emotional disorders and one would expect this to be expressed in the title of the article.

Accident neurosis not only affects those people who are highly predisposed to react to stress; well adjusted personalities can become so overwhelmed by the awareness of their vulnerability for the first time, that they may break down following a frightening accident. E. A. Rappaport (1968), a survivor of Nazi persecution, commented that "an insistence of investigators on finding some latent predisposition for personality breakdown betrays their unwillingness to imagine the full impact of the terror". I would recommend this excellent article to Professor James, and others who over-emphasize "severe emotional inhibition in childhood" in the causation of disturbed behaviour in middle age.

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SCHIZOPHRENIA ON PATERNAL AND MATERNAL SIDES

DEAR SIR,

In the December 1980 issue of your *Journal* (**137**, 505–509) Dr Baron using Slater's (1966) computational model of assessing distribution patterns of ancestral secondary cases in first and second degree relatives of 18 schizophrenic probands, reported that the distribution of unilateral to bilateral pairs of affected relatives did not deviate significantly from that expected in polygenic inheritance.

We presented similar findings at the 9th Panhellenic Congress in Neurology and Psychiatry (Athens, December 12–14, 1980)—see Table.

TABLE

Comparison of observed and expected under the polygenic hypothesis pairs

	Observed	Expected
Unilateral pairs	40.0	41.3
Bilateral pairs	22.0	20.7
Total	62.0	62.0

$\chi^2 = 0.06$, 1 df, NS.

These data were obtained from the application of Slater's (1966) computational model in the study of the distribution of the ancestral secondary cases of 26 schizophrenic probands who had two or more first or second degree relatives affected with schizophrenia.

The schizophrenic probands and their affected relatives were diagnosed using Feighner *et al's* (1972) diagnostic criteria for schizophrenia. The probands and all living schizophrenic relatives (34 out of 62) were personally interviewed, while the diagnosis of the affected relatives who were not living at the time of the investigation was based on information gathered from the two closest relatives available for interview.

More details concerning the data of this study could be obtained from the full paper which will shortly appear in the *Proceedings of the 9th Panhellenic Congress in Neurology and Psychiatry*.

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NOMIFENSINE AND DYSKINESIA

DEAR SIR,

A 72-year-old man with a long history of manic depressive disorder was admitted to this hospital in October 1977 with severe retarded depression. He had been receiving Priadel 800 mgm daily for many months to which was added nomifensine (Merital) 25 mgm tds. Within 48 hours he developed choreoathetoid movements of his tongue which disappeared 72 hours after the nomifensine was discontinued.

He was readmitted in April 1980 again depressed and had taken no medication of any sort for 8 months. The doctor who admitted him prescribed nomifensine 25 mgm tds and he not only developed dyskinesia of the tongue, but also choreiform movements of the extremities and shoulders, which all disappeared within 5 days of the nomifensine being discontinued.

It is well known that dopamine agonists can produce dyskinesia, so it is not surprising that nomifensine can have such an effect, though it has not been described previously as far as I know.

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