

SUICIDE AND SANITY.¹

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Is suicide always an insane act? Is a jury technically right in refusing in some cases to give the victim absolution by declining to give a verdict of unsoundness of mind? These are the questions I beg to submit for the consideration of this society, for the time has come when a more authoritative dictum can be given in answer than was possible when the clinical study of insanity had not reached its present development.

What is commonly called the "instinct of self-preservation" is probably a statement of fact. It postulates that when anything threatens the life of the animal it endeavours to protect itself by using either its powers of escape or its natural instruments of defence, or of both; in no case does it destroy its own life as a means of escape from present danger or trouble. There is an apparent exception to the all-pervading exercise of the means of escape and defence when terror assumes so dominant an influence as to paralyse the individual and render it incapable of flight or resistance at the very moment where it is most needed, so that it falls an easy prey to its aggressor; even then it does not kill itself. The hen which has reared a brood of ducklings sees with dismay its foster offspring enter the water and in great perturbation tries to call them back, but it does not go into the water to try to save them, the sense of self-preservation is too strong. The other day I startled some old birds lying on the ground with some young ones which could just fly; the old birds made off in one direction and the young ones in another; but the old birds, whilst making a noise to give notice probably to the young ones of their whereabouts, did not attempt to assist them; they went right off in another direction with the object of saving their own lives and left the young ones to shift for themselves. Maternal instinct prompts the animal to protect its offspring up to a certain point, but when these efforts are unavailing and the danger to its own life becomes urgent the creature will, if possible, save itself and thus prove the truth of the old saying that "self-preservation is the first law of nature." We cannot conceive that in any circumstances an animal would kill itself because of grief at the loss of its offspring, or from jealousy—it is indeed doubtful if the idea of killing itself is possible to an animal lower than man, and whether, indeed, it is capable of understanding the method by which such an end could be achieved. The lower animals will kill each other or their own offspring, but they will not kill themselves; if they do it is accidental, not instinctive nor intentional.

Man seems to share with animals the instinctive protection of his own life, but the higher platform to which his intellectual development rises, especially on the inhibitory side, modifies this instinctive force and in some degree extinguishes it. Man has not to play a simple routine in life, he has to accommodate circumstances, and conditions may arise when it is necessary, or he thinks it is, to subordinate instinctive promptings to judgment, and voluntarily to place himself in conditions where his own life is in danger and there is little or no hope of saving it. Such a situation would be where the captain of a ship sees the last boat depart, leaving himself to a fate which must surely overtake him; but this is not suicide, it is action against instinct from a high sense of discipline and duty, the possibility of escape in some form remaining and the primeval instinct perhaps asserting itself by final attempts to escape when all necessity for restraint has disappeared. All seems to depend upon the ideas of duty and the individual interpretation of them and there is no difficulty in conceiving that a person may deliberately come to the conclusion that it is better for his family and surroundings that he should die than that he should continue to live. The question in such a case is whether when he resolves that it is better to die, and when he acts upon it, his judgment is a correct or an imperfectly formed one, whether it is due to incomplete premisses or to disordered ones.

Can a suicidal act be in any circumstances the action of a sound mind? We note that persons endure the most painful, incurable, and loathsome diseases and that they cling with

pertinacity to life and would resent strenuously any attempt to interfere with its course; we see persons under the greatest mental stress come out of the ordeal scatheless, while an apparently small mental worry may become insupportable to another who has borne with heroism the most painful bodily conditions. What determines the difference between these classes of persons? Take another class of what are called compulsory suicides. There are countries where, in obedience to what is understood as the moral code, or in obedience to recognised disciplinary authority, a person kills himself; there is no question of unsoundness of mind here. In fact an unsoundness might even show itself by the person's refusal to carry out the custom of the country. Such acts are not suicidal according to our notions, they are the tokens of submission to duty and, indeed, are worthy in some degree of our admiration and should go under another name. But with us it is different. No one can compel us to destroy ourselves; it is a criminal offence against the law for anyone either to take his own life or to advise another person to do so. Our duty in this country is to keep it in any circumstances. When duty comes into force and invites people to throw away their own lives to save those of others we have nothing but admiration for what we term the unselfish devotion to conceptions of duty, but even here there is nearly always present the idea that somehow or other the result may not be fatal, there is a chance of escape and the true estimation of the chance is, moreover, somewhat hindered by the heightened emotional strain which surrounds them. Still there must be many people who would in given circumstances voluntarily give up their own lives and even themselves be the agents of their own destruction when by so doing they could avert an inevitable catastrophe to others. And to act thus means the possession of a sound mind. Motive is then the test of sanity, and to avoid the responsibility so prominently thrust upon an individual would be to betray cowardice and to allow the instinct of self-preservation to prevail over duty to the State, a condition which is a reduction from the highest voluntary development and which is therefore a temporary insanity, or an action upon impulse. Suicide may then be a sign of the most perfect sanity and the refusal to allow or to commit self-destruction may connote the lower mental tone of an inferior being. It is then necessary to believe that suicide is at times the sign of a perfectly acting mind, nay, more, of a high quality of mind, involving as it must do the dispassionate unemotional balance of pros and cons and the deliberate choice between the conflict of motives.

But such a combination of intellectual processes is rare and therefore the general acceptance that people who commit suicidal acts are temporarily insane is the correct one, for when a man sets to work to discuss with himself whether it is better for him to endure the slings and arrows of outrageous fortune or to end them he is apt to neglect some of the premisses which should enter into his calculation—he either exaggerates the results of what he has done or what has happened or will happen to him, or he is unequal by inherent or acquired imperfection of the true elements of a perfect mental content to come to a correct conclusion. The very word "motive" means what moves to an act, and "emotion," a word of the same derivative, or "feeling" is the chief constituent of true voluntary action, but this emotion or feeling is just that mental coefficient which we can least understand or explain, though, contrary to general opinion, it may exist in its most intense form in the most undemonstrative people. It is not always those who show the most "feeling" who are as we say the most "emotional," who are really the chief possessors of it, for people with strong inhibitory power, strong will, are frequently the least demonstrative of this particular element (which is the main factor of the opposing ideas), except inasmuch as it shows itself in action. Explosion of feeling seems to render true voluntary action impossible, as if the elimination of this constituent of the mental content rendered the other elements abortive or inoperative. Hence it comes that facility of emotional display, such as passion, rage, exaltation, is just the condition which reduces a person towards the instinctive level, makes him careful of his own life and at the same time dangerous to others, since to save himself he will destroy what seems to oppose his own interests. Revenge is often based, not upon the desire so much to inflict injury upon others, as in imagined self-protective interest. The explosive person is the one who is most dangerous to the community because he is the most likely to act upon impulse, which is closely allied to instinct,

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and he is probably less suicidal because of his reduction towards an instinctive condition which should be a conservative one. If this line of argument is correct we seem to be in this position that the man who commits suicide may be in sound mind, and that the man who is reduced to an instinctive state should be the last to do so, even though we must own that he is not in full possession of his faculties, whilst the man who acts on impulse, also a reduced mental state, is very likely to commit a destructive act.

Impulse, according to Wundt, is simple voluntary action, as distinguished from complex or true voluntary action, and in impulsive action we have action upon a strongly emotional single idea which may be a suicidal or a homicidal or a harmless one, but which, whatever form it may take, is always a sign of unbalanced action. It is this reduction to one idea, which in proportion to its singleness becomes an imperative one, which constitutes the danger of the condition, and which is indeed the local sign of irresponsibility, for in its presence all things but the motive to act are banished—duty to oneself and to society, the lamentable list of consequences, offence against the law,—all are forgotten or have no place in the mind of the person who acts under the urgency of the dominant and compelling idea. It would indeed seem as if the development of mind beyond the instinctive stage, whilst putting into the hands of man the power of over-riding his instinctive self-conservatism, rendered him especially liable to succumb to the force of one idea when by any means the latest developed power of deliberation is impaired, but I would also contend that there are occasions when this same highly developed mind does by its very perfection of action decree that the time has arrived for self-effacement.

Here we have the same result arrived at by different processes, the one a normal, the other a diseased one. How are we to distinguish between these two? Apparently we can only do so by estimating the circumstances in which the act occurs and by bearing in mind two main things: (1) that we never really know the inner life of a man (for he alone knows what he has done and what is probably the future result of his life's acts to himself and others), and therefore we cannot enter into his motives; and (2) that whatever be the connexion between brain integrity and mental manifestations the result, or the concomitant parallel union, is a very delicate one and is easily upset, as by its late and elaborate development we should expect it to be.

Often we can only be guided by what we know of the motives as to the true nature of the act. Not long ago a man committed suicide apparently because his wife had twins. We cannot conceive this to be a sufficient motive to any person who was able to exercise true deliberate voluntary action and we must conclude that something occurred to reduce him suddenly to subordination to an imperative idea of a strong emotional tone. The sudden development of a toxin may have done this, for in these later days we recognise that toxins artificially introduced or pathologically developed are very potent causes of insanity. I have talked with many persons who had made suicidal attempts; some of these, though they remembered the act, felt nothing of pain at the time, even though they had adopted cutting methods; others remembered nothing of it in any way. The suicidal act, absolutely unintentional as regards the individual, may turn out to be positively curative, as if the unconscious mind prompted as a way of recovery what we erroneously termed an act of self-annihilation; thus the feeling of tension from rapid heart's action and emotional stress may lead a person to use a knife upon himself with the result that a free loss of blood relieves the congested nervous system and true consciousness is restored. I have known the coldness of an immersion restore the normal mental conditions to a would-be suicide who made the greatest haste to get back to land.

In these and in many other instances of suicide there is no question of intention, responsibility, or of true voluntary action; the people on recovery can tell you nothing and it would be quite correct to say that the word suicide is scarcely the right one to use, because they are really acted upon by, not themselves, for their normal self cannot be said to exist, but by a series of processes which, in constituting another self, just act in the only way possible, i.e., that the result of a certain chain of processes is the necessary result of the existence of that chain of processes; or, to put it in another way, given any mental state only one kind of action can result, and if this action is one which is destructive to the organism the act is called "suicidal," if it involves the

death of someone else it is called "homicidal," though in each instance the individual may be the sport, and not the responsible agent, of the processes within him.

The problem to determine is, Can we so direct our mental processes that the correct result must be of a destructive nature, and is this outcome necessarily a sign of disease or may it be one of a normal mental state? The answer is that at times we can and at others we cannot. At times it may be right to commit a suicidal or a homicidal act, at others it is not right to do either. The deliberate will of the State (in this country) may be in the direction of a homicidal act, as when it brings about the execution of a man, but it refuses to allow a man to kill himself—reserving that privilege for itself—and no one accuses the State of madness because it does so, nor would there be any act of insanity in the State if it acknowledged the propriety or the right of an individual to do for himself in certain circumstances what it elects itself to do for him; it is simply a case of *force majeure*, the will of the people does what it likes. It says, on the one hand, "I elect to kill you for having done certain things, but if you do it yourself I declare you a law-breaker, not of necessity insane, but guilty of an offence against the law for which I shall punish you." The law is, as far as we can judge, right in determining that its own homicidal act is justified by the sanity of the individual, but in another branch of it—the verdict of the inquest jury—it is prone to declare that a self-destructive act which may be as sound a conclusion *quâ* mental integrity as the homicidal one, is the result of "unsoundness of mind." This is apparently illogical. If one set of processes may be the result of a mind which is sound, why not the other?

It does occasionally happen that a jury returns a verdict of *felo de se*, but as a rule, even in the absence of evidence of any antecedent mental deterioration and perhaps out of a sentiment that it is kinder and more considerate to the feelings of the friends, the verdict on a suicide is that he was of unsound mind. The law-breaker is not of necessity insane, and there is no more reason for saying that the man who after due consideration of the pros and cons of his present and prospective environment chooses to destroy himself is insane than there is for applying the same argument to the commercial thief or swindler; both are offenders against the law, that is all.

Let us consider somewhat more closely the factors and the conditions of complex voluntary action that we may make it certain that in some cases suicidal acts are not indeed justifiable, but to be accepted as the result of normal brain action. The best exponent of voluntary processes is, I think, Wilhelm Wundt, and in what follows I shall employ his argument. Motives are the causes of volition, and a motive is a particular idea with an affective tone belonging to it, and it is just the affective tone of an idea which gives it the power of acting as a motive. The general direction of the individual will is determined by the collective will of the community in which its possessor lives, and statistics show that most men act in the same way under the influence of these external causes. Every year about the same number of men hang, shoot, poison, and drown themselves. From which we conclude that the historically determined social condition of a people is a dominant influence in the voluntary action of the individual citizen. Wundt then goes into the question of statistics and he shows that they can do no more than discover the external causes of voluntary action; the internal causes, the exceptions to the rule, constitute the personal factor, which conflicts in various ways with the other factors determining volition. Thus he says the general will furnishes a reason for the determination of the individual will, but it remains for the personal factor to decide whether the result aimed at by the general will shall be the object of volition of the individual. When we have taken account of every one of the external reasons that go to determine action we still find the will undetermined, so these external causes are the motives, not the causes, of volition, the difference being that a motive may produce its effect but a cause must, and this uncertainty of the connexion between motive and volition is only due to the existence of the personal factor. He then goes on to prove that personality is the only cause of action and the only direct effect of a motive is exerted upon the personality, or otherwise upon character, which is the sole immediate cause of voluntary action. And character is partly the result of conditions of life, partly an original possession of the personality.

Assuming that Wundt's estimate of character as the sole

determinant of voluntary action is correct, we may understand that practically we have two forms of character to deal with—one, the ordinary man as we know him, the other the same individual when the subject of disease. There is no difficulty in conceiving that a person of a sound personal character may place before himself—knowing all the pros and cons of his actual position—the alternative as to whether it is better for him to die than to live, and if he chooses to kill himself he may be very possibly doing the best thing—not, of course, the right thing, because he is transgressing the law of the community, but the best thing in the circumstances in which he is placed. There is nothing insane in following out a course of action which anticipates that of the community—e.g., a man shoots another with premeditation and then shoots himself; it is a sign not necessarily of insanity but rather of correct argument that knowing what the action of society would be he prefers to avoid all the dreadful details of the trial and the torture of awaiting in prison the time of his execution.

A suicidal act is the result of a mental process which may be quite normal, but as a rule it is probably the fruit of a morbid process and we distinguish between the two only by a full analysis of the antecedent conditions. Even then we shall at times be in a difficulty because of the impossibility we may experience in arriving at all the contents of the "character" which made the suicidal act the only one possible, but whereas the lower instinct is to save one's own life at all cost to others, there does arise this question, whether with the higher development of reasoning it may not be the teaching of a higher instinct that there are occasions when suicide is the best thing.

Consider for a moment how disease kills. It is by violent mechanical means as a rule, akin to those of the suicide. In enteric fever there is a rupture of the intestine followed by collapse and death. In apoplexy there is a rupture of the coats of a vessel or vessels and death from loss of blood and pressure. In heart disease the mechanical impediments to a free circulation gradually increase until dilatation and weakening of the central organ occur and syncope results. In aneurysm there is a sudden rupture of the wall tissue, a copious hæmorrhage and death from a combination of mechanical forces. It all looks as if when a series of processes inimical to health has attained a degree of intensity and when there is no apparent chance or likelihood of improvement nature takes a short way of ending the trouble by a quick and mechanical method. In the same way when an individual has become the victim of a combination of processes, as in insanity, rendering him useless to himself and a danger to the community, it is advisable that he should cease to live, and so what we may call the instinct of disease, a suicidal act, supervenes. Such a terminal seems to be the correct issue to a series of processes (disease) unfriendly to the activity of health and is a direct opposite to the instinct of health, which is self-preservation, in the interest both of the individual and of the community.

I am not here concerned with the moral or ethical questions of the validity of the individual to destroy himself, whether it is against the tenets of religion, as we know it is in this country against the law. My argument is that an act is the outcome of a certain intensity of nerve processes and that the composition and the force of these processes may be quite normal and valid for the individual, even though opposed to the law made by the community.

In the early periods of society the importance of preserving the race would be imperative and therefore the instinct of self-preservation would be strong. With the increase of population and of the reciprocal requirements of civilisation the necessity might conceivably be less and less until with a highly elaborated mind it might disappear altogether and then might arise the contrary idea. It always puzzled me to account for the inversion of the instinct of self-preservation until I came to look upon the final act as the completion of a set of processes the end of which is destruction, whilst also insisting on the other hand that just as the State in its wisdom and sanity decrees that in certain circumstances it is best that a man should die, so may an individual in his sanity follow the example of the State and make a law for himself.

Summary of position.—I have endeavoured to show that the instinct of self-preservation is so modified by man's place in nature and by his mental development that the actual necessity or advisability of self-destruction takes the place of the primary instinct (as it is seen in children and in people of feeble nerve stability) and may become a secondary

or developed instinct in itself; that therefore suicide, though not a legitimate act, may be understood to be the deliberate result of a sound mental process.

Inasmuch as character is the sole immediate cause of voluntary action and as we have no clue to this personal factor, why a man acts in a certain way must always be to some degree a matter of speculation, but if the act seems to be in accordance with what we know of his usual conduct and that conduct has always been voted sane there would be ground for concluding that the particular act in question was also done in a sane state.

Previous history showing change of usual conduct, presence of factors of insanity, existence of degenerative states showing presence of imperative ideas, loss of inhibition, upset in the equilibrium of the contents of true deliberative action, point to the person being in a morbid state, one which connotes irresponsibility, and the possible substitution of a destructive instinct for the usual conservative one. The destructive impulse is the necessary result of a certain trend of ideas of a less complex character than in full voluntary action, leading the individual by a rapid process to a result which is the completion, as it were, of the nervous state, and which is conservative or destructive according to the nature of the impulsive elements.

I am inclined to think that the true suicide is oftener than is supposed a sane man; perhaps, indeed, it would be better to reserve the term for the man who deliberately comes to the conclusion to kill himself as the best solution of an *impasse*, whilst we must regard those cases where disease leads to a fatal termination, not as suicide in the strict sense of the term, but as the violent result of a process which constitutes a veritable "*alter ego*" for the action of which the true *ego* is not responsible, and I would label such a person not as a suicide but as the victim of an attack of insanity of a destructive nature. If A. B. in his own personality destroys himself he is a genuine suicide, but if A. B. through disease has his personality altered and a self-destructive act ensues it is clearly not A. B. who does the act, rather is it the necessary termination of a series of changes with which the original A. B. has nothing to do. To risk an axiomatic conclusion it would seem as if the instinct of health is conservative but subject to the deliberate will which may extinguish or invert it, whilst the instinct of disease is destructive and the means for its final accomplishment lie in the reaction between the false individual and his surroundings.

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THE EARLY DIAGNOSIS OF CONSUMPTION.¹

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IN this paper I deal with the question of the early diagnosis of consumption, more especially as it is met with in an out-patient department. Since the recognition of the fact that pulmonary tuberculosis is an infectious disease its diagnosis, and more especially its early diagnosis, as a factor in the maintenance of the general public health have become matters of supreme importance. Again, the accepted fact that pulmonary tuberculosis, especially in its early stages, is frequently amenable to certain recognised forms of treatment makes it most desirable that a correct diagnosis should be made at the earliest possible moment. The cases in an out-patient department naturally fall into three classes: 1. Those obviously suffering from pulmonary tuberculosis, in whom the diagnosis is easy. The cough, shortness of breath, and expectoration point to the respiratory organs as the seat of the disease; the loss of flesh and strength, to some chronic cachexia; the hectic, to some inflammatory disease; the physical signs which indicate consolidation of the lungs, with breaking down and contraction, commencing at the apex and gradually spreading downwards, render it highly probable that the disease is tuberculous in nature and the discovery of the bacillus makes it certain. 2. Those whom one has no hesitation in classing as non-tuberculous. 3. A number of patients in whom the diagnosis is not straightforward and who cannot be placed offhand in either group.

¹ This paper, in a slightly altered form, was read as the inaugural address at the Burnley and District Medico-Ethical Association.