

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.

HANAFY YOUSSEF

*St Davnet's Hospital
Monaghan
Ireland*

References

- DURKHEIM, E. (1897) *Le Suicide*. Paris: Alsan.
 KHALDUN, I. (1863–65) *Les Brolegomenes d'IBn Khaldun Vols I & II* (draduits en Français et commentes–Barm Deslane). Paris: Imperiale.
 WORLD HEALTH ORGANIZATION (1968) *Public Health Paper, No. 35*. Geneva: WHO.

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