Suicide, Coroner’s Inquests, and the Parameters of Compassion in Ontario, 1830-1900

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Although some legal commentators bemoaned the trend, suicide was increasingly interpreted by nineteenth-century Ontario society as the result of mental illness, rather than a criminal or immoral act. In particular, coroner’s inquest juries involving suicide from eastern Ontario tended to conclude the deceased was non compos mentis, mentally ill, and thus not criminally responsible. Nevertheless, while the enforcement of financial and spectacular punishments for suicide or fello de se was uncommon and the secularization of suicide might suggest increasing empathy for the deceased and his or her family, responses to self-destruction remained contingent, uneven, and imbued with cultural mores. Not only did attitudes towards gender influence the findings of inquests and permeate popular understandings, but, as the treatment of those who attempted but failed to take their own lives suggests, voluntary death remained a complicated matter that defied simple acceptance or complete decriminalization.

Certains commentateurs juridiques ont eu beau déplorer la tendance, la société ontarienne du XIXe siècle a pourtant progressivement assimilé le suicide à une maladie mentale plutôt qu’à un acte criminel ou immoral. Lors des enquêtes du coroner portant sur des suicides dans l’Est ontarien, les jurys ont notamment eu tendance à conclure que les personnes décédées étaient « non compos mentis », c’est-à-dire atteintes de maladie mentale et donc non responsables au criminel. Or, si les sanctions financières ou exemplaires en cas de suicide se sont révélées rares et que la sécularisation du suicide a pu laisser supposer une empathie croissante à l’égard du suicidé et de sa famille, il faut souligner que les réactions devant les comportements suicidaires sont restées mitigées et imprégnées de traditions culturelles. Non seulement les attitudes relatives au sexe de la personne concernée ont-elles eu pour effet d’influencer les conclusions des enquêtes et de teinter les conceptions populaires, mais, comme le révèle le traitement réservé à ceux qui avaient atténué à leur vie mais échoué, la mort volontaire est restée une question complexe ne se limitant pas soit à l’acceptation simple, soit à la décriminalisation entière.

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IN NOVEMBER of 1896, a 44-year-old farmer who had fallen on hard times found himself committed to the indigent ward of the county gaol in Cobourg, Ontario. Unable to work owing to “spinal disease,” abandoned by his “well to do” brothers, and refused aid from his township council in Cramahe, Robert Elford could not bear his suffering any longer. The jail governor described him as “a man of more than ordinary intelligence and respectability,” yet Elford cut his throat with a table knife so dull that “nothing but desperation could have induced him to make such a wound with it.” The jury of the coroner’s inquest into his death concluded he had committed suicide “while suffering under a fit of despondency”; in other words, he killed himself while temporarily mentally ill.¹

In nineteenth-century Ontario, suicide held a powerful place in popular, medical, and legal discourses and represented a malleable metaphor that could be employed for a variety of purposes.² Suicide—both in regard to the physical body of the individual and the idea of self-destruction—could be used to empower moral and social campaigns (such as temperance), demonstrate state prerogative and assertion over the responsibilities of its subjects, define the limitations of individual liberty, and facilitate physiological research through post-mortem autopsies. In the midst of a growing proclivity to address the topic in a variety of forums, Victorian Ontario was characterized by a move towards the decriminalization and secularization of self-destruction (or felo de se) and its equation with mental illness, changes that are especially apparent in coroner’s inquest records. Robert Elford, for example, was found by the inquest jury to be suffering from depression and was spared the financial and spectacular punishments that marked responses to suicides in earlier periods and still existed in law until a few years before his death. However, while the shifting of popular perceptions away from the idea of a mortal sin and a criminal act of murder suggests increasing compassion, the tendency to attribute suicide to mental illness also avoided confrontation with deeper problems in society, such as economic precariousness and inequality, and negated the possibility that disasters or failures so endemic in nineteenth-century life could plunge people into existential despair. Indeed, as this article seeks to demonstrate, the acceptance of physiological explanations for suicide in nineteenth-century popular thought,³ even when evidence of a social or economic crisis in the life of the deceased existed, indicates more than a mere humanitarian impulse or the process of secularization. Rather, such interpretations implicitly legitimized the existing socio-economic order, perpetuated the appearance of community well-being, and reinforced gender roles and expectations. Ultimately, the prevailing tendency of coroner’s inquests to associate suicide with temporary insanity, and the support of this perspective in popular thought, located the problem in the individual and his or her mental illness, not in a society that engendered uncertainty, instability, inequality, and alienation.

¹ Trent University Archives, United Counties of Northumberland and Durham Court Records [hereafter TUA, UCND], 84-020/53/3, Robert Elford, November 7, 1896.
² The nineteenth-century nomenclature of what is today Ontario included Upper Canada, Canada West, and finally Ontario in 1867. For clarity and convenience, this article employs the term Ontario.
³ Medicalization is used here in a broad sense to describe popular society’s affiliation of suicide with mental illness. It is not used in a narrow sense to apply only to medical practitioners.
This article explores the implications of coroner’s inquest findings in Ontario by situating them within the broader context of suicide in nineteenth-century society and the often contradictory impulses that riddled the treatment of self-destruction by the law and the general populace. Doing so demonstrates that, while the tendency to equate suicide with mental illness dominated coroner’s inquest decisions in Victorian Ontario, this inclination led to neither a dramatic reconfiguration of discursive representations of suicide nor its complete decriminalization. Lawyers, legal commentators, and representatives of the state advocated a restrained use of non compos mentis or not of sound mind; explanations or portrayals in the popular press could be empathetic, equivocal, ambiguous, or condemnatory; and those who attempted suicide continued to be convicted and incarcerated at the end of the century. If suicide was becoming medicalized as a product of sickness, if secular society was becoming less inclined to see self-destruction as a mortal sin against a god and a crime against the state, and if greater compassion was being expressed for the deceased and his or her family, then these changes not only had moralistic undercurrents, but were inconsistently applied and continued to co-exist with older practices and beliefs. As coroner’s inquest records and other sources on self-destruction reveal, nineteenth-century Ontario society found earlier customs of punishing a suicide’s corpse and his or her dependents abhorrent. Nevertheless, responses to self-destruction, especially attempted suicide, remained predicated on the idea that individuals either did not have the right or could not sanely choose to terminate their existence, even when faced with profound suffering. As a consequence, moralistic implications continued to underlie discourses of self-destruction, albeit often in indirect, newly fashioned, or seemingly physiological and objective ways.

Nineteenth-Century Sources on Suicide

This study focuses on coroner’s inquest records from a region surrounded by the triangular nexus of Kingston, Toronto, and Ottawa. Coroner’s inquest records from the United Counties of Northumberland and Durham in eastern Ontario from 1832 to 1900 were examined, 78 of which were determined suicides by juries. Although it is impossible to determine how many inquest records have been destroyed, the number that has survived is significant in comparison to other districts in English-speaking Canada, especially since most include not only the verdict but the testimony of witnesses. In addition, 21 suicide inquests for Peterborough County between 1831 and 1900 and five for Victoria County between 1860 and 1881 were employed. These counties lay in the same vicinity as Northumberland and Durham. In this total of 104 inquests, the jury concluded the death was self-
inflicted and specified whether the deceased’s actions were “deliberate, wilfull, and [committed] with malice,” the result of mental illness, or, albeit uncommon, committed under unknown circumstances. A handful of inquests into deaths that were not deemed suicide, but for which considerable evidence existed to suggest otherwise, were also consulted to highlight variations in verdicts.

Coroner’s inquest records provide an invaluable glimpse into society’s efforts to explain the act of self-destruction and also underscore the state’s determination to exert authority over the responsibilities and obligations of its subjects. A custom that can be traced back to as early as 1194 in England, inquests in nineteenth-century Ontario were held as quickly as possible after the discovery of a suspicious, sudden, violent, or accidental death and were presided over by a coroner who, prior to the introduction of Canada’s Criminal Code in 1892, was a judicial and ministerial officer appointed for life by the governor-general and paid a fee per inquest. Once notified of a death, a coroner instructed a local constable to assemble a jury of approximately twelve “good and lawful” local men. The coroner and jurymen were then “duly sworn and charged to enquire for our Sovereign … when, where, how and after what manner” the individual came to his or her death.

Inquest records contain detailed and personal information, such as inventories of a suicide’s possessions, letters written by the deceased, and testimony of witnesses who were questioned by both coroners and jurors. Witnesses could include the person who found the body, the doctor who attended the deceased as a patient or performed a post-mortem examination, members of the deceased’s household (such as relatives, servants, and boarders), neighbours, co-workers, employers, and other individuals who interacted with the deceased during his or

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7 James Patton, ed., The Upper Canada Law Journal and Local Courts Gazette, from January to December, 1855, vol. 1 (Barrie, ON, 1855), pp. 64, 83; “An Act Respecting Inquests by Coroners,” The Consolidated Statutes for Upper Canada (Toronto: Stewart Derbishire and George Desbarats, 1859), p. 988. Coroners received the same fees for “services rendered by them in the service, executions and return of process, as allowed to Sheriffs for the same services.” See Henry J. Morgan, A Guide to the Bench and Bar of the Dominion of Canada (Toronto: R. Carswell, 1878), p. 11. The backgrounds of most coroners encountered in the inquest records consulted here were not always clear. However, it appears that only a small number of coroners were doctors, none were clergymen, and, although this observation is speculation, some may have had a background in law or politics.


9 Inquests opened with a preamble that identified the coroner, jurors, deceased, date, and purpose of the inquest. The primary mandate of the coroner’s inquest was to ascertain cause of death, but, according to Allan Manson, coroner’s inquests in Ontario “resembled elements of the criminal process.” Prior to Canada’s Criminal Code of 1892, a coroner could commit for trial when a finding of murder, manslaughter, or accessory before the fact resulted. Under the Criminal Code, however, a coroner was no longer considered part of the criminal justice system and henceforth could only initiate the criminal process by issuing a warrant to appear before a magistrate or justice of the peace. See Allan Manson, “Standing in the Public Interest at Coroner’s Inquests in Ontario,” Ottawa Law Review, vol. 20, no. 3 (1988), pp. 642-643.
her final days (such as tavern-keepers, hotel owners, or druggists). The testimony of family members and other associates scratched the surface of a range of issues, including household structure, social ostracism, drug or alcohol addiction, poverty, bereavement, sickness, old age, and domestic or workplace violence. Although often stark in their depiction of the struggles individuals faced, whether these be as an unmarried pregnant woman, a recent immigrant without friends or family, a morphine addict, a mistreated apprentice, a bankrupted businessman, or a person who felt like a burden to his or her family, inquest records were the product of a formal judicial process that shaped the nature and content of the recorded evidence. As a result, statements of witnesses may have been constructed to portray either themselves or the deceased in a particular light or to sway the verdict of the jurors. As well, not only did the coroner and jury members guide witnesses’ testimony through their questions, but the transcription of their words was dependent on the skills, accuracy, and interpretation of the coroner or inquest recorder. Furthermore, inquests were public events held in residential homes, taverns, schools, or hotels and were “performed” in front of an audience. That some newspapers advertised when an inquest would take place further helped render many of these events public spectacles.10

Both the orchestration of questions by coroners and jurors and the public nature of inquests shaped the testimony of witnesses; yet, because inquests were held as quickly as possible after the discovery of a body (usually on the same or following day), grieving relations would not have had the opportunity to rewrite events to fit a particular narrative or recruit the collaboration of other witnesses. Moreover, individuals may not have been any more candid or less contrived had they recorded their thoughts and actions in a personal diary or letter. Indeed, as this article is concerned with how suicide was rationalized and depicted by lay society, the actual “facts” of events are less important than people’s explanations and juries’ rulings. From this perspective, coroner’s inquest records provide a rare window onto how suicide was interpreted and publicly presented by people from a wide spectrum of social, economic, and demographic backgrounds, many of whom did not have the literacy skills to record their own reactions or impressions elsewhere.11

A variety of other sources were also used for insight into both coroner’s inquests and social attitudes surrounding suicide more broadly (including attempted suicide). In particular, inquest records were supplemented by articles in The Globe. The Globe not only cited incidents of self-destruction that occurred in Ontario (as well as other places in and outside Canada), but occasionally reproduced the testimony and verdicts of coroner’s inquests.12 Other sources employed here include diaries, government publications, medical periodicals, novels, and travel narratives, many of which were characterized by rhetorical flourishes, powerful

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10 See, for example, The Globe, October 26, 1868, p. 1.
11 The relationship of witnesses to the deceased, as well as the witness’s age, gender, and occupation, could be recorded in the transcripts of inquests. Occasionally, if the witness was an immigrant, the country of origin was identified. Otherwise, the only clue to the race or ethnicity of a witness was his or her name. Although in most cases ethnicity was not stated, a few suicides were identified as black Canadians.
12 More than 300 articles on suicide were employed from The Globe between 1847 and 1900.
hyperbole, warnings of the danger of debauchery, scientific descriptions of post-mortem autopsies, and expressions of desperation.

In spite of frequent discussions of suicide in the nineteenth century, a silence hangs over much of this history, and its obfuscation, either deliberately or inadvertently, was suggested repeatedly. Not surprisingly, the most direct example pertains to the many deaths attributed to accident rather than suicide in spite of compelling evidence of an individual’s desire to die. As The Canada Lancet remarked, “We all know that suicides take place which are never reported. Relatives and friends have numerous motives for suppressing the facts.” However, even when relatives, friends, and doctors affirmed rather than denied suicidal tendencies of the deceased, some coroner’s inquests reached verdicts of accidental death. When in April 1855 Joseph Kellett was found drowned in a pond, the inquest heard evidence that suggested his death may not have been accidental. One friend claimed Kellett had made “strong expressions of a desire to be out of this world,” and another stated that he “was not well at the same time from some symptoms [sic] he previously observed.” Even the medical expert believed “he came to his death under a fit of temporary insanity.” Nevertheless, after deliberating for about 20 minutes, the jury decided Kellett drowned “accidentally, casually, and by misfortune.”

Accidentally drowned or run over by a train, frequently combined with alcohol use, constituted a substantial portion of jury findings, but whether or not these were the result of a deliberate choice of actions by the deceased was not always determined, if even explored, by many inquests. In these instances, perhaps because of the difficulty in ascertaining intent when there was no witness to a death that could be reasonably construed as an accident, coroner’s inquests tended to focus on ruling out the possibility of foul play or negligence by a third party. Not all suicides caused by drowning or trains were undetected though; there were many such deaths that juries concluded were deliberate. In one case, that someone saw the deceased and repeatedly tried to rescue him was crucial. Other cases of deliberate drowning involved an older man who was “always threatening his life,” a man who feared a “shivoree” for marrying a woman 24 years his junior, a young woman who had attempted suicide previously by cutting her throat, a man who was suffering from rheumatism and left a suicide note in his pocket, and a young man who jumped out of a ship’s porthole and refused to take the life preserver thrown to him. On the other hand, cases of hanging, cut throats, or gunshot wounds were less contestable as deliberate and more difficult for juries to deny, even when, in one instance, a woman hid the rope her husband had used to hang himself and covered the marks on his neck with her handkerchief. Clearly, coroner’s inquests and the attitudes, responses, and details they contain offer only

14 TUA, UCND, 84-029/49/15, Joseph Kellett, April 30, 1855.
15 TUA, UCND, 84-029/49/16, August Phelix Watson alias Philip Ward, August 31, 1856.
16 TUA, UCND, 84-029/50/11, Thomas Parker, April 26, 1869; 84-020/50/12, Orin Tyler, January 22, 1870; 84-020/49/14, Julia Melbourne, December 2, 1854; 84-020/52/1, Richard Wilkinson, October 20, 1876; 84-020/50/12, H. W. Hughes, August 6, 1870.
17 TUA, UCND, 84-020/50/7, Major Andre Brown, May 18, 1866.
glimpses into the history of suicide, but even instances of what might have been deliberate distortion help us to understand the shifting responses to what one writer described as “the dreaded skeleton” kept hidden in private households.\textsuperscript{18}

### Suicide and the Law

Surrounding popular explanations of suicide was the legal framework provided by English common law and regional or provincial statutes, which could shape, reflect, or juxtapose prevailing sentiment.\textsuperscript{19} In the multi-volume *Commentaries on the Laws of England* published in the 1760s, English jurist Sir William Blackstone defined *felo de se* as one who “deliberately puts an end to his own existence, or commits any unlawful malicious act, the consequence of which is his own death.... The party must be of years of discretion and in his senses, else it is no crime.”\textsuperscript{20}

A century later in Canada, the legal definition of self-murder remained the same, although Upper Canada attempted to reform the law in 1850 with *An Act to Amend and Consolidate the Criminal Laws of this Province*. The Act stated, “Self-Murder is the voluntary or malicious act of a person causing his own death, but it is not cognizable or punishable as a crime, in respect to the party killing or attempting to kill himself.”\textsuperscript{21}

Still, according to the criminal law in Canada in 1858, suicide was classified as a form of homicide and entailed the penalty of forfeiture of goods, chattels, land, and tenements. The punishment for self-murder also retained a physical and spectacular component until 1892: the body was to be staked, publicly displayed, and buried under the road.\textsuperscript{22}

In practice though, as sensibilities towards physical punishment changed, stakes do not appear to have been used in Ontario by the mid-nineteenth century and no highway burials were mentioned in the sources examined here. In *A Practical Treatise on the Office and Duties of Coroners* (1864), William Fuller Alves Boys suggested coroners in Upper Canada depart from the custom (essentially, that they defy the law) and claimed doing so “would have the sanction of humanity to support it.”\textsuperscript{23}

The *Craftsman and Canadian Masonic Record* also noted in 1874 changes to the treatment of the suicide, commenting that “[t]ime was when a suicide was regarded as a criminal and was punished as such by forfeiture of goods and chattels, and by being buried


\textsuperscript{19} This section paints the broad framework of the law in British North America, which, owing to regional variations, has been described by Fred Kaufman as a “legal nightmare” prior to the *Criminal Code*. See Fred Kaufman, “Forward” to G. W. Burbidge, *Digest of the Criminal Law of Canada*, reprint (Toronto: Carswell Company Limited, 1980).


\textsuperscript{21} Bill: *An Act to Amend and Consolidate the Criminal Laws of this Province* (Toronto: Lovell and Gibson, 1850), p. 84.


\textsuperscript{23} William Fuller Alves Boys, *A Practical Treatise on the Office and Duties of Coroners in Upper Canada* (Toronto: W. C. Chewett & Co., 1864), pp. 45-46. The difficulty of discerning the application of the law in regard to stakes in Britain is discussed by R. A. Houston in *Punishing the Dead? Suicide, Lordship, and Community in Britain, 1500-1830* (Oxford: Oxford University Press, 2010). Houston shows that “neither prescriptions about interment in legal texts, nor instructions in a coroner’s warrant, nor even the burial itself was conclusive” (pp. 205-206). Determining what was done with the body of a suicide has similarly proven difficult in Ontario.
by the roadside with a stake through his body. But a more enlightening civilization regards such subjects for pity rather than condemnation.”

Nonetheless, change was not so straightforward, and the impetus either to empathize or to criminalize remained unreconciled in the nineteenth century.

When Canada’s first Criminal Code was introduced in 1892, suicide was removed as a statutory offence, yet the Code still recognized that “by the common law suicide is murder.” On the other hand, the law was definitive that the act of either attempting or assisting suicide was a serious criminal offence. According to the Criminal Code, attempting suicide remained an indictable offence with a maximum of two years imprisonment, and “aiding and abetting suicide” carried with it a life sentence. Even prior to the Code, though, inquests sought to discern whether or not the suicide had acted independently. For example, in cases of poisoning, juries investigated whether the deceased had prepared, mixed, and consumed the poison without the assistance of another person. Inn or tavern keepers could also be held liable for serving alcohol to an individual who later committed suicide. Passed in 1851, the Act for the More Effectual Suppression of Intemperance entailed that such offenders “shall be liable to be imprisoned in the common gaol of the District in Lower Canada, or County in Upper Canada ... for a period of time not less than Two, and not more than Six Months, and to pay a penalty of not less than Twenty-five Pounds, nor more than One Hundred Pounds.”

The state formulated punishments for suicide and defined who would be held responsible should an individual attempt to take his or her own life or succeed in doing so, but, in the minds of many judicial authorities, these objectives were frequently undermined by inquest jurors. When Blackstone summarized English common law in the mid-eighteenth century, he feared juries might overuse the idea of non compos mentis or not “in his senses.” According to Blackstone, “this excuse ought not to be strained to that length to which our coroner’s juries are apt to carry it, viz., that the very act of suicide is an evidence of insanity; as if every man who acts contrary to reason had no reason at all: for the same argument would prove every other criminal non compos, as well as the self-murderer.” Indeed, in 1899, The Canadian Journal of Medicine and Surgery reported that, of the inquests in London, England, for the year 1897, 431 verdicts of “suicide while insane” were returned and remarked that “it is noticeable that all the suicides were

24 The Craftsman and Canadian Masonic Record, vol. 8, no. 1 (December 1, 1874), p. 367.
25 Only one coroner’s inquest file made any mention of the disposal of the suicide’s body. The coroner of the inquest into David Wilkinson wrote to the Secretary Treasurer of the Protestant County of the Town of Lindsay that he “may lawfully permit the body ... to be buried.” The office replied that the body was “buried according to law,” but did not specify what that entailed. See Trent University Archives, Victoria County Court Records, 90-005/17/2, David Wilkinson, April 24, 1867. Newspaper sources suggest that some members of the general populace opposed burying suicides in the same manner as other bodies, but they were likely a minority since only a few references to conflict were found.
supposed to be mad, the old verdict of *felo de se* not having been once returned.”

Boys, who greatly shaped the role of the coroner in Ontario, echoed Blackstone’s concern in 1864: “As many persons look upon all suicides as deranged, Coroners should caution the jury against being influenced by such a notion.” Almost three decades later, Henri E. Taschereau’s commentary for Canada’s *Criminal Code* reiterated the idea that not every suicide was insane. Taschereau cited English judicial authority William Hawkins and his reference to a “strange notion which has unaccountably prevailed of late, that every one who kills himself must be *non compos mentis* of course” and highlighted the writings of influential English judge Sir Matthew Hale, who insisted that “it must be such an alienation of mind that renders them to be madmen, or frantic, or destitute of the use of reason.”

The recommendation for a frugal use of *non compos* was not heeded by Ontario juries, however, or at least not consistently. The majority of coroner’s inquests in the United Counties of Northumberland and Durham, as well as those reported in *The Globe*, found that the suicide under investigation stemmed from insanity, even when no evidence other than the act of self-destruction existed.

**Coroner’s Inquests and Popular Explanations of Suicide**

The historical records studied here suggest that as early as the 1830s lay society in Ontario was inclined to equate suicide with mental illness. Although the deceased was not necessarily “typical” in regard to his social rank and the attention his case garnered, a coroner’s inquest from 1831 in York (Toronto) reveals how readily self-destruction was interpreted as evidence of mental illness. The deceased was 31-year-old lieutenant Zachariah Mudge, private secretary to the lieutenant-governor of Upper Canada, an affable, cheerful man who had no known financial or inter-personal problems. Yet on a clear, starlit night in June, Mudge wound his watch, put on his nightcap, placed his clothes on a chair, and then shot himself in the head. The press expressed shock and sadness and struggled to understand why Mudge had ended his life. William Lyon Mackenzie wrote, “The causes which led to this truly awful catastrophe are as yet enveloped in mysterious darkness.” The mystery persisted even at the end of the inquest since, according to Mackenzie, the “coroner’s jury learnt nothing.” However, even though no evidence of mental illness had been detected prior to his death, the jury decided Mudge had committed suicide in a state of temporary insanity and thereby avoided condemning him as a felon and opening the door to its subsequent punishments. Mackenzie claimed, “No testimony has been given by any one, either to the jury or since, that I have heard of, by which it could appear that the deceased then or at any former period laboured under insanity, or was suspected of being deranged.” Mackenzie thus concluded, “The jurors must have returned their verdict that ‘the deceased came to his death by shooting himself with a rifle, loaded with powder and ball, during

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a temporary fit of insanity,’ upon the principle, that he who destroys himself must be for the time under mental derangement, self-preservation being nature’s first law.”

Not all sectors in society were willing to accept this perspective or alleviate Mudge’s responsibility, “guilt,” and treatment as a felon. In spite of the jury’s verdict and the fact that he was reportedly “universally beloved,” Mudge was denied a Christian burial when he was interred on June 10. While some religious authorities retained the view that suicide was a sin and refused to bury individuals who had killed themselves, the jury’s decision reflected a perspective that permeated lay society and became increasingly prominent in coroner’s inquests as the century progressed: the act of suicide was a sign of mental illness. Even without evidence of unusual behaviour preceding death, deponents and jurors of inquests presented suicide as proof of an irrational and unsound mind. One medical witness at an inquest explained the equation of suicide with mental illness. He stated, “I hold that every man that commits suicide is at least insane on that point.” As if to rebuke the argument that a disordered mind could not plan and execute suicide, he added, “I also hold that insane people are remarkably sharp in their calculations when about to take their lives as evinced by the many instances where people have hanged themselves having made their calculations with the most ... certainty.”

Regardless of individuals’ socio-economic status, age, or the means by which they ended their lives (when these factors could be gleaned from the sources), most inquest findings for suicide from the United Counties of Northumberland and Durham concluded, in varied language, that individuals had been “deranged and not of sound mind” when they took their lives. Of 78 suicide inquests from this region, five ruled the deceased was a felon and self-murderer (all of them men) and calculated his property, chattels, and tenements for the purpose of forfeiture; ten concluded he had committed suicide “coolly” or deliberately but did not explicitly refer to the punishment of forfeiture (again, all men); one cited physical illness as a mitigating factor; five claimed the circumstances of death were unclear in the evidence; two inquests did not contain the jury’s finding; and 55 (or approximately 70 per cent) determined the deceased was labouring under some form of mental illness. In Victoria County, three out of five were deemed insane. Juries that related the suicide to mental illness were not as common among the inquests for the County of Peterborough, particularly before the 1880s. Between 1831 and 1874, only four of eleven inquests linked suicide to the deceased’s mental state, but between 1875 and 1900, six of ten were deemed mentally ill. In addition, many inquests in Peterborough simply stated the direct cause of death (drowning, hanging, poison, for example) and did not refer to the deceased as a felon, non compos mentis, or having acted deliberately and “coolly.” However, the existing records for the latter two regions are few and incomplete, making it difficult to draw conclusions from them. Certainly, the more extensive collection from Northumberland and Durham, as well as those reported in The

33 Ibid., p. 227.
34 Historical plaque, Victoria Square, Toronto.
35 TUA, UCND, 84-020/50/9, Andrew Gallagher, December 13, 1867.
Globe, suggest that the pathologization of suicide as the product of mental illness (when the act was accomplished but not merely attempted) was prominent already in the 1830s and remained so, with a few fluctuations, throughout the nineteenth century.

Although evidence or prior suspicion of insanity was not required, inquest records reveal juries often based their finding of temporary mental illness on testimony that a melancholic or downcast disposition had been plaguing the deceased or that suicide had been attempted or contemplated previously. One woman purportedly spoke of killing herself eight or nine years before committing the act in 1867; others only recently had warned family or friends of their intention to “do away” with themselves. One man who “destroyed himself in a fit of temporary Insanity by taking strychnine” had expressed “a fear of committing suicide” to his wife “and desired [her] to keep any thing he might accomplish this with out of his reach.” Some suicides were linked by witnesses to specific issues or events they believed had fostered feelings of desperation and loneliness, including physical pain and social ostracism. Many middle-aged male suicides were afflicted with disease or physical impairment, such as Richard Wilkinson, whose suicide note explained that his sufferings were so severe “he could not bear them any longer.” Margaret Commisky, on the other hand, had become reclusive when rumours circulated about her relationship with a man, suspicion that jurors apparently believed warranted investigation into the regularity of her menses. Other suicides were presented as the result of difficult or stressful events. Archibald Eagleson, for example, could not overcome the death of his wife, and Orin Tylor feared the rough justice of a “shivoree” for his recent marriage. Often witnesses and juries highlighted financial concerns for predominantly male, but also some female, suicides. However, even if something was rendering life difficult for the deceased, juries repeatedly concluded that the act of suicide ultimately stemmed from a moment of lunacy, regardless of whether any mental illness had been detected prior to death. Furthermore, “intemperate” habits did not prevent an individual from being seen as mentally ill. Some juries cited intoxicating liquors as a contributing factor that hastened death, but their consumption did not preclude the deceased from being found not criminally responsible.

While many juries reached a decision of temporary mental illness with scant evidence (or none at all), in only a few cases did witnesses directly argue that the deceased was not deranged. When 80-year-old David White hanged himself, his grandson stated his grandfather missed living with his family and complained of being tired of life, but asserted he was not mentally ill. He claimed, “I know of a certainty that my Grandfather has exhibited no signs of insanity and I was much surprised at the act.” Perhaps believing the finding was in the family’s interest or that suicide could only be the consequence of mental illness, the jury ruled

36 TUA, UCND, 84-020/50/8, Mary Clark, February 25, 1867.
37 Peterborough Museum and Archives, Peterborough County Court Records [hereafter PMA, PCCR], MG 8-2 IV, S. M. Rolliston, January 3, 1860.
38 TUA, UCND, 84-020/51/6 Richard Wilkinson, October 20, 1876.
39 TUA, UCND, 84-020/50/4 Margaret Commisky, March 18, 1864.
40 TUA, UCND, 84-020/50/12, Orin Tyler, January 22, 1870.
otherwise: “We find that Deceased David White committed suicide during a fit of temporary insanity.”\textsuperscript{41} Similarly, Peter Crowter’s sons were certain he was not mentally ill, even if he occasionally made eccentric comments. With four of the twelve jurors also serving as witnesses and most witnesses who were not family members claiming he had a weak and deranged mind, the jury concluded Crowter had “caused his death by hanging himself while labouring under temporary insanity.”\textsuperscript{42}

Relations who denied the deceased was mentally troubled were exceptional, as most recalled unusual behaviour, melancholic moods, or troubled and restless minds. Those few relatives who denied mental illness may have been hoping to ensure the deceased would be seen as only temporarily deranged, an important distinction when theories of mental illness increasingly pointed to heredity as a factor and thus potentially tainted descendants. Denial also may have meant deponents could evade criticism that they had played a role in fostering the deceased’s troubled state. John Hannah, for example, claimed he had never “dealt harshly” with his wife who had drowned herself with her son, even though her father testified that Hannah had “illused her because he wanted her to get her money from the bank and she would not do it.”\textsuperscript{43} Hannah was not the only one to claim an absence of conflict or unhappiness in spite of testimony from others that suggested otherwise; yet such contradictions, at least when they pertained to the treatment of women by husbands, did not concern jurors. While a number of deponents at inquests highlighted physical or emotional violence in the home, verdicts never identified domestic abuse between men and women as a factor behind suicide, and, in contrast to some other cases, juries did not add riders that highlighted the responsibility of a third party.\textsuperscript{44} Acceptance of a husband’s right to discipline his wife was so ingrained that even the mother of a pregnant female suicide defended her son-in-law for hitting her “high tempered” daughter who “always wanted to have her own way.”\textsuperscript{45} In this regard, findings of insanity were not simply based on sympathy for the deceased or a tendency to associate suicide with mental illness. They further reflected patriarchal notions of a man’s right to dominate and the expectation that a woman be submissive, obedient, and tolerant.

Men of inquest juries were generally of European descent; while a few used the dubious title of “esquire,” many signed their names with an X and were from “humble” backgrounds. An 1898 inquest into a drowning listed jurors’ occupations and showed a variety of socio-economic profiles. Jurors included two labourers, three gentlemen, a licence inspector, a carpenter, a tinsmith, two merchants, an agent, a manufacturer, and a hostler. In the handful of cases where witnesses happened to serve as jurors as well, their occupation was often identified as farmer

\textsuperscript{41} TUA, UCND, 84-020-50/6, David White, March 7, 1865.
\textsuperscript{42} TUA, UCND, 84-020-50/7, Peter Crowter, June 6, 1866. The practice of jurors simultaneously serving as witnesses was not uncommon. According to T. David Marshall, the familiarity of jurors with the deceased was deliberate and ensured decisions reflected community will (\textit{Canadian Law of Inquests}, p. 16).
\textsuperscript{43} TUA, UCND, 84-020/51/5, James Thompson Hannah, September 10, 1875.
\textsuperscript{44} The possibility of seduction of unmarried females as a cause behind suicide was a concern that arose in a few inquests. For example, see TUA, UCND, 84-020-52/13, Flora Tripp, April 18, 1884.
\textsuperscript{45} PMA, PCCR, MG 8-2, vol. 7, Margaret Shepherd, March 20, 1892.
or yeoman. (Jurors for an inquest into the death of a man arrested for vagrancy even included prisoners in the Peterborough jail, thus raising the question of what the law meant by “good and lawful men.”46) When considered alongside the testimony of a wide range of male and female witnesses that included inn-keepers, children, housewives, labourers, “spinsters,” farmers, teachers, students, and domestic servants, jurors’ tendency to equate suicide with mental illness appears consistent with broader Euro-Canadian community attitudes or what Victor Bailey terms the “shared social meanings of suicide.”47 Indeed, individuals outside inquests expressed widespread support for the verdict of non compossentis. Amelia Ryerse Harris wrote about an inquest into a “poor girl’s” suicide in London, Ontario, in her diary and stated, “The inquest brought in a verdict of temporary insanity [of] which everybody approved.”48

The inclination to see suicide as a sign of temporary insanity was further reflected in the popular press. The Globe, for example, occasionally pinpointed factors behind self-destruction, such as a broken heart, financial troubles, gambling, alcohol, drug addiction, or domestic violence. Even when mitigating factors were identified and when either numerous suicide attempts had been made or none at all, however, mental illness prevailed in explanations. Similarly, when inquests could find no extenuating circumstances, mental illness was the default explanation for self-destruction. “No cause can be assigned other than insanity”49 and the “only reason that can be assigned for the rash deed is temporary insanity”50 were frequently reiterated sentiments expressed in The Globe. The act of defying what was constructed as human nature and the will to live was in itself proof of mental illness. Rarely did the newspaper present the deceased as a criminal, and both the newspaper and inquest juries were hesitant to condemn the suicide as a felo de se responsible for his or her actions.51 In abstract discussions the meaning of self-destruction could be referred to as vile or sinful, but individuals who committed suicide while mentally ill were deserving of pity. Their deaths were described as tragic, melancholic, distressing, and deserving of “the greatest sympathy.”52

Recent historians have examined the dynamic relationship that existed between the general populace and the medical profession as both sought to define and treat mental illness in the nineteenth century.53 Inquest records show that,

46 PMA, PCCR, MG 8-2, vol. 6, John Desinault, April 3, 1883. As early as 1835, prisoners were expected to be jurors for inquests into deaths of fellow inmates. Mandatory inquests into the death of a person in custody “ought to consist of a party jury, that is, six of the prisoners (if so there be) and six of the next vill [sic] or parish not prisoners.” See John Impey, The Practice of the Office of Sheriff, and also of the Office of Coroner, 3rd ed. (London: W. Clarke & Sons, 1812), p. 433.

47 Bailey, “This Rash Act,” p. 6.


49 The Globe, November 11, 1871, p. 4.

50 The Globe, March 5, 1873, p. 1.

51 One author in another periodical bluntly wrote, “When a person has committed suicide, we say that he is mad.” See “Anecdotes of the Insane, No. 3,” The Colonial Pearl, vol. 3, no. 1 (May 24, 1839), p. 168.

52 The Globe, April 29, 1869, p. 1.

53 In particular, see James Moran, Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario (Montreal and Kingston: McGill-Queen’s University Press, 2002); Akihito Suzuki,
even before the construction of asylums and the ensuing wide-spread fascination with institutional treatment in the second half of the nineteenth century, people in Ontario had developed a language to describe mental illness and interpreted aberrant, anti-social, or self-destructive behaviour as the product of a disordered mind rather than moral weakness, innate evil, or possession by the devil. Moreover, most did not appear to believe that the ability to discern and diagnose mental illness was the reserve of medical experts. Witnesses used a mixture of colloquial expressions and medical terms (as was the tendency among doctors) to describe the deceased, including: “partially deranged,”\(^{54}\) “very much cast down,”\(^{55}\) “labouring under mental derangement,”\(^{56}\) not in “a sound state,” “subject to temporary derangement,”\(^{57}\) “a desponding state of mind,”\(^{58}\) and, for those whose deaths had been preceded by heavy drinking, in a “state of delirium tremens.”\(^{59}\) Friends and relatives portrayed the deceased as melancholic, nervous, preoccupied, fretting, and distracted, while often claiming there was no indication of suicidal intent. The doctor of Andre Brown, mayor of Orono, not only spoke of Brown’s state of mind, but, in case jurors harboured other beliefs, further explained the connection between mental illness and suicide. “I have been attending the late Major Andre Brown for some time and that I found him labouring under great troubles of mind and general derangement of body,” he testified. “[E]vincing some time as manifest melancholy I think persons in such a condition more likely to commit suicide than others not so troubled. [I] [t]hink it does not require to be an absolute lunatic to constitute a person to be of unsound mind.” The jury concurred and concluded the deceased “whilst in a state of melancholy not being of sound mind ... did come to his death by strangulation caused by hanging himself....”\(^{60}\) At inquests and in other forums, lay society and medical practitioners expressed the view that “no one in a perfectly sane state will commit suicide,”\(^{61}\) but one need not be a “madman” requiring asylum care to be temporarily insane: seemingly healthy individuals could become afflicted “suddenly with an attack of suicidal mania.”\(^{62}\)

In the few cases in which the deceased was a virtual stranger in the community and the only witnesses at the inquest were those who found the body, the jury tended to conclude circumstances behind the suicide could not be determined. For example, John Pilling, a stone cutter from England, hanged himself from a tree in 1862. He had on him a silver watch, a German pocket comb, a guide to Canada, a gold coin and other currency, two leather books, and a new pair of boots. With little else to go on, the jury concluded he “came to his death by hanging himself under

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\(^{54}\) TUA, UCND, 84-029/49/6, Jacob Richardson, July 16, 1848.

\(^{55}\) TUA, UCND, 84-020/53/3, Robert Elford, November 7, 1896.

\(^{56}\) TUA, UCND, 84-020/49/9, David Turney, March 16, 1849.

\(^{57}\) TUA, UCND, 84-020/49/16, August Phelix Watson, August 31, 1856.

\(^{58}\) TUA, UCND, 84-020/49/17, John Grey, December 19, 1857.

\(^{59}\) TUA, UCND, 84-020/49/17, Bridget Apelstine, September 28, 1857.

\(^{60}\) TUA, UCND, 84-020/50/7, Major Andre Brown, May 18, 1866.

\(^{61}\) “Increase in Suicide in England,” *Canadian Lancet*, vol. 27, no. 3 (November 1893), pp. 96-97.

what circumstances does not appear in the evidence produced.”

However, in the case of another stranger in 1876 about whom little was known, the inclination to accept a relationship between suicide and mental illness may have become so entrenched that the inquest recorder had to correct himself when he started to write “during temporary insanity” in the jury’s decision. Determining the mental state of a stranger may have been too speculative; yet most inquests found the deceased was mentally ill, even if friends, family, and medical experts did not provide any corroborating evidence.

Although they may have been trying to deflect responsibility from themselves, many witnesses claimed the act of suicide was unexpected and that they “could assign no cause” for the deceased’s decision to end his or her life. On the other hand, some spoke of attempts to deal with a suicidal family member in the home. While patent medicines promised cures to prevent suicide, families tried to help depressed relatives by distracting them from their troubles and offering encouragement in the privacy of their homes. Other than hiding dangerous items such as guns and razors or insisting that life “would be better” soon, however, most deponents suggested they could not have done anything more to prevent the suicide. Witnesses might have been trying to alleviate feelings of guilt or evade matters that reflected poorly on them, yet they generally expressed feelings of helplessness when the deceased had refused their encouragement to sing, read from the scriptures, or find companionship to overcome depression. Other witnesses simply expressed bafflement, recalling that the deceased had not done or said anything to spark concern. A road contractor who had been friends with a blacksmith for 16 years lamented, “[H]e was a good hearted jovial kind of a body and at times fond of drink ... I never thought he was a melancholy man.” Nevertheless, whether or not mental illness had been detected by witnesses, juries simply assumed its existence.

While a few individuals from the inquest records consulted in this study had been inmates at an earlier point in their lives or committed suicide while incarcerated in jails, asylums, or houses of industry, most families claimed they had tried to manage their suicidal or troubled relative at home, a strategy compatible with the tendency of nineteenth-century families to deal with mental illness without seeking institutional care. Few doctors appear to have been consulted by those dealing with suicidal tendencies, but those doctors who were involved advised families and friends “not to leave [the patient] alone,” and spoke with patients about the problems weighing on their

63 TUA, UCND, 84-020/50/3, John Pilling, August 23, 1862.
64 TUA, UCND, 84-020/52/1, Unknown Stranger, October 25, 1876.
65 For example, advertisements for “Warner’s Safe Cure,” which promised to cure underlying physical and emotional problems behind suicide, appeared in numerous periodicals from military magazines to Grip in the second half of the nineteenth century.
66 TUA, UCND, 84-020/52/5, Bridget Horrigan, July 17, 1879.
67 TUA, UCND, 84-020/52/2, William Lockhart, June 3, 1877.
68 In particular, see Peter Bartlett and David Wright, eds., Outside the Walls of the Asylum: The History of Care in the Community 1750-2000 (London and New Brunswick, NJ: Athlone Press, 1999).
69 TUA, UCND, 84-020/50/11, Henry Easton, November 15, 1869.
70 For example, see TUA, UCND, 84-020/51/6, William Leask, December 23, 1876.
minds. However, when doctors testified that they had discussed personal or emotional problems with the deceased, the patient was usually male; only one medical witness for a female suicide stated he had spoken to her about her mental health or personal problems. One family sought professional advice for a female relative who had repeatedly tried to kill herself, the only suicide (aside from those who had been institutionalized at an earlier point in their lives) for whom a doctor recommended asylum care. In her case, though, it is not clear whether the doctor spoke with her directly or only consulted her son. Perhaps women relied on other networks for emotional support or male doctors believed melancholic moods were normal in women and thus did not warrant medical involvement. Or perhaps male heads of households were less likely to be concerned with a female family member’s emotional state and therefore unwilling to pay doctor’s fees for her sake. In any case, the absence of doctors from most narratives of treatment and prevention suggests that prior professional intervention was irrelevant for the finding of *non compos mentis*. Moreover, the act itself, and not any other behaviour, confirmed the existence of mental illness in the minds of both inquest juries and the general populace.

**Felonious Self-Murder**

In contrast to the sympathy expressed towards those found not criminally responsible, individuals who were found to have committed suicide “in a state other than that of mental aberration” were described as self-murderers, cowards, “moral wrecks,” “foolish, wretched creature[s],” and “without self-respect or self-control.” Indeed, although the finding of felonious self-murder with its ensuing penalties was uncommon in the coroner’s inquests studied here and in cases covered in *The Globe*, *felo de se* did not disappear entirely. Inquest decisions that the suicide killed him- or herself “feloniously” and “willfully” surfaced periodically throughout the nineteenth century, a verdict not concentrated in a particular period or decade. For example, five suicides from the records for the United District of Northumberland and Durham received a judgement that, according to the law, entailed the forfeiture of property in the years 1854, 1858, 1862, 1872, and 1889. The verdict was condemnatory and reflective of the older pre-nineteenth-century language used to describe *felo de se*.

One especially detailed inquest from 1858 concerned a man by the name of Andrew McAuly. After hearing testimony from several witnesses, the jury concluded:

> ... Andrew McAuly not having the fear of God before his eyes but being moved and seduced by the instigation of the Devil on Thursday night the 15th day of April 1858 with force and arms ... upon himself in the peace of God and of our said lady the Queen then and there being feloniously willfully and of malice aforethought did make an assault upon himself by hanging himself by the neck to the limb of a tree until

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72 TUA, UCND, 84-020/51/6, Susannah Thompson, November 14, 1876.
life was extinct.... [T]he Jurors ... do say that the Andrew McAuly in manner and by the means aforesaid feloniously wilfully and of his malice aforethought did kill and murder himself against the peace of our Said lady the Queen her Crown and dignity. 74

Many details about McAuly’s life emerged during the inquest. McAuly resided with a school teacher, had been married the day before his death, and, according to the inventory of his property, was financially comfortable. The suicide note he left behind blamed both the wife of an innkeeper in whose lodgings he had stayed on his wedding night and his new bride. After requesting his estate be used to cover the cost of his burial and the remainder be left to friends and his mother in Ireland, he appealed for a Christian burial: “I part this life in peace with all men hoping that the body will be interred in a Christian burying ground and that the present act be pardoned by both God and man. I conclude by praying that the Lord will have mercy on my poor Soul and distracted mind.” Three of the witnesses examined claimed he “appeared to exercise his reasoning powers as well as on any previous occasion” and denied he had ever expressed a desire to kill himself. In contrast, one witness asserted he “looked strange all day yesterday” and another believed “him sometimes to be rather weak in the mind.” 75

In spite of testimony that could have led to a different verdict and did so in many other cases, the jury did not find McAuly’s actions were, as he had put it, the result of a “distracted mind.” That he was not found non compos mentis meant that, according to the law, his goods, chattels, and property were to be forfeited to the state and an inventory was thus conducted. 76 For an earlier suicide in 1854, though, the jury concluded William Wells had committed suicide while labouring under mental illness; yet, reflecting the discretionary application of the law, the inquest still found he had committed the felony of self-murder. In contrast to McAuly, Wells had no goods, chattels, land, or tenements that could be forfeited to the state. What little he had was given to his landlord for rent owed. Did jurors fear McAuly’s property would go to his new wife, upon whose character and culpability McAuly had cast doubt? Unfortunately, her testimony was brief and simply confirmed the two had been married the day before; why he accused her of betrayal was not addressed. Furthermore, details of McAuly’s life suggest he was not completely cast out or marginalized by his community. Could it be something as simple as a suicide note that led jurors to believe the act of suicide had been so deliberate, so reflective, so determined, and so planned that it could not be construed as an act of temporary madness? Certainly other suicides left letters and were not deemed felons, but McAuly’s awareness of the consequences of his actions may have struck jurors as too premeditated, lucid, and even vengeful to be dismissed as the product of a disordered mind. Further research into Ontario inquest records may shed light on the impact of ethnicity and religion on jury findings, but it is clear that all five men condemned as wilful self-murderers did

74 TUA, UCND, 84-029/49/15, Andrew McAuly, April 16, 1858.
75 Ibid.
76 However, whether or not the forfeiture was actually carried out could not be determined.
not have descendants. Only McAuly was married, but in his case the marriage was dubious and had just taken place the day before. Consequently, without children or spouses to consider, juries may not have felt compelled to protect the reputation or estate of the deceased. They also could make their decision without fearing dependents would become public charges owing to the enforcement of forfeiture or effects of social stigmatization.

Scholars have suggested coroner’s inquest juries in England and France concluded suicides were mentally ill and therefore not criminally responsible in part to prevent inflicting ostracization and financial punishment on families left behind. The backgrounds of those childless individuals deemed felons and inflicted (at least in theory) an ignominious burial and the penalty of forfeiture in Ontario adheres to this interpretation, but, when the issue of gender is considered, something more complex than mere sympathy emerges. Women in the nineteenth century were less likely than men to have property and life insurance, yet were more likely to be seen as insane by inquest juries, regardless of whether they had children or spouses. In fact, almost all female suicides were determined insane and, in Northumberland and Durham, not one female suicide was believed to be sane. Undoubtedly, the decisions of jurors reflected the view that women were more prone to mental illness than men and less capable of rational, deliberate, and independent decision-making and action. Although the small number of existing inquest records for the County of Peterborough contain two of seven women who were not found mentally ill, the larger sample of female suicides from Northumberland and Durham concluded all were irrational, lunatic, and thus not responsible for their actions. Only one woman from Peterborough in 1864 was found not to have “the fear of God before her eyes” and to have been “moved and seduced by the instigation of the devil.” The jury found her a felon and murderer “against the peace of our said lady the Queen her Crown and Dignity.” Unfortunately, her file contains only the decision of the inquest and little else; why jurors treated her differently from other female suicides and denied her the “respectable” shroud of temporary insanity is a mystery. A local newspaper simply reported that the young woman killed herself with strychnine, brought into the house by her brother for the purpose of poisoning wolves.

In most cases, even women whose suicides were preceded by the murder of their children, were found mentally ill, while men who committed heinous acts, such as Daniel Larken of London, Ontario, who murdered his wife in 1847, were more likely to be treated as criminals who had acted “under the instigation of the devil.” Male jurors expected females to be mentally ill, and both popular culture and the medical profession perpetuated the equation of female biology with pathology and madness. The Ladies’ Journal in 1896 explained, “Some

77 For example, see Georges Minois, Histoire du suicide. La société occidentale face à la mort volontaire (Paris: Libraire Arthème Fayard, 1995); Bailey, “This Rash Act.”
78 For example, see Wendy Mitchinson, The Nature of Their Bodies: Women and Their Doctors in Victorian Canada (Toronto: University of Toronto Press, 1991).
women are so near the border line of sanity and insanity that any sort of spiritual excitement like love is bound to render them irresponsible, and their suicide ought, therefore, to be regarded as a species of insanity, rather than as deliberate self-murder.”

On the other hand, men had an obligation to their families, communities, and government, which rendered the ramification of their suicides more significant and the forgiveness of society and state less certain. Indeed, according to one view disseminated in a Canadian medical journal, it was not simply the would-be-suicide who represented a threat to masculine ideals and responsibilities; to call the deed one of temporary insanity without adequate proof was “pure effeminacy.” Consequently, while the decisions of Ontario inquests into male suicides may have been influenced by the nascent authority of medical paradigms and the concern that families left behind would become destitute, they nevertheless remained reflective of culturally constructed notions of gender.

**Attempted Suicide, the Law, and Condemnation of the Idea of Self-Destruction**

Why some individuals were deemed sane in contrast to others appears contingent on their gender and whether or not they had a spouse and children. However, these variables did not offer the same protection from condemnation when suicide was attempted but not successfully committed. While punishment for the committal of suicide was overshadowed by popular interpretations of *non compos mentis*, the treatment of attempted suicide followed a different trajectory. During the nineteenth century lay society retreated from punishing a body, but the law continued to abhor and punish those who attempted but failed to take their own lives. In Ontario, for example, three individuals were convicted for attempting suicide in 1881 and sentenced to gaol for less than one year. A few years later in 1888, ten people were charged with attempting to commit suicide in Ontario, and four were sentenced to gaol without the option of a fine. In all of Canada during that year, thirteen were charged and six were committed to gaol without the option of a fine. In 1890, fourteen individuals in Canada were charged with attempting to commit suicide (ten of them in Ontario), ten were convicted, and eight were committed to gaol for less than one year with no option of a fine. Convictions for attempted suicide continued in the 1890s. At least one man was sent to Kingston Provincial Penitentiary in 1893, where he remained for two and a half years until he was pardoned in 1895 at the age of 57. In 1897, seventeen in Canada were

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83 Thomas King Chambers, “Lecture on Hypochondriasis,” reprinted in *The Canada Medical and Surgical Journal*, vol. 2, no. 2 (August 1873), p. 78.
85 “Table I: Attempt to Commit Suicide (No. 4B),” *Sessional Papers*, vol. 6, Second Session of the Sixth Parliament of the Dominion of Canada, Session 1888, vol. xxi (Ottawa: A. Senecal, 1888).
87 “Table VII: Cases in Which the Prerogative of Mercy has been Exercised,” *Sessional Papers of the Dominion of Canada: vol. 6, Sixth Session of the Seventh Parliament, Session 1896* (Ottawa: S. E. Dawson, 1896), p. 8D-240.
charged with attempting to commit suicide; eight were in Ontario.\textsuperscript{88} Certainly, many individuals inclined to self-harm would have been committed to an asylum or watched in their homes by relatives, but the threat of the law and the fact that it was enforced reveals paradoxical responses to suicide.

The equation of suicide with mental illness did not redefine, in a neat and tidy manner, judicial responses to those who unsuccessfully tried to kill themselves. Instead, charges for attempted suicide appear to have increased in the years following the enactment of the \textit{Criminal Code} in 1892. In 1898, 31 individuals, mostly in Quebec and Ontario, were charged with attempting suicide, 26 were convicted, 12 were sent to jail for less than one year, and two were sentenced for more than one year.\textsuperscript{89} Occasionally one or two individuals charged with attempting suicide were “Detained for Lunacy” in the 1890s, but the consequences could be prison time. Although from an English source, the following excerpt reprinted in \textit{The Canada Law Journal} likely reflected views of many Canadian judges and law-makers as well:

\begin{quote}
[T]here must be a large class of cases where the interposition of society by an emphatic prohibition, and the imposition of a penalty on the delinquent himself, could counteract the forces which impel weak-minded persons to lay violent hands on themselves. The punishment would be reformatory of the delinquent himself, and the example in his person would deter others from a similar course, while a mawkish sympathy might impel them to follow his example.\textsuperscript{90}
\end{quote}

Change would be slow. Only after more than a century from the introduction of the \textit{Criminal Code} was the law concerning attempted suicide revised. The maximum sentence was reduced to six months in 1955, and, almost two decades later in 1972, attempting suicide was decriminalized.\textsuperscript{91}

As an offence tried summarily and without jury, convictions for attempted suicide at first glance might highlight a disjuncture between one branch of the judiciary and popular society, but many sources suggest the latter likewise continued to condemn attempted suicide. Although nineteenth-century society generally did not support punishment of the corpse or the enforcement of forfeiture, the state continued to condemn and criminalize attempted suicide without any criticism from lay society that it should do otherwise. A declining impulse to punish either the deceased or his or her family was one thing, but not punishing the attempt of self-destruction appeared to be another. \textit{The Globe} reported incidents of attempted suicide that led to incarceration (such as J. Jones, who took poison but “was resuscitated and committed to gaol,” and Timothy Ward, a widower and father of three who was sent to the Cornwall gaol) and expressed

\textsuperscript{88} “Table I: Attempt to Commit Suicide,” \textit{Sessional Papers of the Dominion of Canada}, vol. 6, Second Session of the Eighth Parliament, Session 1897 (Ottawa: S. E. Dawson, 1897), p. 8D-118.
\textsuperscript{90} “Suicide as a Crime,” \textit{Canada Law Journal}, vol. 23, no. 21 (December 1, 1887), pp. 416-417.
no reservations about such punishment. According to many who voiced their opinions in newspapers or fiction, suicide would increase without the spectre of punishment. The Monetary Times, for example, defended the legitimacy of legal enforcement and intervention: “It has been generally held that a man has a right to do what he likes, provided that in doing it he does not injure others. But there is a limit to this: society says, for instance, that he is not at liberty to commit suicide.”

The focus on men was likely not coincidence or happenstance: a father or husband who committed suicide was harming not only his dependents, but the broader community as well, which would be denied his labour and potentially have to support his widow and children.

Unable to reconcile the medicalization of suicide with the feared effects of complete decriminalization, society oscillated between condemnation and compassion, often responding in ambiguous or contradictory ways. When not referring to specific individual cases, authors of both fiction and non-fiction continued to portray the act as a sin and did not question the punishment of those who attempted to kill themselves, but did not succeed. One writer defended his empathetic portrayal of a young female suicide by assuring readers he did not condone suicide but saw it as an abhorrent evil, while other commentators equated suicide with murder and characterized it as a “revolting crime.”

Stark depictions of the devil may have become muted in the discourse, but other bogeymen appeared, whether they be want of religion, alcohol, tobacco, gambling, or dime novels, thereby ensuring suicide would still be seen through a moral lens. Linking the cause of suicide to publicity, the “habit of carrying of weapons,” and whiskey, the Canadian Independent warned, “Murder and suicide! What a terrible epidemic of these crimes appears to prevail,” while an author in a Canadian Irish Catholic journal insisted “there is no crime of which sensible men have such a horror as that which snaps the thread of life: the suicide is one whom men look upon with terror.”

The Canadian Law Journal in 1882 recommended inflicting harsher penalties for attempted suicide, and even Joseph Workman, prominent alienist and superintendent of the Toronto Asylum, referred to it as a crime.

Two articles appearing in The Week highlight the polarized yet co-existing attitudes towards suicide. An article in 1893 read, “[I]t is undeniable that instances of the commission of this cowardly and revolting crime occur with alarming frequency.” Harkening back to older arguments that justified the punishment of suicide, the article continued, “By ninety-nine out of every hundred readers it would doubtless be deemed unnecessary and almost absurd to enter into any argument to show that suicide is a crime against the individual who commits it, against his friends and those dependent upon him, against society, and the State, and above all against the Author of his being.” The article discussed the question...
of “the right of the State to treat the act, or rather the attempt or intention to commit it, as a crime to be prevented, if possible, by the use of the agencies and penalties at its command.” Although the author recommended “a careful and thorough enquiry into the causes of suicide,” his emphasis on suicide as a felony contrasted with an earlier review that had appeared in the newspaper. In 1886, one author criticized another for writing “less of a physiological discussion of the cause and effect of the modern evil than a deploremnt of its existence, less a contribution to the science of suicides than a sermon upon the inadvisability of suiciding.”

On the one hand, individuals expressed empathy and presented suicide through a medical or physiological lens, especially in the contexts of coroner’s inquests and when confronted with a community member who had killed him- or herself. On the other hand, in abstract discussions and in cases of attempted suicide, self-destruction continued to be reviled as a crime of the most depraved sort and a threat “to society at large.” Indeed, it represented a betrayal of masculinity, the community, and the crown.

Conclusion
The history of suicide in nineteenth-century Ontario is one of idiosyncrasy, change, and continuity in both overt and subtle ways. Not only could suicide be an intensely private affair turned into a public spectacle by coroner’s inquests, but it could be portrayed as either a vile and deliberate crime or a tragic consequence of mental illness. Certainly, suicide’s equation with mental illness dominated coroner’s inquest findings and the popular press in the 1800s, particularly at the end of the century. That people responded to suicide in this way might be indicative of secularization, medicalization, and a more “advanced,” compassionate, or enlightened mentality. However, refashioned interpretations of self-destruction remained deeply connected to a particular moral and cultural ethos (especially in regard to proscriptions of masculinity and femininity), upheld the appearance of social stability, progress, and opportunity, and perpetuated the idea that individuals were beholden to state and society, all without the use of spectacular justice.

Whether directly connected to the deceased or not, individuals struggled to find explanations for self-destruction, but the convenient, comforting, and practical benefits offered by mental illness served the interests of both the bereaved family and the broader community while nevertheless maintaining the status quo. If an individual challenged social ideals by committing suicide, then the community and its sense of well-being could be re-established through the notion of temporary insanity. The easily employed label stripped suicide of its traditional religious garb, but also provided reassurance that there would be no deeper probing of economic inequalities, social relations, or gender roles. Instead, its broader social, ideological, political, and legal implications could be safely contained by locating the problem in a temporary fit of mental illness. An impoverished farmer might find himself incarcerated; a prominent businessman might lose his fortune; a woman might find herself unable to endure abuse by her husband or ostracism by

98 The Week, October 13, 1893, pp. 1085-1086; September 9, 1886, p. 662.
neighbours. However, such individuals who ended their lives could be understood not as reflections of social problems but the product of mental illness. Unless seized upon by temperance advocates to illustrate the effects of demon drink, their deaths evoked little public questioning of society and the suffering it could entail.

Although attempting to discern the “legitimacy” of non compos mentis would be futile, and certainly individuals who committed suicide were severely depressed, this fact should not prevent us from considering the cultural, social, and political implications of coroner’s inquest verdicts, particularly when those who attempted but failed to commit suicide were treated so differently by other branches of the judiciary. Indeed, the aegis of insanity represented but one explanation of voluntary death in nineteenth-century Ontario, and, in contexts outside the inquest, explanations of or responses to suicide were not rewritten as rooted in illness. While punishing a corpse may have become barbaric or senseless, those who attempted unsuccessfully to take their own lives continued to be treated as criminals, as threats to social stability and the limitations on individual freedom supposedly needed to uphold it. Consequently, for society and state at the time, attempted suicide could not be condoned or unpunished, especially for male perpetrators, as doing so would jeopardize deeply engrained notions of a man’s obligation to provide for his family. His responsibility was to be “manly,” strong, and hard-working for the sake of his family and society until his natural death. If he defied his responsibility by attempting self-murder but lived, he could be punished as a criminal with seemingly little concern for his mental state.

Explanations of suicide would remain contingent. By the end of the 1800s, some writers interpreted suicides of financially successful white, middle- and upper-class men through a different coloured lens, one that was class-based, gendered, and racialized. “Advanced civilization” and modernity provided a new twist to explain the self-destruction of such individuals, but this theory still located suicide in mental illness, was predicated on cultural assumptions, and remained within the realm of social self-congratulation. Furthermore, competing yet co-existing interpretations and responses persisted into the twentieth century and perceptions of suicide as either a crime or a sign of sickness remained entangled. While acknowledging the possibility that “some cases” of suicide might be the result of “a real impairment of the individual’s sanity,” one prominent psychologist at the University of Toronto referred to suicide in the early 1920s as “the extreme form of crime against the person of the self.”

100 The law and its application “softened,” and how suicide was perceived, rationalized, and physically handled (including treatment of the body) changed in significant ways. Yet Ontario society nevertheless refused to abandon completely the principle that suicide was a crime. Reconciling compassion with deterrence remained tricky terrain, and, echoing contemporary debates on assisted suicide, the status of suicide in nineteenth-century Ontario remained conflicted by an issue that still resonates today: can an individual make a rational decision to end his or her life?