

The child and adolescent does not buy porn: he 'knocks it off' or sneaks it from an adult's collection, or persuades an unsuspecting relative to buy 'educational' books on biology that contain the illustrations that are pornographic for children (e.g. *Your Body* in the Ladybird series), which stimulate interest and activity.

There is a worse effect. By eliminating the surprise element required to convert the girl to womanliness at the menarche sex education—which is pornography to juveniles—results in the production of mothers without the maternal instinct, still impelled to preserve their own life, own goals, peace and convenience to the detriment of their offspring. Although this is surely the supreme form of corruption, the Attorney General is unlikely to interpret as illegal the instrument that brings it about, for the adult interpretation of pornography is different from the child's.

LOUISE F. W. EICKHOFF.

*Selly Oak Hospital,  
Birmingham, B29 6JD.*

THE TERM 'PSYCHOSIS' IN THE 1974  
W.H.O. GLOSSARY OF MENTAL DISORDERS  
DEAR SIR,

As a clinician who has to code the diagnosis of patients, I looked with interest at the 1974 *Glossary of Mental Disorders*. Up to now I have been using the *General Register Office Glossary* published in 1968. As a teacher, I have had to try and put across the concepts of different kinds of mental disorder to medical students and others. I am rather disappointed that the new Glossary seems to give a less satisfactory description of the term 'psychosis' than the older one.

The new Glossary opens the section on Psychosis with the following: 'Psychosis includes those conditions in which impairment of mental functions has developed to a degree that interferes grossly with insight, ability to meet some of the ordinary demands of life, or adequate contact with reality. It is not an exact or well-defined term. Mental retardation is excluded (310-315).' This distinction thus refers to the severity of the disruption of mental functioning, with special emphasis on 'insight', and 'contact with reality'.

The 1968 Glossary makes the following statement about 'psychoses': 'They include the affective disorders, the schizophrenias and paranoid states, and the organic mental disorders of various origins. No precise definition of "psychosis" has been proposed in this glossary. No such definition is required for the so-called psychoses have this in common that they are largely due, or are supposed to be due, to an organic process'.

In teaching students it has seemed to me that the more useful difference between psychosis on the one hand and neurosis and personality disorders on the other is that the abnormal behaviour can only be understood on the assumption of some organic change in the organism. The purely psychological explanation of 'this patient reacting to this life situation' proves insufficient. In the affective and schizophrenic psychoses the organic derangement is merely an unproved assumption.

If, however, we define psychosis on the basis of presence or absence of insight we get into a very difficult area. The patient with a hysterical neurosis presents complaining that she has a paralysed right arm; has she got insight? At a later stage she accepts that it is not a true paralysis but 'due to nerves'; has she now got insight or not until she realizes the underlying psychological difficulty which she has been attempting to resolve with the symptoms?

In the course of a depressive psychosis a patient may have vague hypochondriacal ideas in the third week with no lack of insight or loss of contact with reality; by the sixth week he may have delusions and by the ninth week these may have reverted to vague worries and by the twelfth week he may be recovered. It seems cumbersome not to recognize the whole illness as psychosis rather than to reserve that label for the short period in the middle when he was deluded. Two years later the same patient may have a classical 'endogenous' type of depression in which he never experiences delusions. Is this now a neurosis or a non-psychosis?

It seems to me that in this respect the new Glossary makes things more difficult; the old glossary encouraged an approach to the *nature* of psychiatric disorder rather than to *severity* in assigning classification categories.

W. O. MCCORMICK.

*Department of Mental Health,  
The Queen's University of Belfast,  
Windsor House,  
Belfast City Hospital,  
Belfast, BT9 7AB.*

#### READING LIST

DEAR SIR,

I think everyone will wish to congratulate the compilers of the Reading List published recently under the aegis of the Clinical Tutors' Sub-Committee. I should like to raise one question, however, whether papers on therapeutic communities should not properly be classified under 'psychotherapy' rather than 'hospitals'?

The essence of the therapeutic community process

is that ordinary organizational features of an institution are supplemented by large groups which are basically conducted on psychotherapeutic lines. By this means psychotherapeutic elements in relationships are brought out for attention, as part of the total therapeutic aim of the institution. I would suggest, indeed, that this device is almost the only

one available by which physical methods of treatment can be supplemented effectively by psychotherapy, except on an individual basis.

RICHARD W. CROCKET.

*Ingrebourne Centre,  
St. George's Hospital,  
Hornchurch, Essex.*