Correspondence

I.Q. SCORES AND THE PROBLEM OF CLASSIFICATION

DEAR SIR,

In their article published in the *Journal* for June 1966, McKerracher and Scott concluded "that a W.A.I.S. I.Q. of 80 was a more realistic cut-off point for subnormality if the tests scores were to bear a closer relationship to medical and legal diagnoses of subnormality". They have failed to note that raising the cut-off increases the number of people not diagnosed as subnormal, but called subnormal by the test. It is the purpose of this comment to draw attention to these false positives. It will be shown below that if the cut-off is I.Q. 70 then about 1·6 per cent. of the total population are false positives, whereas if the cut-off is 80 then about 8·1 per cent. are false positives. Likewise the probability of a person who scores below the cut-off being actually subnormal drops from about ·27 for cut-off 70 to about ·09 for cut-off 80. This demonstration is based on the article by Meehl and Rosen (1955).

1. One per cent. of the total population is subnormal. This is an estimate based on the discussion by O'Connor (1958).

2. 2·2 per cent. of the total population score below I.Q. 70 (Wechsler, 1955).

3. 60 per cent. of subnormals have I.Q. less than 70. This is an estimate based on a consideration of Castell and Mittler (1965) and O'Connor (1958).

The information given in 1, 2 and 3 above is presented in Table I.

It is seen from this table that about 1·6 per cent. of those who are not diagnosed as subnormal have I.Q.'s below 70.

The probability that a person who scores below I.Q. 70 is actually diagnosed as subnormal is ·27. This means that 73 per cent. of the total population with I.Q. below 70 are not regarded as subnormal psychiatrically.

If the cut-off point is raised to I.Q. 80 then the total population scoring below the cut-off point rises to 8·9 per cent. The estimate of the percentage of subnormals below the cut-off rises to 80.

Table II shows the new situation.

This table shows that of those not diagnosed as subnormal 8·1 per cent. have I.Q.'s below 80.

The probability that a person who scores below I.Q. 80 is actually diagnosed as subnormal is ·09. Thus 91 per cent. of people with I.Q. below 80 are not regarded as subnormal psychiatrically.

The fact has to be faced that intellectual subnormality does not bear a close relationship to medical and legal diagnoses of subnormality. By raising the I.Q. cut-off point to 80 the relationship becomes even more tenuous.

C. E. GATHERCOLE, B.SC., D.C.P.

Senior Psychologist,
Professorial Unit,
Rainhill Hospital, Rainhill, Nr. Liverpool.

TABLE I

| | | Diagnosis | | Efficiency in detecting valid positives |
		Subnormal (SN+SSN)	Not Subnormal	
WAIS I.Q.	<70	60% of 1 =0·6	2·2–0·6 =1·6	2·2 $\frac{0·6}{2·2}$=·27
	>69	40% of 1 =0·4	97·8–0·4 =97·4	97·8
		1	99	100

TABLE II

		Diagnosis		Efficiency in detecting valid positives
		Subnormal (SN+SSN)	Not Subnormal	
WAIS I.Q.	<80	80% of 1 =0·8	8·9–0·8 =8·1	8·9 $\dfrac{0·8}{8·9} = ·09$
	>79	20% of 1 =0·2	91·1–0·2 =90·9	91·1
		1	99	100

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CONTROL OF HALLUCINOGENIC DRUGS

DEAR SIR,

We have read that England is considering a law providing criminal penalties for unauthorized possession of the drug LSD-25.

Last year the United States Congress passed a law providing penalties for the manufacture, sale, or distribution of LSD. The law, however, specifically avoided criminal penalties for the possession of LSD intended only for personal use. The material may be seized in such cases, but the possessor cannot be prosecuted.

On May 26, 1966 Senator Robert Kennedy held hearings on the control of LSD. At these hearings, James L. Goddard, M.D., Commissioner of the U.S. Food and Drug Administration, who is the person responsible for enforcing the present U.S. law, strongly opposed laws providing criminal penalties for possession of LSD for personal use. Speaking officially for the Food and Drug Administration, he argued (1) that such laws would deter persons from seeking medical help when they needed it after having taken LSD; (2) that such laws would define thousands of university students as criminals; and (3) that better overall control of LSD could be obtained by seeking out the manufacturers and sellers, rather than the more numerous and decentralized users. Similar testimony was given by Stanley F. Yolles, M.D., Director of the National Institute of Mental Health, and by Hon. Philip R. Lee, M.D., Assistant Secretary for Health and Scientific Affairs. Dr. Yolles emphasized that typical users of LSD are university students, who use it once or twice, and then never again, and that no purpose would be served by sending them to prison.

These hearings illustrate the evolving attitude of the United States Government toward the control of the psychedelic chemicals. Manufacture and sale are prohibited by criminal law, but the user is handled on a voluntary medical basis. The laws exist to protect the potential user, not to punish him.

JOHN S. JAMES.

Psychedelic Information Center,
P.O. Box 4958,
Washington D.C. 20008,
U.S.A.

P.S. A relevant passage from the transcript of the hearings is enclosed.

[This transcript is available for anyone who cares to ask for it. *Eds.*]