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SOME OBSERVATIONS ON WRITERS AND SUICIDE

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A televised transmogrification of E.M. Forster's *Howard's End*[1] as a soap opera, albeit well-acted, led me to re-read the book after half a century. It struck me as good as when I first read it: the characters, the story-telling, and a certain amount of preaching about communication - '...only connect....' The main characters of *Howard's End* are the two Schlegel sisters, both high-minded impulsive do-gooders of independent means (as was the author), and the equally high-minded Leonard Bast, from the lower orders, who proves to be a social failure. The back-cloth is the conventional, materialistic and successful Willcox family, whose only higher concern is with the deterioration of imperialism to cosmopolitanism. The first Mrs Willcox is the sibylline and perceptive mother of an imperceptive son similar to Mrs Moore in Forster's *Passage to India* of 1924.

While confessing to the seduction of one of the Schlegel sisters, Leonard Bast is killed by one of the Willcox sons. The seduction had actually been rather the other way round. Before his decision to come clean to the Willcoxes (who had known about it already), Leonard had considered an alternative: '...he yearned to get clear of the tangle. So does the suicide yearn... the crime of the suicide lies rather in its disregard for the feelings of those we leave behind.' And, writing 65 years later, Lord Hailsham[2] could not be more specific on these consequences:

> My brother Edward committed suicide, and there is a sense in which I have never recovered from the blow. He was in every sense a delightful person, brave and talented.... He killed himself one spring day in our home in Sussex with my 20-bore shotgun which, when I had been a little younger, had been my most prized possession.... I have never failed to blame myself without mercy for my failure to prevent him doing it. ...bereavement by suicide leaves an incurable wound...the ceaseless and incurable self-condemnation we all felt so that even 40 years later I cannot bear the burden of it.... suicide is wrong, wrong, wrong....

Forster's Cambridge circle[3] at the start of the century included Virginia Stephen who had suffered 'nervous breakdowns' since 1895 and who had made her first attempt to kill herself in 1904. In 1913,[4] soon after her marriage to Leonard Woolf, she took a large amount ('100 grains') of Veronal (barbitone), and lay unconscious at a house in Brunswick Square which was the abode of many of the Bloomsbury set. Geoffrey Keynes,[5] who was then a house surgeon at Barts, happened to be a lodger (through his brother Maynard Keynes). He dealt with the crisis by dashing back to the hospital for a pump and doing stomach wash-outs all night, assisted latterly by Dr (later Sir Henry) Head. Like other leading neurologists of the period, Head seems to have doubled as a psychiatrist for the upper classes, and he and the physicians Sir George Savage and Maurice Wright had seen Virginia Woolf earlier the same day when she was very disturbed. Not unreasonably, Geoffrey Keynes thought that he indirectly deserved some credit for Virginia Woolf's later writings. Her eventual suicide by drowning occurred in 1941.

* Retired Neurologist.

E.M. Forster reverted to the topic of suicide in the book he wrote immediately after *Howard's End*, the mainly autobiographical *Maurice*, in the context of his own homosexuality. He decreed that *Maurice* was not to be published until after his death. He died in 1970 at the age of 90, after admission to the Order of Merit.[6]

Stephen Spender's estimate of Forster[7] in 1951 remains valid:

> ...the best English novelist of this century, and one of the most acute of its moralists. But Forster's strange mixture of qualities - his self-effacingness combined with a positive assertion of his views, his whimsicality combined with a great precision, his almost pagan amorality combined with his minute preoccupation with moral issues, his love of freedom combined with an impressive self-discipline... He is one of the most comforting of modern writers and at the same time one of the most uncomfortable.

SELF-DESTRUCTION IN THE SOCIAL CONTEXT

Attitudes to suicide over the centuries have varied widely. In the ancient Graeco-Roman world it was considered an honourable way out, without moral opprobrium, and was committed, for instance, by Seneca when he fell foul of his old pupil, the emperor Nero. Shakespeare allows a decent exit by suicide to classical figures including Brutus in *Julius Caesar*, Anthony and Cleopatra, and to Othello.

Moral disapproval of suicide is Judaeo-Christian and Islamic. Albeit, the evangelist Matthew makes no comment in his recording of the hanging of Judas Iscariot (Figure 1) after his repentance over the betrayal of Jesus and the return of the thirty pieces of silver. The other three evangelists do not report the suicide; in the Acts of the Apostles it says about Judas' death '...falling headlong, he burst asunder in the midst and all his bowels gushed out'.

FIGURE 1
Fifth century Byzantine ivory panel depicting the suicide of Judas.
(Copyright British Museum.)

The German term *Selbstmord* is expressive of this condemnatory attitude, as is the Latin *felo de se*. The religious implications included the denial of Christian burial, and legal consequences like the invalidation of insurance policies: the Law bars profit from a felony. Suicide ceased to be a felony in England some years ago but there may still be suicide disclaimers in the small print in life policies.

In his post-classical tragedies Shakespeare also uses suicide as a method of disposal for 'baddies' including Lady Macbeth, and Lear's daughter, Goneril. Romeo's death is more an impulsive consequence of Friar Lawrence's pharmacological bungling than a planned suicide. The one Shakespearean suicide with clinical and moral commentary is Ophelia: in *Hamlet* (Act IV) Horatio says of her:

> she is importunate, indeed distract,
> her mood will needs be pitied

Shakespeare allows Ophelia a burial in hallowed ground, but only with a priestly compromise:

> No more be done.
> We should profane the service of the dead
> To sing a requiem, and such rest to her
> As to peace-parted souls.

Almost two centuries after Shakespeare the precocious poet Thomas Chatterton (1752-1770) had posthumous influence by his suicide from arsenic, a few months before his eighteenth birthday while in London hawking around for literary recognition and patronage - he had published under a pseudonym. The memorial inscription at St Mary Redcliffe in Bristol has Chatterton's own words: 'Reader! Judge not. If thou art a Christian believe that he will be judged by a Superior Power. To that Power only is he now answerable.'

Four years later in 1774 the young Goethe (1749-1832) created a major stir by his novel *The Sorrows of Werther*.[8] Goethe himself had toyed with the notion of suicide on account of his unrequited love for Charlotte Buff, after his contemporary and friend K.R. Jerusalem had killed himself for similar reasons. In the novel, Werther describes his hopeless love for another Charlotte, married happily to his good friend - and Werther ends it all by shooting himself with the friend's pistol. Goethe is said to have relieved his own feelings by writing one of the world's first bestsellers, but he has been blamed for the deaths of later unhappy lovers; sociologists still refer to a 'Werther effect'.

In childhood, Flaubert[9] had watched his father doing autopsies; two of his schoolmates had killed themselves. His own legal studies were aborted by attacks of unconsciousness which may have been due to temporal lobe epilepsy. He could afford to become a writer, and after years of gestation he published *Madame Bovary* in 1856: the beautiful, romantic and rather silly Emma marries a doltish country doctor and bears him a daughter for whom she does not care, nor does she reciprocate her husband's devotion. After affairs with the local squire and with a young legal clerk, and after much financial extravagance, she raids the pharmacy and kills herself with arsenic. Flaubert painted a moving, realistic, and compassionate picture of the tragic Emma Bovary, which led to his unsuccessful prosecution for corruption of public decency in the hypocritical Paris of Napoleon III. Eleanor Aveling, one of the three daughters of Karl Marx, first translated the book into English in 1886. She too was unhappily married and killed herself by swallowing arsenic.

Leo Tolstoy (1828-1906)[10] published *Anna Karenina* between 1875 and 1877, another moving and sympathetic account involving a woman's suicide: Anna's society marriage to the much older and rather prim Karenin produces a son to whom she is deeply attached, but she leaves home to live with the dashing Vronsky - who in his turn has to give up his promising army career. After some years of social ostracism and Vronsky's growing professional boredom, Anna throws herself under a train. Tolstoy's masterpiece contrasts the bucolic satisfaction of the Levins' marriage with Anna's high society setting; his criticism seems aimed more at his own aristocratic class than at the woman Anna. In the book Tolstoy incidentally provides superb clinical accounts of childbirth, and of death from tuberculosis, based on the end of his own brother.

Also in 1876, Anthony Trollope (1815-1882) devoted a large part of *The Prime Minister*, one of his Palliser novels, to Ferdinand Lopez. A half-foreign *arriviste*, Lopez speculates on the Stock Exchange with his partner's money, marries the rather colourless daughter of a wealthy barrister, and is encouraged to stand for Parliament by Glencora, the Prime Minister's wife. Trollope's xenophobia is moderated by some sympathy for Lopez who after the failure of his marriage and financial disaster is killed at 'Tenway Junction' by the Euston to Inverness express: '... he thought the world was wrong to condemn him - that the world did not know the facts of the case, and that the world would have done the same under similar circumstances. He did not know that there was such a quality as honesty, nor did he understand what the word meant... With quick but still with gentle and apparently unhurried steps he walked down before the flying engine - and in a moment had been knocked into bloody atoms.'

Charles Dickens (1812-1870) makes little of suicide in his novels and dispatches his villains without comment. Thus Nicholas Nickleby's uncle Ralph hangs himself, Martin Chuzzlewit's cousin Jonas takes an instant poison (?cyanide), and Corker in *Dombey and Son* throws himself in front of a train.

By contrast, Henrik Ibsen (1828-1906) intends criticism of the general hypocrisy of society, and in particular of the position of women in it, in the suicide of Hedda Gabler, unable otherwise to resolve an impossible love triangle. Incidentally, Ibsen also draws attention to the risk of facilitating suicide in the shape of the availability of Hedda's father's guns.

PERSONAL ENCOUNTERS

Most of us have been on the fringe of suicide disasters, and I am sure there were suicides among my patients of which I was not aware, but one was of the wife of a doctor who had asked me to see her after an isolated fit. I did not get near the root of the trouble as I failed to elicit her dependence on, and abuse of, sleeping tablets; she later perished from an overdose.

Rather irrationally, I feel even more guilt about three victims of suicide who had not been among my patients: I once sat at lunch in the staff dining room chatting unsuspectingly to a surgeon. I was shattered to hear a couple of hours later that, after the meal, he had put the barrel of a shot-gun in his mouth and pulled the trigger. He did not then succeed in entirely blowing out his brains but lingered for weeks in a neurosurgical ward before he died.

Some years later a series of mishaps typical of medical families ended in suicide: a friend, who was the wife of a general practitioner, had a thyroid biopsy. An incorrect 'frozen section' report led to radical thyroid surgery. In her grief after the incidental death of her husband, the thyroid replacement therapy was allowed

to lapse with the consequence that she became even more depressed, and she took an overdose of a hypnotic. A cryptic phone call to her daughter summoned her just too late.

The third was an eminent senior colleague and friend who, I knew, had become ill. At a chance encounter he told me how low he felt. I confined my enquiries to the names of his medical advisers, and we agreed there were none better. Soon afterwards he killed himself.

In the first case there was a coroner's inquest; the other two were largely hushed up to spare the feelings of the families.

Of course it would be presumptuous to claim that some intervention by me would have ensured a different outcome in these three instances, but like others in such circumstances, I wish I had been more perceptive and meddlesome. E.M. Forster in *Howard's End* is pretty scathing about the lack of empathy of our profession. The doctor (Mansbridge) merely has a walk-on part: 'Science explained people but could not understand them. After long centuries among the bones and muscles it might be advancing to knowledge of the nerves but this would never give understanding. One could open one's heart to Mansbridge and his sort without discovering its secrets to them for they wanted everything down in black and white, and black and white was exactly what they were left with.'

Our psychiatric colleagues are only too aware of their limited success in this field.[11,12] Sir David Henderson* is reputed to have told his students of an occasion when he called on one of his potentially suicidal patients. At the end of a long dialogue he was thanked profusely, only, after walking down the four flights of stairs of the tenement building, to find the corpse on the pavement outside.

Later in life, when despair may result from a combination of depressive illness, bereavement, fear of disease and of poverty, suicidal intent is most powerful, and may merge with notions of euthanasia. The fashionable term 'death with dignity' - which I would not like to have to define - may act as an extra lure to the old. The moral disapproval of our forebears is hard to understand in such circumstances - as it is for similar attitudes to suicide in prison.

RECORDING DATA ON SUICIDE

The earliest observations on the incidence of suicide were provided by the haberdasher John Graunt[13] in 1666 when he summarised the causes of death recorded by 'searchers' for the London parish clerks, and published weekly over the years as 'Bills of Mortality'. One in a thousand (i.e. 222 out of the 229, 250 deaths) were recorded as 'having hanged themselves'; many of the 829 deaths by drowning must also have been suicidal.

Statistical data of the second half of the last century, and since, provide fascinating data, and raise many unanswered questions. In contrast to parasuicide, i.e. deliberate self-poisoning or self-injury as a 'cry for help', which is more common in females, completed suicide has been much more common among men in all countries and in all periods. The most recent UK figures[14,15] indicate a ratio of four men to each female. Vast differences appear between countries,[16] e.g. 0.3 / 100,000 in Egypt as against 23.3 / 100,000 reported in Denmark. There are also significant but lesser differences between countries of similar social and

*Sir David Henderson (1884-1965) was professor of psychiatry at Edinburgh and President of the Royal College of Physicians of Edinburgh from 1949 to 1951.

cultural status: for example in England and Wales, 11.4 as against France 20 per 100,000 in 1926. While the rate appears lower in warmer climes, the longer days of summer are associated with an increase by 10-20 per cent. A very low rate, less than 1/ 100,000, was reported from Western Nigeria by Lord Brain (quoting Asuni),[17] with more among Christians and pagans than among Moslems. But comparisons between Western and non-Western countries are open to many questions. The practices of suttee and hara-kiri have waned or gone entirely. In Japan the pattern of suicide is said to have approximated to that in the USA since 1945.

The pioneering Dr William Ogle* studied the Registrar General's records of the 42,630 suicides in the 25 years between 1858-1883.[18] They were commoner in the upper classes, and he noted the preponderance of males who had been aged 25 to 65 during the latter 10 years of his survey which attempted to compare the total 'standard' male suicide rate per million with the rates in various professions and occupations. The 'standard' rate of 222 per million was vastly exceeded by the military with a rate of 1,149, followed by publicans at 474, doctors at 472, chemists at 444 and lawyers at 408. Miners ranked bottom at 74. Ogle was clearly very bothered by the incidence in soldiers, and in the discussion blamed the high rate less on the availability of guns than on the poor quality of the ordinary private who enlisted - a forerunner of 'lack of moral fibre' perhaps? Ogle noted the increase of suicide during the summer months and blamed the length of the days rather than the better weather.

The major monograph on suicide[19] in 1897 by Emile Durkheim,† one of the founders of sociology, wrongly played down the roles of mental illness and of alcoholism from his correlation of extant national statistics; but the study tried to identify various contributory fashions, and social factors: religion, marital status, childlessness, national economic disasters and prosperity, wars and revolutions - some apparent effects seeming paradoxical. A summary in the 11th Edition of the *Encyclopaedia Britannica* of 1911[20], by Harvey Littlejohn,‡ stressed the treble to quadruple liability of men, especially when unemployed.

The ex-Assistant Registrar General, writing in 1929 in the 14th edition of the Encyclopaedia[16] accepted the dip in the suicide rate during the years of the First World War as genuine. In her excellent discussion of the epidemiolgy of suicide, Elizabeth

*William Ogle (1827-1912) was the son of J.A. Ogle, who later became Regius Professor of Medicine at Oxford. William took holy orders and became Fellow and Bursar of Corpus Christi College, Oxford; he resigned to study medicine at St George's Hospital, London, where he duly became assistant physician, like his father before him. In 1872 he gave up clinical practice because of illness, and turned to public health, first in rural England, and then at the Registrar General's Office. He organised the national censuses in 1881 and 1891. After retiral he resumed classical studies and translated Aristotle. He was a friend of Charles Darwin, Hooker and Ray Lankester. (Munk's Roll of Lives of Fellows of RCP London; obituary, *Lancet* 1912; 1:1164-5.)

†Emile Durkheim (1858-1917), one of the founders of the science of sociology, stressed the need for scientific methods in this new discipline. Durkheim postulated the existence of a collective mind in society, especially in primitive times, the decline of which in modern times had contributed to a rise in suicides. He was the first holder of a chair in sociology at Bordeaux, then at the Sorbonne. (New Columbia Encyclopaedia, 4th ed. New York and London: Columbia Univ Press, 1975. HM Reyre, Encyclopaedia Britannica, 15th ed, 1988; 4:294-5.)

‡Harvey Littlejohn (1862-1927) succeeded his father Sir Henry Littlejohn as professor of medical jurisprudence at Edinburgh. Eulogised by his obituarist as 'the greatest dean of our lifetime' (*Br Med J* 1927; 2:368-70).

Robertson[11] recorded a similar dip during the Second World War: 'The most likely explanation is that war reinforces social integration ... to work for a common cause.' But the suicide rate dropped also in the non-belligerent countries in the same period, by 21 per cent in Switzerland, by 50 per cent in Sweden. The workings of Durkheim's collective mind in society seem more elusive.

During the last two decades there has been a great decline in the UK in suicides by carbon monoxide poisoning, thanks to the replacement of domestic coal gas by North Sea gas (methane), yet without a concomitant rise in suicide by other means.[12] The 'availability factor' presumably operates in the opposite direction in the USA where one half of all suicides are now due to firearms, compared with a fifth at the start of this century[21]. Less than five per cent of suicides in the UK result from shooting.

The most recent figures for the UK[14,15] of nearly 5,000 suicides per annum in 1982-1992, are still bound to be an underestimate: the true figure could be double.[12] Analyses of the statistics now show a below average rate for members of the Armed Forces at 76 per million. Veterinary surgeons, at an incidence of 314, are at the top of the male suicide league, followed by pharmacists 217, dentists 204, farmers 187 and male medical practitioners 180. Among the lower total number of suicides in women, doctors are rated at an alarming 347, doctors' wives at 215. As one might have predicted, the method of suicide in the majority of vets, doctors and pharmacists of both sexes, and their spouses was by poisoning. Thirty-eight per cent of farmers, as against less than five per cent overall, had used firearms, and access to effective means of suicide is a recurrent theme in all these studies.

PREDICTING AND PREVENTING SUICIDE

While I recall 'overdose' admissions when I was a house physician, parasuicide now constitutes a major cause of emergency admission to hospital, in which, as mentioned above, females predominate, as do social classes IV and V. Parasuicide is 30 times commoner than suicide in women and 14 times in men; the identification of potentially successful recidivists is a dreadful clinical challenge.[22,23]

One or more instances of parasuicide appear to have preceded 10-40 per cent of all suicides. In the attempt to prognosticate after parasuicide a suspicion of concomitant psychiatric illness is obviously most relevant, beyond dealing with an incipient depression. In particular, persons diagnosed at some time as being manic-depressive are 30 times, and alcoholics 20 times, more likely to end their lives by suicide than the rest of the population; 10-15 per cent of schizophrenics take their own life.

The greater suicide risk in our own profession was one of the reasons for the setting up of the National Counselling Service for Sick Doctors by the late Professor Ken Rawnsley and others: he wrote about it in *Proceedings* in 1991.[24] The Service provides confidential help and advice when consulted by either the doctors themselves or by a worried family member or colleague (initial phone contact: 0171 580 3161). In similar circumstances the general population has had access for many years to a 24-hour telephone counselling service from The Samaritans.[25]

The problem of homicide and suicide by persons who are mentally ill has been the subject of a 'Confidential Inquiry' set up by the Department of Health and the Royal College of Psychiatrists in 1992 under the direction of William Boyd.[26] Questionnaire 'post-mortem' and case record studies were undertaken on 39 homicides in England, and on a total of 301 suicides in England, Scotland and Northern Ireland. While the majority of the professional responders to the questionnaires seemed complacent about the management and about the inevitability of the outcome in individual cases, there

appear to have been perhaps a third in whom E.M. Forster's '...only connect...' might have made a difference, applied not just to relationships with patients, but also to availability of clinical notes, and, most importantly, to contact between the various professionals and the families.

An excellent recent discussion of suicide prevention,[27] triggered by the rising rate of young male suicides, looked at the often ambivalent effects of well-meant measures: airing the topic may incite 'copycat' self-destruction; antidepressant pills may be used suicidally. A reduction by 15 per cent seemed a realistic target. Social and governmental interventions apart, the main medical enterprise in this pursuit must be the greater limitation of access to drugs. Here again nothing is straightforward, and the severe restriction of barbiturates in the late 1960s (while no doubt boosting the national hypnotic drug bill) has not been assessed. While there may have been a diminution in suicides by self-poisoning of all sorts by about 20 per cent in Australia,[28] we know nothing about such long-term effects in the UK.[29]

I hope that this reminder of a fearful problem may just have a minimal effect on the perception of suicidal hints, and thereby on prevention. But I also hope that privacy will be preserved for those who have died by suicide, to reduce the frequent and arguably inevitable feelings of guilt of the survivors, even in the current era of obituaries with diagnoses of the cause of death.

Cyril Connolly, who had been suicidal himself and who had lost several close friends by suicide, wrote as 'Palinurus' in *The Unquiet Grave*:[30]

> As the lights in the penitentiary grow dim when the current is switched on for the electric chair, so we grieve in our hearts for a suicide, for there is no human life self-taken for which all society is not to blame.

Or, in the words of John Donne in 1624:

> No man is an Island, entire of itself; every man is a piece of the Continent, as part of the main ... any man's death diminishes me, because I am involved in Mankind....

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Editor's note:
Suicide was never a crime in Scotland as opposed to the rest of Great Britain. There are no public inquests on suicidal deaths and the 'verdict' of suicide is one which is taken privately in individual cases by the legal branch of the Civil Service (The Crown Office) on the basis of a confidential report by the Procurator Fiscal.

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