

PSYCHOLOGY

Watch Attempted Suicides

► OF THE 20,000 or more suicides in the United States each year, three-fourths followed previous threats of or attempts at suicide. Two Los Angeles Veterans Administration psychologists, Drs. Edwin S. Shneidman and Norman L. Farberow, reported these figures to the meeting of the American Association for the Advancement of Science in Berkeley, Calif.

Their findings emphasize the importance of suicidal behavior, attempted or threatened. It should be taken "very seriously," the psychologists said, pointing out that the next suicidal "gesture" may be the final one.

The 90 days after a depressed or emotionally disturbed patient seems to be recovering comprise the period when greatest watchfulness and guard are needed. Almost half the persons who commit suicide do so within three months of having passed an emotional crisis and, seemingly, being on their way to recovery, they found.

Their figures are based on studies of case histories, psychological tests and suicide notes from persons who have committed suicide and those who have not.

The data, covering the years from 1944 to 1954, have been gathered from the files of the Los Angeles County coroner's office and from a local Veterans Administration hospital and clinic.

The "control" data, with which the case histories and psychological tests for the

people who committed suicide are being compared, were obtained from three other matched groups: people who had attempted suicide, people who threatened suicide, and people who were non-suicidal, that is, in whom there were no suicidal tendencies.

The psychologists have collected 721 genuine suicide notes written by people of both sexes and ranging in age from 13 to 96. These have been compared with simulated suicide notes written by matching non-suicidal men and women who wrote what they imagined they would have written if they had been about to take their own lives.

The chief difference is that the person about to take his own life includes orders and admonitions as though he had reached a final decision in solving his problems and had accepted the fact that he will soon no longer be around. Apparently only the genuine suicide note writer can imagine his "really being gone."

The psychological tests showed that people who threaten suicide seem more emotionally disturbed than those who attempt suicide, but both must be taken seriously and watched carefully for at least three months, the psychologists caution.

"The importance of calling upon professional psychiatric, psychological, and social service specialists for the proper over-all treatment of a potentially suicidal person cannot be over-emphasized," they said.

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sheath may be left in the wound. Occasionally, the sting may break off in it.

"When a patient states that he stepped upon a 'slimy thing' in the surf and received a painful wound it does not necessarily follow that he was stung by a stingray," Dr. Russell said.

"Stings by broken beer bottles, cans and bivalves constitute an important entity along certain of our American coasts. The syndrome is well known to the lifeguard services. Occasionally, one reads in a popular magazine of a swimmer being stung by a manta ray. These wounds can be effectively treated with placebos (pretend medicine); manta rays do not have stings."

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MEDICINE

Heat Inactivates Venom

► RULES FOR treating stingray injuries, based on the discovery that heat inactivates the poison of this fish, were presented at the first International Conference on Animal Venoms held with the American Association for the Advancement of Science meeting in Berkeley, Calif.

The rules were given by Dr. Findlay E. Russell of Huntington Memorial Hospital, Pasadena, Calif., as follows:

1. Irrigate the wound thoroughly with the cold salt water at hand.
2. Immerse the involved extremity in hot water for 30 minutes to an hour.
3. Apply an antiseptic dressing and consult a physician for further treatment if needed.

More than a score of substances, from adrenalin to wine, including macerated cockroaches, tobacco juice and urine, have been used to treat stingray injuries, Dr. Russell stated. Studies with human volunteers who let the stingray's venom be injected into them showed the ineffectiveness of the various substances.

Stingrays, he explained, inflict their injuries by means of a dentinal sting that is located on the back surface of the animal's

tail. The sting, or caudal spine, is bilaterally serrated with the sharp teeth curved toward the head. These serrations are responsible for the lacerating effect of the spine as it is withdrawn from the victim's flesh.

The location, size and number of spines are determined by the species, habitat and age of the fish. Some species have stings of less than a quarter of an inch in length, while in others the spine may reach in excess of 11 inches. The venom is contained within the tissues of the ventrolateral grooves of the spine.

Stingray injuries usually occur when the unwary victim treads upon the animal while wading in the ocean surf or mud flats of a bay, slough or river. The weight of one's foot on the back of these fish provides sufficient stimulation for the animal to thrust his tail upward and forward, driving his sting into the foot or leg of the victim.

As the sting enters the flesh, the integumentary sheath is ruptured and the pressure exerted by the involved tissues is sufficient to express the venom from the toxin-laden cells and their supporting structures. In withdrawing the spine, the integumentary