THE USE OF THE W.H.O. INTERNATIONAL CLASSIFICATION OF DISEASES (MENTAL RETARDATION) IN A HOSPITAL FOR MENTALLY HANDICAPPED

DEAR SIR,

We have been using the W.H.O. system and coding for patients admitted to Burderop and Pewsey and North View Subnormality Hospitals. I agree with the comments by Dr. Spencer (*Journal*, October 1974, 125, 333–5), and think that the *Glossary* should be used in the classification of residents in hospitals for the mentally handicapped.

I was, however, sorry to see that Dr. Spencer had made little or no reference to additional diagnostic categories outside the range 310–315, since a fairly high proportion of patients at the above three hospitals were admitted on account of mental disturbances other than mental handicap. Mentally handicapped people tend to suffer more mental illnesses and mental disturbances than people of average intelligence. I draw particular attention to the diagnostic category 309 (Mental disorders not specified as psychotic, associated with physical conditions), 307 (Transient situational disturbances), 301 and 302 (Personality disorders and sexual deviation), 300 (Neuroses), 295 (Schizophrenia), 293 and 294 (Psychosis associated with various physical conditions), etc.

If double diagnoses on the W.H.O. classification are not given on mentally handicapped patients admitted to subnormality hospitals, the diagnostic information will frequently be inadequate. There are people who question the value of subnormality hospitals. Conscientious attention paid to the whole variety of mental disturbances occurring in mentally handicapped people provides a proper basis for discussion. Diagnoses limited to the level of IQ and the aetiology of mental retardation are valuable but often incomplete.

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PSYCHOSEXUAL DISORDERS

DEAR SIR,

The study of psychosexual disorders is a growing-point in psychiatry today.

Under this heading a distinct corpus of knowledge and specific therapeutic skills has developed. Many doctors will wish to gain more familiarity with this subject. It is important that psychiatrists in training should receive adequate instruction and practical experience in this branch of psychiatry, since an appreciable number of patients referred to psychiatric clinics present with psychosexual problems. In the management of these cases a number of wider ethical issues emerges.

There may, therefore, well be scope to have a special study-group or Section within the Royal College of Psychiatrists to take a special interest in psychosexual disorders.

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Corrigenda

TEMPERATURE FALL AFTER ECT

Dr. P. V. F. COSGROVE writes: 'Thank you for publishing my letter on 'Temperature Fall after ECT' in the November issue (p. 516). Unfortunately in checking through the letter I sent you I failed to notice the omission of a rather crucial decimal point. The temperature drop was not between 2° and 5°C, but was in fact between ·2° and ·5°C.'

BATTERED WIVES

Dr. S. MACKEITH writes: 'On page 441 of your issue of November 1974, Dr. Peter Scott lists the members of a committee of the Royal College of Psychiatrists, of whose report on "Battered Wives" his paper is an abbreviated version. One member is named as "Dr. James McKeith". This should be "MacKeith".'