WHY DO CHILDREN COMMIT SUICIDE?

Now and then the newspapers contain an account of a boy or a girl who has committed suicide under the most distressing circumstances. As these tragedies are by no means rare, and some of the causes may be preventible, it is well to face the problem squarely and to analyse all the attendant circumstances in the hope that the information gained will help to prevent at least some suicides. Were it not for this hope, it would surely be tempting to ignore these disasters. With its educational duties, the Red Cross cannot, however, shut its eyes to suffering which can possibly be alleviated.

It is generally agreed that for every girl suicide there are several boy suicides. Hamburger finds the numerical relation of boy to girl suicides is as 40 to 1. Another factor of significance is the high frequency of suicides about the age of puberty when the emotional reactions are often exceptionally violent. Mental instability or actual insanity in the child's family, is also significantly common. And Hamburger considers that a morbid disposition is almost essential to a child suicide. Other authorities insist that in many, if not in most, cases a combination of two factors is required, one being mental instability in the child or his family, the other being unfavourable influences in the home or school, in other words, environment.

Eulenburg, who has studied a large group of suicides among children at school age, has come to the conclusion that pressure of competition in school is apt to drive the mentally unstable child to suicide. It is, however, this competition, in which the child fails, rather than fear of punishment in school that drives him to this fatal step.

Jacques Moreau and Suzanne Serin are inclined to take the same view, and they also emphasise the importance of another factor, that of suggestion. Both these authorities quote examples of suicides committed by children who had recently heard of similar tragedies in their environment. Mlle. Serin's advice in this connection is to shield as far as possible susceptible children from films and literature suggestive of suicide. Here, then, is one concrete way in which suicides in children can be combated.

At a psychiatric hospital in Copenhagen, Sarah Kielberg has undertaken a study of the conditions under which 96 children of 14 or less committed suicide in Denmark since 1896. Of these 96 children, only 14 were girls. It is significant that while most of the boys hanged themselves, this was the case with only one of the girls, as many as 13 of whom committed suicide by drowning. It is not clear why there should be such a remarkable sex difference in the choice of means for committing suicide. While adult suicides often depend on poisons, there was not one child in his material committing suicide by poisoning. The degree of premeditation required to take a fatal dose of poison is incompatible with the impulsive character of a child whose reactions, however violent, pass off quickly.

This Danish study confirms earlier studies on the same subject with regard to the age at which children commit suicide. The two youngest were 9 years old. The number rose only to four at the age of 10, and to 10 at the age of 11. But at the age of 12 there were 18 suicides, and at the age of 13 there were 20. The peak came at the age of 14 with 42 suicides. In other words, the age of puberty is the most dangerous.

A classification of the suicides according to the motives behind them showed that fear came easily first with 28 suicides. Next in the order of importance came mental depression with 21, and penitence with 12. Anger came next with 11. There were, of course, several cases in which the motives were unknown.

Now fear and anger are emotions which depend largely on environment. The sensitive child with a high sense of honour unjustly accused of stealing some object may well be driven to suicide, the blame for which must rest on some tactless relative. Which of us has not raved and stormed against some unfair accusation or injustice on the part of our elders? A little more sense of fairness, of fair play, on the part of parents or other relations might well prevent mental storms culminating in suicide.

It is rather remarkable that there was not one case in this Danish material in which school discipline provoked a suicide. This may, perhaps, reflect the development in the present generation of happier and kindlier relations between teachers and children. Indeed, the only Danish suicide connected with a school was that of a sensitive boy so distressed at having to move from one school to another because his home had been moved, that he committed suicide.

The Danish study has also brought out the curious fact that it is in rural rather than in urban areas that children commit suicide. As many as 78 of the 96 children lived in the country. This observation indicates how rural communities suffer for want of that care which urban communities enjoy and take as a matter of course. The backward or mentally unstable scholar in a town school is often moved on to a more suitable environment, whereas the same type of child, unfortunate enough to live in the country, remains in the village school.

The sombre picture painted by this Danish study is not without its encouraging features. On the whole, suicides among children in Denmark have become much less frequent in the course of the past 90 years. The starvation and overwork and neglect of foster children are far less common than they were. We cannot change a child's ancestors nor the mental instability he has inherited. But we can and should improve his environment by educational and other means. And this paper will have served its purpose if it has brought home to the reader how much can be done by kindness and understanding to smooth the path of the sensitive and backward child.

(*Communicated by the Secretariat of the League of Red Cross Societies.*

REDUCING THE RISK OF TETANUS IN SURGICAL OPERATIONS.

The Minister of Health, Sir Kingsley Wood, has now issued new regulations to reduce the risk of tetanus infection from ligatures used in surgical operations and then left to dissolve in the patient's body. The regulations require all surgical ligatures and sutures (including catgut) which are not sold under the special licensing arrangements of the Therapeutic Substances Act to bear a label stating in prescribed terms that efficient sterilisation is necessary before use.

Catgut which is sold under the Minister's licence under the Therapeutic Substances Act is free from any possible risk of infection, as its manufacture is strictly controlled and it is properly sterilised before being put on sale. Deaths, however, have been known to occur from the use of ligatures (including catgut not sold under licence) which have not been properly sterilised, and the Minister drew special attention to this risk in a memorandum issued just a year ago to County and County Borough Councils and, through the British Hospitals Associaton, to every voluntary hospital in England and Wales.

The new regulations introduce a fresh safeguard and provide that in order that sterile surgical ligatures and sutures manufactured or imported in accordance with the Act and Regulations shall be easily distinguishable from non-sterile surgical ligatures or sutures, the Regulations have been amended so as to require that surgical ligatures and sutures other than those sold under a licence issued under the Act and Regulations shall be labelled clearly in indelible red ink "Non-sterile surgical ligature (suture)—not to be used for operations upon the human body unless efficiently sterilised."