Durkheim is generally regarded as the founder of the scientific study of suicide. However, even a cursory review of 18th- and 19th-century literature reveals an increasingly sophisticated scientific approach to suicide, culminating in the encyclopedic research of Morselli in 1879 and the critical review of Tuke in 1892, works that lose nothing in comparison with Durkheim’s *Le Suicide* of 1897. This review, while in no way drawing Durkheim’s role as a founder of scientific sociology into question, indicates that his position in regard to the study of suicide does warrant reconsideration.

Since the English translation of *Le Suicide* in 1952, Emil Durkheim has stood preeminently during the last half of the 20th century as the presumed founder of scientific suicidology. For example, in 1970 Alvaréz stated that the study of suicide had “become the subject of intensive scientific research . . . The change began in 1897 with the publication of Emile Durkheim’s classic *Suicide: A study in Sociology*.” More recently Murray [1998] noted that “If the study of suicide had its own era it would divide into two ages, before and after that book . . . *Le Suicide* . . . which, more than any other, established its subject as a specialization.” In fact, Durkheim’s name has become so synonymous with the presumed advent of the scientific study of suicide that Berman [2001] even tendered “apologies to Durkheim,” perhaps albeit in an ironical manner, when writing about the history of American suicidology.

Bearing such comments in mind, one could be forgiven for thinking that very little work had been done previously. However, when one actually reviews the references Durkheim gives—and also pursues other earlier work—it becomes evident that a different perspective should be placed on pre-Durkheim suicide research.

This pursuit of earlier studies was prompted by an awareness of Tuke’s *Dictionary of Psychological Medicine*, published in 1892. There we find a superb review of then contemporary knowledge about suicide, followed by an equally perceptive, albeit briefer, section on “Suicide and Insanity” by Savage. Indeed, it was in the latter section that the terms “egotistical” and “altruistic” as categories of suicide were clearly delineated, which led to the questioning of the scientific precedence of Durkheim’s use of those terms [Goldney & Schioldann, 2001].

Others have also questioned Durkheim’s standing. For example, Berrios and Mohanna [1990] noted that “Durkheim had no hesitation in resorting to techniques which, when compared with the high quality of his methodology, cannot but look suspicious”; that “he resorted to dubious tactics”; and that he was “surprisingly silent about his contemporaries.”

Research in the 18th and 19th centuries specifically devoted to suicide is in fact voluminous. For example, in a bibliography published in Leipzig in 1806 by Ludwig we find references to the books of Alberti from 1744: *De autochiria occulta*; Camper also from 1744: *Gedachter over de Kindermoord- en Zelfmoord*; Louis from 1767: *Mémoire sur une question pour distinguer les suites du suicide de celles de l’assassinat*; and Burkhard from 1786: *Briefe über den Selbstmord*, among others, although access to the original texts is limited. Early 19th-century work is more readily available, and bibliographies of the prestigious *Annales Médico-Psychologiques* contain references between 1843 and 1878 to no fewer than 138 papers addressing issues associated with suicide [Annales Médico-Psychologiques, 1868, 1884]. It is also important to note that—contrary to his assertions—pre-Durkheim suicide research does not focus predominantly on a medical model without due regard to what have become known as sociological factors.

In further illustrating the extent of pre-Durkheim suicide research, reference to a number of earlier authors, including Morselli [1881], will be made, before providing a synopsis of the review of Tuke, which is in essence an excellent description of the state of the art of suicide research in 1892, five years before Durkheim’s publication.

In 1790 two volumes entitled *A Full Inquiry into the Subject of Suicide*...
were published by Moore. These included a substantial section on the association between gambling and suicide, possibly the first such treatise. Moore noted that suicide did not imply “permanent madness,” although he added: “Yet it may be allowed, that there is a sort of madness in ‘every’ act of suicide, even when all idea of lunacy is excluded.” For those who work in the forensic/legal setting and have to decide whether or not a suicide was associated with a psychotic illness, Moore’s comment that “Such distinctions of sanity and insanity are too fine spin to be just or equitable” is particularly pertinent. Indeed, it is doubtful whether anyone in the subsequent 200 years has described that challenge more elegantly.

Moore was probably the first to comment on possible genetic factors, when he stated: “But what adds to their wretchedness is, that this extreme dejection of spirits, this melancholy, this lunacy and propensity to suicide, like many other disorders, is not confined to the unhappy object in the first instance, but by attacking successive generations of the same family proves itself to be hereditary.”

Moore observed that three quarters of all suicides were by hanging, with males predominating two to one, and he was aware of the association between suicide and the “excessive use of strong and spirituous liquors.” Some of his conclusions were somewhat speculative, such as his comments about suicide being perceived as “the English malady,” because, as he so delightfully put it: “the English are a nation so distempered by the climate, as to have a disrelish of everything, nay even of life.” Moore also referred to the concealment of suicide because of prevailing attitudes and noted that he had “received information from private hands . . . that the practice of suicide really abounds in France as much at least as in England.” He also expressed his disbelief at the reported eight times greater suicide rate in Geneva than in London, noting that “the calculation of actual suicide in London cannot be made with the least degree of precision from the number of inquisitions taken by Coroners.” Moore clearly possessed an enquiring mind with a critical appreciation of the shortcomings of the available data.

There were significant changes in public attitudes to suicide in Europe in the first few decades of the 19th century. In England this was probably associated with the suicide of Lord Castlereagh, or the Marquis of Londonderry, in 1822. He had been an influential and successful politician who killed himself, almost certainly in association with a melancholic illness. He was not denied a funeral, as should have been the case, which led to considerable public debate—debate that was given further impetus in 1823, when a 22-year-old law student, Abel Griffiths, killed himself and had the ignominy of being the last person to be buried at a cross roads. The rescinding of the law in regard to the treatment of the corpse of a suicide occurred soon thereafter, and, certainly in England, this probably contributed to the emergence of more published work about suicide.

In 1828, Burrows wrote extensively about suicide in his Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity. He referred to it as “a feature of melancholia,” although he added that “a doubt may naturally arise, whether it be not sometimes perpetrated by a sane mind.” Burrows referred to earlier French work, including that of Falret and Esquirol, and commented on the relationship of homicide and infanticide to suicide; the possibility that suicide was “sometimes innate or hereditary”; and that suicide occurred in children. He provided comparative data between a number of European cities, demonstrating that the suicide rates were, in present terms, 60, 42 and 20 per 100,000 in Copenhagen, Paris, and London respectively; and he also referred to work of Casper in Berlin, who documented “mental alienation” and “drunkenness and dissipation” as the two most common causes of suicide.

Burrows stated: “The medical treatment of the propensity to suicide, whether prophylactic or therapeutic, differs not from that which is applicable in cases of ordinary insanity,” and he was well aware of social influences, stating that “periods of great scarcity and distress, and sudden revolutions, political or religious, are always active and universal agents in originating insanity.” He also articulated concern about contagion, noting that “there is another and still more influential cause, though unnoticed, of the increase of suicide, and that is, the rapid and immense increase of periodical journals . . . the increase of suicide, I am convinced, is mainly attributable to these causes.”

As could be anticipated from the work of Burrows, early medical views of suicide are attributed primarily to early 19th-century French authors, particularly Esquirol.
[1821]. Indeed, Berrios and Mohanna [1990] stated that Durkheim viewed Esquirol as the ‘champion of the ‘psychiatric’ thesis’ of suicide. However, they have argued persuasively that in fact Esquirol had a broader view of suicide, so much so that they have referred to it as the “standard view” which incorporated both illness and social factors in the postulated causation of suicide.

Social factors were also considered by other early commentators, including Karl Marx, who wrote a brief commentary in 1846 introducing German scholars to the memoirs of Peuchet, the archivist of the Paris Prefecture of Police, published in 1838 [Plaut & Anderson, 1999]. Peuchet had provided data on suicide in Paris, along with his interpretation of the influence of social factors. Marx wrote of the “superiority of the French ‘socialist’ writers” in providing “critical descriptions of social conditions,” and referred to their “direct warmth of feeling, a richness of intuition, a worldly sensitivity and insightful originality for which one searches in vain in all other nations.”

Peuchet referred to suicide as a “deficient organization of our society,” and noted that it occurred “in all classes.” He referred to a number of causes, including “consumptive illnesses, against which present-day science is inadequate and ineffective, abused friendship, betrayed love, discouraged ambition, family troubles, repressed rivalry . . .,” and emphasized that “the varieties of reasons motivating suicide make a mockery of the moralists’ single-minded and uncharitable blaming.”

In 1840, in England, Winslow published The Anatomy of Suicide, a comprehensive work supported by statistical data. The predominance of men and hanging was noted, and he also observed that “marriage is to a certain extent a preventive of suicide.” Again due regard was given to the shortcomings of the statistics from which conclusions were drawn. For example, reference was made to the counting of suicides in Paris by fishermen retrieving bodies from their nets in the River Seine; but, as Winslow noted, “the nets were only suffered to be down a stated number of hours, according to the season, certainly not upon an average half a day,” and he concluded that “the number of bodies that escaped the nets must at least equal the number of those that are caught.” He also observed that “the Government had lately refused the accustomed fee to the fishermen for each corpse they brought, and that they would not continue to drag up the dead bodies,” thereby casting further doubt on the value of the statistics.

Although Winslow was critical in assessing the available statistics, that sense of criticism seemed lost when he stated that “it has clearly been established that where there is one suicide in London, there are five in Paris.” His speculation about why there were differences in English and French suicides rates was somewhat colorful, with his noting that “we can be romantic without blowing out our brains. English lovers do not, when ‘the course of true love’ does not run smooth, retire to some sequestered spot, and rush into the next world by a brace of pistols dyed with cherry-colored ribbons. When we do shoot ourselves, it is done with true English gravity.”

Further significant French work resulted in the 1850s with the publications of Lisle and Briere de Boismont in 1856. They provided ample evidence that issues other than mental illness caused suicide, as is illustrated well by what is even now probably the largest data set of suicides yet to be published, that of Lisle. In a review of over 52,000 suicides, “insanity” was primarily responsible for less than a quarter. The 48 postulated causes included debt, gambling, “disappointed love,” and the “desire to avoid legal pursuit,” as well as the evocative descriptions of “debauchery,” “nostalgia,” and “disgust with marriage.” Briere de Boismont’s data set was smaller, but still included over 4,000 subjects. Similar social factors were considered to be of importance, as there was reference to no fewer than 18 causes, with less than 20% being primarily due to their being “lunatics.”

In 1858, Bucknill and Tuke published what was to become a standard textbook of English psychiatry for many years, A Manual of Psychological Medicine Containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity. References to suicide included a classification of psychiatric illnesses, with suicidal monomania and melancholia; a “third division” resulting from delusions and hallucinations; and a fourth type, where “it must obviously be very difficult to determine, in such cases, whether the individual was, or was not, a free agent at the time.”

In their discussion of what we now refer to as the nature-versus-nurture theories of causation, Bucknill and Tuke observed: “... the question so often asked, ‘Is suicide
the result of cerebro-mental disease?" must be answered both affirmatively and negatively. That the act may be committed in a perfectly healthy state of mind cannot, for a moment, be disputed." There then follows a discussion of modes of death, the influence on suicide of age, sex, marriage, and the seasons as well as the possibility of hereditary transmission. Similar considerations are contained in other early standard texts, including that of Maudsley [1879].

In the 20 years prior to Durkheim’s work, there were two seminal books devoted to suicide, one by the Italian Morselli, published in 1879 and translated into English in 1881, and the other by Westcott, published in England in 1885.

Morselli’s work, which is encyclopaedic in content, is arguably the most important work of 19th-century suicidology. Westcott was later to refer to it as a “thoroughly scientific statistical work,” although he added that it was “hardly a readable book, consisting almost entirely of statistics . . .” Indeed, this may be one of the reasons it has not received due recognition, as it contrasts with Durkheim’s more literary style. It contains extraordinarily detailed statistics, focusing on Italy, but also including data from a number of other countries. Individual sections of the book included sections on “Increase and Regularity of Suicide in Civilised Countries”; “Social Influences”; “Influences Arising out of the Biological and Social Conditions of the Individual”; “Individual Psychological Influences”; and “Methods and Places of Suicide”; before he provided a “Synthesis” on the “Nature and Therapeutics of Suicide.”

Examples of his detailed and careful enquiry include analyses of age and suicide in different countries; education and suicide rates; and the “Relation of Madness with Suicide,” with the latter demonstrating an association between rates of “mad people" and suicide. Morselli also gave a very perceptive view of emotional or psychic pain, where he noted that “it is a gross tautological sophism to give the title of ‘moral suffering’ to sorrow for a misfortune, to misery, privation, crossed love or jealousy, while they reserve the title of ‘physical suffering’ to pain which arises from a mechanical injury, from an irritation of the peripheral nerves, or disease of the intestines. The cause is unequal, but the effect is the same . . . the expression of moral suffering is the same as that of physical suffering.”

Morselli’s work undoubtedly influenced Motta, an Italian-speaking Swiss, who in 1890 published a bibliography (Bibliografia del Suicidio) containing 647 entries. This has been referred to by Murray [1998], who noted that Motta only included works after the 16th century, and that it was therefore only “a mere fragment of available writings.”

A less statistically burdened work than that of Morselli was provided by Westcott in 1885 in his book Suicide: Its History, Literature, Jurisprudence, Causation and Prevention. It ranges over a variety of data sources, and it is of interest that he noted that “now that a study of suicide as a fact has been instituted, it has fallen almost entirely into a statistical groove, to the neglect of research into the mental state and emotions of the unfortunate individuals who become victims.”

Westcott addressed a number of issues, including rates and means of suicide, its causes, the effect of urban and rural life, the influence of mental disease, suicide from imitation and the effects of physical illness and hereditary factors. It is also fascinating that he included a chapter on suicide in animals, a surprisingly contemporary set of observations in view of recent ethological conceptualizations of suicide [Goldney, 2000].

In regard to Durkheim’s subsequent focus on social issues, it is important to note that in his preface Westcott wrote: “The question (of suicide) is one well worthy of the earnest consideration of the community; indeed, it may be legitimately regarded as one of our Social Problems, as it involves matters which are intimately connected with our social organization, and is with propriety embraced in our legislative enactments.”

The definitive overview of pre-Durkheim 19th-century suicide research was provided by Tuke in 1892, and it remains an object lesson in careful evaluation of data with due regard to the limitations of that data. Tuke provided an erudite historical perspective of suicide, noting that “there has been no period in authentic history in which, so far as we know, there has been immunity from the practice of self destruction.” He referred to biblical suicides and then to Greek and Roman perspectives, before noting how attitudes gradually changed over the centuries.

This section was followed by an epidemiological review, predominantly of the European countries, although data from the United States and Australia were also presented. There was said to be a
suicide is not disputed”; and it is alcohol or beer in the production of as is the fact that “the influence of in prisoners under 30 years of age”; suicide . . . (is) well marked, especially imprisonment on the tendency to suicide remains a reality in children; it seem that divorce exercises a more similar the case that “it would increases the number of suicides”; it is doubt that agricultural distress in- many of Tuke’s observations have stood the test of time and sub- sequent research. The male-to-fe- male preponderance of suicide is virtually identical to that found to- day; it is still true that “there is no doubt that agricultural distress in- creases the number of suicides”; it is similarly the case that “it would seem that divorce exercises a more injurious influence on the male than on the female sex”; there is a higher rate of suicide among doctors; suicide remains a reality in children; it is still true that “the influence of imprisonment on the tendency to suicide . . . (is) well marked, especially in prisoners under 30 years of age”; as is the fact that “the influence of alcohol or beer in the production of suicide is not disputed”; and it is also recognized that “examples of hereditary suicide have occurred.” Tuke also addressed the issue of mental illness and insanity and noted: “that this number is very large is unquestionable, but it cannot be ad- mitted for a moment that the suicidal act taken alone is any sign of insanity.” Tuke did not generate any broad explanatory hypotheses to ex- plain suicide. Indeed, to do so is fraught with danger. However, it is evident that he addressed critically a number of contemporaneous theo- ries about suicide, and that he was well aware of the limitations of assum- ing causal relationships. For ex- ample, he noted that “the general survey of the foregoing conditions accompanying the occurrence and range of suicides, cannot but have the effect of inducing considerable caution as to the comparative action of these causes, seeing that they are almost inextricably mixed.” Not- withstanding that caution, Tuke con- cluded as a result of his review that “doubtless the most remarkable fea- ture of suicides throughout the world is the regularity with which they occur under certain conditions, so that general laws can be deduced from a study of the phenomena, and the extent of violent deaths can be predicated with tolerable accuracy.” This has been a necessarily brief review, and it would have been possible to have also referred to a number of other authors, including Legoyt of France, Koch of Germany, Sundt of Norway, and Savage of En- gland. However, the examples pro- vided illustrate that there was a con- siderable degree of rigorous suicide research before the work of Durk- heim, and many of the findings re- viewed remain pertinent today.

The question arises as to why Durkheim’s views should have held such a reverential place in the history of suicidology. One possibil- ity is that it is Durkheim’s position as one of the founders of scientific sociology that has confounded the issue. His role in this regard is not in dispute, but it is probable that his use of the topic of suicide as “a con- venient example for illustrating his methodology of sociology” [Plaut & Anderson, 1999], along with the burgeoning of sociology as a disci- pline, has led to an uncritical accep- tance that there had been little work in the broader field of suicide re- search prior to his work.

Whatever the reason, the scientif- ical study of suicidal behavior exist- ed well before the work of Durk- heim. Furthermore, it is evident that the critical review of Tuke in 1892 and the original and careful data gathering of Morselli first pub- lished in 1879, should be afforded more recognition than has hitherto been the case. Indeed, it could be ar- gued that these works are of at least equal status as the more generally recognized work of Durkheim.

References

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The Internet, Suicide, and Suicide Prevention

Lars Mehlum

Entering the keyword *suicide* on one of the major search engines on the internet results in more than one million pages (Altavista as of January 2001). This means that the word *suicide* is included in more than one million internet documents. A corresponding search using the German word for suicide, *Selbstmord*, results in 30,000 pages as will also be the case with the Spanish/Italian word *suicidio*. And for most language communities in developed countries there are currently enormous amounts of written material available on the topic of suicide on the internet. More refined internet search procedures would naturally tell us more about the contents of all these internet sites. Without going into great detail, it is obvious that many sites present constructive and useful information meant as contributions to a better understanding of the problem of suicide or as suicide preventive resources. Numerous internet sites, however, have a totally different focus and contain material that in fact may increase the risk of suicide in vulnerable individuals. Titles such as “A Practical Guide to Suicide,” “Death Net,” “Suicide Web,” “Church of Euthanasia,” “Voluntary Human Extinction Movement,” and “Alt.suicide.holiday” speak for themselves.

That there really is reason for an increased concern about the negative consequences of such a widespread dissemination of information portraying suicide as a solution to problems rather than a problem in itself, was made highly evident through a tragic event that took place less than a year ago when two young people ended their lives at the bottom of a 600 meter high cliff on the West coast of Norway. The 17-