

As prophylaxis against these serious and indeed often lethal accidents the Detroit group of surgeons gives good advice—abstinence from alcohol before driving and routine use of the seat belt and shoulder harness during the journey.

¹ Roman, E., Silva, Y. J., and Lucas, C., *Surgery, Gynecology and Obstetrics*, 1971, **132**, 7.

² Caird, D. M., and Ellis, H., *British Journal of Surgery*, 1953, **45**, 389.

³ Felson, B., and Levin, E. J., *Radiology*, 1954, **63**, 823.

⁴ Kobold, E. E., and Thal, A. P., *Surgery, Gynecology and Obstetrics*, 1953, **116**, 340.

⁵ Jones, S. A., and Steedman, R. A., *American Journal of Surgery*, 1969, **117**, 731.

⁶ Ellis, H., and Mynors, J. M., *Postgraduate Medical Journal*, 1959, **35**, 683.

⁷ Meyers, H. I., and Halpern, M., in *Modern Trends in Accident Surgery and Medicine*, ed. P. S. London, 2nd ed., p. 95. London, Butterworths, 1970.

⁸ Meyers, H. I., *Surgical Clinics of North America*, 1968, **48**, 1205.

Suicide Attempts

"You might as well live," wrote Dorothy Parker after listing the disadvantages of the various methods of attempting suicide and going through the catastrophic experience of trying it twice. Even if suicide rates for both sexes have fallen in the later 1960s the prevalence of attempted suicide still gives cause for concern. The term "attempted suicide" is under attack for being inaccurate, but whatever the name applied to their act the people doing it occupy a considerable number of acute medical beds, require much time from medical staff, and strain the psychiatric resources of general hospitals.

Skilled psychiatric assessment of every case is the present official policy, but the view has been expressed that this can be done only at the expense of other important work.¹ Even in a teaching hospital it has been found that 22% of these patients, for one reason or another, were never seen by a psychiatrist.² Of those treated in the Poisoning Treatment Centre at Edinburgh and recommended for an out-patient psychiatric appointment "rather less than half" attended.³

To lighten the load J. L. Crammer⁴ has suggested that patients attempting suicide might be screened by questionnaire and by the taking of a social history. These measures, he considered, might suffice as a basis for sensible decisions to be taken without every patient having a consultation. Now J. Birtchnell and J. Alarcon⁵ have explored the possibilities of a questionnaire in 91 consecutive cases treated in a casualty department at Aberdeen in 1969. Two patients had cut their wrists; the remainder had taken overdoses of drugs. Only 23 became unconscious and 30 others were drowsy but rousable. The ratio of females to males was 2.4 : 1, partly as a result of the inclusion of 22 teenage girls. There was only one boy.

In their first paper⁴ these authors record a comparison in scores on a self-administered depression rating-scale between the sample and a group of outpatients thought to be depressed enough to need electric convulsion therapy. No difference was found between the types of symptoms in the two groups, but scores were lower in the attempted suicide group, and lower still in the teenage girls, than in the depressed outpatients. Somewhat under half the patients said that at the time of the attempt they wanted to die, and these, as might be expected, had a significantly higher score for depression. There was, surprisingly, no relation between depression score and the level of unconsciousness. In their other paper⁵ the authors report an interesting sex difference in the

length of time the suicidal attempt had been contemplated. Almost half the men but fewer than one-third of the women had contemplated the act for weeks or months, whereas 43% of the women and girls had acted impulsively.

Other questions attempted to probe the patients' feelings and intentions at the time of the act by offering five feelings for self-rating and four possible effects on other people that the patient could have had in mind. Feelings of shame and of having failed in life were commoner in men, whereas more women said that their prominent feelings were of being lonely and unwanted. The wish to die, long contemplation of the act, and male sex were correlated with higher scores in the "effect on others" scales. Motives such as to "show how much you love someone" or "make things easier for others" were admitted more often than retaliatory motives.

To gather accurate information in retrospect about feelings and intentions in such a crucial act as a suicide attempt is difficult even for a psychiatrist in a face-to-face interview. A questionnaire might seem a blunt instrument in comparison. The patient may deny the attempt—"I was only trying to get some proper sleep"—or he may dissemble because he fears pressure to accept admission to a psychiatric hospital. He may be sheepish about the trouble caused to nurses and doctors, or the attempt may have achieved its aim by altering the attitude of some key person and is now—he feels—best forgotten. He may refuse to admit aggressive motives even to himself, let alone to others. The hangover effect of barbiturates may intensify his depression, or the attempt cathartically may produce improvement in mood, which may only be temporary.

But, as the authors of these papers say, the blankness of a questionnaire is at least not coloured by a doctor's preconceptions or decorated by the beginnings of a doctor-patient relationship. Doctors are inclined to feel at sea unless they can see their way to a diagnosis, and diagnosis does not emerge from the methods described by these authors. Nevertheless, their findings seem plausible: men are more reluctant than women to attempt suicide; they think about it longer; they need to be more depressed; they dwell more on past failures and less on present discontent; ultimately, more men commit suicide than women. To decide solely on the results of rating tests how to manage patients would be premature and unwise, but this is a line of research that needs extending.

¹ Crammer, J. L., *British Medical Journal*, 1969, **1**, 651.

² Greer, S., and Bagev, C., *British Medical Journal*, 1971, **1**, 310.

³ Matthew, H., Proudfoot, A. T., Brown, S. S., and Aitken, R. C. B., *British Medical Journal*, 1969, **3**, 489.

⁴ Birtchnell, J., and Alarcon, J., *British Journal of Psychiatry*, 1971, **118**, 289.

⁵ Birtchnell, J., and Alarcon, J., *British Journal of Medical Psychology*, 1971, **44**, 45.

Rabies Diagnosis

A rabies epizootic in foxes is spreading across France, having previously invaded a number of other European countries (Germany, Switzerland, Austria, Denmark, Belgium). It comes at a time when an increasing number of people spend holidays on the Continent, many of them camping, so it is important to bear in mind the existence of the disease.

The revised quarantine arrangements proposed by the Committee of Inquiry on Rabies in their interim report, and largely implemented by Government, should effectively pre-