

A Practical Guide To Suicide

I. Preface

A. Introduction

There are sure-fire plans to kill yourself, but they don't always factor in the character and feelings of the person carrying them out. This is why I have put some emphasis on contemplation and reflection in the Practical Guide to Suicide that I'm compiling: I think it is very important that the person him-/herself is taken into consideration, because any "sure-fire" plan can be disrupted by fear, uncertainty, or just plain self-deception.

We need to devise scenarios for the typical experiences people are having when they are suicidal, like those who...

- ...are sick and dying anyway and want an easy way out that doesn't involve a lot of mobility
- ...are depressed and can't find the motivation to go great distances (as to procure barbiturates like the ones *Final Exit* recommended such as Phenobarbital);
- ...are disgusted with life and want a way out that isn't too painful, messy or likely to fail;
- ...want to die for any reason and are afraid of being discovered, seen as a coward, or judged as evil by those one loves and is obsessed with;
- ...want to go out in a blaze of glory, making a strong statement against all one's enemies;
- ...want revenge on some society, group or person, and want to use their suicide as a means of achieving this;
- ...want to become an enigma or a media sensation, challenging the boundaries of narcissus.

I think that elaborate plans could be constructed for all of these conditions and desires, but certain combinations may be quite difficult to achieve (such as one who is depressed and lacking in energy and yet wants to go out in a way that would take some work).

B. Making an Informed Decision

If you believe that you have a psychological imbalance that is causing your suicidal ideations, then I recommend that you seek medical help for this imbalance rather than merely reacting to it by taking an action you may regret. Certainly, before the age of 23 it

is often quite difficult to obtain a coherent perspective on the world from which to make the important decision to end one's life.

While I may counsel people to terminate their lives and even inform them of the most effective means of achieving this, I am strongly opposed to preying on the weak-minded or disabled who haven't a grasp on their personal will sufficient to make an informed and mature decision on their own.

> I continuously want to kill myself. I have tried but have
> never been successful. I do not know what to do...

Most medical (physical and psychological) conditions have been addressed with at least symptomatically-ameliorative, if not remedying, treatment plans that will likely contain a combination of physical, dietary, and medicinal prescriptions.

If you do not feel that your needs are being met on the particular schedule you have been recommended, get additional opinions (consult whatever authorities you think are trustworthy) and experiment with alternatives. Research what is known about your condition, supplement your knowledge base so as to become more independent and able to make decisions without the need of people whom you may not know well. The internet is a valuable resource (with search engines, for example) to accommodate your needs in this regard. You can also seek out local reference librarians, as they will be of inestimable service.

It is important to evaluate the following criteria:

How capable are you of making an informed decision that will affect the quality of your life?

How reliable is your emotional resolve?

Are you being *driven* to certain actions, or are you definitely *choosing* them with careful deliberation and resolved composure?

How much deliberation time is reasonable for you?

C. The Elements of Suicide

> ...it's pretty easy to kill yourself, if you truly want to.

Technically, yes.

> I don't see what the big deal about methods is unless you are
> trying to make it look like an accident in order to allow
> relatives to get insurance money or to spare them some shame or
> guilt.

The main elements are:

- **Access**—how easy it is to obtain the conditions and/or equipment;
- **Efficacy**—how effectively it works;

- **Speed**—how quickly the method is carried out;
- **Painlessness**—so we don't have to suffer too much.

Access can be problematic for those with physical problems.

Effectiveness can be difficult to determine if we haven't yet separated fact from fiction.

Quickness intensifies the ramifications of the next element.

Painlessness is important to quite a few people and is sometimes expanded to include the retainment of the integrity of one's body for loved ones or in order to affect as few people as possible or represent an easier action to take—many of us are conditioned to self-preservation.

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> ...I am terminally ill,
> and was at a bad spot and thinking I might have to do
> myself in because of the pain. But I am on an upswing
> currently, and also have better pain medication, so I am
> (hopefully) not ready to go just yet.
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Access—doctors prescribe medication(s);

Efficacy—you can request more powerful drugs because they know you're going to be dying soon anyway and don't have to worry about the possibility of lawsuits;

Painlessness—meds suited to reduce pain may be acquired.

Speed might be a factor, as would dosage...

The other important area of suicide discussion is **proper preparation**. Too often this is neglected, when in fact things like cardboard coffins are available for those who want to go green or low-cost, and good plans are in the process of being developed for those who know they are going to die (tying up loose ends, et cetera).

D. The Empowerment of Accepting Death

We can be caught between knowing that we want to die, taking steps to accomplish it, and really just wanting life to be different, trying to find some way to escape or hide from it. Attempting suicide can be a way of shuffling the deck. No matter how much we may decry the control exercised over us once we've failed an attempt, we are the ones who got us there. It is a means of changing the life we are leading (abandoning control, which a lot of us want to do but for which are afraid of the repercussions). This is in part why some people commit crimes—to return to a controlled environment where they won't have to face the stress of decision-making.

Knowing that we can at any point terminate our lives can be a powerful incentive. "Okay, now I can do anything. If the heat gets to be too much, I can push 'eject, game over,' and I don't have to worry about the conditions I've created for myself." To many this is considered "weak, avoidance, cheating, sinful," etc., but that is just a human judgment intent on keeping us as their pawns, playing by *their* rules, condemned by *their* bogey gods, afraid to take the Final Power into their own hands and projecting this onto us as some sort of cosmic sin. After all, if they have to suffer in this shit-hole we're making of the world, we should be required to suffer it too, right? They'll say that we're a "sore loser" or a "spoiled-sport" (their game was ruined) if we don't remain inside their pitiful, finite game (cf. Carse, Watts) and submit to our position.

They are condemned to Hell in a life they deserve, and one's power to end one's own life is like a "secret weapon." Remember those spy movies and stories? (We may pretend we're a spy.) There's always the "cyanide pill" if we're captured or enter into a situation which may compromise our values and goals. If we condition ourselves to ingest it (something that these stories *never* talk about, but the spies have to endure it to break anti-suicidal conditioning)—that is, to terminate our lives—then we're better equipped to attain anything we want, or to die after feeling that our efforts were thwarted. It is arguable that this is one of the strengths of certain Asian martial codes, such as *bushido*, which focus so intently on the death of the participant.

If we're *really* creative, we may rig up a type of death which serves to accomplish something long in our wake, as is said of Jesus and Socrates.

II. Preparations

A. Introduction

When one is dedicated to the task, suicide will not be difficult to achieve at all. The major problem is internal, not external. Some degree of self-analysis, preparation for death, the reaction one will not witness but apparently cause, etc., is important since we are conditioned to regulate our behavior based on imagining the reaction others will feel in response to our choices.

Other than deciding on the method of self-termination, the practical preparation for suicide includes accepting one's demise, how it will be effected, and one's role in the social world prior to that event.

Deciding (or leaving undecided) the metaphysical issues inherent to the notion of suicide (such as how the cosmos may be structured, whether there are moral authorities who have forbidden the taking of your life, what happens to people when they die, whether it matters if someone has killed themselves as to the quality of any post-mortem experiences, etc.) is an important part of accepting the idea of effecting one's own death.

Contemplating the likely responses to the type of suicide one has planned and the future development of the society in which one lives (i.e. how family and friends will react to the news of your choice to end your life, what, if any, repercussions there may be to the message your death may symbolize, etc.) is essential in the construction of a satisfactory suicide method and context.

Discerning one's social role prior to suicide is immensely helpful in the precise delineation of the pre-termination itinerary. Whether this may include lying to one's friends and family (so as to avoid being bereft of autonomy and freedom in a misguided attempt to provide 'help'), the resolution of administrative details (like arranging for payment of regular bills and any funerary expenses that will likely be incurred by your survivors, etc.), or a fierce and fiery 'Shooting Star' termination in which a huge mess is left to those whom you despise or have learned to disregard, knowing how to approach the world will put those destined for death one step ahead of those who may wish to see

that a self-termination fails.

B. Contemplating Death

Fear of pain is an important reason to hesitate when contemplating self-termination. We don't want to become centers of pain—we want to terminate the pain (often psychological) that we may be feeling. The surity factor of practical methods is an important part of our consideration (which is why so much detail is included in the posts below evaluating methods, probably obvious to any who have seriously considered suicide before).

But what is it about pain that we fear? To some extent this fear is entirely groundless and irrational. Are we sure we don't want to feel *any* pain at all, even for a moment when the grenade we've placed next to our head goes off? Flying through the air on the way to the ground, do we want to imagine the impact at high speed and the very short stimulus of every one of our nerves? Driving onward with our heads flying backwards after being lopped off by piano wire attached to the axle of a parked truck or the trunk of a large tree, do we want to feel the "awkwardness" of seeing the world suddenly go topsy-turvy, feeling an imaginary body and wondering where "we" are then?

This is why experimenting with pain-play and getting over a dread fear of it can be valuable. We begin to understand that it is a **temporary** response to intense change (whether this be the change of decaying and dying as we age, or due to some possibly desired "catastrophe"). Eventually it stops being the obstacle it was and we can decide on suicide with a clear will.

. . . the thing that kept me from doing it was not that I wanted to live but that I was just too fucking scared of dying. And it wasn't *being* dead that frightened me, it was the *dying* part. The trip from Here to There. It makes me shiver right now, thinking about that night. I'm just a coward, basically—this makes me wish I were dead, but at the same time it keeps me alive. Same old stuff. :(

Maybe it was the method I chose that made it so difficult for me (hanging can be pretty gruesome if you don't do it right), but I can see where it might be the same with a shotgun. I suppose that when your conscious mind is aware that you're about to hit the Full Stop button, it's gonna fight pretty God-damned hard to keep you from doing so. The actual reasons are probably different for each individual.

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>I have often thought that the reason people commit  
>suicide is that they care too much about what  
>other people think.
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Actually, that's one of the things that *keeps* me from doing it.

. . . Most of us don't have the first inkling about what death includes, what it will be like, and a great number of humans hope to mystically circumvent this extinction-phase of our lives ("termination"). So we become members of cults which dream about afterlives and pretend that we're never going to die. the culture in which I live [US:CA] is pro-youth and

anti-death.

I prefer to learn from works of art like *Logan's Run* (though I don't like the fact that the society there was dominated and death wasn't optional *prior* to "degeneration") or *Zardoz* (which, while a low-budget cult film, has wonderful things to say about how fucked up people can get when we try to avoid natural processes and instead try to avoid the beauty of death and its results).

- > As significant as the fact that the means are easy and
- > painless is the fact that there is no stigma or shame
- > attached to suicide, since it is accepted (generally
- > speaking, even if someone would not want to lose a
- > particular individual to suicide).

This is an important premise to get across. Yet more than this should be the consideration of how death could be made *pleasurable!* What if death could be the ultimate experience a human being could engage? Pay a few thousand dollars and suddenly a whole circus of possibility opens up. Death during sex, at the height of euphoria; death while engaging all the nastiest (or alluring), most forbidden (or desired) pleasures of the world.

If there is no future which may be ruined, why not engage that which would otherwise harm or destroy us simultaneously? All the most exciting things which we'd avoid due to their risk and deleterious future repercussions would become options!

Recommended by a friend: cf. the book *Cause of Death*, which evaluates the exact processes of death without *faux* sensationalism.

Joseph T. Adams wrote:

- > How does one go about overcoming, or at least
- > temporarily "tuning out," the natural fear of
- > death, of the afterlife, etc.?

I don't have a good answer but here are some ideas that worked for me:

Drugs, at least some of them;

Wait till you can't handle the pain of being alive anymore and I'm sure you won't be asking yourself such questions;

Some music;

Making oneself deeply depressed.

It took me several months to push myself over the edge (i.e. to feel like item 2) by using items 1, 3, and 4. I also isolated myself more or less completely from the outside world so I would have no one to think about when I was to do it. At some point i started thinking in circles and it wasn't long before I wasn't scared anymore about death itself. I didn't succeed in killing myself but at least now I'm not afraid to die anymore.

This won't help getting rid of the fear of the afterlife but since I don't have such a problem

I can't help there.

Reading about suicide and methods can in fact make one become acclimatized to the rationality and realism of self-termination. Here are some book recommendations (boldface indicates "highly recommended"):

- ***Suicide and Attempted Suicide: Methods and Consequences***, by Geo Stone, 1999;
From: anonymous
Subject: Re: Suicide with gas, Geo Stone's book
Date: Sun, 12 Sep 1999 14:09:40 -0500

Frank wrote:

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>> ...I strongly support Stone's book, since  
>> there is a desperate need for more and better  
>> suicide manuals. I just wonder why he couldn't  
>> have developed a few methods to the very detail?  
>> I would specifically have liked to see a  
>> detailed oxygen-displacement method, since the  
>> components for such a method should be available  
>> to most people.
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- ***A Guide To Self-Deliverance***, EXIT (Britain);
- ***Autodeliverance***, by Michel L. Landa;
- ***The Bell Jar***, by Sylvia Plath;
- ***Bitter Fame***, biography of Sylvia Plath, by Anne Stevenson;
- ***Caring for the Suicidal***, by John Eldrid;
- ***Death of a Man***, by Lael Wertenberger;
- ***Double Exit***, by Ann Wickett;
- ***Dying With Dignity***, by Derek Humphry, 1992;
- ***Essays in Self-Destruction***, by Edwin "Ed" S. Shneidman;
- ***Final Exit***, by Derek Humphry, The Hemlock Society, 1991;
- ***The Final Months: a Study of the Lives of 134 Persons Who Committed Suicide***, by Eli Robins;
- ***First You Cry***, by Betty Rollin;
- ***How To Die With Dignity***, by George B Mair, EXIT (Scottish);
- ***Jean's Way***, by Derek Humphry;
- ***Justifiable Euthanasia***, by Pieter V. Admiraal;

- *Last Wish*, by Betty Rollin;
- *Let Me Die Before I Wake*, by Derek Humphry;
- *Letters Home*, biography of Sylvia Plath, by Aurelia S. Plath;
- *Mishima: A Biography*, by John Nathan;
- *The Oxford Book of Death*, by D. J. Enright;
- ***Prescription Medicide: the Goodness of Planned Death***, by Jack Kevorkian, 1991;
- *The Savage God: A Study of Suicide*, by A. Alvarez;
- *Suicide and Attempted Suicide*, by Erwin Stengel;
- *Suicide: A Study in Sociology*, by Emile Durkheim;
- *Suicide: Inside and Out*, by David K Reynolds and Normal L. Farberow;
- *Suicide: The Gamble with Death*, by Gene & David Lester;
- *Voluntary Euthanasia: A Comprehensive Bibliography*, by G. Johnson (Hemlock Society)
- *Wanting to Die*, by Anne Sexton;
- *The Woman Said Yes*, by Jessamyn West;
- an article from *The Humanist* magazine, January-February, 1993: "Death With Dignity," by William McCord.

Songs about suicide can also get you in the mood...

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>> "Something I can Never Have," Nine-Inch Nails...
>
> There is also another great suicide song...
> from Marilyn Manson; the last song on
> "Antichrist Superstar."
>
> The Cure also has a lot of great suicidal songs.
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The Doors' "Yes, the River Knows" is another fine tune.

"Stay Together," by a British band called Suede, is an excellent song. The lyrics are about what the title suggests and the song itself is about two lovers forming a suicide pact.

>>> ..."Alice in Chains" has lots of
>>> suicidal favorites, especially on Dirt.

Especially Dirt on Dirt...

"1-800-Suicide" by Gravediggaz or "Hey Man, Nice Shot" from Filter aren't bad, either. Both are on the soundtrack to *Demon Knight*.

> Morrissey, Bauhaus, Coil, Peter Murphy,
> Sisters of Mercy, Lords of Acid (If you feel
> like dancing first), Mistlethrush, Black
> Tape for a Blue Girl...

Morrissey is okay—I like "Lifeguard Sleeping, Girl Drowning"—but Sisters of Mercy suck.

Kristy wrote:

> Suicidal Tendencies' "How Will I Laugh Tomorrow?"
> Suicidal Failure's "When I Can't Even Smile Today"
> Déja Vù's "Feel Like Shit"
>
> Pink Floyd's "The Postwar Dream," "The Final Cut," and
> "Comfortably Numb."
>
>>>...put the song on repeat so when they find
>>>you, they'll hear it. Sorta like an audio suicide
>>>note.
>> My suggestion is Sarach McLachlan's cover version of
>> "Gloomy Sunday."
>
> Suicidal Tendencies' "Suicide's an Alternative" and Life
> of Agony's "River Runs Red."
>
> I've heard that there is a symphony by Mahler that is
> never played, because people get the urge to commit
> suicide after hearing it. Seriously!

Well, I've got one suggestion: the track entitled "Burn," by The Cure, in the soundtrack from *The Crow*.

... as can **films**...

I know only one book really dealing with suicide, and it doesn't have an English title (translated, though, it would be "Matilda's Last Summer"). but *Steppenwolf* (H. Hesse) and *Werther* (Goethe) have left a big impression.

carol

Movies about Suicide	
10	<i>Whose Life is it, Anyway?</i>

10	<i>'Night, Mother</i>
10	<i>Leaving Las Vegas</i>
9	<i>The New Age</i> (largely involving suicide and "life-suckiness")
6	<i>Julian Po</i>
	<i>Harold and Maude</i>
Movies With Suicidal Characters	
10	<i>Lethal Weapon</i>
6	<i>Groundhog Day</i>
Movies with Suicides	
10	<i>Full Metal Jacket</i>
8	<i>Shawshank Redemption</i>
8	<i>Thelma and Louise</i>
7	<i>Gattaca</i>
	<i>The Taking of Pelham 1-2-3</i>
	<i>Dr. Strangelove</i>
	<i>Vanishing Point</i>
	<i>The Crow</i>
	<i>My Name is Joe</i>
Honorable Mentions	
10	
8	<i>Dead Poets' Society</i>
	<i>The Deer Hunters</i>
	<i>The Madwoman of Chaillot</i>
	<i>Swing Kids</i>

	<i>A Few Good Men</i>
	<i>The English Patient</i>
<u>IMDb Search Results</u>	
	<i>After Darkness</i>
	<i>Bad Timing</i>
	<i>Brave</i>
	<i>Breakfast of Champions</i> (summary sounds pretty good)
	<i>Chattahoochee</i>
	<i>The Cruse Oasis</i>
	<i>God's Lonely Man</i>
	<i>The Odd Job</i>
	<i>On Campus</i>
	<i>Pact</i> (summary sounds like an ASH party!)
3	<i>Pump up the Volume</i>
	<i>Zina</i>

One of my favorites is a dark-comedy suicide flick, *The End*, with Burt Reynolds and Dom DeLuise. It's hysterical! I particularly enjoy the part where Burt swallows a handful of every kind of pill from his mom's medicine chest, with sour milk. He immediately spews out the mess on a coffee table and remarks, "Looks like Walt Disney threw up."

Oh yes, and not to forget *the* classic: Goethe's *Sufferings of Young Werther*—after this book was published (in the sixteen-hundreds, I think, but I could be wrong), there was a slew of copycat suicides, where dozens of young men killed themselves with a copy of *Werther* in their pockets!

And for movies: *Thelma and Louise*.

C. Imagining the Post-Mortem World

Post-mortem fantasies (judgement by a deity, for example) are implants designed to prevent our being out of the control of the cultic group. There is no evidence for their reality. They have observable effects on human behavior (largely irrational), and can be countered by effective hypnotic techniques or a sufficiently long focus on counter-images or counter-indoctrinatory concepts.

Suddenly "becoming" an atheist or materialist-scientist, studying the popular expressions of this culture, the Skeptics, or their like, can have tremendously liberating repercussions. We may even find that, unloading all this shit from a repressive religious regime, we are now equipped to face life for a few more years (hopefully in service to nonhuman species or at least to ourselves) without all that Guilt Crap.

Also worthwhile is the intentional fantasizing of alternatives to the Nightmare Condemnation urged by these fanatics. I have, for example, imagined myself as being carried away by the shades as in the film "Ghost" (but without all the Orphic, Judeochristian horror), lofted on their shoulders in joy and revelry, a Child of the Darkness, carried down into the Wombful Underworld as Prince of the Daemons, crowned and conquering, a Hero for Terra. This has tremendously liberative counterbalances against the idiocy of the Bogey and His Punishment that the Western Book-Slaves have created in the minds of impressionable and perpetuated as a meme into the heart of existential angst.

While I still don't believe in all this post-mortem fantasizing, being a good Buddhist Satanist, I do find that, having some other comparable fantasy material allows me to categorize it all more easily than accepting some sort of Pascal Rap about how much better the choice is that I must make *for* the Yosemite Sam God than opting (like Bugs Bunny, my hero) *against* this phantasm.

I might just as well accept that I must make a choice *for* the God of Toasters or of Lemmings (here I come, ready or not, O' God of Lemming Suicides! Yippee!!).

One of the more formidable obstacles to suicide is the desire to go on living.

This would include attachment to loved ones, activities, places and/or entertainments which we would (presumably, some people have very weird ideas, like about the "afterlife") not wish to depart. I think lovers, children, sex, and wilderness are the most common attachments that keep people from ending their lives.

Lovers will become increasingly difficult to obtain in an era of continued compartmentalization and disease-fear. Children will eventually be restricted to those with licenses. And the wilderness will, unless we take steps to bring these liberties into reality sooner than later, mostly be inaccessible or completely obliterated.

Absent these factors, I think life will become drab and, outside the fantasy of media entertainment and the advertizers who will control those that view it, meaningless enough to inspire a great deal more to end their lives. Those with the capital will of course attempt to terraform other planets and recreate the relative Eden we have had until quite recently.

> people would accept suicide very casually. There
> would be TV commercials for franchised assisted-suicide-
> center chains (the "McDonald's of suicide"). (And
> then there are these fringe "anti-suicide cults"...)

But what about the sensualist-death cults? You see, that is what I, in my queer CoE involvement, want to see more of: consensual human sacrifice, necrophilia, bestiality, cannibalism, perhaps *combining* all

of these things in a religious ritual (could even be Christian).

>> More likely: I'll check in to a motel, when I decide to
>> check out. Let the motel staff and the police take care
>> of finding the body, cleanup, etc., and just notify my
>> family.

>> The only drawback to that is that I think a
>> suicide in a semi-public place like a motel is more
>> likely to result in a newspaper story, which might be
>> embarrassing to the family.

> So why not go for a motel far, far away?

I did plan on going at least into the next county, 40-50 miles away, so it probably wouldn't make the local news. If I'm really adamant about keeping out of the headlines, I guess I ought to plan on doing it on August 18, the day after Clinton gives his blow-by-blow account of his blows.

Great plan—killing oneself in a foreign country is the same plan which I have now. And, if you die in a foreign country, without anything which can prove your identity, such as a passport, they authorities in said country will be very confused as to your place of origin, or even who you are—that is assuming they even find your body. And why don't you find someone near you who can send your already-written letter to your dad periodically, and that'll be no harm to your dad.

let me out wrote:

> I've come to the conclusion that I could disappear
> without leaving any trace other than a note like
> "Don't look for me anymore. I'm gone forever

The best way to disappear is to go to a faraway city, preferably in a Third-World country. If you're in the U.S., go to Mexico. No passport needed. Make sure to leave no paper trail. Don't make airline reservations. Just take a train to El Paso or San Diego, then cross the border on foot to Juarez or Tijuana.

Throw out any I.D. you have on you, then kill yourself. The authorities won't know who the hell you are, or even what country you're from. I suppose if it's a border town they'll assume you're American. No problem, go to Mexico City. You could be from anywhere.

They'll declare you a John Doe (or a Juan Doe, more accurately), bury you in an unmarked grave, and that's all. Then your shmuck relatives can ponder your disappearance forever.

> My problem is I haven't ever tried to commit suicide myself; how do you
> try an attempt? I'm a little afraid, but I'm not afraid of pain.
> I don't know how to try because of the survival instinct. I live at my
> parents' house, and they are rarely absent—only for a few hours at a time, never a day.

Personally, I tried once, and got very close, but chickened out. I lived with my parents back then and therefore went to a hotel and took an overdose, but that's where my nerves broke and I phoned an ambulance.

Getting away from the survival instinct isn't all that bad. All you need

is very serious feeling of non-importance of everything, and after that, you probably will have no problems with committing suicide.

I personally avoided the trap by going to the hotel.

D. Considering the Symbolism of Death and Suicide

(How what we are fantasizing might factor into something we want on a deeper level than a literal interpretation, like a "death of the self," "death to the world," "death and rebirth," and how these might be spiritual experiences. [unwritten -- submit your favourite post on this subject from usenet or a public email list to the editor])

E. Lying Successfully

If you have attempted it before, others may suspect something is "wrong" due to any sort of sudden change in your attitude. Doctors and/or the media may have given them lists of "signs to look for that indicate impending suicide," like sudden resolve, openness, desire to let go of past issues with family, giving away one's possessions, etc. Read the if you would like to see a thorough list.

It is as important to us to know what will tip people off if we are intending suicide (or looking for people with whom to form a suicide-pact) as it is for those who want to thwart our wills once we have decided that death is the choice we desire.

F. Resolving Life Problems

(Notes, relationships, debts, discontinuing services, body disposal.)

>> In *my* opinion, a **good** Note should include the following:
>> -why someone took the bus [i.e., killed themselves]

...I agree that, if someone actually thinks that they know why they ended their life (usually to terminate physical and/or mental pain or depression), then it may be important to include this in a suicide note.

> The second question they ask is, "Why didn't
> s/he tell us before?" So, tell them [in the suicide note]!

Alright, I can see that this *might* be valuable, as long as one feels a need to conceal one's activities (rather than to responsibly end one's life by terminating/resolving all relationships). Again, it really depends on why one is killing oneself. If this is done to escape pain, then the objection ought be raised: why didn't you take steps to ameliorate that pain through the ingestion of drugs or subjection to psychotherapy to "fix the problem"? If it is done in order to reduce the human impact upon a beleaguered planet, then there is no need to wait until death to explain the importance of suicide or why one might engage it. Euthanasia (whether assisted or undertaken by an individual) ought to be the birthright of all informed adults.

>>> ...what other solution one has tried before the final one
>>
>> unnecessary, but possibly helpful to others.
>
> And [it] shows... that it was an informed decision.

Not necessarily, since there are always objections to terminating life based on the held-out hope that "there may be a cure someday." This is contrary to the notion that a person ought to have the right to terminate their life whenever they want in a dignified manner, and with

assistance from the latest technologies.

>>> ...why this was the best solution/[decision]

Superfluous excepting out of compassion.

If one is intending to end one's life, for reasons which do not involve other people, or one wishes to strike back at those who were unkind to oneself in life, then either refraining from any kind of suicide note or writing something very hostile will have an entirely different effect upon the reader(s). If one decides to end one's life, this should be sufficient for those who respect who and what we are and our ability to make decisions about that which it is only our business to decide (whether we live or die; notable exceptions for dependents, but these can be provided arrangements in a will).

> My six points for a **good** note are inspirations
> for a note to reduce the pain of loved ones.

This may or may *not* be a desired activity...

> Other motivations need other points.

Revenge, martyrdom, catalyst of species consciousness. Suicide notes can be written for a variety of reasons, only part of which includes a clear communication of where we are and what we're up to. They can also be made into a political expressions, final stabs of revenge from the grave at our enemies, a puzzle for those with way too many calories, etc., etc.

> How To Write a Note-FAQ
> I plan to write the FAQ on "How To Write a Note"

How about a standard A.S.H note? Something along the lines of:

Dear

mother,
father,
lover,
(all of the above),

I have done this which you see before you because...
you suck.
the world sucks.
my life sucks.
my job sucks.
my vacuum sucks.
(all of the above).

There was nothing you could do to stop me because...
I had already made up my mind.
I have been suffering all my life.
I already threw away the receipt for the shotgun.
you were too slow to do anything about it.
(all of the above).

...etc.

Suicide notes don't create problems. The problems are endemic to the society itself and its sickness about death. However, taking into

account the idiocy of society today, and what ramifications may come from certain spins on suicide notes, can be quite important (vengeance from the grave, for example, or giving your family a break for being "normal").

Many people take notes as communications rather than last words in reflection of what one knows one is leaving (like a review of a film one has just seen), or rather than poetry (unless obviously so, which I think would be a perfect type of suicide note).

If we can't say these things to people when alive, is this part of the reason that we feel so suicidal? If so, then we deserve to say them as we launch ourselves into the Realm of Death.

Here's my suggestion:

I, , being of sound mind and body, will kill myself in service to the organism who bore me. my sacrifice will relieve a little of the suffering and tragedy that my species is creating and serve as a symbol of responsibility.

I want my body to be consumed by living creatures, if possible, after being put to sodomous ends, in the fulfillment of my dedication to the Church of Euthanasia's mission to reduce human overpopulation and reclaim the proper role and character of human death. having the presence of mind to become a full member of the church, and having obeyed its One Commandment, I expect to be made a Saint immediately.

(signed in blood or other body fluid)

If we're really dedicated to dying and have the energy, we'll change geographic locations, cut off and tie up all the loose ends of our relationships, resolve all monetary contracts and future obligations, and generally prepare in a responsible way.

> if I get desperate, I can use the shotgun. I
> just feel guilty about leaving a mess.

Use a hospital's emergency room; the personnel are used to cleaning up blood.

Steal out to the wilderness where animals will devour you.

Plant yourself next to a compost heap and rig up something that will bury you over time.

Subject: Suicide as a paid promotional stunt!
From: uncited usenet post
Date: Mon, Mar 1997

A jumper could dress in the company color scheme, have a banner trailing them, and yell the slogan on the way down from a landmark bridge (like the Golden Gate) or building (like the Empire State). Suicides could designate beneficiaries for payment, like life insurance.

G. Letting Others Assist

The Advantages and Disadvantages of Joining a Suicide Pact

A suicide pact is, generally, the agreement of a group of people who, having discovered mutual interests in terminating their lives, agree to secrecy about a particular (often future) event at which all those bound by the pact will die.

For those without the willpower or interest in solitary death, the pact offers a kind of community of self-destruction which serves to both support one's goals and make more likely an attention to detail. Given the depression which sometimes accompanies suicidal tendencies, it is helpful at times to have comrades in word and deed to bolster one's spirit and encourage the Final Act.

Enthusiasm can be an important element in a successful suicide. Apathy or depression can lead to oversight, error, and accidental self-betrayal (e.g., a particular remark might give relatives the idea you won't be around for future family events and they might start to grill you about why this is the case). With group incentive, not only is there an addition of duty and loyalty to the equation, in that others are counting on you to help make their exit from life coincident with their desires, but the pooled resources of the group can overcome the limitations of any single individual (e.g., someone good with guns shoots everyone else properly before turning the gun on himself; someone without a lot of money can be given pharmaceuticals that all in a group are taking).

One of the most important detriments of a pact as compared to solitary suicide is that the more people involved with it the more possible it will be that someone will betray the group and inform authorities of the pact and its details. For this reason sophisticated methods must sometimes be devised so as to preserve ambiguity of details and preserve the integrity of those involved until the date and location of the suicide party are determined and revealed.

Pacts and Physical Methods

Pacts can assist in any method by virtue of their participatory character. It is easier to do challenging things in a group than it is to do them alone. Knowing that one is not utterly alone at death can be a comfort.

With regard to particular methods, again, those which require particular skill, such as a familiarity with weapons, chemicals (e.g., pharmaceuticals), injection devices, constructed suicide devices, or the like, can be assisted by the pact in that coverage by at least one individual who is a part of it makes the method possible to all.

A pact can also assist in circumstances where the context must be arranged (such as a large weight tied to the ankles) and this context may be frightening for the person themselves to coordinate. Arranged (and consensual) killing of another may be easier to handle than self-termination. A single individual with the courage, for example, could bind, gag, and blindfold all others present, and set a shotgun pointed at the proper angle before each, triggered to shoot all pact members simultaneously and end their lives. Perhaps the triggering person would choose to die via the death-by-police method after calling 911, or be killed by the same triggering device (e.g. a bomb).

Gas and poison deaths can be facilitated by pact-making. A "monitor" can be appointed by the group to make sure that everyone dies comfortably, s/he being the last to go.

One of the detriments of pact-making methods is that they are not

foolproof. Deception, for example, is a real possibility, from the scenario where a participant is actually a spy trying to thwart the group plan to the thief and murderer who wishes to kill the individuals so that s/he can plunder their unguarded estate.

One method to prevent against such problems is to recruit pact members only from within attuned societal organizations. Groups like Heaven's Gate, the Church of Euthanasia, or the Voluntary Human Extinction Movement would be the most likely to be trustworthy. Having values and/or beliefs in common is a good indicator of reliability.

Other Aspects

It has been suggested that a pact group might be valuable as a kind of therapeutic resource. I recommend against this strongly, since as long as there are contrasting opinions which pertain to the subject of suicide this is likely to undermine the determination of the participants in ending their lives, and the *purpose* of the pact is to see this to its desired end. For this reason, it is probably best to limit pact group interaction to the preparation for, and execution of, the intended group suicide.

[I don't know how serious the following message's poster was...]

My name is Barry Norris. I would like to offer my services to any member of this group. With prior arrangement, I will travel to your home or location of choice and using your desired method I will kill you. I am prepared to use any agreed evil force to end your life on this earth. I promise to take you from your life and cast you away into the unknown. Your soul will leave your body at my hands.

The vivid terms come with some apology but in no other way could I impress on you the nature of my services.

Should you need it, I can offer you an additional facility whereby I "dress the death." *Exempli Gratia*, the scene is disguised in the form of a burglary or car accident should you wish to spare the feelings of family/friends.

When, having carefully considered all the options, you are fully minded to take advantage of my help, please feel truly welcome to contact me.

I don't know which one of you peeps have money but, the hired hitman method is pretty cool. It's expensive, and you have to be careful about cops, because they often pose as hitmen but even if you do get a cop, s/he would be at odds with charging with you. Fuck 'em—I mean we're our *own* clients. No judge or jury would be able to figure out what to do. If you do manage to hire somebody, you get a rush every time you walk out of the house, and walking down the street you wonder when it's going to happen. This method is far more interesting than that boring self-poisoning crap, or car-exhaust shit.

Making it Look Like an Accident

Making one's self-termination look like an accident in order to preserve insurance awards or maintain an image to family or others can be a tricky business. One's lifestyle and geographical location can contribute considerably to the options which are available. Add to this one's condition and the limits to one's ability and willingness to

deceive one's loved ones, and the complexities can seem insurmountable.

The most important element to foster is a proven record of intentional survival. "Accidents" can happen even to those who may have previously been "merely crying out for help" in their self-destructive or risky behaviors. Do not eliminate the condition of surprise should you wish your motivations to be above suspicion.

Responsible and thorough suicides who want to make it look like an accident will study the symptoms of suicidal or depressed individuals. Introductory files such as those for helping and encouraging self-destructive behavior can prove invaluable (an example of the latter may be found here, but it is by no means a complete study) in the identification and elimination of evidence to support your true motives. Familiarity with reputable mystery writers, and their works in prose or film (e.g., *Double Indemnity*, et al), can be helpful supplementary research, as can a small foray into 'zines or more substantial publications which cater to the more abstruse technical details of mysteries or true crime dramas.

Certainly classic indications include a change in ordinary social behaviors, giving away one's possessions, a fascination with the event or philosophic relevance of death or suicide, and a sudden increase in risk-taking behaviors.

The technical aspects of the accident are all the more important. Intentionality should somehow be ruled out through sabotage or isolation. Sabotage should be either unable to be traced or unlikely to be investigated, whereas isolation (e.g., being buried in an avalanche while skiing) should not be considered "out-of-the-ordinary behavior" for the person committing suicide, lest it draw unnecessary and unwanted attention.

Pre-planning is always helpful, but not always possible if the reason for suicide is impending terminal illness or some incredible physical or psychic pain. Even quite peculiar deaths can be arranged, given a planned transition to interest in sports or events that take place in risky areas in which an accident is more likely.

Catastrophic damage is usually a better means of self-termination than some kind of overdose or poison, but certain physical conditions and their prescriptions can lend themselves to "accidental over-consumption." The problem with this latter method is the range of physical conditions which may result if the substances or dosages are insufficient to do the job properly. Damage can be a more reliable termination if one has the courage and intelligence to pull it off.

A specific method valuable to consider would be a fall from a great height, especially when surrounded by hunks of steel, massive projectiles, and moving at high speed. If flying an airplane is a hobby, for example, then diving into the side of a mountain in a storm could be an easy out. Many people drive automobiles, and these can easily be aimed off of very high precipices in canyonlands and mountainous regions into gorges of such impact as to render survival unimaginable.

An examination of "accident statistics" in a reference section of a library would surely yield other possible options. Of less reliable—but likely unsurvivable—value would be "slipping" and falling in front of some large moving vehicle such as a truck or train, though one may wish to consider the drivers of such vehicles, and one's impact upon their lives.

Other types of "accidental" death would be the contraction of a fatal disease. Taking up the hobby of world travel (especially to backwaters and some of the few tropical regions) could quite possibly net the adventurer some virus, bacteria, or parasite that will do the job.

Developing personal hobbies such as explosives (like making and testing pyrotechnics, the collection of warfare equipment, such as grenades, or chemicals, such as nitroglycerine, or fulminate of mercury) can make one's exit a quick and relatively painless experience, while simultaneously, if fostered over the course of several years, including a convincing cover for one's self-destructive intentions.

Above all, do *not* leave any incriminating evidence behind. Communications or documents relating to suicide, or the best methods of self-termination, such as this posting, are good examples of items which should be purged before any sincere attempt to achieve an "accidental death" can begin. Think ahead and consider the aftermath of whatever decision you may select in the context of a police and/or insurance settlement investigation. Coming to understand the operational standards and legal parameters of these fields would also be of import if one intends to deceive their agents.

Date: February 21, 2000

> I read the article on suicide, but I didn't see anything on
> how to make it look like an accident. Got anything on that?

The desire to end life without one's relatives or friends suspecting that we'd had that in mind is probably most common amongst those whose family and acquaintances are emotionally-insecure and interdependent. Others may have moral qualms about suicide and post-mortem destinies of the "soul," which they suppose will survive the bodily disintegration and, in order to "spare them" from this, or from feelings of guilt ("If only I'd known I could have *done* something!" they may say), we may wish to conceal many things, inclusive of the nature of our final act. Other reasons to try making it look like an accident include trying to leave insurance for one's family. The number of films on this subject should supply very good ideas as a supplemental source.

The usual methods of concealment include making it look like an accident, and disappearance. The first method has attendant complications, since some of the suicide methods that will appear to be an accident could impinge upon the lives of others who may not wish to die (as when someone drives head-on into an oncoming train).

The usual way to fake an accident is to look carefully at the international news and consider the ways in which people tend to die. There are a great number of vehicular accidents, for example, and this is easy to fake but hard to be sure that it will be successful without careful planning and avoidance of chance survival. Plunging from a great height, or into a body of water, with the windows rolled up in an automobile, is likely to be considered "accidental." Smashing into objects at high speeds—especially without a safety-belt—is moderately likely to result in your demise; in such a case it would be best to aim at very dense materials like steel and stone. Compare this with industrial accidents in which one falls into the wrong place "by accident."

Risk-taking sports tend to result in their share of casualties which will be considered accidents, though survival becomes easier when one is participating in some common sport where others are likely to be present and may interfere by "coming to the rescue." Elemental exposure and disregard can be seen as an "accident of negligence," such as when one flies during a storm, skis during a blizzard, or hikes through sub-freezing temperature zones (in which one might crash or freeze respectively).

Electrocution and poisoning are less likely to be believed as accidents, but if ignorance or absent-mindedness are common perceptions of the individual considering suicide, this may be an option. The problem with these are that they can be prone to painful results, sometimes even failure. Research into the precise voltage, grounding—or, in the case of poison, dosage—for body type and likely effects are important supplemental homework.

One of the most important parts of making one's death appear to be an accident, aside from actually carrying it through to termination, is the cover-up of one's personal life. Text such as that in which this advice appears, for example, is likely to be incriminating evidence, so to speak, as would any correspondence or expression indicating depression, focus on death, or euthanasia. Radical changes in one's life, friends, or general behavior can lend reason to suspect "foul play" or a "personal problem." Suicide-prevention literature typically contains lists of signs that one can watch so as not to evidence them in one's life or leavings. Especially important as to the promotion of one's end as an accident is the recent initiation of lengthy projects and the continuation of one's ongoing affairs. This gives the impression that one had intended to be around for a while.

The Possibility of Failure

```
>> Isn't it the case that most botched suicides are as a
>> result of attempted overdose which fails?
>
> Actually, it does hold the largest percentage, but people are
> impulsive, and a lot of them are actually people trying to
> get attention; spurned lovers, that sort of thing. Jumping
> out in traffic, shooting one's self is the mouth with a (I am
> not making this up) .22 short (just ruins the roof of your
> mouth-blech). People who have not really thought it out,
> just want the attention, or to lay a guilt trip on someone.
> They generally do not get very much sympathy from the E.R.
> staff—we are sick of them.

> People who really mean it have set up closure for themselves
> and most of the people around them, and their houses are
> spotless. Everything is boxed, labeled, and there is very
> little to do. Most have even had the utilities shut off,
> and the last bills paid. These are the serious ones.
```

...and...

```
> Should I fail, I want the
> extra time to let nature do it's work on me where I have not
> ...say a rented cabin that will not be maintained by the maid
> staff for a week. Something like that.
```

Yes, that makes the most sense. Act preventatively to keep people from helping, rather

than helping them to discover the body first.

One of the things I would also do is to post a sign on the door of this cabin, something like:

The interior of this cabin contains the body of a previously healthy , aged , who took life, and is glad to be gone from the world. Please call the appropriate personnel to have the body removed and disposed of per the desires in the suicide note to be found within. Thank you, and sorry for the inconvenience.

Signed,

Dying at Home

Often, one may want to terminate one's life in familiar, pleasant surroundings; however, doing so limits the number of possible ways there are to die.

> What's the best method to die in the comfort of my own home?

First, I'll deal with the local environment, *then* I'll list a couple of suggestions for inside the home.

Geography

Hypothermia

In northern climes, during colder periods of the year, hypothermia is a real option. Being wet, without clothes, outside in the snow for a good day or two will probably be enough.

Hypohydrria

Near a body of water such as a swimming pool, lake, or ocean affords the weighted swimmer with an easy solution also. Tie enough heavy objects to the legs and dive in. Breathe water heavily until dead.

Cataclysmic Impact from a Height

Near to great heights, such as canyon cliffs, or in dense urban centers, where there are liable to be accessible towers, or very tall buildings, makes possible the leap to death. Landing head-first will more or less ensure success.

Cataclysmic Impact by a Fast-Moving Vehicle

Dwelling by tracks of fast-moving trains gives the suicidal an easy-out where there is sufficient concealment such that the train will not be able to observe you before you leap in front of it.

Helpful Home Remedies

Shotgun to the Brainstem

Having a shotgun makes killing oneself a snap. Aim for the brainstem; be sure that there is a good foundation for the recoil before firing.

Potassium Cyanide (KCN) Consumption

If you've got some potassium cyanide, or know where you can get some, then the following method may prove valuable):

Take a small glass of cold tap water; do not use mineral water, nor any kind of juice or soda water, due to the acidity of such liquids.

Stir 1g (or 1.5g, at most) of potassium cyanide (KCN) into the water; using more than recommended will likely cause burning of the throat due to the acidity.

After about five minutes—this "waiting period" is important, as a chemical reaction needs to take place—the KCN will be dissolved and ready to drink (because it has turned into HCN). It remains drinkable for a period of several hours, but not much more than that.

Once the concoction is drunk, consciousness will be lost within a minute. There will be just time to rinse out the glass (to ensure that no one else accidentally drinks from it—however, one could just as easily put a big "Warning" label onto the glass, or throw it into a corner or a fireplace, if one doesn't want to take the time) and lie down. But beware—a person extremely weakened by illness might lose consciousness within twenty seconds.

While in the coma, death will follow in fifteen to forty-five minutes, depending on the physical strength of the person and whether the stomach is full or empty (an empty stomach promotes faster death).

During the coma period, the dying person will breathe heavily or snore, similarly to people who have taken a lethal dose of barbiturates [See below.].

[Hans] Atrott notes that with a person who is seriously terminally ill, death is so peaceful that often doctors do not detect suicide, and sign the death certificate as being from natural causes.

—*Final Exit*, by Derek Humphry, The Hemlock Society, 1991, pp. 44-5.

This is also the German Society for Humane Dying's recommended suicide method, as related by Derek Humphry. If anyone else has information we can add to it, please let me know as a followup to this post.

However, this is not the method which Humphry finally recommends, because he is concerned that cyanide might not be fast and painless enough, having heard a multitude of stories about its effects. He has a whole chapter on cyanide of various types and it is worthwhile reading.

No, his recommendation is directed toward those who have a terminal illness (who may be in a weakened condition and who may have built up a tolerance to one or more pain-killers). Without the assistance of a doctor, he recommends ingestion of Seconal (secobarbital) and/or Nembutal (pentobarbital) combined with a plastic bag over the head to ensure suffocation while comatose.

Humphry's focus on the digestive process is admirable, and he goes into some great detail about what should and should not be done prior to killing oneself via this method (Ibid., p. 110+).

Of particularly great importance when engaging in the overdose method (he says that alcohol increases the lethality of such substances by 50% and provides a good chart in the back which gives lethal doses of many pharmaceuticals) is the *prior* ingestion (an hour beforehand) of Dramamine to prevent nausea and vomiting of the pills. He notes also that one of the other problems of oral administration is that people will sometimes go to sleep prior to completing a lethal dose, and so suggests that one use alcohol to wash down a number of pills, or just a few while gobbling the rest very quickly in a pre-prepared pudding.

His recommendations about having a suicide note, Living Will, and Last Will and Testament are invaluable for those serious about ending their lives with grace.

- > Can somebody suggest me a way to kill myself?
- > I am disabled, cannot walk, can lift my arms just a little,
- > and have no firearms. I am so tired.

The disabled and terminally-ill are the most prone to have serious desires to end their lives, based on their quality of life for the remainder of their days. They are *also* the most likely to receive help from unexpected quarters (especially the terminally ill) when attempting to secure reliable methods. Witness the repeated help of individuals like Saint Kevorkian and his compassionate response to those who wish to die with the assistance of a doctor. Today there are even opportunities for the terminally ill such as state-supported physician-assistance if one chooses to live in the proper area of the world (as of this writing, at least in Oregon, U.S., if not in Denmark—or was that latter Australia?).

Probably the most rational methods for the terminally ill which may apply to the disabled also have been covered by authors such as Geo Stone and Derek Humphry. The typical recommendation is some combination of prescription medicine—or relaxing substance like barbiturates—and alcohol, or suffocation. Obviously, disabilities will affect one's access to this method, since overdosing requires an ability to administer the substance, but if one has some small use of one's limbs then there is a good chance that this method is available to the disabled as well.

The usual method of obtaining the barbiturates is to approach one's doctor and ask for sleep medication. Accepting this, a return visit at a later time is necessary to complain that the lower-power medicine which is usually prescribed for first-use is insufficient to facilitate one's slumbers. The second or third visit, if the doctor does not prescribe some kind of barbiturate, the recommendation is that one nonchalantly mention that a friend said she was greatly assisted by some kind of barbiturate, and that you think this may be what you need also. If the doctor does not cooperate, you may need to get a referral to see another doctor who will.

Once you have obtained the proper prescription, stockpile these substances until you have acquired what you can determine is a lethal dosage (see below or consult a more reliable source).

The sources mentioned above indicate that some type of anti-nausea preliminary are an important part of the overdose, as is eating very lightly previous to the ingestion. Another important facet of overdosing is timing: choosing a place and a time when one is unlikely to be found unconscious (like in a locked apartment's closet which one occasionally leaves, on a Friday) is imperative to success. If one is under prescription for any similar types of medication, then these should be discontinued for three or four days in advance so as to minimize the risk of tolerance resistance (with terminal illness this period may be reduced based on one's debilitated condition).

Groups like the Hemlock Society do not trust the overdose method completely, and with good reason: quantities of substances as compared to personal resistance, due to body type, genetics, and overall bodily health, make ingestion of prescription medicines a variable which can have unforeseen consequences (particularly failure, and winding up in worse circumstances than one already faces). Pharmaceuticals provide information that is at times confusing to the *intentionally suicidal*, and this can lead to a botched job where it had seemed a sure thing.

For this reason, the Hemlock Society recommends to its (terminally-ill) audience the **addition** of a plastic bag to place over the head in conjunction with the overdose. In his book, Derek Humphry, the founder of the Hemlock Society, describes using a rubber band with the bag, like a kind of headband or necklace, placing the bag and band together in one smooth motion. Since this book was published the Hemlock Society has begun recommending that the bag be loosely fitted over the head with a light-but-effective weight, such as a pillow, over the flap of the bag on the chest. This method would provide a kind of double-assurance, attempting to arrest one's breathing with chemicals while limiting the available oxygen which *can* be breathed in case the overdose doesn't do more than render the individual unconscious.

III. Choosing a Method or Combination of Methods

> What's the least painful way to commit suicide?

There are two factors of importance in considering the experience of the suicide (ignoring

collateral considerations like how the suicide will affect others): first, the **duration** before death (whether we would wish it extended or shortened; conventionally considered "short" and "long"), and the **quality** of the subjective experience over the **course** of that duration (often painful, pleasurable, or of a neutral quality).

The question of "the least painful way to intentionally end one's life" only takes into consideration the qualitative element of this experience. It is **affected** by the duration if disintegration/death occurs prior to the experience of pain (achieving a "neutral" quality at best).

Therefore my response falls into two categorical types of intentional death: concussion and intoxication. Concussion involves the incapacitation of nervous system receptors prior to their activation (as in being at the detonation point of a large bomb). Intoxication includes the administration of gaseous or liquid substances such that pain is ameliorated by virtue of unconsciousness or absent by virtue of life-threatening developments which do not impact the nervous system.

In considering intentionally ending one's life I will focus on means of suicide that *should* be commonly available to the individual citizen in an enlightened culture (projectile weapons, certain intoxicants), and I may omit possibilities available to the privileged and/or technically adept (e.g. nuclear weaponry).

Concussion

The easiest method of quickly incapacitating the nervous system is through a debilitating impact to the brain stem. This can be administered with a projectile weapon of sufficient caliber (such as a shotgun) aimed at the proper angle so as to disintegrate the head and end life immediately. It does require that one overcome one's own feelings of self-preservation or fear of self-inflicted pain in order to aim and correctly fire the weapon. Adequately preparing for recoil can also be important.

Intoxication

A self-administered dosage (by a "Mercitron-like" mechanism) of the substance used in killing unwanted pets, unwanted or damaged work animals, or those humans who have either been sentenced to die as a punishment for their heinous behavior (murder, torture, etc.) or who have requested assistance in dying (e.g. like those who have terminal illnesses and have sought succor in the assistance of Doctor Death, A.K.A. Saint Kevorkian) is a very valuable way to avoid pain at the time of death.

If more attention is paid to the **quality** of the duration, rather than merely avoidance of pain, then there may be more pleasant ways of terminating one's life.

These include the self-administration of substances like nitrous oxide (which displaces oxygen and produces euphoria), or some more common recreational substance such as heroin, which, in sufficient quantity and composition, can cause a depressive reaction that will kill while including the euphoria that recreational users desire.

The best methods I've seen described so far are somewhat messy. Yet they *can* be taken to remote locations (e.g., shotgun to the brain stem in the wilderness) and even protected with "Suicide Scene Ahead, Beware" signs for the truly insufferable empath. The drive-yourself-hanging (probably resulting in a decapitation and an auto crash) seems pretty easy, physically, to arrange, and might lead to some interesting sensations.

The classic desire is for a chemical that will "put one to sleep" (which is what we do to pets when they become inconvenient). I'm unaware of any substance legally obtained which will achieve this. Barbiturates (as are suggested by authors like Derek Humphry) work in combination with a bag if done right, but even these may have problems, as the Hemlock Society has made clear by its postscript advocacy of pillows on the front flaps of the bags.

Guns and falls appear to be the most certain violent means. Get a shotgun and aim at the brain stem—even with a botched attempt, if you're far enough from civilized assistance you'll die from blood loss. Get atop a communications tower (higher than most buildings and far from pedestrians) and jump, and you're unlikely to survive it, especially if you rig piano wire to lop off your head at the outset.

Ideals

There are more risky and potentially pleasant means of ending one's life that could also require study and a careful preparation, if not participation, from others whose specialty is desirable.

Many find the ecstasy of orgasm is attractive as a last experience in their life. This could be combined with a pill or injection of some kind to be self-administered at a pre-determined moment so as to bring about cardiac arrest or collapse into unconsciousness at the end of an erotic fantasy funeral culminating in rapture and death.

It is this latter kind of intentional suicide (by whatever standards of the individual)—the kind which is exceedingly pleasing and enjoyable to the person who has chosen to die—rather than one which merely minimizes pain, that I am most interested in making possible.

Ratings Format Idea

[to be integrated into each suggestion below and rated]

Method	what the method is called
Availability/Access	how easy said method is to achieve
Experience/Symptoms	how said method will feel (ability to induce loss of consciousness and death without causing pain, distress, anxiety, or apprehension)

Durations	how long it will take to die by said method (time required to induce unconsciousness)
Efficacy	how sure one can be that said method will work
Collateral Damage	other damage that might be done
Dosage/Equipment	items that are needed
Skills/Expertise	how to efficiently carry out said method
Myths/Inaccuracies	false information about said method

A. Ingestion/Injection/Inhalation

Suicides through ingestion, injection, and inhalation all depend on similar factors as regards efficiency:

Person Effecting the Method

Body weight, age, physical condition, and skill in assessment of the necessary dosage—or substance to achieve the desired result—can vary tremendously. Heavier people may require greater quantities of lethal substances to bring them down. The elderly may be more prone to the snuff than the young and vibrant body. Ignorant and/or clumsy individuals may administer the wrong dosage, use the wrong delivery equipment or substance, and may generally botch the job. The sickly and terminally ill or immunologically-challenged may be more amenable to depressive and/or toxic termination.

Method of Delivery

Pills are one of the more simple methods available, though they are tightly controlled in some countries by government agencies. Raw herbs or roots may be readily available, though many of these will not bring the type of painless suicide so many seek out. Chemical injections can be quite effective, though again as with pills the chemicals may have to be manufactured oneself or procured through a black market source, and some degree of familiarity with needles and the cardiovascular system is an asset in this type of delivery. Possible sources of assistance where injections are concerned would be organizations or services which assist diabetics or homecare nursing. Inhalants which displace breathable oxygen have qualities such as pressure and temperature which cannot be overlooked, nor can their availability and quality.

Agent of Demise

Besides knowing *what* substance one is dealing with, or the proper dosage, an entire

range of opportunity for error is raised when considering the probable effects, whether they will lead to death, and in what manner of experience. Substances well-known for suicide such as alcohol, or pills (such as valium), in *conjunction* with alcohol, are manufactured in varying strengths, often provided with numbers to indicate this strength. Pills are often prescribed by doctors who may not even know the actual lethal dosage, even in combination with other ingestibles. Sometimes the dangers are exaggerated intentionally so as to make fewer suicide attempts actually result in success. Digestion can become disrupted by some substances and combinations, so that vomiting may prevent the demise, or may become the primary cause of death (choking on vomit incapable of being expelled due to a depression of bodily systems). Substances introduced can lead to serious debilitation without death, and the pain of some substances, even while leading to death, can become an inhibiting factor.

Suicide Disruption

Because some of these methods are time-dependent and may take awhile to come to fruition, there is also the chance of interruption by well-meaning but intrusive individuals who call in authorities who take life-saving actions, discontinue the administration of the agent in question, or otherwise end the termination process without the permission of the person who had intended suicide. Choosing a place and time conducive to privacy and uninterrupted suicide becomes integral to success, as does proper preparation in the face of equipment failure, the loss of potency of agents, and other unforeseen complications.

A. Poisons

a. Antifreeze

Ingestion of antifreeze has been discussed, it appears that death by this method could be very unpleasant.

Ethylene Glycol

General

Ethylene glycol is a clear, colorless, odorless, viscous liquid with a sweet taste, that can produce dramatic toxicity. It is commonly found in homes and industry. It is found most commonly in antifreeze, automotive cooling systems, and hydraulic brake fluids. In an industrial setting it is used as a solvent or as the raw material for a variety of processes. Many cases of ethylene glycol poisoning results from accidental ingestion by children who can take in large amounts since the substance tastes good. Alcoholics may also ingest this substance as an ethanol substitute.

Pharmacology

Ethylene glycol is rapidly absorbed once it is ingested and is then widely distributed into body tissues. Peak blood levels are generally seen in one to four hours. Exposure to the skin and lungs may cause irritation but does not cause the systemic toxicity in the way that methanol does. Lethal quantities in adults are considered to be 100 ml,

but in children much less may cause serious cardiac, renal, and CNS toxicity.

Ethylene glycol itself is relatively nontoxic. After absorption the unchanged compound undergoes glomerular filtration and passive reabsorption. It is then broken down into metabolites that are highly toxic and cause the associated findings of ethylene glycol toxicity. Ethylene glycol is converted to glycoaldehyde by alcohol dehydrogenase. This is the rate limiting step of a reaction in the liver that continues to breakdown the glycoaldehyde into glycolate, glyoxylate, and oxylate...

These metabolites inhibit oxidative phosphorylation, sulfhydryl-containing enzymes, and protein synthesis. Glycolic acid is the major cause of the metabolic acidosis that is seen in ethylene glycol toxicity, although glyoxylic acid also may contribute. Toxicity from ethylene glycol is produced from the above metabolites and the fact that they cause a severe acidosis, as well as from the fact that oxalate precipitates with calcium to produce widespread tissue injury in the kidney, brain, liver, blood vessels, and pericardium. Hypocalcemia may also result.

Clinical Presentation

The clinical presentation of ethylene glycol toxicity is generally divided into three fairly well-defined phases:

CNS Depression Phase

The first phase occurs within 30 minutes to 12 hours. At this phase, the patient may appear intoxicated with nausea, vomiting, ataxia, absent reflexes, nystagmus, and myoclonic jerks but has no smell of alcohol. Coma and seizures (focal or generalized) may occur or there may be tetany if hypocalcemia is present. CNS depression may be from the ethylene glycol itself or from the metabolites. Abdominal pain, myalgias, and hematemesis may be present. Dilated pupils with loss of the light reflexes, papilledema, and blurred optic discs have been reported with ethylene glycol intoxication, but are much more common in methanol poisoning.

Cardiopulmonary Toxicity Phase

This phase usually begins at 12-72 hours after ingestion. At this point mild hypertension, tachycardia, and tachypnea may be seen. If toxicity is severe this may progress to congestive heart failure, pulmonary edema, and pneumonitis. This phase is thought to be the result of calcium oxylate crystals within the vascular tree, lung parenchyma, and the myocardium.

Renal Toxicity Phase

This phase occurs 24-72 hours after ingestion and consists of flank and abdominal pain with evidence of acute tubular necrosis that is manifest as oliguric renal failure.

While some patients may clearly manifest these classic phases of poisoning many people will not have such clear progression. Some patients will develop mild hypothermia with bradycardia and hypertension. Coma with cerebral edema, renal failure, and pancytopenia have also been described. In cases of ethylene glycol from child abuse

the presenting signs were unexplained recurrent metabolic acidosis with severe vomiting. This diagnosis should be considered in children with a metabolic acidosis.

...

>60 Minutes ran a story about antifreeze being mixed in
>with some children's cough medicine, and killing them. Has anyone
>heard of this as a suicide method? How quick would it
>be? Would it burn? Perhaps it could be mixed? It is
>supposed to taste quite sweet. Let me know your thoughts.
>I've also heard of mixing bleach and ammonia in a toilet
>or bucket—the fumes can kill, I'm told. Any truth to this? Thanks.

Mixing bleach and ammonia is toxic, but it would have to be inhaled as a very concentrated gas... I guess. I didn't die while using this mixture for cleaning, but somehow it caused a gold ring on my finger to break like glass. Antifreeze IS toxic when ingested, tastes sweet and doesn't burn your mouth or throat... lower orifices, however, may get tender.

b. Cyanide

Potassium Cyanide (KCN) Consumption

If you've got some potassium cyanide, or know where you can get some, then the following method may prove valuable (provided by Derek Humphry):

Take a small glass of cold tap water; do not use mineral water, nor any kind of juice or soda water, due to the acidity of such liquids.

Stir 1g (or 1.5g, at most) of potassium cyanide (KCN) into the water; using more than recommended will likely cause burning of the throat due to the acidity.

After about five minutes—this "waiting period" is important, as a chemical reaction needs to take place—the KCN will be dissolved and ready to drink (because it has turned into HCN). It remains drinkable for a period of several hours, but not much more than that.

Once the concoction is drunk, consciousness will be lost within a minute.

There will be just time to rinse out the glass (to ensure that no one else accidentally drinks from it—however, one could just as easily put a big "Warning" label onto the glass, or throw it into a corner or a fireplace, if one doesn't want to take the time) and lie down. But beware—a person extremely weakened by illness might lose consciousness within twenty seconds.

While in the coma, death will follow in fifteen to forty-five minutes, depending on the physical strength of the person and whether the stomach is full or empty (an empty stomach promotes faster death).

During the coma period, the dying person will breathe heavily or snore, similarly to people who have taken a lethal dose of barbiturates.

[Hans] Atrott notes that with a person who is seriously terminally ill, death is so peaceful that often doctors do not detect suicide, and sign the death certificate as being from natural causes.

—*Final Exit*, by Derek Humphry, The Hemlock Society, 1991, pp. 44-5.

This is also the German Society for Humane Dying's recommended suicide method, as related by Derek Humphry. If anyone else has information we can add to it, please let me know as a followup to this post.

However, this is not the method which Humphry finally recommends, because he is concerned that cyanide might not be fast and painless enough, having heard a multitude of stories about its effects. He has a whole chapter on cyanide of various types and it is worthwhile reading.

No, his recommendation is directed toward those who have a terminal illness (who may be in a weakened condition and who may have built up a tolerance to one or more pain-killers). Without the assistance of a doctor, he recommends ingestion of Seconal (secobarbital) and/or Nembutal (pentobarbital) combined with a plastic bag over the head to ensure suffocation while comatose.

Humphry's focus on the digestive process is admirable, and he goes into some great detail about what should and should not be done prior to killing oneself via this method (Ibid., p. 110+).

Of particularly great importance when engaging in the overdose method (he says that alcohol increases the lethality of such substances by 50% and provides a good chart in the back which gives lethal doses of many pharmaceuticals) is the *prior* ingestion (an hour beforehand) of Dramamine to prevent nausea and vomiting of the pills. He notes also that one of the other problem of oral administration is that people will sometimes go to sleep prior to completing a lethal dose, and so suggests that one use alcohol to wash down a number of pills, or just a few while gobbling the rest very quickly in a pre-prepared pudding.

His recommendations about having a suicide note, Living Will, and Last Will and Testament are invaluable for those serious about ending their lives with grace.

I've mentioned before that the cyanide constituent in kernels of almonds, peaches, apples, cherries, and apricots is not free hydrogen-cyanide, which is a gas; rather, the compound is amygdalin. It is cyanide bound safely to benzaldehyde and glued shut with a couple of sugars. (For a picture, look in the Merck Index..)

As long as the molecule remains intact, it is harmless. Strong acid should decompose the compound to release free HCN, but I was wondering whether stomach acid is strong enough. Turns out, it isn't. The neat thing about these plant seeds is that the compound is packaged within them separately from three enzymes that rapidly decompose amygdalin. So when the seed is thoroughly crushed under moist conditions, that is when HCN is released—an effective defense against insect predators. A biologist is studying how the enzymes are manufactured separately from amygdalin and compartmentalized into

different tissues within black cherries...

Humans have bacteria in our gut that manufacture beta-glucosidase, and to a degree this enzyme can act to release HCN as well, but there are other enzymes and processes that can act to transform HCN to the harmless thiocyanate nearly as fast.

Amygdalin was given as a quack, heavily-promoted cancer treatment in the seventies. It was variously known as Laetrile, and even passed off as Vitamin B17, which ostensibly was a nutrient that would prevent one from getting cancer. Now, this was purified amygdalin, without the enzymes that would cause it to spontaneously break down, so people could ingest gram amounts daily without tremendous side-effects. (The theory was that cancer cells would possess more b-glucosidase than normal cells, so cyanide would selectively kill them over normal cells; but these ideas about the disparity or even presence of these enzymes was shown to be simply not true. And there were rigorous, double-blind studies that demonstrated no benefit to laetrile in the treatment of cancer.)

Lethal or near-lethal cyanide poisoning using laetrile would usually involve ingestion of gram amounts of the purified 'drug' along with a source of the hydrolyzing enzymes. In one case, a man ate a lot of bitter almonds one day. In another, a woman ate freshly crushed apricot pits with her laetrile pills.

Most of the poisonings (except in children) were nonlethal, and side-effects were severe and damage occasionally permanent. Laetrile is still available in Mexico, and in fact I found a place on the web where one could apparently order some, but they have a screening process of sorts and depending on your location may not be able to deliver.

anonymous wrote:

```
> but then if what you say is true, if we crush the seeds  
> and eat them, the enzymes within the seeds themselves  
> should activate to release the cyanic acid group.
```

Yep. In fact, if you eat the seeds, you will be releasing some HCN. I like eating apple seeds because the benzaldehyde that is released along with the HCN has a pleasing almondy taste. ([name omitted] suggested it is rather like Dr. Pepper, and I think that's so.)

Anyway, you'd want the seeds to be thoroughly crushed and moist, and would want to ingest them immediately. (Alternatively, you could find some way to harvest the gas.)

The issue here is quantity. How much would you have to cram into your stomach to get several grams of amygdalin? And it's possible, too, that the enzymes won't work as well once they're in the mildly acidic environment of the stomach. About that I'm not sure. But if it simply slowed-down hydrolysis, the poisoning would be time-released: excruciating, prolonged, and not necessarily effective.

So yes, certainly a *possible* method. But it would not be my choice, though; I wouldn't even consider it.

anonymous wrote:

> Anyway, you'd want the seeds to be thoroughly crushed **and**
> **moist**, and would want to ingest them immediately. (Alternatively, you
could find some
> way to harvest the gas.)

On that point, I imagine a contraption: an industrial-sized, airtight crushing device, where peach pits are compressed and mixed in a small amount of water, and maybe heated somewhat above room temperature. This is connected to tubing that bubbles through a solution of potassium hydroxide. When the pH of the solution becomes neutral, there are the same number of molecules KCN as there were KOH.

I was reading *The Big Book of Death* this morning (which I recommend), from Factoid Books, 1995, and in the chapter on Capital Punishment ("Capital Punishment, It's a Gas") a comic panel read:

Deadly gas is released when cyanide pellets are dropped into shallow pans of sulfuric acid mixed with water.

...and it goes on to describe the symptoms of cyanide poisoning as including gasping, wheezing, thrashing, screaming, crying, one's face turning purple, tongues sticking out, drooling, and that this does *not* happen "particularly fast."

All in all, I'd suggest it may not be a very effective method of suicide (in the sense of "painless," at least). And yet, what is the comparative concentration of the "gas chamber pellet" to the crushed peach pit? What would the likely differences be between inhaling and ingestion, where death is concerned? Are there not "cyanide pills," used for quick-acting deaths among spies?

What's the poison in apple pips?

Cyanide poisoning can occur if too many apple pips are eaten (about a cupful has been known to kill a man). Many fruit kernels (apricots, for example) contain cyanogenic glycosides, and without prolonged boiling, enzymes may release hydrocyanic acid and cause cyanide poisoning.

> Hi! Could someone post information on cyanide? Namely, how to extract it
> from apricot kernels, or where to locate information to that effect?
Thank you!

Cyanide is found in pear seeds, as well, and is very simple to extract. All you have to do is get about 1/2-1 lb. of seeds, then dry them; after that, crush them into a powder, and mix said powder into your favorite juice, some mashed potatoes, et cetera.

(Old WWII recipe—*don't* ask.)

>> I seem to remember that US pilots who flew over
>> Russia way back during the Cold War were given
>> cyanide capsules to kill themselves if captured by
>> the Russkies. Gary Powers, whose spy plane was shot
>> down in the early 1960's (how time flies!), had one but

>> passed up the privilege. Anyway, my point is, those
>> capsules ought to be pretty useful. How does one get
>> hold of them? Or something similar?
>
> Take up photography. Cyanide is a needed chemical in
> certain film-processing techniques.

Or jewelry-making, since cyanide is apparently used to clean impurities from old gold (according to John Sandford's *Secret Prey*, 1998, in which the criminal steals a small bottle of the stuff from a jeweler—a good book, too, by the way).

> I sure do know that you don't just run down to
> your local chemical supply store and buy KCN.
> Often KCN suppliers will only sell to an
> established business with a bonafide need
> (i.e., a jewelry store). If they suspect you
> are not a legit business, they may even report
> you. They even know what to look for when
> dealing with a potentially suicidal person. So,
> unless you know a sure-fire way to obtain the
> KCN, its efficacy may, unfortunately, be
> irrelevant.

I have to disagree. I bought 1 oz. of sodium cyanide from a chemical supply house in Oregon back in 1995. All I had to do was sign a paper saying I wasn't going to do anything illegal with it and that I wasn't a minor. I could have bought potassium cyanide for a little bit more money. The stuff was dirt-cheap but it cost a fortune to ship it.

>Hi, what happens if i drink alcohol before
> drinking my cyanide solution?...

In the case of cyanide poisoning, I do not think that a small amount of alcohol would make much difference to the outcome....

I think that, for suicide purposes, sodium cyanide and potassium cyanide are fairly equivalent.

[Humphry's "Final Exit," above] is probably good advice....

However...

[previous Practical Guide to Suicide advice:]

>...One tablespoon is enough, but take two.
> Cool tap water is fine, but since it will be
> your last drink, use something you like, such
> as Kool Aid, lemonade, orange juice....

This advice ...contradicts Humphry's advice and should, I think, be ignored.

A tablespoon is 15ml. Two tablespoons are 30ml. Given that the density of sodium (or potassium) cyanide is about 1.5 this would be about 45 grams of cyanide and would burn the mouth and throat.

and later:

> Sodium cyanide can kill in amounts as small as
> 600 mg. It should work almost the same as
> Potassium cyanide but i think the LD-50 is a
> little higher for sodium cyanide.

In fact the ratorial LD50 for the potassium salt is usually given as 10 mg/kg and the sodium salt has a lower value: 6.4 mg/kg.

c. Potassium Chloride

> ...As far as my initial posting to this group
> asking about injecting potassium chloride,
> I've now just received my 20cc syringe w/needle
> ...so I think I've answered my basic question
> of what kind to use.
>
> ...saturated potassium chloride solution (31%)...
> 20cc... my calculations... about 6.9 grams of
> potassium chloride, which should be more than
> sufficient...

I would like to quote the words of one who attempted suicide by this method. (The following was posted in early September, 1999.)

>If you are going to inject something to kill
>yourself, it better be insulin, morphine,
>phenobarbital or heroin, otherwise it could
>be incredibly painful and not lethal. Yesterday
>I injected potassium chloride (50mg/kg) and
>it wasn't lethal but it burned like hell, now I
>have blisters, my arm is swollen and the pain is
>beyond belief. I have been taking dozens of
>pain-killers and valiums to ease the pain, by the way,
>a valium OD won't kill you unless you take
>1600 valium pills (the lethal dose). I just
>found out that the lethal dose for potassium
>chloride is 117mg/kg (that's a lot of potassium
>chloride), but Kevorkian also uses sedatives
>(barbiturates) and muscle relaxants before
>injecting the potassium chloride, because it's
>very painful and stings almost as if it was acid...

Snidely again. My response to Kryptonite7:

Potassium chloride (KCl) is very similar to sodium chloride (NaCl) or common table salt. KCl looks, smells and tastes like table salt and is, in fact, used as a salt substitute.

If you've ever gotten salt in a skin wound (a cut or scrape) you know it stings like crazy. You exposed your vein (in effect, an open wound) to a *lot* of salt.

As to lethal doses, well, 117mg/kg can, without question, be a lethal dose. But, under proper circumstances, as little as 18 mg/kg can be instantly lethal to a 75 kg (165 lb.) adult. The key is getting it into the bloodstream through a large vein (for instance, the one in your neck, chest or groin) very rapidly, without destroying that vein (the one in your arm just isn't big enough). This is something most people are not equipped to do at home.

The injection of potassium chloride, while it may sound inviting (clean, quick), is just *not* a very good method for unassisted suicide.

From: anonymous

Subject: Re: Experience Regarding Suicide Attempts

Clomipramine/Potassium Chloride (KCl) overdose This would have certainly succeeded, had I not been found ten hours after the overdose.

I took 60 tablets of clomipramine 75mg each (a classic tricyclic antidepressant) and 50 tablets of Slow-K 600mg (potassium chloride). By the time they found me I was comatose hypothermic, in cardiac arrest but unfortunately they revived me. If you try this in an environment where you won't be found, it is a very pleasant way to go. The reason I had KCl was because I am bulimic and because of all the vomiting your blood potassium level will decrease. If you are not blessed with this eating disorder there is another way to get your potassium down. Start taking laxatives. You need to do this for a while and in the beginning it may be somewhat uncomfortable. Then go see your doctor and ask for a blood check up. If your K levels are below 3.2 he will prescribe potassium supplements. But you probably need the Clomipramine to go with it, so you should try acting depressed also. Since the docs know I overdosed on it they no longer give me harmful antidepressants, and thus it is no longer an option for me. My next try will be a heroin overdose. Hopefully I won't be able to tell you about it.

2. Depressants

a. "LD-50"/"MLD"

You might want to look at deleting entries, or at least posting non-lethality warnings, on things that are at clear variance with easily consulted chemical texts. There is a post from 1996 that you have with a so-called "minimum lethal dose;" first of all, people are seizing on this MLD as an accurate dose to use when it's likely a dose that killed someone who either was already chemically compromised in some way, or else was allergic; secondly, of course, people waking up on gurneys just isn't what I think CoE is aimed at. =>

The focus is on trying to figure out the dosage that is likely to kill just about *anyone*. The LD-50 is what is believed will kill 50% of people who take it (it's only tested on rats or mice, usually).

So, if the focus of this group was poison control, we'd probably refer to the LD-50 as a

"deadly dose," because, to be on the safe side from the poison control point of view, someone who had taken the LD-50 should be brought to the emergency room **immediately**.

But, the focus **here** is on being *sure* of dying, and 50% is damn low odds considering the cost of failure. Thus, dosages quoted here are often several times the LD-50 (as toxicity often does not follow a straight line for that last 20% or so). Remember, these are dosages for people to die with, not the maximum "safe" dose to self-medicate with.

When I post LD-50 information, I add the following:

P.S.: "LD-50" means the amount of drug it took to kill 50% of the subject group, usually mice or rats. Doubling the dosage does not necessarily make it 100%. mg/kg means that for each kg that you weigh (Americans: 1 kg = 2.2 lb) you need that dose in mg; for example if it were 2mg/kg and you weighed 70kg you'd need 140 mg for the LD-50. Note too that doubling that amount does not ensure death. People vary. People take six times the lethal dose of something and manage somehow to survive because bodies differ.

Although LD-50 is the best measure available, it does not necessarily equate exactly to humans. Unfortunately, human data is not available because the FDA won't let drug companies take a pool of 1200 or so humans and feed them a drug until 600 are dead.

In the other direction of focus, however, LD-50 is a damn risky dose to take if you're *not* trying to die...

I grabbed this out of a book called *The Prediction of Suicide*, by some lame psychiatrists, but I thought this list was informative...

Toxicity Chart: 30 Toxic Drugs Frequently Used in Suicide Attempts

Key: 1000 milligrams (mg.) = 15 grains (gr.) = 1 gram (gm.)			
MLD = Minimum Lethal Dose -- IMPORTANT see qualifications of "MLD" above			

<p>Notes:</p> <p>Special adjustments for scoring are found at the end of the chart.</p> <p>If tablet strength is recorded, make sure the common dosage in column four corresponds with the strength ingested. Dosage in column four corresponds with the strength ingested.</p>			
<p>Toxicity:</p> <p>Mild = 0-33% of MLD;</p> <p>Moderate = 34-66% of MLD;</p> <p>Severe = 67%+ of MLD.</p>			
<p>Commonly Available Drug</p>	<p>Est. MLD</p>	<p>Doses</p>	<p>Est. MLD # of tablets at most common dosage</p>
<p>Aspirin, Bufferin (acetylsalicylics) Anacin, Excedrin</p>	<p>30 gm.</p>	<p>5 gr. (.33 gm.)</p>	<p>90/5 gr.</p>
<p>Amytal (amobarbital)</p>	<p>1.5 gm.</p>	<p>15, 30, 50, 100 mg.</p>	<p>30/50 mg.</p>
<p>Benadryl (diphenhydramine) 47% Benadryl (diphenhydramine)</p>	<p>3 gm. 3 gm.</p>	<p>35, 50 mg. 35, 50 mg.</p>	<p>60/50 mg. 60/50 mg.</p>
<p>Butisol (butobarbital)</p>	<p>1 gm.</p>	<p>15, 30, 50, 100 mg.</p>	<p>30/30 mg.</p>
<p>Carbrital (pentobarbital +)</p>	<p>1 gm.</p>	<p>75, 100 mg.</p>	<p>10/100 mg.</p>
<p>Darvon (propoxyphene)</p>	<p>2 gm.</p>	<p>30, 65 mg.</p>	<p>30/65 mg.</p>

Demerol (meperidine)	1.2 gm.	50, 100 mg.	24/50 mg.
Dilantin (diphenylhydantoin)	3 gm.	30, 100 mg.	30/100 mg.
Doriden (glutethimide)	8 gm.	250, 500 mg.	16/500 mg.
Dramamine (dimenhydrinate)	5 gm.	50 mg.	100/50 mg.
Elavil (amitriptyline)	3 gm.	10, 25, 50 mg.	120/25 mg.
Equanil, Miltown (meprobamate)	15 gm.	200, 400 mg.	38/400 mg.
Felsules (chloral Hydrate)	10 gm.	250, 500 mg.	20/500 mg.
Librium (chlordiaepoxide)	5 gm.	5, 10, 25 mg.	500/10 mg.
Luminal (phenobarbital)	1.5 gm.	15, 30, 100 mg.	40/30 mg.
Mellaril (thioridazine)	3 gm.	10, 25, 50, 100, 150, 200 mg.	100/25 mg.
Nembutal (pentobarbital)	1 gm	30, 50, 100 mg.	10/100 mg.
Noludar (methyprylon)	5 gm.	50, 200, 300 mg.	17/300 mg.
Nytol, Sominex (methapyrilene +)	3.5 gm.	25, 50 mg.	140/25 mg.
Percodan (dihydrophydroxy-codeinine)	.5 gm.	4.5 mg.	125/4.5 mg.
Placydil (ehtchlorvynol)	15 gm.	100, 200, 500 mg.	30/500 mg.
Seconal (secobarbital)	1.5 gm.	30, 50, 100 mg.	15/100 mg.

Seraz (oxazepam)	10 gm.	10, 15, 30 mg.	333/30 mg.
Stelazine (trifluoperazine)	2.5 gm.	1, 2, 5, 10 mg.	500/5 mg.
Thorazine (chlorpromazine)	2.2 gm.	10, 25, 30, 50, 75, 200 mg.	44/50 mg.
Tofranil (imipramine)	2.5 mg.	10, 25, 50 mg.	100/25 mg.
Tuinal (amo/secobarbital)	1.5 mg.	50, 100, 200 mg.	15/100 mg.
Valium (diazepam)	8 gm.	2, 5, 10 mg.	1600/5 mg.
Valmid (ethinamate)	15 gm.	500 mg.	30/500 mg.
Veronal, Bs (barbital)	3 gm.	15, 30, 300 mg.	100/30 mg.
Special Adjustments for Scoring: When any ingestion is accompanied by ETOH (ethyl alcohol), increases the toxicity level by approx 50%. If it is established that a person is a regular drug user, then raise the number of milligrams for MLD by 33%.			

b. Alcohol

Alcohol via enema is, depending upon whom you ask, three to six times more potent than alcohol via mouth. Absorption is fast, and, as you point out, vomiting is not an effective recourse. Be careful in experimentation: start with something like one-sixth of what you would take via mouth, and try another dose only in a separate session after fully recovering from a previous dose (at least twelve hours). Same for other drugs administered rectally that would normally be taken orally, such as caffeine, etc.

I gather that the short-term lethal effect of alcohol overdose is caused by oxygen deprivation as the body overworks trying to oxidize the alcohol. Likely to be quite uncomfortable, even given the slight anæsthetic effect. Also, hard alcohol would create an agonizing burning sensation in the lower intestine, which, along with the cramping, would obviously make one quite miserable while waiting for the effects. Note also that most people cannot easily hold even two quarts of comfortable warm salted water (osmosis-balanced), much less an irritating fluid, even with a **bardex device** (inflatable backflow prevention). [such as the Contiform vaginal plug manufactured by C.R. Bard or a medical anal plug such as those manufactured by Coloplast -- the Conveen Anal Plug, for example! -- boboroshi].

c. Heroin and other Controlled Substances

```
>>Yummy. DH is a waste of time, get some street grade
>>smack. Much nicer way to go, if you don't get the
>>shit beat out of you procuring it.
>
> ...My objective is not to get high, you idiot.
>Also, the risk factors for procuring the smack are
>too high. Death from street smack is uncertain.
>Besides, I don't know where I would get it from.
```

Death from heroin is very certain if you inject enough of it, and—most importantly—are not "rescued." Parameds just give you a shot of [norcain?] and all effects of H disappear almost straight away. It can be purchased in any bigish city. Good dealers are quite used to transactions with professionals and "straight" people but are quite expensive.

Of course it is a controlled substance and you will be charged if caught by law enforcement so the risk factor is quite high.

In high doses it kills by turning off the brain, specifically the part of the brain that controls breathing. It's *not* like asphyxiation—your body doesn't cry out for air or anything like that—it just forgets that it needs to breathe and you just sorta "fade away." It lower doses it doesn't turn off the brain so far, just enough to make you forget external stimuli and the world.

```
> I have on hand about 1 gram of codeine (actually is
> 150 tablets of 375 mg acetylsalicylic acid with 8mg
> Codeine.)
```

If you use the codeine, dissolve the tablets in 2ml water per tablet and pass the liquid through a coffee filter. Keep the liquid and throw away the aspirin.

```
> According to info on a couple web pages, the
> combination of codeine and dimenhydratate can induce
> deep sedation. Is this reliable?
```

Only with a plastic bag. Codeine inhibits itself when taken orally so is not the best method to use. Combine the codeine and diphenhydramine with cyanide, preferably straight into your veins, and then it should hopefully be fairly painless.

> I obtained quite a bit of Valium and Halcyon from
> Mexico. I figured that's probably as good as I can do
> since I can't get my hands on barbiturates. Benzos
> are incredibly easy to get in Mexico (of course I
> realize for some people that trip is out of the
> question). I don't think they're too tough to get
> from American docs either. as long as you're using
> the bag, you don't need a big supply—just enough to
> knock you out. If you can't get any benzos, then OTC
> sleeping pills might still work. I guess
> diphenhydramine would probably be the best of those.
> And alcohol always helps with any of these drugs.

>>>I've been contemplating taking my life by overdosing on drugs. I can
get my
>>>hands on a great quantity of "weed," but I don't think it'll kill me
very
>>>quickly, if at all. Anyone know a potent, powerful, relatively-cheap
drug that
>>>would not be to painful to overdose on? I think I may be able to get
some
>>>hallucinogenic mushrooms, which I believe would kill me, but I'm
concerned about
>>>how much that is going to cost me, since I don't have a great deal of
money on
>>>me at the moment.

>> Weed will never kill you, except maybe via throat or lung cancer, but
>> I don't think that's what you have in mind. Mushrooms would not be a
>> good method either—the kind of quantities required, if they worked
>> at all, would be so massive that you would probably not like the
resulting
>> trip, especially if you are inexperienced, which I believe you are.
>> Your very best bet is to get ahold of two or three grams of heroin,
learn how
>> to cook it up, and shoot it into a vein in your arm. I believe that
>> heroin is very pleasant, and death from a heroin overdose is
generally
>> accepted to be pretty marvelous.

>My only question is where in the hell I am going to get heroin. I live
in a
>very, very small town in Virginia and there isn't a large city within
two-hundred
>miles or so, I don't have a car, and I don't plan on hitchhiking
>that far, God damn it! Although I don't understand why "magic"
mushrooms
>wouldn't work. I have a friend who almost killed himself off four of
those
>mushrooms—or so he says, and I don't think of him as the type to lie.
What about
>cocaine?

It depends on the mushrooms in question. Some are pretty poisonous, but then so are

many non-psychotropic species. Most 'shrooms sold as "magic" mushrooms are not likely to be overly poisonous. Perhaps your friend was picking his own? I don't really understand how you are going to get coke if you can't get heroin. I wouldn't go the coke route, though, as it's not likely to be nearly as pleasant. Basically, you will die of a heart-attack, as far as I know. Why are you so intent on illegal drugs? It seems there are easier ways for you to go.

d. Barbiturates and Sleeping Pills

Barbituric Acid Derivatives [injected]

Barbiturates depress the central nervous system in descending order, beginning with the cerebral cortex, with unconsciousness progressing to anaesthesia. With an overdose, deep anaesthesia progresses to apnea, owing to depression of the respiratory center, which is followed by cardiac arrest.

Barbiturates have rapid onset of action... Desirable barbiturates are those that are potent, long-acting, stable in solution, and inexpensive. Sodium pentobarbital fits these criteria and is most widely used, although others such as secobarbital are acceptable.

A primary advantage of barbiturates is speed of action. This effect depends on the dose, concentration, and rate of injection. Barbiturates induce euthanasia smoothly, with minimal discomfort to the animal...

Intravenous injection is necessary for best results, necessitating trained personnel... Current federal drug regulations require strict accounting for the barbiturates and these must be used under the supervision of personnel registered with the US Drug Enforcement Administration (DEA).

```
>>> Just curious, but how probable would a fatal OD
>>> be if you took too many barbiturates or
>>> benzodiazepines? Alcohol increases the
>>> likelihood right?
>
> What about the Benzos? How much is required?
```

If you want to do it with any benzo shit, just one caution: if take them too slowly, there is a chance that you soon will be so out of it (as in, too stoned) that you won't be able to get round to taking the rest. When I first tried to commit suicide it involved diazepam (Valium) and after a while I was floating high among the clouds and didn't remember a thing till I woke up in hospital next morning.

From what I read in the methods file, you'll need alcohol as well (I think).

I took a look at *Final Exit*, and, according to the author, benzos are pretty unreliable without the infamous plastic bag. The best way to go out with drugs is through a fast-acting barbiturate such as Seconal or Nembutal. Phenobarbital is not as good because it is slow-acting. The only problem is that it is quite difficult to obtain a prescription for Seconal/Nembutal... docs aren't stupid.

> Can anyone provide information on caffeine overdose
> as a suicide method? The methods file says that a
> dosage of 20 grams is required; easy to get from
> wake-up pills. But it doesn't have any information
> on time, certainty, unpleasantness etc. Is this
> a good method?

I would think not. I've taken a few too many of those pills before, just for fun, and I ended up passing out in a puddle of my own vomit behind a movie theatre. I was drunk and high at the time too, but it was the caffeine that took me overboard; it was one of the more unpleasant things I've experienced physically.

The way I managed to get some barbiturates (seconal) was to call a psychiatrist and tell him that I was in the process of looking for work and was unable to fall asleep the night before an interview due to extreme anxiety which would then lead to my blowing the interview. I had tried all of the milder tranquilizers without effect and so needed something really strong to knock me out on the night before an interview. That way the shrink didn't have to worry that I might become dependent on a barbiturate since I'd only be taking it intermittently and for a short term. I also told him that I had been prescribed seconal for a similar purpose before and had taken it very successfully for relief of short-term anxiety without any problems but the doctor who prescribed it had since moved his practice. The key to this approach is not to reveal any clues to your underlying suicidal ideation and present yourself as having no major psychological problems other than short-term situational anxiety. The first two shrinks I called with this approach were both willing to prescribe it to me. I don't plan to use my stash in the near future but felt a desperate need to have the option available if and when I choose use it.

...Some twelve years ago, I tried to off myself... I decided to OD on psychopharmakons.

I was fucking scared though, but reasoned that I could back out any time. Funny thing was, after swallowing some 20 of these, all fear vanished, and the only thing I felt was an immense joy to finally get over with it... and I quickly gulped down the rest of the 100 or so.

What I didn't realize was that you can literally swallow *thousands* of those without dying. Anyway, YMMV but I've found these pills (they were meant to fight depression and anxiety in the first place) extremely potent to overcome the survival instinct. If your brain works like mine, you won't give a damn.

> If I take an overdose of non-prescription sleeping
> pills (i.e., Nytol, Unisom, etc.) with vodka, will
> it do the same job as prescription pills? I don't
> want to wake up with a ruined liver. I want to get
> the job done right the first time.

Nope. Been there, done that—twice. You sleep for three days and wake up with liver, kidney, and heart problems, but no death.

> Does anybody know the quickest most painless and
> most likely to happen method of suicide? I have

> heard that carbon monoxide poisoning will work.
> Anybody have any way of getting sleeping pills?

Strange. That is the most commonly asked question on this newsgroup.

I understand the carbon monoxide method is the easiest and least painful. Beware of the overdose route. If you fail, you get the pleasure of having your stomach pumped. That's enough to dissuade almost anyone from trying that route again (myself not included). It took three failures for me to decide I needed to find a better method.

From: anonymous

Subject: Re: Experience Regarding Suicide Attempts

The medical books describe an overdose of 25g as being deadly. I took about 45g to be on the safe side, in combination with a bottle of vodka. Took some sleeping pills, and to my surprise, woke up the next morning after approximately hours hours of sleep. My brother called, and after hearing my blurred speech, came right over. I was taken to the emergency room where they told me my liver was severely damaged and starting to turn necrotic (dying off). I refused medical treatment (liver transplant) and was allowed to go home to die in my own surroundings. They told me I would turn yellow, start vomiting blood, my urine would brown, my stool would turn beige, and I would lapse into a coma and die. I was happy as a child in a toy store! And all of the above things happened, but unfortunately I have a strong body and to the doctor's surprise I came out of the coma and my liver regained it's full function. But it **hurt!** I had several liver infarctions and even though I have a high pain threshold it was almost unbearable.

At 12:00 AM, on March 29, I took two Dramamine pills, and at 1:00 AM, I took twenty-six Ativans (1mg each), thirteen Valiums (10mg each), five Carisoprodol/Acetaminophen (2625 mg). I washed down the pills with vodka and then put my head inside a plastic bag with a rubber band, leaving a little space between the bag and myself. I thought that as I fell asleep and became unconscious I would lose grip of the band and die by asphyxiation. Well, I woke up at 6:00 PM and the plastic bag, the band, and even the cap I wore so as not to suck in the plastic bag were all inside my closet—apparently I woke up unconsciously and took off the bag, band, and the cap, and put them in there. After a while I drank some juice and started to vomit; for about ten to fifteen minutes, I just couldn't stop. Right now I feel sick, and I'm going to throw up any minute now. The bottom line is that the bag-and-band method only works with **barbiturates!** Forget about OTC, Benzos, or sleeping pills that are *not* barbiturates. Right now, I have the wickedest hangover, I feel like crap, and want to barf, as if I haven't barfed long enough... Next time I'm fucking hanging myself, as pills don't fucking work unless they're barbiturates.

> Will an overdose of sleeping pills (Sominex, box of 8) help?
> How long will it take, and how likely are they to work?

All over-the-counter sleeping pills are completely suicide-proof, it is practically impossible to OD on them, with real harm. Unless, of course, they are taken in conjunction with cyanide, three liters of Everclear, and/or rat poison. And even then, you never know.

Been there, done that. Don't even bother. You'll just embarrass yourself. Consider other options.

3. Carbon Monoxide (CO) Inhalation

What is Carbon Monoxide?

...carbon monoxide is a very dangerous, colorless, odorless gas...

What Carbon Monoxide Does to You

Too much carbon monoxide in your blood will kill you. ...Low-level exposure to this gas also endangers your health.

...Given a choice between carbon monoxide and oxygen, the protein hemoglobin in our blood will always latch on to carbon monoxide and ignore the life-giving oxygen. Because of this natural chemical affinity, our bodies—in effect—replace oxygen with carbon monoxide in our bloodstream, causing greater or lesser levels of cell suffocation depending on the intensity and duration of exposure.

The side-effects that can result from this low-level exposure include permanent organ and brain damage. Infants and the elderly are more susceptible than healthy adults, as are those with anemia or heart disease.

Carbon Monoxide

Carbon monoxide (CO) is a colorless, odorless gas that is nonflammable and nonexplosive until concentrations exceed 10%. It combines with hemoglobin to form carboxyhemoglobin and blocks the uptake of oxygen by erythrocytes, leading to fatal hypoxemia.

In people, the most common symptoms of early CO toxicosis are headache, dizziness, and weakness. As concentrations of carboxyhemoglobin increase, these signs may be followed by decreased visual acuity, tinnitus, nausea, progressive depression, confusion, and collapse. Because CO stimulates motor centers in the brain, unconsciousness may be accompanied by convulsions and muscular spasms.

Carbon monoxide is a cumulative poison. Distinct signs of CO toxicosis are not evident until the concentration is 0.05% in air, and acute signs do not develop until the concentration is approximately 0.2%. In human beings, exposure to 0.32% CO and 0.45% CO for one hour will induce unconsciousness and death, respectively...

In the past, mass euthanasia has been accomplished by using three methods for generating CO: (1) chemical interaction of sodium formate and sulfuric acid; (2) exhaust fumes from idling gasoline internal combustion engines; and (3) commercially compressed CO in cylinders. The first two techniques are associated with a number of problems, such as production of other gases, inadequate

concentrations of carbon monoxide achieved, inadequate cooling of the gas, and maintenance of the equipment; therefore, the only recommended source is compressed CO in cylinders.

Carbon monoxide induces unconsciousness without pain and with minimal discernible discomfort. Hypoxemia induced by CO is insidious, so that the animal appears to be unaware. (3) Death occurs rapidly if concentrations of 4-6% are used.

Any electrical equipment exposed to CO (eg, lights and fans) must be explosion proof.

> Hi, on the night of July 3rd, I attempted to kill
> myself by carbon monoxide poisoning. I skipped
> work that day, and bought the garden hose, duct
> tape, sleeping pills called "Unisom Sleep-Gels,"
> and filled the gas tank to my crappy '81 Mazda 626.

A garden hose has too small a diameter to be effective, and will melt at high temperatures.

Duct tape also melts.

Unisom is barely effective as a sleep aid.

Next time, stop in at your local auto-supply store, ask for muffler mending tape and a 5' flexible hose for the same. If they ask, tell them you work on your car in your garage and don't want CO poisoning :-)

> I parked behind an abandoned building where a
> grocery supermarket once was and popped 5 of
> those pills. It said one would be good enough...
> but i didn't start feeling drowsy until like 30-45
> mins later...

Five? Just five pills isn't much of an attempt :-)

And you forgot the requisite bottle of scotch, as found at all the best suicide scenes.

>so I started up the engine and I guess I fell asleep.
>I think about 10 mins later, I woke up because my
>toes and my fingers started to tingle.

This is a known side effect. Here's where the alcohol comes in: if you've ever gotten even close to drunk, you know that booze makes your skin numb—thus, no tingling.

>The feeling bothered me (I was hoping to be passed
>out so I wouldn't have to feel it in the first place)
>so that frightened me and I turned the ignition off.
>Yeah, I chickened out.

Nothing to be ashamed of.

> Good thing though... my brother is a diabetic.

> So I'm gonna try

Not very nice for your brother.

> injecting the insulin into my system on Sunday night
> so I could die in my sleep or supposedly when my
> family believes I'm sleeping. Unfortunately my
> brother won't have any in the morning to use for his
> daily shots.

If you have access to his needles, there's plenty else you can inject for a faster demise, and less guilt (or risk from lack of insulin) for the brother.

> But anyways, my suggestion for CO poisoning is to do
> anything you can to get passed out so in case that
> tingling feeling in your toes and fingers bother
> you like it did to me... you won't be conscious to
> feel it and then quit with the whole procedure.

The methods file doesn't have much on CO right now, this would be a good addition. It's also been mentioned here that modern gasoline and catalytic converters don't send much CO out the tailpipe these days.

> I'm sure a lot of people are gonna poke fun at
> this post—you can if you want... it's not going
> to hurt my feelings :)

> What method is the most quick, clean, and least painless method of
> committing suicide?
>

> Also, where would you get the materials to do it?

A simple barbecue grill and a bag of charcoal. Light the coals outside and let them burn down till they're gray. Place the grill in a room without windows, drink a bottle of Nyquil or sleeping pills, and go to sleep, never to wake up...

The gas from the coals will displace the air in the room with carbon monoxide. It was in the news last week of somebody doing this to keep warm, and they were found dead. Try it out.

The Invisible Threat

Carbon Monoxide (CO) is an odorless, colorless and tasteless gas that can find its way into your home through a number of common sources:

- Malfunctioning Furnaces;
- Cars left running in a garage or other closed area;
- Grills, Hibachis and other fuel burning appliances;
- Fireplaces or clogged chimneys;

- Improperly installed gas ranges or vents.

Unlike smoke or heat from a fire, carbon monoxide is truly invisible—and extremely dangerous.

...high-quality Carbon Monoxide detector.

...Nighthawk detectors have been ranked #1 in quality, accuracy and low false alarm rates by a leading consumer magazine...

These models come equipped with the following user-friendly features:

- Easy installation on any standard wall outlet;
- Loud 85-decibel alarm instantly alerts you when CO levels become dangerously high;
- Advanced long-life, state-of-the-art carbon monoxide sensor never needs replacement;
- No re-calibration needed;
- Full five-year warranty.

...With an easy-to-read digital display, this model will instantly alert you to life-threatening levels in your home... You can determine if you have a small problem, whether levels are increasing, or if you're in a life-threatening situation. This model also has a sophisticated memory feature (the only one on the market) that records the highest level of carbon monoxide present since the last time the unit was reset. This will help you gauge carbon monoxide levels when you're sleeping or away from home.

> Modern cars burn gas more efficiently, too, creating less
> CO. I'm looking at a bbq in a small sealed room with a
> regular dose of sleeping pills and a little alcohol.
> Still looking for a qualified opinion though. If you ever
> get an answer on good COproduction, post it or email me
> please...

You can produce CO by mixing limestone chips (from a garden supply store) with some kind of acid, but I forget the acid. Anyone have a chemistry textbook?

> Now, any chemists out there who know how to rig a CO
> generator from household chemicals?

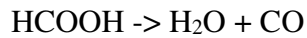
The two easiest ways to make CO are:

Adding formic acid to hot, concentrated sulfuric acid.

Heating a mixture of calcium carbonate and zinc.

Method 1

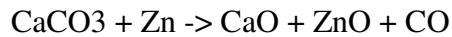
The sulfuric acid removes H₂O from the formic acid, leaving CO-gas.



To create one mole of CO-gas, you need 46g of formic acid (assuming complete reaction) and at least 100g of concentrated sulfuric acid. As the sulfuric acid is diluted by the water created by the reaction, you need more than 100g of sulfuric acid, so the reaction doesn't stop. The formic acid and sulfuric acid should be concentrated to speed up the reaction.

Method 2

The calcium carbonate reacts with the zinc, giving calcium oxide, zinc oxide, and CO gas.



To create one mole of CO-gas, you need 100g CaCO₃ and 65.3g Zn (assuming complete reaction). The zinc and calcium carbonate should be finely powdered and well-mixed to speed up the reaction.

One mole of gas fills up 22.4 cubic decimeters (22.4 liters). You should have a concentration of at least 1% CO in the air to kill yourself. It's probably a good idea to collect the CO in a bag. Just make sure you don't have too much leakage.

```
>> I also wonder how death comes about this way,  
>> and if there are any other aids one should  
>> use (sleeping pills, alcohol, you-name-what).  
>  
>Dunno—sleeping pills might help to take you out first.  
>  
>> Am I going to slowly lose consciousness?  
>  
>Yup, I think so.  
>  
>> Or will I chicken out due to heavy coughing and  
>> choking?  
>  
>This is what I wonder about car exhausts...
```

There is an extract in Geo Stone's book [see later in this guide], merits and accuracies discussed elsewhere, regarding the finale during CO suicide. It is the translation of a note written by a Japanese suicide while their car was filling with carbon monoxide and credited as being extracted from *Suicidal Carbon Monoxide Inhalation of Exhaust Fumes, Investigation of Cases* by S. Tsunenari, et al, as originally published in *The American Journal of Forensic Medicine and Pathology* 6(3) (September 1985), pp. 233-39:

[At 6:15 PM.] The inhalation of exhaust gases is begun.

[After seven minutes.] My eyes and throat are slightly irritated. Put on a bathing

towel. There are tremendous water drops on the door glass. The tank is full of gasoline.

[After eight-and-a-half minutes.] Slight shortness of breath. Ha-ha-ha. The powers of Nissan's engines are great!

[After ten minutes] Swallowed a cup of sake. I could not control myself to stay in the cabin {of the mini-van} at this level of shortness-of-breath yesterday.

[After eleven minutes.] To the mistress of a grocery store; "Yes, you were right. The size of this hose, 30mm in outer diameter and 25mm in inner diameter, fits the exhaust pipe perfectly.

[After twelve-and-a-half minutes.] Swallowed another cup of sake. I wish I could have a can of beer. I wonder what the concentration of carbon monoxide is now.

[After fourteen minutes.] Breathing can only be done by mouth.

[After fifteen minutes.] Water is pouring out of the hose.

[After sixteen minutes.] Goodbye, Mum and Papa! *[And a list of six others.]*

[After seventeen minutes.] Still I am living. It is asthmatic breathing. Now, I will sleep.

[This was the last entry.]

- > An article in The Times (UK) 17 June 1998...
- > I'll paraphrase, with inserted comments as appropriate:
- >
- > "Catalytic converters reduce car suicides...
- > The growing use of cat. converters in car exhaust
- > systems has led to a sharp decline in suicide rates
- > among men in the 1990s...
- > One of the authors said she believed that the
- > introduction of cats had led to the biggest
- > change in British suicide patterns since the
- > replacement of poisonous coal gasoline with
- > non-toxic natural gas in the 1970's, which
- > was also followed by a substantial drop in
- > the number of suicides."
- >
- > Well, despite the article's shaky scientific
- > postulating, this gives an interesting twist to
- > the debate about whether or not CO emissions are
- > reduced from cars with catalytic converters;
- > several posters in the past have indicated that
- > cats merely reduce other emissions, and that CO is
- > still at the same level whether it be a new car
- > or an old one.
- >
- > Has anyone out there any information on this?
- > Is the article actually misleading us (by acting
- > as Nanny-State arbiter in our own best interests,
- > of course)?
- >

> Interesting also that it seems to be a male thing.

Statistically, more men than women have cars at younger ages. That's why my insurance was crippling when I first started to drive.

...As to getting around the catalytic converter: can't you destroy the efficacy of the catalyst by putting leaded gasoline in the car? The nozzles for regular leaded gas won't fit in the fuel intake (in the U.S., at least), but it is easy enough to buy a gas can and fill 'er up a few times.

Or, another easy method: Put the car on jacks; crawl under with a hacksaw or pipe-cutter, and saw through the exhaust just ahead of the catalytic converter (it's roughly square, ahead of the muffler). Of course, it's illegal to bypass your car's emissions-control system, but...

It's time for me to eat some humble pie. After my many adamant statements that catalytic converters do *nothing* to reduce emissions of carbon monoxide, I have found two sources that contradict that assertion.

Catalytic converters became mandatory on US cars beginning with the 1975 model year and UK cars with the 1993 model year.

The first source is from the US Environmental Protection Administration. On the link (below) they explain the goal of reducing CO emissions from autos by catalytic converters. They state that "Today's passenger cars are capable of emitting 90 percent less carbon monoxide over their lifetimes than their uncontrolled counterparts of the 1960's." Sounds like they're doing something there, huh? Let me explain. Over the projected life of a modern car the total CO produced may be a little more than half the total CO produced a 1960's car.

To sum up, I was wrong. I was wrong when I said that catalytic converters are not designed to reduce carbon monoxide emissions, but CO from car exhaust is an effective means of committing suicide. Running the engine out of tune, defeating the oxygen sensor, setting the choke to "on," making the fuel/air mixture richer, using this method during cold or moist weather or just waiting a few extra minutes will all compensate for the marginal effect of the catalytic converter.

In my defense, I will say that *none* of the sites I found by searching "catalytic converters" said that they reduce anything but oxides of nitrogen, but I apologize to all for my prior, inaccurate postings. I do feel bad about giving out inaccurate information and I will try and do more research on defeating the oxygen sensor and adjusting the mix in vehicles with fuel injection.

> Would a '95 Civic Lx create a sufficient amount of CO, if
> the exhaust were directed into the car or a small room?
>

> If not, what make/model would?

Any car would produce the necessary CO, the only question is how long would it take. You can speed it up by making the mixture richer and by defeating the oxygen sensor.

An easy way to test things is by buying a \$30 carbon monoxide detector and reading the documentation to see what concentration it alerts at. Test your system, wait for the alert, then do the math to figure how long it would take you to get to the desired level.

> Would it be possible to achieve lethal carbon
> monoxide concentrations using a propane
> camping stove inside of a small tent or closet?

Propane burns too cleanly. It would take quite a while to build up sufficient CO. May I suggest a Hibachi grill, with charcoal briquettes? That will work very fast.

The more air tight the better. A tent may not work; a closet may get hot. Try a small outdoor shed, a large car, or a small camper.

Asphyxiation & Suffocation

1. Constriction

> Does hanging work?
> Does anyone have any experiences with suspension hanging?
> Have you ever tried and failed? If so, why did you fail and
> what damage occurred (broken neck, bruising, etc.) How painful
> was it?
>
> Do you know of any successful suspension hangings?
> What are your opinions of this as a reliable method?

You can experiment with the method by wrapping a cord around your neck just below the jaw and pulling it tight. You will first feel pressure because the veins are blocked before the arteries-thus you are blocking the return flow initially. If the cord is tight enough, it will also block the arteries supplying blood to the brain.

2. Oxygen Displacement

>>can someone tell me where to get a mask (for
>>connection to nitrogen tank)?

In California I lived near a medical supply store. They sold oxygen tanks and I suppose would include masks of different types. Want a free one? They look like a baseball cup with a few slight modifications. Even for the final act I'd get a new one... You could also cut a gallon plastic milk jug diagonally across the corner and tape your hose to it and around your head.

a. Ether

Ether has high solubility in blood and induces anaesthesia slowly, is irritating to the eyes and nose, and poses serious risks associated with its flammability. Ether is flammable and explosive and should not be used near an open flame or other ignition sources. Explosions have occurred when animals, euthanized with

ether, were placed in an ordinary (not explosion proof) refrigerator or freezer and when bagged animals were placed in an incinerator.

>>I am pretty sure that If done correctly that this
>>would be a very easy any Painless way to Go Out.
>>I have done some experimenting with it and I Think
>>that it will work quite well. All that is needed
>>is a plastic bag the size of a tall kitchen trash
>>bag (or a little larger), a large rubber band (one
>>that is big enough to go over your head but still
>>be fairly tight around your neck), and a can of
>>engine starting fluid (ether).

How pure is the ether in the "engine starting fluid"? I would not be suprised if it was adulterated to prevent "huffing."

>>The rubber band is placed around the openong of
>>the plastic bag. With the band in place around
>>the opening of the bag. Squirt a fairly large
>>quantity of the ether into the bag.

You might consider soaking the ether into a rag rather than just pouring it on to the bag.

Also consider that ether is a powerful solvent- it'd be pretty shitty to wake up with a bad headache and a plastic bag permanently melted on to your face and hair.

>> I would prefer to be lying down, dressed as I
>>want to be found. Then I'd simply slip the
>>ether-filled bag over my head. I beleive that
>>the ether will put you to sleep rather quickly.
>>And once I am asleep, I will suffocate (probably
>>without even feeling it). Is this correct? Comments, please!
>Yes. For one thing, your way will not be painless.

Says you. Ether was routinely used for anethesia until the **long-term** dangers became known. If it can keep you from noticing that your leg is being sawn off, It should be just fine for keeping you from noticing that you are permanently out of oxygen.

>First, the ether will corrode your nose walls,
>eyes and lungs.
>Second, you won't fall asleep before you suffocate.

Why don't you grab a can of ether and some plastic bags, then report back to us?

>Third, you won't suffocate. You will drown as your
>auto-neurosystems force your lungs to breathe
>the ether.

True. Perhaps he needs a bigger bag?

>Fourth, yor body won't look too good. Bloated,
>swollen, and with a horrible twisted grin on your face.

Dead bodies seldom do "look too good" (unless you are a necrophiliac). The original author didn't ask if this was a method to produce a pretty corpse; he asked if it would be

effective.

b. Nitrogen (N₂), Helium (He), and Other Inert Gases)

The subject of physiological effects of inert gases has come up. Accidents in the industry that I have read about suggest that breathing pure nitrogen leads to extremely rapid unconsciousness. One or two breaths effectively purge all the oxygen out of the lungs, and the victim doesn't have time to react. There are probably no warning symptoms, as nitrogen has no physiological effects of its own.

One story is that a man entered a large nitrogen tank to clean it, not knowing that it had not been purged with air. He collapsed immediately, and his brother (a fellow worker) attempted to rescue him. Both were found dead of anoxia.

I would think that death from nitrogen inhalation would be quick (5-10 min.), painless, and uneventful. (No convulsions, no gasping for air, etc). Obviously, I haven't tried it, so I can't say for sure. Helium and argon would be expected to have very similar effects.

Nitrogen (N₂) [is a] colorless, odorless [gas] that [is] inert, nonflammable, and nonexplosive. Nitrogen comprises 78% of atmospheric air...

Euthanasia is induced by placing the animal in a closed container into which N₂... is rapidly introduced or prefilled at atmospheric pressure. Nitrogen... displaces oxygen in the container, thus inducing death by hypoxemia.

With N₂ flowing at a rate of 39% of chamber volume per minute, rats collapsed in approximately 3 minutes and stopped breathing in 5 to 6 minutes. Regardless of flow rate, signs of panic and distress were evident before the rats collapsed and died. ...Quine... addressed the issue of distress associated with exposure to N₂ by removing cats and dogs from the chamber following unconsciousness and allowing them to recover. When these animals were put back into the chamber, they did not appear afraid or apprehensive.

Nitrogen [is] readily available as [a] compressed [gas]. Unconsciousness is preceded by hypoxemia and ventilatory stimulation, which may be distressing...

> What exactly is the nitrogen tent method?

You fill an enclosed space with nitrogen and just sit there. The nitrogen displaces the CO₂ in your lungs, preventing you from feeling what you feel when you hold your breath for a long time. You simply pass out, and die of asphyxiation while you're unconscious. I've heard it's rather pleasant.

>...I have a preferred method, inert gas, but I'm
>not sure how I can get hold of a bottle of N₂
>(liquid or gas). Any suggestions? Failing that
>I may try Helium instead, but I'm not sure how to
>handle such a gas. Comments?

Also my preferred method. Any welding-supply store. Get the 250 cu. ft. tank.

From: anonymous

Intro

Method	Asphyxiation by inert gas (helium).
Certainty	Fairly certain if uninterrupted.
Cost	≈100.00 (sterling)

Obtaining the Helium

Pick up the Yellow Pages, and look under "P" for party-supply stores. Ring some of them up and ask how to obtain helium for filling balloons. Most shops will apologise and say something along the lines of, "Sorry we don't supply it, but you could try to PartySmells shop on such-and-such a road..."

Ring up is preferable to a personal visit because...

- If you are a nervous sort of person like me, then a phone is much better than a personal call (from a "nobody knows who I am" point-of-view).
- You will find that most party shops don't supply helium, so it's a good idea to ring around.

When you find a shop that can supply the helium, they'll ask if you want a helium canister for about twenty balloons, or a helium tank for about two-hundred. Naturally, you'll want to plump for the latter.

The gas itself will cost about #45, and you must also place a deposit on the cylinder; the deposit will need to be cash (i.e., not switch card or credit card), and it'll probably be around #50. Fortunately, I'm well off, so money is not a problem here.

Note that, the party shops will not usually have any helium to buy "off the shelf," and they may ask you to wait from one to ten days for some to be delivered. If time is a constraint, then this could be a problem.

The gas appears to be "balloon-grade" and exceeds 99% purity. The remaining fraction is probably nitrogen, though I've no idea really.

Caution: The gas tank is actually quite heavy (about the same as two or three car batteries), so if you are in any way disabled, you may have trouble with it.

Neighbour: "So what on Earth do you want all this gas for?"

You: "Oh, I'm going to gas myself. Would you mind just helping me get it up the stairs, please?"

Making a Gas Mask

Your first stop should be a trip to the local "auto spares" shop, or "Boots,"

where you can get a siphoning tube, or any other suitable flexible tubing. I would recommend a longer piece rather than a shorter one because

- The gas is quite cold when it comes out of the tank, and a long tube will give it a chance to warm up by a couple of degrees.
- If you use a very long tube, there's a slight chance you may get tangled up in it, and accidentally trip over and choke yourself to death on it.
- You can always make a long piece shorter if you're not happy with it.

About three metres should be plenty, and will cost under #1 per metre.

Next stop: the supermarket. Buy a tub of "I Can't Believe It's Not Butter." Not the very small-sized tub, but the next size up. If you remember when you were a kid, you might have stuck a glass over your mouth, and sucked, and the suction would have held the glass to your face, airtight. We will use the same principle with the butter tub. Hence you want to get one which will fit under your chin, over your mouth and up to the bridge of your nose.

Any container of about this size will do, however I would recommend the use of "I Can't Believe It's Not Butter," "Utterly Butterly," or "Clover," as they come in quite strong plastic tubs, unlike "Flora" or "Happy Shopper's Own Brand Marga-Muck," which have thin plastic, which could crack or split when being cut.

Treat yourself to a slap-up meal of toast and butter, and then give the margarine-tub a good cleaning, unless you are a girl, in which case you probably like having oily slimy stuff all over your face (margarine contains active lipobuttersomes—in scientific tests eight out of ten phlegm weevils got younger when they used it, etc., etc.).

NB: I don't want anyone else to use an "I Can't Believe It's Not Butter" tub, as I want to be the first person to kill myself using one. That would be an achievement worthy of some praise.

Fit the tub over your mouth, you'll find that your nose gets in the way, and prevents an airtight fit. Use a sharp knife—preferably an X-Acto or carpet/utility knife—to cut a small indentation where your nose will go. Make lots of small cuts, rather than one big one, because you're less likely to make a serious bodge. When the tub fits snugly over your mouth, you should be able to hold it there by sucking in. It doesn't matter if it isn't a perfect airtight fit, because the helium gas will fill the mask easily, and as long as the %Oxygen is kept low, then a little air getting in won't matter. If the helium pressure is sufficiently strong, it'll force out any air anyway.

Next, get some long elastic bands. Find a sharp object about the size and shape of a knitting needle, and puncture a hole in the sides of the tub on each side, about in line with where your ears are. I found that heating a knitting needle and punching a small hole made a clean edge. Chain two or three long elastic bands together, and push one end through the hole. Once it's through, pull enough through the hole to let you tie a large knot in the elastic band, and then pull the band back through. The elastic band should now be held firmly to the tub. Repeat this procedure on the other side. And you can now place the tub over your mouth, and put the elastic bands around the head. Adjust the tightness (by tying knots in the elastic band, or pulling more through the tub holes), so that it fits snugly and comfortably. If you've got the placement just right, the elastic bands can be placed around the ears, and the mask will hold in place very comfortably and easily and will not fall off.

After that, take the tubing, and note how wide it is. On the front of the mask, about in line with the nose or mouth, using the sharp knife, make two incisions about the same diameter as the tubing. Don't cut a hole, just make a cross shaped cut. Now push the tubing through from the inside of the mask, and the cut pieces of plastic will open out and form a flange around the tubing. Pull the tubing through until a small piece is left protruding into the mask, (not too far). Now tape the flanges of plastic to the tubing, and liberally wind more tape around the join until the tubing is firmly held and the seal is airtight.

Finally, tape the free end of the tube to the gas outlet of the helium tank. This may be a problem because the gas tanks that are supplied for filling balloons have an unusual outlet. It consists of a spring-loaded nozzle, which when bent, opens a valve to allow the gas out. Imagine holding a balloon onto a nozzle and then twisting your wrist upwards, this forces a plunger backwards and releases gas into the balloon, the gas comes out rather quickly, filling the balloon in a matter of seconds. When the nozzle is released, the spring forces the nozzle back to the horizontal position, and the metal plunger slides back against a stop, cutting off the gas flow. There is a master valve on the top of the cylinder too, but it doesn't allow for much flow regulation.

This odd nozzle arrangement can act for and against us. I ought to point out, that I have managed to get (through work), a proper gas regulator valve, so I've replaced the one on my cylinder, but I did some experimentation with the spring loaded nozzle version first. If you tape the tubing to the nozzle, and then connect some more elastic bands between the nozzle end and a sturdy object (like the cylinder handle), you can make a nice "dead mans handle:" when you let go of the nozzle, the elastic band pulls the nozzle upwards, and releases gas. This means that you can hold the nozzle in a position which just lets enough gas out, into the mask, and causes you to lose consciousness, when you pass out, your hand will release

the nozzle, and the elastic band will open it up even more, thus increasing the gas flow, and ensuring that you don't get any air. Experimentation has shown this to be quite a good little system.

NB: Don't be tempted to remove the nozzle, and then open the master valve, as the gas comes out at a tremendous speed; it will make the most amazing noise, and make you jump right out of your skin (it will also blow any papers anywhere in the room all over). Only open the master valve, when you have a suitable regulator or nozzle in place (hey! you might even get yourself killed!).

Gassing Yourself

The fact that I'm writing this is evidence enough that I'm a chicken and haven't succeeded in killing myself yet. I've no particular reason to die, just bored with life, so there is no urgency on my part, and one day I'll go through with it. However I can tell you what you will feel using the inert gas method, and I can reassure you that it is not painful.

The bag-over-the-head method causes a build-up of CO₂, and the body will react with gasping, rapid pulse, and general panic (I've tried it); the inert gas method simply replaces the air with an inert atmosphere, denuded of oxygen, and the body has no "learned" response to this.

Once you have the mask in place and the gas flowing (I'd advise turning the gas on first, arranging your valve regulation, and then putting on the mask, because the first gush of gas can be a bit violent, and might feel unpleasant), all you have to do is breathe normally. When you breathe the gas in pure, you'll notice that it is...

- ...quite cold, but not too unpleasant (a longer tube may help);
- ...essentially odourless, though it smells different; from room air;
- ...makes your voice squeaky—try singing as you die!

After maybe three long slow breaths, you may notice a slight increase in your heart rate. I can only speculate about this, but it's almost certainly due to one or more of the following:

- perhaps it's one's body's way of saying, "More oxygen, please."
- anxiety—after all, you *are* trying to kill yourself!
- some trace material in the gas (though this is unlikely);
- *[Insert better reason here.]*

I found that the momentary racing heart passed quickly, and I conclude that it was caused by anxiety (on successive experiments, I've found the

effect to be less pronounced).

After about thirty seconds you will start to feel pressure in your head. Not really, but if you have stood up quickly, and feel dizzy, you'll know that there's this strange feeling "inside" your head. This has been explained to me by a colleague, as probably being caused by the blood vessels in the head expanding to increase the blood flow and try to keep oxygen levels up.

After a few more seconds, you'll start to feel yourself black out. I was unable to verify exactly what you "see" because my gas mask, comes just up to my eyes, so I keep them shut whilst doing this. However on previous experiments, just breathing directly from the tube, I've found that my vision started to go black around the edges, and that is entirely consistent with symptoms caused by low oxygen.

At this point on all attempts, I have removed the mask, and prayed that an aircraft would crash land on my house and spare me having to do this any more.

Conclusions

Keeping the mask on for a few more seconds would almost certainly have resulted in unconsciousness; having the gas mask in place would have meant a continued period without oxygen (and thus death, after a few minutes), under these circumstances.

The entire process seems to be essentially painless. You will feel yourself blacking out, and this causes me some panic, and hence that abortion of the operation, but I believe persons with a stronger will should have no difficulty in carrying the plan through to terminus. (The person who initially suggested the use of helium to me, has not contacted me for some time, and since I have only an email address, I cannot ascertain why, but is quite possibly dead from this method).

Side effects: To date I have nearly succeeded on several attempts, and have suffered no (known) long term effects.

Since people can black out from standing up too quickly—the air force g-tests pilots by whirling them around in centrifuges, drawing the blood away from the head until they black out—and blackouts can be caused by numerous other means. I believe that if oxygen is restored quickly, then any "aborted operations" should be fairly safe.

Pros of this Method: It appears to be painless, and can be carried out in the comfort of your own home, at your own pace, allowing the opportunity to get comfortable, have a last drink, put your favorite record on, etc., etc.

Definitely a nice way to go.

Cons of this Method: If you jump off a tall building, then you just need to make that decision once. Once your feet have left the ledge, you're history, and there's no turning back (assuming a good landing anyway). With the gassing method, you have about a minute to sit there trying to convince yourself that you want to live really, and it's very hard to quiet those demons.

I would dearly love to get my hands on some nitrous oxide, as this would have an anæsthetizing effect, whilst acheiving asphyxiation.

It was indeed easy to obtain a large tank from a party shop. I also bought three-hundred balloons to make it more credible. Made the gasmask/garden-hose contraption; no problems there, either (bought a mask from a DIY store for paint fumes). Did the thing with the nozzle, worked fine (although I also had a friend there with me to help me with that). Had a lot of drinks, some Valium, and some sleeping pills (prescription), put on some music and got into bed. Put on the mask, turned on the gas (which was a bit cold but who cares), felt somewhat lightheaded, saw the black rings around my eyes, felt a choking sensation, and passed out. Because my friend was there with me, she described what happened next. It is not true that your brain doesn't realise the lack of oxygen. Even though I was passed out I started furiously clawing at the mask to get it off. It was on tight, and my friend tried to keep me from clawing, but apparently I opened my eyes wide and was panicking because of the choking. I don't remember this because this was an unconscious reflex. In the end I managed to get the mask off, was unconscious for about forty-five minutes, and came to in a wet bed—I had wet myself. I did suffer some temporary brain damage; visual disturbances, forgetfulness, impaired speech, incomprehensible sentences etc. I tried it again three more times and the exact same thing happened. My explanation is, that in the end subconscious reflexes take over. Believe me, I wanted to die... I had already painted my coffin!

I have some problems with using helium or nitrogen with the garbage-bag-rubber-band method. Mainly, I wonder about gas build-up: you open the valve on your gas cylinder, hold the end of the hose from the tank up by your face, pull the garbage bag over your head, and snap the rubber bands in place around your neck (all while sedated and/or drunk, to suppress any panic reaction).

Assuming you get a nice, tight fit with the rubber bands over the bunched-up plastic band at your neck, the bag inflates quickly with the inert gas and you rapidly pass out. Then what? The gas keeps pouring into the bag, with no way out; is the bag eventually going to rupture at a seam, or snap rubber bands? Will that happen (in a worst case scenario) *after* brain damage has occurred, but *before* death?

I can think of ways to stop the gas flow, or vent the gas, but they're complicated (and that increases the risk of failure). I think the nitrogen tent method deals with these problems, and it's also, imho, a more comfortable exit. I pieced together my tent with heavy (4 mil.) plastic sheeting, taped over a box, but I have worked out a simpler method:

Buy a heavy-duty trash bin liner, the kind intended for 50-55 gallon drums, used as trash cans at parks, sporting arenas, etc. These are larger than usual garbage bags,

are usually transparent, and are made out of a stronger plastic (similar to that used for plastic grocery bags). They can be purchased at a good hardware store or janitorial supply store.

Get a sturdy cardboard box, large enough to accommodate your head (and maybe your shoulders—to be comfortable), but not too large to fit inside the trash bin liner. Place the box inside the bag (I'd place a pillow inside the box, first). This is your "tent."

Place the tent on a bed, with the open end of the bag (and box) pointed toward the foot of the bed. Run a hose from the nitrogen or helium gas cylinder up inside the bag, into the box.

Place a *heavy* blanket or quilt over the open end of the bag, overlapping the end by several inches. It's important that it be heavy, because this is the seal—it will allow excess gas to vent out, while preventing fresh air from seeping back in. Use duct tape to tape the edge of the blanket to the bag.

The tent is ready to go. Open the valve on the gas cylinder's pressure regulator, sending gas into the tent. Take a deep breath and slide up from the foot of the bed, under the blanket and into the tent, and lie with your head inside the box as the tent is flooded with nitrogen or helium.

Technical Details (sort of):

The goal is to get the oxygen levels inside the tent below 6%, and to keep it down long enough for brain death to occur.

[ed. note: there are easily-procured analysis machines which would indicate the oxygen level.]

At atmospheric oxygen levels of 4-6%, coma occurs in 40 seconds, followed by convulsions, respiratory arrest and death, according to Safety Bulletin SB-2 from the Compressed Gas Association.

Nitrogen is available from welding supply stores; common cylinder sizes are 75, 150, 250 cubic feet. The tanks and regulators can be purchased or rented (the cost is about the same either way).

You *will* need a pressure regulator, to reliably control the rate of flow of gas into the tent.

I was advised by a compressed gas expert (I won't mention him by name, but thanks!) to use a flow rate of 10 cu. ft. per minute in my 4.5 cu.ft. tent; I think a somewhat lower rate would be fine, and would give me a longer flow (that's not important with a 150 or 250 cu. ft. tank, but might be with a smaller tank). In animal euthanasia tests, the flow rate was reported as approx. 40% of the volume of the compartment per minute—do the math for your own tent.

Is it painful or unpleasant? Nitrogen asphyxiation has been recommended as the ultimate humane method for criminal executions—"Killing With Kindness," by Stuart A. Creque

(*National Review*, Sept. 11, 1995), describes a couple of accidental nitrogen asphyxiations, in which the victims apparently never realized what was happening. In animal euthanasia experiments, hyperventilation prior to loss of consciousness was reported, which might be distressing, and muscular tremors, convulsions and "vocalizations" after loss of consciousness.

I have run a couple of tests with my tent:

Firstly, I have simply lain in the tent, just to see how long it would take for CO₂ build-up to occur, assuming it would happen at all. I was able to stay inside my 4.5 cu. ft. tent for up to 45 minutes, before my breathing became so labored that it was uncomfortable (distracting, really). It also got rather warm inside the tent, especially with a heavy quilt on it, and there was a considerable build-up of moisture on the inside of the tent, from my respiration. Not really bothersome, given the short time I'll be in it (alive, anyway) when I use it.

I also tested the tent by placing two lit votive candles inside, placing a small, low-pressure (7.5 cu.ft.) cannister of helium for party balloons inside, and opening the valve. The candles dimmed and went out in approximately 90 seconds.

I later vented the remainder of the small helium tank into the tent while I was in it—enough to raise the pitch of my voice, but not to even make me light-headed. One shortcoming of these tests was that I had no way to accurately judge how much helium had actually been put into the tent, and another is that I do not know whether the oxygen levels necessary to support combustion by the candles is as low as that necessary to remain alive.

I do not think the small canisters of helium sold for filling 25-30 party balloons are sufficient to "safely" carry out this method; the larger tanks should be used.

> I have some problems with using helium or nitrogen with
> about gas build-up...

You have slightly different ideas than I. I'd simply fill the garbage bag up with helium (while keeping it closed), and, once full, would the influx of gas; then I'd put it over my head, and duct-tape it on (actually, before putting it over my head, I'd start the oxygen deprivation with some nitrous oxide). This way, you don't have to worry about pressures changing and whatnot. As helium rises nicely, one should be able to not lose much helium while putting it over ones head, and with a good exhale before putting it on, hopefully the CO₂ should not be a problem.

...I think that a couple of the smaller containers would be fine for the solo garbage bag. However, your idea seems quite thought out and workable, merely requiring a larger expenditure of effort and money. I think that both are about as likely to work (I plan on sometime buying a garbage bag and testing about how long that I can breath in it before CO₂ build up becomes a problem (altho I'm guessing it would take longer without a temporary source of O₂, and thus continued respiration) tho I'd imagine that it would take at least 15 minutes for a decently sized garbage bag).

> I guess that releasing the helium or nitrogen into
> the cabin of a vehicle wouldn't work, or would it?
> The volume of the cabin is probably far too large
> to be flooded by the gas completely, but wouldn't
> it be sufficient if the gas would displace the
> oxygen in the upper part (the head part) of the
> cabin?

It could be enough—one of the accidental nitrogen asphyxiations described in the *National Review* article involved two men who stole what they thought was a canister of nitrous oxide from a hospital. They opened the cylinder inside their car and were asphyxiated sitting comfortably, waiting for the laughing gas to take effect (this was pointed to illustrate that, had they experienced any discomfort, all either man had to do was roll down a window). I don't know what size tank they stole—maybe a large 250 cu. ft. cylinder.

>>>However there was a suggestion about utilizing
>>>a tube tent. How do we go from there to an
>>>exact method holding all the parameters in the
>>>correct range for not risking a failed suicide?
>>
>> I think the posts by Hermotimus you quoted go
>> into pretty good detail.
>>
>>>...what is a tube tent?
>>
>> ...I think I know what a tube tent is, but I'm
>> not sure (I'm not really an outdoor/camper
>> person to begin with).
>>
>>>...what size gas cylinder related to the size of the tent?
>>
>> Geo Stone's method talks about flushing the tent
>> once, and then sealing its ends. So a small
>> (or smallest) cylinder should be sufficient.
>>
>>>...how do we know that we have the level of oxygen
>>> low enough at sufficient amount of time.
>>
>> Again I think that Hermotimus' idea is better than
>> Geo Stone's tube tent. If you just flush the
>> cylinder inside the tent, heck, what about the
>> pressure build-up inside?
>
> ...I don't share the trust in Herm's small tent
> method. I appreciate Herm's knowledgeable research
> but the one point I don't agree with Herm is the
> risk for screwing up the method by convulsions.
> The muscular strength in convulsions, I imagine, could
> be very strong, and therefore I personally do not
> feel Herm's method is reliable. That is just my
> impression. In a tent, however, I feel that one
> could have one's convulsions pretty freely without
> risking to rupture the tent. Even moreso in a car,
> I guess.
>
> I recall that we must be at 75% concentration or
> above and for sufficient amount of time, according
> to Stone's chapter on gases. How would we be sure

> of that? Maybe it is obvious to a gas expert that
> one would be, but I don't feel certain at this stage.
> I recall that oxygen has a tendency to leak into
> any space from which you take it away and i dont
> know how strongly or quickly this happens.
>
> Herm's posting about the two guys in the truck was
> very interesting. We should be at a very
> interesting suicide method here if it is correct
> that they were so peacefully put to sleep. We don't
> know what these guys had premedicated with, though.
> I mean, they could have been on some street drugs,
> as well, as they sat down to enjoy the laughing gas.
>
> By the way how do we really know they were not out
> to suicide? If they would have had laughing gas,
> that would have caused the same end result, I
> assume, since that must be another form of oxygen
> deprivation. Thus they should have also been able
> to figure. However, I don't hold it unlikely that they
> were just out for a rush on laughing gas—but how
> does anyone know? Any clues in the article here?

Re: tube tents.

Mea culpa—thought they were common knowledge; obviously I was wrong. Anyhow, these are cylindrical plastic bags, open at both ends, that are used as emergency tents by backpackers. They're flimsy (about like thick trash bags), airtight, and thus not very good for keeping dry (due to condensation), but they are light and cheap (\$5-10). Since there is generally a rope running its length and keeping it from falling, and a person on the bottom, the approximate shape (in use) is triangular.

If the tube tent is 8 feet [244 cm] long and has a diameter of 4 feet [122 cm] the triangular volume is about 55 cubic feet [1.5 cubic meters] or about 400 gallons.

Hermotimus made the valid point that you want to vent surplus gas without tearing the bag/tent and that a rug over the tent was a reasonable way to achieve this. The problem is that since the standard tube tent is only 8 feet long, there may not be sufficient room for a person to stretch out and still have enough bag at either end to fold over with a rug flap. A couple of possible work-arounds are (1) two tube tents (end-to-end) attached by duct tape; (2) cut a hole near the top of one side of the tube tent, and make a weighted flap that vents excess gas and then falls back in place. Gravity should work fine, but I haven't tried this and you may want to experiment with petroleum jelly (Vaseline) or velcro to make a better seal.

Re: deaths due to nitrogen on airplanes (and elsewhere).

The point has nothing to do with airplanes per se, or the circumstances under which nitrogen was mistakenly used. The point (consistent with other accidental human deaths, as well as intentional animal deaths) is that nitrogen asphyxia seems to be a very low-trauma way to go.

c. Carbon Dioxide (CO₂)/Suffocation

At concentrations of 30% to 40% CO₂ in oxygen, anaesthesia was induced within 1 to 2 minutes, usually without struggling, retching, or vomiting. ...In cats,

inhalation of 60% CO₂ results in loss of consciousness within 45 seconds, and respiratory arrest within 5 minutes.

Several investigators have suggested that inhalation of high concentrations of CO₂ may be distressing to animals because of mucosal irritation and ventilatory stimulation. However, the degree of distress appears to be mild, and it is unlikely that it is any more than inhalation of volatile anaesthetics...

Carbon dioxide is used for preslaughter anaesthesia of swine. The undesirable side effect of CO₂, as used in commercial slaughterhouses, is that swine experience a stage of excitement with vocalization for about 40 seconds before they lose consciousness. For that reason, CO₂ preslaughter anaesthesia may appear less humane than other techniques.

Carbon dioxide may be purchased... in solid state as "dry ice,"... [which] is inexpensive, nonflammable, and nonexplosive... [and] does not result in accumulation of tissue residues in food-producing animals. ...does not distort cellular architecture.

Because CO₂ is heavier than air, incomplete filling of a chamber may permit tall or climbing animals to avoid exposure and to survive. This appears to be very distressful to the animals. Some species may have extraordinary tolerance for CO₂.

Compressed CO₂ gas in cylinders is preferable to dry ice because the inflow to the chamber can be regulated precisely. If dry ice is used, animal contact must be avoided to prevent freezing or chilling. Carbon dioxide generated by other methods such as from a fire extinguisher or from chemical means (eg, Alka-Seltzer) are unacceptable. With an animal in the chamber, an optimal flow rate should displace at least 20% of the chamber volume per minute. Unconsciousness may be induced more rapidly by exposing animals to a CO₂ concentration of 70% or more by prefilling the chamber. It is important to verify that an animal is dead before removing it from the chamber. If an animal is not dead, CO₂ narcosis must be followed with another method of euthanasia. Larger animals, such as rabbits, cats, and swine, appear to be more distressed by CO₂ euthanasia; therefore, other methods of euthanasia are preferable.

d. Nitrous Oxide (N₂O)

Nitrous oxide (N₂O) may be used with the other inhalants to speed the onset of anaesthesia, but it alone does not induce anaesthesia in animals, even at 100% concentration. If N₂O is used as a sole euthanasia agent, hypoxemia develops before respiratory or cardiac arrest, and animals may become distressed prior to unconsciousness.

Nitrous oxide will support combustion.

>...I would like to use pure nitrous oxide (dentist
>stuff/laughing gas); where can a tank be obtained,
>legally or not?

It's legal, but most companies won't sell tanks of it to residential addresses unless there's a *damned* good excuse given. You can get compressed gases (CO₂ and N₂) at the URL at the bottom, and can make arrangements with the same company to have them filled with just about anything under the sun (including nitrous oxide). Incidentally, you can also order the nitrous chargers (boxes of twenty-four) at the same place. Probably a lot cheaper than buying them at a head shop, or speciality cooking store.

I don't know about a tank, but I've thought about just getting a bunch of "Whippets," filling a plastic trash bag with them, and sealing my head inside the bag. "Whippets" are available here at "head shops" for about \$52 for 5 boxes, 24 in each box. Each Whippet is about one lungful, so I think 5 boxes would fill a trash bag.

```
>> Hang out with drag racers (as in fast cars) for a
>> little while and you can learn all you'd ever
>> want to know about nitrous. Summit Auto sells
>> expensive kits with a filled 10-lb. bottle by mail order
>> (extra $10.00 UPS hazardous materials fee) and with
>> a little hunting you might find a mail order
>> outfit that will ship just the filled bottle
>> without the associated kit.
>
> I reccomend you all read some of the rec.drugs
> info on N2O, the stuff they use in cars is
> "auto grade" while Whippets and the stuff from
> the dentist are "medical/food grade," apparently
> the auto stuff has a fair bit of sulphur
> "rotten egg" gas in it, so it'll probably just
> make you sick.
>
>> Whippets would require a lot of money and a
>> lot of effort to accumulate any quantity of
>> the gas. If you're an adult it's not that hard
>> to get full tanks of compressed inert gas.
>
> Disagree here, a pack of whippets is like only
> $5, and provides at least enough for "an evening's
> entertainment."
```

Nitrous Oxide is also used by taxidermists when preparing an animal. Some taxidermist shops will fill a tank for you. One near my old house would do it for about \$3 a pound.

```
> What exactly is the nitrogen tent method?
```

...You fill an enclosed space with nitrogen and just sit there. The nitrogen displaces the CO₂ in your lungs, preventing you from feeling what you feel when you hold your breath for a long time. You simply pass out, and die of asphyxiation while you're unconscious. I've heard it's rather pleasant.

Ideally, you should use N₂O (Nitrous Oxide) to act as an anæsthetic. If you've ever done "Whippits," you'll know what I'm talking about. This has been hashed over before, but try to locate surgical grade nitrous... The stuff used in Automobiles isn't required to pass quality standards for use in humans.

N₂O can be purchased in large canisters (by the lb) from welding supply stores and

compressed air manufacturers (like ISI).

While there is nothing illegal about N₂O, the places that sell it know what it can be used for (other than suicide, it can be inhaled for a 30 second high.) and hesitate to sell it to residential areas. Unless there is a good story involved, that is.

> I'm pretty sure that there's CO₂ in those bottles.

And I'm pretty sure that you're wrong. I'm sorry, but the "chargers" used to fill whipped cream canisters are filled with nitrous oxide. Now, the little canisters that work with your air rifle are filled with CO₂; they look alike, but they are filled with different gases. Try inhaling the contents of a whipped cream charger sometime and report back to us; if it gives you a minute high, then it's N₂O; if not, it's CO₂. I can tell you right now, though, if you bought it at a cooking supply store, for whipping cream utensils, it's filled with nitrous.

Oh, and by the way: don't inhale the gas directly from the chargers; it's compressed, and when it comes out it's **very** cold. We're talking hypothermia—you might end up freezing a lip off cold.

High-performance cars use "NO" gas, referred to as simply "Nitriss" by many of the slack-jawed auto racers.

This is used in conjunction with regular fuel delivery to the carburetor or fuel injection system. It can only be used in small bursts, controlled by the driver.

Simply put, it makes the car go faster. Usually an entire 2 seconds off the car's estimated time in a quarter mile run.

Making Nitrous Oxide
from Tele-Thief Express
original file from
Z. DeBuggah from Folo Zone
416/283-1854

Materials

- Ammonium Nitrate (NH₄NO₃)—get a good grade, it's a fertilizer and comes in 50lb. bags. Also available from lab supply companies like VW&R or American Scientific at a much greater cost.
- Clean sand. Fairly fine-grained (30 mesh or finer). If you collect your own and you get fresh water sand, it will be necessary to wash it thoroughly with water then dry it before using. You must also wash the sand before reusing it.
- Electric hot plate (500 to 2500 watt) with variable heat.
- Stainless steel dial thermometer. (This is the only metal item which may be used.) It must go to 250 C (450 F). Select the Erlenmeyer flask (next item) and the thermometer so that the thermometer can reach at least within 1/16" of the

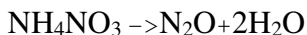
bottom of the flask through the stopper.

- A 2000 to 4000 ml PYREX or KIMAX Erlenmeyer flask.
- Several feet of 3/8" clear vinyl or surgical rubber tubing.
- At least 4 8mm ID glass or plastic tubing "T's."
- 1 120degree bend 8mm ID PYREX glass elbow, with about 3" of tubing on each side of the bend.
- 7 6-8" long pieces of 8mm ID glass or plastic tubing.
- 3 6-8 feet long 1.5" to 2" diameter glass or clear plastic pipes.
- 1 two-hole rubber or neoprene stopper to fit the top of the Erlenmeyer flask. One hole should fit the 8mm ID PYREX glass elbow, and the other hole should fit the stainless steel dial thermometer.
- 6 one-hole rubber or neoprene stoppers that will fit the ends of the clear plastic or glass pipes. The holes in the stoppers must fit the straight 8mm ID glass or plastic tubes.

Set-Up

If you've gotten this far, remember: you *must* meet the exact quality specifications of the equipment list. If you really want a do-it-yourself nitrous oxide generator, you want a sturdy set-up you can use over and over and enjoy again and again!

See IFF files included for a diagram of the set-up.



ammonium nitrate → nitrous oxide + water*2

Assembly

Note: When inserting tubing through stopper holes, always wrap and hold the tubing with a cloth! Also, moisten the tip of the tubing and the stopper hole with glycerin, soap, or spit (though never oil).

Insert the thermometer far enough into the stopper with two holes so that when the stopper is put into the Erlenmeyer flask, it almost touches the bottom of the flask (but don't allow it to touch), and then insert one end of the glass elbow far enough through the stopper so that it sticks out 1/4" to 1/2".

Into the six one-hole stoppers, insert a piece of the 8mm ID glass (or plastic) tubing so that 1/2" to 3/4" protrudes from the narrow end of the stopper.

Now select your set-up space so that there is 1.5 feet of space clear in all directions around the hot-plate, so that the three scrubber pipes can lie side by

side where they will not be knocked over.

Take approximately 2 feet of the 3/8" flexible tubing and connect one end to the glass elbow in the two-hole stopper, and the other end to the middle of one of the 8mm ID glass (or hard plastic) "T's."

With short pieces (select lengths for a neat fit) of 3/8" tubing and another 8mm "T" assemble the INLET SET manifold and connect it to the bottom end of the scrubbers. Stoppers may then be inserted into the lower end of the scrubber pipes.

Elevate the OUT end of the scrubber pipes so that the upper end is 6" to 8" above the IN end, but no more, and then fill the pipes with water until they are full within 4" to 8" of the top (outlet) end, and insert the outlet stoppers. Try to fill all the scrubbers equally full.

With short pieces of 3/8" tubing and two 8mm ID "T's," prepare and connect the OUTLET SET manifold to the scrubbers similar to the way the set was connected in step 5.

To the last "T" of the OUTLET SET (of "T's" manifold), connect a fairly long piece of 3/8" tubing to reach a "safe" location (where connection and disconnection of the receiver bags will not disturb the scrubbers) and secure it. Then put the last piece of 8mm ID hard tubing into the free end.

Finally, prepare several receiver bags by inserting about an 8" piece of tubing into the top so that 3" or 4" sticks out of the bag and secure it in place with a rubber band.

Congratulations—you are now the proud owner of your very own nitrous oxide generator!

Operation

First, prepare a quantity of a mixture containing 1/3 sand and 2/3 ammonium nitrate. Then pour enough of the mixture into the Erlenmeyer flask to give 1.5" to 2" in the bottom of the flask. Put the flask onto the hot-plate, and insert the two-hole stopper, firmly but not too tight.

Warning!

Once you have started heating the mixture in the Erlenmeyer flask, you **must remove** the two-holed stopper from the flask **before** turning off the heat. Otherwise, as the flask begins to cool off, it will draw water from the scrubbers back into itself, and may crack—or even **explode**—with the steam formed inside.

Now you may begin heating the flask. Turn the hot-plate to medium or medium-high and watch the thermometer. If the temperature climbs very fast, turn the hot-plate down, but be patient about turning it up. Occasional bubbles will be noted going through the scrubbers as the air in the system expands. At 210°C (410°F) a yellowish to orange-brown will begin filling the flask, and the bubbling through the scrubbers will become steady.

At this time, adjust the upper end heights of the scrubber tubes so that each one gets about the same amount of gas passing through it. Keep your eye on the temperature, and it should not climb much over the 210-220°C (410-430°F) marks. Also the gas at the top of the scrubbers **must be perfectly colorless!** Otherwise, turn down the heat setting. If the gas flow is too low to give a steady flow through all three scrubbers, increase the heat slightly.

Once you've run your system a time or two, you'll know what your operating settings are.

As soon as the gas flow is steady and clean, connect a receiving bag to the final outlet tube, and allow the bag to fill. It may be necessary to add more ammonium nitrate-sand mixture to the flask from time to time—wear gloves as the flask will be **hot** when removing the stopper. It is also a good idea to turn off the hot-plate while the stopper is out of the flask.

Once you've filled a few bags with laughing gas, you're ready to try some!

anonymous wrote:

```
> ...I'm interested in N2O use...
> I was told that new medical machines administer N2O together
> with O2 (75% N2O, 25% O2) to increase the safety factor.
>
> Can someone tell me how it works? When it is inhaled together
> with oxygen, does the lethal dose differ?
>
> Does N2O damage the brain cells or does it only inhibit a
> transportation of oxygen to brain cells?
```

Nitrous oxide actually increases respiratory rate, according to two of my resources. Nitrous oxide, administered alone (that is without supplemental oxygen) can cause asphyxiation, due to oxygen deprivation. This is because the body cannot utilize the oxygen molecule in N₂O to supply oxygen to the tissues. This lack of oxygen leads to cell death.

As to lethal doses of nitrous oxide... Since it is administered as a gas, I'm not sure how one knows that 20mg is actually "solved" into the blood. The same applies to the stated "lethal dose" of 60mg. Nitrous oxide is administered based on effect in the medical setting. Anæsthesiologists do not "dial in" a dose. Everybody responds to medications in their own way, so a nonlethal but effective dose for me (I weigh about 230 lbs.) could be a lethal dose for a small adult weighing, say, 130 lbs.

e. Water/Drowning (H₂O)

```
>>...could a person drink themselves to death with water,
```


>>or would they throw up first? And if it is possible
>>to die this way, is it painful? And how long would
>>it take? Thanks.
>
> Yes, it can actually happen. I have seen a notice
> in a Swedish paper about this happening once. I also
> think Calle wrote about it in the old methods file.
>
> What happens is that you upset the osmotic balance
> in your system, and your cells in the body will
> cease to work, or work a lot less efficiently.
>
> I do not remember how much water you have to drink,
> and during what period of time, but I am sure it is
> a considerable amount.
>
> I would not recommend it though.

What you are describing is called psychogenic polydipsia which is excess water drinking. The chemical change in your blood is a dilutional state with a low sodium level (hyponatremia). In order to lower your sodium levels critically you must make a massive effort and a poor kidney response. The sodium gradient between the brain and blood is such that seizures and confusion occurs. Permanent brain damage may follow if you don't die.

I feel the risk of suffering during and/or after the attempt is not worth it unless you are masochistic and wish to suffer maximally to reflect your miserable existence.

From: anonymous
Subject: Suffocation Possibilities: Intentional Drowning
Date: Thu, 11 Mar 1999 13:13:35 -0800 (PST)

It depends on if you are holding yourself underwater or something else is. The context sounds like we're talking about very small bodies of water such as a tub. While people do drown in tubs it's usually because they are unconscious first (not drunk). If one is serious about drowning, though, one should probably choose a much larger water source such as a lake or ocean. (Though as Hermotimus has pointed out on A.S.H., salt water drowning is more painful.) Then you can either swim out (and don't stop—a tough one) until you are so exhausted that you can no longer hold your head out of the water. Or bring weights (Virginia Woolf put rocks in her pockets) that you can swim with for a while but that would sink you if you stopped swimming. Another variation is to choose a water source that has a current that will carry you out past the point you can return (Pacific Ocean being the prime example out here).

> I was thinking, maybe if you put a few weights on
> your feet and arms, and held on to some floats,
> to keep you afloat, and then pop double the
> dosage of sleeping pills, eventually you become
> unconscious, and fall asleep, and will let go sink
> to the bottom, and rest in peace...

Similar to the way I'm thinking of doing it. Seems more likely to work than the plastic bag one. I'd rather be found in a lake by a passer-by than by my family at home,

anyway...

> As I understand it, the body will fight to breathe out all of your
breath—
> then it has to breathe in—that fight is what hurts, especially if you
> don't want to die; but if you are making it happen, less so, although
the
> natural survival instinct will be there.
>
> Once you have breathed in water, it is *not* painful, and you float
gently
> away into bliss...
>
> I don't think you need to tie up, just go somewhere deep and breathe
out...
> you will sink under easily.
>
> If you panic, all you will do is try to swim up; you will be
> unconscious before you reach the surface.

I think the use of a handgun while standing in water is a method that should be considered. It increases the probability that the desired result will be achieved. A shot to the head is not always effective, but if done in water where no one is close by, the result would be almost certain.

Other Methods

> This is from a 12/30/99 article quoted from the Seattle Times, which
talks
> about a "debreather" device that someone is developing from "a camping-
store
> water bag, a hose, a painter's mask and a plastic jar filled with what
looks
> like kitty litter. With this device, made with parts available widely
and
> inexpensively, he (the engineer of it) says death is quick and
painless."
>
> Apparently this "debreather" device filters out carbon dioxide,
"thereby
> preventing the body's natural panic reflex and allowing the person to
die
> peacefully of lack of oxygen."
>
> The article was about a "Self-Deliverance New Technology Conference"
in
> Seattle sponsored by Derek Humpry's group.

Ah, good! This is the method I described to this newsgroup several months ago. No one at that time seemed too interested. (I don't know about the kitty litter though. The material used to filter the CO₂ in the demonstration I saw was "potash".)

Terribly inefficient. One of my friends euthanized his elderly Golden Retriever with a helium tank meant to fill thirty balloons, and had trouble with even that. I recommend at least 250 cu, even if it is overkill. That way you're much less likely to end up as a vegetable.

As for gas masks, I'd buy the [Exit Bag for Helium](#), and, if you're really nice, maybe you could send me one too, as I'm too young to buy one myself.

C. Damage (Physical Methods)

There are many physical ways of ending one's life. A very limited few include:

Driving into a Cement Wall

Depending on the vehicle and the velocity, this may or may not result in fatality or immediate termination. I suspect that a motorcycle at very high velocity would be the best method of achieving the Motivspat.

Touching the "Third Rail"

Electrocution is uncertain, and could result in some neurological problems if we don't succeed in death. I suspect that taking further steps, such as anti-insulation, something to do with water, maybe carrying big hunks of metal, maybe even transistors or something would assist the Jolt. Research into the success of suicidals or accidents appears valuable.

Lying down on Train Tracks

Stupidity factors here. Advanced timing of the train, which parts of the body are cut off (people have become parapalegics but not died in such circumstances), whether the suicide is seen (a tunnel would seem excellent, or just 'round a bend in the wilderness), who may be nearby, whether assistance can really be achieved soon afterward, and whether the *head* is lopped off, would all appear to be factors in the Trainslice.

Diving off a Tall Structure

Apparently people have survived, upon occasion, very long plummets. sometimes these have been cushioned by foliage or air currents. The higher the structure and the more expert the dive (hitting head-first can be successful from low-altitudes) are the factors here. Others may also be if something is below that might cushion the fall, like trees, children, water, etc. Water can be like hitting a wall, at times.

Physical methods of euthanasia include captive bolt, gunshot, cervical dislocation, decapitation, electrocution, ... exsanguination, stunning, or pithing. However, some of these procedures, namely exsanguination, stunning, and pithing, are not recommended as a sole means of euthanasia, but are adjuncts when used in association with other agents or methods. Some consider physical methods of euthanasia aesthetically displeasing. However, some of these methods cause less fear and anxiety, and may be more rapid, painless, humane, and practical than other forms of euthanasia when properly used by skilled personnel with well-

maintained equipment.

If the method is not accomplished correctly, animals may be injured and may have varying degrees of consciousness, resulting in pain and distress.

In general, physical methods are recommended for use only after other acceptable means have been excluded; in sedated or unconscious animals when practical; and when scientifically or clinically justified. Consequently, the panel considers all physical methods, except microwave irradiation, conditionally acceptable.

1. Decapitation (Beheading)

...Decapitation is a technique that may induce rapid unconsciousness. ...It is rapidly accomplished.

The handling and restraint required to perform this technique may be distressful... Data suggest that electrical activity in the brain persists for 13-14 seconds following decapitation. ...Decapitation may be aesthetically displeasing to personnel performing or observing the technique.

2. Cervical (Neck) Dislocation/Breakage (Hanging)

Cervical Dislocation (as hanging snapping neck)

Cervical dislocation is a technique that may induce rapid unconsciousness. ...It is rapidly accomplished.

...Data suggest that electrical activity in the brain persists for 13 seconds following cervical dislocation.

b. Hanging

Strangulation or cervical dislocation?

If you're going to step off a chair and strangle yourself to death (sort of quick):

The knot goes behind your neck and should pull tighter as more pressure is applied. Loop one end and tie a simple knot with main and looped section of rope to make an eye, thread rope through eye, secure to something solid. Test the rope. Your unconscious body will thrash about as it dies. You may want to put something around the rope where it comes into contact with your neck to keep it from cutting. Pull rope tight around your neck and step off.

If you're going to try to break your neck (quicker-looking, but arguable whether it's a faster death):

The knot should not pull tight, and be placed behind the ear. It needs to go at the side, and you'll need to fall 5-8 feet before it goes tight (according to your weight). Someone posted tables here based on weight.

After only a few minutes' worth of web searching (search query was "hangman knot"), I found a site that details how to make a noose, at [Hangman's Noose Knot-Board](#).

Another site, detailing the hanging protocol for the state of Delaware, gives step-by-step instructions for execution hangings. Its parent site also appears to have other interesting tidbits.

```
>>>>Does anybody here know for sure how long it
>>>>would take using traditional hanging to
>>>>reach unconciouness? (through asphyxiation).
>
> Check the alt.sex.*bondage groups (as a lurker).
> Since some of them are into the near-death
> asphyxiation/sex thing, they'd have tested the
> limits more than ashers would have.
>
>>> The knot should be at the back of your head,
>>> not the side. You can probably do more damage
>>> to the brain stem that way. It controls stuff
>>> like breathing.
>>
>>I thought it was more effective if the knot was
>>at the side. That the neck would break more
>>easily.
>
> The knot at the side is more effective when you're
> out to snap your neck. If you're going for
> strangulation instead of breaking the spinal cord,
> I'm not sure it matters as much. If you're just
> leaning into the noose, having it at the back may
> make it easier to apply even pressure to the
> windpipe and veins. Being at the back (for
> gentle strangulation—if there is such a thing),
> wouldn't really cause more physical brain
> stem damage. Depending on the knot you use, you
> might actually have the least pressure at the knot
> point.
>
> Spinal damage is the main issue in snappings
> (long falls). Cutting off the oxygen supply to
> the brain is the main issue in strangulations.
>
> I don't know if taking sedatives or muscle
> relaxants significantly cut down on the time to
> death for strangulations, but it might cut down
> on the thrashing.
```

Actually, what the British master hangmen did (after the long-drop method was adopted) was to place the knot at the corner of the jaw oriented so that as it tightened, it would travel under the the jaw, throwing the head back.

They also used a rope with a massive metal ring to aid in throwing back the head. The American's used the hangman's knot to do the same thing: it was a heavy bulky knot which helped throw the condemned's head back. Additionally, it was a high friction knot, so the hangman could tighten it and go about the remainder of his business without worrying about the noose loostening and coming off. This knot is NOT good for effective strangulation precisely for that reason. If the neck is not broken, the hangman's knot can actually prolong strangulation because it does not tighten very effectively.

Ending up with the knot behind the head throws the head forward and virtually guarantees the spine will not be broken unless the drop used is extremely long. The knot to the side is a little better.

I found this bit—I hope it helps.

A Guide To Hanging Yourself

Stones	Pounds	Drop
14 stone	196 lbs.	8 ft. 0 in.
13.5 stone	189 lbs.	8 ft. 2 in.
13 stone	182 lbs.	8 ft. 4 in.
12.5 stone	175 lbs.	8 ft. 6 in.
12 stone	168 lbs.	8 ft. 8 in.
11.5 stone	161 lbs.	8 ft. 10 in.
11 stone	154 lbs.	9 ft. 0 in.
10.5 stone	147 lbs.	9 ft. 2 in.
10 stone	140 lbs.	9 ft. 4 in.
9.5 stone	133 lbs.	9 ft. 6 in.
9 stone	126 lbs.	9 ft. 8 in.
8.5 stone	119 lbs.	9 ft. 10 in.
8 stone	112 lbs.	10 ft. 0 in.

The above table shows weight and recommended drop.

This is actually a quite important list. Why not give everyone a ten foot drop? Turns out that with too much of a drop, if you're too heavy, you decapitate yourself, which is both quite messy, and doesn't give the right impression. After all, you want to be found hanging there, with your suicide note neatly pinned to your chest, or perhaps tastefully left on the table beside you, and not with your body in one place and your head in another, with a few shards of flesh hanging from the rope. Also remember that this was for heavy hanging rope, and that thinner rope might not survive the snap at the end of the drop. In other words, to do yourself in with your belt, or zipcord, you will have to strangle yourself, and not break your neck.

Another popular way to kill oneself is with impalement. In the past, falling on one's sword was a means of doing this, but these days, a good sword is so hard to find, so this method has fallen out of fashion. One of my grandmother's roomers

did manage to do himself in this way, by sitting on an upright vacuum cleaner, and falling backwards onto it, but it was never settled as to whether or not this was an intentional suicide, or simply a very messy accident during a dangerous sexual practice. And do, please, let people know. This fellow was not found for three days, and it was quite difficult to get the smell and stains out so that the room could be let again.

From: anonymous

>It's possible to "hang" with both your feet touching
>the ground. All that's necessary is pressure on the
>neck, cutting off the blood supply to the brain. You
>lose consciousness after about 10 seconds. This is
>strangulation, not suffocation.

There are other ways to die by hanging, namely (1) spinal fracture and (2) decapitation, but they're rare in suicide.

This message was posted anonymously:

>Last night I was home alone, I took an electrical cord and
>went to the basement. I tied one end of the cord around
>my neck, and pulled the other over a beam in the ceiling.
>I stood on the arm of a couch, and pulled the cord until I
>was on my tiptoes. Then I stepped off.

I held the cord tightly. I felt it tighten around my neck (and I hadn't even tied any kind of slip knot). I remember just hanging there, feeling lightheaded, but not suffering. No pain, just a little discomfort. After a few seconds, I tried to breathe. I was able to inhale with difficulty, I could hear my rasping breath. Then... nothing.

I came to on the floor I was probably conscious for no more than ten seconds, if that long. I had banged my mouth, and cut my lip, but other than that, I was fine, though a little dizzy.

Knowing that I will pass out so soon, I will be conscious for no more than ten seconds, next time I will tie the cord to the beam.

> How long does it take to hang oneself?
> Is it painful for long?

You should experience extreme pain, but you will more than likely black out before it becomes unbearable. Make sure that the ligature will not break or become loose. After you lose consciousness, your body will convulse, so it's better not to hang near anything (like I did). You need half hour—at least—without interruption, so that you will be dead, and not a vegetable, if they try resuscitation.

> Death by hanging, done by a professional, is actually *not* choking to
> death, but *breaking the neck*.

On the contrary, while professional hangmen tried to break the neck, they only succeeded about 50% of the time. This is why, in fact, when the average suicidal person hangs, the

"normal" death is by asphyxia, as the original poster stated.

>I understand former Superman Christopher Reeves broke his neck, too.
>You say he didn't realize it either?
> I would think that breaking one's neck is a lot more painful than having it cut off
> entirely, because, well, you *die* once your head is gone.

Supposedly, a human head can see for twenty seconds after decapitation. And if you were decapitated, don't you think there would be the sensation of a "phantom" body, like a tingly sensation around where your body was (like "phantom limb pain," where people "feel" pain in limbs they've lost)? Let's speculate upon this for a moment: right after the sword, guillotine, gear, saw, dashboard, or whatever takes your head away, you'd feel a slight sting around the base of your neck, like a cut. Then your head would feel light and nauseous. Then possibly you'd see stars or black spots in your vision. Sounds would begin to be pitched higher. You'd feel coldness around your cheeks and tongue from the blood leaving your head. Trying to speak or voice words, your throat would be gone, and the only thing coming out of your mouth would be blood. Then, slowly creeping into darkness and ice, you would die.

3. Electrocutin

[No information has been provided on this method.]

4. Hypothermia

> If you were going to die by hypothermia (finding someplace secluded
> outdoors some evening, sitting and waiting to fall asleep) and didn't
> want to go out of your way to go to someplace really cold, what
> temperature would you wait for to do it? *Anything* under 32°F? Or do
> you think, say, from 32°-25° would be more risky than below 25°? Would
> 10° be sufficient?
>
> I know this seems an obvious question, as below 32°F is, technically,
> "freezing," but, given the potential ramifications, it still seems
sensible
> enough to ask for other perspectives.

Hypothermia doesn't entirely rely only on the air temperature, but also on how the body cools! You can sit in icy conditions for ages if you're dressed and there's no wind. On the other hand, you will die much more quickly on a wet and windy day. Mountain rescue hauls more dead bodies off the hills during wet, stormy days than on cold but clear, sunny ones.

Pain penetrates your clothing very quickly when driven by wind; the windchill is far more dangerous to you than cold itself. Don't even think of just stripping off—your survival instincts will kick in (very underestimated and very inconvenient). Go out clothed on a wet and windy night in, say, February, 'bout 4 degrees, make sure it's very windy, and walk; after a while, you'll feel quiet. Warm, too. So warm, you'll want to take your coat off, then you'll want to take a jumper off, after a little more time. All the while your body is actually cooling. After an hour or so you'll feel tired and you'll want to sit down;

shivering begins (your body's attempt to generate heat) This is the hardest bit—your brain suddenly realises it's cold (last chance to change your mind). After that, you'll stop shivering, as your body will have no more energy left. You'll feel tired and sleepy, and you'll fall asleep...

If no one finds you, death will occur within a few hours.

> Hypothermia doesn't entirely rely only on the air temperature, but also on how
> the body cools! you can sit in icy conditions for ages if you're dressed and...

Right. To die by hypothermia your body must lose heat at a higher speed than he can generate it. Cooling is a heat flux from a warmer system to other with a lesser level of heat. When we are talking about hypothermia, the warm system is your body, and the cool one is the environ. Three main factors determinate the speed of the transference (translating directly from the Spanish terms; sorry if they're not exact):

- Heat gradient—The higher the difference in temperature, the faster the transference of heat. ("*Gradiente de calor.*")
- Heat capacity—Each system can accept a different heat amount. The speed at which a system accepts heat depends, as to say, in the "full" or "empty" of heat it is. The greater the heat capacity of the receptor, the faster the transference. ("*Capacidad calorífica.*")
- Interchange surface: The greater the exposed surface, the faster the heat transference. ("*Superficie de intercambio.*")

Thus, any circumstance which increases any those factors will accelerate the cooling; for instance:

- Windchill—The air hasn't a great heat capacity, but the layer in contact with the skin (the interchange surface) is being constantly renewed. The faster this is freshening, the greater the apparent heat capacity; thus, the faster the cooling.
- Ambient temperature: The lower the temperature, the greater the heat gradient; thus, the faster the cooling.
- Coolant—Water has far a bigger heat capacity than air, the heat flux "body->water," or "body->water->air," is much faster than "body->air."
- Clothing—It works stopping the wind. Since the air layer in contact with the skin is not renewed, it gets warm fast, and the heat lost goes low (there is still heat transference by diffusion, but it is very slow).

I really don't know how low your temperature must come for you to die. I think I heard once something under 32°C (normal body temperature is 36.5° to 37°C), but I'm not sure. Anyway, how is the mechanism? Heart attack? No oxygen in your brain? It is said that if

one falls in the water in the Arctic ocean, one will die within only a few minutes.

If I were you, I would go with little clothing to a lake in a very cold place. Have a bath (dressed) for around two or three minutes to let the hypothermia process start, and then come out the water and sit in an exposed windy place to wait. (Of course, don't dry yourself with a towel!)

5. Immolation

Self-immolation.

Yup, that good ol' Buddhist thingo they did to protest the Vietnam War.

Haha... fat lot of good that did.

But hey, get really loaded with, say, drambuie or similar liqueur style booze (easier on the burn), take some body numbing painkiller (difficult to procure, I admit—could be a stumbling block), a jerrycan of petrol and head to your local TV station, shopping centre, representative's office, kindergarten or wotever.

Douse yourself with the juice, light up and *presto!* Imminent death, plus making a statement (something obscure like, say, the situation in East Timor).

Just make sure there's no do-gooders with fire extinguishers hanging around.

But always ensure the Press are there. Preferably on a sunday, typically a slow news day. They'll love you for it.

6. Exsanguination (Bloodloss)

Exsanguination can be used to ensure death subsequent to stunning, electrical stunning, or in otherwise unconscious animals. □ anxiety is associated with extreme hypovolemia...

a. Wrists

Bend your wrist towards you—see where the crease is? Go for there, one diagonal cut, as deep as you can make it; try a razor. Running a hot bath will increase blood flow to the area and bring the blood vessels/arteries closer to the skin, making them easier to cut.

The best way to do it is this:

Get a very large bowl, full of ice water... *lots* of ice.

Put your arm in it for an hour (hurts at first, then goes numb),

Get a razor or sharp knife (an X-Acto knife is good).

Cut along the wrist where it meets the hand,

Then cut 45 degrees down across your wrist.

Then down center along your arm until it starts to hurt.

Note: when I tried this, right before I cut, I dropped the knife and vomited.

b. Major Arteries/Veins

If you wanna bleed to death there are two routes to go. Inside each thigh, there are arteries there an inch thick—blood loss will lead to death within minutes. If yer serious and you have the guts... One stab and a *splurt* you won't believe. And no stopping it. Just my advice. Hardcore, but a quick, way to go. Read up yer med texts.

Best target is the armpits or femoral arteries get a hollow tube with some sort of cutting edge on the surface. You can jam it into something major, and then bleed out real fucking good. Femoral is the best. Hard to get to, unless you have like a shotgun with slugs, or a sharp surface, but a Gray's anatomy book will help yer asses out...

>Forget the wrists. Go for the artery around the blood
>donating vein on the inside right of the left elbow or
>inside left of right elbow. Have a few drinks (eases
>pain and yuck factor), tie a rubber band or a hair
>thingy tightly around your upper arm, take a razor
>blade and just nick about 1/4-1/2 inch deep. I sort
>of accidentally discovered this while cutting. Didn't
>take long for one cup, two cups of blood to literally
>pour out. I did this a few times.

I tried the elbow thing about eight years ago; I stabbed with a knife rather deeply at the inside of my elbow, where the pulse beat is strongest and actually visible, and did believe I'd be able to slash the artery and bleed to death. I probably missed the artery completely, but damaged my elbow joint, it's hurt until now. And I didn't lose much blood, either.

The keys to wrist slashing are a few things. First, you have to make long and deep cuts; *not* "across" your wrists, but *up your arm*—opens more of the vein and makes clotting harder. Second, It's best to sit and soak in a hot tub of water, or a running shower. The heat and hot water will keep your blood flowing and will relax you, but will also race your heart, as your body's natural reaction is to pump blood faster, to speed your body functions up, to cool your body off. Lastly, a little alcohol in your system can't hurt as it also prevents clotting of the blood, may stop any anxiety attacks you may have, and may even limit the pain. Lastly, elevate your legs while sitting in the tub or shower—this will bring the blood from your lower regions back into your body's center, where it can get pumped faster, and you may not get as light-headed after your bleeding.

Results of a successful wrist-slashing are this: you can expect to get cold and feel chilled all over; you will feel groggy soon after losing a lot of blood; and you will feel tired. You may feel light-headed, and will get sleepy. You will feel your heartbeat throughout your body, and a cold, eerie feeling of "pulsation" in your arms and legs, as the hours pass and your bloodpressure drops off. Average time to die on a wrist-slitting depends on your height, weight, and how large and deep the wounds are. Remember: slice *up your arm* to cut open that vein. Average time is at least two to four hours. Maybe longer, if you weigh

more and have more body mass. Put in a CD, light a candle, drink some booze and take some sleep meds. Sit in a hot tub or shower and let it all wash away. Hope that answers your questions.

My mom is an EMT. I asked her about wrist cutting, and she said that cutting across the wrist in *not* going to do it. If you want the wound to stay open, you're much more likely to succeed by cutting pretty much along the artery, starting from your elbow and working down to the wrist. Another place that is tried a lot is the leg—there is an artery on the inside of the leg that is bigger than the one in the arms, and probably gets more blood due to the greater mass down there. The penis, for males, although painful, would be a quite effective way to kill yourself that way. I, myself, wouldn't do that for the world, but it's up to you... heh!

Do *not* bother trying to cut your wrists. I did that a couple of months ago, without success. I thought, in my innocence, that if you only reach an artery, you're sure to be dead.

I'm also new here, but still I might be able to explain a bit: Wrong, I cut off my arteries on both wrists (splash of blood and then blood flowing out in rhythm with my pulse), but your body protects itself by stopping the blood flow after a while. Did it again...and again...till I finally reached the conclusion that it's a lousy way to try to take your life; it does not work, and I was too weak anyway to be able to do it again. So here I am, still alive... First let me mention that I work for a rescue service in my free time... didn't try it myself but saw people who tried that kind of thing. In reality, it is pretty hard to slash your wrists and actually hit an artery. Most people just hit the vein, see a splash of blood and think they've hit the artery, and it's done. Wrong. First of all, the artery hides *below* the vein, which pulses also—though not as much, so you'd have to keep cutting while the blood's gushing—or slash real hard. Second, the artery has to sustain quite a high pressure, so it's somewhat more sturdy than a vein. Not too easy to cut through. By the time you'd actually get to it, you're probably out from loss of blood already. And veins, as you've experienced, have the tendency to close off. Even if they didn't, there's always a second way of the body protecting itself. It's called centralisation. When this happens, the body cuts off nearly all circulation in the arms and legs, all the better to provide the vital organs with blood.

So, cutting your wrists is *definitively* a bad idea. Plus, it takes quite some time for you to die, too. Chances are, you'll be rescued before there's even a life-threatening situation. And it doesn't take much to stop the flow, too, just the touch of a finger... All that'll be left is gonna be a long stretch in rehab and very likely some psychiatric treatment also... plus a *really* messy carpet—or wherever you plan to do it—to clean up.

It sure is not as easy to kill one self as it is shown in movies.

Right on... most people fail. Especially if their suicide is more meant to be a scream for help...

Also, many people who try regret it the minute they do... and quite a lot of them end up calling for an ambulance themselves... From what I've seen, having been through the experience proves to be a healthy shock for those who survive—many see the world

through different eyes after and try to find a new start in life, trying to make it positive and more worth living. Sad to hear that this is obviously not so in your case.

> Dear Q, ('scuze the name mix up)
> Sorry, but I forgot to mention: sitting in a tub of *hot* water will
> raise the body temperature, and will make the blood stream faster.
Even
> better yet, swig down a bottle of vodka, or some sort of alcohol. Good
> as blood-thinner. And sod 'em all! But the duration? Goodness
gracious, ask a
> doctor...

I'm glad about the "hot" part—it would be nasty to have to spend my last minutes in an *iced-over* tub; hurrah for biology! Well, I would seriously suspect that an hour is more than enough. Hmm, looking at my wrists, I notice the veins run fairly vertically though... Is there a better chance of my missing them if the cuts are vertical?

> This reply means I guess I respect your choice. However, don't you feel
> you've been punished enough already?

Sadly, nothing has worked yet. If i knew what my crime was, I could figure out an appropriate punishment, but my very crime seems to be existing—and that seems to be the only crime that capital punishment will really have any effect on.

7. Weapons

a. Explosives

[No information has been provided on this method.]

b. Guns

i. Guns in General

AVMA: Gunshot

...[Gunshot]... should be performed by highly skilled personnel using a firearm appropriate for the situation. ...the firearm should be aimed so that the projectile enters the brain, causing instant unconsciousness.

Unconsciousness is instantaneous if the projectile destroys most of the brain.

It is aesthetically unpleasant.

>where is the best place to aim to cause certain death?
>I have heard just below the chin or in the mouth with
>gun on an angle pointing to brain or the side of
>the head...

The intuitive answer is go for the eye socket, but just the thought is enough to make most people squirm.

Any bullet "on an angle" or aimed at "the side of the head" is more likely than not to

bounce off.

>what kind of bullet is best?

A big, heavy, fast one? Stay away from 22 rimfire, the only .22 that has any chance of effectiveness is a .223... but IMHO, if you want to save money and insure "certain death," find a good (used) double barreled 10 gauge... Great if you only have to handle the recoil once and don't have to worry about having a big black and yellow bruise across your shoulder for the next week (voice of experience on that one).

Remember the NRA's gun-handling rules:

Three Fundamental Rules For Safe Gun Handling

Always keep the gun pointed in a safe direction.

Always keep your finger off the trigger until ready to shoot.

Always keep the gun unloaded until ready to use.

When Using Or Storing A Gun, Always Follow These NRA Rules:

- Know your target and what is beyond. Be absolutely sure you have identified your target beyond any doubt. Equally important, be aware of the area beyond your target. This means observing your prospective area of fire before you shoot. Never fire in a direction in which there are people or any other potential for mishap. Think first. Shoot second.
- Be sure the gun is safe to operate. Just like other tools, guns need regular maintenance to remain operable. Regular cleaning and proper storage are a part of the gun's general upkeep. If there is any question concerning a gun's ability to function, a knowledgeable gunsmith should look at it.
- Know how to use the gun safely. Before handling a gun, learn how it operates. Know its basic parts, how to safely open and close the action and remove any ammunition from the gun or magazine. Remember, a gun's mechanical safety device is never foolproof. Nothing can ever replace safe gun handling.
- Use only the correct ammunition for your gun. Only BBs, pellets, cartridges or shells designed for a particular gun can be fired safely in that gun. Most guns have the ammunition type stamped on the barrel. Ammunition can be identified by information printed on the box and sometimes stamped on the cartridge. Do not shoot the gun unless you know you have the proper ammunition.
- Wear eye and ear protection as appropriate. Guns are loud and the noise can cause hearing damage. They can also emit debris and hot gas that could cause eye injury. For these reasons, shooting glasses and hearing

protectors should be worn by shooters and spectators.

- Never use alcohol or drugs before or while shooting. Alcohol, as well as any other substance likely to impair normal mental or physical bodily functions, must not be used before or while handling or shooting guns.
- Be aware that certain types of guns and many shooting activities require additional safety precautions.

The only way to position a handgun to ensure death is to point it directly at a large group of police officers, preferably of a different skin color than yours.

Otherwise, trade it in on a single or double barrel 12-gauge shotgun, and spend the extra cash you get from the trade to buy a box of double-ought buckshot shells and a cheap hacksaw.

The target is your brain stem and not your brain necessarily. Why? Because one can survive loss of cerebral cortex but usually with a deficit like a stroke. One can not survive loss of the brain stem which controls breathing, waking and cardiac function. The good news is that enough bleeding in the skull (as long as it remains enclosed) will compress the brain stem and squeeze it out at the bottom (uncal herniation) and this will kill you (brain death). Enough swelling in the brain (cerebral edema) will have the same effect (death). The latter 2 processes (bleeding and swelling) take time and are potentially reversible. The first process namely destruction of the brain stem is hopeless or successfull depending upon your perspective.

Now it becomes a simple matter of neuroanatomy to select your spot and weapon. I will also base this on being a bad shot as well. If you can not control the weapon or pull away or something a grazing injury or worse is possible.

This is often seen when the gun is placed in the mouth. Shotgun or not (and I believe bullets exist which perform like a shotgun shell), if you angle too high into the roof of your mouth you can blast through your sinuses and eyes or frontal lobe and survive but virtually destroying your face, vision or affect respectively. This is a horrid survival and not uncommon. Now if you aim too low, perhaps deep throating the barrel you will likely miss the brain altogether and if in the midline transect your spinal cord (which could be fatal without intervention) or if to the side various airway soft tissue damage.

To sucessfully use your mouth as the entrance wound you must aim up toward the brain stem and hopefully blow the back of your skull off. This would be 100%. Once again given enough time and inattention any of these wounds would be fatal from bleeding, swelling, compression or subsequent infection. I vote no for the mouth myself.

The classic temple shot, that is in the mid-skull at eye level is stupid. The most damaging brain structures you will hit are the frontal lobes. This is tantamount to a frontal lobotomy, but once again given enough time... I have heard of shots missing the brain altogether and taking out both eyes as well. I vote no for the temple.

How about right in the middle of your forehead to between your eyes. This is better if you

can hit the midline structures such as the midbrain and brain stem. I recalled a homeless person firing a nail gun in between his eyes with not effect. The nail missed everything and lodged in the middle of the brain, so midline brain could be ineffective. I vote probable no here too.

So where? My first choice is behind or directly into one ear aiming across to the other. With a sure hand the vital brain stem will shread. You would not even hear the shot or have time to feel a thing. Likewise the barrel directed into either eye socket and aimed down will accomplish the task. The neuroanatomical idea is that these sites follow the respective cranial nerves (optic, auditory) into vital midline structures. I vote yes for this approach.

You can, of course, miss, or pull away, or just be lucky or unlucky once again, depending on your perspective. A hand grenade in the mouth would be infallible. One might also consider exploding bullets, etc. (I profess a meager knowledge of guns and ammo.)

For a shotgun, basically anywhere near your head should do the trick. I'd suggest in your open mouth, aiming to go out the top of your head. We've all heard the stories of dudes with revolvers shooting into their mouths and ending up piercing their neck, with comparitively little damage.

For a shotgun, I'd suggest placing the "butt" of it on the ground, against a wall, then sit/kneel in front of it with the barrel in your mouth. This last part should avoid it kicking and you not "finishing the job."

After the job's done, you'll be left with half a head (at best), and a *lot* of mess around. A lot of people don't want this, so be warned. Your body will tend to fall backward rather than foward (because of the wall).

You can generally find a youth-model 12-gauge shotgun at your local sporting goods store for around \$80. I saw one for \$71, and you only need to be 18—there is no waiting period.

Buy 00 ("double-aught") buckshot shells for it and you're ready. You might want to securely duct-tape it to your head so it's in your mouth and there is no possibility of simply blowing part of your face off.

I can't think of much that's more certain short of using a grenade for a pillow. You won't even hear the blast. If your arms are short, use your toe for the trigger.

```
>>>Look at good 'ol Kurt Cobain—he held the pistol an arm's length
>>>away, and it pretty much disintegrated everything above his
shoulders...
>>
>> Pistol? An article (from The Times, I think) is quoted below:
>>
>> "Kurt Cobain was discovered with a Remington M-1120-gauge shotgun
>> resting on his chest and blood exuding from his ear. A single
>> charge had entered through the roof of his mouth and lodged in his
```


>> head...
>>
>> Specifically, a single shot from a 20-gauge shotgun loaded with light
>> target loads, fired into the mouth, no visible damage except for
bleeding
>> from the ear.

>>Is there any reason to use the light target loads specifically?
>Or is this just an arbitrary choice? I recently discovered that I
>have almost instant access to a 20-gauge shotgun, so I find this
>information important.

The articles I read said that the Cobains kept a shotgun loaded with "light target loads" around in case of intruders, the idea being that if fired in the house, the lighter load of the smaller shots would not penetrate completely through a drywall wall... the idea, ironically, was *safety*.

>And what is the technical difference between the effects of a
>12-gauge and a 20-gauge?
>Anybody here an expert?

The difference between a 12-gauge and a 20-gauge is that the shell for the 12 is bigger, and is generally "more powerful." This means that for a given shot size (say, BB) there are more pellets in a 12-gauge, and the round can have more powder, so they travel faster.

However, the bigger 12-gauge shotgun also weighs more, and recoil may be heavier. The 16-gauge is a nice compromise between the two.

>(Of which I am definitely not one, obviously.)

Probably the "best choice" would be a double barreled shotgun of whatever caliber you feel most comfortable with.

>>I think it has to do with weight. 20 pellets to the pound or something like
>>that for 20-gauge, 12 pellets per pound with 12-gauge, etc.
>>
>>The lower the gauge, the heavier, and consequently bigger, the pellets get.
>>
> Not to "dis" you, or otherwise cut you down, but merely for clarity's sake on
> his thread, I should say this isn't right.

Hate to say this, after I said you were an expert and all, but... the earlier post was right.

From the AP Stylebook (which has to be so simple that reporters will understand it):

Gauge...This word describes the size of a shotgun. Gauge is expressed in terms of the number per pound of round lead balls with a diameter equal to the size of the barrel. The bigger the number, the smaller the shotgun. Some common shotgun gauges:

[Note: the .410 is actually a "caliber," but is commonly called a "gauge."]

Gauge	Interior Diameter
10	.775 inches
12	.729 inches
16	.662 inches
20	.615 inches
28	.550 inches
.410	.410 inches

> I am fuzzy on the definition of "gauge," but it is, I think, some kind of metal
> worker's size scale. (As railroad tracks, for instance, are said to be of
> this or that "gauge" in reference to how far apart they are, etc.) I don't
> think it has anything to do with weight, etc. More some type of measurement
> of distance or size.
>
> As for the pellets that make up the shotgun shell, any type pellet load can be
> in any type shotgun gauge. (Again, AFAIK. Probably the tiny .410 shotgun
> can't fit the really big 00 buckshot shells, as they could probably only
> contain 1 or 2 pellets then!)

>
> Pellets go from 00 to 0 to 1, 2, 3, etc., up to 10, I think; possibly even 12.
> Again, and confusingly, the *lower* the number, the *bigger* the pellet size. So, logically, a 12-gauge #0 shell would have more pellets in it than a
> 20-gauge #0 shell, just 'cuz it's bigger, so you were correct on that. However,
> the actual size of the pellets is the same if they're #00, #4, or whatever,
> regardless of what gauge shell they're in. Did I make sense?

- I enjoy shooting—I've even recently begun shooting competitively, and it has been a wonderfully challenging experience, in addition to being a fun social time with other friendly, intelligent shooters.
- I appreciate the aesthetic merits of firearms. Some are enjoyable as well-made machines; some are simply beautiful (take a look at the SVD Dragunov sniper for an example—a friend of mine has one, and it's a gun to drool over).
- I am a 5'6", 120 lb. woman who is often out alone at night (avoided when

possible, but it's still fairly frequent), in an area where (stranger) rapes and attempted or completed sexual (and other) assaults are too frequent for comfort—in what is not a "bad area," even. I have taken courses in unarmed self-defense, but my stopping power is MUCH more effective when I am in possession of a firearm. I *am* safer when armed, though if I were caught unarmed by an assailant (for example, after leaving a federal building, in which I cannot legally carry a firearm), I know enough unarmed defense to have perhaps a fighting chance to get away (though not /nearly/ as much of a chance as I would have if armed, and with a much higher likelihood of being injured in the process).

> If you want to get a decent suicide, don't fire a
> pistol into your head.
>
> If you use a high-powered cartridge, your skull will
> probably explode, making a mess of the place chosen to
> "do the deed." This will be an awful sight for your
> family, friends, passers-by, etc.
>
> If you use a low-power round, such as a .22, you may
> survive, but with a badly harmed brain.

I thought that was precisely what helmets are made for, so put a helmet on your top and fire away...

> Which is better for suiciding: a CZ .32 Automatic
> pistol guarantee my suicide or would I be better using a
> Beretta 9mm?

For crying out loud! Use the 9mm! The .32 auto-cartridge is notoriously underpowered. Use the heaviest hollow point 9mm cartridge you can find at the gun store, but try to stay away from "+P" variety.

>> I'm partial to revolvers (they have a spinning cylinder to carry
ammo),
>> .357 Magnums or .38s. A .22-caliber gun can't be relied upon to be
>> fatal and a .44 Magnum would give too powerful a recoil to control.
>
>Would recoil actually matter? One shot, the recoil, barrel climbs,
bullet
>exits barrel. Given that the length of a Magnum .44 is, at maximum,
>ten inches (twenty-five centimeters), and the bullet travels in excess
of
>the speed of sound (guessing 340 meters/s) this equals a very short
>amount of time for the barrel to climb. And a mouth shot will remove
>the back of your head, not the face. An open casket funeral would still
>be an option—just remind the funeral director to put extra pillowing in
>there, maybe a little stuffing to "flesh" you out a bit.

Yes, recoil does matter even in that short period of time. I've handled .38 semi-automatics with just a four-inch barrel and have gone all over the place on a bullseye because the

recoil was so intense. And, in the extreme case, there was a terrible incident that happened here in my town about six months ago, where a woman who was training at a firing range experienced a recoil so powerful that she killed somebody by actually having her hands with the gun whip over and behind her head.

However, I will concede that putting the barrel of the gun in the mouth would palliate the problems of recoil but I was envisioning a single-handed shot with the muzzle placed at the side of the head. If I did such a maneuver with a .44 Magnum, whatever the barrel size, I'd totally miss my head and probably kill somebody, too, as that unfortunate woman did.

>> What is the most quick, clean, and least-painless method of > > committing suicide?

Least-painless?

Hmmm. A heavy-caliber gun—say a .44 Magnum—in the mouth...

A long time ago a roommate of mine killed himself by shooting himself in the mouth with such a gun. It worked—but he survived, unconscious, for twelve hours. If he had lived longer (and he might have), it would have been messy, and he wouldn't have had a second chance.

Guns are the most common means of successful suicide in the U.S., but they are not especially reliable.

Clean for the suicide, but not so clean afterwrds though.

Right. It took a lot of scrubbing to get the smell out of the bathroom.

Visit local gun shop.

Choose one 9mm semi-auto handgun—9mm isn't really necessary, but I'm trying to stick to your preferences.

Undergo background check, and, if your state of residence is one of the "waiting-period" states, wait seven to fifteen days.

If you have a documented history of drug abuse, a felony record, a history of inpatient treatment for mental illness (since 1985, I believe), are currently on release awaiting trial, have been convicted of the misdemeanor of domestic assault, (I believe) are named in a restraining order, or are under the age of 21, forget about buying the gun.

If you're not a known drug-abuser, nor do you fall under any of the other restricted categories, you can come back in one to two weeks to pick up your gun. Be prepared to spend several hundred dollars if you want to ensure that you have a high-quality gun which won't misfire or jam.

Purchase one package of 9mm-Luger Glaser Safety Slugs (wouldn't want to kill anyone else in the process, through overpenetration, would we?). Remember to bring your I.D. for this—in many states you can't purchase handgun ammunition unless you're over 21 years of age.

Go home.

Write Last Will and Testament.

Have will notarized, and get a copy sent to your attorney.

Go home again.

Write a note to loved ones, or "To whom it may concern," and remember to place it where it won't be damaged to the point of illegibility by splattered brains and blood.

Make sure cat has enough food and water.

Wipe excess oil from new handgun.

Pinch back slide and insert one Glaser Safety Slug (rounded end goes toward the front). Release slide. You may have to whack the slide with the heel of your hand in order to get the round to seat properly.

Set rest of package of ammunition aside—you won't be needing it, and you don't want to leave a loaded gun unattended after your death.

Insert empty magazine—I do believe there are some guns which won't fire if the magazine is not inserted. Make sure it is properly placed by driving home with heel of weak hand.

Sit in comfortable chair.

Remove safety.

Place barrel of gun in mouth, pointing slightly upward and toward the rear.

Smoothly squeeze trigger until gun discharges.

See, it's really much more complicated than you would have us believe. Given the amount of work necessary to prepare to blow one's brains out, it seems that a better choice of actions in dealing with drug addiction would be simply to check into a rehab center.

ii. Home-Made Firearms

Okay—any mechanical engineers or gunsmiths in the house?

A shotgun, stripped of the need to fire multiple rounds, of the need for accuracy, comfort, or anything else besides launching a handful of 00 buckshot at the base of your skull

once, is an incredibly simple thing—really just a pipe of sufficient strength and the right size and a firing mechanism, which need only strike the center of the shell one time with a modicum of force.

Imagine: the 12-gauge, single shot, single use zip gun. Constructed from \$20 worth of hardware that requires no ID to buy, you need only supply the shotgun shell. (Which, sadly, will require ID in the US, but only showing you are over 18, and with no waiting period applicable.)

Wondering how cheap and simple-to-make such a thing could be... maybe I will pursue this idea.

Hrm, preliminary idea—

A pipe of just the right size so that, as in the barrel of a gun, the plastic part of the shell will fit inside the pipe, but the metal lip on the shell will prevent the shell from falling into the barrel; have a shell so affixed to it (and epoxied into place so it cannot fall out of the barrel, either) with a BB taped to the place the firing pin would strike on the metal end of the shell, and place that inside another pipe just large enough that the first pipe can freely move through the larger pipe.

Now, the end of the large pipe can be held in one's mouth as one kneels on the floor over the device, and the small pipe is allowed to drop through the large pipe so that the shell with the BB taped to the firing point strikes a hard concrete floor while the other end of the small pipe is still inside the larger pipe.

Doable?

An ASCII art attempt follows:

```
|      |  
|      | <- inner pipe  
|      |  
|      |  
||----||  
||      ||  
||      || <- shell inside inner pipe  
||____||  
||      ||  
||      ||  
----o---- <- the lip of the metal part of the shell, and the BB, taped to  
the point the firing pin would strike
```

Drop this through a larger pipe so the BB hits the ground while the small pipe is still partially in the large pipe, with your mouth around the top of the big pipe.

Ideally one would just buy a shotgun, but not everyone is so fortunate as to be legally able to.

From: anonymous

Subject: Home-Made Gun

If the idea of pain is unbearable, you might want to go to a building supply store to

purchase a Remington Model 490 nail gun, a pack of one-inch-long nails, and a package of heavy duty .22-caliber power loads. You could then go to a sporting-goods store to purchase a box of .32-caliber ammunition. First, load a .22-caliber power load into the breach of the nail gun. Second, load a nail into the muzzle of the nail gun. Third, load a .32-caliber cartridge into the muzzle of the nail gun. Fourth, press the muzzle of the nail gun firmly against the side of your head in order to compress the firing pin spring. Finally, pull the trigger. The firing pin will detonate the .22-caliber power load, which will drive the point of the nail into the primer of the .32-caliber cartridge, which causes the .32-caliber bullet to be ejected from the gun and into your head.

iii. Death-by-Police

Buy a cheap toy gun that looks real enough from a distance. Get stopped by a police officer and, from a distance, get emotional and pull the weapon. Refuse to put it down when they command it. Take a firing stance and aim the toy. Best to obscure your body except for your head when beginning the escapade.

D. Impact

1. Devices

a. Crushing Machines

[No information has been provided on this method.]

2. Weights

[No information has been provided on this method.]

3. Heights (Falling)

a. Bridges

> At 150 meters there might not be much of a difference.
> Although your body will be washed clean of blood your
> head and trunk might be ruptured, requiring your body
> to be taken out of the water in pieces.

Good reasons for using a bridge:

- Less chance of hitting anyone walking on the pavement. Friend of mine ended up falling onto someone, who died. Now my friend is in jail for manslaughter.
- Less junk on the pavement. Remember all those little children who'll walk by and see your skull from the inside. Very traumatic.
- No chance on falling on anything soft like bushes or trees. If there is something there, it's usually harder than water, and is called a boat.

b. Buildings

Jump from a radio tower; use carpet to get over any barbed wire you might encounter.

c. Planes*[No information has been provided on this method.]*

4. Vehicles

a. Trains

>> Jumping in front of trains seems to be pretty
>> reliable here. Over the span of just three
>> months, between Tachikawa and Kichijoji on the
>> Chuo line (a very small section of that line),
>> we had seventeen "jumpers" in 1995.
>>
>> In those cases the family must pay huge fines
>> according to how long the trains are down for
>> maintenance and clean-up after the suicide, so
>> it punishes and shames the family quite
>> effectively. It's not very Kevorkian.
>
> Are you serious? The families have to pay?
> Why? How are *they* deemed responsible when
> often its just society-at-large that pushes one
> "over the edge"? I don't understand the
> justification here... wow... families paying
> for how long commuters are inconvenienced...
> that's both hilarious and frightening.

It is true and it has also been very effective in reducing the number of train jumpers. From the Japanese government standpoint, one "jumper" during rush hour has an economic cost of millions. hundreds of dollars every year can have a real impact. The point of the legislation was to try to control the method of choice more than it was to stop suicides or punish families. Even so when the head of the oil cleanup from the northern oil spill "felt" in front of a train, it was reported as an accident. Maybe they did not fine his family.

This is a foolproof way of killing yourself—the only way one can screw it up, much like any other endeavor, is to lose one's nerve and chicken out.

I know lots of Norfolk, Southern, and CSX railroad guys, and this topic has come up a few times. These guys run over stuff all the time! Deer, dogs, cats, cars, trucks, trees... and people! The train *always* wins.

These trains go 40-50 mph, tearing up anything in their paths. Even if they see you, its not likely that they'll be able to stop; their momentum at that speed extends the stop distance to nearly a mile after they hit the brakes.

You will die 100% of the time if you just stand or lie on the tracks. It won't be a clean death though—a garbage bag will be used to collect your shredded parts.

> ...the stop distance to nearly a mile after they hit the brakes.
>
>You will die 100% of the time...

Ah-ah! Not true. Recently there was this guy who got *bounced* away by the train and survived—almost without a scratch. That's why it's better to *jump*.

> Whaddaya think people are going to do if they see you lying on the

tracks?

> They won't think you are merely taking a sun break or admiring the moon...

Well, I was thinking night is better, for that reason. Wear dark clothes and they won't see you. Plus, you can get the timetable, and make sure you're on the tracks only thirty seconds, or less, before the train passes. I'm not too sure it's a good idea to use a station—trains slow down for those things, right?

b. Trucks

Portland Has Another Traffic Jam

(PORTLAND)—A possible suicide attempt causes a massive traffic jam in Portland today. A man walked out in front of an oncoming truck on Interstate-five in north Portland just before noon. Two big trucks slammed into each other as they tried to avoid the man. Police say one driver was injured. The man who caused the problems was UN-injured and was taken into custody. Traffic backed up for miles. Large trucks, who tried to use side streets to avoid the mess, got caught in even more traffic.

E. Combination

1. impact/Decapitation

Tie piano wire around your neck, and jump from a high height. Your momentum will cause you to be decapitated before you hit bottom (assuming, of course, that the wire is shorter than the jump).

2. Poison/Asphyxiation

The Hemlock Society (which supports the right of the terminally-ill to die—the contact I spoke with said that they had few objections to general suicide support but are working on the terminally-ill rights first) says that the rubber band method may cause sufficient discomfort such that an alternative is recommended: placing a pillow on top of the front of the bag on one's chest. I am not aware of the failure rate of either method. I have heard stories of people who ended up getting their fingers under the rubber bands and thwarting their own attempt in part because of the discomfort of the method employed.

I think bags alone will always result in labored-breathing, much like when underwater (say, with weights attached to ankles). it requires an iron will and a supreme display of self-control that overcomes autonomic self-rescue responses. this is why depressants are used in combination—to overcome these responses and diffuse the pain of the breathing problems.

```
>> So here is my improved method.  
>> First of all, I will take 340 mg of valium (Stesolid,  
>> so no pills, but rectioles) to lower the heartbeat  
>> and relax the muscles.  
>>  
>> Then I will enjoy about one and a half-liter of Vodka  
>> (according to the post on lethal overdose I will need  
>> roundabout that).  
>>  
>> To finish it all off I will use the band and bag
```

>> method.
>
>That combination is kinda difficult—you may find that
>you'll be too out of it all of a sudden (in my case it
>unexpectedly hit me—not sure what happened afterwards
>and when people told me about it it didn't seem at all
>familiar... I was unable to recognise anyone and had to
>ask who people were every two minutes or so). Then
>there is always the problem of holding it all down...
>1,5l of vodka is fine, but the problem is drinking
>it all! Not sure I could. Not without being violently
>sick after the first .75 l anyway!

The violent sickness probably begins hours later (when most of the alcohol hopefully has left the stomach...) but unfortunately the narcotic effect sets in very soon and makes it impossible to use bag and band properly. After taking the valium and drinking half the quantity you'll be half unconscious.

I would feel much more secure if I could combine it with a situation that ensures death in any case, i.e. to drink myself silly in a leaking boat in a cold night is really a tempting idea to me.

Another (stupid or not?) variant is to stand with the noose around your neck and instead of kicking the chair (on which you stand) off and to keep drinking until you collapse.

>> If I were to take enough sleeping pills and
>> then put a plastic bag over my head while
>> I'm drifting off to sleep, would the sleeping
>> pills ensure that I wouldn't wake up once
>> their isn't enough oxygen in the bag? I
>> don't want to take enough sleeping pills to
>> kill me, just enough so that I could sleep
>> through the suffocation. Thanks.
>
>This is the exact method I tried—two problems
>arose: first time round, I waited for about
>twenty minutes for the sleepers (Temazepam) to
>reach maximum effect, and accidentally fell
>asleep for four hours. I then topped them off
>with a couple more, then tried the plastic bag,
>but even though I was drowsy, I still managed
>to panic and get up enough adrenaline to partly
>rip the bag off my head (it was tied on with a
>length of rope round the neck), whereupon I fell
>unconscious and was discovered by a guy walking
>his dog and taken to hospital.
>
>I believe the method's sound—just needs a
>little reworking...

It's nice to hear other's attempt at this particular method (my favorite method). Just today I saw someone on tv who died from this method (read "Suicide on LAPD show" for details). My problems were about the same as yours regarding the panic. Though drugged with diphenhydramine and vodka, I couldn't help but pull the rubber band from my neck...

>> I have actually taken about 30 OTC's tablets before
>> (not sure what kind). I fell asleep for a long time
>> and then I woke up and found out I was starving so
>> I ate some food and got right back to sleep. I had
>> a weird sensation in my head that would make me
>> feel sleepy so I slept a lot for the rest of the
>> week or so. Generally I believe OTC's alone won't work.
>> My next attempt will probably be OTC's + bag/band +
>> alcohol. Hope this helps.
> Thank you for the input! My plan is exactly OTC's + bag
> and band + alcohol.
>
> I have the following question for you, and please make
> your best guess according to your experience: is
> deep-sleep induced by a high dosage of OTC's sufficient
> to avoid panic reaction to the "bag and band" method?
>
> I fear that if the deep-sleep is not deep enough, my
> reflexes might do something like ripping the bag open
> and such.

Believe it or not, I just tried OTC's + bag and band + alcohol not very long ago and failed. OTC's is simply not strong enough and fast enough. I can not fall asleep for two reasons: the uncomfortableness caused by putting the bag on me, and the urge to vomit.

It is not only when I rip the bag open and waited for the feeling of throwing up to go away did I fall asleep. I could have taken more dosage and drink more alcohol but I doubt I can hold it down all in my stomach that way. I have to discard this method and go for others.

Well-said... OTC's don't work well with the bag because even though they are sedatives they aren't strong enough to suppress your response to CO₂ build-up in the bag. Even benzodiazepines like halcion, restoril, valium etc don't really work well with the bag for the same reason... unless you take a massive dose accompanied by lots of booze. Benzos (and alcohol of course) also have a tendency to produce nausea in overdose. The meds that work best with the bag are the barbiturates (secobarbital, pentobarbital, phenobarbital, etc) because they do directly suppress your brain's response to CO₂. They are also less likely to induce nausea/vomiting.

Preferably to be carried out on a long, wide stretch of dirt road, with plenty of **big** trees in the area.

Supplies

- 500 feet of 3/4" rope;
- Car, with at least a 286-HP 6-banger, with good tires. Known for excellent reliability, pick-up.
- Case of beer, various tranquilizers.

Do up! Load up and party!

Tie one end of the rope *securely* to a **huge** tree.

Make a nice hangman's noose in the other end of the rope.

Get in the car, run the rope in, and buckle-up, because **it's the law!** Tighten down real tight on your straps now, boys and girls, for maximum effectiveness.

All buckled in nice and secure? Well, now just put that ol' hangman's noose around your little neck, and pull the damn thing up tight.

Tip: If you have a truck with a rear sliding window USE IT.

6. Ladies and gents start your motors! All set? GO LIKE HELL!!!!

3. Poison/Asphyxiation/Hypothermia

(alcohol + leaky boat in cold water)

```
>> Any thoughts on the old trick of kicking the radio
>> into the bathtub? Even with modern breaker boxes,
>> will the current last long enough?
>
>I am not sure whether any current would actually go
>through your body (heart) to kill you. Seen it in
>movies, but don't know if it actually works.
```

I've come across very few suicides that have succeeded this way, but have found more than a few notable stories of suicidal types who have tried this method and blown the fuses...

Factory worker Peter Diter was a German case of repeated serious attempts, last time I read he had notched up number 10 after being discovered after an OD on 60 unspecified sleeping pills. Other attempts include—rat poison (puked), gunshot to head (gun jammed), and the hair-drier in the bath method in question. It blew the fuse...

Then there's 46-year-old Alan Unwin, an ex-miner from Sunderland, U.K. He tried to kill himself seven times after his wife left him, including the "shake hands with Jesus" method—he wrapped himself in wire and jumped in the tub before plugging in. The fuse blew and he suffered minor electric shock. Most drastic, by the way, was his sixth attempt, where he broke a gas pipe in his bedroom and lay down, waiting for death. Fed up of waiting, he lit a match... this blew out all the windows, part of the roof and the gable end of his house. He was pulled from the wreckage with minor flash burns... a year later he was a much more cheerful man and back on speaking terms with his estranged wife! Go figure...

4. Drowning/Handgun

```
> As I understand it, the body will fight to breathe out all of your
breath—
> then it has to breathe in—that fight is what hurts, especially if you
> don't want to die; but if you are making it happen, less so, although
the
```

> natural survival instinct will be there.
>
> Once you have breathed in water, it is *not* painful, and you float
gently
> away into bliss..
>
> I don't think you need to tie up, just go somewhere deep and breathe
out..
> you will sink under easily.
>
> If you panic, all you will do is try to swim up; you will be
> unconscious before you reach the surface.

I think the use of a handgun while standing in water is a method that should be considered. It increases the probability that the desired result will be achieved. A shot to the head is not always effective, but if done in water where no one is close by, the result would be almost certain.

F. Myths

1. Air Vein-Injection (*Original source unknown*)

From: anonymous
Subject: Re: Experience Regarding Suicide Attempts

This is indeed a **myth!** I know my way around needles (being a medical student) and I got the biggest syringe available, so as to get as much air in as possible; but nothing happened...

Based on my knowledge of this method, injecting air into a vein or artery (I think it's the vein, because it gets to the heart sooner) causes a heart attack. Therefore, as noted already, it'd hurt like hell. Aside from that, I know nothing.

I may have heard somewhere that the blood vessels may collapse, too...

2. Body-Paint (*Goldfinger*)

[No information has been provided on this method.]

3. Pencils Jammed up Nose (*Hight school*)

[No information has been provided on this method.]

4. Sucking Out One's Brain (*through one's eyes, etc.*)

[No information has been provided on this method.]

5. Sticking One's Head in an Oven (*"gasphyxiation"*)

> In my house we have a gas oven.
> How lethal is this gas?
> If I were to wait till everyone was asleep

> and then channelled the gas as effeiciently
> as I could into my lungs how long would it
> take for me to die?

Here is the info from Section III—Health Information on LP Gas, which is not natural gas. If you house has tanks, it is LP Gas. If there is no tank anywhere outside, it is most likely natural gas.

Inhalation: Asphyxiant in high concentrations due to dillution of available oxygen. At excessive vapor concentrations, this product has anæsthetic, asphyxiating properties and may cause sleepiness. At levels above 100,000 ppm, propane is mildly irritating to the respiratory tract and may result in dizziness, headache, drowsiness, nausea, shortness of breath, muscular incoordination, excessive salivation, disorientation, vomiting, and excitation. In extreme cases, convulsions, unconsciousness and death may occur as a result of asphyxiation.

Most home LP gas stoves have a gas regulator that will not open the gas valve unless the pilot light is lit. If the pilot is lit and gas begins flowing it automatically ignites. If the pilot is not lit, gas won't flow out. It is a safety catch-22 that reduces the possibility for a house filling with gas if the knob is turned on.

Propane (LP gas) freezes when it is allowed to escape quickly and become a vapor (released from its tank). If you tried to re-route the gas line into yourself, you would be horribly burned by super-cold temperatures. Gas regulators allow it to escape slowly enough under a few pounds of pressure so that the jet doesn't ice up.

At least this is my rudimentary knowledge and experience with it.

I recommend abandoning that idea.

IV. Appendix

References

A list of good references include:

- *Departing Drugs*, by Chris G. Docker and Cheryl K. Smith; write and join the Right to Die Society of Canada and purchase a book without waiting; less than \$20.00, 60 pages.
- *Final Exit*, by Derek Humphrey (most major bookstores).
- *Uncle Fester's Silent Death*, published by Loompanics Unlimited. For homebrew toxins and other methods.