

Trials of growing old in Georgian England revealed

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Previous studies of suicide in the 1700s have focussed on societal attitudes rather than the experiences of people who took their own lives. These suicides have largely been described as 'medicalised' acts driven by lunacy. By contrast, University of Cambridge historian Ella Sbaraini argues that many older people in this period linked their suicidal thoughts to their struggles with pain, loneliness and dependency in old age.

The study, published in the journal *Social History of Medicine*, brings to light startling evidence from 106 coroners' inquests into the suicides of older people, uncovered in archives in London, Kent, Cumbria, Essex, Suffolk and Bath.

The records highlight distressing issues facing older people in the 1700s which remain major concerns today including memory loss, loneliness, financial and occupational vulnerability, and worrying about becoming a burden.

The depositions made during coroners inquests in the 1700s closely recorded the words spoken by witnesses who were free to disclose a wide variety of details about the person who had taken their own life. They often reported, verbatim, words spoken by the deceased over the previous days, weeks and months. While coroners' juries gave 97% of the cases surveyed in this study a formal verdict of insanity, or *non compos mentis*, Sbaraini shows that this is not how many of them viewed themselves.

Sbaraini says: "The people described in these documents were suffering from a range of age-related illnesses and disabilities, as well as distressing social and financial problems. Many showed great determination to seek out help but they lived at a time when the kind of support now available just wasn't there.

"The tragic experiences of many older people in the 1700s emphasise the importance of health and social care today, but also the power of community. The COVID-19 pandemic has hit older people extremely hard, leaving many feeling isolated and powerless. History reminds us how important it is to make sure older people feel a strong sense of purpose and a valued part of society."

The study defines 'older' people as those aged 50 and over in line with perceptions in the eighteenth century. In this period, less than one-fifth of people lived beyond 50 years and the age was associated with the onset of infirmity.

Today psychological autopsies involving interviews with family members and health professionals are used to determine the background and potential reasons for someone's suicide. For the 1700s, coroners' inquests offer similarly valuable retrospective information which, Sbaraini argues, can help us understand what people were going through in the lead-up to their deaths.

Three-quarters of the 106 suicides examined were carried out by men, and the study identifies male anxieties about declining employability, often expressed through ideas about 'lameness', as an 'extremely significant' factor. As late as 1817, over 80% of employed men worked in sectors dominated by jobs requiring strength and/or dexterity, qualities which generally declined in later life.

These worries are poignantly recorded in the case of Isaac Hendley, a

man in his sixties, who took his own life in Shoreditch in 1797.

Witnesses confirmed that Hendley often expressed 'his apprehension that he should come to want' and 'that he should be incapable of working' as a shoemaker. He was afraid that he would be forced to enter a workhouse, a humiliating fate for a once self-reliant man. Hendley's anxiety arose because he 'complained of several bodily infirmities' and 'used to say he was afraid he should lose the use of his Limbs'.

Two years later, when Thomas Emperor, an older 'under Porter' serving the Prince of Wales was found dead in London, his colleagues testified that he was very concerned about being dismissed, fearing: 'he should be turned out of his place and that then he should die in a Ditch like a Dog and be buried in a Ditch like a Dog'. Unusually, the jury gave a verdict of 'death by misfortune', probably to avoid a royal scandal, Sbaraini suggests.

Older suicidal men often expressed anxiety about the irreversible direction of their bodily decline, and its relation to dependency and degradation. This is apparent in the case of James Nicholas, an older labouring man took his own life in Suffolk in 1792, after becoming fixated on a painful ankle which made him 'at times burst into Tears and say he feared he never should be well again and should come to want'.

While the majority of people surveyed were of lower and middling status, there is evidence of wealthy individuals also struggling in older age. Thomas Norman, a gentleman who took his own life in London's St James's in 1771, was, according to his apothecary, 'upon every illness ... effected by a great Dejection of Spirits'. In his will, Norman left this apothecary £1000, a huge sum at the time, in recognition of his efforts to alleviate his suffering.

Another elderly gentleman, John Braithwaite, who died in Cumbria in 1803, was most troubled by his memory-loss and confusion. He forgot

simple words and felt frustrated that he could not express what he wanted to say. During a fishing trip, he forgot where he had left his horse and when playing cards with friends he 'broke out into a most Violent Frenzy without any cause ... and behaved in so Frantic a Manner that [his friend] was obliged to Carry him home'. Braithwaite asked his servants to stay up all night in case he needed anything and pleaded with one to end his life—she refused.

Sbaraini says: "While [memory loss](#), confusion and behaviour changes are now well-known signs of Dementia, there was far less understanding and support available in the 1700s. For independent, respected people to lose their grip on the behaviours expected by their community, including politeness and self-control, must have been extremely distressing."

More information: Ella Sbaraini, The Ageing Body, Memory-Loss and Suicide in Georgian England, *Social History of Medicine* (2021).
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