

independent of the state of hydration, electrolyte imbalance and drugs.

S. A. STANSFIELD

*Institute of Psychiatry,
De Crespigny Park,
Denmark Hill,
London SE5 8AF*

E. G. LEVER

*King's College Hospital,
Denmark Hill,
SE5 9RS*

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SUICIDAL BEHAVIOUR IN CHILDREN

DEAR SIR,

Dr McClure's recent reports on suicide trends (*Journal*, February 1984, **144**, 119–26, 134–8) give cause for concern, with figures showing a marked increase in deaths due to 'suicide by poisoning', 'accidental poisoning', and 'undetermined poisoning' in the younger age groups. This concern is sustained after noting the continued increase in the 1982 figures from the Office of Population Censuses and Surveys.

Whilst it is generally accepted that suicide is rare in the under 14 age group, this should be distinguished from the more common problem of suicidal behaviour. Kosky (1983) has recently reported this behaviour in children as young as 5! The difficulty of thinking of young children having the capacity for suicidal behaviour may account in part for the misclassifications and under-estimations of suicide rates.

As I have previously noted (Halasz, 1984), it is essential for clinicians, confronted with a child having ingested a noxious substance, to include in the differential diagnosis (a) Accidental poisoning, (b) suicidal behaviour and (c) a malignant form of child abuse—intentional poisoning. However unpleasant and anxiety provoking, it is the clinician's responsibility to consider all possible causes of poisoning, whether accidental or intentional. This should

lead to rational intervention and generate statistics accurately reflecting the incidence of the separate conditions of accidental, suicidal or intentional poisoning in the young. Only through this process will effective preventative measures be formulated.

GEORGE HALASZ

*The Maudsley Hospital,
Denmark Hill,
London SE5 8AZ*

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COIN RECOGNITION IN THE ELDERLY

DEAR SIR,

The recognition of decimal (post 1971) and pre-decimal coins may be used as a measure of memory in the elderly. It is precise and applicable to people of varying backgrounds. Three groups of in-patients, aged over 65 were tested with six decimal and seven pre-decimal coins.

Sixty-three schizophrenics, average age 77 and first admitted 50 years earlier, recognised only 25% of decimal coins but 64% of pre-decimal. Those visiting the hospital shop performed marginally better. Seventy-one demented patients, average age 81, hospitalised 18 months, knew 10% of new coins and 34% of the old. Again those who shopped were better but medication or duration of stay made no difference. Of 29 depressives, average age 73, less than one year in hospital, 27 recognised all coins faultlessly and 2 made a minor mistake.

The test was quickly performed with only a pocketful of coins. The long-stay patients were less incapacitated when tested with old, for them familiar, coins. They may show other forms of behaviour which would be less abnormal if viewed from the patient's rather than the younger therapist's position. Staff, impressed by revealed abilities, developed conversations based on other recalled events. It is difficult to measure recall procedures used with the elderly; the recognition of coins is one way.

M. T. MALCOLM

*Clatterbridge Hospital,
Bebington,
Wirral,
Merseyside L63 4JY*