objective confirmatory tests are not available. Such cases substantially affect comparison of sickness rates related to diseases, and comparison between reports by different authors.

In sickness absence which is difficult to comprehend in terms of organic or overt psychiatric disability, my impression is that there is frequently overcommitment of the individual's time and energy. Married women are particularly vulnerable in this respect; they may have domestic responsibilities constituting a full day's work and yet (often in response to great economic pressure) contract to do a second job outside their homes. This job may be part or full time; if the patient goes sick after discovering that she cannot do two full time jobs in one day, is the diagnosis 'anxiety state' or 'battle exhaustion'? If she leaves work because of an accident and finds that her Injury Benefit is as much as the wages for her part time job, and that she has time to cope comfortably at home, her convalescence may well be prolonged.

At the risk of apparent self interest may I suggest that Dr Semmence's statement in the third and fourth sentences of fifth paragraph on page 134 ("Although studies have shown unnecessary use of medical services, descriptions of unnecessary sickness absence are largely anecdotal and its extent unknown. The close correlation between social class and occupation and mortality and sickness absence statistics suggests that it may be small."), seem to me at variance with the figures he gives on page 140 under the heading 'Supervision of sickness absence' (which show that 42 per cent of 536,000 cases ceased to claim Sickness Benefit following referral to a medical referee) and may invalidate the third paragraph on page 141 where he doubts the need for the control doctor!

Of course before an estimate of the effect of the medical referee system can be made we need to know the rate at which a comparable group of 536,000 patients 'sign off' in absence of a request to attend for RMO examination.

SCOTTISH RMO.

A College exhibition display

Sir,

The Yorkshire Faculty now possesses a display suitable for exhibitions consisting of three panels. These deal with the founding and early history of the College and include a very interesting collection of photographs of well-known pioneers. The exhibit is readily transported in its purpose-built container and, though heavy enough to need two men to lift it, will fit into the back of a medium sized car. (The size with packing case is length 41¾ ins. x 30 ins height.)

The Faculty displays this exhibit on various occasions and will be pleased to arrange to loan it to other faculties when required. For this a charge to cover expenses would be made. Any who are interested are asked to correspond with: **Dr D. H. Judson, 39 Low Ash Road, Wrose, Shipley, Yorkshire.**

Harrogate. G. W. C. JOHNSON

The college journal

Sir,

Owing to the postal strike the January, February and March issues of the *Journal* came together. I must confess I find little of clinical interest in our *Journal* these days. Only one article and that came from Rotterdam (March issue) was found to be of any interest. Statistical papers seem to overload each issue.

It is felt that more emphasis should be placed on some clinical subjects from family doctors in active practice.

I wonder if other doctors feel the same as I do.

Wallasey. M. Macleod.

Fluphenazine

Sir,

At the present time there are two long-acting injectable phenothiazines (L.A.P.) available in the United Kingdom, Moditen Enanthate (fluphenazine enanthate) and Modecate (fluphenazine decanoate). Both these preparations are metabolised in the body to free fluphenazine or fluphenazine hydrochloride. The pharmacological action is, therefore, identical to *oral* fluphenazine, a drug which has been in use for some years. It is essential to appreciate that there is no evidence that the specific action of fluphenazine differs from other phenothiazines. The potential benefits of long-acting phenothiazines come from their duration of action, the mode of administration, and the associated administrative regime of management.

The side-effects of fluphenazine are shared equally by all other phenothiazines, although the sedative effects may vary. It is true that once injected the drug remains active for several weeks, but this need not increase the risks to the patient provided that care has been taken to stabilize the patient on oral medication *before* transfer to the long-acting injectable form. All the side-effects listed in Dr West's letter (December, 1970) are known to occur with oral phenothiazines. It is well recognized that only 50 per cent of outpatients take their medication regularly and it is likely that any recorded increase may simply be a reflection of the higher percentage of patients receiving regular medication or the increased frequency that patients are seen. A possible additional hazard is a peak rise in the serum level of the long-acting phenothiazines between the second and sixth day after the injection. In our experience (Johnson and Freeman) there is quite likely to be a cluster of Parkinsonian side-effects during this period. A smaller dosage given more frequently overcomes this problem.

Depressive mood swings in patients on long-acting phenothiazines may be aetiologically associated with the drug, as it may with any phenothiazine (Johnson 1969, Dally 1970), but affective changes occur frequently during the

course of a schizophrenic illness, independent of any medication.

Suicide in schizophrenia is a complex topic. A schizophrenic illness frequently leads to suicide, and suicidal tendencies in admissions have been recorded as high as 20 per cent (Slater and Roth 1969). In a 10-year follow-up (Markowe *et al* 1967) the incidence was found to be approximately 50 times the rate for the normal population. It must be emphasized that the five cases of suicide reported by Alarcon and Carney (1969) have no statistical significance, since they were collected anecdotally and the number at risk from which they were drawn is unknown.

In Salford it has been our routine clinical practice to prescribe anti-Parkinson drugs to all patients, and this probably explains our relatively low incidence of side-effects. In general no difficulty has been experienced in persuading patients to persevere with this type of oral medication. Although it would seem possible that such patients would not take their anti-Parkinson medication where necessary, Simpson (1967) and Lowther (1967) have shown that patients on fluphenazine enanthate are motivated to taking anti-Parkinson drugs even though previously they were unreliable at taking oral phenothiazines. A syndrome closely resembling a depressive illness has been observed in association with Parkinsonian side-effects (Boardman and Fullerton 1961), and it has been suggested (Ayd 1966) that these symptoms subside promptly with administration of anti-Parkinson drugs.

D. A. W. JOHNSON
Hope Hospital *Consultant Psychiatrist.*
Salford, M6 3HD.

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Sir,

In view of the interest shown in my letter on fluphenazine I must bring my colleagues to an understanding of why I started to investigate this drug. It is my duty to look into the qualities of new methods of treatment before passing them on to my patients. I was not a little alarmed to discover that long acting injections of drugs were being used and I wondered what happened between one injection and the next to the patient receiving such medication.

I was further alarmed when one particular patient who discovered that she was worse under the drug was cajoled and threatened and even pursued to her home by nurses intent on giving her her next injection. She managed to escape and improved daily. Under drugs she had her children removed from her care and was living with her mother. Now she is looking after her five children herself in a home provided entirely by herself. Meanwhile her husband who is the real cause of difficulty in her life and whose behaviour first drove her into the hands of the psychiatrists has disappeared to vent his spleen on another unfortunate woman. This woman is bright, alert, confident and responsible—under fluphenazine she was a liability and a cabbage. How many other patients driven to desperation by some close associate are being rendered ineffectual and inhuman by this means of control?

Plymouth. DOROTHY WEST

The General Medical Council

Sir,

It is sad to note that the *Journal* has paid no heed to the General Medical Council elections. The Public Health Officers have drawn the attention of members of that discipline to their candidates (*British Medical Journal*, Supplement, ii, 10 (10 April 1971). By the time this letter appears the elections will be over for another five years. But there is still time for the College to make its voice heard in the name of all members and of the family doctors of the future by submitting its opinions on the Report of the Working Party on the Composition of the G.M.C.

I suggest that one of these submissions should be that we favour an increase in the elected members to "a number which will always exceed by one the number of representatives of the universities, colleges and other bodies which grant registrable medical qualifications." I also suggest that the concept of geographical representation be retained using proportional representation within the constituencies as suggested in appendix A, section (ii) of the Report. This not only retains the Irish representation on the Council but increases it by giving a seat to both Northern Ireland and the Republic.

Republic of Ireland. DERRICK WALDRON-LYNCH.