

## Suicide by guillotine

Veronica Kimber<sup>1</sup>, Saxby Pridmore<sup>2</sup>

<sup>1</sup>Retired mental health Nurse, Brisbane, Australia; <sup>2</sup>Discipline of Psychiatry, University of Tasmania, Hobart, Australia.

**Correspondence:** Prof Saxby Pridmore: [s.pridmore@utas.edu.au](mailto:s.pridmore@utas.edu.au)

**Received:** 22/05/2023; **Revised:** 31/05/2023; **Accepted:** 04/06/2023

**Key words:** guillotine, mental illness, suicide.

[**citation:** Kimber, Veronica and Pridmore, Saxby (2023). Suicide by Guillotine. DHH, 10(1):[https://journalofhealth.co.nz/?page\\_id=2925](https://journalofhealth.co.nz/?page_id=2925)].

### Abstract

**Objective:** To locate and describe suicide by guillotine.

**Method:** We explored the medical and lay press for accounts of suicide by guillotine and located and examined records of the first Australian (Tasmanian) case, with the assistance of the Coroner's Office. We collated information from the published cases and compared the unpublished Australian (Tasmanian) case to them.

**Results:** There were 10 published cases from 6 different countries. All were men, with an average age of 42 years. None were partnered, many were widowed or divorced. The available evidence indicated all had manual skills and had built their devices in their homes. Evidence suggested 2 may have experienced mental illness. The Australian (Tasmanian) case was similar to the others – a single male, 39-year-old, an engineer with no known mental disorder who wished for a family.

**Conclusion:** Suicide by guillotine completers (total 11) were similar in many regards; single middle-aged males, possessing manual skills, partnerless, many were widowed or divorced, with stable accommodation. Details were lacking in some cases, but the evidence suggested only 2 had experienced mental disorder.

### Introduction

Suicide by guillotine is occasionally reported. Thus, while the guillotine is no longer used as capital punishment, some people have knowledge of the mechanism and function.

The Halifax Gibbet, a forerunner of the guillotine, was first used in the UK in 1286. Similar devices were used across Europe over centuries. The guillotine became the accepted means of execution in France in 1792. In Nazi Germany it was used to execute 16,500 prisoners. Subsequently, in East Germany, the Stasi used the guillotine for secret executions. In former French colonial territories, such as South Vietnam, local people continued to use this apparatus. On the Caribbean Island of Martinique, the guillotine was last used in 1965. It was last used in France in 1977 (see <https://en.wikipedia.org/wiki/Guillotine>).

In a study of death by decapitation, suicide was rare, forming <1% of all suicides (Byard & Gilbert, 2004). The most common means of suicide by decapitation is achieved by placing the neck on a train or tramline.

However, current suicide prevention strategies in some countries ban public discussion of suicide, in particular, media reporting and method of suicide. For example, in New Zealand, suicide is reported as sudden death. Therefore, we aimed to find any instances of suicide using a guillotine and seek and explore available background information.

## Method

While working as a police officer, the first author (VK) became aware of a case of suicide by guillotine which had occurred in Tasmania, Australia, in 2004 – but no information had been made publicly available. We sought to examine all available published reports to seek and compare details with the Tasmanian event.

Using PubMed and the words “suicide” and “guillotine” we located a small number of accounts in the medical literature. We accepted only cases where decapitation was the intent and excluded one other case in which the word “guillotine” appeared in the title, but the device delivered spikes to the chest. Using Google and the same key words, we located another small number of accounts in the lay press. We tabled and examined these cases as a single group.

Permission was sought and granted from the Tasmanian Coroner’s Office to access the unpublished guillotine case’s record. This case is also described and compared with the published material.

## Results

### *Published cases*

Four cases came from the medical press (all unnamed), and 6 cases from the lay press (5 named), see Table 1.

1. Franco Choro (reported in 1876) was a 38 years old French artisan who rented an apartment in London. He was described as “very quiet and respectable” and spent much of his time working on “some engineering models”, in his rooms. His wife had died five years earlier. He was in financial difficulty and stated that when his financial resources were exhausted, he would “quit the world”. He was found in his room having decapitated himself with a self-constructed guillotine. Between two uprights he had mounted a doublehanded knife which he weighted with heavy stones; the blade was drawn into place using a pulley system (Anonymous, 1896).
2. An unnamed male, 21 years old (reported in 1994), was stated in a German criminology journal to have completed suicide using “a self-constructed guillotine” (Nowak & Seidl, 1994).
3. Colin Vincent, 57 years old (reported in 1999), was a handyman who lived in England. His wife suffered bowel cancer and he cared for her for four years. When she died in 1999 he was “heartbroken” and spoke of killing himself. He completed suicide using a full-scale guillotine which he had built in his shed (Buncombe 1999).
4. An unnamed male engineer, 58 years old (reported in 2002), who lived in England was widowed one month before his death. He told friends and acquaintances he intended to suicide by decapitation – however, he had otherwise behaved ‘normally’, and no one considered any action necessary. He was found deceased in his home under a skilfully built guillotine. Additional metal was attached to increase the weight of the blade, which was released when a wire was cut by the user. Attached to the machine, in a polyethene

bag, was a handwritten letter “for police”, in which he stated his pre-mortem intention to end his life (Shorrocks, 2002).

5. Boyd Taylor, 36 years old (reported in 2003), worked with his father in a family building company in England. He was described as leading “a quiet and apparently normal life”, but also, as being detached and preferring his own company. His parents had separated, and he lived with his father in a bungalow. Boyd Taylor constructed the guillotine in his bedroom. It was “well built”; an electric timer was set to release the blade at 3:30 am. On the night of his death he slept beneath the blade - when it fell it made a shuddering noise – his father thought the chimney had fallen down – he arose, assured himself that the chimney was secure, and went back to bed (Anonymous, 2003).
6. An unnamed man, 41 years old (reported in 2007), who lived in Detroit had attached a prefabricated guillotine to a tree in a wooded area 13 miles from his home, and decapitated himself. His body was found some days later by groundskeepers who were on unrelated duties. The local Police Chief described the device as, “well made, not flimsy”, and other police personnel described the man as having “a history of mental illness” (Sullivan, 2007).
7. Albert Repin, 47 years old, (reported in 2010), was an engineer who lived with his parents in Moscow. He built and used a guillotine in his bedroom - he told his parents he was building a closet. His parents and brother believed he had “never recovered” from a divorce, which occurred several years previously (Sudakov 2010).
8. An unnamed man, 31 years old (reported in 2012), who worked as a machinery technician and lived in the Czech Republic, built and used a guillotine in the attic of the family residence. Following the death, the father of this man stated he had expressed feelings of danger and distress and repeatedly stated suicidal intentions to his relatives (Hejna et al 2012).
9. John Straight, 58 years old (reported in 2017), was a former electrician who lived in England. He suffered schizophrenia and had previously been detained in hospital under the Mental Health Act. He was divorced but retained contact with his sons. He did not use a telephone and only communicated by letter. One son stated he “appeared to think everyone and everything was against him”. Straight built a guillotine and used it at his home. He left a letter on his porch which warned people about what would be found inside, and inside he left instructions about what was to be done after his death. At an inquest his general practitioner stated Straight had made some strange requests, but there had been no indication he intended to suicide (Barnip, 2017).
10. An unnamed man, 45 years old (reported in 2021) who lived in Japan and worked in an automobile factory decapitated himself in the factory car park using a self-constructed guillotine which he attached to a car. His body was also severely burned, but this was attributed to an incidental fire and not a feature of the suicide (Ishigami et al, 2021).

**Table 1. Published cases of reported suicide by guillotine**

Case No.	Year	Country	Identity	Age	Partner	Occupation	Fixed address	Location of body
1	1876	England	Augusto	38	No	Artisan	Yes	Domicile

			Choro					
2	1994	Germany assumed		21				
3	1999	England	Colin Vincent	57	No	Handyman	Yes	Domicile (shed)
4	2002	England		58	No	Engineer	Yes	Domicile
5	2003	England	Boyd Taylor	36	No	Builder	Yes	Domicile bedroom
6	2007	USA		41			Yes	Wooded area
7	2010	Russia	Albert Repin	47	No	Engineer	Yes	Domicile bedroom
8	2012	Czech Republic		31		Machinery technician	Yes	Domicile attic
9	2017	England	John Straight	58	No	Former electrician	Yes	Domicile
10	2021	Japan		45		Factory worker	Yes	Factory car park

As shown in Table 1, these cases have come from around the world: 5 from England, and one from Germany, USA, Russia, Czech Republic, and Japan. All were male, with an average age of 42 years. Details of tenureship were available in 9 cases – all the individuals had a fixed address. Occupation was available in 8 cases – all possessed manual skills - from factory worker to engineer. Marital status was known in 6 – all were single. The location at which the body and device were found was available in 9 cases; in 7 cases the location was in the home. In two cases the body and device were located elsewhere - one in a wooded area and the other in a factory car park - these guillotines were believed to have been constructed or prefabricated at the home and transported to the place where the suicide was completed.

**Table 2. Published cases of reported suicide by guillotine: expressed suicidal intention & life events**

Case No.	Year	Identity	Suicidal intention stated	Known adverse event(s)
1	1876	Augusto Chrono	Yes	Widowed Financial Problems
2	1994		Unknown	
3	1999	Colin Vincent	Yes	Widowed
4	2002		Yes	Widowed
5	2003	Boyd Taylor	No	Parents separated Apparently normal (preferred his own company)
6	2007		Unknown	History of mental disorder
7	2010	Albert Repin	No	Divorced
8	2012		Yes	Father deceased
9	2017	John Straight	No	Schizophrenia

				Divorced
10	2021		Unknown	

Table 2 lists data providing some additional backgrounds. Unfortunately, none of these reports provide a comprehensive psychiatric assessment. With respect to mental illness, only 2 cases contained alleged mental illness - in one, the police “said that he had a history of mental illness”, and in another, there was a history of schizophrenia and compulsory hospitalization, along with an allegation of paranoid thinking. In the latter case an involved GP had observed no evidence of risk.

In 8 cases adverse life events were reported. Adverse life events have been reported to increase the risk of suicidal behaviour, e.g. Pridmore & Pridmore (2023). Three of the deceased were widowed and 2 were divorced. One had financial problems, one’s father was deceased, and one had separated parents and was described as “preferred his own company”.

With respect to premorbid statement of intention, in 3 cases there was insufficient evidence to reach a conclusion. Of the remaining 7 cases, in 3, no intention was expressed. In the remaining 4 cases (2 in both lay and medical press) there had been a statement/s indicating suicide had been or was being considered.

### *The Tasmanian case*

Mr X was a 39-year-old single male who was born in another state but lived in Tasmania. He had no relatives in Tasmania. He was a university qualified Engineer and was a valued employee of a government department. He was described as “innovative and having a flair for technology”.

He had experienced some previous disruption in his relationships with some family members, but these had been largely resolved at the time of his death. Family members attributed these disruptions to a depressive episode. He had not and was not receiving medical care.

Socially, Mr X was described as having “an effervescent personality” - he enjoyed socialising with friends and often organising social events for friends which included people from his workplace and affiliated companies.

In the 12 months before his death, Mr X was said to have experienced “mood swings”, which were thought to be related to events in his personal life. He had experienced difficulties in personal relationships with three women. He was described as having a desperate desire to “have a family and establish a family base in Tasmania”.

A family member visited from interstate to provide support, leaving to return home on 3<sup>rd</sup> of October. One week later, between midnight and 0700 a.m., Mr X drove to a wharf area in Hobart where he set up a home-made guillotine and decapitated himself. At his home he left a suicide note and a last will and testament. Toxicology report revealed no evidence of alcohol or drugs.

## Discussion

Of the 11 cases of suicide by guillotine described here, in two cases, there was some evidence of a severe mental disorder. Psychiatric opinion once held that all, or almost all,

suicide was a result of mental disorder. However, the WHO recently dismissed this belief as a myth (World Health Organization, 2014). Thus, the absence of severe mental disorder in suicide by guillotine is consistent with our recent understanding of suicide in general, e.g. Shahtahmasebi (2003, 2013).

While suicide may occur in the absence of a mental disorder, it is usually associated with personal distress (Pridmore & Pridmore, 2023). Consistently, the available accounts of suicide by guillotine indicate some completers were personally isolated and experienced distress.

It is not surprising that in all accounts of suicide by guillotine (so far reported), all completers were male, as in general, males employ more violent means than females. Of those who achieved decapitation by placing their necks in the path of a train/tram, the male to female ratio is 10:1 (Byard & Gilbert, 2004). Nor is it surprising that all 9 of those for whom employment details are available, possessed manual skills which enabled the construction of such a device.

There is insufficient evidence to make firm conclusions, but in 3 cases (2 of the previously described cases and the Tasmanian case) the device was built in one place (the home) and transported (prefabricated or as a completed unit) to another (a wooded area, a car park, and a wharf), where it was operationalised. Perhaps this was to 1) allow the construction to be completed in secret, and then, 2) preserve the home from disgrace and being tainted by blood.

Guillotine is an uncommon means of suicide and it is unclear what was the motivation for the selection of this method. It is clear, however, that the cases all had the skills and the 'know-how' to make such a device. Coupled with a high probability of success may have provided the complete confidence in employing this method.

Details of the Tasmanian case (Mr X) are consistent with those of the previously reported cases. This case is valuable as is the outcome of a thorough coronial investigation. It supports the observation that such completers are, so far as is known, universally male and possessing manual skills. We do not have a premorbid psychiatric assessment, but the Tasmanian case also tends to support the beliefs 1) suicide may occur in the absence of clear mental disorder, and 2) in the absence of mental disorder, personal distress may provoke suicide.

Suicide by guillotine is a rare event. To this point it appears unique insofar that those who employ the method are alike in gender, skills, age bracket, housing and marital status.

## References

- Anonymous. Suicide by a guillotine. The Maitland Mercury and Hunter River General Adviser 1896, 2 May, Page 6. Available at: <https://trove.nla.gov.au/newspaper/article/18806121> (accessed 8 April 2023)
- Anonymous. Horror as man uses guillotine to commit suicide. The Northern Echo 2003, 15 January. Available at: <https://www.thenorthernecho.co.uk/news/7046627.horror-man-uses-guillotine-commit-suicide/> (accessed 8 April 2023)
- Buncombe A. (1999) Guillotine used for suicide. The Independent 3 December. Available at: <https://www.independent.co.uk/news/guillotine-used-for-suicide-1126857.html> (accessed 8 April 2023)
- Barnip L. Guillotine suicide Horror as dad-of-two used homemade guillotine to kill himself in his own home and left note on his porch warning people about what was inside.



The Scottish Sun 2017, 10 May. Available at:

<https://www.thescottishsun.co.uk/news/987287/horror-as-dad-of-two-used-homemade-guillotine-to-kill-himself-in-his-own-home-and-left-note-on-his-porch-warning-people-about-what-was-inside/> (accessed 8 April 2023)

**Byard R, Gilbert J. Characteristic features of deaths due to decapitation. *Am J Forensic Med Pathol* 2004; 25: 129-130.**

Hejna P, Safr M, Zatopkova L. Suicidal decapitation by guillotine: a case report and literature review. *J Forensic Sci* 2012; 57: 1643-1645.

Ishigami A, Hata S, Ishida Y, Nosaka M, Kunjnaka Y, Yamamoto H, et al. Complete decapitation by a self-constructed guillotine in a burned body – complex suicide or postmortem burning? *Int J Leg Med* 2021; 135: 301-305.

Nowak R, Seidl S. [Suicide by guillotine] *Arch Kriminol* 1994; 93: 147-152.

Pridmore S, Pridmore W. A taxonomy of suicide. *Dynamics of Human Health* 2023, 10.

Available at: [https://www.journalofhealth.co.nz/?page\\_id=2855](https://www.journalofhealth.co.nz/?page_id=2855) (accessed 8 April 2023)

Shahtahmasebi, S. (2003) “Suicides by Mentally Ill People.” *TheScientificWorldJOURNAL*, 3, 684-693.

Shahtahmasebi S (2013) De-politicizing youth suicide prevention. *Front. Pediatr.* 1:8. doi: 10.3389/fped.2013.00008, URL:

<http://journal.frontiersin.org/article/10.3389/fped.2013.00008/abstract>.

Shorrock K. Suicidal decapitation by guillotine. *Am J Forensic Med Pathol* 2002; 23: 54-56.

Sudakov D. Man kills himself with makeshift guillotine. *Pravda.ru* 2010, 8 June. Available at: <https://english.pravda.ru/hotspots/113706-guillotine/> (accessed 8 April 2023)

Sullivan A. Man kills himself with guillotine. *The News-Herald* 2007, 15 September. (Updated 17 June 2021). Available at:

<https://www.thenewsherald.com/2007/09/15/man-kills-himself-with-guillotine/> (accessed 8 April 2023)

World Health Organization. Preventing Suicide: A global imperative. WHO, 2014.