

Television and Suicidal Behavior

Several studies have noted the negative health effects of television viewing on children's behavior(1). We present here the case of a child who attempted hanging probably influenced by television.

A 9-year-old boy was admitted to the pediatric intensive care ward at the Institute of Maternal and Child Health, Medical College, Calicut with history of attempted hanging. He quarreled with his elder sister who asked him to go and hang himself. Immediately he tied a knot around his neck using a saree and tried to hang himself from the roof. The knot was loose and he fell down after which he vomited and was not responding to commands for about half an hour. One of their relatives saw the incident and the child was brought to the hospital. At the time of admission the child was fully conscious. There were no external injuries and no neurological deficits.

The child belonged to a lower socio economic strata nuclear family from a rural back ground. Parents were both agricultural labourers with only primary level education. There was no family history of mental illness. His birth history and developmental milestones were normal.

Child psychiatry evaluation revealed a temperamentally impulsive and stubborn child with no features of depression or psychotic illness. His intelligence was normal and had average academic performance. He had no intention to die and he was not fully aware of the meaning of death. The attempted hanging was an impulsive act to show his anger against the sister.

There was no family history of suicide or attempted suicide. He did not witness hanging in the neighborhood also. He said he had seen

a TV serial in which a person tried to hang himself after a quarrel.

It is unusual for a 9-year-old child to act like this without a model. Since there was no real life model it can be assumed that TV depiction of attempted hanging served as a model in this child. Fictional depiction of suicide in television films was found to serve as stimuli for imitative behavior(2) and studies have noted increased rates of suicide and suicide attempts using the same methods displayed in the TV shows(3-5).

The case is reported to highlight the importance of the influence of visual media on children's behavior. The propriety of showing methods of deliberate self-harm in visual media is questionable. If it is necessary it should be done in such a way that imitation effect is minimized and help-seeking behavior is encouraged(3,5). It is recommended that journalists and media programmers should be educated in this regard.

Parents should be educated about the negative effects of TV on physical and mental health of children and ways to reduce the impact. They should be more selective and children watching TV alone should be discouraged(1). The Indian Academy of Pediatrics should take the lead in formulating and implementing the guidelines to help parents and children to develop healthy television viewing habits.

**M.G. Geeta,
P. Krishnakumar,**
*Department of Pediatrics,
Institute of Maternal and Child Health
Medical College, Calicut,
North Kerala, India.*

Correspondence to:
Dr. P. Krishnakumar,
*Caribbean Cottage, Wynad Road,
Calicut 673 001, Kerala, India.
E-mail: krishnakumar@sancharnet.in*

REFERENCES

1. Committee on Public Education. American Academy of Pediatrics. Children, Adolescents, and Television. *Pediatrics* 2001; 107: 423-426.
2. Berman AL. Fictional depiction of suicide in television films and imitation effects. *Am J Psychiatry* 1988; 145: 982-986.
3. Hawton K, Simkin S, Deeks JJ, *et al.* Effects of a drug overdose in a television drama on presentations to hospital for self-poisoning: time series and questionnaire study. *BMJ* 1999; 318: 972-977.
4. Gould M, Jamieson P, Romer D. Media Contagion and Suicide among the Young. *Am Behav. Scientist* 2003; 46: 1269-1284.
5. Gould MS, Shaffer D. The impact of suicide in television movies. Evidence of imitation. *N Engl J Med* 1986; 315: 690-694.

Acute Nephritis Complicating Coxsackie B Infection

The pathogenetic linkage between viral infections, including Coxsackie viruses, and renal diseases is difficult to establish(1). We present patient with acute mixed infection with B2 and B4 Coxsackie viruses complicated by glomerulonephritis.

A 4-year-old Caucasian girl was admitted with a 4-day history of fever, diarrhea and vomiting, and 12-hs of oliguria. Her past medical history was negative for any renal disease. On admission, she had a temperature of 39.5°C and blood pressure of 93/48 mm Hg. Physical examination was normal. Investigations showed leukocytosis with 88% neutrophils and anemia (hemoglobin level of 8.7 g/dL), elevated serum creatinine (3.84 mg/dL) and urea nitrogen (BUN) (164 mg/dL), estimated glomerular filtration rate (GFR) of 15.7 mL/min/1.73m² and metabolic acidosis. Erythrocyte sedimentation rate was 61 mm at the end 1-hr and C-reactive protein was 22.5 mg/dL. Urinalysis showed 3+ proteinuria, hematuria with dysmorphic erythrocytes and red cells casts. Blood levels of electrolytes were normal. Urine, blood, stool and throat

swab cultures were negative for pathogenic bacteria or fungi. Serum C3 and C4 complement levels, antistreptolysin O titer and auto-antibodies were normal.

Renal ultrasound examination showed enlarged kidneys with increased echogenicity. Due to normal values of C3 and C4 levels and presence of acute renal failure, a renal biopsy was done, which showed glomerular and mesangial hypercellularity and infiltration with polymorphonuclear cells. Immunofluorescence examination was negative for IgA deposits. A diagnosis of postinfectious glomerulonephritis was made on biopsy.

The oliguria lasted for three days. On day 3 blood level of creatinine was 5.4mg/dL, calcium 6.7 mg/dL and potassium 6mEq/L. On day 4, urine output normalized. At discharge, one week after admission, blood levels of creatinine, BUN and GFR were normal. One month later urinalysis was normal with no abnormal hematuria or proteinuria.

Serologic tests, using an indirect immunofluorescence method (Biognost, Gräfelfing, Germany), on acute and convalescent serum showed rising titres (1:40 each) of specific IgG, suggestive of a mixed infection by Coxsackie viruses B2 and B4.