Durkheim's views on suicide

SIR: Berrios & Mohanna's (*Journal*, January 1990, **156**, 1–9) criticism of Durkheim's views on suicide was biased. Durkheim was writing a sociological theory for suicide and not a psychiatric text. His theory on suicide is now known world-wide in spite of his absence as a contributor in the symposium of the British Medical Association of 1899. His masterpiece, 'Le Suicide' (1897) whether you read the translation in English, Spanish or Arabic (as I did) is clear and did not show any inaccuracy. Indeed, you will find that Durkheim is remarkably modern and scientific in his thinking.

Medicalisation of suicide and acceptance of the absolutists views saturates the environment of suicide with ready-made psychiatric diagnosis for practical and political reasons, and offers a therapy without knowing whether it has any value. Whether the suicide rate is influenced much by the efforts of psychiatrists remains an open question. Because we fail to discover an anti-suicidal substance, we are left with a dash mix of medical and social theories of mental illness and suicide.

Most psychiatrists accept the high risk of suicide and parasuicide in the unemployed. If we apply Durkheim's views, the risk could be reduced by return to employment but if we reject them, the result is abuse of chemicals and mishandling of human experiences under scientific claims. Even the World Health Organization (1968) accepts that 'measures against social isolation and furtherance of satisfying social relations within and outside the family appear to provide the best effective prophylaxis against suicidal tendencies'.

Finally, it may be important and interesting to put the historical record straight. It seems to me that when Durkheim wrote his theory of suicide and alienation, he was influenced much by the writing of the Arabic scholar, IBn Khaldun (1332–1406) and his central concept of social cohesion. A complete French translation of IBn Khaldun's work appeared in the 1860s.

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A HUNDRED YEARS AGO

Rich lunatics and poor

The vacancy in the clinical professorship at the State Asylum in Vienna, caused by the superannuation of the late Dr Leidesdorf, was filled by the appointment of Dr E. von Krafft-Ebing, of Graz, who is already well known by his handbooks on psychiatric medicine and jurisprudence, who entered on the duties of his chair at the commencement of the present winter session. Judging from a report of his inaugural address, which recently appeared in the papers, he made some startling, if not alarming, statements. First of all, he said that in civilised countries 1 in every 200 of the adult population was insane. Griesinger, with doubtless imperfect statistics, gave the proportion for Austria as 1 to 500, and Dr Hack Tuke, after making liberal allowances for the cases not placed under certificates, came to the conclusion that for England and Wales the proportion was 1 to 300. It may be doubted whether Austria is worse off than we are.

The next part of Professor von Krafft-Ebing's statement was that the average of cures among the lower classes was 56%, whereas in the higher classes it was only 16%; and this he attributed to the fact that rich people, when they began to feel mental disturbance, had recourse to hydropathic treatment and other mere palliatives, and were not placed in asylums till too late.

It is well to compare the returns of the English Commissioners in Lunacy with the above. In the report for 1888 we find that the average percentage of cures on admissions was 40.16 in county and borough asylums, 47.24 in registered hospitals, 35.11 in metropolitan licensed houses, 36.44 in provincial licensed houses, and 14.96 of cases in single private care.

From these returns it would appear that our large asylums are far behind Austria in the percentage of cures, 56% being discharged cured in Austria, as against 40% in England. We cannot explain this discrepancy, but would suggest that the asylums of the two countries differ very considerably in their relative proportion to the population, and that, as a consequence, only the more acute, and presumably more curable, pass at once into asylums in Austria. As to the small proportion of the richer patients who are cured, we can only compare the 14.96% of

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patients in single care in England with the 16% of private cases cured among the Austrian higher classes.

In English private asylums the Commissioners' returns point to a good proportion of cures; but those who know the inner working of private asylums know that a very large number of patients are sent to private asylums only after every other form of treatment has failed, and therefore the chances of their recovery are less. This seems, according to Dr von Krafft-Ebing, to be still more the case in Austria; and we suppose that on the Continent, hydrotherapy, at least baths and *Kurhäusen*, are much more commonly made use of for mental patients than with us. That there is such a difference between the cases among the richer and the poorer classes is by no means made out; all those richer patients, who are cured by hydrotherapy, travel, and the like do not come into the calculation at all – so that, in fact, the argument might rather be that general forms of treatment are so well carried out in Austria that only the incurable cases settle naturally into asylums. It may be said that surely equally careful and skilled general treatment is given to the richer English patients as to the Austrians, but this is not quite so clear. We believe that, though insanity is beginning to be seriously studied in England, hitherto foreign physicians have had a more general training in psychiatric medicine than have their English brothers. At the Vienna asylum the resident staff is much larger than that of an English asylum of the same size, and the students are more numerous and are more carefully taught; so that we should be more inclined, as we said before, to attribute the small returns of cures among the upper classes in Austria to the nature of the cases admitted than to the antecedent treatment.

Dr von Krafft-Ebing speaks of the future of hypnotism in the treatment of insanity with some hope. We can only say that in England the results of trial have been very unsatisfactory.

Reference

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