A STUDY OF PATHOLOGICAL DRUNKENNESS.

By NORMAN P. MOORE, M.D., M.R.C.P.I., D.P.M.,
Assistant Physician, Crichton Royal, Dumfries.

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IT is now generally agreed that a fuller understanding of psychotic conditions associated with alcohol can only be achieved by taking into account the whole of the psychosomatic make-up of the individual, rather than by emphasizing any specifically poisonous properties of alcohol.

The following case of an alcoholic, in which psychotic reactions similar to those produced by alcohol could be produced experimentally by other means, is of interest in relation to the psychopathology of these states.

P. P—, a well-nourished man aged 33, of Polish nationality, admitted from Dumfries Jail on January 9, 1942, in an acutely hallucinated state with a history of recent alcoholic excess.

Family history.—Father was a chronic alcoholic, who impoverished his family by his excesses. Became violent and quarrelsome when drunk. No other history of mental or nervous disease.

Early life.—This was reasonably happy except for fear of his father when drunk. Never went to school as there was not sufficient money to send him. No history of fits, phobias, bed-wetting, or temper tantrums can be elicited.

Personal history.—Started work as a miner when quite young. Enjoyed life very much. A good mixer and fond of dancing and games. Drank quite heavily. Got married when 21 years and has one child aged 12 years. His married life has been happy.

In 1939 he joined the Polish Army in France, fought in Norway, and subsequently came to England.

In January, 1941, he was boarded out of the army on account of his mental condition. Since then he has worked as a miner in the North of England.

Medical history:

1922: Gonorrhoea, which cleared up satisfactorily.

1927: Carbon monoxide poisoning when working in a mine. He states he was unconscious for a time and subsequently spent six months in a Neurological Clinic. We have been unable to obtain details of this illness.

1938: Working as a miner in Belgium. After a bout of drinking suddenly became excited and hallucinated, both auditorily and visually. He believed himself persecuted by a Jew, who was constantly with him, gave him orders, threatened him and made him angry. Sent to a mental hospital at Tournay. He was kept there 1½ years, though he states that for most of this time he was quite well, but had no relative to take responsibility for him.

1940: In the Polish Army in England.

July: Drinking heavily. Suddenly became hallucinated. The Jew of his previous illness reappeared and dominated his existence; his contradictory orders made the patient extremely angry. At times he thought the Jew was inside him, and he made an incision in his abdomen with a razor to try to reach and kill him. Cleared up in two weeks in a field dressing station.

October: Again, following a drinking bout, he was treated in a field dressing station for a wound in the abdomen, self-inflicted in an attempt to attack a hallucinatory Jew, whom he believed to be inside. During this period of confusion he assaulted an officer and was sent to a mental hospital on October 17, 1940. Here his mental condition was diagnosed as schizophrenia along with a degree of mental defect. His alcoholism was thought to be secondary to the schizophrenia. He improved rapidly and was discharged from the hospital on January 6, 1941, being boarded out of the Polish Army a day later.

1941.—*November:* When working as a miner in England he broke his tibia in a pit accident. During his convalescence he began to drink heavily and became hallucinated. As on the previous occasions his footsteps were dogged by the hallucinatory Jew, whose contradictory commands kept him in a state of fury. E.g. the voice would say "Eat your food," then, once he began to eat—"Don't eat that, it's dirty." Similarly he was ordered to kill himself or the Jew would do so, then told not to be so silly.

On January 6 1942, when refused admission to a cinema, as it was full, he attacked the attendant, and subsequently the manager, with a knife, inflicting a number of serious though

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non-fatal wounds. He was arrested and taken to Dumfries Jail. Here it was noticed that his behaviour was quite abnormal when the effects of the alcohol should have worn off. The police medical officer came to the conclusion that he was insane and sent him to Crichton Royal.

On admission.—Three days after the stabbing incident and three days after last taking alcohol, a small thick-set man sits quietly on a chair talking to himself, apparently in Polish—at times calmly, at others he frowns heavily, twists his face into ferocious grimaces and turns to shout angrily at what are obviously " voices." Occasionally his expression changes quite suddenly—his face becomes wreathed in smiles and he may burst into laughter.

He answers questions about his identity and about his past readily enough, but does not know where he is or anything about the events leading to his coming here. It is impossible to obtain a coherent, connected story from him, and after every few sentences the " voices " lead to interruptions. He points to a door in the room and says there is a man there, who talks to him and makes him angry. At other times he points to his abdomen and says there is a man inside, who talks to him. He says this man, a Jew, has been following him everywhere and will not give him any peace.

Physical examination reveals no abnormality except linear scars on the abdomen as a result of the self-inflicted wounds mentioned in the history.

Two days later.—Much more settled—not now obviously hallucinated. Eating and sleeping well.

Two days later.—Has been quite rational in speech and behaviour for the last two days. Has a complete amnesia, however, for the events leading to his coming here. The last thing he remembers before admission was going to a bar for a drink. Has no memory for the stabbing affair for which he was charged by the police. Says the voices have completely left him—now realizes they cannot have been real voices, and spontaneously says that there must have been something wrong with his head to have thought so. Admits he saw the man who was speaking—thinks he must have been a Jew because he had a long beard and wore a kaftan.

Personality between attacks.—He quickly settled into the ordinary routine of the hospital. He is a pyknic type when things go well, smiling, jovial and friendly. Despite his imperfect English he quickly established contact with patients and staff. He is meticulously clean, and takes great pride in his clothes and personal appearance.

He joined in the games and dances and, to a lesser extent, work in the ward, with enthusiasm. He obtained a Polish-English dictionary to try to improve his English and started learning to write.

He soon showed, however, that he is of an unstable temperament. When refused some privilege he sulked, went to bed, would not speak, and refused his food for a day. When the request was granted he at once became his jovial self.

He refused to work on the farm unless he received an adequate wage, but worked readily at the occupational therapy class—especially as it gave him the opportunity of making little presents for nurses and, later on, articles he could sell.

When given parole he sold his clothes to buy cigarettes. When reprimanded became very angry and went to bed " in a huff." Later it was found he had made a small incision in his abdomen, which he said was a protest against his harsh treatment. When granted a weekly allowance of pocket money his good humour at once returned.

With the exception of this negativistic attitude to certain aspects of hospital discipline he showed no special eccentricities or mannerisms. He ate and slept well and improved in physical health.

Intelligence test.—Accuracy was difficult owing to his limited knowledge of English. The improvement in his English—the rapidity with which he picked up the work in occupational therapy, his astuteness about money matters and interest in current events are all against any considerable degree of mental defect.

Experiments.

The correlation between alcohol and these psychotic outbursts seemed absolute in his history, so it seemed worth while to see if alcohol was specific, or if some other similar drugs would liberate the psychotic behaviour. Again, his amnesia for the stabbing affair, his arrest and period in jail, appeared

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genuine, and to verify this it was of interest to try to recover his memory for these events. Also it was thought possible that in the case of a genuine amnesia any resulting abreaction might be of therapeutic value. Hence he was given sodium pentothal on two occasions.

Pentothal.—February 12, 1942: 7½ grains sodium pentothal intravenously. Almost at once—before the injection was finished—he began to grind his teeth, grimace wildly, clench his fists and mutter, "I kill you, I kill you, you bloody bastard," etc., etc.

Then he lost consciousness completely. As he woke up he became very violent and was obviously hallucinated both visually and auditorily. He spoke in Polish now. Dr. Berliner, who was present, translated. To judge from his conversation a Jew now appeared to him in the corner of the room, and with great difficulty he was restrained from attacking this apparation.

When held on a couch he repeatedly spat at the spot where apparently the Jew was standing, and hurled foul abuse at him. Suddenly his whole aspect changed; he smiled and made gestures with his hands as if very pleased. At this stage a woman appeared to him—a prostitute, who danced before him and made love to him.

Again he became angry. Now it seemed the girl had gone without giving him ultimate satisfaction, though having taken his money. He seemed to blame the Jew, rather than the girl, for thus cheating him and he continued to storm, threaten and try to attack him until he regained consciousness.

For about two hours afterwards he appeared to be in a twilight state, very similar to that on admission—his conversation being continually interrupted by a voice which made him turn and answer angrily in Polish. At other times he burst out laughing as if enjoying some huge joke. He was still visually hallucinated at this stage, and could see the Jew in the room. He went to bed and slept soundly all night.

Next day the hallucinations had completely gone, and he asked: "Why did you give me an injection to make me cuckoo—just like when I drink whisky?" He remembers seeing the Jew and the prostitute, but cannot associate them in any way with an incident in real life, and has only a very vague and incomplete memory of what he saw when under the influence of the drug.

On March 4, 1942, again given sodium pentothal. This time fell asleep without speaking. As on the previous occasion a dramatic change took place in about one minute. His face became red and his eyes suffused, and his whole expression one of intense fury. He ground his teeth, clenched his fists and began to struggle with a terrifying ferocity.

He seemed to be talking to someone he called a "pig of a Belgian," and he related the story of the Jew and the prostitute.

As before his frantic fury gave place at times to beaming smiles for short intervals. He was restrained with great difficulty at first, then gradually became quieter, and on waking up did not pass through such a definite twilight state as after the first injection.

He subsequently remembered the injection, being angry and struggling, but could not recall his thought content.

Hyperventilation.—Owing to the similarity between these states and certain epileptic twilight states, it was decided to try the effect of hyperventilation. The patient co-operated very well and kept up deep breathing continuously for five minutes and, at intervals, for about fifteen minutes. There was quite a definite alteration in his mental state after five minutes. He stopped breathing, put his head on his hand and burst out laughing. He would not explain what he was laughing at. He kept turning his head to one side and looking up as if listening to voices.

He denied hearing a voice, but said, "I feel just like when I drink whisky." For twenty minutes he alternated laughter and beaming smiles with wrinkled brows, dark scowls and clenched teeth.

His behaviour was reminiscent of that on admission and of his reaction to pentothal, so that one got the impression of a condition which, in comparison to the other states, could be described as abortive.

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Summary.

Psychotic episodes with hallucinations and extreme violence preceded by alcoholic excess recurring in a Polish miner over the past four years.

Patient's father was a chronic alcoholic with a low tolerance for alcohol.

He himself has been a heavy drinker from an early age.

Fourteen years ago he suffered from severe carbon monoxide poisoning.

Between attacks he is a jovial extrovert of average intellect exhibiting marked psychopathic traits but no signs of epilepsy.

In the attacks he has stereotyped hallucinations, under the influence of which on at least two occasions he has made homicidal attacks and on others has inflicted severe wounds on himself.

States showing all the essential features of those after alcohol, but of shorter duration, were produced experimentally by giving intravenous sodium pentothal.

An abortive state of similar type was produced by hyperventilation.

Discussion.

It is clear from the experiments reported that alcohol is not a specific excitant of the pathological states in this case, but that a drug which has a similar inhibitory action on the higher cerebral centres will liberate the psychotic behaviour. Hyperventilation with its resultant clouding of the consciousness has a comparable effect. For an accurate assessment of the case, therefore, the particular disorder of the personality which makes the patient susceptible to these influences must be sought.

Schizophrenic episodes can be liberated by alcohol, but the personality of the patient between attacks, affable, accessible and volatile, is quite against this diagnosis.

As to the relationship to epilepsy, the sudden onset, extreme aggressiveness and subsequent amnesia are reminiscent of some epileptic twilight states, but there is no history of fits. However, the fact that the condition can be produced by hyperventilation indicates the kinship which probably exists between states with such similar clinical features.

The part played by alcohol in the causation of chronic or episodic psychoses is very much open to debate. The present tendency is to regard alcoholic paranoia and alcoholic hallucinosis as alcoholism on the basis of some underlying personality disorder, e.g. manic-depressive or schizophrenic. Even if it can be regarded as a separate entity, the diagnosis of alcoholic paranoia with its gradual onset and systematized delusions can be discarded here. The short duration followed by amnesia and partial insight rules out alcoholic hallucinosis.

" Mania a potu " is regarded by English writers as a state of extreme excitement sometimes with homicidal attacks, resulting from the ingestion of comparatively small amounts of alcohol in susceptible individuals. It appears that the conception coincides with what Continental and American writers usually call alcoholic intolerance. There is no evidence in this case of alcoholic intolerance, as the patient has always been a heavy drinker, and even between attacks he drank a considerable amount. The outbursts were preceded by unusually excessive drinking.

Probably the category into which this case most clearly fits is that of so-called pathological drunkenness. For these states Bleuler in his textbook postulates a neuropathic make-up or a predisposition, the result of some cerebral damage, e.g. a head injury. In this respect it is noteworthy that the patient had been subject to severe carbon monoxide poisoning, necessitating a six months' stay in a neurological clinic.

Bleuler stresses the fact that there need not be alcoholic intolerance, and the condition may alternate with ordinary drunkenness in chronic alcoholics, as in this case. He describes a sudden excitation, or twilight state, in which there is usually disorientation, often illusions and hallucinations and an excessive affect, mostly of anxiety or rage. Subsequently there is amnesia for the events occurring in the profounder phases of the intoxication.

P. P—'s case is unusual in that, instead of clearing up in hours, it lasted on the most recent occasion, for five days, and probably at least as long on previous occasions.

Bleuler also points out that when pathological intoxication recurs, the clinical features show a great similarity with previous attacks.

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The stereotyped nature of P. P—'s hallucinations is most striking.

From the psychopathological point of view, the content of the hallucinations is of interest. It could not be established that the pathological manifestations represented an actual experience in the patient's life. They are reminiscent of certain stereotyped dreams, and it can be assumed that they originate from emotional experiences of some significance.

Occasionally, by introjecting an external object of aggression he became suicidal. Acts of aggression against an introjected external object have been regarded by Freud and his followers as an important mechanism underlying suicidal actions.

Here, from the patient's own words, we learn that, in apparently attempting suicide, he is really attacking his persecutor, who, by this mechanism of introjection, appears to be inside his body.

Despite the violent abreaction on each occasion, there was no recovery of memory for the events leading to his admission to hospital, nor any apparent increase of insight, so that no curative effect could be expected.

The experiments do suggest that sodium pentothal might be usefully employed in the investigation of criminal cases where the defence of alcoholic insanity is put forward, and where it might be possible to reproduce the mental state which led to the crime. Needless to say, only if positive results were obtained would the test have any legal value.

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