CEYLON J. MED. SCI., Vol. XV No. 1, (June 1966)

Suicide in the Southern Province

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During the last decade about 750 persons committed suicide every year in Ceylon (Administration Reports of the Inspector General of Police, Ceylon) giving a rate of 13.5 per 100,000 population over 15 years of age. Not only is this rate high, it has also been rising through the years (Gunasekera, 1951) and the indications are that it would continue to rise. Though the focus of attention has been on the graver and much more serious problem of homicide, suicide in Ceylon has been a subject of research. Most of the research has been limited to the testing of specific hypotheses. Strauss and Strauss (1953) making use of suicide rates as reported by the Registrar General and analysing these on ethnic lines, attempting to demonstrate that the tightness of the social structure was the most important suicidogenic factor. Their contention was that the Sinhalese society was loosely structured and had a low suicide rate, while the Tamil society was tightly woven and had a high suicide rate. Gibbs and Martin (1958), who analysed anew the data presented by the Strausses differed from this view and contended that it was not the looseness or tightness of the social structure but the degree of status integration in society that determined the frequency of suicide. They attempted to demonstrate their hypothesis using marriage as an index of status integration. Wood (1961) rejected both these views and following the contentions of Henry and Shortt (1954) based on the frustration—aggression hypothesis (Dollard, 1939) preferred to look upon suicide as an expression of aggression of those in the upper rungs of an achieved status hierarchy. All these investigations, however, have failed to present a clear picture of the suicide problem in Ceylon. They fail to tell us what type of people commit suicide, how they do so and what reasons they give. This information has been given by Gunasekera (1951). His study covers the entire island and is based on police records. The present study attempts to provide this information in greater detail with respect to one part of Ceylon—the Southern Province. It analyses suicides committed in the Southern Province in 1960 from this standpoint.

The data for this study was collected from the records of Inquest Proceedings maintained in the Magistrates' Courts in the Southern Province. Inquests are judicial proceedings conducted in all cases of sudden death, death due to unnatural causes or death under suspicious circumstances (Criminal Procedure Code) and are designed to ascertain the cause of death and eliminate the possibility of foul play. The verdict—whether accident, suicide, homicide or natural death—pronounced at these proceedings is largely dependent on

(*a*) the evidence of the medical officer who conducted the post mortem examination; and (*b*) the evidence given by relatives and friends of the deceased.

The possibility of the suicide data analysed here being either incomplete or inaccurate does exist. But this possibility can more or less be ruled out. Deaths that should have been labelled suicide may have gone unreported or they may have been labelled as homicide, accident or natural death. It is, however, our impression that the proportion of such errors is negligible because of the thoroughness with which the Inquirers into Sudden Deaths in the Southern Province have conducted their investigations (Jayewardene and Ranasinghe, 1963).

It is perhaps pertinent to mention here that the legal position regarding suicide in Ceylon (Ceylon Penal Code) is similar to that obtaining in India (Indian Penal Code) and in England (Statute 45 and 46 Vict.). In Ceylon, though suicide in itself is no offence, an attempt to commit suicide is an offence punishable by a fine or imprisonment provided, of course, the individual was considered sane at the time of the attempt. The attitude of the legal systems to this subject is best shown by the manner in which the unfortunate survivor of a " suicide pact " is dealt with. In England, such a person is charged with murder. In India and Ceylon the charge is one of abetment of suicide, which, carrying a mandatory death penalty, is no less serious than that of murder. In Scotland where it is no crime to commit or even attempt suicide, the accessory to a suicide cannot be charged with any crime. It must be pointed out that though sociologically and psychiatrically the distinction exists between an attempted suicide—one who makes an attempt at suicide without a genuine desire of committing suicide—and a failed suicide—one really desirous of committing suicide but who has been prevented from doing so, the law makes no such distinction. Whether the desire to complete the act was present or not a person trying to commit suicide but failing is said to have attempted to commit suicide.

There were a total of 110 suicides committed in the Southern Province in 1960 giving a rate of 7.8 per 100,000 population and one of 13.1 per 100,000 population over 15 years of age. In comparison with suicide rates in other countries, this rate can be considered neither high nor low though it is much lower than those obtaining in most of the North European countries (United Nations, 1960). In the whole of Ceylon there were a total of 870 suicides in 1960 (Administration Report of the Inspector General of Police, Ceylon). Among this number, the Southern Province had a quota slightly lower than the figure calculated on a population basis. Homicide and suicide have been looked upon as different aspects of the same phenomenon and it has been contended that the incidence of one is inversely related to the incidence of the other (Strauss and Strauss, 1953). This is in spite of the fact that Durkheim's (1897) work in Europe has demonstrated that such is not the case and the existence of empirical evidence from countries like the United States of America where there is a high suicide rate and an equally high or even higher homicide rate (Uniform Crime Reports). Homicides in the Southern Province in 1960 gave it a rate of 6.6 per 100,000 population—a rate that is relatively high compared to international standards (Jayewardene, 1964) but the total number of 88 is population-wise what is to be expected when the total number of homicides (536) committed in the country is considered. The incidence of suicide and homicide in the different judicial districts of the Southern Province is shown in Table 1. The two rates vary from district to district. The inverse relationship between the two rates is clearly evident only in the Matara and Tangalla Districts. It might be pointed out that here too the pattern presented is dia-

metrically opposed to each other indicating that the Southern Province cannot be considered a homogeneous unit where the use of violence is concerned. In the other districts (Balapitiya, Galle and Hambantota), both homicide and suicide rates are high. The suicide rate is higher than the homicide rate in Balapitiya and lower in Hambantota while the rates were equal in Galle.

The sex distribution of suicides in the Southern Province shows that twice as many males as females committed suicide in 1960 (Table 2). The world over it has been found that females, though they attempt suicide fairly frequently,—as often as males—complete the act less frequently (Metropolitan Life Insurance Company, 1941; Dublin, 1933). The actual figures vary from country to country and even in the same country from locality to locality, but in general it could be said that the rate of self destruction is about three or four times as much among males as it is among females (Frenay, 1926; Cavan, 1928). The Southern Province figures, while presenting a picture which fits the general pattern of a male preponderance shows that the female component is rather larger than that found in occidental countries. In this connection it may be mentioned that the female contribution to suicide has been generally found to be greater in the oriental countries than in the occidental (Miner, 1922). In comparison with the whole of Ceylon where 640 of the 870 suicides were males, the Southern Province shows a greater contribution to suicide by females, fitting more into the oriental pattern than the occidental one.

The age distribution which is another important aspect of suicide marks the Southern Province as unusual. In the occident both males and females who commit suicide come from the older age groups. Suicide rates increase with age (Frenay, 1926; Dublin, 1933). Suicide rates show a steady increase from 3.0 per 100,000 population in the 15—19 years age group to 30.4 per 100,000 in the 75 years and over age group (Federal Security Agency, 1949), the pattern being more marked among the males (Menninger, 1938). So persistent and so consistent has been this pattern in the occident that it has come to be recognised as a universal characteristic and persons proferring explanation for suicide felt obliged to give it a prominent place. Thus, when the frustration-aggression hypothesis was invoked, it was qualified with the thesis that the old, who felt beaten in life, turned the aggression against themselves, while the young, ready to battle, turned the aggression against others (Porterfield, 1952). In recent years, however, research in oriental countries such as Japan has revealed an entirely different picture (Tatai, 1961). Here it is the young adult rather than the aged that commits suicide. The Southern Province data indicates that the female contribution to suicide follows closely the Japanese pattern with a large contribution from the young adult. Of 36 female suicides, 23 were in the age group 15 and under 30 years old. The male contribution is almost equal between the younger and older age groups. There were 29 male suicides, 15 and under 30 years old, and 27, over 60 years of age. The figures for the entire country, however, indicate the pattern obtaining in Ceylon is that found in Japan rather than that found in the occidental countries. In connection with the age distribution it must be pointed out that the contribution that the different age groups make to the total number of suicides is largely dependent on the age structure of the population. With the expectancy of life at birth of 56 years in Ceylon (Statistical Abstracts of Ceylon, 1960), the contribution of the younger age groups in terms of absolute numbers

can easily be greater. A meaningful comparison can only be made if the yard stick of a rate is used. Unfortunately, data on the population distribution is not easy to come by. When the rate is calculated on the basis of the population distribution by age observed at the Census of 1953 (Table 3), it is the younger age groups that make the greater contribution to suicide in the Southern Province among the females and among the males it is the older age groups. The table shows that the pattern in the Southern Province is unlike that found in either the occident or the orient. When the total is considered, there is a steady and sharp rise in the suicide rate with age, interrupted by an inordinately high rate in the 15 and under 30 years age group. When the male component is considered, this same pattern is discovered but when the female component is considered, the pattern that is elicited is a similar contribution in all age groups with the exception of the 15 and under 30 years old age group which has a rate twice that of the other age groups.

The means utilised to commit suicide has varied from place to place and from time to time. In Egypt carbolic acid was once common, but now arsenic is popular; in Great Britain coal gas was common as late as 1940, but now barbiturates are more frequently utilised; in France from as far back as 1850 coal gas asphyxiation was used four times as much as any other means (Dublin, 1933; Smith and Fiddes, 1949); in the United States of America, firearms and hanging were popular (Schmid and van Arsdol, 1955); while in Japan hanging and drowning were the common methods utilised at the beginning of the last decade but at the end of the last decade these had given way to poison (Tatai, 1961). From the last century hanging appears to have been the commonest method of committing suicide in Ceylon, but it was common only among the males; the females preferred drowning or poisoning (Gunasekera, 1951). In 1960, hanging was the method chosen by over a third of the suicides in Ceylon. Acetic acid ingestion was used by over 25% of them and constituted the second most popular method. The proportion resorting to acetic acid ingestion has increased with the years and is slowly replacing drowning which was the second most popular method till recently (Administration Reports of the Inspector General of Police, Ceylon). The position in the Southern Province is different from that obtaining in the rest of the country. While hanging has been resorted to by a large number of suicides, pride of place goes to acetic acid ingestion. This latter method is common both among males and females but a larger proportion of females than males resort to it. Hanging shows a definite male preference. It is the commonest method among the males, Drowning which is the third most popular method is equally popular among males and females with about 12% of both males and females using it but a larger proportion of the female suicides (14%) have preferred to end their lives with insecticide poisons. Setting fire to oneself was exclusively a female method while the more violent means such as cutting, shooting, jumping from a height or jumping in front of a train was used exclusively by males. These latter means showed in addition to a sex preference an age preference as well. It was the older men who chose the more violent means of ending their lives. A factor that is important in considering the means employed for committing suicide is necessarily its ready and easy availability. The method most commonly used by males in the Southern Province—hanging—is an universally available method. Acetic acid, also frequently used by both males and females, is readily available in the Southern Province because of its use in the rubber industry. In the case of homicide, it has been contended, that the most potent

single factor is the availability of the means (Topping, 1952) though this view does not have universal support (Jayewardene and Ranasinghe, 1963). No such contention has been made as far as suicide is concerned probably because all over the world, the commonest methods used are the most readily available. However, it must be pointed out that there appears to be a sex differential in the choice of the method from among those readily available.

A man who commits suicide is considered by the law to do so while in a state of temporary insanity. Mentally unbalanced people, especially those who are in a depressed state are likely to commit suicide (Cavan, 1928), but all those who commit suicide are not people who have by their previous behaviour shown any signs of mental imbalance (Cavan, 1928). The majority of the suicides are " normal " people, who have differed in their behavioural patterns, very little if at all, from all other normal persons in society (Farris, 1948). In the present study, 20% of the cases fell into the category of the insane—people who had sometime prior to the suicide shown signs of mental imbalance and had undergone ireatment for insanity. This finding is not peculiar to Ceylon or the Southern province it is the prevalent pattern throughout the world (Sainsbury, 1955).

Table 6 shows the reasons that have been given for the suicide by the suicides in the Southern Province. Some of these reasons have been given by the suicides themselves in letters left behind while others have been inferred from the evidence. The largest number were those with organic disease. It is the largest category for males and includes nearly 50% of the cases. In all of them the individual has been chronically ill with tuberculosis, chronic heart disease, asthma or cancer and had hardly received any relief during a prolonged period of treatment. Apparently, unable to bear it any longer he hastens his merciful end. In occidental countries organic disease has not been an uncommon reason for suicide and what is more the pattern has been similar to that in the Southern Province — a reason more popular among the males (Elliot and Merill, 1950). The commonest reason given by female suicides in the Southern Province was marital disruption; this accounted for two thirds of the cases. In this category are included those cases of bickerings between lovers or husbands and wives, divorce, desertion, separation and frustration in love affairs—all reasons that have been collectively termed 'romantic suicides' in the literature (Cavan, 1928). In other countries too this reason was common among the female suicides, but more frequent for attempted suicide than for completed ones (Metropolitan Life Insurance Company, 1954).

Another reason that has been frequently adduced for suicide in the Southern Province is social disgrace. Into this category fell 11.7% of the cases in the Southern Province and all of them were males. What produces the social disgrace varies from time to time and from place to place. The literature, however, identifies two types of suicides which have been thought to be fostered by social disgrace. First, there are the business failures. Though the frequent association between suicide and business failure has led to the belief that it is economic frustration that is the potent suicidogenic factor (Hurlburt, 1932), the fact that the contribution made by even grinding poverty to the suicide problem is extremely small (Dublin, 1933) has led to the conclusion that the potent factor is social disgrace. Business

failures usually fall into one of two categories. There are those who look upon the failure as a personal incapacity. Having assumed themselves to be capable business men, they lose face when they fail and then commit suicide. The majority of business failure—fostered suicides, however, have been found to be persons in fiduciary positions who have violated their trust and are not willing to suffer the punishment. They commit suicide because of the social disgrace (Elliot and Merill, 1950). In the Southern Province there was not a single case where even the semblance of a business failure led to the suicide. The "social disgrace" suicides in the Southern Province all fell into the second group where an insult, abuse or any other event acted as an emotional and actual attack on the person's self respect (von Andics, 1947).

Suicide has long been recognised as a social problem and attempts to grapple with the problem have resulted in the examination of the social structure (Durkheim, 1897), the family (Halbwacks, 1930), the occupational standing of the population (Morselli, 1882), religion (Durkheim, 1897), urbanism (Porterfield and Talbert, 1948) and the business cycle (Thomas, 1927). In recent times the limitation of suicide as a social problem has been considered futile, first, because proper investigations and supervision of attempted suicides have been found to be fruitful method of preventing suicide (Oliver, 1954; Kressner, 1961), and second, because the improvement in the medical facilities provided in a country and the popular appreciation of this fact has increased the number of hospital admissions of persons who suffered the after effects of attempted suicide (Indian Medical Association 1961). In the Southern Province two persons who committed suicide had made previous attempts, at it. In one case the man who had been prevented from hanging himself on two earlier occasions finally managed to do so in strict privacy. In the other case a man had attempted to jump in front of a bus, finding his attempted thwarted, he, later, jumped in front of a train. These two cases were probably "failed" suicides and not attempted suicides in the strict sense of the word. Hospitalisation after the attempt but prior to death occurred only in 5 cases—all females who had ingested acetic acid. One male committed suicide while in hospital—by jumping through a window of the hospital ward.

ACKNOWLEDGEMENT

In the preparation of this paper the authors received considerable assistance from Dr. S. R. Kottegoda, for which the authors are thankful.

TABLE 1

Suicide and Homicide Rates in the Southern Province in 1960

District	Suicides	Homicides	Population Thousands	Suicide Rate Per 100,000	Homicide Rate Population
Balapitiya	26	17	231.5	11.3	7.3
Galle	29	27	429.0	6.8	6.7
Matara	41	21	505.0	8.1	4.2
Tangalle	7	13	160.5	4.4	8.1
Hambantota	7	10	67.5	10.4	14.9
Total	110	88	1393.5	7.8	6.6

TABLE 2

Age and Sex Distribution of Suicides in the Southern Province in 1960

Age Group	Males	Females	Total
0 and under 15 years	0 (0)	0 (0)	0 (0)
15 and under 30 years	29 (39.2)	23 (63.0)	52 (47.3)
30 and under 45 years	8 (10.8)	7 (19.4)	15 (13.6)
45 and under 60 years	10 (13.5)	4 (11.1)	14 (12.7)
60 and under 75 years	18 (24.4)	2 (5.5)	20 (18.2)
Over 75 years	9 (12.1)	0 (0)	9 (8.2)
Total	74 (100.0)	36 (100.0)	110 (100.0)

Note. Figures in parenthesis are percentages.

TABLE 3

Suicide Rates according to Age and Sex in the Southern Province in 1960.

Age Group	Male	Female	Total
15 and under 30 years	20.7	14.8	17.5
30 and under 45 years	6.5	7.6	7.0
45 and under 60 years	17.0	7.3	12.3
60 years and over	67.5	7.5	43.3

Note. The rates are per 100,000 population in each age group. They have been computed with the suicide figures for 1960 and the population figures for 1953.

TABLE 4

Age and Sex Distribution of Suicides in Ceylon in 1960

Age Group	Males	Females	Total
0 and nuder 15 years	19 (2.9)	29 (12.6)	48 (5.5)
15 and under 30 years	244 (38.1)	142 (61.7)	386 (44.4)
30 and under 45 years	211 (32.9)	46 (20.0)	257 (29.5)
45 and under 60 years	131 (20.4)	10 (4.4)	131 (16.2)
60 years and over	35 (6.7)	3 (1.3)	38 (4.4)
Total	640 (100.0)	230 (100.0)	870 (100.0)

Note. Figures in parenthesis are percentages.

Source. Administration Report of the Inspector General of Police for 1960.

TABLE 5

Methods used for Commiting Suicide in the Southern Province in 1960.

Method		15 and under 30 years	30 and under 45 years	45 and under 60 years	60 and under 75 years	75 and and over	Total
1. Asphyxia							
a. Hanging	M	15 (52)	2 (25)	4 (40)	6 (34)	5 (56)	32 (43)
	F	6 (26)	0 (0)	0 (0)	1 (50)	0 (0)	7 (20)
	T	21 (40)	2 (13)	4 (29)	7 (35)	5 (56)	39 (35)
b. Drowning	M	1 (3)	1 (13)	2 (20)	4 (22)	1 (11)	9 (12
	F	2 (9)	1 (14)	1 (25)	0 (0)	0 (0)	4 (11)
	T	3 (6)	2 (13)	3 (21)	5 (22)	1 (11)	13 (12)
2. Poisoning							
a. Acid	M	11 (38)	4 (50)	3 (30)	6 (34)	1 (11)	25 (34)
	F	10 (44)	5 (71)	2 (50)	0 (0)	0 (0)	17 (48)
	T	21 (40)	9 (60)	5 (36)	6 (30)	1 (11)	42 (38)
b. Insecticide	M	2 (7)	0 (0)	0 (0)	0 (0)	0 (0)	(6)
	F	10 (44)	5 (71)	2 (60)	0 (0)	0 (0)	4 (11)
	T	6 (12)	0 (0)	0 (0)	1 (5)	0 (0)	7 (6)
3. Burns							
a. Fire	M	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
	F	1 (4)	1 (14)	1 (25)	0 (0)	0 (0)	3 (8)
	T	1 (2)	1 (7)	1 (7)	0 (0)	0 (0)	3 (3)
4. Other Injuries.							
a. Shooting	M	0 (0)	1 (13)	1 (10)	0 (0)	0 (0)	2 (3)
	F	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
	T	0 (0)	1 (7)	1 (7)	0 (0)	0 (0)	2 (2)
b. Cutting	M	0 (0)	0 (0)	0 (0)	1 (6)	0 (0)	1 (1)
	F	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
	T	0 (0)	0 (0)	0 (0)	1 (5)	0 (0)	1 (1)
c. Train	M	0 (0)	0 (0)	0 (0)	1 (6)	1 (11)	2 (3)
	F	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
	T	0 (0)	0 (0)	0 (0)	1 (5)	1 (11)	2 (2)
d. Fall	M	0 (0)	0 (0)	0 (0)	0 (0)	1 (11)	1 (1)
	F	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
	T	0 (0)	0 (0)	0 (0)	0 (0)	1 (11)	(1)
5. Total	M	29 (100)	8 (101)	10 (100)	18 (102)	9 (100)	74 (100)
	F	23 (100)	7 (99)	4 (100)	2 (100)	0 (—)	36 (101)
	T	52 (100)	15 (100)	14 (100)	20 (100)	9 (100)	110 (100)

Note. Figures in parentheses are percentages.

M—Males; F—Females; and T—Total.

TABLE 6

Reasons given for Suicide in the Southern Province in 1960.

Reason	Male	Female	Total
Insane	19 (25.7)	3 (8.3)	22 (20.0)
Organic Disease	33 (44.6)	5 (13.9)	38 (13.4)
Marital Disruption	9 (11.9)	25 (69.5)	34 (30.8)
Grief	0 (0)	3 (8.3)	3 (2.9)
Social Disgrace	13 (17.6)	0 (0)	13 (11.9)
Total	74 (99.8)	36 (100.0)	110 (100.0)

Note. Figures in parenthesis are percentages.

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