

of suicidal risk for each patient. The patients were scored for the 22 factors on the basis of information obtained from the patients themselves, relatives, friends, and from hospital and clinic charts and records. A 5 to 8 year follow-up study of the patients identified those who later committed suicide or made subsequent suicidal attempts. Those who subsequently attempted or committed suicide were labelled the «S» group; those who did not we called the «N» group. Each of the 22 factors were then ranked in the order of their predictability of suicidal behaviour based on the relationship of the «S» to the «N» group.

In ranking the factors on the basis of their predictability of subsequent suicidal behaviour both alcoholism and drug addiction were among the highest ranking factors. Of the 193 total patient group studied, 59 persons were known to have had a problem with alcoholism. The data I am about to present refers only to this alcoholic group. The following is a list of the factors in order of their predictability of suicidal behaviour for the alcoholic group proceeding from high to low degree of predictability:

1. poor physical health. – 2. history of previous suicide attempt. – 3. loss of coherence or consciousness as result of the suicidal attempt. – 4. method of attempted suicide: ingestion, shooting, jumping from high places. – 5. 45 years of age or over. – 6. history of broken home before the age of 16 years. – 7. drug addiction. – 8. race. – 9. living alone. – 10. history of delinquency. – 11. previous psychiatric hospitalization.

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Drug automatism – a problem of particular interest in alcoholics and narcomania cases

B. Jansson

In a previous work on attempted suicide (*Jansson* 1962) I pointed out the importance of drug automatism. *Ettlinger & Flordh* (1955) considered «serial consumption» to be a contributory factor in not less than 27.8 per cent of their cases, and I classified 25.4 per cent of my 476 cases as drug automatism cases. Classification is, of course, difficult, but information was often gathered from relatives and other people that the patient had consumed the tablets gradually and without seeking seclusion.

Automatism cases differed from the true suicidal attempts in not less than 49.2 per cent belonging to the group of cerebral lesion cases as compared to only 24.5 per cent among other cases. The vast majority of these cases were alcoholics and narcomania cases. Of the whole material 21.7 per cent was classified as alcoholics. It can be assumed that cerebral lesion increases the tendency to pathological pharmacological reactions so that these patients more easily get into a confusional state.

In a follow-up study (catamnestic period 1 year) it was found that the incidence of recidivation was greatest in the cerebro-lesional group, 17.0 per cent as compared with 9.4 per cent in the rest of the material. Recurrence rate for automatism cases did not deviate from the rest, though. I think it is important, in many cases, to give also automatism cases in-patient psychiatric treatment when they happen to get into contact with a hospital on account of an over-dosage of tablets. The incidence of successful suicides within 1 year was very low (1.3 per cent), and it is tempting to connect this with the high over-all figure for inpatient treatment in my material (53.6 per cent within 1 year after the attempted suicide). Of course, patients should be warned against serial consumption and instructed never to have more than 1 tablet at hand at a time.

References:

- Ettlinger, R. W. & P. Flordh* (1955): Attempted suicide: Experience of five hundred cases at a general hospital. *Acta psychiat. scand.*, suppl. 103.
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Über den Alkoholismus als Kausalität des Selbstmordes bei Geistesgestörten und seine Prophylaxe

Ep. Tomorug

Die Kausalität der Suizide und Suizidversuche der Geisteskranken ist vielfacher Natur, weil die Genesen dieser Psychosen multifaktoriell sind; deshalb nehmen sie auch eine Sonderstellung ein.

Die Schizophrenen nehmen sich das Leben mit einer ausgesuchten Grausamkeit. Ein großer Prozentsatz dieser Kranken begeht den Suizid nach Alkoholgenuß. In unserer Praxis konnten wir beobachten, daß diese Kranken gewöhnlich am Anfang ihrer Krankheit Selbstmordneigungen haben und daß der größte Teil hypoparathyroider Konstitution war. Die defekt Schizophrenen begehen Selbstmordversuche oder Straftaten gewöhnlich (80%) nach dem Genuß von Alkohol. Viele gebrauchen ihre Arbeitswerkzeuge bei Gewalttaten und Selbstmord. Deshalb müßte man, als prophylaktische Maßnahme, diese Kranken nicht in betrunkenem Zustande zur Arbeit zulassen.

Eine hohe Suizidgefahr besteht bei den Melancholikern im Anfangs- und Endstadium. Der Suizid dieser Kranken weist irrationale Züge auf: Angst vor dem Tode, Selbstbestrafung u. a. Sehr selten spielt hier der Alkoholismus eine Rolle. (Ein großer Teil der Kranken war hyperthyroid.)

Bei Kranken mit depressiv-psychotischen Episoden, epileptischen Verstimmungs- und Dämmerzuständen, psychischen oder neurotischen Störungen als Spätfolgen nach Schädeltraumen spielt der Alkoholismus die Hauptrolle bei Suiziden oder Suizidversuchen.

Die Suizidversuche von Psychopathen können als abnorme Reaktion angesehen werden; sie haben meistens den Zweck, die Mitmenschen oder Familie zu beeindrucken.

Gefährlich sind die organisch Kranken, welche an depressiven Verstimmungen leiden, gewöhnlich nach Genuß von Alkohol, auch sogar in kleiner Quantität (im höheren Alter besonders). Auch die Alkoholiker mit neurotischen oder psychischen Störungen enden sehr oft mit Suizid.

Es ist nötig, daß der Kranke nach jedem Versuch einer Anstalt zugewiesen wird.

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