

The Medicalization of Suicide in England: Laymen, Physicians, and Cultural Change, 1500–1870

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SUICIDE WAS REGARDED AS A HEINOUS CRIME IN sixteenth- and early seventeenth-century England, a kind of murder committed at the instigation of the devil. Suicides were tried posthumously, and if they were found to have been sane when they took their lives, they were severely punished. Their moveable property was forfeited to the crown or to the holder of a royal patent; their bodies were buried profanely, interred in a public highway or at a crossroads, pinioned in the grave with a wooden stake (Dalton 1626, 234–35; Hale 1800, vol. 1, 411–18; Stephen 1883, vol. 3, 104–5). These savage penalties originated in the early Middle Ages; they were matters of common law and religious custom by the thirteenth century (Moore 1790, vol. 1, 286–305; Bracton 1968, vol. 2, 423–24). But they were rigorously enforced for less than 200 years, between about 1500 and 1660. The law of self-murder was seldom used before 1500, in spite of the crown’s financial interest in the goods of suicides and theological condemnation of self-killing (Hanawalt 1976; 1979, 101–4). After 1660 it was increasingly evaded, and the scope of the “insanity defense”—if one may use such an anachronistic term—was gradually broadened so greatly that eventually almost all suicides were acquitted on the grounds that they had been lunatics. The “insanity defense” was as old as the law of self-murder. Indeed, culpable self-murder was distinguished from innocent suicide by the use of two

different verdicts. The guilty were designated as *felones de se*, felons of themselves; the innocent were returned as persons *non compos mentis*, lunatics.

In this article I shall argue that the palliation of the law of suicide and the rise of secular, medical interpretations of it owed little to the leadership of the medical profession. The secularization of suicide was, ironically, almost entirely the work of laymen—philosophers, men of letters, journalists, and, most of all, coroners and their juries. It was a facet of much wider cultural changes that were accelerated by the religious and constitutional conflicts of the mid-seventeenth century. I shall begin with a brief description of the age of severity—the era in which suicide was criminalized and diabolized. I shall then pass on to a discussion of the dynamics of decriminalization and secularization. Finally, I shall conclude with some reflections on the causes of change and the implications of the history of suicide for historians. Because space is so limited, I shall simply ignore any but the most conspicuous resistance to the trends under discussion. Nor shall I treat suicide in other European nations. Not much is known about the history of suicide elsewhere, but what has been published shows that attitudes and responses varied quite markedly from region to region. I make no claim that the English experience holds for the whole of Europe.

The Age of Severity

The leniency displayed by medieval coroners' juries was an expression of local solidarity, a display of sympathy for the survivors of suicide. It came to an abrupt halt soon after 1500. The crown reformed the administrative machinery to insure that the law was more rigorously enforced; the church mounted a campaign to fortify the popular conviction that suicide was a supernaturally evil act. The monarchy was anxious to improve enforcement of the law mainly for financial motives; it profited from the forfeiture of self-murderers' goods (Hunnisett 1969, xviii–xix; Hunnisett 1985, xiii–xiv; Wellington 1905, 66–70). The church was moved to condemn suicide for more complex reasons. Confronted with a population whose religious beliefs have been described (more or less accurately) as a blend of paganism, magic, and Catholicism, the reformers of Queen Elizabeth's reign faced a

formidable task to convert the people to Protestantism. Like the early Christian missionaries before them, they incorporated some old beliefs and popular customs into their sermons and ceremonies, reinterpreting them theologically rather than rejecting them outright.

Suicide is a case in point. Protestant evangelists, taking up a theme first developed by medieval preachers, stressed that self-murder was directly caused by the devil. They interpreted suicide as the antithesis of the faith that every Christian must have in order to be saved; it was a sort of apostasy, the product of the dreadful sin of despair, the opposite of pious hope. The clergy also tacitly accepted popular beliefs about the spiritual consequences of suicide. The rituals used to desecrate the corpses of self-murderers were ancient demotic customs based on pre-Christian religion. They expressed a profound abhorrence of suicide and a powerful conviction that the act was spiritually polluting; a stake was driven through the body of the self-murderer to prevent his ghost from walking (Wymer 1986, 118–19). Ignoring the pagan origins of the rituals of desecrations, the ministers of the Church of England regarded them as essential aspects of the punishment of the sin of self-murder, even though they were nowhere mandated in the canons or the liturgy (MacDonald 1977, 574–78; Greaves 1981, 531–37).

The clergy's hostility to self-murder was also aroused by the contemporary revival of Greek and Roman ideas that excused and even glorified suicide in certain circumstances. Renaissance humanists and skeptics called attention to ancient philosophical justifications for self-killing—notably epicurean and stoic doctrines (Montaigne [1603] 1965, vol. 2, 26–41; Charron 1608). Scholars, historians, poets, and playwrights celebrated classical suicides—especially Cato, Brutus, and Lucretia—for their heroism (Wymer 1986, ch. 5, 7). John Donne ([1647?]1983) showed in *Biathanatos* that theological prohibitions against suicide were weak. Humanism also reawakened interest in classical science and brought to the fore medical ideas that tended to palliate suicide (Babb 1951). Philip Barrough, whose medical textbook was reissued for three generations after its first publication in 1583, observed that people suffering from the disease of melancholy “desire death, and do verie often behight and determine to kill them selves” (Barrough 1596, 46). Robert Burton declared in his famous *Anatomy of Melancholy*: “In some cases those hard censures of such as offer violence to their own persons . . . are to be mitigated, as in such as

are mad, beside themselves for the time, or found to have been long melancholy, and that in extremity" (Burton 1972, vol. 3, 439).

The campaign to stiffen enforcement of the law and promote popular hostility to suicide was immensely successful in spite of these ambivalent voices. Thanks to the heroic research of Terence R. Murphy, we know that the number of suicides reported to the central government soared in the first half of the sixteenth century. I have analyzed statistically Professor Murphy's notes on suicide inquisitions returned to the court of King's Bench between 1485 and 1714. They show that the level of reporting rose rapidly after 1500, achieved a sort of jagged plateau between about 1560 and 1640, and declined decisively after 1660 (See figure 1 and Stevenson 1987a, 1987b; Zell 1986). The vast majority of the men and women whose suicides were reported by coroners' juries were judged self-murders and punished for their crime. Fewer than 2 percent were acquitted as persons *non compos mentis*. The efforts of the preachers to increase abhorrence of suicide among the common people and minimize the influence of classicism and medical science among the elite were equally successful. Admiration for classical heroes notwithstanding, only one suicide was publicly justified by an appeal to the examples of Cato and Brutus in the whole of the sixteenth and seventeenth centuries (Allen 1810, 306). Donne's *Biathanatos* remained in manuscript until 1647, and the fact that suicide was condemned by divine law was almost universally accepted. The behavior of juries, the best index of popular belief, was resolutely harsh. They convicted suicides as *felones de se* even when ambiguous circumstances or evidence of mental illness would have made it easy to justify less severe verdicts. Many men and women who experienced suicidal urges or attempted to kill themselves reported that they had actually seen or heard the Tempter himself encouraging them to die.

Finally, the medical arguments for adopting a more merciful approach to suicides who were driven to their deaths by extreme melancholy was simply absorbed into the prevailing supernatural interpretation of the crime. Satan, it was argued, took advantage of the natural gloom of melancholy people and magnified it into suicidal despair. Both Robert Burton and the puritan sage William Perkins agreed that the melancholy humor was the *balneum diaboli*, the devil's bath (Burton 1972, vol. 1, 429; vol. 3, 395; Perkins 1626–1631, vol. 2, 46–7; vol. 3, 381). The phrase was something of a cliché.

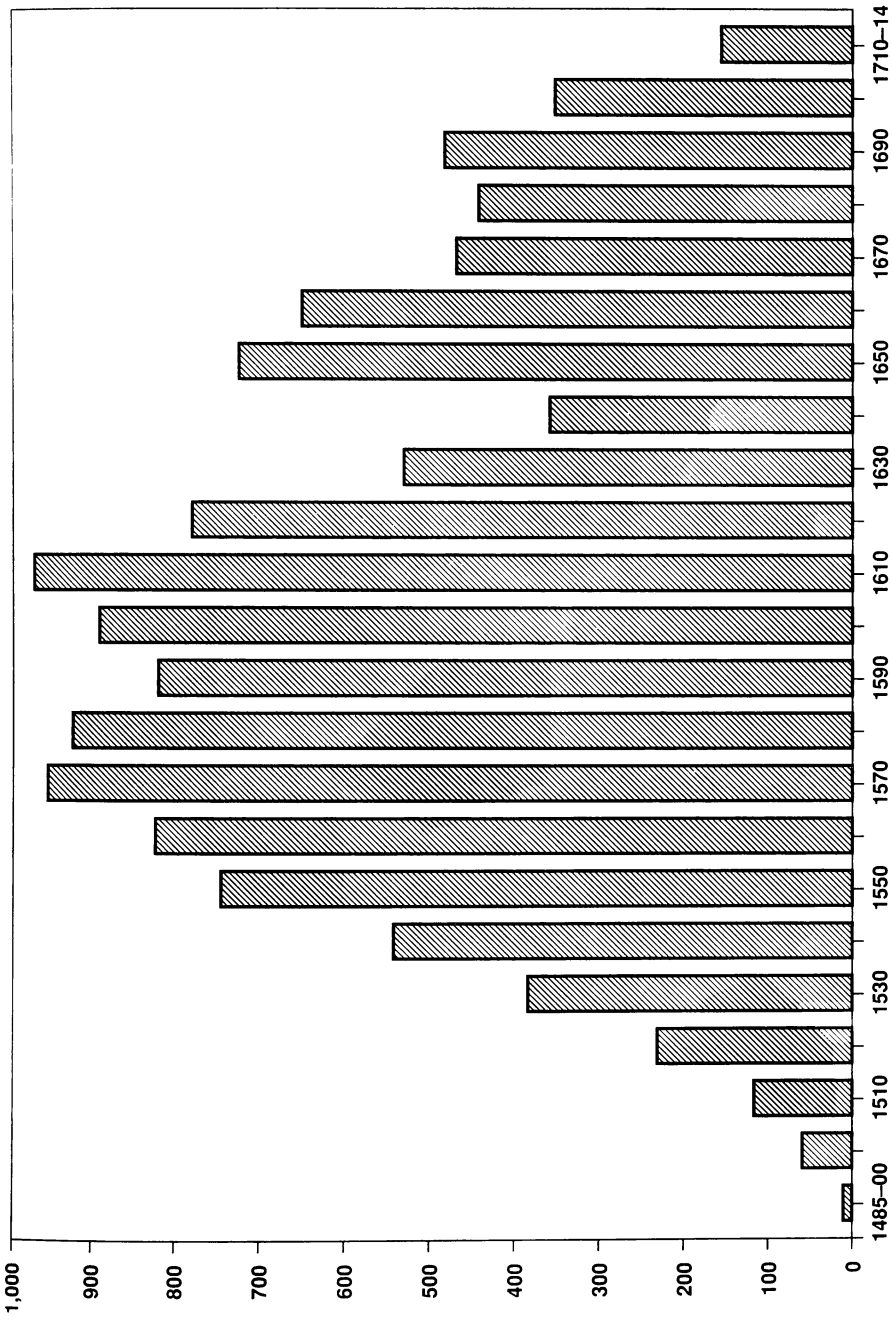


FIG. 1. Suicides Reported to the King's Bench
Source: U.K. Public Record Office. King's Bench 9, 10, 11 (1485-1714).

John Sym (1637, 246–47), the author of the first published treatise on suicide, warned that Satan preyed particularly on people plagued by melancholy, “speaking to and persuading a man to kill himself.” Evidence of melancholy moods was used by coroners’ jurors and royal officials as proof that people had committed the ungodly, satanic act of self-murder (MacDonald 1986a, 66). In Tudor and Stuart England, then, the medical explanation for suicide and the supernatural one were not necessarily contradictory. Like other mental and physical afflictions suicidal impulses could have either natural or supernatural causes or both. This fusion of the natural and supernatural was validated by the “Elizabethan world picture,” the cosmology the Renaissance had inherited from the Middle Ages, which described the hierarchy of things and forces in the universe. Human beings’ susceptibility to disease was the consequence of the Fall, and any illness might be punishment for an individual’s sin—either sent directly from God as a retribution or “judgment” or indirectly from the devil, acting as God’s malevolent instrument. Suicide likewise could come from God or the devil, and its instrumental cause could be a disease, most often melancholy (Tillyard 1979; Clark 1984; MacDonald 1981, 198–206; Thomas 1971, 469–77).

The Secularization of Suicide

The meaning of suicide was transformed utterly between about 1660 and 1800. The ruling classes lost faith in the devil’s power to drive people to kill themselves; coroners’ juries gradually ceased punishing men and women who took their own lives. The shift from severity to tolerance was a complex phenomenon. It was caused by social, political, and cultural changes; it was accepted variously by different social and religious groups; and the process remained incomplete well into the nineteenth century. Discussing all of these causes and effects fully would occupy far more space than this article allows (MacDonald 1986a). I want here merely to describe the dynamics of the change and then to pass on to consider the role the medical profession played—or rather did not play—in promoting the rise of a more tolerant and secular interpretation of suicide. I shall concentrate as well on the behavior of coroners’ juries. For although attitudes to suicide in the wider society were crucial and fascinatingly varied, their most forceful

expression was the response to actual deaths. How people thought about suicide is important; what they did when troubled men and women killed themselves is more important. For that was when they put their ideas into practice. Moreover, since the punishments for self-murder were not finally abolished until the nineteenth century, the palliation of responses to suicide took place on a case-by-case basis. The coroners' jury was the focal point of cultural change (MacDonald 1986a, 64–68; Hunnisett 1981, 1983).

Coroners' juries palliated the law of suicide in two ways. First, soon after the Revolution of 1640–1660, they increasingly helped families to evade forfeiting the property of suicides judged *felo de se*. The proportion of inquisitions in which goods were valued and said to have been confiscated for forfeiture fell steadily in every decade after 1660, from about 35 percent in the 1660s, to about 25 percent in the 1680s, to about 13 percent in the first ten years of the eighteenth century. Second, beginning about the same time, juries returned more and more *non compos mentis* verdicts. They rose rapidly with each decade, from 8.4 percent in the 1660s, to 15.8 percent in the 1680s, to 42.5 percent in the first decade of the eighteenth century. They continued to increase more or less steadily until they comprised almost 80 percent of suicide verdicts in the 1750s, over 90 percent in the 1760s, and so on up to over 97 percent in the last two decades of the century (See figure 2).

These two different ways of lessening the severity of the law of suicide had different causes and implications. There was a sharp divergence in popular attitudes toward the religious and secular punishments for self-murder. Born of custom, explained by folklore, and validated by religion, the rites of desecration enjoyed widespread support as long as they were practiced. There are few signs of resistance to them, except for occasional attempts by families to bury bodies before inquests or dig them up after profane interment. A small number of self-murderers were also apparently interred, like Ophelia, with rites that fell short of either desecration or full Christian burial (MacDonald 1986b). Forfeiture, on the other hand, was frequently resisted throughout the era of severity. Hundreds of delinquent families and juries were prosecuted in the courts of King's Bench and Star Chamber between 1500 and 1640 (STAC 2–5, 7–8). In 1593, for example, one coroner was presented in Star Chamber for telling his jury that the King's almoner, the official who collected forfeitures,

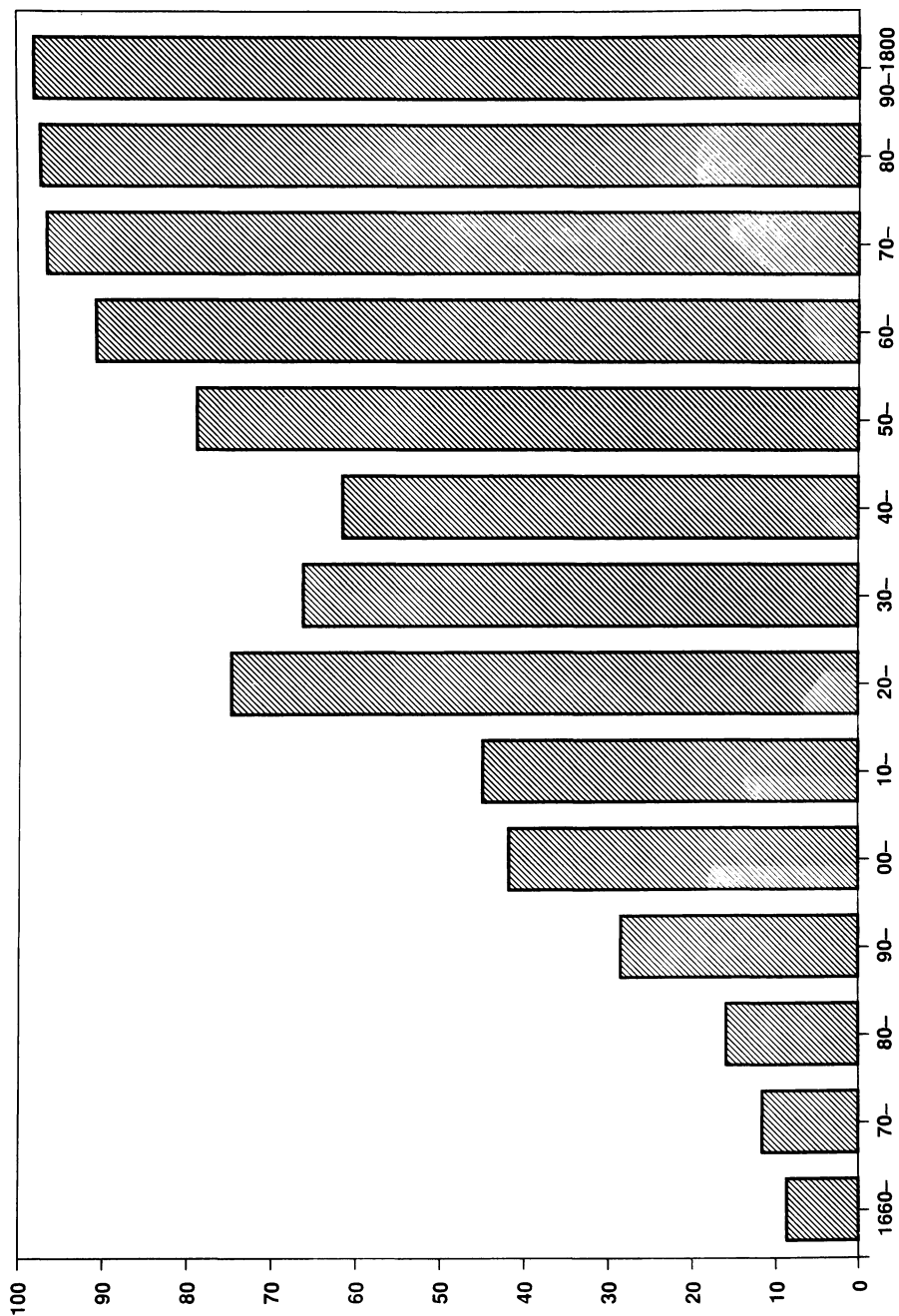


FIG. 2. Percentage Non Compos Mentis King's Bench, Selected Counties & Towns
 Sources: U.K. Public Record Office. King's Bench 9, 10, 11, 13, 14; PL 26; HCA 1/83; CHES 18/1-6;
 Cumbria R.O.; Norwich Inquests; London Inquests; Middlesex Inquests; Westminster Inquests; Somerset R.O.

had no right to the goods of self-murderers: "In the time of popery the goods of felons of themselves were distributed by the Almoner to poor people in hospitals and such like, but in these days . . . the Almoner had nothing to do with the said goods, chattels and debts . . . but the same was to pass by administration to the next of kindred" (Star Chamber 5/A1/21).

This was, of course, bad history and worse law. But it did capture a real resentment. And like many other such resentments, it was voiced openly in the interregnum. Radical reformers disliked the whole idea of forfeiture for felony. Expressing a sentiment that would often be voiced against forfeiture in the future, John March (1651, 109) declared in 1651: "I think there cannot be a more rigid and tyrannical Law in the world, that the children should thus extremely suffere for the crime and wickedness of the Father; the innocent for the nocent." (March 1651: 109). When the parliamentary commission headed by the great jurist Matthew Hale undertook its attempt at law reform in 1653, it included in its proposals the suggestion: "That such as kill themselves shall not forfeit any thing by Reason thereof, unless at the Time of the Fact committed they be under Restraint or Prosecution for some capital Offence" (Hale Commission 1748, 584).

The Hale Commission report came to nothing, like the other revolutionary proposals for law reform, but the revolution nevertheless contributed to the erosion of forfeiture both directly and indirectly. When the Long Parliament struck down the Court of Star Chamber in 1641, believing it to have become a menace to religious liberty and private property, it removed the single most effective tool for supervising coroners and their juries. King's Bench, to which the responsibility to enforce the law of suicide reverted, was a far less efficient tribunal. More broadly, the constitutional disputes that accompanied the mid-seventeenth-century revolutions weakened respect for the royal prerogative and fostered a veritable cult of private property. This, in turn, sharpened the long-standing antagonisms between gentlemen who owned the right to forfeitures in particular localities and the officials of the crown. To protect the property rights of these lesser lords, Parliament passed a law in 1693 that greatly hampered the ability of King's Bench to exercise the royal prerogative to the chattels of self-murderers (King's Bench, 4 & 5 William and Mary, *cap.* 22; Luttrell 1972, 348).

Ironically, this law—so in tune with the ideology of the Restoration

gentry—eventually destroyed the ability of lesser lords to exercise the very rights it was supposed to protect. King’s Bench first lost interest in enforcing the law, then began actively to side with heirs who tried to evade forfeiture (KB 33/25/2). After 1700 or so, juries that concealed a suicide’s goods had very little to fear; lords who sought the protection of the law against defiant juries and heirs received no sympathy from the court. Describing the practice of the court, Blackstone remarked in 1766: “The court of king’s bench hath generally refused to interfere on behalf of the lord of the franchise, to assist so odious a claim” (Blackstone 1766, vol. 1, 302; Foster 1762, 266). Blackstone was only one of many Georgian gentlemen who had come to believe that forfeiture was unfair, if not “odious.” Throughout the century, writers echoed the words of revolutionary law reformers, with whom they had precious little in common. Defoe (1938, 255) remarked as early as 1704 that society was inclined to pity the family: “The children shuld [not] be starv’d because the Father has destroy’d himself.” It was a view often repeated, even by traditionalists who deplored the growing tolerance to suicide (e.g., Anon 1754b, 507; Fleming 1773, 17; Moore 1790, 336–7, 339).

Unlike the decline of forfeiture, the rise of the *non compos mentis* verdict directly challenged older interpretations of the meaning of suicide itself. It labelled a suicide as a psychiatric calamity, the consequence of insanity, rather than a spiritual crime. Moreover, because the rites of desecration could not be performed unless a verdict of *felo de se* were returned, the secular interpretation placed on the death by a *non compos mentis* verdict could not be contradicted by a collective expression of abhorrence. The initial attractiveness of the *non compos mentis* verdict was undoubtedly that it spared the families of suicides the loss of their property and lessened the stigma of a *felo de se* verdict (Cumbria Record Office, D/Lec/CR I, 14/2). But as the century progressed, juries increasingly broadened the circumstances in which the *non compos mentis* verdict was used until it became the usual judgment in cases of suicide. Contemporary critics had no doubt that juries had embraced a secular, medical interpretation of self-destruction. As early as 1700 John Adams (1700, 120–21) complained: “There is a General Supposition that *every one* who kills himself is *non Compos*, and that nobody wou’d do such an Action unless he were Distracted.” Laymen and divines repeated this charge so often that it became an axiom of eighteenth-century discussions of the law

of suicide and its enforcement (Defoe 1938, 255; Fleetwood 1705, 482; Watts 1726, 48–49; Anon. 1728, 4; Anon. 1749, 341–42; Anon. 1754a, 14; Ayscough 1755, 13; Anon. 1774, 11). And although the critics exaggerated the speed with which the medical interpretation triumphed, an examination of the inquisition evidence shows that they were right about what was happening (MacDonald 1986a, 91).

Cultural Change

It is impossible to enter into the minds of jurors and discover precisely why they came gradually to believe that suicide was an insane act. But it is possible to chart the main currents of opinion that must have influenced them. Signs of increasingly tolerant views to suicide were apparent among the upper classes within a generation after the Restoration. William Ramesey in *The Gentlemans Companion* (1672) observed conventionally (and incorrectly) that suicide is forbidden by scripture, but he counselled that those who killed themselves ought to be regarded with compassion, for they were frequently the victims of mental illnesses:

They should rather be objects of our greatest pity than condemnation as murderers, damn'd Creatures and the like. For, tis possible even for Gods elect, having their Judgments and Reasons depraved by madness, deep melancholly, or [some]how otherwise affected by Diseases of some sorts, to be their own executioners. . . . Wherefore lets be slow to censure in such cases (Ramesey 1672, 240–41).

During the course of the eighteenth century, philosophical ideas that had once been the property of a small band of skeptics had become the common coin of polite conversation. Radical apologies for suicide were published in England by the deist Charles Gildon, by foreign libertines living in exile, and by the great philosopher David Hume (Blount 1695; Boreau Deslandes 1713, 1745; Radicati 1732; Hume 1965; Mossner 1954). The works of these local freethinkers were amplified by the arguments of the philosophes. Montesquieu, Voltaire, and Rousseau all debated the question, advancing arguments pro and

con, and the great law reformer Beccaria called for the abolition of laws against suicide (Crocker 1952; Sprott 1961, ch. 4).

Few people embraced the views of radical philosophers wholeheartedly, but there was an increasing openness to non-Christian attitudes to self-killing. In the early eighteenth century, the so-called Augustans celebrated Roman examples of noble suicide with far fewer reservations than earlier writers had displayed. Cato was a kind of household god among the fashionable elite. Jonathan Swift's admiration for Cato was unbounded. He even held him up to Stella as a model to follow in matters of honor:

In Points of Honour to by try'd
 All Passions must be laid aside:
 Ask no Advice, but think alone,
 Suppose the Question not your own:
 How shall I act? is not the Case,
 But how would *Brutus* in my Place?
 In such a Cause would *Cato* bleed?
 And how would *Socrates* proceed? (Swift 1958: vol. 2, 724).

Cato achieved his apotheosis as a hero in England in Joseph Addison's hugely successful tragedy *Cato* (1713), which depicts his suicide as an act of pathetic, surpassing nobility. The play brought tears to Pope's eyes and captured the imagination of the crowd: "Ministers and Oxford students, Grub Streeters and country rectors, squires and royal physicians, deans and printers—everyone saw something of himself in Cato and a great deal of Cato in himself" (Johnson 1967, 100).

The cult of Cato gradually waned after 1750, but it was replaced by a new stereotype of sentimental suicide. In England as elsewhere, the publication of Goethe's *Sorrows of Young Werther* excited the admiration—and occasionally the emulation—of writers and romantic youths. Robert Merry's "Elegy Written after Having Read The Sorrows of Werther," claimed that there was "a class distinct" of persons whose emotions were so exquisite that their suicides were excused and even pitied by the Lord Himself:

Th'Eternal Pow'r, to whom all thoughts arise,
 Who ev'ry secret sentiment can view,
 Melts at their flowing tears, their swelling sighs,

Then gives them force to bid the world adieu
(Atkins 1949, 37).

Wertherism found its English hero in Thomas Chatterton, the famous poetical forger, a genius who had poisoned himself in 1770 when he was only 17. Within months of his death, commemorative verses had appeared, but it was only after the publication of *Werther* that his death became the stuff of legend. One of its translators, echoing Robert Merry, declared that Werther's "feelings, like those of our Chatterton, were too fine to support the load of accumulated distress." Artists and writers idealized his wretched life, his final despair and his suicide itself. An engraving of Chatterton composing in his garret was even transferred onto a souvenir handkerchief in 1782 (Meyerstein 1930, 475–76; Croft 1780). All of the English Romantics celebrated Chatterton's genius and lamented his tragic death; Keats, the boy wonder among them, dedicated *Endymion* to his memory (Meyerstein 1930, chs. 18–20; Kelly 1971, chs. 8–12).

The adulation of Chatterton was the zenith of sentimental suicide in England. It is impossible to imagine a contemporary suicide achieving such posthumous celebrity two centuries earlier. There were, of course, howls of protest. Deism, classicism, and Romanticism all had their enemies among the clerical establishment and the evangelical middle classes. The Methodists clung steadfastly to the notion that suicide was caused by the devil, and many of the common people also continued to believe that the Tempter offered despairing persons the instruments of their own destruction (MacDonald 1986a, 88–91). But secular and tolerant views of suicide increasingly prevailed among educated laymen. A letter in the *London Journal* in 1724 contrasted Aristides, who manfully endured poverty and disappointment, with Philander, who slew himself in the midst of luxury and (improbably) happiness. "I approve, I applaud *Aristides*," the letter's author declares, "but at the same Time, I think my self at Liberty to pity *Philander*" (Sprott 1961, 109–10). The newspapers and periodicals reported thousands of suicides, and most of them were simply noticed or held up as the object of pity, like Philander (MacDonald 1988). Diarists recorded suicides without condemning the act as such (Walpole 1903–1925: vol. 14, 52; Woodforde 1981: vol. 1, 195, 338; vol. 2, 324; vol. 3, 291; vol. 5, 375).

Perhaps the most conspicuous feature of the upper classes' growing

tolerance to suicide is the small role that physicians and medical writers played in it. Although juries normally excused it as lunacy, so far as I am aware only one physician argued in print that it was an act of insanity. "Everyone who commits suicide is indubitably *non compos mentis*," wrote William Rowley in 1788, "and therefore suicide should ever be considered an act of insanity" (Rowley 1788, 343). Rowley's approval of juries' merciful practice was unique; his complete lack of interest in what *kind* of insanity prompted suicide was typical. The physicians made no notable contributions to the understanding of suicide in the late seventeenth and eighteenth centuries. When they mentioned the subject at all, they were content to repeat the Renaissance commonplace that melancholy (sometimes rechristened the vapours or the spleen) often led to self-destruction (Moore 1953, ch. 5; Sena 1967). Richard Blackmore (1725, 163), for instance, remarked in his best-selling *Treatise of the Spleen and Vapours* that when melancholy patients "through great Despondency and Inquietude, discover Marks of a Design upon their own Lives, their Distemper exceeds its proper Nature and Extent, and has contracted a Degree of Lunacy." A few years later Dr. George Cheyne (1734, iii) in his famous book, *The English Malady*, blamed the prevalence of spleen for the alleged epidemic of suicides in England: "The late Frequency and daily Encrease of wanton and uncommon self-murders, produc'd mostly by this *Distemper*, and their [the deists'] *blasphemous* and *frantick Apologies* grafted on the Principles of the *Infidels*, and propagated by their *Disciples*."

The most conspicuous champions of the notion that mental illness was the cause of suicide and excused its victims from the charge of self-murder were medical laymen. As early as the 1670s, William Ramesey (1672, 240–41) and Thomas Philipot (1674, 8) called on their readers to forgive suicides by people afflicted with melancholy. In the next century, even churchmen and moralists joined in the call for merciful treatment on medical grounds. The prominent cleric, John Jortin (1787: vol. 5, 147–48) was inclined to believe that "in our country, where spleen and melancholy, and lunacy, abound" it was wise of coroners' juries to be lenient, for "it is surely safer and better to judge too favourably than too severely the deceased." Adam Smith (1976, 287) added a passage to his refutation of philosophical arguments in favor of suicide agreeing with Jortin:

There is, indeed, a species of melancholy . . . which seems to be accompanied with, what one may call, an irresistible appetite for self-destruction. . . . The unfortunate persons who perish in this miserable manner, are the proper objects, not of censure, but of commiseration. To attempt to punish them, when they are beyond the reach of human punishment, is not more absurd than it is unjust.

Medical opinion, therefore, provided the main rationale for suspending the old penalties for suicide, but no thanks to statements made by the physicians.

Nor do medical men seem greatly to have hastened along the palliation of suicide by their involvement in actual coroners' inquests. Few coroners were medically qualified before the end of the eighteenth century (Hunnisett 1983). And the records of the few who were seem to suggest that they were actually likely to enforce the law more narrowly than their lay colleagues. This was certainly the case in Norwich in the middle of the eighteenth century and in Wiltshire during the reign of George III, the only two jurisdictions for which data is at present available (Hunnisett 1981; Norwich Inquisitions 1670–1800). Medical witnesses did appear at inquests more frequently as the eighteenth century progressed. But they seldom testified about the mental state of the diseased, describing instead the suicide's wounds or efforts to save his life. In London physicians and "mad-doctors" very occasionally avouched that they had treated suicides for mental maladies, and the rich normally produced batteries of medical witnesses to prove that their relatives had been delirious or melancholy. But by this time, juries were normally excusing all kinds of people for trivial mental disturbances, and, in London at least, they had already begun to declare that unidentified men and women, about whose mental state nothing was known, had died innocent lunatics (Westminster Inquisitions 1760–1800; London Inquisitions 1788–1800; Middlesex Inquisitions 1753–1800).

The Causes of Change

My argument has been that attitudes and responses to suicide were secularized in the late seventeenth and eighteenth centuries. Coroners'

juries slowly adopted the medical explanation for acts of self-destruction and excused suicides as innocent lunatics. Fashionable society embraced a more tolerant and even sentimental view of suicide that was expressed in tracts, periodicals of all kinds, and imaginative literature. There was, in other words, a complete switch in the alignment of opinion about suicide. During the age of severity, hostility had prevailed and tolerance had been the less influential view; after about 1660, tolerance increasingly predominated and hostility became the weaker opinion. This reversal in attitudes and responses cannot be explained entirely in terms of the positive attraction of new ideas. The eighteenth century's taste for scientism, Enlightenment humanitarianism, neoclassicism, and, finally, Romanticism all contributed to more tolerant attitudes. But none of these intellectual movements was decisive, either by itself or in combination. Physicians did little to advance the medical interpretation of suicide; Enlightenment philosophy had only a limited impact on the governing elite, who ignored the philosophes' calls to repeal the laws against self-murder; neoclassical and Romantic views of suicide were roundly denounced by conservatives. It is notable that the philosophical and medical arguments for excusing suicide actually contradicted one another. The philosophers justified suicide as a rational choice; the advocates of medical approaches regarded it as an act of unreasoning insanity. This contradiction did not escape the notice of contemporaries (Anon. 1779, 25–6). To understand the causes of change, we must, therefore, also recognize that political and religious strife had charged the supernatural with a negative force.

All over western Europe in the eighteenth century, governing elites were sick of religious strife and eager to find new and less controversial grounds for intellectual and social discourse. This was particularly true in England, where the events of the Puritan Revolution left a lasting impression on the governing classes. For over a century after 1660 establishment propagandists denounced protestant "enthusiasts" and catholics as subversives whose bogus claims to divine inspiration and miraculous powers endangered the English church and civil society. They, therefore, strove to discredit the presumption that good and evil spirits intervened directly and frequently in human affairs. Modern claims to inspiration were dismissed as the symptoms of mental or physical illnesses; natural causes were adduced for the pious emotions of the enthusiasts and the demonic afflictions that they and

the papists were supposed to alleviate (MacDonald 1982, 101–25). The connection between religious and political strife and growing toleration toward suicide was made by the greatest eighteenth-century authority on the subject, Charles Moore. The “affectation of piety and bigotry of puritanism in Cromwell’s days,” Moore argued, had led to “the opposite extreme of licentious and atheistical principles” which eventually culminated in defenses of suicide like David Hume’s notorious essay (Moore 1790: vol. 2, 68–70). Moore’s analysis of the cultural changes that fostered new attitudes to suicide is perceptive in spite of its obvious tendentiousness. The ruling elite’s horror of religious fanaticism after the Restoration coincided with new developments in philosophy and science and encouraged among educated laymen a “hankering after the bare Mechanical causes of things,” in spite of foot-dragging by clerics and conservatives (Halliwell 1681, 77–78; Glanvill [1689] 1966; Thomas 1971, chs. 18–22; Hunter 1981, ch. 7; Shapiro 1983, chs. 1–3, 6; Webster 1982).

The hankering for natural explanations for suicide was easily satisfied because of the longstanding recognition that mental illnesses caused some people to take their own lives. Even during the period of greatest severity to suicide, when almost every self-killer had been condemned as a self-murderer, educated laymen and coroners’ juries had recognized that Satan was not the sole cause of suicide. Melancholy, lunacy, and delirium played their parts as well, even if they were usually regarded as secondary causes. The eighteenth-century loss of confidence in diabolical powers did not, therefore, require the invention of a new psychology of suicide. It meant merely that lay opinion makers stressed one rather than the other of the traditional explanations for it, and that juries chose to use the *non compos mentis* verdict more frequently. In other words, attitudes and responses to suicide were medicalized by default. The ancient eclectic model of psychological causation that united the natural and supernatural was demystified, and only the medical possibilities remained.

By pointing out that the physicians were riding in the caboose of change, not driving its engine, I am not seeking to discredit doctors, then or now. My aim instead is to restore a realistic perspective on the role that the medical profession played in the intellectual and social life of the nation. Medicine in the eighteenth century lacked the authority it would gradually gain in the Victorian age and after. After about 1650 medical ideas did play an increasingly important

role in justifying society's responses to its discontents, but this was as much or more the work of laymen as it was the consequence of changes in medical thought and organization. A faction of physicians who advocated the notion that suicide was the consequence of mental illness finally emerged in the mid-nineteenth century. They included the progressive coroners Edwin Lankester and Thomas Wakely. Even at this time, however, medical ideas that excused suicides from legal punishment were fiercely opposed by other physicians, including the famous Henry Maudsley. Wakely himself came to favor a compromise verdict of "state of mind unknown" in cases of suicide (Anderson 1987, 222–231). When the old penalties for self-murder were finally removed by parliament (by stages in statutes passed in 1823, 1870 and 1882), the doctors' voices were entirely silent—the cause of reform belonged to the lawyers and politicians (Anderson 1987, 263–82).

The history of suicide in England is a cautionary tale with three morals. First, it demonstrates the perils of attempting to study mental illness from the perspective of physicians and medical writers. Because the medical interpretation of suicide and suicidal moods changed little over the century, one would conclude from such an approach that nothing of interest to medical historians happened during the early modern period. But, in fact, medical ideas gained immensely in prestige and became for the first time the basis for the usual societal response to suicidal deaths. Second, it also suggests that historians who prematurely depict the medical profession as the agents of social control have singled out the wrong group of villains. For although physicians were certainly men of their own class, the medical profession lacked the authority and organizational strength that it would gain in the nineteenth and twentieth centuries. Medical knowledge was wielded for social purposes—whether to justify the exculpation of suicides or the incarceration of lunatics—mainly by laymen. Finally, it shows that the study of even a phenomenon whose transmigration from the realm of the supernatural into the domain of the secular was as apparently straightforward and linear as that of suicide must be seen in its entire historical context to be fully understood. Attitudes and responses to mental disorders were shaped not only by the ideas and intentions of influential men but also—and even more—by the political, religious, social, and cultural environment.

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