SUICIDE

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IN *Principles of Criminal Law*—a concise exposition of the nature of crime, the various offences punishable by the English law, the law of criminal procedure, and the law of summary convictions—Harris, in 1877, defines suicide as follows:

> "Suicide is the felony of murder, inasmuch as it is the murder of one of the sovereign's subjects. To be such an offence, the act must be committed deliberately, and by one who has arrived at years of discretion, and is in his right mind. The supposed absence of the last requisite is often taken advantage of by a jury guilty of 'an amiable perjury', in order to save the reputation of the deceased. In fact sometimes their verdicts show they deem the very act of suicide evidence of insanity."

The great majority of people who have attempted suicide are not charged, though every attempt to commit a misdemeanour is a misdemeanour at common law.

In fact, most cases of attempted suicide falling into the hands of the police are removed to hospital and no charge is preferred against them. On the other hand, many of those attempting suicide are, on leaving hospital, notified to the police, not for the purpose of arrest, but so they can keep a benevolent eye upon them when they return home, again without charging them.

Clearly, the police in their wisdom have little wish to treat attempted suicide as a crime any more than the doctors discharging a patient wish to inform the police for the purpose of notifying them of a crime, but both are turning a blind eye to the law.

To go further, if the psychological explanation of suicide is that the person's aggression is turned inwards against himself,

then how little different is the situation if this same aggression is turned outwards against someone else, resulting in murder instead of suicide. In either case the Queen is deprived of one of her lieges.

There are, of course, those frequent cases of murder and suicide, attempted or committed, of which the best recognized are those in which a woman commits murder after childbirth. In England this has resulted in the passing of the Infanticide Act to which the law often gives a liberal interpretation. It is perhaps of interest that no allowance has been made for "attempted infanticide" in this Act as it stands. The woman very frequently attempt and often commits suicide under these circumstances. Such tragedies are not uncommon, and very often, in the country districts in particular, accounts of them are given long after they have happened, so profound is the effect on everyone for many miles around.

I have been in difficulties on a number of occasions when these patients have been admitted under my care on bail with the prospect of a long delay before the trial in the High Court. Is one to allow the patient to stay in her present state to let the court see the depth of her depression with the possibility of her being detained during Her Majesty's pleasure as being unfit to plead? Or is one to give her the benefit of treatment with the likelihood of producing a bright and normal woman in court with the danger of a sentence?

In fact, as far as I know, this latter situation has not happened, but a patient of mine passed a cheque signed only by himself, wilfully omitting his wife's signature on a joint account. He was at the time depressed, and left his town with the money to commit suicide in another city. He attempted suicide and was brought before a magistrate's court. The court asked me how long it would be before he was well. I said two months. They postponed the case for ten weeks until he had recovered and was apparently too well to have been ill, and then sent him to prison.

No one likes attempted suicides, and there is a natural inclination to have someone else take the responsibility. One police superintendent in England used to refuse to take a case of attempted suicide off his charge sheet until someone had signed an undertaking to prevent the person trying again. As far as his records show I am still looking after quite a flock of them, though I might just as well have undertaken to prevent the

patients vomiting with a pain in their stomachs, but at least everyone is now happy.

"These and other such medico-legal problems are of interest, but it now appears that the only advantage in committing a person who has attempted suicide would be that the court could insist on adequate medical treatment," to quote the joint committee on psychiatry and the law issued by the British Medical Association and Magistrates' Association in 1947. Mostly it seems that the present attitude of both the medical and legal professions is to use the law to protect the patient rather than to punish him. I was therefore anxious to obtain current medical opinion as to how best to decrease the incidence of attempted suicide.

However, as I turned over the medical references for some years and found very little of value to this discussion, or indeed of much merit, I have become increasingly depressed, which, as you will know, is one of the commonest conditions leading to suicide. My only comfort is that someone once said, "No man committed suicide when his bowels were open the same morning". Nevertheless the inquiries have revealed enough material to be, I hope, of interest.

Suicide is not a popular subject; in fact, in comparison to road accidents, on the basis of two for one representation, which is about the road death to suicide ratio, suicide would hardly get a seat.

The death instinct is strong enough for emotional judgments to be given, and the taboo is sufficiently rigid for guilt feelings to be aroused, whilst many people have a case of suicide or attempted suicide in their relatives. This is perhaps the reason why people write so little about the problem, and the person who introduces the subject is apt to be regarded in the same light as someone who talks about sex in a drawing room. Accordingly there is far less written about suicide in the medical literature than is warranted by its frequency. Moreover, in the past suicide has often been frowned on by the church and tied up with the sacredness of life, sin and crime. Writers have therefore been wary about entering someone else's province or offending their readers by religious discussion. The subject of suicide has sometimes been emotionally charged and either avoided or discussed in the same way as has, say, capital punishment.

The full study of suicide involves many aspects and, in particular, the work of the anthropologist, the sociologist and the psychiatrist, the legal profession and the church.

For instance, amongst the mass of interesting statistics the corrected curves of suicidal incidence, particularly divided into various age groups, show remarkable variations for factors such as war, unemployment, religion, alcohol, sex and race, and I hope that we may be able to investigate some of these and other matters in Victoria before long.

Another difficulty which has restricted the investigations is that it is hard to follow up the cases after leaving hospital, as they are often extremely reluctant to be approached on this matter. For this reason a recent review and also a survey by Stengel, of the Maudsley Hospital in London, are notable; particularly as in his survey he followed up a large number of cases with unexpected results. I shall refer to this work at a later stage.

It is doubtful if we can make a full assessment of the number of cases of attempted suicide; and even a survey from the churches, the general practitioners, the general and mental hospitals, and the police would only provide a certain proportion of the total.

Therefore most of the medical authors have reported upon the patients seen by them in their own particular clinics and hospitals and have often referred to mental hospital in-patients. It is therefore probable that the proportion of cases of attempted suicide due to severe mental illnesses is less than has usually been supposed in the past because the mental hospital aspect has been unduly stressed.

Undoubtedly, the proper person to see the people who have attempted suicide is the psychiatrist; he can in this instance justifiably claim success in most of his cases, and can properly take the responsibility of the attempted suicide's care.

I wish the same could be said of the people who are social failures or sex deviants. Sometimes, because of their psychopathic background, the psychiatrist is called into court on the basis of excusing their conduct and offering to treat them, but here he can rarely claim success or properly take the responsibility. Nevertheless, with the limited facilities available in Victoria I suppose that he can make this claim as well or as badly as anyone else, that is if at present such claims should be made at all.

I believe that every general practitioner will agree that the amount of psychiatric training in the medical curriculum is insufficient to meet the needs of his patients, and that the subject of attempted or threatened suicide is one on which he would have welcomed more advice.

I have pointed out a number of the many reasons which make the subject of suicide and attempted suicide unsatisfactory from both the legal and the medical side, and I will return to these points in the end.

In the meantime, I would like to quote some figures and observations in a little more detail. First let me give you some brief statistics.

Completed suicide in the male is commoner than in the female, but suicidal attempts in the female are commoner than in the male. The suicidal ratio of females to males is about 63 per cent in England and Wales; in Victoria it is only 41 per cent (and prior to the war it was less than 30 per cent). During wartime the suicidal rate drops steeply, and in Victoria it is still only about four-fifths of the pre-war rate, but the post-war rate is rising more quickly in females than in males and particularly in the older age groups.

Suicide is commoner in urban than in rural communities, and in Protestant rather than Roman Catholic districts. In males it follows the unemployment rates very closely. Males commit suicide by more violent means than females, and shooting and hanging are popular. In the females hanging and shooting are less, and poisoning, particularly with barbiturates, is greater, but the poisons used vary from one country to another. I suppose I should say from one State or city to another, since Sydney holds an incontestable superiority in thallium poisoning to which Melbourne is as yet without reply. However, in a series of 49 consecutive admissions for attempted suicide to a general hospital in Victoria, 40 were cases of barbiturate poisoning.

It is particularly interesting that after the introduction of the National Health Service in England attempted suicide by barbiturates increased enormously, but the deaths were lower as many recovered with treatment. As Stengel says, "The National Health Service has, by unwittingly offering sleep for death, reduced the suicide rate".

The great danger of suicide in severe depression has already been mentioned, and the majority of completed suicides probably

result from this cause. Nevertheless, the schizophrenic patients not infrequently commit suicide by extraordinary means. I was reminded of the recent case in New South Wales where a man allegedly murdered a family and committed suicide by driving his car into a tree. I was looking through the list of cases Dr. Cade kindly prepared for me from Royal Park, and amongst fifty successive examples of attempted suicide there were two somewhat comparable cases. One tried to kill herself by running in front of the traffic, and the other by crashing his bicycle, whilst another of my own some years ago intentionally rammed another car at sixty miles per hour.

There is evidence that attempted suicide is six or seven times as common as completed suicide, though this is probably a fairly gross underestimate.

Many of the attempted suicides go to the general hospitals and I am grateful to the Medical Superintendents of two of the Melbourne teaching hospitals whose figures showed the attempted suicides seen in out-patient departments to be at the rate of 120 and 200 per annum respectively. At Royal Park Receiving House there are about 400 to 450 attempted suicides admitted annually, or about 20 per cent of the admission. In a comparable English series they were 12 per cent of the admissions.

There are two other particular points in the statistics I would like to mention. The first is that an interesting comparison was drawn two years ago by Swinscow in the British Medical Journal between figures of suicides for European countries and Australia. In Europe the maximum suicidal rate is in spring and summer, and in Australia, from 523 cases described in 1942 by McGeorge, the greatest numbers were also in spring and summer, with the peak in December.

It is interesting to quote from the Australasian sketches of 1873 of December 27. This periodical is a mine of information on lurid suicides and murders of the time when the descriptions lacked the delicacy, reticence and restraint of our present-day press. "Very numerous suicides were committed in Melbourne and other parts of the colony at the beginning of December, their frequency almost amounting to one of those suicidal epidemics which so much puzzle social philosophers."

I am unable to leave this journal without quoting from its column called "Facts & Scraps". Descriptions of accidents, murders and suicides left little to the imagination; for instance, "in the

case of McCarthy convicted of biting the nose off the face of John O'Hara, the law officers of the Crown adopted the unusual course of forfeiting the property of the prisoner". "A man committed suicide near Eaton on January 17 by placing his head on a railway line just in front of an approaching train. The head was completely severed from the body."

Since my next topic in connection with suicide is alcohol, I would like to quote the sketches once more in regard to "An astonishing discovery made by Mr. Justice Ward. . . . The learned gentleman has ascertained that crime is attributable in a great manner to the consumption of Leicester sheep. Its consumption, he says, leads inevitably to dyspepsia, and dyspepsia to drink. Drink takes a man direct to the Assizes, and the Assizes lead him to lower depths still."

It has been shown that in various regions of Switzerland where drinking is heavy, suicide is heavy; in Australia, it was reported some years ago that of 634 ex-soldiers who had committed suicide, 40 per cent were concerned with alcohol. Of twelve cases of attempted suicide recently examined, ten were due to the same cause, but that was not in Victoria. Seventeen per cent of the patients admitted to Royal Park Receiving House for attempted suicide were alcoholics, but only 5 per cent of a comparable London series. In the United States, of a series of attempted suicides one-half of the males and one-third of the females were alcoholics, and one-half of those brought into court in another study were due to this cause.

Of 500 alcoholics whose life histories were recently reported 11 per cent ended by committing suicide. I suppose the numbers who drink before attempting suicide is very high, but perhaps you will have heard the saying, "If you are thinking of committing suicide, getting drunk won't stop you, but it may make it a darn sight more pleasant".

Lastly, I would like to tell you some more of Stengel's series of cases of attempted suicide which he followed up for five years after they had come to an observation ward (or receiving house to which it corresponds) for treatment. This was recently reported in the Proceedings of the Royal Society of Medicine, and is an important inquiry of much interest to the study of suicide.

Nearly half of his 138 cases were neurotic or nervously rather than mentally ill. Stengel and his co-workers managed to trace all but 11 of these patients after five years, and on them

they made various observations. Though 43 of the cases came through the police, none was proceeded against; 22 had made previous suicidal attempts, and 18 made subsequent suicidal attempts, but only one out of the 138 had killed himself within the next five years.

In another comparable series which are the only other group which have ever been followed, six per cent had killed themselves in a corresponding period.

Thus it appears that some important conclusions are suggested by these series. It would seem that the large majority of those who are going to kill themselves do so at their first attempt, and that there is therefore only a small overlap between the completed and attempted suicides. If this can be supported by more cases it would be an important finding, and the whole position of suicide would need re-examination.

Stengel has tentatively suggested that the so-called attempted suicides are a "self-injury" group, and that the setting is such that others may intervene. There would therefore be a social element concerned, an appeal to others and a receiver. The depression will usually disappear directly afterwards.

The self-injury therefore affects human relations, changes the patient's social position, and creates a new era in his relationship with his surroundings. It may be his last attempt to control his fate, an alarm signal; a process of death, revival, and new beginning or rebirth. To the relatives it stands for bereavement and mourning and return, and this frequently results in reorganization and readjustment. It may therefore solve a situation which could not be dealt with by other means by that person.

It is, however, interesting that suicidal attempts are rare when life is more at stake and death is commoner, as in war or the concentration camps.

This work is very interesting and perhaps very important, and as Stengel himself points out, it requires expansion for definite conclusions to be drawn.

May I come back to the beginning? With perhaps 250 suicides and 2,000 attempted in Victoria each year, this becomes a very important social problem. It is not as great as, but nevertheless can be compared with, the road accidents. It would seem that much more should be done towards its prevention.

I do not presume to supply a solution, but feel I would like to know the answers to some questions.

Is there any point in keeping suicide on the statute book as a crime? This is not the case in many other countries. I would like to refer you to Mr. Justice Barry's charge in the case of the Queen v. Wregg. "The learned prosecutor for the Queen, in his opening address made some observations upon the desirability of the law considering such conduct as is alleged against the accused to be a crime. He might have a good deal of difficulty in persuading me personally that it is a proper thing that attempted suicide should be a crime, but, happily, we do not have to go into that question at all here. If we were devising a criminal code anew, I for one might feel disposed to take the view that attempted suicide ought not to be a crime. But that is beside the point. Our duty is to enforce the law laid down by the legislature as it is. If we think the law ought to be something different, then it is open to us as citizens to agitate for its amendment in accordance with constitutional means, but while the law is as it is, our duty is to obey it."

Has the arrest of between one and seven cases of attempted suicides a year over the past twenty years in Victoria had a deterrent action?

Would legislation enforcing the removal of all attempting suicide for mental observation be of assistance in diminishing the attempted and completed suicides?

In view of the suicides by poisoning, should any further steps be taken with regard to the issue of barbiturates?

These and many other such questions seem to be worth examining, and the subject merits deeper inquiry, but we have been dealing with the symptom and not the disease. Suicide and its equivalents are, after all, the end result, and we need to turn to our increasingly complicated and rapidly changing social circumstances to find the cause.