

down to a variety of causes—degenerative characters of the criminal classes, bad heredity, traumatism, alcoholism.

While Dr. Baer's book does not seem to us entirely satisfactory, and cannot be recommended as a handbook of criminal anthropology, it will still be found useful by many readers. It may specially be recommended to thoughtful students of the criminal who wish for a reliable summary of much recent German and Italian work; and it may be very advantageously read in conjunction with Dr. Kurella's "Naturgeschichte des Verbrechers," as the two writers usually approach their common subject from very different points of view.

Suicide and Insanity: A Physiological and Sociological Study
By S. A. K. STRAHAN, M.D., Barrister-at-Law. London: Swan, Sonnenschein, and Co. 1893.

Dr. Strahan's prominent motive in writing this study of suicide is to emphasize the importance of heredity in its causation, in the hope that something may be done to diminish it in the future.

In the historical account of suicide as practised in early times among the Buddhists, Jews, Greeks, Romans, etc., the writer shows that there were three great incentives to the act: Religious fanaticism, fear of slavery or ill-treatment at the hands of conquerors, and the desire to escape physical suffering consequent on disease, the last-named becoming less potent with the advance of medical science and the progress or spread of Christianity. This was what the author calls rational suicide.

As regards the nature of the act itself, an innate love of life being in reality a necessary part of life, where this is absent the organism must be looked upon as mutilated and incomplete. So that the suicide is, therefore, *ipso facto* abnormal; not necessarily insane, of course, as some have held.

Among those who voluntarily seek death, we must distinguish:—(a) those who are disgusted and tired of life, or have an instinctive craving for or love of death—*true* or irrational suicides; these are in the majority nowadays; and (β) those who destroy their lives either because they consider that death is the most acceptable of impending evils, one of which must be embraced, or they wish to gain

by their self-destruction something they consider much more valuable than the life forfeited. These are rational or *quasi* suicides, making up, Dr. Strahan says, not more than 10 per cent. of the suicides of modern western civilization, but to which class belonged the major part of the suicides among the ancients. At the same time, we must recognize that it is impossible to classify some suicides and to say positively to which class they belong.

Rational suicides Dr. Strahan conveniently divides into two sub-classes:—

- (1.) Those who die for gain, including:
 - (a) Religious devotees;
 - (b) Who die to follow friends;
 - (c) Who die to gain notoriety;
 - (d) Who die that others may gain (*e.g.*, the Emperor Otho).
- (2.) Those who die to escape evil, made up of:
 - (a) Who die to escape physical suffering (Stoics, Zeno);
 - (β) Who die to escape slavery and persecution;
 - (γ) Who die to escape punishment;
 - (δ) Who die to escape disgrace, dishonour, etc.;
 - (ϵ) Who die to escape poverty.

The bulk of the rational suicides of to-day is made up of those with whom the suicidal act is but the finish to a longer or shorter career of crime, or immorality, or both. They have decreased with civilization, but it is impossible to obtain any correct idea of their number, for the absurd common verdict of the present day, "suicide during temporary insanity," is a bar to accurate statistics. Again, when there is more than one influence at work, *e.g.*, poverty combined with drunkenness, poverty with shame, etc., it is very difficult to refer the suicide to its real cause.

As regards rational suicide, there is no necessary association with an abnormal mind, but the suicidal instinct of the true (irrational) suicide is a sign of a markedly degenerate condition of the human organism, brought about especially by a deliberate disregard of, and studied interference with, the laws of nature.

The characteristics of true suicide are that it does not commonly appear among savage races; it increases among a people as deteriorating influences increase and the natural laws of health are overridden. As it is a constitutional depravity which gives rise to it, we find the offspring depraved, and we find that it is hereditary. Above all this,

we find it following the same laws as to transmissibility and transmutability as govern the other family degenerations. In the many examples of suicide, with their family histories, which the author gives us, we see these characteristics: We find repeatedly the association of suicide with epilepsy, with insanity, idiocy, crime, etc.; we notice the disappearance or extinction of the suicide's stock, and, again, the direct transmission of suicide through two or three generations. "What cannot be too loudly or too widely preached is the grossness of the outrage against Nature of which we are guilty in inducing or even permitting the markedly unfit to propagate their kind."

To form an idea of the potency of heredity upon suicide, we must consider hereditary taint on a broad basis, *i.e.*, include all constitutional abnormalities—insanity, epilepsy, cancer, suicide, idiocy, scrofula—and if we want to see the factors which help to bring about these degenerate types, we have before us the terrible devitalizing influences at work among the poor of large cities: Want of fresh air and sunlight, improper food and clothing, prolonged confinement in unhealthy shops, etc. These, often combined with drunkenness, syphilis, gluttony, suffice to cause the decay of families, and among the later representatives we find criminals, paupers, idiots, suicides, and madmen.

Dr. Strahan divides *true* suicides into three groups:—

- (1.) That in which there is mental aberration.
- (2.) That in which the act depends upon an irresistible impulse, and in which there is no mental aberration.
- (3.) That in which a certain predisposition makes it possible for a slight shock, trial, or irritation to awaken the unnatural impulse.

This classification is fairly convenient, though not free from objections.

The data at our disposal for determining the relation of insanity to suicide are, for reasons already given, quite unreliable, but we are not convinced by the arguments drawn by the author from a comparison of sexual differences in suicide to elucidate this point; nor is it free from objection to argue concerning the frame of mind of the successful suicide from a study of the mental state of those who have unsuccessfully attempted to destroy their lives. It may be convenient to take the presence of delusion or hallucination as a test of insanity, but by adopting a more rigorous test one would probably find that a larger number of suicides are

really insane than the author estimates; many will take exception to the views that the gloom of the melancholiac is no more insanity than the irritability of the old gentleman with gout in his toe, and that in many cases of melancholia with suicide there is neither moral nor intellectual disorder, and that the suicide is here on all fours with him who dies to escape physical suffering.

Of course, as Dr. Strahan points out, it is absurd to believe, what statistics at present would show, that 98 per cent. of successful suicides are insane, and only three to four per cent. of unsuccessful ones. The common verdict of the coroner's court, "suicide during temporary insanity," is farcical in the extreme.

The frequency of bad heredity in cases of suicidal impulse, although it is often difficult to obtain the evidence, is a point the author wisely emphasizes, and it is useless to classify the causes of suicide under the heading love, fear, sorrow, financial losses, etc., without going carefully and fully into the question of constitutional predisposition.

Dr. Strahan discusses the effect of race, season, climate, on suicide, and finds additional evidence in favour of the view that the bulk of modern suicide is the outcome of abnormal or pathological condition, and, therefore, *true* suicide. He next considers the close relationship between crime and suicide due to their common origin, the increase of suicide *pari passu* with the spread of education, suicide among children, and the increase of suicide among women as they approach man in their mode of life. The general increase of suicide we must attribute to hereditary transmission, and he quotes Maudsley, Griesinger, and Falret on this point.

That the present law against suicide is useless and unjust we must all agree, and the author advocates sweeping away all legislation upon the subject, so far as it relates to the individual himself, as being far more just and sensible. As regards the question, "Is suicide justifiable under any circumstances?" Dr. Strahan refutes the arguments of the theologian, the natural scientist, the sociologist, and the moralist condemning suicide, as not sound, and concludes that, although suicide may in some instances be criminal, as may any other human act, yet it is not necessarily so in all cases.

Dr. Strahan's book should be read as one of the many contributions to a most important and interesting subject.