PSYCHOPATHY AND PSYCHOSES ASSOCIATED WITH ALCOHOL.

By LOUIS MINSKI, M.D., M.R.C.P.,
Deputy Medical Superintendent, St. Ebba's Hospital, Epsom.

For some years following the war the number of patients admitted to mental hospitals whose illnesses were associated with alcohol definitely decreased, but recently the number again appears to be on the increase. During the past eighteen months 50 patients whose illnesses were the result of alcoholic excess were admitted to St. Ebba's Hospital. As this hospital is set aside for recoverable cases, it is possible that the number is in excess of that admitted to other mental hospitals, owing to the fact that many alcoholic psychoses such as Korsakov's disease and delirium tremens have a good prognosis. Nevertheless, in my capacity as consultant to an observation ward I have found that many patients who are suffering from delirium tremens, "pathological drunkenness", etc., are admitted to such wards, who rapidly clear up and are discharged without being admitted to a mental hospital, and the impression gained is that the number of alcoholics is steadily increasing. It is not proposed to discuss the symptomatology of the various forms of alcoholic psychoses, which are well known, but to discuss various points of interest which arose during the investigation of these patients.

Of the 50 patients admitted, 31 were men and 19 women. The social status of the men was considerably higher than that of the women, and among the males were doctors, architects, accountants, secretaries, schoolmasters, master mariners and stockbrokers, together with the usual artisans, such as carpenters, etc. Only one publican was found among the men, and the fact of working in close proximity to alcohol does not, by itself, necessarily lead to pathological excess. The females included housewives, domestics, charwomen, milliners, and only one barmaid. The intellectual level, especially of the men, was quite high, and many of them were, or would have been, capable of work which required originality and a high degree of concentration.

Most of the patients had been drinking for many years, and among the men beer was the commonest drink, with whisky next on the list, while two patients drank red Lisbon wine. In addition, two patients were paraldehyde addicts also, while one, a doctor, drank absolute alcohol, which he obtained from the laboratory where he worked. Of the women, 8 drank red wine while the remainder drank chiefly beer or stout, while two, in addition, drank whisky and gin.

The diagnosis on admission was:

	Males.		Females.		Total.
Korsakov's psychosis	6		12	•	18
Psychopathy with alcoholism	II		3		14
Delirium tremens	7	• •	I	•	8
Paranoid states	5	•	2	•	7
Hallucinosis	2	•	I		3
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	31		19		50

These diagnoses require no comment, apart from the fact that those diagnosed as psychopaths were chronic or intermittent drinkers who were admitted to observation wards as being depressed, anxious, restless or excited following an alcoholic excess, or in a few cases were admitted because of unsuccessful suicidal attempts.

After admission the cases were fully investigated, and it was then possible to elucidate the real underlying diagnosis, which had been masked by the alcohol. The revised list of diagnoses is as follows:

			Males.		Females.		Total.
Psychopathy .			21	•	10	•	31
Manic-depressive			5	•	2	•	7
Reactive depression				•	5	•	5
Mental defectives			2		2	•	4
Obsessional .		•	2	•		•	2
Epilepsy	•		I			•	I
			_				
			31		19		50

Of the 31 patients suffering from psychopathy, 6 were admitted suffering from delirium tremens, 10 from Korsakov's psychosis, 9 from psychopathy, 4 from paranoid states, and 2 from alcoholic hallucinosis.

Of the 7 suffering from manic-depressive psychosis, 3 were admitted as suffering from psychopathy, 2 from Korsakov's psychosis, 1 from delirium tremens, and 1 from alcoholic hallucinosis.

Of the 5 reactive depressions, 4 were admitted as suffering from Korsakov's psychosis, and 1 from a paranoid state.

Of the 4 mental defectives, 2 were admitted as suffering from Korsakov's psychosis, and 2 from paranoid states.

Of the 2 obsessionals, I was admitted as suffering from delirium tremens, and I from psychopathy, while the I epileptic was admitted as suffering from psychopathy.

An attempt was then made to find out the ostensible reason for the excessive drinking, apart from any psycho-analytical approach to the problem. It was

apparent that, in giving the reasons for drinking, rationalization was used by most of the patients, but many interesting points came to light.

Of the women who were suffering from reactive depression it was found that this had followed on a definite worry such as the death of the husband, the birth to a daughter of an illegitimate child, or financial worry, and none had shown any neurotic traits prior to the breakdown. All were of normal, stable personalities, and all were of menopausal age. Alcohol was used as a means of escape from their worries, and had only been used for a few months prior to the onset of the alcoholic psychoses. They all made good recoveries, and were well when last heard of.

Of those suffering from manic-depressive illnesses, all drank in the depressive phase, again showing that alcohol is used in order to escape from worries and difficulties, while only two drank in the manic phase, and merely as part of their general irresponsible behaviour.

The drinking of the mental defectives was due to insufficient protection, and also imitation of those around them, while the two obsessional patients not only drank in order to overcome their inferiority, but stated that after having one drink they felt they had to continue, thus showing their obsessional traits even in their drinking.

The epileptic was affected by small quantities of alcohol and, although classified among the alcoholic patients, did not drink to excess, but drank in spite of the fact that he knew that a small quantity of alcohol would make him excited and restless.

The largest number of patients belonged to the group of constitutional psychopathic inferiors. Many of these patients were brought up in difficult home environments and showed neurotic traits in childhood, such as temper tantrums, behaviour disorders, truanting, etc. In addition, a number of them were thoroughly indulged and spoiled, while on the other hand some were brought up in a narrow home and dominated by the parents. The chief psychopathic traits which were noted were emotional instability, violent tempers, irresponsibility, stubbornness, irritability, shelving of responsibility, and a feeling of inferiority; while many of them were also easy-going, easily led, plausible, anxious to please, jealous and anxious. As a result of their erratic behaviour they were unable to hold jobs for any length of time, and resorted to alcohol to "drown their sorrows".

In 6 cases the spouses were alcoholic also and were definitely psychopathic, while 6 stated they began to drink for medical reasons such as the allaying of pain, as a tonic, or as a cure for insomnia. Five patients attributed their drinking to accidents, but in no case was there any evidence of a serious accident such as a head injury, and in all the psychopathic symptoms had been present for many years prior to the accident. Seven stated that they felt socially inferior, and that alcohol acted as a release, and for the time being made them feel equal to those around them. Four patients were of a schizoid type, being

shy, seclusive and solitary, and they drank in order to socialize themselves and bring themselves more into contact with reality. In this connection it is interesting to note that Neuman (I) injected alcohol intravenously into 50 subjects without allowing the patient to realize he was receiving alcohol. The schizophrenic group withdrew further from reality, while the psychoneurotics showed a multiplication of symptoms. In this group drinking started in most cases about the age of 18, and had been going on steadily for many years (an average of 18), although there were intervals of 3 to 4 weeks when they were abstemious, after which they began to drink heavily again. The abstemious periods seemed to coincide with some new interest, such as a new form of occupation, and when the excitement in connection with this had worn off, alcohol was again resorted to.

The remaining patients, who were also rather plausible and adopted the martyred attitude of the psychopath, considered themselves to be the victims of circumstances, in that the environment was at fault, and would not admit that they had been drinking to excess. The reason given for the drinking was that it was part of their job as salesmen, commercial travellers, etc., and was done for social reasons. These psychopaths are unable to adjust themselves, and although they appear to do quite well for a time in hospital, where they are protected and secure, as soon as they are discharged they relapse and begin to drink. Some of these patients have been placed in jobs before leaving hospital, but very shortly after discharge they have begun to drink and have quickly relapsed.

The prognosis in these cases appears to be definitely bad, and their illness appears to be the result of environmental factors rather than "alcoholic heredity". As Mapother (2) points out, alcoholism may conduce indirectly to the occurrence of psychoses, e.g., by production of poverty, discord and other sources of mental stress. Strecker and Chambers (3) state that constitutional predisposing factors seem to have some significance, since one or both parents of abnormal drinkers generally show neurotic tendencies; they do not believe that the tendency to excessive drinking is inherited, but agree with Peabody (4), who states that what is inherited is a nervous system which proves to be non-resistant to alcohol, though this same nervous system is more often inherited from neurotic parents who have expressed their nervousness in some other manner than that of chronic intoxication.

Owing to the fact that many of the patients suffering from alcoholism have no relatives or friends, it is often impossible to obtain detailed family histories. In the present series, in 19 cases the family history was unknown, in 15 it was completely negative, while in 9 there was a history of alcoholism (2 also showing evidence of psychoses apart from those due to alcoholism), in 6 there was a psychotic family history, while in 4 there was evidence of neurosis or eccentricity. The evidence here is not particularly strong in favour of direct alcoholic heredity being the all-important factor, although admittedly

the total number of cases investigated is small, and in 19 the family history was unknown. The environmental factors in infancy and early childhood appear to be of more importance, and in all the psychopathic cases there was evidence of conflict in the home, indulgence or domination by the parents, which appeared to be the most important factor in producing the psychopathic personality.

Great stress is laid by the Freudians on homosexuality as a cause of alcoholism, but there was no evidence in any of the 50 cases of overt homosexuality. Of the males, 20 were married, of whom 2 were separated from their wives because of their excessive drinking, while another man was frigid except when he was under the influence of alcohol. Of the II who were single, 6 had had numerous affairs with women, and had sexual relations apart from the times when they were under the influence of alcohol. Of the women, 12 were married, one being separated from her husband who also drank, while the remaining 7 who were single showed no evidence of overt or latent homosexuality. Except for the patient who was frigid apart from when he was under the influence of alcohol, and 6 patients who were rather promiscuous, which the Freudians would take as evidence of over-compensation, there was no evidence in favour of the theory that homosexuality is the only factor in causing chronic alcoholism. Wall (5) found that in 100 male alcoholics only 11 showed evidence of overt homosexuality, while a feminine make-up occurred in only 12 in the entire group.

Twelve patients made attempts at suicide, 4 being depressives, 3 psychopaths, 2 while suffering from hallucinosis and under the influence of hallucinatory voices, 2 while suffering from paranoid states, and I while under the influence of alcohol. The suicidal attempts made by the psychopaths appear to be more in the nature of a demonstration and are usually very half-hearted, while attempts under the influence of alcohol seem to be comparatively rare.

It would appear that patients admitted to mental hospitals and labelled "alcoholics" are not really suffering from a particular and specific form of mental disorder resulting from alcohol, but that they present the same symptoms for which other patients are admitted. Thus patients suffering from delirium tremens, Korsakov's disease, alcoholic hallucinosis, etc., show pictures which differ in no way, apart from constitutional factors, from patients suffering from the same diseases caused as a result of toxic agents other than alcohol.

Mapother (6) stated in 1929 that it was not clear how far the apparent reduction in "alcoholic psychoses" depended on increased caution in diagnosis, and how far upon a true tendency of psychopaths nowadays more often to reach their predestined certification without such an amount of drinking as would formerly have earned the label "alcoholic". This statement is interesting in view of the passing of the Mental Treatment Act, in that the number of psychopaths in whom alcoholism is marked who are admitted to hospital has increased, while the number of patients suffering from frank psychoses resulting from

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alcoholism appears to have diminished. Presumably, therefore, these patients would previously have had to go on drinking until they became certifiable, whereas now they are willing to accept admission to hospital before this occurs. In the case of the psychopaths it would seem idle to talk of their accepting treatment in hospital, as they are found to be non-co-operative for the most part, and anxious to leave as soon as they have lost all traces of their last excess and have improved their physical health, which has usually deteriorated owing to lack of food and excess of alcohol. Lastly, those patients who fundamentally are suffering from some other form of psychiatric condition apart from psychopathy appear to remain quite well after their discharge from hospital.

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