

THESIS

For the M.D. Degree of the University
of Edinburgh by Eustace Firth
M.B., C.M. (Edin.) 1880.

On Suicide.

The recent sad death by his own hand
of Dr. Edwards of Haverham suggested
to our mind the desirability of writ-
ing a short thesis on Suicide.
The subject though not a pleasant
one is certainly a very important
one. Europeans are now killing
themselves at an average annual
rate of one in five thousand that
is to say a total of about fifty thou-
sand persons are dying by their own
hands each year on the Continent
and in the British Isles, and these it
must be borne in mind include only
the suicides which are officially known,
not the unrecorded and unsuccessful
suicides which would probably increase
the total by not less than one half
bringing the European annual total
up to about ninety thousand.

We venture to think that the subject
"Suicide" has not received the attention
which it deserves most of us regard
it in its unpoetic aspect only, we
see in it a religious crime, by habit
we have grown accustomed to this one.



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soiled view and we instinctively shrink
from any other yet it is an act which
by its nature and history certainly merits
wider and more philosophical consideration
it is a matter of common experience
that hardly a day passes but what one
or more suicides are recorded in the news-
papers occasionally a case will attract
particular attention either because the
suicide was a person moving in the
upper ranks of society or from some
other cause well known or because
the act was committed in some extra-
ordinary manner but excepting these
unusual instances, the suicides which
we so often see recorded in a newspaper
paragraph attract but little attention
the very frequency of their occurrence tends
to produce this effect, we avoid the
subject as much as possible we deem
it too distressing for discussion the very
thought of it sends a shudder through
us, but in spite of this and however
unprofitable and wicked it may appear
to us from a religious point of view
it deserves or has purchased treatment
than we commonly give it, It is
not simply a sin it is something else
besides, it has always played and is
still playing a part among us which
entitles it undoubtedly to be classed
among moral phenomena, the causes
which produce it are incessantly at
work, a number of suffering minds
are always tending towards it - it is

in civilized countries an inevitable -
product, a product of the general condition
of society. Suicide is indeed a
terrible mental, moral and social
Disease terrible on account of its
nature and extent and above all from
the undoubted fact that it is ever
increasing - it is idle to turn away
from it with dread and call it
shocking truly it is a painful subject
but not on that account are we
free to ignore its existence we
must look this great Evil in the
face and putting aside all pre-
judices and feelings treat it in a
philosophical and scientific spirit.

Suicides are annually increas-
ing more common not in England only
but all over the civilized world -
its rate calculated as an average
on the entire population of Europe
without distinction of nationality
or local variation has more than
quintupled since the middle of last
Century - during the last few
years there have been special
causes at work - famine in India
and agricultural depression have
tended to drive men to suicide in
ever increasing numbers - thus in
every million of inhabitants the
increase in the number of suicides
has been as follows

in Italy	Jan 1864 to 1878	fr: 30 to 37 ^{annually}
" Belgium	" 1831 " 1876	" 39 " 68 "

annually

in Great Brit: & Ireland	fr: 1860 to 1878	fr: 60 to 70	^
" Sweden & Norway	- 1820 - 1877	- 39 - 80	"
" Austria	- 1860 - 1878	- 70 - 122	"
" France	- 1827 - 1877	- 52 - 149	"
" Prussia	- 1820 - 1878	- 71 - 133	"
" Denmark	- 1836 - 1876	- 213 - 258	"
" United States	- 1845 - 1878	- 107 - 163	"
" Union German States	- 1835 - 1878	- 117 - 289	"

The increase in population in these countries will only account for a very small part of the increase of suicide except in the case of the United States

In Germany suicide has increased 30 per cent within the last ten years, over 300 men women and children annually put an end to their lives in the Capital of Germany

In France during the seventeen years 1836-52 the average of suicides was 8.3 per 100,000 population or 1 in 12013 inhabitants - in 1871 there were 4490 suicides and in 1874 the number rose as high as 5617 in 1876 the number amounted to 5467 in that year, as is always the case the Department of the Seine furnished the largest number viz 915 while no other department even the most populous attained 100. in 1817 the number of suicide in the department of the Seine amounted to only 351.

In Prussia the proportion of suicides is greater even than in France in 1834 the proportion was 1 in 9941 inhabitants and in 1843

it was as high as 1 in 8081 individuals during the 3 years 1850-53 the average was 38 in every 100,000 deaths from all causes - the annual average of suicide has increased within the last 10 years from 13 to 17 per 100,000 population in 1880 there were no less than 4330 suicides

Although England has been called the "Classic Land of Suicide" she really holds only a second or third rate position in the suicide scale among civilized nations, of the different European States Denmark stands highest with a rate then Geneva, Saxony, Norway, Prussia, France, England, Sweden and Belgium but England forms no exception to the rule that suicide is on the increase the Registrar General's Forty third annual report gives us the following statistics - the number of persons registered as having committed suicide in 1880 was 1979 being at the rate of 77 suicides per million persons living, in the immediately preceding year the rate had been 80 per million and there were the two highest rates on record since civil registration began, in 1878 the rate was 71 suicides to a million persons living the following table shows the annual number of suicides recorded from 1858 to 1880 (and it must be borne in mind that these figures only represent the suicides

recorded not the unsuccessful and un-
-recorded ones)

year	1858	1859	1860	1861	1862	1863	1864	1865
Suicides	1278	1848	1365	1347	1317	1319	1340	1392
year	1866	1867	1868	1869	1870	1871	1872	1873
Suicides	1329	1316	1508	1588	1554	1495	1514	1518
year	1874	1875	1876	1877	1878	1879	1880	
Suicides	1592	1601	1770	1699	1764	2035	1979	

The following Table shows the mean annual rate of suicide during the 20 years 1861-80 and in each quinquennial of that period

	Mean annual rate of Suicide per 1,000,000 living
1861-65	66.0
1866-70	67.8
1871-75	66.4
1876-80	74.2

In England or in other countries suicide is much more prevalent in some districts than in others thus while the average of suicide in England and Wales was 68 in a million of the population in the three years 1856-7-8 the county of Pembroke afforded a proportion of only 10 suicides while

Westmoreland exhibited a proportion of 111, these are the two extremes of the list, and would have thought that Middlesex would have been at the top and far above any other county but rural Westmoreland is worse than even the seat of the Metropolis; Middlesex shows a proportion of 105 to the 111 of Westmoreland.

Authorities on Sanitation and Vital Statistics tell us that of late years life - the average human life - has been considerably prolonged, by the greater attention being paid to the means of preserving health - yet concomitant with this improvement men are everywhere becoming more weary of the burden of life and suicides are more frequent.

With regard to the influence of Education on Suicide, Statistics - so far as we have been able to obtain them - clearly show that with the spread of Education there has been a corresponding increase in Suicide they are most frequent where there is most schooling the following Table taken from the Registrar General's Forty third annual Report shows the effect of the spread of Education

Counties grouped by Educational Condition	Mean Annual Suicides per million living
where 27 per cent were unable to sign the Register	57.5.

When less than 27 per cent but more than 17 per cent were unable to sign the Register	69.2
When less than 17 per cent were unable to sign the Register	80.3.

N.B. the proportion of the persons unable to write are the averages of the 10 years 1869-78.

The increase of suicide which has occurred concurrently with a decrease in Religion in recent times shows what an important Agent Religion is in the prevention of suicide. We mean Religion in the truest and highest sense of the term - not the Religious excitement and fanaticism which is so common in these days. It does tend rather to increase than to check suicide; the anticipation of self-hitting on religious grounds constitutes the only effective bar to it which has up to the present been discovered. All the books that have been written about suicide, all the moral philosophical legal medical, Historical and Oratorical Treatises which have been composed in all languages with a view to it have failed to exercise the faintest effect on it, even laws of barbarous severity have been insufficient to stop it.

By the English Law suicide is Murder but the attempt to commit it is only a misdemeanour so that the legal gravity

of the act be not with the intention but in success - Suicide is a crime not admitting the Legislature interference it is an act which God must judge He alone knows the whole, the Legislature has only a corpse to deal with - Criminal or not the means frequently is played out now and cannot be altered The law which punishes the attempt to commit suicide would if it had any influence at all tend to diminish not the total number of suicides annually recorded but the proportion of unsuccessful to successful suicide for the knowledge that he will only be punished if he fails with the attempt can hardly be supposed to deter a man from committing a crime

With regard to occupation we find that of 5617 suicides committed in France in the year 1874 33 per cent were agricultural labourers 30 per cent workmen in various industries 4 per cent merchants and shopkeepers 16 per cent liberal professions 4 per cent servants and 13 per cent without occupation or occupation unknown, of 5467 suicides committed in 1876 - 1828 were peasants 1038 workmen - 228 servants 987 of liberal professions and 241 in commerce & literature is the only profession in which the number of ^{female} suicides exceeded the male It is very noteworthy that in the military profession the proportion of suicides is

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very large, among the troops on the Home
Station in 1859, the proportion of Suicide
was more than double that found in
civil life thus the proportion of Suicide
occurring among 1,000,000 (heads of the
Military age (20 to 40) in civil life
according to the Revision General's returns
for 1852-56 was 124.6 but that oc-
curring in the troops on the Home Station
in 1859 (20 in a strength of 71715 Men)
shows a proportion of no less than 278.8
in 1,000,000 - then can be no doubt
that the compulsory Military Service System
which obtains in Germany has much
to do with the large number of suicides,
which are committed annually in that
country, for many men prefer a sudden
and violent death rather than easily
with its rigorous provisions besides
this, in the Service ^{the proportion of Suicide} itself, is always large
the returns of Suicide in the Navy
shows also an excess over those occur-
ring in civil life but not to so
great an extent as in the army, the
average proportion of Suicide annually
occurring among Soldiers on the
Home Station to 1,000,000 of the strength
was in the three years 1856-58, -137.4.

As a rule Suicide is more
prevalent in large Towns than in
the country, this is greatly due to the
moral education imparted in the
Theatres and other places of amusement
and we may mention here that there
is one class of unfortunates whose

proportion may be regarded as a direct
 incentive to suicide - near a fourth
 of the prostitutes in Edinburgh actually
 attempt suicide and about ^{one} ~~two~~ ^{third} ~~four~~
 actually accomplish it. but in ~~Paris~~
 according to M. de Boismont suicide
 among prostitutes is rare, probably
 this difference is due to the superior
 education of the Scotch prostitutes

As might be supposed the influence
 of season on suicide is great the
 number of suicides as also the total
 amount of ruin is greater during
 the summer half of the year (probably
 the difference temperature of the water
 has much to do with the frequency of
 suicidal occurring in the summer
 months) it is a matter of common
 experience how profusely the weather
 affects the health and spirits and we
 might naturally expect that it is in
 winter when the days are short and
 the nights long and cold, when rain
 and snow and frost intensify the
 sufferings of the poor, when employment
 is scarcest and necessities most
 pressing and when out door relief
 is not possible to many, that suicide
 should be most prevalent, but the
 very contrary nevertheless obtains -
 the proportion of suicides in the
 first quarter of the year is about
 22.1 per cent - in the second quarter
 30.8 per cent in the third quarter 27.1
 per cent and in the last quarter only

20 per cent, than in the hot comparatively
 warm months of the year about 58
 per cent of all the suicides occur
 May June and July exceed any other
 three months June standing at the
 head of all - the mania increase
 in fact, up to midsummer and
 then somewhat rapidly decreases -
 December have the fewest suicides
 as June has the most - D^r Mountain
 civil medical officer of Bangalore
 gives the following details regarding
 deaths from suicide in that district

Months	No. of suicides
January	3
February	2
March	3
April	6
May	10
June	10
July	7
August	2
September	3
October	5
November	3
December	3

the very great majority of suicides are
 committed - no matter what the im-
 mediate cause may be - during a state
 of mental excitement in fact impulsively
 when the nerves are so far exalted
 strong to the highest pitch of irrita-
 bility - even those of the most
 phlegmatic temperament must have
 experienced the comparative irritability

effect of the hot weather months the reason there for that ~~the~~ ^{impulsive} suicides are distinct from premeditated is so greatly influenced by the hot season of India seems pretty obvious - moreover when we bear in mind what impulsive nervous creatures natives are especially women who contribute so largely to the crime in the country, we shall at once understand how it is that the influence is so much more pronounced in their case than in the case of Europeans, and there is little doubt that the seasonal influence is less marked amongst Englishmen and perhaps still less amongst sectetmen

It is a very singular fact that suicide is comparatively speaking, rarely committed at night one would have thought that they would have been much commoner at night

With regard to the influence of age on suicide we find that the tendency to the latter increases with age up to ~~65-75 years~~ ^{about middle life} and then decreases The Registrar General's returns for England and Wales during the quinquennium 1852-56 shows the following

age	n ^o of suicides
10	32
15	621
25	791
35	998

45	1286
55	997
65	547
75	155
85	14.

The ages of 3020 suicides committed in France during the year 1843 were as follows

under 16 years of age	15
from 16 to 21	147
" 21 " 30	481
" 30 " 40	540
" 40 " 50	647
" 50 " 60	506
" 60 " 70	384
" 70 " 80	170
" 80 upwards	20
age unknown	110
total	<u>3020</u>

In 1871 of 4490 suicides 184 had not attained their majority, 1125 were from 21 to 40, 1782 from 40 to 60, 1362 above 60 whilst the age of 57 were not known

In 1874 of the 5619 suicides the ages of 3512 of them were as follows

under 16	29
from 16 to 21	193
" 21 " 40	1477
" 40 " 60	2214
above 60	1599

In 1876 of the 5469 suicides enumerated in France the different ages

were thus

under 16	29
from 16 to 21	195
" 21 " 30	648
" 30 " 40	829
" 40 " 50	1053
" 50 " 60	1161
" 60 " 70	993
" 70 " 80	522
above 80	98

In Geneva during the 10 years 1825-34 the different ages were as follows

from 10 to 20	5
" 20 " 30	30
" 30 " 40	18
" 40 " 50	15
" 50 " 60	34
" 60 " 70	19
" 70 " 80	9
" 80 " 90	3

The disposition to suicide may be manifested very early in life, children of five years old have been known to kill themselves because they feared a scolding or because they wished to make their parents sorry or more rarely because they feel themselves a burden to those who take charge of them, out of 4595 cases of suicides recorded in the Archives du Parquet 44 were of children under 14 years of age - the motives which lead children to

committing themselves are often very trifling
 M. Zolret knew a boy of 12 years of
 age who hanged himself because
 he was only twelfth in his class
 and another case occurred at West-
 minster School when a girl ten years
 old on being reprimanded for a trifling
 fault went upstairs and hanged
 herself with a pair of braces —
 another girl of eleven years drown-
 ed herself in the New River because
 she expected to be punished for some
 slight fault — According to Dr. Lisle
 the number of suicides committed
 by children under 16 years of age
 was in 1860 seven times greater than
 it was 30 years previous in Berlin
 there was only 1 infatuate suicide
 between 1788 and 1797, 43 between
 1798 and 1807 whilst the figure attain-
 ed the height of 32 between 1812 and
 1821 this disturbing fact of the in-
 crease of youthful suicide shows
 perhaps more clearly than any other
 which could be adduced how subtle
 and yet how powerful are the pre-
 disposing influences which generate
 disease and crime — nor is old
 age exempt from suicide one
 case is recorded of a boy who
 hung himself in a stable at the
 advanced age of 120

With regard to the influence of sex
 on suicide statistics clearly show
 that it is much more frequent in

men than in women and this in
 spite of the greater predisposition
 of women to insanity which cause
 such a large amount of suicide -
 Esquirol estimates the proportion of
 male to female suicides as 3 to 1
 in Geneva during the ten years 1825-34
 the proportion of suicides were 97 male
 to 38 female - in the Department
 of the Seine (France) in 1817 there were
 255 male to 116 female suicides
 and in France in 1871 there were
 3596 male and 894 female suicides
 - in 1874 - 4435 (or 79 percent) male
 and 1182 (or 21 percent) female
 in 1876 - 4435 male to 1032 female
 suicides - in Boston in 1861, 76
 men and 19 women destroyed their
 lives - in England & Wales during
 the quinquennium 1852-56 there were
 3886 male and 1529 female suicides
 making an annual average mortality
 of 8.51 of the former to 3.25 of the
 latter per million persons
 living from ten years and upwards
 of each sex respectively - in 1861
 the number was 961 male to 563 female
 in the decennium 1871-80 according to
 the Registrar General's 70th Annual
 report the male suicides were to the
 female in the proportion of 306
 to 100 the annual rate of males
 being 107 and for females 35. per
 million being of each sex respectively
 it would appear moreover that the

proportion of male to female suicides
 has increased, for with decemium
 1861-70 out of equal numbers living
 there were 293 male to 100 female
 suicides - the differences between
 the sexes is not quite so great, when
 we take into consideration the
 whole period of life, which is longer
 in females than in males, instead
 of a definite time such as a de-
 cennium for the chance of the time
 of birth of a male child eventually
 ending its life by suicide is 1 to
 211, while the chance of a female
 child doing so is 1 to 578
 in 1850 there were (in England) 1496
 male and 483 female suicides
 that is 120 males to 37 females for
 every 1,000,000 persons living of each
 sex the number in Prussia for
 that year was 3559 males and
 771 females - it is very remarkable
 that women should cling to life
 so much more strongly than men
 and that under the most wretched
 conditions - a childless widow
 would appear to be much more
 desolate in the world than a widower
 similarly situated yet she bears
 her bereavement better - it is a
 melancholy proof of the sadness
 of woman's lot in the East, that
 the proportion of suicides are there
 reversed, in India more than double
 the number of women put an end

to themselves compared with men and probably this is true of all countries when polygamy prevails - in India women commit suicide on the smallest provocation. - In instance, a woman has been known to throw herself down a well because her son on being called three times to come to dinner refused to do so - and a French girl killed herself because her mother on one occasion refused to let her go out - almost all the female suicides in the East are by drowning - most frequently in a well - it is a common thing for a young man and woman who wish to marry but cannot get the consent of their parents to bind themselves to poison and drown themselves - in 1850 a married woman of Mollenberg in Hanse Land drowned herself and her child rather than have the child vaccinated

More females commit suicide between the ages of 15 and 20 than at any other time of life, indeed at that period the female rate scarcely differs from the male rate of suicide - this fact is doubtless due to sexual causes specially operative in the female sex at that period of life.

The influence of marriage on suicide is not well marked, amongst

a million of persons of each class
in Europe generally the following
numbers committed suicide —

Married men with children	205
.. .. without	470
widowers with children	526
.. .. without	1004
Married women with ..	45
.. .. without	158
widows with children	104
.. .. without	238

Thus suicide appears more common among the unmarried and married without children than among the married with children — out of the 4595 cases recorded in the Archives du Pasquet and which have been already referred to, only 1624 were married although in the general population there are more married than single people, 1100 suicides had children — in France in 1871 of 4324 suicides 1410 were celibates — 1443 married with children, 676 married without children and 311 widows and widowers without children in 1874 of 5617 suicides 1946 (or 36 per cent) were unmarried, 2645 (or 48 per cent) married and 881 widowed of these two last categories 2259 nearly two thirds had children in 1876 of 5467 suicides 1946 were celibates, 151 widowed without children and 801 married with children —

Coming now to the important

question of the influence of Heredity
 on Suicide we find that it is well
 marked - in 81 cases of Suicide oc-
 ccurring in a limited portion of
 the department of the Dis (Zoum),
 hereditary influence was shown
 to occur, twenty two times, that it
 appeared nine times in the direct
 line, seven times between brothers
 nine times between uncle and nephew
 and once between cousins - as il-
 lustrations of hereditary suicidal
 ed the males may be cited the follow-
 -ing case in which the suicidal pro-
 pensity declared itself through three
 generations - the Grand father hanged
 himself and left four sons one
 of whom hanged himself, another
 cut his throat and a third drowned
 himself in a most extraordinary
 manner after being some months
 insane - the fourth son died of
 natural death - two of these sons
 had large families, one child of
 the third son died insane, two
 others drowned themselves, another
 is now insane and has made the
 most determined efforts on her
 life - and several of the progeny
 of this family being the fourth
 generation, who are now arrived
 at puberty bear strong marks of
 the same fatal propensity -
 Another case is reported of a man
 afflicted with a desire to commit

Suicide, whose father and paternal
 uncle had killed themselves and
 a brother showed the same over-
 -ing desire - in this case the suicidal
 mania of the father and the
 paternal uncle was probably inher-
 -ted from some previous generation
 - in another case a father, son and
 uncle committed suicide and
 another male relative showed the
 same propensity - in another case
 a man born of healthy parents
 lent of a very silent disposition
 was married to a healthy woman,
 he had 8 children 5 sons and
 3 daughters, the eldest son who
 married and had 2 children, made
 many attempts at suicide, and
 finally when about 20 years of
 age, threw himself one day from
 the third story of a house and killed
 himself - the second son also married
 and strangled himself at the age
 of 35 years, the third son threw
 himself from a window, the
 fourth son attempted to shoot
 himself but was hindered - the
 fifth son was melancholic the
 sister who is married and has
 children shows no sign of a suicidal
 -at propensity, whilst a first cousin
 of the male sex and married has
 committed suicide by drowning
 himself in a river - in this case
 the inheritance ^{which} was strictly limited

to the male sex was probably derived by atavistic descent from the ground Saurian or some preceding Ancestor of the same sex - with regard to hereditary suicide in the female sex Mooreau relates the case of Madlle. B. - who tried three times to destroy herself, her mother had committed suicide by hanging herself, another case is recorded in which a married woman committed suicide by hanging, she had two daughters and one son, one daughter poisoned herself, and ten years later the other daughter followed her example in another case a girl made three attempts to choke herself, and her sister had drowned herself three years previously - in another instance a grandmother, mother and daughter were all the subjects of suicidal madness - in another a man who was the son and nephew of hanged dead of suicide took a wife who was the daughter and niece of hanged dead also by suicide the husband hanged himself and his wife married a second time a man whose mother, aunt and first cousin all committed suicide - the development of hereditary suicide is liable to be limited by age as well as by sex, a case is mentioned in the text is recorded of a man of mature age committing suicide

when the father and brother had dis-
 troyed themselves at the same age
 and another in which the father
 son and grandson committed -
 suicide when about 50 years old

The next point to engage our
 attention is the relation of suicide to
 insanity - is suicide the act of a
 madman? a moment's reflection as-
 sures us that it often is and often
 is not the act of a madman -
 insane men commit suicide as
 they commit murder, theft and
 other crimes, but we do not assign
 every murder or theft to insanity
 nor should we assign every suicide
 to that origin, some assert that
 the insanity was only temporary
 that during the paroxysm a species
 of despair, reason was totally sub-
 merged, the victim had lost all
 power of self control, all sense of
 moral responsibility, and for the
 time being was truly insane, but
 this argument is fallacious, for
 according to it every man must
 at times be called insane, anger
 is brief madness, appetite is brief
 madness, fixed attention is brief
 madness, we are all madmen with
 lucid intervals, no - the allegation
 that a man has been attacked with
 insanity offers no sufficient ex-
 planation of the fact that he has
 committed suicide the hypothesis

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of mental disease is obviously an
after thought suggested by the need
of a charitable construction to avoid
the penalty of self-murder -
why should the particular form
of insecurity set up by extreme
anxiety or disappointment in life
happen to be suicidal - the more
obvious presumption would be
that if a man became insane
under the extreme pressure of trouble
or sorrow his malady would form
a relief from his previous state
- when ~~tear~~^{tear} in a particular dir-
ection issues in a break down it
is natural to expect a rebound -
the effect of critical stress on mind
should be failure in the particular
class of feelings stressed, and instead
recur to a condition almost the
reverse, this cannot be what happens
when a man or woman, driven
to distraction by some reverse of
fortune or overwhelming anxiety or
grief seeks refuge in death, it
would be more reasonable to conclude
that the mind does not give way
until the faculty of volition is
overpowered by a sense though ter-
rible yearning for relief in death.
Suicidal insecurity is a totally dis-
tinct matter the mental symptom
is clearly formulated in the system
of mental disease - nothing however
is known to science of the connection

Judgment of "Temporary Insanity" beyond the conjecture inspired by charity that under certain conditions of mind tension, there may be a morbid impulse to seek escape in death - it must be obvious on the slightest consideration that the evidence required to show that an impulse arising at such a moment was morbid, would need to be especially convincing. The natural inference as we have said points in the opposite direction and would seem to argue the existence of a cowardly inclination to suicide, which the stress or in duration renders the mind powerless to restrain - clearly such a condition would no more constitute insanity in any medical sense than that state of mind in which a conscientious man gives way to the temptation to steal or the creation of other passions yields to the impulse to personal crime - the theory of being driven to distraction by "Temporary Insanity" and therefore excused for the commission of an act of supreme wrong is one which in the interests of awakened and anxious people generally ought to be more closely investigated. even though the result might be the discovery that no vestige of apology for the self murderer can be

found and the responsibility of self
 control and influence is not of
 a nature to be temporarily said aside
 — If, as it alleged, the act of suicide
 was in all cases the offspring of in-
 sanity, suicide should be frequent
 among the insane — experience has
 ever is not in favour of this assumption
 the Report of the Commissioners in
 January Jan 1850 shows that there
 was then confined as lunatics 15079
 persons, while the suicides for the year
 among this large number amounted
 to only 8 of which 6 were by stran-
 gulation — as mechanical restraints
 is either abolished or considerably re-
 diminished in most asylums, lunatics
 have now much more liberty than
 formerly, and yet suicides among
 them are comparatively rare — this
 favourable result must be in part
 ascribed to active supervision
 and watching — M. de Boismont
 cites typical cases to show the dis-
 ference between the sane and the
 insane suicide. For example a military
 man retires from duty, the time being
 scarce on his hands, he takes to
 gambling now gaining now losing
 but always losing more than he gains
 in a calm moment he reviews
 his position, he has dissipated
 half his fortune, enough remains
 to educate his son and keep his
 wife comfortable he feels that he

cannot resist the passions & cutting
 and if he goes on his insanity will
 be brought to ruin, he shoots him-
 self to avoid such a catastrophe
 again or melancholic patient in-
 cines that he is persecuted he
 thinks every one around him is
 his enemy, he believes his friends
 are trying to poison him, he
 has not ~~at~~ moments peace and
 at length unable to endure such
 torments he strangles himself
 Since the first was an instance
 of simple sane suicide the second
 of suicidal madness — as a rule
 the suicidal attempt of the insane
 are intensely cunning and crafty
 except when done under sudden
 impulse then the greatest clumsiness
 is often exhibited, an insane person
 in a sudden frenzy will throw him-
 self out of ~~the~~ window or rush
 under the wheels of a cart driven
 furiously by or do some other in-
 prudent act without any idea of the
 proper adaptation of means to ends
 — of all kinds of insanity the form dis-
 tinguished by a propensity to commit
 suicide is that which the most fre-
 quently becomes hereditary

In some persons suicide is in youth
 almost always instantaneous and is
 determined by emotion, melancholic
 characters are most predisposed to it
 the expression of countenance often reveals

the total resolution - a Jovial attempt
 at suicide is no guarantee of its
 non recurrence - in the absence
 the temperament, character, out-look
 and hereditary tendency must
 be taken into account most suicides
 are committed under the depressive
 form of insanity as melancholia
 - hallucinations and delusions are
 very common such as the notion of
 being persecuted or of being poisoned
 - exaggerated dread of Hell, of the police
 imprisonment, judgment &c - besides
 of general and ectomalous sensibility
 exist in a large number of insane
 suicides - suicide in some cases occurs
 it may be preceded by homicidal
 it may arise from ^{morbid} irresistible im-
 pulse - in the insane addicted to
 suicide previous may effect a total
 ally large proportion of cures
 Suicide is often a voluntary act
 maturely reflected on and coolly
 executed in perfect freedom of
 mind in the case of the Rev: Mr
 Watson who in January 1872 after
 killing his wife attempted to commit
 suicide, had he under the same im-
 pulse which led him to kill his wife
 immediately attempted suicide it
 might have been corroboratory
 evidence of insanity, but no insane
 man contemplating suicide would
 deliberately and coolly have told his
 servants that he might want medicine

in the morning and that the doctor was to be sent for.

The Melancholic Temperament which is in so many cases the precursor of Suicide, is often associated with great mental qualities and characterised by elevated views and allied also with fierce passions and strong attachments intermingled with poetry and with meditations - there is certainly no affliction so dreadful as a real medical Melancholy the loss of wealth or rank, the severe invasions of bodily pain and all shapes of human trial, would seem to those often observers of Melancholic patients as dust in the balance except the weight of that woe which comprehends all woes and is cheered by no hope human or divine - in the greater number of cases of suicidal Melancholia the Obstructive impulse is not diminished by persuasion nor reasoning nor the presence of all the advantages that would seem to make life desirable - in some cases the patient being conscious of the dreadful tendency that afflicts him constantly shows a distrust of himself by a dislike to being left alone and even by urgent directions not to have dangerous weapons left in his way - in other cases in spite of the most careful watching the

cunning of the patient at length he
 vaults - a gentleman watched for
 months notices an open door or
 window, he appears to be coming
 down to dinner cheerfully and
 in a moment he has thrown him
 self out of the window or has crept
 out of the door and plunged into
 the river - a lady who seemed on
 the previous evening quite cheerful
 and even to awake in the morning
 seemed to life and restored to
 hope is left alone for what seems
 to have been only five minutes
 and is found suspended by the bed
 curtains - a female patient who has
 occupied the evening in embroidery
 or in music and seemed quite happy
 takes a long fine needle to bed with
 her and silently and resolutely in-
 troduces it into the heart without
 the possibility of its being prevented
 even by an attendant who has not
 left her at all - a large proportion
 of cases of suicidal melancholia are
 characterized by a desponding view
 of religion and by perverted and un-
 reasonable ~~views~~ ideas of the Creator
 the patient not degrading the mercy
 and goodness of the Deity, persists
 in saying and believing that these
 attributes can not be extended to
 his particular case, reasoning has
 no influence upon a patient whose
 the essence of whose malady is that he

cannot reason or even admit some
 all belief - no criminality or act,
 he asserts is like his no departing
 no sleep no crime no unpardonable
 these dreadful convictions are often
 accompanied by delirious as to hear-
 ing voices, uttering words contradict-
 -ing him to die, or as to his death
 being necessary to forward some
 imaginary good - when the impulse
 to suicide is checked by any great moral
 shock it may suddenly disappear -
 Pinel mentions the case of a man
 who while hurrying to one of the bridges
 of Paris to throw himself into the
 river, was suddenly attacked by
 robbers, he made a desperate resistance
 and escaped from them, he could
 not then account for his being where
 he was and walked quietly home
 having abandoned the intention of
 destroying himself - no doubt many
 acts of suicide would be prevented
 if circumstances only gave a slight
 opportunity for reflection, the mind
 would then be diverted from the
 downcutting idea of self destruction.

In determining therefore whether
 a man was sane or insane at the
 time he committed suicide we
 must look not to the act itself, which
 per se cannot be considered a sign
 of insanity, but to his mental con-
 dition some time prior to the act
 whether the motives so far as they can

be discovered, which led him to take
 away his own life were based on
 fact or were the out come of deli-
 rious — as has already been
 shown the theory that a man
 under the pressure of great anxiety
 and trouble has suddenly become
 afflicted with temporary insanity
 and then destroys himself ~~there~~^{there}
~~there~~ being no evidence of mental
 derangement up to the moment of
 his committing suicide, is untenable
 — in true suicidal mania there
 are always premonitory symptoms
 such as despondency, unperceived
 petty displeasures &c — there is
 moreover usual inconsistency in ap-
 plying the theory of temporary In-
 sanity to suicide only when it is
 successful for no one would apply
 it to a man (not obviously insane
 prior to the act) who attempted to
 commit suicide but failed
 though the verdict of coroners juries
 is almost invariably one of "Tempo-
 rary Insanity" in cases of suicide.
 — a verdict given for the most part
 in order to shield the relatives from
 the stigma of being connected with a
 self murderer ~~the~~ Law does not
 recognize suicide as necessarily the act
 of an insane person for it punishes
 the attempt to commit it — the
 successful self murderer is beyond
 the pale of human jurisdiction, but

as we have already stated in our opinion penal enactments can have but little if any deterrent effect on suicide. Further than to reduce the number of ^{unsuccessful} ~~attempted~~ suicides.

A curious fact has been elicited in the examination of the French registers of crime from which it appears that those divisions of the kingdom of France in which the most frequent attempts have been made to commit ~~suicide~~ murder are those divisions exactly where the crime of suicide is most rare - and it is further proved that precisely the reverse of this law takes place in the other departments namely that where suicides are numerous in proportion to the population then the number of murders committed by individuals on others are considerably diminished.

We now come to the consideration of the exciting causes which lead to suicide the melancholy which induces a man to take away his own life is often the result of idleness or of ennui, or want of intellect, of prostrated - sometimes of hunger, some will then refer to disease or competency for others some because they are rejected, others from pride and the love of notoriety, others from despair some have committed suicide from a desire to escape from the persecutions which attend the act of dying, and there can be little

doubt that in some cases of supposed
 suicidal poisoning the individual in
 question had not really intended to
 destroy himself but was only trying a
 foolish and most dangerous experi-
 ment — poverty leads others to destroy
 themselves, Mercier says that at Paris
 it was the lower ranks who were
 most commonly guilty of suicide
 that it was mostly committed in
 Janets and kind of prisons and that
 it proceeded from poverty and oppres-
 sion but absolute destitution is
 not such a frequent cause of suicide
 as is generally supposed, of the 4595
 cases recorded in the Archives du Parquet
 before referred to 697 were well off
 2000 were earning a livelihood 1588
 (about a third of the whole number) was
 poor, of these 282 appeared to have
 killed themselves on account of their
 absolute destitution — of 5467 suicides
 committed in France in 1876, 320 were
 caused by destitution or the fear of it
 of 6432 suicide from known causes
 committed in London between the years
 1770 and 1830, 1416 were the result
 of poverty, except in of 3598 suicides
 committed in England in 1851 only
 179 were ascribed to poverty.

Depression the result of drunkenness
 and debauchery is another common
 cause of suicide, in France in 1871
 no less than 492 suicides were the result
 of drink — it is a significant fact that

About 98 men committed suicide through
 drink in Prussia in 1880 and 4 women
 were included in the same category -
 a large proportion of the suicides at-
 tributed to insanity result from
 the abuse of alcohol, in London be-
 tween 1770 and 1830, 287 male and 208
 female suicides were attributed to drink
 as also were 10 out of 133 suicides in
 Geneva in 1834. - 1433 suicides from
 drunkenness were committed in France
 in 1876. - domestic troubles and sorrow
 whether from bereavement or family
 quarrels stands high in the ranked
 causes of suicide no less than 620
 suicides from this cause were recorded
 in France in 1871 and 633 in 1876.
 in England in 1851, 3851 suicides belong-
 to this class as also 219 in Prussia in
 1880 and 15 out of 133 in Geneva in
 1834. again in London from 1770 to 1830
 728 male and 524 female suicides arose
 from domestic grief. next in im-
 portance to domestic troubles is mental
 disease and the desire to escape from
 physical suffering and those who have
 watched by the bedside of a patient slowly
 dying from cancer will understand
 how ardently the peaceful grave is
 longed for by those whose days have
 no joy and whose nights know no
 rest the following statistics show the
 number of suicides attributed to this
 cause in Geneva in 1834. 34 (out of
 133 cases) - in England in 1851, 313 cases.

in France in 1871 and 1876, 950 and 790 respectively and in Prussia in 1880. 288. — These figures show the large number of suicides which can be attributed to pain and physical suffering. A sudden fit of anger sometimes leads to suicide — of 3598 suicides committed in England in 1851, as many as 203 were ascribed to self and embarrassment and 179 to disgust of life. Many rush into suicide in order to escape the just and legal punishment of their crimes and fearing public exposure prefer death to the ordeal of a trial in a court of justice — Shame and remorse and the stings of conscience induced no less than 378 persons to commit suicide in Prussia in 1880 of these one fourth were females — 49 men and 37 women destroyed themselves from the same cause in London between 1770 and 1830 — Scolding and disappointment in love is said to have caused the death of 114 persons in England in 1851 and of 254 in London between 1770 and 1830 and of 108 men and 73 women in Prussia in 1880. During the last mentioned period in London, as many as 155 men and 141 women killed themselves through fumbling and 12 suicides from this cause occurred in England in 1851 and 6 out of 133 cases in Geneva in 1834. — Over work of the Brain is another cause of suicide as an example we may cite the suicide of Mr Justice Wills the

peculiarity of his case as also that of
 Hugh Miller his in the fact that he
 had got his work over, then shows
 how deeply overwork may injure the
 constitution, how it may produce re-
 sults from which it is hard to recover
 and medical men should look
 out for those who they see working their
 brains too much, the great difference
 in value between the work of a healthy
 brain that receives its fair share of
 rest and diversion and that of an
 exhausted brain - there is no compa-
 rison between the two

Diseases of the genital organs are es-
 pecially apt to lead to suicide as also the
 solitary vice which we fear is
 commoner among the youth in our
 Public Schools than is usually supposed
 this vice apart from its tendency to
 produce insanity, especially tends to
 suicide - a feeling of false delicacy
 has operated with medical men in
 inducing them to refrain from dwelling
 upon the destructive consequences of
 this habit both to the moral and
 physical constitution, as openly and
 honestly as the importance of the
 subject imperatively demands -
 Medical men are in the most enlarg-
 ed acceptance of the term Guardians
 of the Public Health and no part of
 their duty is to avoid saying what might
 possibly offend the taste of some
 ought to keep them from overlooking

what may be termed a Nervous Diet,
 Physical Disease particularly that con-
 nected with the Nervous System en-
 -gendered by the pernicious practice
 alluded to frequently leads to acts
 of self destruction by causing in-
 -somnia, Hypochondria and Melan-
 -cholia in their worst forms.

The fearful struggle for existence which
 exists everywhere but especially in
 large Centers of Population the result
 of increased competition is an im-
 -portant factor in driving men to
 destroy themselves, it is becoming a
 death struggle as to who shall live
 not only among the lower but also
 among the middle classes. The
 whole machinery of society is going
 at an ever increasing rate the
 friction is greater, the wear and
 tear greater, the number of Godless
 necessarily greater.

We may state in passing that it
 has been supposed that Strain
 of the Tauris has in some cases lead
 to suicide Dr. Ambrose Rodriquer one
 of the Professors at the Medical Institute
 had 4 cases of this kind under his
 notice all under 14 years of age -
 it is possible that the irritation of the
 Thymus kept up as it would be by
 depletion may by reflex ~~action~~
 on the brain lead ^{to} perversion of the
 affective faculties, dependence or
 ultimately self destruction as in sufferers

from fusion of the mass or varieties

Insanity is the origin of
 by far the largest proportion (about
 a fourth of the total number) of cases
 than in England in 1851 of 3598 suicides
 no less than 800 were set down to
 mental disease and to that number
 we should add 70 cases of mania
 39 of cerebral fever and 54 of typhoid
 all ranking under the head of the
 central illnesses, which will make a
 total of 963 or more than a fourth
 of the whole cases - in France in
 1871 of 4077 cases of suicide 1472
 were attributed to mental disease (in
 15 of them, suicide was committed
 by the authors of great crimes) and
 in Prussia in 1880 a fourth of the
 suicides arose from insanity -
 except the dread of physical suffering
 the other large proportions are all
 of cases which belong to the deliberative
 kind of suicide - the consciousness
 of an hereditary predisposition to in-
 sanity & a tendency towards suicide.

We think that the best place
 for a few remarks on some of the
 means which may be adopted to coun-
 teract the suicidal tendency - as
 we have already said few suicidal
 acts occur without premonitory -
 symptoms such as unusual irrita-
 bility, restlessness, despondency and
 vigilance, often when all these signs
 are present and a person has not

slept for many nights together the un-
 happily subject and his friends neglected
 to have medical advice, when unexpect-
 edly the catastrophe occurs which plunges
 the family into the deepest affliction.
 — it is unjustly necessary that sleep
 be procured by a judiciously selected
 narcotic — in inefficient cases of mania
 and melancholia the effects of Morphine
 are remarkable, it will calm the
 frenzy moderate the heart's action,
 soothe the excessive irritability and pro-
 duce sleep — in the same, religion
 (which we have ~~never~~ already said is
 the most powerful check to suicide
 at present means) morals, the per-
 formance of duties and a wise con-
 trol over the passions are the best
 preventives — the avoidance of idleness
 the possession of a family and the
 exercise of a profession are for youth
 the best means of exultation, the
 suicidal tendency, reasoning
 moral measures, and amusements
 may be successful in adult age.
 — Solitude is often a cause of suicide
 in old age, and the tendency must
 be removed by surrounding the in-
 dividual with a family — visitation
 — a kind of moral contagion (of
 which we shall speak more fully
 presently) contributes to suicide hence
 entertainments and books which treat
 of it should be avoided — probably
 confinement and the cloister have

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reserved many from the commission of
suicide - with the insane the tendency
to suicide must be combated by iso-
lation, therapeutic agents and ex-
ercise measures - prolonged baths
repeated shower baths, are generally
indicated in suicidal maniares -
Cold effusions, Fomentations, counterirritation,
dry friction, bleeding blisters &c.
may also be employed with advantage
during convalescence, a visit to the
country, travelling, amusements -
gymnastic exercises and intellectual
and manual labour, hasten and
perfect the cure - as has already
been pointed out the recovery from
suicidal mania may be due to a
physical or moral crisis - children
born of suicidal parents require to
be subject to a preventative treatment
consisting in a special intellectual
education, directed with wisdom
and perseverance by proper persons.

Regarding the last sentiments
of suicides, some commit the act
coolly and deliberately others only
after repeated hesitation - very few
resist the desire to make known their
feelings at the time of leaving the
world (and the writings left by suicides
are often important evidence as to
the sanity or insanity of the person at
the time of committing the act) the
social feelings are manifested in
adieu to family and lovers, many

Suicides acknowledge themselves the authors
 of their own death, and explain their
 motives for the act, some express pain
 at not having been able to overcome
 bad habits, they leave to their executors
 messages of forgiveness and reconciliation
 and give directions regarding their
 funeral, others utter bitter regrets of
 life, complaints, recriminations, in-
 sults, threats - sometimes the writing
 found after death shows that the
 reasons for suicide has been most
 trifling, in others insanity is apparent
 among the same the motive assigned
 are taken from passion, desires re-
 grets &c in fact from ordinary phe-
 nomena of life - with the insane
 the tendency to suicide is manifested
 by hallucinations, illusions, delusions,
 ideas, in fact by a true diseased state

Suicide has sometimes assumed
 an epidemic form - there is a
 very much commoner in former times
 the power of imitation in inducing
 suicide has in our time almost dis-
 appeared - we still see, if a man
 jumps off a column some one else
 will probably do the same a few days
 afterwards, but we no longer observe
 any epidemic suicide - as examples
 of this form of suicide we may mention
 the Andrian virgins who hanged them-
 selves by hundreds until a check was
 put upon them by the decree that
 the body of any young woman who

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hanged herself should be dragged
traced through the streets by the same
cane with which she had committed
the deed — in a similar epidemic
which occurred at Lyons the women
chewed themselves in the Rhone
— Montaigne mentions an epidemic
which affected the males of Milan
when 2500 men in a few weeks com-
mitted suicide in one week — the
following examples show us that
epidemic suicide is often limited
to sex — in 1572 at the Hotel des
Invalides in Paris, as many as 15
individuals (males) within a very short
space of time hanged themselves
to a hook which happened to be
in a very obscure passage of the
Hotel — the hook was removed and
no more suicides occurred in that
place — in 1806 more than 300
suicides occurred in Copenhagen
during the months of July and August
in the same year another epidemic
occurred at Rouen in which no
less than 60 suicides were commit-
ted during the months of June and
July the weather was then particularly
humid and warm — other ep-
idemics occurred at Stuttgart in
the summer of 1811, at a village
of St Pierre Montjean in the
Valais in the year 1813 and at
Versailles in the year 1773 in the
most remarkable epidemic no less

than 1300 persons committed suicide
 - during the reign of Louis Philippe
 there was a suicidal epidemic in France
 a pair of unpatented drowned themselves
 drowned themselves tied together with
 pink ribbons, as soon as the story
 came known, another pair of lovers
 that themselves united by red ribbons
 and others precipitated themselves from
 a balcony bound together by some
 other coloured ribbons - the authori-
 ties then suppressed all public notice
 of such suicides for a time and they
 soon ceased - in 1841 there was a case
 of jumping into the Thames from the
 bridges, when there was a case almost
 every night - the survivors and those
 caught in the attempt were sentenced
 by the magistrates to short terms of im-
 prisonment, and the number of suicides
 immediately sank to the average -
 in London during the week ending
 August 16. 1879 as many as 16 suicides
 were registered whereas the corrected
 weekly average is scarcely 6 - in
 the four weeks ending on that day
 31 suicides were recorded in the Met
 20 per cent the corrected average of the
 corresponding period of the previous
 10 years being only 22.

Coming now to the consideration of the
 mode in which suicide is committed
 let me first state there is a marked
 difference in different countries
 as may be seen from the following

Distribution of suicides per thousand

	Throttling	Poisoning	Shooting	Poison	Other means
Denmark	689	208	49	15	39
Norway	661	207	43	?	89
Bavaria	494	244	181	?	81
Belgium	474	254	154	18	100
Sweden	893	235	69	217	86
France	864	317	131	78	170

From this table it seems that the Scandinavians and Germanic races give the preference to suspension, poison is one of the favorite means of the Swedes, while the French resort much to drowning and shooting - the difference is more strikingly seen when female suicides are alone considered it is then found that suicide by females

is practical seven times more frequently by the French than by the Danish women. The latter has a greater propensity to kill herself by drowning and by precipitation on the other hand the Danish woman has double the tendency of the French woman to choose strangulation as a means of suicide.

In an analysis of 255 cases of suicide occurring in Prussia, the following was the result

Hanging	234
Shooting	163
Drowning	50
Cutting throat	17
Stabbing	20
Jumping out of window	19
Poison	10
Opening artery	2

Of the suicides committed in Prussia in 1880 the cord and strangulation were used in two thirds of the whole number one fifth perished by drowning and one tenth by gunshot wounds among whom 8 were females - 76 of both sexes cut their throats 21 opened their veins and bled to death 40 threw themselves from great heights and 7 strangled themselves with their own hands, it is surprising to find that 25 octogenarians committed suicide in one year. - of 133 suicides committed in Geneva in 1834 the means of destruction were as follows - Drowning 55; Poison 81 Strangulation 18 -

Voluntary falls 15. Cutting instruments
 7 and Poison 7. — suicides by
 hanging and by cut throat are more
 numerous in France by twice and
 three respectively than in England
 poisoning is also more common in
 the ratio of 7 to 4. Asphyxia or
 suffocation by carbonic acid gas (the
 charcoal process) and suicides by
 falls from high places appear
 peculiar to France Geneva and
 Scandinavia. — in France in 1871 of
 4490 cases of suicide 1991 were by
 strangulation 1278 by drowning 591
 by gunshot wounds — 215 by asphyxia
 of coals — 132 by cutting instruments
 143 by wilful falls from heights — 70
 by poison and 50 by various other
 means — in 1874 more than seven
 tenths of the total number of suicides
 took place by hanging (2472) or by
 drowning (1514) — in 1876 of the
 5469 deaths 2472 were by hanging
 1314 by drowning 895 (14 in women)
 by fire arms — 407 (216 being women)
 by charcoal fumes — 154 by precipi-
 tation and 109 by poison which was
 small Londonism — 81 persons killed
 themselves by going on railway lines
 1 man jumped into a furnace —
 and 1 exhausted himself.

in the present revival of suicide
 there is a marked tendency to choose
 the less painful forms of death and
 to avoid those which entail suffering.

in England as in other countries there is a notable difference between the two sexes as to the methods they adopt in clothing themselves - women as compared with men avoiding means with the use of which they are ^{of course} less familiar, and showing ^{apparently} ~~an~~ ^{an} ~~marked~~ ^{marked} a comparative repugnance to methods that suggest horrid obliquation, while the adopt drawing or poison in greater profusion than the other sex - the following Table shows the method of suicide adopted by males and by females per 1000 suicides of each sex 1871 - 80

Method	Males	Females
Hanging, Strangulation...	399.8	268.1
Cut Throat or other wounds...	212.0	147.9
Drowning	165.5	333.3
Poison	78.9	152.2
Gunshot	67.8	2.3
Spring on rail	23.6	7.6
Jumping from height	20.5	35.9
Otherwise	31.9	32.7
	1000.0	1000.0

in 1850 the proportions of the different modes of suicide male and female to every 100,000 persons living of each sex was as follows

	Males	Females
Gun shot wounds	9	1
Cut, Stab,	24	5
Prison	10	6
Murdering	21	12
Hanging	47	11
Otherwise	9	3

Further notable differences are observable between the sexes in regard to the poisons of which they respectively make use for self destruction - Males speaking generally have freer access to poisons, so that a wider choice is open to them; they are moreover better informed as to the action of such substances and perhaps even in destroying themselves they proceed with more deliberation than women - the consequence is that they select more frequently, as compared with women those drugs which will rid them of life with the least amount of suffering such as opiate, prussic acid and the like thus of 1000 males who poisoned themselves 567 used one or other of the narcotic group of poisons while of 1000 similar women only 246 have recourse to them - on the other hand Stychnin or vermin killer which contains Stychnin and in a readily procurable form, arsenic, and phosphorus which also can be obtained without much difficulty on pretence of poisoning beetles and rats as also carbolic acid

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and vitriol, both of which are fluids
 in domestic use, ^{were} ~~are~~ in spite of the
 fearful forms of death they produce
 used by women in 544 cases out of
 1000, against 246 cases of their use
 by a similar number of self-poisoning
 men — the following Table shows the
 proportion of some of the different
 kinds of poisons used in 1000 male
 and 1000 female suicides by poison
 between 1871 and 1880.

Poison	Males.	Females.
preparations of arsenic	256.5	167.1
chloroform, ether, chloroform	15.9	8.6
Oxalic Acid, oil of Almonds	178.4	27.5
Gravel of Potassium	111.1	39.6
strychnia	79.4	103.3
Verucini pills	47.6	194.5
Sulphuric Acid	22.0	39.6
Hydrochloric Acid	39.1	34.5
Nitric Acid	19.5	15.5
Oxalic Acid Salts of Soda	70.8	87.8
Ammonia	11.6	8.6
Phosphorus	11.0	24.1
Canine	28.1	51.6
Mercury	23.2	27.5
Carbolic Acid	57.4	130.9
lead	1.2	3.4
copper	1.2	1.7

The following Table taken with the one
 above from the Registrar General's Forty

Annual Report shows ^{some of} the different
 Modes of suicide and the number of
 each committed in England from
 1871 to 1880

Mode	1871	1872	1873	1874	1875	1876	1877	1878	1879	1880
Gunshot	63	57	67	93	72	83	93	109	121	110
Cut	301	294	305	340	361	392	312	390	371	364
Poison	131	138	147	149	155	175	168	215	247	215
Drowning	317	335	330	280	333	383	374	369	405	406
Hanging	548	566	556	597	581	644	629	606	754	734
otherwise	135	124	113	133	99	133	123	145	137	150

The proportional numbers of the different
 modes of suicide, to 1000,000 Deaths
 from all causes was as follows

	10 years 1870-79	Year 1880
Gunshot wounds	182	209
cut, stab	636	690
Poison	225	408
Drowning	667	770
Hanging	1,181	1,392
otherwise	250	284

It is strange that while the apothecaries
 had ideas so many easy methods of
 committing suicide, yet in England
 the vulgar death of hanging or
 strangling is preferred both by males
 and females - with males cutting
 the throat next, drowning, third

and poisoning, fourth - with female
 the order of strangulation, drowning,
 poisoning, and cutting the throat
 females resort to the rope and to steel
 less frequently than men they prefer
 poison or drowning. It is very rare
 for a person to attempt suicide twice
 or three times.

There are many most remarkable suicides
 on record, we shall refer only briefly
 to a few of them - Dr Charles Bell
 relates that one of the surgeons of the
 Middlesex Hospital went one morning
 to the Barber's as was his habit - the
 conversation happening to turn on
 an ^{attempt at} suicide which had recently occurred
 the barber enquired curiously when
 the cut should have been made -
 the surgeon pointed on his neck to
 the situation of the Carotid Artery
 a few minutes afterwards the barber
 retired to the back of his shop and
 cut his throat with the razor with
 which he had been shaving the
 surgeon - he had wounded the
 carotid artery in the place indicated
 by the surgeon and died almost im-
 mediately, - although this act was
 quite sudden and unexpected it
 may have been only the final result
 of a delusion which had long existed
 concealed from others - in the mind
 of the man - just as the sight of
 a weapon has often led to its sudden
 use for the purpose of suicide.

a most extraordinary attempt at suicide
occurred in the well known case of
Marthen Lovat who attempted to
crucify himself, the details of the
case, which are too long to introduce
here may be found in Minston's
Chronology of Suicide page 229. —
The Boston Medical and Surgical Journal
for April 29th 1880 gives a concise
case of suicide & decapitation
(which is very similar to one recorded
in the American Practitioner for August
1876) — the body was found lying
on the floor of a barn with the
head nearly severed from the trunk
the decapitation having been per-
formed by a rough sort of guillotine
which the self-ordained victim
had spent nearly a whole day in
constructing — an interesting des-
cription of the machine is given
in the British Medical Journal for
1880 Vol: I p. 786. — Another extra-
ordinary case is mentioned by Mr Caen
of a woman age 26 who being in
prison and already to be brought
to trial resolved to kill herself, this
she did by thrusting about thirty
pins and needles into her chest in
the region of the heart — she intro-
duced them partly and pressed them
in with her prayer book — she died
on the day preceding the trial —
On a post mortem examination being
made numerous needles were found

in the parietes of the chest - some
had reached the lungs and some
were found in the mediastinum
one had reached the back of the right
ventricle and perforated the descending
aorta - the Aesophagus was
also perforated by a needle and
General were found in the liver -
- Lastly we may mention the extraordinary
case of suicide by Alqumite recorded
in the British Medical Journal for
July 30 1881, where a man on the
day he should have appeared in court
to answer a charge of theft des-
troyed himself by placing in his
mouth a cartilage or cap contain-
ing Alqumite and igniting the short
fuse attached to it he lived for two
hours afterwards but was unconscious
on examination the mouth was found
full of blood, the soft palate torn
away, the fauces rent, the tongue dis-
tached and mutilated - the teeth
broken off and splintered the superior
maxillary bones separated and ex-
tensively fractured - blood was extru-
sated into the eye balls, the lower
eye lids, and the upper portions of
the cheeks - the lower maxillary
bone was broken into about twenty
pieces the skin of the cheeks and
lips was intact there was no char-
ring of the tissue. In conclusion
we will very briefly allude to some
of the medico-legal aspects of suicide.

When a person is found hanged the
 the question arises, was it suicidal
 homicidal or accidental? (the question
 as to whether death was due to hanging
 is foreign to our subject) - many
 have supposed that accidental hanging
 is impossible, but there are many
 well attested cases on record, Dr. Smith
 mentions one in which a girl of 17
 years hanged herself by her accident
 while playing in a tree when on
 many other cases on record - circum-
 stantial evidence is always sufficient
 to distinguish accidental hanging in
 absence thereof of such evidence
 the act must have been the result
 of suicide or homicide - true homicidal
 hanging is very rare - in most cases
 when a person has been hanged by
 others it has been after death in
 order to avert the suspicion of homicide
 so that when a person is found hang-
 ed, it being certain that death
 resulted from that cause the prima
 facie evidence is in favour of suicide
 - it must be admitted that homicidal
 hanging though difficult of execution
 is certainly possible for instance
 when the person hanged is weak and
 feeble and the murderer strong or
 when the person hanged is intoxicated
 or exhausted & struggles with his
 assailant or when many combine
 against one - it has been said
 that the mark left by the cord will

show whether the act was suicidal
or homicidal a circular mark now
deems in the neck being supposed
to be a positive proof of homicidal
act though the mark of the cord is
generally oblique the want of obliquity
is no evidence in favour of homicidal
— the form of the mark depends
on whether and to what extent the
body was suspended and then on
many cases of suicidal hanging on
a cord when the mark was hori-
zontal the result of a slip-knot
being used — a circular mark is
not therefore inconsistent with
suicidal hanging — the injury
done to the neck by the cord rarely
affords evidence as to the manner
in which the hanging took place —
as a rule a long fall in suicidal
hanging is rare so that when there
is much laceration of the muscles
and cords of the neck, with rupture
of the oesophagus and displacement
of the larynx with stretching of the
ligaments of the spine and effusion
on the death of the spinal cord, and
if there be also fracture or displacement
of the vertebrae the presumption is
in favour of homicidal hanging
though none of these appearances are
inconsistent with suicidal hanging
In suicides have occasionally been known
to use extraordinary long drops one
case is recorded when a man fell 15 feet

52.

the position of the body is no criterion
as suicidal hanging is concurrent
with any portion of the body even when
sitting on two feet. Neither is the fact
that the hands or feet or both were
loosely tied evidence of homicide
as undoubted cases of suicide by
hanging have occurred when both
the hands and the feet were tied
— in doubtful cases we must look
at moral as well as circumstantial
evidence — has the individual been
previously disposed to suicide — were
the windows and doors secured on the
inside — ~~was~~ the throat torn or the hair
chambered, did the attitude of the
body show interferences after death
were there marks of blood on the body
or about the room or other wounds
on the body or signs of a struggle but
it must not be forgotten that suicides
sometimes hang themselves immediately
after attempting to destroy themselves by
other means moreover they may injure
themselves by the fall ~~when~~ hanging
themselves — we may mention here
that suicides have been known to
hang themselves in such a manner
as they considered would lead to
the supposition that the act was
homicidal — with regard to
stimulation the act like ^{hanging} ~~suicide~~
may be accidental, suicidal or homicidal
the accidental act is very rare though
well authenticated cases are recorded.

Suicidal Strangulation is very rare
 for a long time medical Jurists
 denied its possibility but there
 are many cases on record. DeFila
 mentions one in which two scarves
 were twisted several times round
 the neck of a person who thus
 effectually strangled himself -
 sometimes a ligature is put
 round the neck and tightened by
 means of a stick and so suicide
 effected - in suicidal Strangulation
 there is never much laceration
 or excoriation of the skin of the throat
 so that when there is much lacer-
 ation of the skin and going to the
 deep seated parts the presumption
 is that the act was homicidal

With regard to suicidal Wounds
 it is found that they are usually
 though not always inflicted on the
 front of the body the throat and
 chest being chosen for these in-
 struments and the region of the head
 the mouth and temples being chosen
 for fire arms Suicidal wounds of
 the abdomen are very rare
 except when fire arms are used suicidal
 wounds are usually incised or punctured
 not contused - in some persons often
 inflicted such extraordinary wounds
 on themselves as would otherwise
 lead to a presumption of homicide
 - although suicidal wounds of the
 throat are not as a rule extensive

get most extensive wounds of this
lesion are occasionally inflicted by
judicials - as a rule judicials inflict
only one wound but then one may
care on record when a number
of wounds have been judicially in-
flicted.

In composing this thesis we have
drawn freely from the following
articles papers &c on the subject of suicide

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