Looking Back: Suicidology in American Psychiatry, 1844-1900.

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The admonition is often repeated that history can provide a valuable perspective on contemporary questions. In the study of suicide and suicide prevention this is probably as true as it is elsewhere. Yet much of the early work in this field is not easily retrieved, or it appeared in a form that was not readily adapted to inclusion in the several bibliographies on suicide that have appeared during the twentieth century (e.g., Rost, 1927, Farberow and Shneidman, 1961; Farberow, 1969). The breadth of the field poses a formidable challenge as well, encompassing as it does such diverse disciplines as psychology, sociology, medicine, law, religion, ethics, and philosophy.

To probe for a sample of what may be learned from earlier efforts in the study of suicide, an examination was carried out of the reports presented in the major American journal of a single discipline during the period 1844-1900. Specifically, the American Journal of Insanity, the first psychiatric journal in the United States, which began publication in 1844 and has continued to the present (since 1911 as the American Journal of Psychiatry) as the primary voice of psychiatry in this country. Though clearly an American publication, it was customary for the editor to report items of interest in European journals, primarily from England, France, and Germany, as well as items from other U.S. journals and newspapers. The American Journal of Insanity began as a quarterly publication in July 1844, edited by the officers of the New York State Lunatic Asylum at Utica and printed at the asylum where Dr. Amariah Brigham served as Medical

Superintendent and Editor-in-Chief.

The time period 1844-1900, roughly the last half of the 19th century, provides a one hundred year perspective from the vantage point of a like period in the 20th century, during which most of our current thinking about suicide and suicide prevention has developed. A crude measure of progress might be the extent of contrast that can be seen between the information and attitudes that characterize these century-apart periods, though skeptics might argue that change is not necessarily progress.

The reports group themselves into three general categories: epidemiological, psychological-clinical, and ethical-philosophical-legal.

Epidemiology

The January 1845 issue provides the first epidemiological discussion of suicide in the form of a letter to the Editor from E.K. Hunt, M.D., who gleaned information about 184 suicides from a newspaper, the New York Mercury, over the period of one year. While acknowledging the limitations of his data, he points out the familiar association of suicide with males, warm months of the year, the use of readily available means (especially hanging and drowning), and the preference of males for firearms.

In addressing the causes to which suicides were attributed, the interesting point is made that the stresses which lead to suicide are the same as those leading to insanity, the latter emerging if those stresses are "permitted to operate on the mind for a considerable time". Contemporary psychiatry has little to say about suicide representing an aborted psychosis, but it remains a pertinent point.

The editor comments on the high probability of underreporting

of suicides, a familiar theme in present-day thinking, and provides the annual number of suicides for the City of New York from 1805 to 1843, with population figures every five years. The reader is thus left to calculate the rates for him/herself, which vary from 34.3/100,000 in 1805 to 5.0/100,000 in 1815. Remarkably, this 85% decrease over a ten-year period is not commented on.

Another way of expressing rates is provided in the editor's table of suicides in eleven chief capitols of Europe, expressed as one suicide per number of persons in the populace. For example, Paris in 1836 reported 341 suicides or 1 in 2,700 persons, while London in 1834 reported 42 suicides or 1 in 27,000, and Palermo in 1831 listed only two suicides, or 1 in 180,000.

The next 15 years saw attention primarily to data from the state of New York, with three reports detailing the incidence of suicide by age, gender, marital status, method, cause and county. Of interest is the frequent attribution of cause to what we would now call the precipitating event, such as "pecuniary embarrassment", "disappointment in love", "after dispute with wife", or "after receiving a disagreeable Valentine". Other still familiar categories include such typologies as "insanity" (psychosis), "melancholy" (depression), and "despair". The editor is prone to add comments and comparison data, such as his observation in an April, 1849 report that the most frequent method of suicide is hanging, not only in New York state, but in England and France as well.

In January, 1860 the editor calls attention to an October 1859 article in Winslow's Journal of Psychological Medicine, in which "suicide fields" are mapped in England and Wales,

delineating areas of increased suicide. These are seen to be related to proximity to population centers and to be consistent for the five years examined. The technique is reminiscent of similar mapping carried out much later in the U.S. in Seattle, Pittsburg, and Minneapolis (e.g., Schmid, 1933). No correlation could be found with age, sex, marital status, occupation, socio-economic status, lunacy or drunkenness, leading to the deduction that "the average number of suicides decreases as the average amount of ignorance increases", an interpretation supported by a 13-year study of suicide and instruction in France. Dr. Brigham observes that, "If this be a correct inference...that education tends directly to produce suicide, we must indeed believe that the present systems of mental culture are in the greatest degree deficient". A recent systematic study of risk factors (Motto et al, 1985, p.682) is consonant with the observation that "risk increases with education", but any causal relationship seems far-fetched. The Winslow report, for the first time in this journal, reports suicide rates in terms used at present, noting that in England and Wales during 1856, 1857, and 1858, both men and women averaged "6.8 suicides in every 100,000 of population".

In 1862 the South German Psychiatrical Society offered a prize for the best essay on the question, "What are the causes of the greatly increased number of suicides in modern times, and what are the means of preventing the same." Editor-in-Chief Brigham reports that one entry, by a Dr. Salomons, argues that suicide rates had in fact decreased, that impressions to the contrary were a result of statistics obtained from large cities, and that suicide is a sure and certain accompaniment of political, industrial, and intellectual centralization. The

essay did not win a prize, but shed some interesting light on the question addressed.

From the 1860s through the 1890s seven brief epidemiological items are reported, all--with two exceptions--gleaned from European journals by the Editor-in-Chief. Suicides in Bavaria were analyzed in the Social Science Review in traditional categories (age, sex, religion, urban/rural, month, etc.) with findings in 1863 much like the present, including the propensity of males for more violent death. Notable exceptions included highest rates in married persons, and hanging and drowning as the most frequent methods, with women preferring the latter.

Suicides in Prussia during 1880 likewise showed no unusual characteristics, except that specific notice is taken of the risk inherent in delerium tremens. Seventy suicides (69 men, 1 woman) were attributed to this common phenomenon, a causal relationship that is sometimes overlooked to this day, especially when alcohol withdrawal occurs in a setting where suicide risk is not routinely assessed.

A brief review of suicides in New York state in 1883 provided two notable observations. More Germans than any other national group were counted, totalling 70, and for the first time in this journal, firearms were listed as the most frequent method.

In 1886 the Lancet is quoted in reporting a paper read before the Statistical Society of London on suicide in England and Wales for the period 1858-1883. It was notable in pointing out that physicians were high on the list as regards frequency "taking nearly equal rank with innkeepers and spirit, wine, and beer dealers". On the bottom of the list were miners, with clergymen very near them.

Later in 1886 the Lancet is again drawn on, quoting from a

Russian newspaper (Novosti) that suicide had increased from 1.7/100,000 to 3.0/100,000, and that St. Petersburg had more suicides than any other capitol of Europe except Paris. Special concern was expressed that so many youngsters aged eight to sixteen were engaging in suicidal behavior. This theme has its obvious modern-day counterpart in the prominent role of youth suicide in contemporary suicide prevention efforts. Apparently overlooking this report, the Lancet is quoted yet again in 1895 to the effect that Professor Sidorski of the University of Kiev had collected statistics concerning the frequency of suicide in the different nations of Europe. Contrary to the Novosti data, his report indicated that "during the last thirty years the suicide rate has remained stationary in Russia, while in all other European countries it has increased 30 or 40 percent".

It seems clear that while the numbers have changed and the style of presenting data has become more precise and detailed, the nature and pertinence of epidemiological information is not notably different now than a century ago. Amariah Brigham's admonition in 1845 must still be taken seriously, that "statistics of this kind must be very imperfect...the number given (is) probably far short of those actually committed".

Psychological and Clinical Observations.

Recognition and treatment of suicidal persons

In Volume 1 of the American Journal of Insanity (January 1845), an article whose author is not identified provides six cases "illustrating the importance of early treatment in preventing suicide". It is prefaced by the still-familiar observation that at inquest it so often is the case that friends

or family members confirm that clues to the impending suicide were noticed but not acted on.

The first clue mentioned is the broad observation that if any area of a person's life shows "a striking change in character or conduct, there is reason for the apprehension of dangerous results". More specifically if a person becomes reserved or melancholy, loses affection for family and business, withdraws from social contacts, becomes indecisive, and sleeps poorly, "there is indication that immediate action may be necessary", as the person "is fast approaching that point where reason is often overwhelmed, or is exercised but to justify the act of self-destruction".

A clearer or more valid guideline for recognizing that a suicidal state may be present could hardly be offered. The writer bypasses the step of asking the person about suicidal ideas, however, and moves directly to what to do. Specifically, "The only security that such persons have is the constant care of a judicious friend, or what is still better for their recovery, a residence in a well-directed Lunatic Asylum...for usually such persons need medical treatment." In equally direct language, "The important truth to be inculcated is, that persons who have exhibited the above symptoms are insane; and for their own personal safety, as well as the safety of others, need restraint and appropriate treatment. The lives of others are sometimes in jeopardy, as the suicidal often fancy that the crime of murder is less heinous than that of suicide, and therefore seek death as the penalty of the former."

We may wince at the language used, but there is no denying that this statement is as applicable to suicidal persons today as it was in 1845. From a health care worker's standpoint it is

even more compelling, in that increased legal vulnerability as well as clinical care is dictated in large measure by the ideas expressed.

As for the treatment provided, the series of six suicidal patients is presented, all of whom exhibited severe mood and/or thought disturbance as well as suicidal behaviors on admission to the New York State Lunatic Asylum at Utica. A supportive setting in the form of stress-alleviating "circumstances and associates" (hospital environment and staff) was provided, along with correcting any physical disorder and encouraging "exercise, labor, and amusements" such as "milieu therapy" would characterize a modern psychiatric hospital ward. Beyond this, descriptions of 19th century psychiatric treatment bear little resemblance to current practice. The most common biological and pharmacological approaches involved the use of such agents as laxatives, tonics, iron carbonate, extract of conium, tincture of bark, wine, and morphine sulfate ("to produce sleep"), all in combination with warm baths.

While in the hospital, all suicidal patients were provided "constant watchfulness both night and day", and were not allowed access to sharp instruments or other potential suicide means. "Anything likely to tempt them, or to make them think of committing the act" was removed from their room. Knives and forks were counted after each meal. At night special care was taken to provide rooms that were suicide proof, and "the watchman is directed to give especial attention to them". With a few changes in terminology, a comparable suicide prevention program can be found in the policies and procedures manual of many contemporary psychiatric hospitals.

With obvious pride it is reported that all six suicidal patients were discharged from the hospital within two to four months "perfectly well" and that a one-year followup revealed no recurrence of emotional disorder.

A comment that is especially intriguing to a clinician is that in one case in which morphine sulfate was given to improve sleep, "The morphine in fact appeared to cure her, as for a short time it was omitted, and she became worse." (p. 246). This is not commented on further, but raises interesting questions regarding the potential of morphine for modifying mood, and the possible implications for treatment-resistant depression as well as for the problem of suicide in drug abuse populations.

These questions are further stimulated by a discussion one year later in the January 1846 issue (Vol. 2, p. 282), in which the Editor-in-Chief discusses the efficacy of opium in various clinical states. A remarkable case is described in which a manic patient attempted suicide by taking opium, and after a sound sleep "awoke rational". The reader is advised that, "Persons afflicted with suicidal mania bear opium well, and in such cases it is very commonly prescribed in this country." In Europe, the legendary Esquirol is quoted as attesting to the value of opium in suicidal mania, to provide sleep. The import of sleep is reiterated in the caution that, "In suicidal cases it is often important to keep up the effect of opium, and to take every precaution, as...depression returns as certainly as the effects of the opium cease; these patients are always thinking, and hence it is that sleep is so essential."

It seems that opium (and its derivatives) was the anti-depressant of a century ago, and as is done today, if the agent doesn't suffice alone, it is combined with other available

compounds to increase its efficacy. Thus favorable results are described by combining opium with vinegar, calomel, antimony, camphor, henbane, tartar emetic, or digitalis. We have no statistical data on the suicide-prevention value of these medicinal approaches, but it must be granted that current psychopharmacological agents are not well established as to effectiveness in this regard either. The psychiatric community and the pharmaceutical industry, in fact, are not free of contentions that the contrary effect may operate in some cases, especially with certain sedative and anti-depressant compounds.

Another therapeutic approach long-since abandoned by medicine is called to our attention by the Editor-in-Chief's mention (Vol 1, January 1845, p. 383) of a book review appearing in the French publication, Annales Medico-Psychologique. The review, by another legendary name, M. Briere de Boismont, is of a volume entitled Recherches Statistiques Sur le Suicide, published in Paris in 1844. The reviewer was prompted to recount an unusual clinical episode from this work, as follows:

> "An English merchant, having met with pecuniary losses, became depressed and had a strong desire to destroy himself. His mind being well cultivated and naturally strong, he was enabled to strive against this desire. At length a great misfortune having thrown him into a state of great depression during the day, he said to his clerk that his head felt heavy and oppressed, and that he had a presentiment that something would happen before morning. The clerk advised him to consult a physician, but he thought it was unnecessary. In

> the middle of the night he awoke in extreme agitation. No language can describe his sensations. Self-destruction appeared to be his only resource. He arose, called his domestics and sent in great haste for a surgeon. As soon as the patient saw him enter, he cried, "Bleed me or I shall cut my throat". Accordingly, he was immediately bleed. The blood had hardly begun to flow when the patient said, "Thank God, I am saved from self-destruction!" Since that time, he has not had a return of the symptoms mentioned."

The technique of bleeding, derived from the centuries-old humeral theory of illness, is mentioned from time to time in these 19th century reports without elaboration as to rationale or effectiveness in suicidal states. Other than the dramatic anecdote above it is generally mentioned only in passing, for example (Jan 1845, p.248), regarding a 20 year old suicidal woman, "She was bled and blistered and took cathartic medicines at home, but without any relief".

The closest contemporary parallel is the striking reduction in tension reported by some persons who persist in cutting themselves in a sub-lethal way. It has been considered characteristic of such persons that when they see the blood flowing feelings of unreality diminish, they experience a gratifying sense of reassurance of being a living, feeling being, and they then proceed to an emergency room for repair of the laceration. Some use this experience to become expert at treating subsequent repeated cutting episodes themselves, in a way that minimizes scar formation.

Contagion by imitation and suggestibility

The awareness of suggestion as an influence in suicidal behavior is strongly represented in 19th century psychiatry. In this regard, the Editor-in-Chief saw fit to include in Volume 1 (Jan 1845, p.234), as the final paragraph of an epidemiological report, the following comment:

> "That suicides are alarmingly frequent in this country is evident to all - and as a means of prevention, we respectfully suggest the propriety of not publishing the details of such occurrences. "no fact," says a late writer, "is better established in science, than that suicide is often committed from imitation. A single paragraph may suggest suicide to twenty persons. Some particulars of the act, or expressions, seize the imagination, and the disposition to repeat it, in a moment of morbid excitement, proves irresistible." In the justness of these remarks we concur, and commend them to the consideration of the conductors of the popular press."

Several years later (April 1849, p.308) the press is again entreated to exercise restraint, citing the death of an eight year old boy by hanging which could "without doubt, be attributed to a perversion of the natural instinct of imitation, caused by hearing the circumstances of a case of suicide narrated". A second case is noted in which a suicide, by the unusual method of cutting the femoral artery, followed very soon after another suicide by the same means. This sequence, it is suggested, "may be put down to the same cause, perverted imitation."

An interesting facet of nineteenth century concerns about suicide contagion was reflected in Napoleon's famous order against suicide, reprinted in July, 1845 in the American Journal of Insanity (p.92). It seems that the suicide of a French army grenadier was soon followed by a second suicide, and it was feared that the problem would assume an epidemic character". Bonaparte, with a view toward "putting a stop at once to the spread of what appeared to be a contagious malady" issued the following Order of the Day, dated at St. Cloud, 22 Floreal, AnX (May 12, 1802):

> "The grenadier Groblin has committed suicide from a disapointment in love. He was in other respects a worthy man. This is the second event of the kind that has happened in this corps within a month. The First Consul directs that it shall be notified in the order of the day of the guard, that a soldier ought to know how to overcome the grief and melancholy of his passions; that there is as much true courage in bearing mental afflictions manfully as in remaining unmoved under the fire of a battery. To abandon oneself to grief without resisting, and to kill oneself in order to escape from it, is like abandoning the field of battle before being conquered.
>
> Signed, "Napoleon,"

The effect of this challenging statement is described as "truly magical", in that no further suicides occurred for a considerable time afterward. Credit for this outcome was attributed to Napoleon's great knowledge of human nature and his thorough insight into the character of the French soldier. Of

course one wonders what would have happened in the absence of the order, but it is difficult to argue with a favorable outcome.

If we assume that Napoleon's statement did prevent an epidemic, do we have something to learn from this morsel of history? Has our society - or the suicide prevention community - appealed to the strength and courage of its youth with the confidence and vigor that Bonaparte conveyed in his simple statement? The same words would not be appropriate, but a nagging concern remains that a historical clue may be going unheeded.

Biological causes of suicide

As an aside in an 1849 report of suicide statistics in New York (Vol 5, p. 308), the editor comments on the familial and genetic influences believed to influence suicide at that time. He states without documentation that "the propensity to suicide is often transmitted from parents to children", and quotes M. Falret that "of all the forms of melancholy, that which tends to self-murder is most frequently hereditary". The latter provides an example in which all the female members of a family for three successive generations either attempted or committed suicide. M. Esquirol is mentioned as citing one case in which a father, son, and grandson all took their own lives, and another in which an entire sibship of seven brothers suicided when between the ages of thirty and forty. As though to temper his comments, the editor states that there are undoubtedly many persons who first think of suicide because of being aware that they "inherit a disposition to insanity, or from having a relative or friend commit the act". Current thinking would be in accord with Falret's view that depression has a genetic component, but would hold that the

implication that suicidal behavior is genetically determined is still not demonstrated.

Reminiscent of some current observations of biological correlates of suicide, the editor reports in 1844 (Vol 1, p.82) on a study by Dr. Kasloff, Professor of Anatomy in the University of Kiev. In the course of studying the cerebral circulation in cases of insanity, this researcher noted that the foramen lacerus posterius (the opening in the base of the skull for a major blood vessel to the brain), was very commonly contracted in the skulls of those who had committed suicide. An effort to confirm the finding in one case by another investigator resulted in the finding that "the foramen on the left side was so contracted it would not admit even a small probe, while that on the right easily admitted a large one." The Editor (Dr. Brigham) asks, "But is not this frequently the case in those not insane? The circumstance is well worthy of investigation." This classic sequence, studying one biological characteristic only to discover that those who suicide form an apparent subgroup as regards that characteristic, has been dramatically replayed since the 1960's (e.g. Bunney and Fawcett, 1965; Asberg, Traskman & Thoren, 1976). It is of interest that this report was in the first issue of the American Journal of Insanity (July, 1844).

Even more suggestive of the current search for "biological markers of suicide" was a report by Dr. Alexander Haig summarized by the Editor from the Lancet in 1896 (Vol. 52, p.582), entitled "Uricacidaemia and Suicide". This paper suggests that some suicides may be due to "a depressed mental state caused by vascular blood tension from uric acid poisoning". Dr. Haig is quick to acknowledge that this is only one of the many possibilities of physical conditions leading to the mental state

that induces suicide, "which has an infinite number of physical conditions that may be its primary causal factor...The fact that we are so often unable to prevent suicide does not alter the fact that it may have as its remote cause even a comparatively slight physical derangement, too insignificant, perhaps, to attract attention." The current concept of a "chemical imbalance" to account for emotional disturbance is clearly foreshadowed.

Sociological causes of suicide

In 1884 (Vol 41, p.255) a discussion of suicide as predominantly a desperate yearning to escape from unbearable psychic pain turns to an effort to understand the causes of such pain. Characteristically, only two categories of persons are considered, the sane ("intentionally conscious of what they are doing") and the insane ("either unconscious of their acts or perform them under hallucinations or delusions"). The great majority of suicides are regarded as sane, hence the question, how can rational persons be vulnerable to such misery that suicide is seen as the only solution? The unnamed writer again summarized from Lancet (September 20, 1884), is unequivocal:

> "The rate at which men and women live nowaday has something to do with this feeling. Boys and girls are men and women in their acquaintance with, and experience of, life and its so-called pleasures and sorrows, at an age when our grandparents were innocent children in the nursery. The young men of the day are *blase* at two or three-and-twenty, the young women *ennuyee*. Life is played out before its meridian is reached, or the burden of

responsibility is thrust upon the consciousness at a period when the mind can not in the nature of things be competent to cope with its weight and attendant difficulties. All this has been said before. There is not a new word or a new thought in it, and yet it is a very terrible and pressing subject. We can not give it the go-by. "Forced" education commenced too early in life and pressed on too fast is helping to make existence increasingly difficult. We are running the two-year-old colts in a crippling race, and ruining the stock. If able and impartial observers would make it their business to ascertain the facts about suicide they would be doing a good and useful work. We believe, not without some data upon which to base our speculations, that suicide *is* increasing, and that the active cause of the evil is mind-weakness, the result of forced development and premature responsibility. Hasty and too early marriages too anxious struggles for success in life, too hazardous ventures in business enterprise, the rush of undisciplined and untrained minds into the arena of intellectual strife, and, above all, that swinging of the self-consciousness--pendulum like--between excess in rigor of self-control and untempered license, which constitutes the inner experience of too many, are proximate causes of the breakdown or agony of distress which ends in suicide. The underlying cause s impatience, social, domestic, and personal,

> of the period of preparation which nature has ordained to stand on the threshold of life, but which the haste of "progress" treats as delay. It is not delay, but development: albeit this is a lesson rash energy has yet to learn from sober science".

The psychosocial issue of premature acculturation is still actively debated, as it probably has been through the ages. Progressively earlier exposure to such issues as divorce, sexuality/pregnancy/abortion, substance, abuse, dating, and competitive educational pressures ("gifted and talented" programs, honors courses, advanced placement courses, college concerns in grade school) are considered legitimate concerns in contemporary efforts to understand increased suicide rates in young people. Does history simply remind us that there is nothing new under the sun?

Suicide and mental illness

The relationship of suicide to mental illness is considered in passing by comments scattered throughout the Journal, but only a few explore the nature of this relationship in a more systematic way. The first, is 1856 (Vol 12, p.351), is a summary of an excerpt from A. Brierre de Boismont's "Du Suicide et de la Folie Suicide", published the same year in Paris. This renowned student of suicide makes it clear that while those suffering from insanity are vulnerable to suicide, that there are "circumstances in life in which suicide...can be readily accounted for by a state of mind for removed from insanity". Those who commit suicide "in full possession of reason" explain their act (by

suicide notes) in terms of the stresses of everyday life, and "reason remains undisturbed," while the suicide of insane persons is "determined by hallucinations, illusions, and other morbid conditions". The Journal editor is in complete agreement, commenting that "Monsieur le Docteur Briere de Boismont appears to be in the right when he defines this difference, which common sense, even, unaided by science, so readily establishes." Despite the unequivocal support for the validity of "rational suicide", debate has continued in American psychiatry--with diminishing intensity--to the present day.

A second report is provided in 1877 (Vol 34, p.98) in a review of the Proceedings of the New England Psychological Society's June 26 quarterly meeting. The president, Dr. Tyler, read a paper on melancholia, choosing this topic because of "the great frequency of this form of insanity at the present time". There was a nearly unanimous feeling that the suicidal inpulse is inherent in this form of illness and should be assumed in every case, even when denied by the patient and the family. One patient is recalled who, "no suicidal tendency having been observed or suspected during several months residence at the hospital, the patient having been removed for pecuniary reasons, committed suicide within a few days." Contemporary clinicians would generally concur with these views, though the frequency of the diagnosis has greatly diminished, and in facilities where electroconvulsive therapy is available the risk can be reduced relatively quickly. On the other had, present-day psychiatrists are frequently prevented from using such measures in view of patient' "right to refuse treatment", a concept that was apparently unheard of a century ago.

In 1878 (Vol 34, p.425) the Journal provides a 37-page report

by the Hon. O.H. Palmer, entitled "Suicide Not Evidence of Insanity", which was read before the Medico-Legal Society of New York. This scholarly work provides extensive historical, legal, and clinical documentation to support the thesis of the title. The focus is on the incentive to suicide provided by the life insurance system in this country combined with the erroneous belief of lay persons that suicide is by its nature the act of an insane person. There is an understandable desire of judges and juries to assuage the agony of a grieving family, especially at the expense of a wealthy and impersonal insurance company. But the invitation to "legalized fraud" by vitiating a suicide exclusion in a life insurance contract by finding every suicidal death to be due to "unsound mind" is a grave abuse of the system.

Three cases are meticulously documented in which the suicide was carefully planned as a means of providing for survivors, paying off debts, or achieving other well-defined goals. Intelligent juries "by sympathy and error" are said to have "robbed innocent policy-holders and rewarded rascality". Further, that "with a healthy and intelligent public opinion no such fraud could be consummated, nor outrage perpetrated."

Though national data on suicide were not kept at that time, it was clear to the speaker that "the suicidal mania is spreading beyond all precedent...the barriers to self-destruction seem to be giving way". Finally on a religious note, "destroy the faith of men in the Bible and the great truths it teachers, remove the restraints of religion and teach annihilation, and you will reap without the aid of insanity a harvest of suicides that will astonish the world".

No editorial comment is provided in the Journal, but we are

reminded that of all the data gathered in the past half-century, little if any has addressed the questions raised by the impassioned Mr. Palmer of a century ago. The most frequent litigation in psychiatry is said to involve suicide. Are we overlooking a lesson from the past?

Legal and ethical issues

Nineteenth century psychiatry was still very much influenced by religious concepts as regards the legal and ethical aspects of suicide, and generally seemed to regard it as a sign of moral weakness, or at least a form of mental weakness, as well as a felony. There were highly articulate arguments to the contrary, however, in the medical community. These arguments were presented in 1893 (Vol 49, p.626) in the New York Times for February 14th of that year, as follows:

> Suicide and the Law -- Before the Society of Medical Jurisprudence last evening, meeting at the Academy of Medicine, 17 West Forty-third Street, S. B. Livingston read a paper on "Suicide and Recent Re-actionary Legislation." IIis treatise reviewed the manner in which suicide had been regarded by ancient and modern peoples and the various legal measures that had been resorted to to prevent the act. The criminality of suicide, he said, became firmly established with the Christian era, being born of the belief that man's life is not his own. Mr. Livingston said he was forced to the conclusion, however, that no legislation had ever tended to prevent suicide. The theory of the old English common law, which has long been

abandoned was that suicide could be deterred by confiscating the estate left by the suicide and submitting the body to such disgrace as exposing it to public view and then burying it at the cross roads with a stake driven thorugh it. The theory of the Penal Code of New York was that suicide would be deterred by punishing as felons those who attempted to take their lives and failed. This, he thought, had no other result than to make those who contemplated suicide surer of their method. Furthermore, he thought, the law was a dead letter, as he had never heard of the conviction of an attempted suicide under it. Dr. E. C. Spitzka, in the discussion which followed, said that he regarded laws to prevent suicide as relics of barbarism. Their absolute uselessness had been fully demonstrated, and they might work injustice. He corrected Mr. Livingston in his statement that an attempted suicide had never been punished under the New York law, by relating that just after the law was passed, in 1881, a poor longshoreman named Donohue, suffering from delirium tremens, had jumped into the river. He was fished out, and his being the first case after the passage of the law, he was sentenced to State prison and was there yet. No other attempt to convict had ever been made.

These views were destined to finally gain social acceptance, but it was not without a fight. The following year, 1894 (Vol 50,

p.394), saw an equally forceful statement abstracted from the Lancet of September 9, 1893, titled "The Ethics of Suicide". This perspective focussed on "the operation of moral forces", such that "the mind that connives at self-destruction" is not only unhealthy, but "in an even greater degree immoral, since, possessing within itself a sense of duty and of relationship with others in their lives, labors and attainments, it ignores all for the sake of a present gain of personal relief. No one can rid himself of this relationship without at the same time casting on others the burden of responsibility which he abandons".

The writer goes on to foreshadow a pressing issue of the 1990's by indicating disagreement with those who not only "go the length of excusing suicide" but are "even advocating the creation of facilities for its accomplishment." The inspirational tack is pursued with the exhortation that, "the evil of suicide is not to be disguised by resorting to a lethal chamber or other permissive method--but by cherishing a sense of human fellowship and mutual duty----the devine order still prevails---for (everyone's) best interests. We have heard enough of the modern pessimism with its latest miserable canon of self-destruction. We could substitute for it the plain, old-fashioned but eminently, wholesome and courageous precept, `Never say die'." Such sentiments have considerable emotional force, and will probably be a significant factor in present-day appeals to society to move in permissive direction.

The specifics of a socially-sanctioned assisted death are not addressed in detail with the exception of a historical note provided by O.H. Palmerin the 1878 paper referred to above. He points out that the first century writer, Valerius Maximus, states that in the city of Marseilles "poisonous liquor was kept

publicly that was given to such as exhibited themselves to the Senate, and procured its approval of the reasons which prompted them to get rid of life; that the Senate examined their reasons with care, and after deliberating whether the applicants were justified in wishing to leave the world, gave or refused its sanction accordingly." It is certainly of interest that in looking to history for approaches to current concerns, we find the most pertinent example not a century, but a millenium ago.

Epilogue

This excercise in looking back apparently provides us with no solutions to our late twentieth century dilemmas. Nor would that be a likely result were we to expand our scrutiny to the numerous other sources omitted from the present limited review. Yet one senses a benefit of a more diffuse nature, perhaps of a greater awareness of the continuity of our struggles as individuals, as care-givers, and as a society. An aura of connectedness to those who came before us seems to be generated, as well as an appreciation of their efforts in a period of relatively limited resources. If we achieve no more than a degree of enhanced humility in this age of advanced scientific development, the journey to one hundred years ago will have served us well.

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