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# The World Suicide Rate to a New High in 1932



“DO you want the story of a suicide?” came an agitated voice over the telephone on a New York city editor’s desk.

“Here it is,” and the woman gave her own name and the manner of her present taking off. A moment later hotel employees heard the crash of her body in the courtyard.

The story brings into sharp relief the fact, appearing in the newspapers the same morning, that the world suicide rate rose to a new high from the slump. It ranges, among the nations, from 3.3 per 100,000 in the Irish Free State to 34.5 in Austria.

In the United States, recites Dr. Frederick L. Hoffman, statistician, in *The Spectator*, an insurance publication, approximately 23,000 took their own lives in 1932, as against 20,088 in 1931. The rate for 100 American cities rose from 20.5 per 100,000 in 1931 to 21.3 in 1932, the highest figure ever reached with the exception of 1908, when the rate was 21.5. At the top of the funereal list stands Davenport, Iowa, with a rate of 50.3. At the bottom is Troy, New York, with a rate of 1.3. A peculiar fact is that the balm which the Pacific coast offers to those sorely wounded in body and spirit seems unavailing.

“Year after year,” says Dr. Hoffman, “the Pacific coast cities show higher rates, as to which no satisfactory explanation has yet been forthcoming.” “Down East,” on the other hand, the Yankees face misfortune with more hardihood.

In the list of ten American cities with the highest suicide rates in 1932 are, besides Davenport, Sacramento, California, with 43.1; Seattle, Washington, 42.0; Cedar Rapids, Iowa, 41.5; San Francisco, California, 39.9, San Diego, California, 38.4; Omaha, Nebraska, 36.5; Denver, Colorado, 36.3; Portland, Oregon, 35.4; Tacoma, Washington, 32.1. (continued)

## 1932 Suicide Rate

By way of contrast, the report gives the eleven cities with the lowest suicide rate. Besides Troy, New York, they are: Holyoke, Massachusetts, 1.8; Waterbury, Connecticut, 4.9; Newton, Massachusetts, 5.4; Cicero, Illinois, 5.7; Malden, Massachusetts, 6.7; Altoona, Pennsylvania, 6.9; Cambridge, Massachusetts, 7.0; Lowell, Massachusetts, 7.2; Mount Vernon, New York, 7.7; Pueblo, Colorado, 7.7.

Of the five largest cities all show a rise in rate except Chicago, as shown in the following table:

	—1931—		—1932—	
	<i>Deaths</i>	<i>Rate</i>	<i>Deaths</i>	<i>Rate</i>
Chicago . . . . .	618	17.9	597	16.9
Detroit . . . . .	300	18.3	311	18.4
Los Angeles . . . .	345	26.2	398	28.8
New York . . . . .	1,500	21.2	1,595	22.1
Philadelphia . . . .	330	16.8	353	17.8

In Montgomery, Alabama, the rate made an alarming jump from 8.9 in 1931 to 24.7 in 1932. In Lansing, Michigan, it rose from 16.1 to 30.1, and in Lancaster, Pennsylvania, from 19.7 to 29.3. In Washington, D. C., there was an increase from 24.6 to 30.2.

Another peculiar—and perhaps significant—fact is that in New York City, in relation to the marital condition of those studied, the highest suicide rate is among the divorced, and among these the rate is higher among men than among women. But it must not be supposed that the companionship of marriage is necessarily a consolation in time of trouble. The rate of suicide among the single is less than it is among the married. Here are the figures for the period between 1921 and 1931:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Married . . . . .	34.1	15.0	24.6
Widowed . . . . .	103.9	24.5	44.3
Divorced . . . . .	113.5	61.2	81.2
Single . . . . .	26.0	10.5	18.9
Total . . . . .	33.9	14.8	24.3

Dr. Hoffman expresses the belief that there is need in every large city of a consulting office giving advice to would-be suicides," and says that the situation "imperatively demands drastic social interference if a much more substantial rise to higher figures is to be avoided."