

Clinical Notes and Cases.

Cases of Suicidal Impulse in Conditions of Cerebral Automatism. By W. C. SULLIVAN, M.D., Deputy Medical Officer, H.M. Convict Prison, Parkhurst.

FROM a medico-legal, as well as from a purely psychological point of view, much interest attaches to the study of those states of cerebral automatism met with in connection with certain morbid conditions of the nervous system.

In this note I have recorded three cases⁽¹⁾ of suicidal impulse developed in this automatic state—in one instance related to epilepsy, in another to epilepsy and alcoholism, in a third to alcoholism alone.

These cases do not present any very novel features, but I have thought them worth publication because they illustrate very clearly—and this is the common character which links them together—the mode in which antecedent cerebral processes influence the nature and direction of actions performed in the automatic condition.

The characteristic feature of such actions is, of course, that they are performed unconsciously, or, what is perhaps more likely, that they are accompanied by a state of consciousness in some way so different from the normal waking consciousness that it either entirely fails to connect with that consciousness, or only does so in an imperfect fashion; that hence no recollection, or only a vague, dream-like recollection, of the action remains after the cessation of the automatic state.

The subjective evidence of memory being excluded by the break in consciousness, it is only by clinical observation that we can attempt to discover the circumstances under which the actions originate, the conditions in the organism which determine the nature of the impulse and its mode of manifestation.

These conditions, whose influence can be traced in the acts of cerebral automatism, as in dreams and in the delusions of insanity, have been thus classified by Maudsley: “(a) impressions made on sense from without the body; (b) internal impressions

from the viscera and other organs of the body ; (*c*) stimuli arising from the state of the blood, both as regards supply and composition ; (*d*) the exhausted effects of recent experiences, whereby lately vibrating parts are prone to be stirred easily into renewed vibration ; and (*e*) the proclivities of the mental organisation, as determined by hereditary causes and the special experiences of life " (²).

In the large majority of instances it is of course impossible to detect more than a very few amongst the numerous influences which combine to determine a given impulse.

In a paper published in this journal (³), I have endeavoured to show, with regard to one large and important group of such impulses, viz. the suicidal impulses developing in the automatism related to alcoholic intoxication, that the impulse in the great majority of cases has its origin in emotional changes in the personality, dependent on the general disorders of visceral function induced by chronic alcoholism, and that the frequency of such disorders is the reason of the predominance of the suicidal tendency among the impulses of the alcoholic.

In the cases recorded in the present note, my aim has been to exhibit from the same clinical standpoint the indications which in certain instances the peculiar features of the case may furnish for tracing the origin of the impulsive act, either as regards its tendency, or as regards the particular mode of expression of that tendency.

I should finally point out that by limiting our examination to cases of suicidal impulse we avoid, as far as possible, one chief source of error, viz. deception on the part of the patient. It is obvious that the plea of automatism, so useful in cases of homicide, cannot in any way serve the interest of an individual accused of attempting suicide ; it alienates the sympathy of the humanitarian by the lack of sentimental motive, while the possibility which it suggests of impulsive action of graver character in the future is calculated to brand the patient as a social danger. For these reasons we may, I think, assume that when suicidal patients allege absence of memory, their statement is, in all probability, true.

Obs. 1.—R. R.—, male, æt. 20. Charged with attempting suicide by poison.

Parents living, sane and sober ; nothing special in family history. Patient has had fairly good general health ; intelli-

gent and well educated. At seventeen years of age began to suffer from epileptic fits with epigastric aura ; fits associated with nocturnal headache and localised tenderness of scalp. Attacks were sometimes of classic type, sometimes limited to symptoms of "petit mal." Underwent a craniectomy about eighteen months ago, portion of right parietal bone being removed ; no permanent effect on fits.

Fits have often been succeeded by phases of automatism, during which patient has assaulted his relatives and performed other undesirable actions, but has never manifested any suicidal impulse. A short time prior to committing the offence with which he is now charged, he lost, owing to his disease, a clerical appointment which he held. In consequence of this he was very much depressed, but had not entertained any idea of suicide.

On the morning of the attempt he had a fit soon after 9 a.m. ; states that he has no memory of what occurred subsequently until he found himself in custody, the amnesic period being about half an hour. It appeared from the evidence that he went to a druggist's shop, a few streets away from his home, and purchased some carbolic acid, the druggist observing nothing peculiar in his demeanour. Soon after a boy saw him in the street in the act of putting the bottle to his lips, and noticing the poison label, called the attention of a policeman, who arrested prisoner.

Remarks.—The principal feature of interest in this case is the indication it seems to offer as to the origin of the suicidal impulse. Previous fits had frequently been followed by phases of automatism, unassociated, however, with suicidal tendencies. A fit occurs at a moment when the patient is brooding over the loss of his employment—in itself a not uncommon motive of suicide—and in the post-epileptic phase he makes an elaborate attempt to kill himself. This succession of events suggests very strongly that the emotional shock occurring before the fit, stood in a causal relation to the suicidal attempt in the automatic condition, that the impulse was an evolution of the train of cerebral activity in progress at the moment of the fit, the suspension of the higher controlling centres allowing the development of the impulse and its passage into action.

In this case, then, we have a patient in a state of post-epileptic automatism carrying out, with every appearance of perfect

lucidity, a complicated series of actions adapted to a definite end, and that end one for which a reasonable motive can be found in the ideas existing prior to the fit. This observation has seemed to me to be worth recording as a further evidence of the fallaciousness of the opinion that the automatic acts of the epileptic always bear intrinsic proof of their morbid origin.

As in the analogous case of dream-consciousness there are relatively rational as well as utterly preposterous dreams, so in the states of automatism with which we are here concerned, though very frequently the acts committed are characteristically irrelevant and exaggerated, yet they may, on the contrary, appear perfectly reasonable, consistent in their nature with normal motives, in their execution with normal lucidity. If, in this instance, we suppose the obviously possible contingency that the patient had committed not a suicidal, but a homicidal act, equally apt in aim and execution, we shall see how well such a case illustrates the danger of assuming that an appearance of deliberation and the presence of reasonable motive are sufficient grounds for rejecting the plea of automatism put forward to establish irresponsibility in acts committed by the criminal epileptic or the criminal alcoholic.⁽⁴⁾

Obs. 2.—A. B—, female, æt. 41. Charged with attempting suicide by drowning.

Father living ; suffers from attacks of "petit mal ;" starts, changes colour, stares for a few seconds, then returns to normal consciousness ; these attacks are replaced by convulsions when he drinks. Nothing else of special note in family history.

Patient states that she suffers from "fainting attacks," characterised by momentary absence of consciousness, followed by fatigue and dreaminess ; these attacks are more frequent after drink. For past twenty-five years has been addicted to alcoholic excesses, only, however, of relative degree, as a small amount of alcohol affects her markedly. Suffers a good deal from cardio-ovarian pain, palpitation, and muscular cramps. About twelve months ago attempted suicide by opening a vein in her arm ; was drunk at the time, but has a vague memory of the act, though unable to suggest a probable motive. A few weeks prior to present attempt, patient had been excited by the death of a girl friend who committed suicide by drowning herself in the canal ; patient had been a witness at the inquest, the affair had painfully impressed her, and had led her to

drink more than usual. On the day of the attempt patient was very drunk, and had a quarrel with her husband, who turned her out of the house. She has no recollection of what transpired from that moment until she found herself in hospital, where she was informed that she had thrown herself into the canal at the spot where her friend's body had been discovered.

Remarks.—From our point of view the element of special interest in this case is the resemblance in details of the futile attempt of the patient and the actual suicide of her friend. The impression made by the latter event upon the patient's mind apparently exercised its influence during the automatic phase of the intoxication; the suicidal impulse arising in that phase tended to execute itself in the direction determined by the cerebral processes corresponding to the mental images which were present before the break in consciousness.

This is, in some ways, a parallel process to the more familiar phenomenon of the revival of recent vivid sense impressions in the hallucinations and delusions of the alcoholic. In all these conditions the patient seems, as it were, to annex to his own personality these impressions which had no real reference to him; he has heard, for instance, the recital of some particularly brutal crime—seen it represented, possibly, in the peculiar varieties of dramatic and pictorial art which appeal to the populace; under the influence of this impression, if hallucinated, he translates his reminiscences into horrible visions of the action, of which he now becomes the destined victim; if delusional, he incorporates the impression with the memory of his own acts, and gives himself up to the police as the author of the crime; finally, if he be primarily impulsive, the reminiscences of the action directly produce the corresponding motor impulse, and he automatically repeats, with more or less accuracy, the crime whose image had potently affected him in his normal consciousness. It is not improbable that a considerable proportion of the murders committed by the alcoholic are instances of such unconscious imitation during phases of cerebral automatism.

Obs. 3.—E. W—, male, æt. 25.

Nothing special in heredity; gives a history of drinking excesses—beer and spirits—for many years past. Severe head injury three years ago through being crushed by a cart-wheel. Usual signs of chronic alcoholism. Is now charged with

attempting to commit suicide by throwing himself under a cart. States that he was extremely drunk at the time, and has no memory whatever of the attempt. Cannot imagine why he should wish to commit suicide.

Remarks.—This case conforms to the usual type of the primary suicidal impulses related to alcoholism; the impulse develops when the intoxication has lasted many years, and has produced generalised nervous disorders in the economy; it occurs during a bout of drunkenness, and it leaves no trace in the patient's memory.

My reason for recording the observation here is the peculiar mode of suicide resorted to by the patient. In some hundreds of cases of suicidal impulse I have come across only one other instance in which the suicide endeavoured to compass his death by throwing himself under a cart-wheel; the rarity of this form of attempt is doubtless due to the comparative remoteness of its significance as a means of destruction of life. That the patient in this case should have sustained a severe head injury through accidentally falling under a cart-wheel, and that he should subsequently select precisely this unusual mode of suicide seems hardly explicable as a mere coincidence. It would rather suggest that, as a consequence of the previous accident, this curious agent was associated with the most distinct cerebral impression of destructive capabilities, and that, when the suicidal impulse arose it tended to execute itself in the mode determined by that predominant impression; in order to kill himself the patient imitated the accident which had befallen him some years before.

(¹) These cases were observed in H.M. prison at Liverpool.—(²) *Pathology of Mind*, 1895.—(³) *Journal of Mental Science*, April, 1898.—(⁴) In the case *Reg. v. Boakes*, the Riverhead murder, tried since the above note was written, the conditions suggested in our hypothesis were realised. The accused had made love to the girl who was the victim of the murder, and his addresses had been rejected. On the morning of the crime she was passing his house with some female companions, when the prisoner ran out, pushed the others aside, and shot the girl dead, then turning the weapon upon himself. For the defence it was advanced that "fainting fits" and attacks of vertigo, from which prisoner suffered, were of epileptic nature, and that the crime was committed in a state of cerebral automatism. Despite the strong suggestion of motive and deliberation, this view was accepted by the jury, and the prisoner was found "guilty but insane." [*Cf. infra*, *Medico-legal Cases.*—ED.]