

MADNESS, NEURASTHENIA,
AND "MODERNITY":
Medico-legal and Popular Interpretations of Suicide in
Early Twentieth-Century Lima

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Abstract: This article examines medico-legal and popular interpretations of suicide in early twentieth-century Lima. In this period, often referred to as the Aristocratic Republic, physicians and lawyers interpreted suicide through the lens of modern scientific and legal thought and came to challenge the traditional interpretations of the Church, which insisted that suicide was a voluntary act. For these groups, suicide, almost invariably an act of madness, was essentially a modern phenomenon, both product and evidence of Lima's growing "modernity," as well as a social disease that could be combated by adopting adequate policies. However, though they opposed the Church's insistence on the responsibility of the suicide, physicians and lawyers viewed the propensity to suicide as evidence of the moral and racial degeneration of Lima's population and shared the Church's condemnation of suicide as a shameful and immoral act. For ordinary people, medico-legal discourse on suicide provided an additional explanation for self-death. In particular, the idea that suicide was caused by forces over which no one had any real control, especially forces that were a product of the perceived "modernization" of Lima, such as neurasthenia (a nervous condition that became a widespread explanation for suicide at the time) helped in the need to dilute blame and guilt. But, although medico-legal and popular understandings of suicide cross-fertilized, attempts by ordinary people to apportion certain meanings to suicide, particularly those that constructed suicide as a voluntary act, were perceived by the medico-legal community, and, indeed, more broadly, as threats to society.

Although death and dying have been fashionable subjects of historical inquiry for some time, it is only since the late 1980s that historians have turned their attention to suicide. As this new research shows, the historical study of suicide offers a fresh perspective on social and cultural change: indeed, attitudes to suicide can be read as reflections of the changing aspirations and anxieties of a society.¹ In this paper I draw

1. Two main approaches to the historical study of suicide are identifiable in this recent literature, the statistical and the ethnomethodological. These are linked to the two

on some of the insights of this literature to examine elite and popular attitudes to suicide in early twentieth-century Lima. In particular, I want to examine how the elite and popular interpretations of suicide coincided, cross-fertilized, and, on occasions, collided. I do so by looking at, on the one hand, medical and legal discourse on suicide as it was recorded in professional journals, treatises or university theses, and on the other, views on suicide recorded by police officers, journalists, court registrars, relatives and the suicides themselves, when they left notes. The emphasis here is on what different interpretations of suicide can tell us about Limeño society in the first two decades of the twentieth-century, a period often referred to as the Aristocratic Republic.

An examination of scientific and popular attitudes towards suicide in Lima must be considered within a broader discussion of the changing structural and cultural landscape of the capital in this period, which some describe as a “traditionalist modernization” process whereby “modern” ideas were incorporated but adapted in such a way as to modify only marginally the dominant power structure.² Fuelled by a buoyant export economy, Lima expanded both physically, experiencing a limited Haussmanisation, and in terms of population, largely as a result of internal migration.³ Soon the city boasted many of the trappings of “progress,” including wide boulevards, public buildings, electricity, textile mills, trams and automobiles, while its population, increasingly cosmopolitan and multi-ethnic, increased from 120,276 in 1897, to 154,617 in 1908 and 203,381 in 1920.⁴ New spaces of socialisation, such as

dominant sociological approaches to suicide, Emile Durkheim’s and Jack Douglas’s. See Olive Anderson, *Suicide in Victorian and Edwardian England* (Oxford: Oxford University Press, 1987); Michael MacDonald and Terence R. Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford: Oxford University Press, 1990); Victor Bailey, *This Rash Act: Suicide across the Life Cycle in the Victorian City* (Stanford: Stanford University Press, 1998); Georges Minois, *History of Suicide: Voluntary Death in Western Culture* (Baltimore: Johns Hopkins University Press, 1999); Alexander Murray, *Suicide in the Middle Ages* (Oxford: Oxford University Press, 1998). Recent medical approaches to suicide have placed increasing emphasis on the role played by a specific neurotransmitter, serotonin. For a proposal of how to incorporate biochemical perspectives in the historical analysis of suicide, see Howard I. Kushner, “Biochemistry, Suicide, and History: Possibilities and Problems,” *Journal of Interdisciplinary History* 16, no. 1 (1985): 69–85.

2. Fernando de Trazegnies, *La idea de derecho en el Perú republicano del siglo XIX* (Lima: Pontificia Universidad Católica del Perú, 1992).

3. “Haussmannization refers to the urban reforms introduced in many cities in this period that echoed the reforms implemented by Baron Haussmann in Paris in the 1850s and 1860s.” See David Harvey, *Consciousness and the Urban Experience* (Oxford: Basil Blackwell, 1995).

4. Gabriel Ramon Joffré, *La muralla y los callejones: Intervención urbana y proyecto político en Lima durante la segunda mitad del siglo XIX* (Lima: SIDEA, 1999). Although Lima was not a major recipient of immigrants like Buenos Aires or São Paulo, according to the

theatres, cinemas, bars and restaurants, as well as exclusive salons and grimy alleyways, contributed to the emergence of new urban cultures.⁵ The capital also witnessed the emergence of new social and political actors, particularly an increasingly unionised working class, and a large and diverse middle class with growing demands of its own.⁶ Soon, the city developed a class-based spatial demarcation, as the rich began to move to the southern districts while the poor congregated in high-density housing in the central districts, which became breeding grounds for elite anxieties about the disease-spreading masses, whether these diseases were biological in nature (plague) or political (anarchism). As elsewhere in Latin America, these anxieties were shaped by notions of class and racial (as well as gender) difference.⁷

From 1895 to 1919, Peru was ruled by a small oligarchy, which, though less cohesive or powerful as sometimes claimed, controlled the dominant Civilista Party and key economic sectors, and drew from scientific racism the justification for its rule over, and the political exclusion of, what it considered to be a socially and racially degenerate population.⁸

1908 census, about 10 percent of the city's population was foreign-born. The majority were Europeans (6,113), followed by Asians, mainly Chinese and Japanese (5,494), and from other countries in the American continent (1,694). Among the Europeans, Italians (3,094) represented by far the biggest group, but almost all other European countries were represented. In addition to various nationalities, Lima was also home to great ethnic diversity. According to the same census, the population was 66,750 whites (38.6 percent), 55,831 *mestizos* (32.3), 32,842 Indians (19.0), 9,400 blacks (5.4), and 7,694 'yellows' (4.4).

5. See Alicia del Aguila, *Callejones y mansiones: Espacios de opinión pública y redes sociales y políticas en la Lima del 1900* (Lima: Fondo Editorial Pontificia Universidad Católica del Perú [PUCP], 1997); Carmen McEvoy, "Entre la nostalgia y el escándalo: Abraham Valdelomar y la construcción de una sensibilidad moderna en las postrimerías de la 'República Aristocrática'," in Carmen McEvoy, *Forjando la Nación: Ensayos de historia republicana* (Lima: Instituto Riva-Agüero, 1999), 247–313; Fanni Muñoz Cabrejo, *Diversiones públicas en Lima, 1890–1920: La experiencia de la modernidad* (Lima: Instituto de Estudios Peruanos [IEP], 2001).

6. Peter Blanchard, *The Origins of the Peruvian Labor Movement, 1883–1919* (Pittsburgh, PA: University of Pittsburgh Press, 1982), 153–78; Augusto Ruiz Zevallos, *La multitud, las subsistencia y el trabajo: Lima, 1890–1920* (Lima: Fondo Editorial PUCP, 2001); David S. Parker, *The Idea of the Middle Class: White-Collar Workers and Peruvian Society, 1900–1950* (University Park, PA: Pennsylvania State University Press, 1998).

7. David S. Parker, "Civilizing the City of Kings: Hygiene and Housing in Lima, Peru," in Ronn F. Pineo and James A. Baer, *Cities of Hope: People, Protests, and Progress in Urbanizing Latin America, 1870–1930* (Boulder, CO: Westview Press, 1998), 153–78; Marcos Cueto, *El regreso de las epidemias: Salud y sociedad en el Perú del siglo XX* (Lima: IEP, 1997).

8. Manuel Burga and Alberto Flores Galindo, *Apogeo y crisis de la República Aristocrática* (Lima: Rikchay Perú, 1984); Gonzalo Portocarrero, "El fundamento invisible: Función y lugar de las ideas racistas en la República Aristocrática," in Aldo Panfichi and Felipe Portocarrero, eds., *Mundos interiores: Lima 1850–1950* (Lima: Universidad del Pacífico, 1995), 219–59.

Defeat in the War of the Pacific (1879–84) had called into question Peru's viability as a nation-state, which came to be seen as depending on rebuilding the country on the basis of its supposedly vast and largely untapped natural resources and on increasing and, following the failure of campaigns to draw European immigrants, "improving" its population.⁹ Such views informed the thinking of a growing corpus of university-trained professionals who found in positivism (briefly) the basis for a new national project.¹⁰ In early twentieth-century Lima, ordinary people's lives came under increasing scrutiny: how people lived and died and how they worked and played became the subject of numerous university theses and scholarly articles written by young lawyers and physicians, who saw themselves as the stalwarts of a new civilizing mission. With few exceptions, these studies painted a sombre picture: the population of Lima was not only suffering from racial degeneration as a result of increasing racial mixture, it also suffered from social and moral degeneration, a product of ignorance, unsanitary practices and licentiousness. Although these professionals despaired at the wretchedness of Lima's population, they believed that it could be overcome if a corrective environment was provided. These findings influenced the campaigns led by public health officials, or *higienistas*, backed by a fledgling state apparatus, to inculcate modern and sanitary customs among the city's poor. Although these campaigns had laudable objectives, such as eradicating diseases like the bubonic plague, and found support among sectors of the population, they reproduced the authoritarianism and racial prejudice that characterised the broader interaction between elite and popular sectors.¹¹

Both medico-legal and popular understandings of suicide were shaped by this context. Physicians and lawyers in early twentieth-century Lima interpreted suicide through the lens of modern scientific and legal thought and came to challenge the traditional interpretations of the Church, which insisted that suicide was a voluntary act. For these groups, suicide, almost invariably an act of madness, was essentially a modern phenomenon, both product and evidence of Lima's growing modernity, as well as a social disease that could be combated by adopting adequate policies. However, though they opposed the Church's insistence on the responsibility of the

9. See Mario Marcone, "Indígenas e inmigrantes durante la República Aristocrática: Población e ideología civilista," in *Histórica* 19, no. 1 (1995): 73–93.

10. On positivism in Peru, see Marcos Cueto, *Excelencia científica en la periferia: Actividades científicas e investigación biomédica en el Perú, 1890–1950* (Lima: Grupo de Análisis para el Desarrollo [GRADE], 1989).

11. See Parker, "Civilising"; María Emma Mannarelli, *Limpías y modernas: Género, higiene y cultura en la Lima del novecientos* (Lima: Ediciones Flora Tristán, 1999); Juan Fonseca Ariza, "Antialcoholismo y modernización en el Perú (1900–1930)," *Histórica* 24, no. 2 (2000): 327–64.

suicide, physicians and lawyers viewed the propensity to suicide as evidence of moral and racial degeneration and shared the Church's condemnation of suicide as a shameful and immoral act. For ordinary people medico-legal discourse on suicide provided an additional explanation for self-death. In particular, the idea that suicide was caused by forces over which no one had any real control, especially forces that were a product of the perceived modernization of Lima, helped to dilute blame and guilt. But, although medico-legal and popular understandings of suicide cross-fertilized, attempts by ordinary people to apportion certain meanings to suicide, particularly those that constructed suicide as a voluntary act, were perceived by the medico-legal community, and, indeed, more broadly, as threats to society.

MADNESS, NEURASTHENIA, AND THE SECULARIZATION OF SUICIDE

Initially much of the local debate on suicide was based on European examples. Legal and medical journals, such as *La Gaceta Judicial* or *La Crónica Médica* reproduced articles on suicide published in European journals and informed its readership of the discussion of the phenomenon abroad. However, as Peruvians also began to write on suicide two dominant approaches emerged. On the one hand, the study of suicide became an important component of the specialization in "legal medicine" or "medical jurisprudence." On the other, as Augusto Ruiz Zevallos has shown, the interest in suicide coincided with the growing attention to illnesses of the mind and the development of psychiatric treatment.¹² Together, these two approaches produced the dominant medical and legal discourse on suicide in the late nineteenth century, which held that suicide was an act of madness and could therefore not be considered a crime.¹³ This interpretation corresponded to the secularization of suicide that began with the Enlightenment, and which implied a dilution of responsibility for suicide by social and psychological factors. It was a process that still, in early twentieth-century Peru, generated debate between liberals and conservatives, as well as scientists, lawyers, and religious authorities, and which was part of a broader process of secularization that included the laicization of cemeteries (1888), the introduction of civil matrimony (1897), and religious tolerance (1915).¹⁴

12. Augusto Ruiz Zevallos, *Psiquiatras y locos: Entre la modernización contra los Andes y el nuevo proyecto de modernidad: Perú, 1850–1930* (Lima: Instituto Pasado y Presente, 1994).

13. Significantly, these two approaches can already be gleaned in a couple of articles published as early as 1861 in *La Gaceta Médica de Lima* by José Casimiro Ulloa and Domingo Vera. See *La Gaceta Médica de Lima*, año VI, 123, October 1861, 345–53.

14. Pilar García Jordan, *Iglesia y poder en el Perú contemporáneo* (Cuzco: Bartolomé de las Casas, n.d.); Fernando Armas, *Liberales, protestantes y masones. Modernidad y tolerancia religiosa. Perú, siglo XIX* (Lima: Fondo Editorial PUCP, 1993).

According to the medico-legal discourse on suicide, though there were a number of “predisposing” and “determining” causes of suicide, both physical (poverty, illness, alcoholism) and moral (jealousy, vanity), suicide was first and foremost an act of madness. In his 1899 thesis, physician Neptalí Pérez Velásquez noted that “everyone experiences poverty, tragedy, bankruptcy and the death of love ones [. . .] but not everyone commits suicide; one needs to be mentally ill in order to commit suicide.”¹⁵ If suicide was an act that resulted from a loss of reason, it followed that the suicide could not be considered responsible for his death. Modesto Silva Santisteban, another physician, argued that: “the homicide is a criminal, the suicide is just a poor soul broken by mental disease.”¹⁶ In particular, physicians argued, punishment was pointless. Pérez Velásquez criticized “the devout, the conservatives who are and have been the ardent defenders of the responsibility of the suicide” and who insisted on denying burial to suicides.¹⁷ Indeed, punishment for suicide was increasingly seen as ineffective. According to Sabino Ríos, the author of a 1920 thesis on suicide in Lima, laws that stipulated the incarceration of failed suicides or the confiscation of the property of suicides were ineffective, as had been recognised by more developed countries such as the United States.¹⁸

These views were challenged by the Church. An article in *La Revista Católica* from 1894, for example, suggested that the rise in the suicide rate in France, reported in local medical journals, was the result of lax religious ideas.¹⁹ As it had done since the middle ages, for most of the nineteenth century the Church still refused sanctified burial to suicides (and in at least one case refused to marry one person who had tried to commit suicide).²⁰ When a suicide was buried either by mistake or, more often, as a result of pressure from municipal authorities, the ecclesiastical authorities went out of their way to exhume the body since the presence of a suicide in the cemetery made it unfit for Christian burial.²¹ In fact, it was the exhumation of one suicide (and a freemason to boot) in

15. Neptalí Pérez Velásquez, “El suicidio como entidad neuropatológica” (thesis, Medicine Faculty, Lima, 1899), n.p.

16. Modesto Silva Santisteban, “Homicidio y suicidio—sus caracteres médico-legales” (thesis, Medicine Faculty, Lima). In *La Gaceta Médica*, año V, no. 10, 31 October 1878, 305–7.

17. Pérez Velásquez, “El suicidio.”

18. Sabino Ríos, “El suicidio en Lima” (thesis, Medicine Faculty, Lima, 1920).

19. *La Revista Católica*, año XV, no. 661, 29 September 1894.

20. Archivo Arzobispal de Lima [hereafter AAL], Comunicaciones 35:39, case of Liborio Paz Burbano, 3 March 1891.

21. AAL, Notas de Supremo Gobierno XA:220, Fernando Cavero to Director de la Beneficencia Pública, 3 August 1867; XIII A:254A, Fernando Cavero to Obispo de Lima, 5 August 1888; Comunicaciones, XXXIX:121, Parish priest of San Mateo to Archbishop, 1 June 1903.

1888 that sparked a parliamentary debate that resulted in the creation of laic cemeteries. But the Church's moral sanction on suicide did not waver. As late as 1923, León Barandarián, a preeminent lawyer, made explicit the Church's position on suicide when he insisted that "suicide is a voluntary act that consists of taking one's own life."²² For Barandarián suicide was an offence to God:

Who does man think he is to take his own life? A mere mortal who has received that gift from the hands of God, who, as the creator, has rights over all children; thus, the suicide usurps this domain and gravely offends God by trampling on His rights.²³

In spite of such criticisms, the scientific position of non-responsibility of the suicide was reflected in Peruvian criminal law, which, in contrast to canon law, established no punishment for suicide or attempted suicide. As José Viterbo Arias, a lawyer, noted in his commentary of the 1863 Penal Code, "it makes no sense to punish the suicide."²⁴ In contrast to Victorian Britain, where attempted suicide was an indictable offence, liable to up to two years imprisonment, in Peru only those who assisted or instigated suicides were considered criminals.²⁵ Both the 1863 and 1924 penal codes established severe sanctions, including imprisonment for those who either provided the means for others to commit suicide or helped in the execution of the suicide.²⁶ As such, when a suicide took place, a criminal investigation followed, to determine, first, if a suicide had indeed taken place, and, second, if anyone apart from the suicide victim, had assisted. In practice however, police authorities often treated failed suicides as criminals, subjecting them to interrogations, and at least in some cases, arresting them and transferring them to one of Lima's hospitals.

In refining their thinking about the links between mental illness and suicide, physicians gradually turned to the concept of neurasthenia. Not unlike the tedium vitae of the classical age or modern-day chronic fatigue syndrome, the medical profession conceived of neurasthenia as a growing susceptibility to fatigue, but more generally as the incapacity to deal with a modern and fast-changing world.²⁷ As early as 1906, an article in the *Gaceta de los Hospitales* noted that what drove those afflicted with psychasthenia, a condition related to neurasthenia, to suicide was

22. L. A. Barandarián, "El suicidio," in *El Buen Consejo*, año II, no. 2, 1923, 61.

23. *Ibid.*, 63.

24. José Viterbo Arias, *Exposición comentada y comparada del Código Penal del Perú de 1863*, vol. 3 (Lima, 1902), 36.

25. Bailey, *This Rash Act*, 130.

26. República del Perú, *Código Penal (Ley No. 4868)* (Lima, 1924), 48.

27. On neurasthenia, see Marijke Giswilt-Hofstra and Roy Porter, eds., *Cultures of Neurasthenia: From Beard to the First World War* (Amsterdam and New York: Rodopi, 2001).

not a “systematized obsession” as in the case of manias, or a “moral absence,” as in the case of epilepsy, but rather a state of “despondence, of moral solitude” which led them to feel lost and abandoned and to seek to end their lives.²⁸ Neurasthenia became so widespread that it bred a series of remedies claiming to provide effective cures for the disease, such as *Vino de Bugeaud*, *Neurinase*, *Neurosthyll*, *Tricalcine Reconstituyente* and *Juvenina*, which were advertised in both medical journals and daily newspapers. *Juvenina* was marketed as a “powerful strength regenerator [to be used] in cases of nervous exhaustion, neurasthenia, sexual impotence and spiritual exhaustion.”²⁹ As happened with the question of the responsibility of the suicide, the scientific explanation for neurasthenia was challenged by a religious and moral interpretation. For the Church, neurasthenia was a form of divine retribution for those who opted for a life of indulgence and carnal pleasure. According to P. Gorena, writing in *El Buen Consejo*, a weekly Catholic magazine, in 1926:

No doubt about it; the root of all these physical disorders and anomalies lies principally in sloth and gluttony, in dishonest pastimes, in sin; much as a healthy disposition results from work, abstinence, fasting, and Christian precepts, neurasthenia is almost always preceded by a slovenly existence, which, unfortunately, because of the laws of heredity, is transmitted from father to son. The most powerful and proper cure for neurosis is virtue. Repress your passion, crucify your evil instincts and you will obtain a healthy body and soul.³⁰

Gorena’s views on neurasthenia echoed the Church’s view on suicide more generally. For some then, neurasthenia was a by-product of excessive work, of a modern and accelerated world. For others, neurasthenia was a by-product of not enough work, lassitude, immorality, and lapsed religiosity. Significantly, Gorena incorporated scientific notions of heredity into his analysis. Similarly, León Barandiarán backed up his argument that suicide was voluntary by reference to scientific knowledge: “man has principles and instincts whose function is to preserve life. Physiology will tell us of the role played by kidneys, the lymph, the lymphatic ganglion, the bile, the antitoxins, saliva etc.”³¹ As I will suggest below, in the same way that Gorena and Barandiarán could reconcile their religious dogma with scientific knowledge, early twentieth-century physicians and lawyers combined scientific interpretations of suicide with a religious moral outlook.³²

28. M. O. Tamayo, “Un caso grave de psicastenia,” in *Gaceta de los Hospitales*, año III, no. 65, 1 August 1906, 141–50.

29. See *La Crónica Médica*, año 42, no. 748, October 1925.

30. P. Gorena, “Causas de la neurastenia,” in *El Buen Consejo*, año V, no. 2, 1926.

31. Barandiarán, “El suicidio.”

32. I am grateful to one of the anonymous reviewers for pointing this out.

“MODERNITY” AND DEGENERATION

By the late 1920s, the concept of neurasthenia had become debased as a result of overuse. Hermilio Valdizán, one of the leading figures in Peruvian psychiatry and the director of Lima’s mental asylum in the 1920s, noted in 1929 that neurasthenia was no longer diagnosed as frequently as before as a consequence of the tendency to use this psychiatric label even in cases where there was no real evidence of nervous exhaustion.³³ Valdizán’s comments raise the question of why neurasthenia was so easily adopted as a diagnostic for nervous illness, and in particular, for suicide, and why physicians and lawyers were so particularly concerned about suicide in the first two decades of the twentieth century. Most commentators accepted that suicide in Lima had not achieved the proportions that it had in modern societies. According to Sabino Ríos, in Lima “our ‘young village’ life does not possess the many complications characteristic of big conglomerations; we do not witness the titanic ‘struggle for life’ [sic] of modern cities.”³⁴ Nevertheless, a sense existed that the rate of suicide was rising. In an article entitled “The bane of the century” published in 1915, a young journalist called Juan Croniqueur pointed to the perceived increase in the suicide rate: “suicides take place day after day, and leave on these tragic statistics the bitter impression of disillusionment, despair and wretchedness.”³⁵ The following year, Carlos Enrique Paz Soldán, the pioneer of Peruvian social medicine, published an article in *La Crónica* in which he suggested that Lima was suffering a suicide epidemic: “There have been few weeks as tragic as the last one for our capital; six suicides in less than ten days. A true epidemic, full of social unease and public anxiety.” Paz Soldán urged newspapers to refrain from reporting at length on suicides, which, he argued, were contagious: “a suicide takes place: two short condemnatory lines in the newspapers, and end of story.”³⁶ Significantly, the concern with the reporting of suicides, and with acts of violence more generally, whether in the newspapers, or, increasingly, in the cinema, became a common theme in the press around this time. In 1918, for example, *La Prensa* pointed to a supposed rise in violence and criminality in the city and urged for moderation in the reporting of such acts, arguing that such stories “push abnormal beings to seek similar experiences of pain.”³⁷

33. Hermilio Valdizán, *Elementos de jurisprudencia médica* (Lima: Empresa Editora “Excelsior,” 1929), 43–44.

34. Ríos, “El suicidio.”

35. Juan Croniqueur was, of course, José Carlos Mariátegui’s pen name. See “El mal del siglo,” in *La Prensa*, 29 April 1915; cited in José Carlos Mariátegui, *Escritos Juveniles (La edad de piedra)* (Lima: Empresa Editora Amauta, 1991), 235.

36. Carlos Enrique Paz Soldán, “El inquietante problema del suicidio,” in *La Crónica*, 25 June 1916.

37. *La Prensa*, 31 March 1918.

The belief in a suicide epidemic, or, indeed, in the rise in criminality, and the adoption of neurasthenia as an explanation for suicide fit in well with the sense that the world, and even backward and parochial Lima, was accelerating at a faster pace than ever before. As José Carlos Mariátegui had remarked in 1912, "Lima is modernizing! . . . The calm, beatific placidity of the old Lima has become a bewildering effervescence, a continuous coming and going; a crazy nervousness."³⁸ Suicide was seen as a product of this accelerated world rhythm increasingly experienced in the capital. To the extent that suicide and neurasthenia were perceived as essentially modern phenomena, their growing occurrence gave a boost to the belief (or desire) that Lima was indeed becoming a more modern city:

The maelstrom of this hectic life that makes us ill, the electricity that gradually sensitises our nerves, the telephone that gently generates mental breakdowns, the dizzying confusion of automobiles that whiz past with howling horns, all become fertile seeds of neurasthenia. The man who committed suicide yesterday was a neurasthenic. . . . The neurasthenia invaded his body and made him a slave. Once she had taken over his strength, she led him to suicide.³⁹

Whether suicide was effectively on the rise is, in a sense, irrelevant (and the available evidence hardly supports the idea of such a rise). As stalwarts of the civilizing mission, physicians were attuned to signs of modernity: as such they were more susceptible to register those signs than before. Thus it was not the process of modernization that produced a suicide epidemic in the early twentieth century.⁴⁰ Rather, the suicide epidemic that Paz Soldán and others diagnosed was more likely a product of, on the one hand, the growing popular awareness of suicide as a result of increasing discussion of it in the press, which in this period experienced a boom in terms of titles and circulation; and on the other hand, it resulted from a growing preoccupation among the medico-legal community regarding suicidal death. This preoccupation was shaped by broader currents in local scientific thought, which were intimately linked to contemporary debates on the social and racial degeneration of the *gente del pueblo* and on the need to "improve" the population.

As we have seen, physicians had taken a stance against the Church's views by insisting on the lack of responsibility of the suicide. However, though they opposed the Church's insistence on responsibility, most still viewed suicide as a product of a moral and religious degeneration, of a sick society. According to Modesto Silva Santisteban, for example, suicide was a by-product of "the lack of religiosity [...] and therefore of the

38. *La Prensa*, 7 August 1912. Cited in Mariátegui, *Escritos juveniles* II, 20.

39. Croniqueur, "El mal del siglo," 236.

40. In this sense, I disagree with Ruiz Zevallos' analysis; see *Psiquiatras y locos*, 97–98.

vulgar straying towards philosophical ideas. Licentiousness, celibacy and onanism are all factors that produce men who frequently end up killing themselves."⁴¹ Viterbo Arias, a lawyer, argued that life was a duty to God: "All men have a duty to carry out on earth, and he who shirks his duty, when he is not called elsewhere, fails in his duty to remain where he was put in the first place."⁴² Physicians and lawyers agreed that those who committed suicide were not criminals as far as the law was concerned, but they were criminals from a moral and religious perspective. People who committed suicide shirked their responsibilities. According to Andrés Muñoz, suicide was shameful because it subtracted "useful and necessary souls" from the general enterprise of improving humanity.⁴³ Sabino Ríos qualified suicide as a "wicked, immoral and to a certain extent dishonourable act."⁴⁴ Writing in *La Crónica Médica* in 1898, Miguel Morante, an intern at the Military Hospital, concluded his account of his treatment of a man who had shot himself in the face with the following comment: "soon he will leave the hospital and he will drag himself around the world living a desperate life, dependent solely on liquids from a Davis syringe, and demonstrating in this way to the mentally unbalanced that you cannot rob nature of a living being and get away with it."⁴⁵ The implications of these views are clear: suicide was shameful and immoral and deserved some form of moral punishment. To kill oneself was to subvert the natural order of things, to undermine divine authority, or, indeed, authority *tout court*.

Significantly, some physicians viewed suicide not only as a product of social or moral degeneration but also of racial degeneration. Andrés Muñoz, for example, called for a ban on inter-racial marriages because he saw them as conducive to hereditary diseases such as "illness of the nervous system, madness, epilepsy, alcoholism, and particularly suicide, which, as is well know, is transmitted with great ease."⁴⁶ Sabino Ríos, meanwhile, suggested that suicide functioned as a social safety valve of a biological origin:

Suicide is simply a sort of human safety valve, that protects us from the restlessness of future generations, and that leads neuropaths to eliminate themselves voluntarily, thus reducing the number of diseased elements, and transforming suicide into a kind of involuntary death.⁴⁷

41. Silva Santisteban, "Homicidio y suicidio," 306.

42. Viterbo Arias, *Exposición comentada*, 36.

43. Andrés S. Muñoz, "Estado mental del suicida," in *La Crónica Médica*, año III, no. 32, 31 August 1886, 297–301.

44. Ríos, "El suicidio," 45.

45. *La Crónica Médica*, año XV, no. 226, 31 May 1898, 178–81.

46. Muñoz, "Estado mental," 301.

47. Ríos, "El suicidio," 8.

In Ríos's analysis, the usual definition of suicide became totally inverted: from his perspective, a suicidal person had no control over his death, which is naturally predetermined. He is a degenerate being who has been programmed to self-destroy for the benefit of society. This extreme form of biological determinism was rare. Most physicians believed, in characteristic neo-Lamarckian style, that suicide could be prevented if a corrective environment was provided: suicide, they believed, could be fought on the social field, by rooting out the causes of social and moral degeneration and strengthening those institutions, such as the family and work, which would avert suicide.⁴⁸ Andrés Muñoz suggested that young people should be taught "to love work, order and freedom, in order to reduce poverty and laziness, which, sooner or later, will have disastrous consequences."⁴⁹ According to Pérez Velásquez, a prophylaxis of suicide necessarily involved

the provision of work, to combat laziness, hospices for habitual drunks, the closure of taverns and gambling parlours, the regulation of prostitution, and the obligatory medical examination of those who are to marry, in order to prevent the transmission of the seeds of illnesses that may later flourish.⁵⁰

Despite the biological determinism of his thesis, Sabino Ríos too called for an improvement in primary and technical education, alcoholic temperance campaigns, a strengthening of the family by making marriage easier, allowing divorce for "unequal unions" and punishment for "seduction followed by abandonment," as well as "a thorough system of protection for the working man," including guaranteed work and the provision of hygienic housing.

THE EXPERIENCE OF SUICIDE

Having analysed medico-legal discourse on suicide in early twentieth-century Lima, I turn now to examine how suicide was experienced both by the people who committed suicide and those around them. Statistical evidence on suicide in this period is scant and not very reliable. Some sense of suicide rates can be gleaned from the yearly *Memorias* of the Lima municipality. Some of the medical theses dealing with suicide writing at this time contain statistical information although the authors of these theses are quick to admit that the data presented is unreliable. The most complete series for this period is included in Sabino Ríos's 1920 thesis, which includes a sample, based on morgue documents, of

48. On neo-Lamarckism and, more generally, eugenics in Latin America, see Nancy Leys Stepan, *The Hour of Eugenics: Race, Gender, and Nation in Latin America* (Ithaca and London: Cornell University Press, 1991).

49. Muñoz, "Estado mental," 301.

50. Pérez Velásquez, "El suicidio," n.p.

121 suicides for the period 1904–19.⁵¹ A brief analysis of this data shows that suicide in Lima was, to a considerable degree, shaped by local circumstances. For what they are worth, these figures would suggest an overall suicide rate of around 0.04 per 1,000, considerably lower than Buenos Aires (where according to one estimate the suicide rate at the time was about ten times as high).⁵² It is beyond the scope of this paper to examine the reasons for these low rates, although it is worth noting that even today Peru has one of the lowest rates of suicide in the world.⁵³

One of the most compelling conclusions that emerge from this data is the extremely high gender imbalance in suicide rates. According to this sample, only six women committed suicide between 1904 and 1919. This is considerably lower than the average, around three male suicides per female suicide. Certainly, female suicide appears to have been considered rare. When a young woman called Matilde Saavedra shot herself in 1901, *El Comercio* noted “female suicides are rare, particularly those that are committed using the method employed by Miss Saavedra.”⁵⁴ It is likely that some female suicides were reported as accidents, either because the methods used (such as poison, drowning, or jumping under trains) made it difficult to determine whether there had been intent, or, more likely, in order to protect the reputation of the women and, more often, their families. In a highly patriarchal society such as Lima, as Christine Hunefeldt notes, “women’s social and moral duties gave them no right to be unhappy.”⁵⁵

A second compelling conclusion regards the high number of foreigners—42 out of 121. This produces a suicide rate of around 0.2 per 1,000 for foreigners in Lima, a figure that is not too dissimilar from that of immigrants in Buenos Aires (0.3 per 1,000 for Italians and 0.6 per 1,000 for other immigrants).⁵⁶ Of the forty-two, the Chinese (13) and Italians (7) form the biggest groups, although we find a variety of European nationalities, as well as other South Americans and Japanese. The sample also includes information on the “races” of the suicides, although naturally we must be wary of such classifications. For what it is worth, this

51. Although we know that Ríos constructed his suicide statistics from morgue records, and for that reason can assume that they reflect the total number of suicides registered by the morgue during the 1904–19 period, these figures are clearly far from accurate and do not reflect all suicides in this period. Indeed, suicide statistics included in yearly municipal reports would suggest that Ríos’s data underestimate the real rate of suicide.

52. See Eugenia Scarzanella, *Ni gringos ni indios: Inmigración, criminalidad y racismo en Argentina, 1890–1940* (Buenos Aires: Universidad Nacional de Quilmes Ediciones, 1999), 50.

53. See http://www.who.int/mental_health/prevention/suicide/suiciderates/en/.

54. *El Comercio*, 6 July 1901, evening edition.

55. Christine Hunefeldt, *Liberalism in the Bedroom: Quarreling Spouses in Nineteenth-Century Lima* (University Park, PA: Pennsylvania State University Press, 2000).

56. Scarzanella, *Ni gringos ni indios*, 50.

data points to an over-representation of Asians, and marginally of Indians, and an under-representation of blacks.⁵⁷ One possible explanation for the overrepresentation of foreigners may be the absence of social networks of support, which can lead to social isolation, considered by many to be one of the key contributors to suicide. Perhaps this explains why in 1905 an Italian called Domenico Fabro, who had made his way to Peru from California only to see his business venture in Cerro de Pasco collapse, slit his wrists in his hotel room.⁵⁸ Regarding the high suicide rate among Asians, I am inclined to agree with Humberto Rodríguez Pastor that it had more to do with the poor working and living conditions that many Chinese experienced in Peru than with a cultural predisposition to suicide.⁵⁹ However, the social isolation argument should not be taken too far. As a number of studies show, immigrants, whether Europeans or Asians, in early twentieth-century Lima were quick to set up social networks and institutions to provide support for their fellow nationals.⁶⁰

Other data seem to reflect more closely the structure of Lima's population. According to the sample, most suicides were classified as being of a "humble" social condition (97); followed by those of "medium" social condition (28). Only two suicides were classified as being of a "high" social condition. These numbers broadly reflect the structure of the city's social pyramid, but, admittedly we do not know what criteria were used in this classification. It seems likely that there was a greater degree of concealment among the elite.⁶¹ The quality of the data makes it difficult to establish a correlation between certain professions and suicide, although some physicians suggested that

businessmen, accountants, bankers and soldiers account for the bulk of the suicides, and this makes sense when we consider that they are the ones most at risk from a turn in their fortune or from a mental disequilibrium arising from excessive work.⁶²

57. According to the data, the sample included: 39 whites, 1 black, 36 Indians, 29 *mestizos* and 16 "yellows."

58. *El Comercio*, 30 January 1905, evening edition.

59. Humberto Rodríguez Pastor, *Hijos del Celeste Imperio en el Perú (1850–1900): Migración, agricultura, mentalidad y explotación* (Lima: Instituto de Apoyo Agrario, 1989), 85.

60. Janet E. Worrall, *La inmigración italiana en el Perú 1860–1914* (Lima: Instituto Italiano de Cultura, 1990); Giovanni Bonfiglio, *Los italianos en la sociedad peruana* (Lima: SAYWA Ediciones, 1994); Jorge Bracamonte, "La modernidad de los subalternos: los inmigrantes chinos en la ciudad de Lima, 1895–1930," in Santiago López Maguiña et al., *Estudios culturales: Discursos, poderes, pulsiones* (Lima: Red para el Desarrollo de las Ciencias Sociales, 2001), 167–88.

61. On elite attitudes to death, see Felipe Portocarrero, "Religión, familia, riqueza y muerte en la élite económica: Perú, 1900–1950," in Panfichi and Portocarrero, *Mundos interiores*, 131–38.

62. See Pérez Velásquez, "El suicidio."

Despite the prevalence of poor people in Ríos's sample, there were more literate suicides (39) than illiterate ones (11), although in the case of twenty-one people no data on their literacy was available. Again, this reflects the fact that the people of Lima enjoyed high levels of literacy, particularly when compared to the very low national average. In 1908 only 18.3 percent of Lima's population was classified as illiterate. This figure fell to 9.6 percent in 1920 and rose marginally in 1931 to 11 percent, a reflection of the inflow of illiterate provincial migrants in the 1920s. In 1940, illiteracy in Lima stood at 18 percent, substantially lower than the national average, 60 percent. If we examine suicide across the life cycle, we find that most suicides, 46 out of 121, took place during the "prime of life," aged 26 to 40; followed by "early old age," 41 to 60 (31); the period of "early transitions," 16 to 25 (28); and "late old age," 60+ (10). Unfortunately, the data does not allow a more detailed analysis of suicide across the life cycle of the type that Victor Bailey has done for Victorian Hull.⁶³ However, as I discuss briefly below, a qualitative appraisal of the data shows, perhaps naturally enough, that the dominant motives for suicide changed across the age groups.⁶⁴ Finally, it is worth noting that as many as 70 percent of suicides were committed using a firearm, usually a revolver.⁶⁵ The high incidence of firearms may be linked to the high availability of guns in Lima at this time, left over from recent wars, including the War of the Pacific and the 1895 civil war. It was certainly higher than in Victorian Hull, where most suicides were committed using a rope.

Despite its limitations, Sabino Ríos's data provides a useful perspective on who committed suicide in early twentieth-century Lima and how. But we need to turn to other sources in order to understand how ordinary people "interpreted" suicide, or, as Bailey suggests, how suicide was constructed socially, that is, how those who committed suicide and those close to them, as well as the police and other authorities who had to deal with suicides, explained suicide, and in so doing apportioned meaning to self-death. In order to do this I have examined the motives that were given for suicides in a variety of documents, including police files, court records, newspaper reports, and suicide notes. Establishing a motive for a suicide served a number of functions. At one level, establishing a motive was purely a legal requirement: a probable motive was necessary in order to rule out the possibility that the death was not in fact a homicide or an accident. An

63. See Bailey, *This Rash Act*, especially part 5.

64. Only one person under 15 years of age committed suicide (in the case of three people, it proved impossible to determine their age). I take these categories, with small modifications for the age groups, from Bailey, *This Rash Act*. It is worth bearing in mind that in 1940, average life expectancy was estimated at just below aged 40.

65. Less common forms included hanging (15 percent), the use of knives or razors (13 percent); poison (11 percent); jumping from heights (3 percent), and lying under trams or trains (1 percent).

unexplained death, like an unidentified corpse, as Richard Cobb suggests, “represented a vague threat to a *société policée* that sought above all to account for all its citizens, living, or but recently dead.”⁶⁶ Although suicides were not considered criminals, when a suicide failed, the man or woman was almost always placed under arrest and sent to one of Lima’s hospitals or, in some cases, to prison.⁶⁷ How long they remained there is unclear, but available evidence suggests that once the wounds healed, they were allowed to go home. Although physicians viewed suicide almost always as an act of madness, it would seem that those who survived were not automatically sent to Lima’s mental asylum, as indicated by the fact that when Magdalena Morón’s daughter, Petronila Castillo, who was described as “mentally ill,” survived a suicide attempt, Morón had to plea with the authorities to have Castillo interned.⁶⁸ As a number of cases reveal, the police’s job was made harder because the stigma attached to suicide meant that in most cases of failed suicide, the survivors tried to claim that they had not attempted suicide at all or that they had been victims of an attempted homicide.⁶⁹

At a broader level, establishing a motive corresponded to the need to rationalize self-destruction, to give it a logic. The motives can be read as a product of social perceptions of what led a man or a woman to commit suicide. As Michael McDonald and Terrence Murphy suggest, the motives given serve as windows onto the fears and, therefore longings, of the people whose lives were affected by suicide:

The motives that observers and suicides gave for self-killing are an index of what contemporaries were most afraid to lose. They demonstrated the importance of the nuclear family, the precariousness of economic life, and the importance of honour and shame.⁷⁰

Although this comment refers to early modern England, it is perfectly applicable to early twentieth-century Peru. According to Sabino Ríos’s sample, the motives most often given were unrequited love (17 cases), physical illness (16), alcohol (13), financial problems (10), mental illness (9), business problems (5), “tired of living” (5), family problems (4), other motives (2), fleeing from punishment (1), and, significantly, “unknown” (37). Such motives made suicides rational and therefore understandable and acceptable; by establishing a motive, people apportioned an acceptable meaning to self-

66. Richard Cobb, *Death in Paris* (Oxford: Oxford University Press, 1978), 32.

67. For example, in 1907 Maria Ignacia Torres was sent to the Santo Tomás women’s jail following her attempted suicide. Unfortunately, we do not know how long she had to stay there. See Archivo General de la Nación [hereafter AGN]/3.9.5.1.15.1.16.19, Intendente to Prefecto, 4 April 1907.

68. AGN/3.9.5.1.15.16.15, Intendente to Prefecto, 25 May 1904.

69. See AGN/RPJ (República Poder Judicial), Causas criminales, legajo 83, “De oficio contra Tomás Fuentes por intento de suicidio.”

70. MacDonald and Murphy, *Sleepless Souls*, 298.

death. Indeed, to refuse to give a motive for suicide was considered almost subversive, as can be seen from the baffled tone of the 1899 police report on the attempted suicide of Sergio Lama y Ossa, an employee of the Secretaría de la Cámara de Diputados. It noted that Lama y Ossa, "has refused to explain to me the cause of his fatal decision, he has only said that he had simply 'decided to take his own life', and that he regretted that he had failed in doing so."⁷¹ As I will discuss below and as this example suggests, though apportioning meaning to suicide was considered necessary, some meanings, and the absence of meaning, were seen as unacceptable.

When a suicide attempt failed, the survivors were almost always asked to explain why they had decided to kill themselves. When the suicide was successful, however, indirect evidence was needed to establish a motive. In a few cases, suicide notes were left. As Victor Bailey suggests, "by a suicide note the deceased had an opportunity to turn an act of self-destruction into a form of self-expression: a private act into a public statement."⁷² Suicide notes could serve as a will or testament; they helped to explain the suicide to loved ones, or, sometimes, the authorities. In most cases, they were left to reassure those who knew the deceased that they were not to blame. When Juan de la Cruz, a 64-year-old Spaniard who owned a bakery on Zavala street, shot himself in the mouth in 1899, he left two notes; one addressed to the Spanish consul, indicating that the contents of his trunk were to be distributed among his creditors, in addition to a list of debtors, which he forgave, as well as a letter to the Intendente de Policía, in which he urged the officer "do not bother anyone regarding my death. I have killed myself with my own hands."⁷³ In others, the notes served as a form of revenge, apportioning blame for the suicide on others, as was subtly implied in the note that Luis Salinas y Rávago wrote to his soon to be widow in 1915: "Forgive me, your mother and brothers are not to blame."⁷⁴ In yet other cases, the notes were not written with anyone in mind; they can be read as tragic and final personal comments. This is the case of the note left by Felicita Olartegui, a woman who abandoned her husband in Pomabamba to escape to the city with her lover, who then, in turn, abandoned her when she became pregnant, leading her to throw herself down a ravine: "Goodbye! I say farewell to this world and I hope that those who remain in it will enjoy it. What a wonderful afternoon for me! Darkness beckons. *May man be damned a thousand times*" [my emphasis].⁷⁵

71. AGN/3.9.5.1.15.116.12, Intendente to Prefecto, 11 October 1899.

72. Bailey, *This Rash Act*, 56.

73. AGN/RPJ, Causas Criminales, legajo 680, 1899, "Oficio para descubrir las causas de la muerte de Juan de la Cruz."

74. AGN/RPJ, Causas Criminales, legajo 75, 1915, "seguidos con motivo del suicidio de Don Luis Salinas y Rávago."

75. *La Crónica*, 11 July 1916.

However, suicide notes were rare. More often, motives were established following police interrogations of close relatives, neighbors, or friends. Suicide brought shame and guilt to the family of the deceased and sometimes to his or her whole entourage. As politician and literary critic Luis Alberto Sánchez recalls in his childhood memoirs, the suicide of Ramón Beltroy in 1916, “was a tragedy for the whole neighborhood.”⁷⁶ The motives given therefore were intended to help explain the suicide or attempted suicide; to render it acceptable in society’s otherwise condemnatory stance on suicide. This was the case with alcoholism, which, as Ríos’s data suggests was seen as one of the main causes of suicides. In 1904, for example, Francisco Huapaya, an employee in a piano store, drank nitric acid but survived. According to his employer, “every time he gets drunk he develops suicidal tendencies.”⁷⁷ Similarly, the suicide of Guillermo Cerrun, a gendarme, in June 1918 was blamed on the fact that “he was very often drinking alcoholic beverages.”⁷⁸ One doctor, Alberto García, went so far as to argue that all deaths by alcohol should be considered suicides: “conscious suicides most of the time, unconscious sometimes, but always suicides.”⁷⁹ Along with alcohol, suicide was also blamed on economic hardship, whether it came about because of unemployment or because of debt. In 1904, for example, Griceldo Gutiérrez, a 24-year-old, jumped off the Salta bridge into the murky waters of the Rímac. He survived to explain that he had tried to kill himself because he was “tired of life because he had no work.”⁸⁰ In 1911, Florencio Matienzo killed himself in a tavern on Soledad street. The police reported that the motive for Matienzo’s suicide was “the fact that he had outstanding debts and that he was afraid that he would be found out.”⁸¹

Economic hardship, particularly when it resulted from losing one’s employment, and the dishonor attached to debts are likely to have been factors for suicide among the better-off part of Lima society. The poor were mostly self-employed and had little access to credit. Physical illness was also often invoked in explanations of suicide. The wife of Nicanor Merino, who killed himself in August 1907, declared that Merino “told her repeatedly that he wished to end his life because of the pain cause[d] by his grave illness.”⁸² Such explanations are particularly

76. Luis Alberto Sánchez, *Testimonio personal*, vol 1 (Lima, Ediciones Villasan, 1969), 66.

77. AGN/3.9.5.1.15.1.16.15, Intendente to Prefecto, 9 May 1904.

78. AGN/3.9.5.1.15.1.16.35, Intendente to Prefecto, 7 June 1918.

79. See Alberto García, “Alcohol y Alcoholismo,” in *La Crónica Médica*, año XVIII, no. 295, 15 April 1901, 103–6.

80. AGN/3.9.5.1.15.1.16.15, Intendente to Prefecto, 7 June 1904.

81. AGN/3.9.5.1.15.1.16.25, Intendente to Prefecto, 10 July 1911.

82. AGN/3.9.5.1.15.1.16.19, Intendente to Prefecto, 6 August 1907.

common among older people such as Bernardo Rueckner, a 52-year-old German who, in 1898, after failing to kill himself with a bullet to the head told the Intendente de Policía that “he had taken such an extreme decision because he could no longer stand being alive or the mortification caused by his lack of sight.”⁸³

Love, or, more often, unrequited love was also a common explanation for suicide, particularly among younger people. In a number of cases, young men killed themselves because they were scorned and, therefore, in their eyes, humiliated and dishonored, by the women they loved. Leoncio F. Nuñez, a student of the Escuela Técnica de Comercio surprised everyone when he committed suicide in 1902. According to his uncle, Nuñez was well behaved, went to bed early, and his frank and merry character had never wavered. However, as three letters found on the corpse revealed, “Nuñez has taken his life under the influence of an amorous passion.”⁸⁴ In March 1916, a domestic servant called Cipriano Castro shot himself. He could no longer bear the fact that a young servant with whom he was “madly in love” had chosen another suitor. According to the report published in *La Crónica*, “the maid’s indifference made Castro’s love for her all that much greater and led him to take a tragic decision.”⁸⁵ In some extreme cases, men tried to commit suicide after killing the women they loved or desired. In 1915, for example, Honorio Márquez Valderrama, an 18-year-old man from Cajamarca shot the 20-year-old Julia Vargas twice, killing her, and then turned the gun on himself. According to the police report, Márquez “had been in love for a year or so.”⁸⁶ Although women also committed suicide because of unrequited love, for some women suicide was also a tragic way out of violent relationships. In March 1918, for example, Faustina Lucero tried to throw herself under a tram but was saved just in time by a police officer. She later claimed that she had tried to kill herself because “she was tired of the life of suffering that she led, and that her husband beat her all the time for no reason.”⁸⁷ A week later, Carmen de Bustamante, a 19-year-old woman described as “young and beautiful” tried to poison herself but survived. Under interrogation she revealed that “she wished to die because her husband abused her [*le daba mala vida*].”⁸⁸

The social construction of suicidal death also incorporated the dominant scientific interpretation: that suicide was brought about by mental

83. AGN/3.9.5.1.15.1.16.12, Intendente to Prefecto, 6 December 1898.

84. AGN/3.9.5.1.15.1.16.13, Intendente to Prefecto, 17 September 1902.

85. *La Crónica*, 30 March 1916.

86. AGN/3.9.5.1.15.1.16.29, Intendente to Prefecto, 1 June 1915.

87. *La Prensa* (evening edition), 19 March 1918.

88. *La Prensa* (evening edition), 27 March 1918.

illness. In 1900, for example, Rodolfo Decher, a sixty-six-year-old German, threw himself off the rooftop of his house on Zamudio street. He had previously tried to kill himself by jumping in front of a train. According to the police report, Decher had killed himself because "he suffers from a mental disorder."⁸⁹ The following year, Isidro Reyes, an agricultural laborer, killed himself. His wife explained that Reyes "had been mentally ill for some time."⁹⁰ However, in popular perceptions of suicide, the relationship between mental illness and suicide was sometimes ambiguous. One attempted suicide illustrates this. In March 1910, Miguel Huertas and his wife Eusebia Rivera were crossing the Puente de Piedra when suddenly Huertas threw himself in the river. Several policemen and passers-by attempted a rescue. Huertas was hanging on to branch on a small island in the river. Two men jumped in and managed to tie a rope around Huertas' chest, despite his opposition, and dragged him out. The police report noted: "We conclude from our investigations [. . .] that: Huertas, 58 years old and of white race is mentally ill and that he recently left the mental asylum, which leads us to believe that *what led him to jump off the bridge was not an attempt to commit suicide but rather the fact that he does not possess all of his mental faculties*, given that when this happened he was returning from receiving treatment in the pharmacy of the 'Colegio Real' (my emphasis)."⁹¹ In this case, therefore, suicide and mental illness were seen as incompatible. Suicide required intent, and mental illness implied that intent was impossible.

Like mental illness more generally, neurasthenia too filtered through to society as one of the dominant interpretations of suicide. In March 1917, Juan V. Brown, an Englishman, shot himself in Miraflores, because, according to the police report, "he suffered from an acute neurasthenia, which led him to take this fatal decision."⁹² Similarly, the cause of Eduardo Pedro Mena's suicide in November 1918 according to the police report was "an acute neurasthenia that the diseased has suffered from for some six years."⁹³ Significantly, even those who committed suicide cited neurasthenia as a cause: when Luis Salinas y Rávago shot himself in 1915, he left a note to his wife which explained that "a terrible neurasthenia takes me to the other world."⁹⁴ Neurasthenia became synonymous with a death wish. In April 1917, for example, Melecio Moreno was arrested because he was suspected of intending to commit suicide. He had been seen

89. AGN/3.9.5.1.15.1.16.12, Intendente to Prefecto, 13 July 1900.

90. AGN/3.9.5.1.15.1.16.13, Intendente to Prefecto, 26 December 1901.

91. AGN/3.9.5.1.15.1.16.12, Intendente to Prefecto, 10 March 1910.

92. AGN/3.9.5.1.15.1.16.33, Intendente to Prefecto, 8 March 1917.

93. AGN/3.9.5.1.15.1.16.34, Intendente to Prefecto, 27 November 1918.

94. AGN/RPJ, Causas Criminales, legajo 75, "seguidos con motivo del suicidio de Don Luis Salinas y Rávago."

walking around the police station for some fifteen minutes and his suspicious attitude had led the police chief to believe that Moreno "would in a moment of despair or as a result of a neurasthenic impulse, throw himself on the tracks or commit a crime."⁹⁵ According to *El Comercio*, the suicide of Otto Silvestry, an employee of the Ministerio de Hacienda, who threw himself down a ravine in 1905, was, as the title of the short article noted, "a suicide by neurasthenia." According to the article, Silvestry led a life that was bound to end in misery: "Silvestry had no family and he lived the melancholic life of those people who have no home and live from hotel room to hotel room."⁹⁶

As these examples suggest, the social construction of suicidal death largely echoed scientific understandings of suicide. It combined predisposing causes, such as alcoholism and unrequited love, with the dominant medico-legal explanation, that suicide was an act of madness; and that suicide was brought about by neurasthenia. This cross-fertilization of medico-legal and popular discourses suggests that ordinary people were keen to incorporate scientific interpretations into their understanding of suicide. In this sense, this analysis fits well with interpretations of the medicalization of Latin American societies that stress both top-down and bottom-up processes.⁹⁷ Medico-legal explanations of suicide gave ordinary people the tools to explain suicide. For the police, medico-legal discourse on suicide provided an expedient and authoritative explanation of suicidal death. For relatives, who almost always felt shamed by a suicide in the family, and for the suicides themselves, medico-legal explanations helped to dilute guilt and responsibility by apportioning blame to forces of a psychological nature over which no one had real control. However, as I will suggest below, medico-legal and popular interpretations of suicide were not always so complementary. Interpretations of suicide that challenged the dominant explanations were perceived as threats, not only to lawyers and physicians' attempts to control the meaning of suicide but to society more generally.

"I TAKE MY LIFE BECAUSE I FEEL LIKE IT"

In 1900, Fabio Melgar, a 23-year-old white man, employee of the Duncan Fox merchant house and "well built," according to a medical report, shot himself in the face. He left a series of notes. In one of these, he wrote: "I take my life because I feel like it. I am very calm. I request that my revolver be delivered to Mr Carlos Rospigliosi Vigil. I am neither crazy nor

95. AGN/3.9.5.1.15.1.16.32, Comisario to Subprefecto, 11 April 1917.

96. *El Comercio* (evening edition), 10 April 1905.

97. See the essays in Diego Armus, ed., *Disease in the History of Modern Latin America: From Malaria to Aids* (Durham: Duke University Press, 2003).

drunk."⁹⁸ A decade later, Alejandro Pine, a 21-year-old Indian from Cajamarca and domestic servant of Víctor Raffo, hanged himself. Like Melgar, Pine left a note which explicitly denied any motive for his suicide: "I kill myself and I have motive, I kill myself because my life stinks."⁹⁹ It is possible that Melgar's and Pine's intentions were merely to let others know that they were killing themselves willingly. However, in doing so, they subverted the acceptable explanation of suicide which required them to lose responsibility for their actions and become victims of inexorable social and psychological forces. Whether they were aware of it or not, and I would suggest that they were, Melgar's and Pine's actions were a direct challenge to the dominant and accepted interpretation of suicide. The fact that these two men were at opposite ends of the socioeconomic and racial continuum that characterized Peruvian society, shows that it was possible for all sectors of that society, and not merely the educated upper class, to articulate a discourse that defied and therefore threatened the dominant interpretation of suicide, and as such, the medico-legal community that produced that interpretation.

That actions (unconscious or not) such as Melgar's or Pine's were seen as threats by the medico-legal community is evident in the reaction of one of the most distinguished and influential physicians of the time, Paz Soldán, to the suicide of Julio Guerrero Ortwald, a sergeant in Lima's fifth regiment, who killed himself in 1916 after having suffered from acute stomach pains for many years. Guerrero Ortwald left a note that was published in one of Lima's major newspapers. The note was addressed to his regiment:

The pain will not ease; I can bear no more suffering. My footsteps are needles that pierce my gut. I am demoralized and physically defeated. I have therefore resolved to kill myself. Do not call me a coward. . . . Think. You have witnessed my suffering. Blessed are you who remain to serve the Fatherland. . . . I am a wretched creature. Destiny has taken me from the army, but, I, who have loved my Fatherland so dearly, dedicate my last words to it: long live Peru!¹⁰⁰

Guerrero Ortwald inscribed his suicide within a logic of patriotism: in his mind, his death was justified because he could no longer carry out his patriotic duty. Moreover, he dedicated his death, as he had his life, to his country. In this way Guerrero gave specific meaning to his death, which, he hoped, would appear in the eyes of his regiment as a rational, honorable, and patriotic act.

The publication of the suicide note provoked Paz Soldán to publish an article a few days later in the same newspaper condemning the

98. RPJ, Causas Criminales, legajo 11, 1900, "sumario sobre el suicidio de don Fabio Melgar."

99. AGN/3.9.5.1.15.1.16.28, Intendente to Prefecto, 28 October 1913.

100. *La Crónica*, 22 June 1916.

reporting of suicides (see above) and in which he attempted to rubbish the meaning that Guerrero had apportioned his suicide and to replace it with the dominant scientific interpretation: suicide was an act devoid of logic, an act of madness. According to Paz Soldán:

To boast of love for his country, to write a series of platitudes aimed at, in the author's mind, glorifying what recollection we have of him and then to shoot himself, is evidence of the most complete absence of logic.¹⁰¹

As I suggested earlier, although physicians rejected the Church's insistence on the responsibility of suicide, they shared the Church's condemnation of suicide as a shameful and immoral act. It is fair to speculate that what irked Paz Soldán and prompted him to write his rebuke was the reference to patriotism: if physicians saw suicide as a shameful and immoral act, an interpretation of suicide as honorable and patriotic that came from a soldier (of all people) represented a palpable threat to the role of physicians in preserving life for the greater glory of, if not necessarily God, then at the very least, the nation. Paz Soldán's letter, I would suggest, should be seen as an attempt to control the meaning of suicide.

The concern within certain sectors of Limeño society regarding what meaning was apportioned to suicide is further evident in an article published in 1915 in *Lulú*, a weekly magazine for upper-class women, which referred to a recent crime involving a young man who, after being fired from his job, killed his girlfriend and then committed suicide. The unknown article writer blamed the tragic events on youth:

Youth chooses passion and does not think or consider or have faith in life or hope in the future. We can find evidence of this in the various crimes of passion and suicides that have occurred of late and in quick succession. . . . In fact, assassinations and suicides are fashionable. And this fashion is taking root in the soul of the people.¹⁰²

The article writer presented the crimes committed, the homicide and the suicide, not primarily as personal tragedies but rather as symptomatic of a wider social problem, of a society that has lost hope in the future and that seeks immediate gratification. Implicit in this reading is a critique of the loss of the sense of duty and responsibility among young people, but also among society more generally. The crimes are seen as a "fashion," they are choices that are made. Much like Paz Soldán's response to Guerrero Ortwald's suicide note, this article condemned an interpretation of suicide that was perceived as corrosive of society. More than the actual act of suicide, it was the interpretation of suicide as a

101. Paz Soldán, "El inquietante problema del suicidio."

102. See *Lulú*, año I, no. 14, 21 October 1915.

decision that one can take freely (and, indeed, honorably) that was perceived as fundamentally subversive.

CONCLUSION

Let us return to our original question: What do these interpretations of, and attitudes towards, suicide tell us about Limeño society during the Aristocratic Republic? On the one hand, both scientific and popular interpretations of suicide reveal the need felt by both the medico-legal community and ordinary people in early twentieth-century Lima to frame suicide within a logic that made it acceptable, both socially and morally. This meant, to a considerable extent, diluting blame. This may explain the degree to which medical discourse on suicide permeated into popular interpretations. If suicide was an act of madness, then those who committed suicide, and those who felt they either precipitated or failed to avert a suicide, could not be guilty: suicides were led to kill themselves by various forces, some social, some psychological, and yet others biological, over which they had no control. The suicide's agency was therefore removed. People who killed themselves became victims to be pitied rather than blamed, shunned, or punished. In early twentieth-century Lima, neurasthenia was widely adopted as one of the dominant causes of suicide precisely because it offered an explanation of suicide that not only diluted blame but also fit in well with the belief (or desire) that Lima was becoming a modern city.

On the other hand, as a few but poignant examples show, though logic had to be apportioned, it could not be apportioned freely. Those who chose to inscribe their suicides in a logic different to that which the medico-legal community considered appropriate, as in the case of Guerrero Ortwald, were promptly reduced, by physicians of the stature of Paz Soldán, to mere suicidal madmen and women. In this sense, physicians and lawyers accepted that people were (legally) free to kill themselves, but not to imprint their own meaning onto their death. I do not mean to suggest that Paz Soldán's letter should be seen as evidence of a Foucauldian disciplinary language or of a mechanism of social control. Instead, I have tried to argue that the suicides of Fabio Melgar, Alejandro Pine, Guerrero Ortwald and others represented, and, were seen, for good reason, as threats to both medico-legal discourse on suicide and society more broadly because they suggested that suicide could be voluntary and even honorable. We should not underestimate how subversive this proposition was in the context of the Aristocratic Republic, when, as I have suggested, the viability of the Peruvian nation-state was seen by many as dependent on the increase and improvement of the population. As George Minois has pithily noted:

How . . . can anyone rule people who are not even sure they should remain alive? What hold can anyone have on subjects or citizens who have full liberty to leave life as they please? How can anyone inspire them with confidence if every day a certain number of them manifest their defiance and despair by preferring death to life?¹⁰³

As modern debates on euthanasia show, even today few states are willing to let people decide how and when to die and in so doing continue to attempt to control the meaning of suicide.

103. Minois, *History of Suicide*, 325–26.