she presented and the quality of life that she now leads; she goes out regularly for afternoons and occasionally spends weekends at home. It is interesting that she now menstruates regularly, whereas before lithium therapy she was amenorrhoeic.

The significance of self-mutilation is obscure, but two broad categories have been defined: primitive self-mutilation occurring in conditions of ego impairment or immaturity (mental retardation or infancy), and self-destructive activity related to mental conflict, in particular depression (4). The virtual disappearance of self-mutilation with lithium therapy raises the possibility that this patient's behaviour may have been, in part at least, the manifestation of an affective disorder. Her response to lithium suggests to us that similar patients might benefit from treatment with this drug, and that pilot studies of its efficacy in groups of subnormal patients showing aggressive and self-destructive behaviour should be undertaken. Such a study is presently being carried out at Strathmartine Hospital.

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FLUPENTHIXOL AND THE OUT-PATIENT MAINTENANCE TREATMENT OF SCHIZOPHRENIA

Dear Sir,

I am flattered that my friend Dr. Freeman (*Journal*, January 1973, page 121), should have devoted so much space to criticising my brief interim report on flupenthixol (*Journal*, October, page 458). As I hope to publish a fuller account shortly, I intended my letter to convey clinical impressions rather than a statistical analysis. As Dr. Freeman has so rightly pointed out (*Journal*, September 1970, page 351), 'the pursuit of methodological purity in itself is no guarantee that information of value will result'.

I agree wholeheartedly with him that flexibility in the use of anti-psychotic depot injections and the judicious exhibition of preparations to counteract the side effects are essential if withdrawals from treatment are to be avoided. Therefore I am pleased to find that flupenthixol has advantages over fluphenazine with respect to range of dose (up to 120 mg.), infrequency of side effects and—more importantly—the virtual absence of the more severe extra-pyramidal syndromes, like akathisia. The patients seem alert and participate more fully in activities and social relationships.

I am also pleased to see that Dr. Freeman appears to agree that depression does occur in schizophrenics under treatment with these injections. Like others (Johnson, 1969; Alarcon, 1972), I am uncertain as to its precise aetiology. However, unlike Dr. Freeman, I am quite certain that any condition resulting in serious disability and suicide cannot be over-emphasized. The point surely is that these injections, though greatly improving the prognosis in discharged schizophrenics, are no substitute for careful follow-up and frequent contact with such patients. The three suicides among Dr. Freeman's patients should make my point obvious.

I have never believed that the long-term prognosis in schizophrenia depends upon pharmacological factors alone. The complexity of the situation has been convincingly demonstrated by the recent work of Brown *et al.* (1972). However, the outlook is not improved when patients, families, neighbours, social workers, hostel wardens and even general practitioners are rendered antagonistic towards the regimen by the dramatic appearance of bizarre, distressing neurological syndromes, as may happen with the phenothiazines.

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THE COMPARABILITY OF NATIONAL SUICIDE RATES

Dear Sir,

In assessing the significance of the differences between reported suicide rates from different coun-

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tries, it is clearly necessary to examine the possibility that the differences are simply attributable to variation in the reliability of reporting. If reliability of reporting varied from one country to another, one might suppose that a suicide would be more likely in some countries than others to be reported as a death from undertermined cause. If this were so, then countries with high reported rates of suicide would be expected to have low reported death rates from undetermined cause, and vice versa. In other words, there would be a negative correlation between reported suicide rates and reported rates of death from undetermined cause.

This was the idea underlying Dr. Barraclough's note (*Journal*, January 1973, **122**, p. 95). Unfortunately he correlated the reported rates of suicide with the reported rates of suicide+death from undetermined cause. Now if x and y are two independent random variables, then x will correlate positively with $(x+y)$. So it is not surprising that Dr. Barraclough found a significant positive correlation. What he should have done was to correlate suicide rates against rates of death from undetermined cause.

On the data he presents, the Spearman's rank correlation between these last-mentioned two variables takes a value of $-0\cdot24$, $p > \cdot05$. Though not significant at conventional levels, this value might be thought suggestive. Indeed, it would surely be very odd if there were *not* some variation from country to country in the reliability of reporting of suicide. The question which needs answering is not whether reliability differs from country to country, but whether the differences in reliability which may be presumed to exist could possibly account for the differences between reported suicide rates.

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STENGEL PRIZE

Dear Sir,

I wish to draw the attention of your readers to the award of the Stengel Prize due to be made in July 1973. This prize was established from contributions by Professor Stengel's colleagues to mark his retirement from the Chair of Psychiatry at the University of Sheffield.

The prize of £100 is to be awarded every three years to any doctor or group of doctors who have worked in the Sheffield Region (i.e. geographical area covered by the Regional Hospital Board) for a piece of research in a field related to clinical psychiatry and carried out during tenure of an appointment in the Sheffield region, whether in hospital, university, general practice or local authority service. Preference will be given to doctors who have been qualified for not more than eight years. The prize may be shared at the discretion of the assessors.

The entry should consist of two typed copies of the study written in a manner suitable for publication in a scientific journal. The closing date will be 30 June 1973. Any enquiries concerning the suitability of a project, or eligibility of a candidate should be made to the Board of Assessors.

C. P. Seager.
Hon. Secretary,
Board of Assessors for the Stengel Prize.

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A CORRECTION

Dear Sir,

I wish to point out an omission in my paper, 'Skin melanin concentrations in schizophrenia', which was published in the *Journal*, December 1972, **121**, pp. 613–7.

Line 1 on page 617 should read '(except at the Caucasian male unexposed areas)' instead of '(except at the male unexposed areas)'. The word 'Caucasian' has been omitted.

This error is entirely due to an oversight on my part and I apologize for the inconvenience caused.

Ashley H. Robins.

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