

July 25, 1903

SUICIDES OF PHYSICIANS AND THE REASONS.

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Incited by a cable dispatch from London announcing a great increase of suicides among physicians in Great Britain, the Chicago *Tribune* reviews the records for the United States, and finds for the past twelve and one-half years that a total of 519 physicians have committed self-murder. The average annual number is about 41, which has been exceeded six times in twelve years. The smallest number was 23, in 1891, while the largest was 53, in 1893, a time, by the way, of great financial depression. A record for the first six months of 1903 indicates that the present year will probably be up to the average. The above figures, while not indicating such an increase as is reported from abroad, are sufficiently formidable as they are; they far exceed the average ratio of suicides in the general population, in this country at least, and are suggestive in many ways. In Great Britain the cause of the increase is attributed largely to depreciation of income. They suffer there from overcrowding of the profession, competition with quacks and the exploitation of the medical profession by workmen's clubs, which has become a standing theme in our English contemporaries. In this country we have the trouble of overcrowding to even a greater extent, for here we have twice the number of physicians in proportion to the population as in Great Britain. Moreover, the world is getting healthier, and this healthfulness, again, is largely due to the labors of physicians, who are the only ones that work against their own interests continuously. Mainly through their efforts morbidity is greatly decreased and the professional income of the physician is also diminished.

We have here, moreover, greater competition with quacks and all aberrant sects . . . than do our confrères abroad, and we are annually educating, as Dr. Billings has shown, about twice the number that is required to fill the naturally occurring vacancies in the profession. It is not remarkable, in considering these facts that failures must occur, that many of our professional brethren have to drop out of the profession in one way or another, and . . . might very easily adopt suicide as the most direct way to end their troubles. That more do not do this we think speaks well for the profession, both here and elsewhere.

Another reason suggested is that the physician is familiar with death in all its forms, and always has the means of suicide at hand. This is also probably worthy of consideration in connection with the materialistic tendencies which, we think, exist too much among us.

It is not a bad thing to be reminded of unpleasant facts, if by such reminders any influence whatever is exerted toward doing away with the evils that exist. If we know that physicians are disproportionately given to suicide under the stress of modern life, while other professions also suffering from overcrowding are not, it is well to look for the reasons. The real main factor is, we believe, the business negligence of the profession as a whole. It does not look out for its own interests as it might very properly do without in the least disregarding the interests of the public. With proper organization and regulation, which is now, we believe, fairly well inaugurated, though far from being perfected, there will be less reason, we trust, in the future than

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there has been in the past for suicide among physicians.

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