Constant Watching of Suicidal Cases. By G. H. Savage, M.D.

Read at the Quarterly Meeting of the Medico-Psychological Association, held at Bethlem Hospital, Feb. 5, 1884.

The feeling of the sacredness of human life, which springs from the selfish feeling of the sacredness of the life of each person to himself, has extended in many directions, so that the murderer's life is often spared, and the suicide is considered as not responsible for his acts.

The public is in England greatly affected by a suicide, and most people dread insanity more from its connection with self-murder than from anything else.

The ordinary Englishman cannot be convinced that a sane man can kill himself.

The public and the Commissioners look to the officers of asylums to prevent suicides as one of their most serious duties, and, I fancy, an unlucky Superintendent who had a series of suicides would not escape blame.

It becomes a very serious consideration how suicides are best avoided, but above all I would say that, in my opinion, this consideration should be secondary to the cure of curable cases.

I have taken up the subject because I believe it to be a thoroughly practical one, and one which can be decided by the experience of those present.

The Commissioners are, I believe, equally anxious to get to the opinion of the Superintendents, though they have very strong opinions on the necessity of constant supervision.

First, I shall discuss cases which are to be considered as actively suicidal, and for whom such provision is to be made. Yearly, in Bethlem, we have from 20 to 30 per cent. of our patients described on admission as suicidal, and if these have all to be placed under constant inspection, the hospital must cease to exist as one in which patients have separate rooms, and are treated in a home-like way. But the above numbers are misleading, for though many speak of suicide, but few really determine to attempt it.

I do not think that more than five per cent. of our admissions are "actively suicidal," that is, patients who have made serious attempts on their lives, and are likely to repeat them.

https://doi.org/10.1192/bjp.30.129.17 Published online by Cambridge University Press

I should say patients with hallucinations of hearing are among the most dangerous; those who are persecuted, injured, &c., or who hear their relations being tortured; those with profound mental misery, even with few or no delusions, may be equally dangerous patients. Young women who feel themselves to be "unnatural," are always regarded with suspicion. "Miserable sinners" are more dangerous than hypochondriacal cases, unless the latter be suffering from sexual hypochondriasis.

I should consider the above classes as most dangerous, but I do not think they should all be treated alike. The "persecuted" man is generally more at peace if in a room by himself; and I have one man who is very suicidal, who would certainly attempt to murder the night attendant or any patient who coughed, or moaned, or even moved at night, because he would consider the action was done to annoy him.

The patients who have attempted suicide, and who come of a suicidal stock, are above all the worst; but their only safety is to get relief from the thought of suicide, and I maintain this is best done, though with some risk, in single rooms. Again, the girls who are unnatural are just of that plastic type which will be made more and more suicidal by association with others. They are as bad as the hysterical mimic, who will become hystero-epileptic in an epileptic hospital.

Other suicidal cases may belong to any one of the forms of insanity from the general paralytic, who kills himself to prove his immortality, to the sensitive woman who destroys herself as she is awaking to reason after a storm of mania, horrified by the thought of her faintly-remembered past, and by her presence in an asylum. I maintain no one can avoid suicides at all times unless he destroys all privacy, and makes the wards of asylums barracks with night-patrols.

What is Constant Watching?—The only real method is in associated dormitories, and here I can foresee danger in having but one attendant.

It has been suggested that there should be inspection slits or holes in the doors so that the night-watch can see as he passes how the patients are without disturbing them.

I have suggested that part of a gallery should have the doors taken off, and the patients be allowed to sleep in the doorless rooms while the attendant walks about the ward. In this way there would be less irritation, but, of course, not

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quite the same amount of security as in the open dormitory plan.

It may be said that after all there is little, if any, more irritation to a patient in an open dormitory than in a room the door of which is hourly opened; and I should like to have the opinion of members on the subject.

Can anyone suggest other plans?

What are the Special Benefits of Constant Watching?—Is it for the patients' good? I should emphatically say No. Patients have repeatedly told me that when constantly watched they felt as if they were being dared to do a thing, and naturally set themselves to evade their tormentors. A perfect attendant does not irritate a patient, perhaps, but I have not found one yet.

There is, doubtless, a feeling of security to the Superintendent when he knows that certain very anxious cases are secured, but if he has his heart in his work, he will have much greater pleasure in thinking the same patient is placed more favourably for recovery, though with more risk to himself, in a single room.

The public will be better pleased with fewer suicides in asylums, it is said.

I fear I do not care what the public think about it, as they are certainly the least fit to judge collectively of the good of the insane, for they are ever ready to cry "Away with him" on impulse, and, again, to consider him unjustly imprisoned where he is best cared for.

My own opinion is that, as a general rule, the constant watching of actively suicidal cases is not for the good of the patients.

In practice, when a patient is admitted with "suicidal" to his name, I put him for a few nights in strong clothes and strong sheets in a single room. I examine him and decide whether this is necessary, and very often accept the statement of the patient that he will exercise self-control. By encouraging self-reliance the patient very generally gets well, and I believe this would not so often be the result if he were not trusted.

We all know how, from time to time, "cured" cases kill themselves later, but this must continue as long as disease is likely to recur.

Some risk *must* be run if good is to result, and we must be considerate to each other when accidents do happen.

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