **59**, 397.
- ² Taylor, K. H., and Seward, E. H., *Lancet*, 1963, **2**, 1058.

Chronic Pneumonitis and Asbestosis

SIR,—In your issue of November 2, p. 1130, Dr. Paul Gross refers to a letter of mine of January 12, 1963, on exposure to asbestos dust and diffuse pleural mesotheliomas. He states that my diagnosis of basal asbestosis seems to depend upon the recognition of a limited slight chronic interstitial pneumonitis in conjunction with the finding of one or several isolated asbestos bodies in lung juice. He further credits me with the assumption that the very small amount of asbestos dust which may be found in urban air is sufficient to produce basal asbestosis. The bulk of his letter is a reasoned and reasonable evaluation of these two opinions, and his conclusion is that one should be cautious in accepting them.

These opinions, however, are not my opinions. In the paper referred to by Dr. Gross we clearly stated that it was only in those cases with abundant asbestos bodies in smears from the lung bases that