

Bell (Clark)



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*SUICIDE AND LEGISLATION.**

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It is a question of moment, well worthy our serious consideration, to consider what steps can be taken to prevent death by suicide, or to decrease its volume; whether we view the movement as one to prevent the commission of crime, regarding it, as our laws always have done, as a criminal offense to take one's life † or to punish the offender for its commission.

Notwithstanding the philosophy and teachings of the Stoics and ancient philosophers, there are few countries or peoples who do not now regard suicide as a crime.

“*Mori licet cui vivere non placet*” was the motto of the Stoics, who claimed that every man had the right to dispose of himself as he pleased. Indeed, it was contended in that philosophy that when the ills of life became too great for endurance, or one became an object of danger, disgust, dread, or to save from dishonor, it was not only right, but duty, to take one's life.

The maxims of Montaigne were doubtless based on similar considerations.

* Read at the Session of October 24, 1882.

† IV. Blackstone's Commentaries, chap. 14, p. 189, I. Hawk, P. C. 68. I. Hal., P. C., 413.



“A voluntary death is the most beautiful.” “Life depends upon the will of others; death upon our own.”*

Among the Hindoos, Chinese, Japanese, and many savage tribes of men, suicide has been justified under certain conditions, and held up as a duty in others.

The death of Cato by his own hand was doubtless from his determination not to owe his life to Cæsar, whose power he would thus recognize, which he had not done before.†

The Cynics, as well as the Epicurean school of philosophers, justified suicide. Diogenes, and many of his illustrious disciples, died by their own hands.

The Epicureans taught that suicide was commendable, and a duty under certain circumstances; but in ancient and modern times, the laws of most countries have branded suicide as a crime, and frequently punished it with great severity.

The Roman law punished the suicide with refusal of honorable burial.‡

Both Plato and Aristotle taught that punishment should follow the suicide, and he was also punished by confiscation of his goods in certain cases.§ While in Greece honors were refused the memory of the suicide, his name was made infamous, and the body refused the usual Grecian rites.|| By the Canon law the suicide was

* “Essay Montaigne,” vol. 2, chap. 5.

† Plutarch. Cæsar’s Tusculan Disputations.

‡ Laws B., ix.

§ Dig. de-re-Militari liv. iv., s. 7.

|| Potter, Greek Antiquities, B. IV. C. 1.

regarded as a criminal, forbidden the prayers of the Church, and punished with other severe penalties.*

In France, from the earliest times, and in the middle ages, the influence of the Canon law was felt upon the legislative statute to punish suicide. Prior to the abrogation of these severe laws, in 1791, frightful penalties were visited on the bodies of suicides, and their goods were confiscated.†

In England, the Roman and Canon law both found exponents in the early English statutes. Under King Edgar, the suicide was refused Christian burial and his goods confiscated, unless insane or grievously sick. This statute is cited by Dr. O'Dea from the old Saxon law, in his able work on suicide (page 183)

The old English custom, of burying the body at cross-roads, pierced by a stake, was stopped by an Act of 4, George IV., c. 52, ordering their burial at night, between the hours of 9 and 12 o'clock.

These early English laws are not all abrogated. Many of them are still upon the statute books, but have fallen into general disuse, and may be regarded as obsolete.

In the present age, by general concurrence, it may be safely stated, that in all civilized countries suicide is regarded as a crime, because it is an offense against the laws regulating and ordering the general welfare of society. It has been well said that "obedience to the

* Law 12, Can. 23, quæst 4.

† Huryart de Vouglorns, pp. 183, 185. Serpillon Tome, II. p. 960. Loy-sell liv., VI., Title II., regel 28.

law is the highest duty of the citizen." Law is at the foundation of society, without which there is no permanence or safety to the individual. The guarantee of safety to citizens by society rests upon the law which upholds and supports it. Protection of human life is the corner-stone of all social organizations, and punishment for homicide must, in the nature of things, rest inherent in society under the laws regularly passed for the protection of the citizen. The suicide violates the social system by taking a human life, and strikes at the foundation upon which society rests. We cannot admit the legal right of suicide without at the same time consenting to the destruction of the elementary principles upon which society is based.

For the purposes of this discussion we must then inquire :

- 1st. Is suicide, as a social evil, on the increase ? and
- 2d. What can be best done by society to diminish its increase, either by legislation or otherwise ?

As to the first proposition : Is suicide upon the increase ? From 1794 until 1804, the yearly average suicides in Paris was stated by Brierre de Boismont at about a hundred and seven. There seems to be no reliable data prior to 1794, at which time the laws were changed. Dr. O'Dea, in his valuable and careful work on suicide, already quoted, states, however, upon the authority of M. de Foville, that during the period ending in 1837, and commencing in 1791, the proportion of suicides in France relative to the population had increased fifty per cent.,

and that from 1837 to 1847 this proportion had further advanced to the frightful extent of seventy-eight per cent.

The total suicides in France for the forty-five years, from 1831 to 1875, on the authority of M. Lacassagne, in *Precis de Medicine Judiciare*, and of M. E. Maret, in his work *Du Suicide en France*, were stated in the Medico-Legal International Congress, at the session of August, 1878, in Paris, by M. le Docteur Jeannel, at 173,232, the yearly average of which would be about 3,850. The annual number from 1831 to 1835 was 3,317, which had increased from 1871 to 1877 to the number of 6,107.

These statistics show, in France, a rapid and steady increase since 1831 in the annual number of suicides.

M. Jeannel states that these statistics are too low to embrace the entire number, for the reason that many suicides are never known to the public administration, and cites Esquirol as an authority that in his time many suicides were not known to the administration; also Brierre de Boismont, who insisted upon the impossibility of obtaining complete or perfect statistics of suicides in France at that period.

M. Lacassagne, who was present at the session of the International Congress at the time, stated, that he regarded the statistics presented by M. Jeannel as very exact.

He conceded that there was constant yearly increase in France in the number of suicides. He also stated that Paris, probably of all the cities of the world, furnished

the largest number in proportion to its population, and that, while this was true of Paris, it was not true of that part of France outside the larger cities. He stated that suicides in France, in the country districts, were exceedingly rare. It is more difficult to give reliable statistics for England. Quetelet gave this subject attention from the commencement of the present century, and came to the conclusion that there was a remarkable uniformity in the annual number of suicides, if considered in groups of ten or twenty years, and that while it varied in exceptional years, the grouping of periods of ten or twenty years was quite uniform. In London the annual suicides about the year 1850 ranged from 213 to 266, while the average for groups of successive years was 240.

Dr. O'Dea in his work quotes Quetelet and states the present annual rate in London at about 260, when estimated in a succession of years.

All statistics and all experience show that exceptional years and causes produce exceptional results.

EPIDEMICAL SUICIDE.

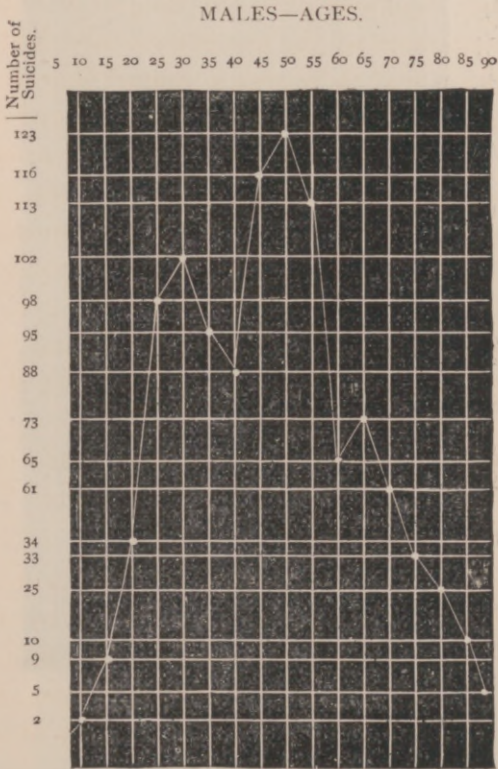
There is frequently an epidemic of suicides in a district. Notably, the Egyptian epidemic, caused by Hegesias' orations; the Milesian; the epidemic of Manfried, in 1679; Rouen, in 1806; St. Piermont Jean, in 1813; Etampes, Lyons and Versailles, the latter of which, in 1793, numbered some 1,300 victims.

A great number of suicides were committed in June, 1697, at Hansfield.*

* Sydenham Collection, vol. 2.

It is well known that wherever a suicide is committed by precipitation from a monument or height, it is frequently followed by several others, as from Notre Dame, Colonne Vendome or Colonne Bastile.*

Niagara Falls, in our country, is a parallel, though not



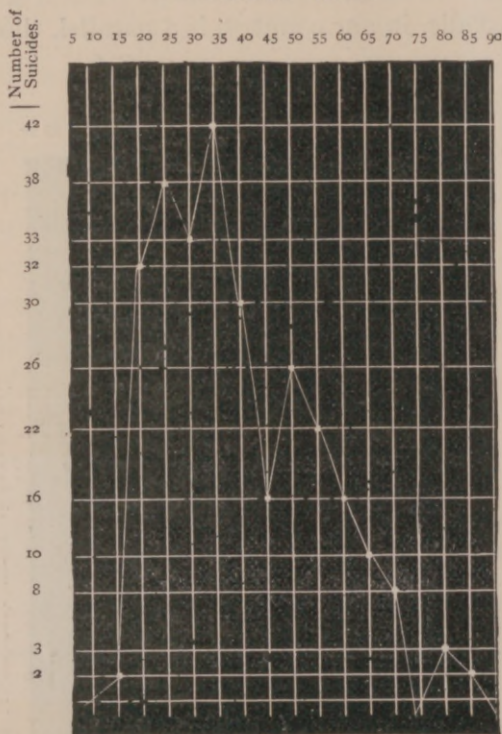
Compiled from the U. S. Census of 1870.

* Brierre de Boismont, ouv-cit., p. 141.

completely, as it is more difficult of access to the great masses by reason of its distance from our large cities.

The pensioner who hung himself on one of the lanterns

FEMALES—AGES.



Compiled from the U. S. Census of 1870.

of the Hotel des Invalides in Paris, was followed within a few weeks by twelve others, hung at the same place, which was only stopped by removing the lantern.

In Cuba, the negroes committed suicide in large numbers, under a religious delusion, believing that they

AGES.

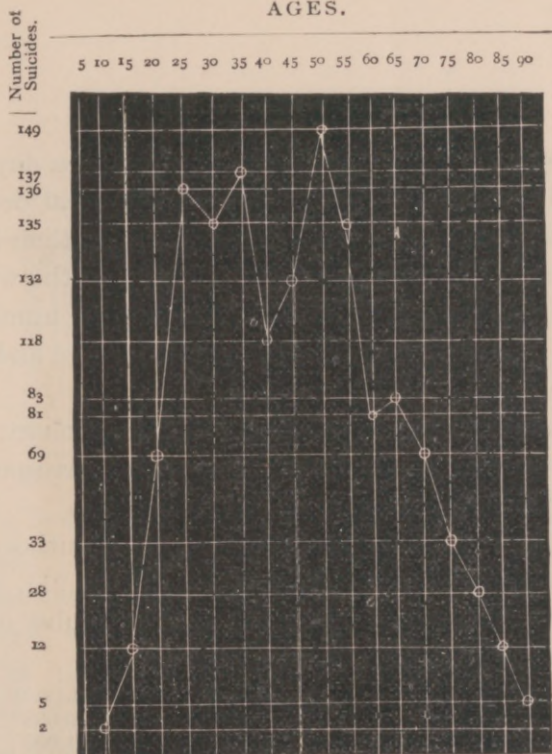
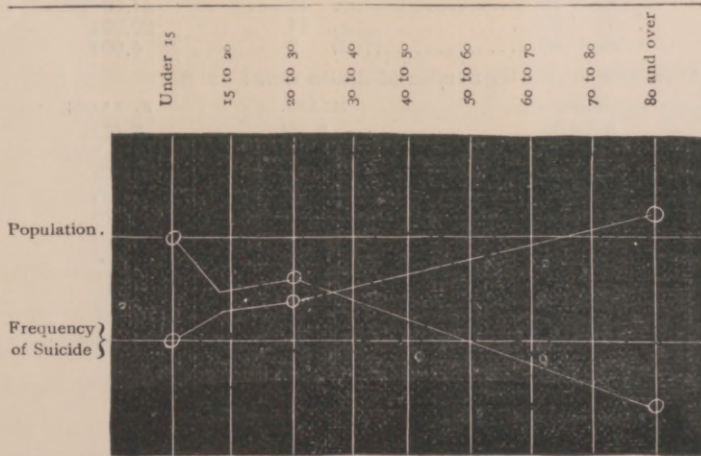


CHART I.—Suicides and Age. Both Sexes. Compiled from the U. S. Census of 1870.

AGES.



would be restored to life at the end of three days. It was only suppressed by the Governor-General ordering the heads exposed in public for one month, their bodies burned and their ashes publicly scattered to the winds.*

The foregoing tables show that the largest number of suicides occur between the ages of twenty-five and fifty-five.†

O'Dea submits an interesting diagram or chart, comparing suicides at various ages with corresponding totals of living persons.‡

The following table, quoted by the same author, from the *Medico-Chirurgical Review*, vol. 27, p. 211, shows the proportion of suicides to the entire number of persons at the different periods of life :

YEARS.	SUICIDES.	POPULATION.
10 to 15.....	12	50,000
16 " 20.....	38	71,000
21 " 25.....	63	73,000
26 " 30.....	67	70,000
31 " 40.....	107	117,000
41 " 50.....	115	91,000
51 " 60.....	85	74,000
61 " 70.....	41	51,000
71 " 80.....	14	20,000
81 " 90.....	2	4,000

From 1858 to 1864 the number of deaths were :

AGES.	MALES.	FEMALES.
All ages.....	6,754	2,462
5 years.....	5	1
10 years.....	32	19
15 years.....	545	435
25 years.....	886	373
35 years.....	1,294	428
45 years.....	1,540	532
55 years.....	1,474	374
65 years.....	759	222
75 years.....	198	66
85 years.....	21	22

* Revue de Paris, 19 April, 1845.

† P. 140, O'Dea on Suicides.

‡ O'Dea on Suicides, p. 141.

AGES.	Average annual death rate of males to 1,000,000 living at each age.	Average annual death rate of females to 1,000,000 living at each age.
	MALES.	FEMALES.
1858 to 1864.		
All ages.....	98.4.....	34.1
5 years.....	0.....	.1
10 years.....	4.3.....	2.6
15 years.....	46.6.....	32.8
25 years.....	90.7.....	33.5
35 years.....	166.7.....	49.1
45 years.....	249.1.....	85.0
55 years.....	362.3.....	92.0
65 years.....	374.5.....	81.8
75 years.....	261.1.....	70.0
85 years.....	238.4.....	87.2

From these tables Dr. O'Dea finds the following conclusions :

1. Suicides increase in number until extreme old age (limited in England after seventy-five years .
2. The increase is in direct ratio to population until the age of thirty, after which it continues in inverse ratio to population until the allotted time of life.
3. The number of suicides is very small, both absolutely and relatively, to population previous to the age of fifteen.

SEX.

The influence of sex on suicide Dr. O'Dea shows by similar charts based upon the census of 1870, which place the maximum between the twentieth and fortieth year. Women commit suicide earlier in life ; men, later. The proportion of the sexes is in general three men to one woman, except in England and Wales the ratio is two to one, and in Denmark four to one. In large cities the proportion is nearer equal. This author quotes two tables computed from "*Lisle, du Suicide*," pp. 105, 106,

which are interesting by way of comparison as to causes of suicide in females, bearing upon the question of proportion between the sexes.*

CAUSES OF SUICIDE.	MEN.	WOMEN.	TOTAL.
Grief caused by loss of parents, etc.....	373	193	566
Grief caused by ingratitude of children....	173	74	247
Grief caused by departure of children....	20	20	40
Grief caused by separation of family.....	35	16	51
Forbidden love.....	938	627	1,565
Jealousy between married couples and between lovers.....	53	118	171
Grief at quitting master or a house.....	229	24	293

The difference between the sexes in indulgence of propensity or passion by the following table :

CAUSES.	MEN.	WOMEN.	TOTAL.
Gambling	157	1	158
Laziness	76	4	80
Debauchery	1,569	223	1,792
Drunkenness.....	2,761	441	3,202

Upon the question of suicides for the cause of
INSANITY,
the following table, computed from the census of 1870, is made up by Dr. O'Dea :

STATES SHOWING THE LARGEST INSANITY RATES.	Ratio to 100,000 population, U. S. Census, 1870.	
	INSANE.	SUICIDES.
California.....	14.493	196.9
Maine.....	4.625	126.4
Massachusetts.....	7.200	182.6
New Hampshire.....	7.854	172.1
Vermont.....	7,000	218.1

* O'Dea on Suicide, pp. 153, et seq.

Being States showing the largest insanity rates, in which Vermont leads.

The States showing the lesser rates are :

STATES.	Ratio to 100,000 population, U. S. Census, 1870.	
	SUICIDES.	INSANE.
Delaware	2.399	52.0
Georgia	1.182	53.5
Indiana	3.154	89.4
Louisiana	2.063	62.0
Tennessee	1.517	73.5

A general table from the census of 1870 is given under the head of Table of Suicide and Social Condition in the United States. A close examination of these tables shows no uniform rate or proportion between suicide and insanity. The difference is inexplicable by any known law.

Connecticut, with a suicide rate of 3.907, has an insanity rate of 143.05, while Rhode Island, with a suicide rate of 2.760, has an insanity rate of 143.0.

Dr. O'Dea thinks that the causes which tend to increase insanity also tend to increase suicide.

About 30 per cent. of insane are believed to be melancholic.*

Dr. John P. Gray thinks that about 35 per cent. of melancholic insane develop suicidal tendencies.†

The relation in Europe of the proportion of insane to the whole number of suicides is about one-third.‡

*Penn. Hospital Reports for Insane, 1860 to 1870.

†Suicide, *Journal of Insanity*, July, 1878.

‡Von Ettingen's Moral Statistics and Christian Manners.

I am unable to find any American statistics on this subject.

EDUCATION.

MM. Bronc and DeLisle, French writers, who have given this subject careful study, unite in the opinion that the diffusion of education and general intelligence increase the rate of suicides in France. That department of France which is first in intelligence (Department du Nord) has the largest proportion of suicides. In this department 50 per cent. of all the suicides of France

SUICIDES NUMEROUS.			SUICIDES FEW.		
Departments.	Suicides.	Illustrated 100,000 pop.	Departments.	Suicides.	Illustrated 100,000 pop.
Seine	806	70	Corse	6	31.4
Nord	155	29.5	Lozère	7	32.4
Seine-et-Oise.....	155	7.9	Hautes-Pyrénées.....	9	11.8
Seine-et-Inférieure....	151	29.1	Cantal	9	25.2
Aisne.....	129	19.1	Hautes-Loire	9	43.5
Ois.....	127	14.4	Ariège	10	66.6
Marne	125		Pyrénées-Orientales...	10	41.6
Seine-et-Marne.....	114	10.9	Haute-Savoie.....	11	15.8

occur. The Department of the East is next with 16 per cent., while of the remaining departments the three, Center, South and West, where education is lowest, the rate is only 34 per cent. between them. The influence of Paris as a city, however, where the rate is so high, weakens the force of M. Bronc's opinion to some extent. The following table from M. Bronc's book will be of interest.*

*" L'Europe, Politique and Social." Paris, 1869, p. 206, et seq.

NATION AND RACE.

The tables of M. Bronc's, bearing on other questions, are equally interesting and valuable. Deaths from suicide in 1876, in each of the named countries :

COUNTRIES.	Proportion of suicides to 1,000,000 pop.	Degree of Education. Percentage of illiteracy.
Switzerland.....	196	Nearly free from illiteracy.
England and Wales.....	73	33.
Scotland.....	37	21.
Ireland.....	21	46.
Norway.....	70	Nearly free from illiteracy.
Finland.....	34	" " "
Sweden.....	92	" " "
Prussia.....	134	" " "
Bavaria.....	103	7.
Belgium.....	82	30.
Austria.....	113	49.
Italy.....	37	73.
United States.....	40	20.

These tables of M. Bronc do not accord with our experience in the United States respecting ignorance and crime, nor are they in accord with the better opinion in this country as to the relation of illiteracy to crime so far as we can estimate.*

It may be of interest to inquire concerning the causes of suicides, and I submit a few statistical facts concerning them.

DOMESTIC TROUBLES.

It will be observed that France and Italy have a higher rate of suicide from domestic troubles than other countries. I quote a table : †

*Prisons and Reformatories, Home and Abroad. London, 1882. Kidder & Schem, Op. Cit. Arb. Criminal Education. O'Dea on Suicide, 167.

†Compiled by O'Dea from the Belgian Statistics published in 1. Europe of Brussels. O'Dea, Suicide, 177.

COUNTRIES.	Proportion of suicides to sex to 1,000 cases, from domestic troubles.	
	MALES	FEMALES.
Sweden.....	138	164
France.....	75	76
Italy.....	48	51
Prussia.....	26	29
Saxony.....	21	18
Norway.....	16	24

DRUNKENNESS.

Different countries show a wide difference in rate as to this cause of suicide. In Denmark it is stated to be nearly forty per cent. Nearly the same proportion is claimed for Norway and Sweden. In Italy, on the contrary, only six out of every 1,000 can be attributed to this cause. It is estimated that at least seven per cent. of suicides are due to drunkenness, which I think rather too low.*

This author furnishes an interesting table, compiled from the census of 1870, contrasting suicides and deaths by alcohol in this country.

SUICIDES—DEATHS BY ALCOHOL IN THE UNITED STATES.

	Suicides.	Deaths from Alcohol.
Chinese and Japanese.....	10	
Other South of Europe.....	13	5
Italians.....	1	3
Other North of Europe.....	7	3
French.....	19	12
Scotch.....	10	22
English and Welsh.....	42	57
Irish.....	104	488
Swedes, Norwegians and Danes.....	22	5
Germans.....	146	144
All others.....	16	12
Total.....	390	751
Indian.....	1	1
Colored.....	18	61
White.....	813	535
Total.....	832	597
Unknown.....	21	62
Aggregate.....	1,243	1,410

*O'Dea, Suicide, p. 184.

NATIONALITY.

The difference in rate in different countries is remarkable, and while various writers account for it in various ways, there is really no satisfactory explanation. Moreover, different cities in the same country will have a widely different rate. In England the rate is highest in the southeastern counties and lowest on the western coast.* France shows the same phenomena as before stated.

In our own country the proportion of suicides in San Francisco, and in the cities of Nevada, is very largely in excess of New York, Brooklyn or Philadelphia. The following table from the work of Dr. O'Dea gives the general ratio as to race and nationality : †

NATIONS.	No. of suicides in 1,000,000 pop.	NATIONS.	No. of suicides in 1,000,000 pop.
Portugal.....	7	Belgium.....	55
Spain.....	14	Austria Cisleithania	84
Ireland.....	16	Bavaria.....	73
Russia.....	25	Baden.....	109
Italy.....	26	France.....	110
Finland.....	30	Prussia.....	123
Scotland.....	35	Wurtemberg.....	164
United States.....	40	Switzerland.....	206
Eng. and Wales..	68	Denmark.....	288
Norway.....	94	Saxony.....	251
Sweden.....	66		

The study of the causes that make the rate so greatly in excess in Switzerland, France and the German-speaking countries, is very interesting, but I have not space for it in this paper. The largest number of suicides in

*Report of English Register-General for 1873.

†Table of Dr. O'Dea, Suicide, p. 199.

London in any one year was in 1846, during the great railroad panic, and the per cent. rose from 7.2 per cent. to 12.8 in the 100,000 population in France in 1847.

The vital statistics of Ireland show an increase of suicides from 7.57 to 8.41 in the decade that witnessed the great famine in that country.*

The statistics of Quetelet, to which allusion has been made, are analyzed and formulated by O'Dea, pp. 113, 140 and 141.

GENERAL CAUSES.

Brierre de Boismont gives the following table, made from a study of 4,595 cases of suicide (pp. 261 etc.).

Tables of Brierre de Boismont, from authentic documents of the causes of suicide, selected and analyzed from 4,595 cases :

CAUSES OF SUICIDE IN ITALY.	NUMBER OF SUICIDES.						Per 1,000 Suicides	
	1876.			1877.			1877.	
	Total	Males	F'm'les	Total	Males	F'm'ls	Males	Females.
Unhappiness.....	64	58	6	105	92	13	100.55	58.04
Loss of employment ..	7	7		2	2		2.19	
Reverses of fortune....	141	136	5	104	102	2	111.47	8.93
Domestic trouble.....	93	73	20	88	68	20	74.32	89.29
Hindered love.....	47	33	14	36	19	17	20.76	75.89
Disgust of m'lty s'rvce	7	7		8	8		8.74	
Disgust of life	26	23	3	28	27	1	29.51	4.46
Fear of condemnation.	21	21		24	24		26.23	
Jealousy	5	4	1	6	5	1	5.46	4.46
False point of honor...	7	7		11	11		12.02	
Ante-nuptial pregnancy.	6		6	4		4		17.86
Drunkenness	7	6	1	6	6		6.56	
Physical suffering....	59	51	8	79	64	15	69.95	66.96
Cerebral fever.....	5	4	1	7	4	3	4.37	13.39
Insanity, delirium....	127	89	38	136	95	41	103.83	183.04
Monomania	18	12	6	24	15	9	16.39	40.18
Pellagra.....	55	38	17	121	77	44	84.15	196.43
Idiocy, imbecility....	8	7	1	12	9	3	9.84	13.39
Unknown	321	278	43	338	287	51	313.66	227.68
Total	1,024	854	170	1,139	915	244	100,000	100,000

*O'Dea, Suicide, p. 277.

FIRST GROUP.		
Drunkenness.....	530	
Poverty, Misery.....	282	
Reverses from financial embarrassment.....	277	
Licentiousness.....	121	
Laziness.....	56	
Want of Work.....	43	1,309
SECOND GROUP.		
Insanity.....	652	
Ennui—disgust of life.....	237	
Feebleness—sorrow, melancholy.....	145	
Acute delirium.....	55	1,089
THIRD GROUP.		
Domestic troubles.....	361	
Other troubles.....	311	672
FOURTH GROUP.		
Sickness.....	405	405
FIFTH GROUP.		
Love.....	306	
Jealousy.....	54	360
SIXTH GROUP		
Remorse, dishonor, criminal prosecution.....	134	134
SEVENTH GROUP.		
Gambling.....	44	44
EIGHTH GROUP.		
Pride and vanity.....	44	44
NINTH GROUP.		
Unknown motives.....	556	556
Total.....		4,613

And as a further analysis of causes, I give another table from this same author.*

TABLE OF ANALYSIS OF 676 CASES OF SUICIDE.

Bade adieu to parents, friends and the world.....	278
Gave directions as to funeral and burial.....	105
Asked pardon for their suicide.....	45
Evinced solicitude for parents or children.....	43
Had confidence in Divine forgiveness.....	36
Expressed regret at leaving world, friends, etc.....	38
Avowed belief in a future state.....	22
Died in houses of ill-fame.....	18
Expiated faults or asked forgiveness.....	30
Desired the prayers of the Church.....	11
Prayed friends to shed tears to their memory.....	11
Ascribed their death to useless motives.....	11
Expressed horror at their own death.....	9
Wished their death concealed for sake of family.....	19

*Brierre de Boismont, Suicides, p. 262.

2. As to the second proposition or inquiry, viz.: "What can best be done by society to diminish the increase of suicide, by legislation or otherwise?" Whether suicide is on the increase or not, is of sufficient consequence to justify us in studying whether and how far the evil may be avoided, and what legal or punitive measures for its repression or punishment can be adopted. How far can such measures act as a restraint upon mankind to prevent suicide? What restraining influences can be used or adopted, the tendencies of which will be to diminish the volume of suicide? But little doubt can be entertained that the extreme laws of the Romans, Greeks, and the earlier laws of France and Great Britain, barbarous as they may now seem, must have operated largely to deter many from the commission of this crime.

It is, of course, quite impossible to know how many have been thus deterred. Those who were thus prevented in the nature of things can neither be counted, nor with certainty be calculated. One means of forming an opinion is by comparing recent suicides, in proportion to the population, with other times; and the better opinion is that those laws must have exercised a decided and beneficial restraint.

Buckle and Comte both concur in the unwisdom of legal enactments against suicide.*

The verdict of history must, however, be on the other side, and tend decidedly to show the beneficial effects of punitive laws, when strictly enforced.†

*Civilization, vol. 1, pp. 19, 20; *Traite de Legislation*, vol. 1, p. 486.

†O'Dea on Suicide, p. 278, who cites also Tarquin's proclamation to the Roman army. The edict of the Milesian authorities. The famous order of Napoleon I. to his army, which stopped what might otherwise have been a serious epidemic among the French soldiers.

It is most reasonable to suppose that the certainty of loss of goods, disgrace to family, and indignities to the remains, would have deterred many weak or vain persons, who have committed suicide in the past, with no possibility of such results attaching if punitive laws had existed and been enforced. Besides the cases cited where orders, regulations and laws have clearly operated to arrest suicides in epidemical periods, I have felt it important to cite the effect of legislation in British India to suppress that system of suicide formerly so prevalent there, and known as

SUTTEE.

Following is a copy of the official returns of suttee in India, from 1815 to and including 1828 :

DIVISIONS.	1815.	1816.	1817.	1818.	1819.	1820.	1821.	1822.	1823.	1824.	1825.	1826.	1827.	1828.
Calcutta.....	253	289	442	544	421	370	372	328	340	373	398	324	337	308
Dacca.....	31	24	52	58	55	51	52	45	40	40	101	65	49	47
Murshedabada.	11	22	42	30	25	21	12	22	13	14	21	8	9	10
Ratna.....	20	29	49	57	40	62	69	70	49	42	47	65	55	55
Benares.....	48	65	103	137	92	103	114	102	121	93	55	48	49	33
Barielly.....	15	13	19	13	17	20	15	16	12	10	17	8	18	10
	378	442	707	839	650	627	634	583	575	572	639	518	517	463

This practice was suppressed in Southern India by Lord William Bentwink declaring it a crime punishable by the Criminal Court.*

All India was freed by similar laws and regulations adopted by the British generals, which have effectually suppressed the practice.

What would be the effects, if the unsuccessful attempt

* Wheeler's History of India, vol. 3, p. 273. O'Dea Suicide, 306,

at suicide was punished by law as a crime in all cases, and a conspicuous example made of the offender? Would it not operate as a wholesome restraint, in some cases at least, against the commission of the act?

LEGISLATION PROPOSED IN FRANCE.

The most striking proposition of recent times is that submitted by M. le Dr. Jeannel, to the International Medico-Legal Congress, at the Paris session of August, 1878, to provide by law, that the corpses of all suicides be furnished to the medical schools for dissection, except in such cases as the victims were insane or irresponsible. By the Penal Code of France, Art. 64, it is provided, that suicide is not a crime when committed by a person who is insane at the time, "*en état de démence au temps de l'action.*" Dr. Jeannel supported his proposition by a strong array of facts, and claimed:

1. That such a law would increase the resources of the medical schools, for careful and valuable anatomical studies, etc.

2. Seriously diminish the number of suicides. He proposed the following points for the consideration of the Congress:

1. Each particular case of suicide should be given to a Medico-Legal determination or Commission (une consultation Medico-Legale) to determine as well the fact of the suicide as the sanity of the victim.

2. The passage of a general law requiring that the body of every suicide who was found to be sane and

responsible for his acts should be sent to the medical college (*Amphitheatres Anatomique*).

It was objected by M. Lacassagne that it would be very difficult to execute such a law as Dr. Jeannel proposed. He alluded to the difficulty of transporting dead bodies to the anatomical schools, especially from a distance, and also to those persons who from religious scruples oppose the dissection of bodies at all in the hospitals or anatomical schools. He also thought that a very strong feeling of opposition would arise on the part of the families and friends of suicides to such a disposition of the remains.

M. Gubler took part in the discussion and opposed the proposition, claiming that such a law would aggravate the situation of families so unfortunate as to have a suicide occur in their midst, and that it would be another evil for them to bear, added to the shame and disgrace of the act itself. He feared also that instead of increasing the anatomical subjects, it would create a feeling against the schools, which would in the end operate to diminish the number of subjects to be obtained.

M. Devergie, who presided at the session of the International Congress, expressed a doubt whether the Legislature would consent to deprive a family of its rights to dispose of the remains of one of its members who had committed suicide.

No action was taken by the Congress upon M. Jeannel's proposition.

The objections thus presented were considered by Dr.

Jeannel, in a reply submitted as annex No. 2, which forms a part of the published proceedings of that Congress, and in which the questions involved are treated with signal ability.

To the objection as to the transportation of the dead bodies, he submits that the experience of the commission of the French Society of Medical Jurisprudence had demonstrated the entire feasibility of transporting dead bodies, and perfectly retarding putrefaction by the use of phenic acid, and gives the formula which perfectly embalms the body at a cost of five or six francs, which was then in actual use throughout France between the various prisons and medical schools.*

Dr. Jeannel meets the objections raised with powerful arguments. He demonstrates the right of the Legislature to pass such a law, and argues that it would not only have a beneficial result as a restraint upon suicide, but sensibly aid the schools in their labors.

While it must be conceded that families would at first object to such a disposition of the bodies of suicides, it is upon a solid and safe principle that such a law would be founded if the Legislature should pass it. The bodies of murderers or criminals, if furnished for dissection to the medical schools, present quite the same question, whether the criminal is a suicide or a murderer of some one beside himself.

The consequence upon the family is one of the real

* *Poudre Antiseptique de Wafflard. Acide Phenique brut.*, 1. *Seiure de Lois*, 4.

arguments for the passage of such a law, because the suicide, if sane, must consider all the consequences of his act, and this must operate in many cases as an enormously powerful restraint against the commission of the crime.

No valid legal objection could be raised by the family in the case of a suicide, that could not be raised if a member convicted or accused of any other crime should die pending trial, or after conviction while in prison.

No question of this character had force against the ancient punitive laws.

What is needed is additional force upon the moral sense of the community, to render the crime of suicide more generally odious and detestable.

There is at present practically no legal restraint against suicide.

The suicide has nothing to fear for his crime, even if unsuccessful. Our laws are not enforced.

Is society doing its whole duty in the matter? Should not such legislation be considered as would be calculated to arrest the hand of weak persons, who now really encounter no resistance to their suicidal ideas and tendencies, by legislation or public sentiment?

Of course, laws of all countries recognize insanity as a defence to crime. Suicide is within that rule. No insane or irresponsible person can be held responsible for suicide.

Dr. O'Dea admirably suggests the great value and importance of religious and moral training, as an important

factor in preventing suicide. He most ably supports this, as well as the value of medical advice and treatment, as a means of prevention, in the closing chapters of his work.

These should not be neglected. They should be studied and made use of to the fullest extent. But can we rely alone upon these means as a preventative ?

The question is one of great importance and worthy serious study. Dr. O'Dea has dedicated his work : " To the Medico-Legal Society of New York, whose successful efforts at medical, legal and social reform reflect honor on itself and lasting benefit on the community."

This work has been of great value in the preparation of this article, and while the author only touches lightly on the legal means of prevention, the weight of the book favors sound action, if public opinion would be behind proper remedial legislation, without which no important reform can be accomplished by legal means. If this Society can be useful in awakening public interest in such remedial legislation as would save the lives of even a few unfortunates who would otherwise perish by their own hand, it would, I feel quite sure, be doing good work in thus acting. If it can be instrumental in bringing into force and play any elements within the commonwealth that shall so intensify and make odious this growing crime of suicide, it ought not to hesitate long in its action.

The consideration of the feelings and wishes of the family and friends of the suicide, we must all feel

sensibly; but higher and broader and nobler than these is the great good to the State, the public conscience and the heart.

I am not aware what action has been taken by the French Society upon this question, or whether any action has been taken, but I have thought it not inconsistent with my duty to bring the subject to the thoughtful attention of the Medico-Legal Society of New York.

APPENDIX.

Suicides in the United States and Territories at the Tenth Census :

STATES AND TERRITORIES.	SUICIDES.	STATES AND TERRITORIES.	SUICIDES.
Alabama	10	Missouri	99
Arizona	8	Montana	13
Arkansas	14	Nebraska	13
California	188	Nevada	13
Colorado	12	New Hampshire	31
Connecticut	49	New Jersey	67
Dakota	7	New Mexico	3
Delaware	1	New York	332
District of Columbia	13	North Carolina	20
Florida	1	Ohio	191
Georgia	28	Oregon	26
Idaho	3	Pennsylvania	219
Illinois	171	Rhode Island	10
Indiana	115	South Carolina	16
Iowa	178	Tennessee	39
Kansas	43	Texas	65
Kentucky	64	Utah	4
Louisiana	34	Vermont	22
Maine	49	Virginia	23
Maryland	33	Washington Territory	9
Massachusetts	134	West Virginia	14
Michigan	101	Wisconsin	76
Minnesota	49	Wyoming	1
Mississippi	15		
Total—United States		2,517	

Since reading this paper, I have seen some statistics

prepared by Dr. John T. Nagle, of suicides in the city of New York for the eleven years ending December 31, 1880, also the proportion of suicides to the population of New York City from the year 1804 to 1880, inclusive, from which I make some interesting extracts.

Dr. Nagle claims that :

1. There is a marked difference in the number of suicides, based on nationality, the Germans especially exceeding the Irish in number.

2. That as to sex, the males exceed the females in number, during past eleven years, by males, 1193 ; females, 328. The proportion being 3.64 males to one female.

3. The highest rates of suicides in New York City during the past seventy-seven years was in 1805, when there was one to every 3,017 inhabitants; and the lowest in 1864, when the rate was 1 suicide to 23,827. In 1874 the rate was one to 5,515, and was the largest year since 1834, when the proportion was 1 to 3,474.

The maximum among males was between the ages of 35 and 40 years, and of females between 30 and 35 years.

4. The age and sex of suicides in New York for the eleven years ending December 31, 1880, was :

Males.....	1,193
Females.....	328
	1,521
Total for eleven years.....	1,521
Average for each year.....	138. $\frac{27}{100}$

Dr. Nagle has classified these deaths, to see whether time of year influences suicide, into four quarters of

the year and for the eleven years, with the following result :

First quarter.....	341
Second quarter.....	417
Third quarter.....	412
Fourth quarter.....	351

He states that these relations vary in different years. He states that the average annual rate of suicide for the eleven years was 16.74 to every 100,000 of the native population.

During the same period the rate was for foreign born population 26.24 to every 100,000. It was less frequent among the colored than the white population.

The table of nationalities is interesting, the Belgian heading the list and the Irish of foreigners being the lowest, viz. :

Austria.....	20.54	Portugal.....	96.77
British America.....	27.28	Russia.....	12.86
Bohemia.....	29.05	Scotland.....	23.84
China.....	57.32	South America.....	92.15
Denmark.....	56.39	Sweden.....	39.04
England.....	27.68	Switzerland.....	77.09
France.....	45.27	Spain.....	56.92
Germany.....	34.49	Wales.....	13.49
Holland.....	47.13	Cuba.....	43.53
Italy.....	13.98	Belgium.....	115.06
Norway.....	51.23	Ireland.....	9.71
Poland.....	18.76	United States.....	5.61

The data as to Belgium is more curious than reliable, as the total Belgian population for the eleven years was only 478, and the number of suicides six.

In the table of causes, 503, or really one-third of the whole number, was by poison, of which Paris green was the favorite, causing 200 deaths, and various forms of opium, 139 deaths. Pistol, gun-shot wounds caused 399

deaths, hanging 239, cutting throats or arteries with razors and knives, 175, leaping from heights 82, and drowning 101.

There are interesting tables in Dr. Nagle's paper, in regard to foreign cities and American cities, for which I regret that I have no space. Dr. Nagle's tables are especially valuable, for the reason that he has the benefit of the State Census of 1875 ; while all the tables I have hitherto seen were based upon the U. S. Census of 1870. I am indebted to the Commissioner of Patents for the first table in appendix, based on the census of 1880, which his courtesy has enabled me to furnish since my paper was read.

SUICIDE AND LEGISLATION.

SUICIDE AND SOCIAL CONDITION IN THE UNITED STATES, CENSUS 1874.

STATE.	No. of Suicides.	POP- ULATION.	Per cent. of Sul- cides to 100,000 Pop.	Percent- age of Illit- eracy in 100,000 Pop.	Population to the Sq. Mile.	Prevailing Industry.	Prevailing Religious Belief.	Church Accom- modation.	Per cent. of Insan- ity 100,000 Pop.
Alabama	8	996,992	.802	73,499	19.66	Agriculture	Method. and Bapt.	Good	55.7
Arkansas	4	484,471	.825	50,493	9.30	"	"	"	33.3
California	84	529,031	14.432	9,723	2.29	Mining & Agri- culture	and Catholic	Very deficient	106.9
Connecticut	21	537,454	3.907	9,172	113.15	Manufacturing	Methodist	Good	143.5
Delaware	2	123,015	2.300	33,951	58.97	"	"	"	52.0
Florida	7	188,248	3.718	73,329	3.17	"	"	"	15.3
Georgia	14	1,184,109	1.182	74,321	20.42	"	"	"	52.5
Illinois	106	2,359,891	4.173	8,639	46.84	"	"	"	64.0
Indiana	43	1,680,657	3.154	12,134	49.71	"	"	"	89.4
Iowa	36	1,194,320	3.106	5,843	21.69	"	"	"	62.1
Kansas	15	373,299	4.002	10,301	4.48	"	"	"	35.0
Kentucky	23	1,321,011	1.741	44,038	35.33	"	"	"	34.2
Louisiana	15	729,915	2.063	73,376	17.58	"	"	"	62.0
Maine	29	626,915	4.625	5,190	17.91	"	"	"	126.4
Maryland	13	780,894	1.665	31,963	70.20	"	"	"	94.0
Massachusetts	105	1,457,351	7.200	11,849	186.84	Man'g & Agri- culture	Congregational	Very deficient	182.6
Michigan	33	1,187,234	2.780	7,390	20.79	"	"	"	69.0
Minnesota	7	446,056	1.569	8,329	5.26	"	"	"	69.7
Mississippi	12	827,242	1.448	73,078	17.56	"	"	"	29.5
Missouri	54	1,721,255	3.137	21,442	26.34	"	"	"	21.6
Nebraska	8	129,222	6.186	5,618	1.62	"	"	"	3.4
Nevada	5	48,711	8.516	3,283	0.4	"	"	"	172.1
New Hampshire	25	318,300	7.854	5,512	34.30	"	"	"	101.4
New Jersey	21	906,096	2.306	10,114	108.91	"	"	"	145.0
New York	294	4,387,464	5.333	9,203	93.25	"	"	"	72.7
North Carolina	10	1,071,371	.933	68,836	21.13	"	"	"	128.0
Ohio	96	2,665,260	3.600	9,976	66.69	"	"	"	111.0
Oregon	4	101,883	3.925	6,906	0.95	"	"	"	143.0
Pennsylvania	125	3,622,050	3.549	10,033	76.56	"	"	"	47.1
Rhode Island	6	317,333	2.700	17,178	166.43	"	"	"	33.5
South Carolina	5	705,696	0.708	78,834	20.75	"	"	"	218.1
Tennessee	19	1,258,520	1.517	52,065	27.60	"	"	"	91.8
Texas	28	818,890	3.418	50,304	2.98	"	"	"	84.6
Texas	25	320,551	7.563	9,951	32.37	"	"	"	73.4
Vermont	10	1,225,193	1.900	68,301	31.95	"	"	"	
Virginia	11	442,014	2.500	29,477	19.22	"	"	"	
West Virginia	11	442,014	2.500	29,477	19.22	"	"	"	
Wisconsin	26	1,064,985	2.4	8,495	19.56	"	"	"	

