A study of unselected suicides—all those that occurred in St. Louis and St. Louis County in a year's span—shows that the majority (94 percent) were mentally ill and that 72 percent suffered from chronic alcoholism or were in the depressive phase of manic-depressive disease. This study indicates that a practical program of prevention involves diagnosis and hospitalization of such cases. The Science Citation Index® (SCI®) and the Social Sciences Citation Index® (SSCI®) indicate that this paper has been cited in over 215 publications since 1959.

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I undertook this work because, at the time, there had been no study of a group of unselected suicides (indeed, only two such studies have been undertaken since1,2). I had recently completed a study of attempted suicide3 that got me thinking that there was a distinct difference, from the standpoint of diagnosis, between those who attempt and those who complete suicide.

I wanted to concentrate on a single geographic area in which every case of suicide in a given time span was included. I began by visiting the coroners of St. Louis and St. Louis County, asking them to show me their records and attending some of their inquests. My purpose was to get to know them and vice versa. Both coroners agreed to report every case of suicide over the course of a year along with the names of the closest kin. In the 1950s, there were far fewer rules and regulations in regard to protecting privacy and both coroners considered my proposed study important.

George Murphy, another psychiatrist in the department, was also interested in studying suicide. He joined me at that point, and we recruited a group of psychiatry residents, interns, and students to help carry out the interviews with informants. We designed a lengthy interview that covered all the diagnosable illnesses we thought might lead to suicide. In retrospect, these illnesses were well covered in the interview, with the exception of homosexuality about which the questions were too unspecific.

Approaching the recently bereaved generally proved not to be difficult. On the very first interview, however, I took some of the others along to watch me conduct the interview. We spoke with the husband of the suicide subject and, although he had invited us inside his living room, he remained standing and never offered us chairs. So all of us remained standing throughout the interview, which lasted three hours.

On another occasion, when Murphy arrived, by appointment, at a survivor's home, he was grabbed by two policemen who leapt out of a closet to arrest him just as he began his questioning. Fortunately, he was able to convince them of his legitimate purpose and thus avoid jail.

This early article from the study was published in the American Journal of Public Health as a result of having been presented at the organization's national meeting. I did not consider the paper to be of great importance—it was merely the first report of several on the far-ranging results of the study (subsequently published in their entirety in my book4). But I think I can see why it has become so often cited—because of the non-selection of suicide subjects, because of the emphasis on prevention, and because we presented a good many new statistics as to age, sex, length of illness, hospitalization, communication of intent, and diagnosis.


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