

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  
*Consultant Psychiatrist.*

Hope Hospital  
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.