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Association between parasuicide and Saint Valentine's Day

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Experience in a casualty department suggested to us that an unusually high number of patients who had taken an overdose of drugs presented on Saint Valentine's Day (14 February). Previous studies have shown an association between parasuicide (non-fatal deliberate self harm) and stressful events such as an unsuccessful relationship, unemployment, and physical illness.¹ The festival of Saint Valentine's Day may induce stress due to unrequited love, but to our knowledge the incidence of parasuicide on this day has not been determined. We therefore investigated the association between Saint Valentine's Day and parasuicide.

Patients, methods, and results

We sought information on all patients presenting to one accident and emergency unit in each of the Central, South, and West Birmingham health districts on particular days during 1983-8. The days were Saint Valentine's Day; 7 February and 15 August (control days selected to minimise possible bias due to the season or day of the week); and Christmas Day, another festival traditionally linked with strong emotions. The number of cases of parasuicide was recorded for each day. The Poisson distribution was used to calculate 95% confidence intervals for the numbers of cases.

One hundred and seventy cases of parasuicide were seen. More cases occurred on Saint Valentine's Day than on the two control days or Christmas Day (table).

Number of cases of parasuicide (number in which patient was adolescent) seen at three casualty departments on Saint Valentine's Day, Christmas Day, and two control days, 1983-8

	1983	1984	1985	1986	1987	1988	Total	95% Confidence interval of No of cases
Saint Valentine's Day	11 (3)	11 (5)	10 (6)	10 (4)	11 (5)	16 (8)	69 (31)	53.7 to 83.3 (21.1 to 44.0)
Christmas Day	9 (3)	6 (2)	8 (3)	8 (2)	8 (3)	6 (3)	45 (16)	32.8 to 60.2 (9.1 to 26.0)
7 February	3 (0)	6 (0)	3 (1)	7 (1)	5 (2)	5 (1)	29 (5)	19.4 to 41.6 (1.6 to 11.7)
15 August	4 (1)	3 (0)	6 (0)	5 (1)	3 (1)	6 (0)	27 (3)	17.8 to 39.3 (0.6 to 8.8)

The 95% confidence intervals for the numbers of cases indicated an association with Saint Valentine's Day and, to a lesser extent, with Christmas Day.

Significant differences in age were found among the patients according to the day of presentation: those who presented on Saint Valentine's Day and Christmas Day (median age 21 and 22 respectively) were younger than those who presented on the control days (7 February, age 28; 15 August, age 31) ($p < 0.01$, Kruskal-Wallis non-parametric analysis of variance).

The proportion of patients who were adolescent (defined as those aged 12-20²) was higher on Saint Valentine's Day (45%) and Christmas Day (36%) than on the control days (7 February, 17%; 15 August, 11%). The 95% confidence intervals for the numbers of adolescent patients again indicated an association with Saint Valentine's Day and, to a lesser extent, Christmas Day (table).

Comment

Our study showed an association between Saint Valentine's Day and parasuicide, particularly in adolescent patients. There was also an association, although weaker, between parasuicide and Christmas Day.

We studied only people who attended hospital, so our figures are underestimates of the true incidence, although they probably reflect trends in the population. Case records were not detailed enough to confirm a causal association between disappointments in personal relationships and parasuicide, but our clinical experience suggests that such an association exists. In one series of adolescent self poisoners 52% reported difficulties in relationships with boyfriends or girlfriends,³ which supports the possibility of a causal link. The suggestive association between Christmas Day and parasuicide is further evidence that festivals, and the consequent pressure on interpersonal relationships, may be of aetiological importance.

The dangers of parasuicide include physical damage, repetitive self injury, and death.⁴ Information about aetiological factors can be useful in planning preventive strategies—for example, the provision of education and counselling for target groups. We suggest that those in contact with adolescents should be particularly vigilant during emotionally charged festivals such as Christmas Day and Saint Valentine's Day.

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Orbital pseudotumour secondary to giant cell arteritis: an unreported condition

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Giant cell arteritis causes sudden blindness but may also cause ophthalmoparesis, attributable to infarction of the cranial nerve or extraocular muscle. Orbital pseudotumour associated with painful diplopia has been recognised in other types of vasculitis but not previously in giant cell arteritis.

Case report

A 66 year old woman gave a 10 day history of malaise, fever, aches in the head and eye, pain in the cheeks worsened by chewing, and tender lumps on her temples. Sinusitis had been diagnosed, and she had been treated with oral co-trimoxazole, amoxicillin and clavulanic acid, and ciprofloxacin for seven days, and with intravenous amoxicillin and clavulanic acid for one day, with no relief. For two days she experienced diplopia and noticed prominence of her right eye. When examined she had a fever (37.5°C) and dilated, pulsatile, non-tender temporal and occipital arteries. There was 4 mm right sided proptosis, measured with an exophthalmometer, and globally restricted right eye movements; there was no ptosis, abnormality of the pupils or optic discs, loss of visual acuity, or sensory loss. The erythrocyte sedimentation rate (Westergren method) was 122 mm in the first hour and her white cell count was normal, but aspartate transaminase and alkaline phosphatase activities were moderately raised. Examination of the cerebrospinal fluid showed a lymphocyte count of $7 \times 10^6/l$. Computed tomography of the orbits confirmed proptosis of the right globe with normal extraocular muscles and paranasal sinuses. A temporal artery biopsy subsequently confirmed the diagnosis of giant cell arteritis.

She was treated with oral prednisolone 80 mg daily. Within six hours her headache improved and within 36 hours she no longer had fever or diplopia and the

proptosis had resolved. After 10 days the erythrocyte sedimentation rate and liver enzyme activity were normal. She was well four months after presenting, taking gradually reduced doses of steroids.

Comment

Patients with giant cell arteritis have occasionally experienced diplopia and presented with extraocular muscle paresis.¹ This is often attributable to infarction of the cranial nerve trunk,¹ although ischaemic necrosis of the extraocular muscle has also been shown.² Perivascular oedema accompanying vasculitic conditions such as polyarteritis nodosa³ and Wegener's granulomatosis⁴ can lead to varying degrees of inflammation of the orbital soft tissue. When this affects extraocular muscle (orbital myositis) painful diplopia may occur; more extensive diffuse or discrete orbital inflammation (orbital pseudotumour) with painful proptosis and ophthalmoparesis has also been seen. Although orbital pseudotumour has not been described previously in patients with giant cell arteritis, its occurrence was predicted in a recent review.⁵ Giant cell arteritis was confirmed histologically in our case, and the prompt resolution of painful proptosis induced by steroid treatment supports the diagnosis of orbital pseudotumour associated with vasculitis causing globally restricted eye movements. It was unlikely that our patient had an infection of the orbit as no organism or source was identified, and she responded rapidly to steroids but not to broad spectrum antibiotics.

Recognising that giant cell arteritis may cause painful orbital pseudotumour may prevent a delay in diagnosis and reduce the threat to vision.

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Injuries caused by tripping over paving stones: an unappreciated problem

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Injuries sustained by people tripping over uneven or broken paving stones are not uncommon, though the incidence and severity of such injuries have not been recorded. We studied the number and type of such injuries recorded by our hospital.

Patients, methods, and results

Cases were collected retrospectively by analysis of the medicolegal reports prepared in our department during the 12 months January to December 1988. In addition, we included those patients seen prospectively in the fracture clinic during the three months January to March 1989. Only patients whose injuries had been directly caused by tripping over uneven, broken, or loose paving stones were included.

We found 27 fractures in 24 patients and one case of anterior dislocation of the shoulder. The table gives details of the injuries. Internal fixation was required in four cases. The other patients were treated conservatively, though six required manipulation of their

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