ALCOHOLIC AMNESIA AND AUTOMATISM.*

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Alcoholic amnesia and automatism are subjects of great interest to the physician, the lawyer and the layman. This is particularly the case where acts of a serious or criminal character have been performed, for here, in order to establish a scientific fact, we must overcome the deep seated convictions of the ordinary man. Under conditions where the victim has the greatest inducements to fabricate his case and to simulate his symptoms, it is extremely difficult to make the lay, or even the legal mind, understand that apparently rational, natural and even complicated acts may be performed by alcoholics when suffering from such a condition of amnesia as to make them utterly unconscious of what they are doing, completely oblivious of the results of their acts, and absolutely without remembrance of what they have done while in this dreamlike state. Within a comparatively short time three cases have come under my personal observation, which seem to me to be fairly typical examples of this interesting condition and, therefore, worth recording.

My first case was a man fifty-one years of age with a family tendency toward mental disease. He was a gentleman in appearance and manner; a brain worker and a graduate of Union College. He gave a history of periodical excesses in the use of alcohol extending over a period of twenty years. Sometimes he would go two or three years without heavy drinking, but more frequently for only two or three months. He was a kind, affectionate man, and a devoted husband, except when under the influence of alcohol. During the three years preceding my observations he had been under treatment for alcoholism in two other State hospitals, and had also been, for short periods, in several

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sanitariums. It was stated that he would frequently disappear for days or weeks at a time and upon his return would have no recollection of where he had been or of what he had done.

During his stay in the hospital he was quiet, gentlemanly, and well behaved, associating freely with the better educated patients. He spoke of imaginations of sight that he had had during delirium sometime before, but was free from delusions and hallucinations during the period of my observation.

After a short residence in the hospital he was given a limited parole, upon the promise that he would not leave the grounds, but he soon violated his pledge and left surreptitiously. He deliberately planned to avoid pursuit and went north to Kingston instead of south toward New York, which was his objective point.

Upon his return to the hospital he said that he remembered taking several drinks in Kingston, but from that time until he came to himself two weeks later in New York he claimed that his memory was a complete blank. He could not remember arriving in New York, nor could he recall any of the happenings of the previous two weeks. Later events made it probable that he had spent the most of this time in a disorderly house. A couple of weeks after his return an attempt was made by a woman to record, in the office of the county clerk, a deed of some property near the hospital. This deed was regularly executed, properly signed by the patient, and described with accuracy the transfer of a piece of property to which he had not the slightest claim. The date was that of the amnesic period, and the patient stoutly maintained with every evidence of sincerity, that he had not the slightest recollection of ever having seen it. According to newspaper reports, several other deeds of a similar character came to light at a later period.

He was taken home soon after his return to the hospital and since then nothing is known of his history.

The case presented the ordinary symptoms of chronic alcoholism in an individual of neurotic tendencies, with slight deterioration, characterized by periodical exacerbations with amnesia.

My second case is that of an Englishman, forty-nine years of age, who came to this country about thirty years ago. He came under my observation August 6, 1909.

His family history was incomplete, but enough was learned to

make it certain that his father was an intemperate man who died in his early thirties as the result of an accident due to drink. The patient had a fair education and for the previous nineteen years had worked in hotels mostly in the capacity of a subordinate clerk, or an assistant steward, in charge of supplies. His wife stated that three years before admission he drank to excess, but so far as she knew he had partaken of stimulants only in a moderate degree for the year preceding his admission. Two months before coming to the hospital he began to suffer from symptoms of cirrhosis of the liver due to his previous excessive use of liquor. On July 21, he reported for duty at 6 a. m. at the hotel where he was employed, but told his employer that he did not feel well and asked to be excused from his work for the day. He had been complaining somewhat of languor for two weeks before, but had been able to attend to his work. Upon receiving permission to remain away he left the hotel and from that time nothing is known of his actions until the afternoon of the next day, when he went to the police station in Troy, which is about eighty miles from New York, and gave himself up. He stated that he could not remember his name, where he had come from or how long he had been in Troy. In fact, he could give no details in regard to his personal history. He was committed to the Rensselaer County jail and remained there until August 6, when he was sent to the Hudson River State Hospital under the name of John Doe. When admitted to the hospital he was still unable to tell anything about himself and apparently made every effort to recall past events. He was quiet, rather unsocial and a little depressed over his condition, but otherwise acted in a normal manner. He manifested diminished pain sensibility, absent corneal, and lessened pharyngeal, reflexes. Having in mind hysterical influences, which the above mentioned symptoms suggested, he was twice hypnotized and brought under the influence of suggestion. He was told that he would be asked to name the letters of the alphabet and the suggestion was made that when he reached the letter with which his name began he would recall his name. When the experiment was continued upon reaching W he said that his name began with that letter, and finally gave his name, which did begin with W, and later on he recalled his home address and put us in communication with his wife, who had been anxiously searching

the metropolitan hospitals ever since his disappearance. Gradually he began to recall the past, first repeating the happenings of the two previous days, and then the ones preceding until the amnesic period was encroached upon as far back as the morning of his disappearance from New York, but he could never recall with any distinctness anything that happened from the time he left the hotel in the morning until he reached the station house in Troy.

He remained under observation for about three weeks and during that time displayed no evidence of delusions; his orientation was correct and his memory for remote events quite good; there were some evidences of hallucinations of smell, and during the amnesic period he saw ugly faces, but he was able to correct these impressions and recognized them as imaginations. His condition was diagnosed as one of hysterical amnesia with alcohol as an important factor in its production.

The third case is that of a man thirty-nine years of age, who was employed in a shirt factory where he was recognized as a proficient cutter. The family history shows that the father died of paralysis and that a maternal cousin died in a hospital of a deterioration psychosis. The patient received a common school education, and began his factory work when 15 years of age. At the age of 17 he began to drink beer in moderation and perhaps two or three times a year would become intoxicated. When about 21 he began to dabble in spiritualism and developed the idea that he possessed mediumistic powers to a considerable degree. Later he travelled around the country giving exhibitions of clairvoyance, mind reading, etc. Seven years ago he began to use liquor to excess and his alcoholic habits reached their maximum about three years before admission. About two years ago he began to be troubled by the face of a woman which appeared over his left shoulder. This face was a fantastic one and did not resemble that of anyone he had ever known. He claims that when he drank to excess he did not see this face and gives this as an excuse for his intemperate habits. During this period his amnesic spells also began. Generally they would last only an hour or so, and he thinks that they were at first periods of preoccupation rather than periods of distinct amnesia, but in the winter of 1908-1909 he had an attack of complete amnesia which lasted two days. On Saturday and

Sunday he had been drinking freely and the events of Monday and Tuesday were a complete blank. On Wednesday morning he went to the factory in fear and trepidation fully expecting to be discharged for his fancied absence on Monday and Tuesday. But, much to his surprise, the foreman said nothing to him. He then began to make cautious inquiries of his fellow workmen and found that he had been at work on Monday and Tuesday and that no one had noticed anything peculiar in his actions. His fellow workman at the cutting machine said that he had been rather quiet, but, aside from that, he had performed the usual amount of work in his customary manner. Thus for two days his actions had been purely automatic and natural enough to pass unnoticed by his daily associates while he was in a state of complete "dream consciousness." Similar amnesic periods of shorter duration occurred from time to time when he would have no recollection of what he was doing, although his work would be done in the usual way, up to November, 1909, when the second prolonged period occurred. For nearly a week he had been drinking heavily, and on the Monday preceding his admission he started for the factory at the usual hour, but returned to his home within a short time saying that he did not feel well enough to work. His wife said that he lay down for a while, but soon got up and after a dispute, chased her out of the house. He then returned to his room and later in the day his daughter found him hanging by a clothes line from a door. The physician who was called advised that he be sent to the jail, where, it is said, that he was quiet for a while, but later became excited. The patient himself had no recollection of anything that happened from Sunday morning until Tuesday afternoon when he found himself scantily clothed walking around in his cell. When admitted to the hospital he was greatly concerned over his condition and wanted to be treated for it and expressed a willingness to stay until cured. For a period of three months the patient was unable to recall a single event from Sunday morning to Tuesday noon. It was then thought best to try to synthesize his memory by hypnoidal influences, according to the method of Sidis. Three trials were made before the events were completely recalled. After an hour's effort the events of Sunday were recalled, but as the patient was fatigued and the recollections came very slowly the session was terminated. A few hours later another

trial was made and the events of Monday, from early morning to the time of the attempted suicide, were recalled in proper sequence. A few days later a third trial was made. All efforts failed, however, to penetrate the blank following the suicidal attempt, although there were a few hazy recollections of Tuesday morning. Tuesday afternoon's events were not a part of the period of amnesia, for they had been clear in the patient's mind from the time of admission.

His story of the events which he had hitherto been unable to recall were, in brief, as follows:

After leaving home Sunday morning he visited a saloon and went to his mother's house where he had dinner. In the afternoon he went for a walk and in the evening made a call. He slept at his mother's house that night and in the morning started out prepared for work. He visited several saloons before reaching the neighborhood of his shop, and by that time was somewhat intoxicated. He left for home, had an argument with his wife about insurance premiums, attempted to assault her with a pair of shears, and, when she escaped from the house, went upstairs to bed. He awoke in the evening about dusk, prepared a clothes line with which to commit suicide, and found a peach basket upon which to stand. This was not stout enough, as it collapsed under his weight, and he took a wooden box, adjusted the noose and kicked the box from under him. The last thing he recalls is trying to get his hands into his pockets so as to prevent himself from grasping the rope.

The attempt at suicide was so nearly successful that the first physician who called suggested that a coroner be notified, but eventually the patient was resuscitated and taken to jail. This was Monday night and the events from the suicidal attempt, until the clear events of Tuesday afternoon, are shadowed by amnesia explained by the serious and nearly effectual attempt at strangulation. All other events were recalled with considerable distinctness and were given with a wealth of detail. His statements were later submitted to his wife who verified them in every essential point.

He remained under observation for about four months and since leaving the hospital nothing has been heard of him. The general air of abstraction and preoccupation, with the lack of real

interest in his home affairs, the continuous reaction to visual hallucinations, and the tendency to explain his difficulties on a spiritualistic basis, would seem to point to a diagnosis of a serious disorder, probably along the lines of a dementia præcox deterioration process.

These three cases are similar in many respects to the cases described by Dr. W. C. Sullivan, of the Pentonville prison, England, to whom, probably more than to anyone else, we owe our clinical knowledge of the impulsive and automatic acts of the chronic drunkard.

There are many points of similarity in these cases; they all possessed a certain amount of education and intelligence which enabled them to lend co-operation in the study of their cases; none had committed acts of sufficient gravity to warrant legal prosecution, and, therefore, had no great inducement to fabricate and deceive; and each had some nervous instability to predispose to the amnesia and automatism which became prominent under the influence of alcohol.

Crothers considers this last point a very important one and says that "this trance condition will always be found associated with a peculiar neurotic state, either induced by alcohol, or existing before alcohol was used."

Alcoholic amnesia may be partial or complete, in fact the percentage of cases where the amnesia is partial is higher than it is in epilepsy. The less complete it is the greater the difficulty in establishing its existence in medico-legal cases. In some cases the experiences of the amnesic period may be recalled for a time and then be completely forgotten again. Sullivan quotes a case from Maschka's Handbuch in which a man after committing a homicide said, "Don't tell anyone about this," and later on completely forgot the act. He also says that threats in advance of an impulsive act are no evidence of premeditation for "the fixity of the morbid condition in which the impulse has its origin is likely to give to action in the automatic phase a continuity with that in the waking consciousness which is easily construed into premeditation."

Modern authorities do not believe that amnesia is either synonymous or identical with unconsciousness, but that it means merely the submerging of a certain patch of memories into the sub-

conscious mental life. A similar belief is also entertained in regard to the automatism associated with amnesia. It is thought that there is always a certain amount of consciousness present and that the psycho-pathological basis is probably due to a dissociation of consciousness. In other words, as Dr. Coriat expresses it, instead of being in an unconscious condition the patient is in a condition of other consciousness, for which he is amnesic in his ordinary waking state.

The question of the proper psychological treatment is one of importance, for it is known that when the upper consciousness is rendered weak or inert by experimental distraction, or by the induction of the hypnoidal state of Sidis, "the subconscious memories surge up, break through the strata of the upper consciousness and become manifest." Coriat believes that many cases will not recover except under proper treatment and that cases of spontaneous recovery from the condition of amnesia are extremely rare. These theories are certainly very fascinating and are of the utmost importance in medico-legal cases where the defense is along the lines of irresponsibility due to so-called automatic states. Of course in such cases the history of the patient should be very carefully gone into, and when there is a history of chronic drunkenness or epilepsy, with evidences of instability of the nervous system, and a history of previous automatic acts, then the defense of alcoholic automatism with amnesia should not be lightly brushed aside, but should receive most careful attention from all who believe in the just administration of our laws.

There is still another case to which I should like to briefly call your attention, although it occurred as far back as 1785. We all know that a certain amount of amnesia and automatism are common phenomena of ordinary intoxication, and nowhere have I seen a description of this condition which equals in literary flavor and subtle humor that given by Alexander Coventry in his "Journal of a Scotch Medical Student." In describing a visit to his uncle he says:

It was 2 p. m. when I reached Musselburgh, and between that and Inveresk I met my uncle, who said he had some business to transact in town which would not detain him, and dinner would be ready on our return. We stopped at a tavern, and there my uncle met Mr. Dalloway, from the green isle, an old acquaintance, a painter; past times and old scenes were

talked over; we had whiskey punch; cheese and cake were brought out, punch was succeeded by porter, and the latter retired by oporto, dinner was forgotten, or supplied by the oat cake and cheese, the usual accompaniment of sociability in a Scotch tavern. I ate a light breakfast and had taken a long walk, and the mixture of liquors began to affect my stomach and head, they being little used to such diet. I had sense enough to see that a short time would put me *hors de combat*, and I would be drunk at a tavern. I sought the back door. In a high wall opposite I observed a white stone; could I walk across the lane and put my hand on it I concluded, by keeping it close aboard, it would bring up short any lee lurch I might make to starboard, thus giving me some chance of reaching port without capsizing, for the wall continued to Inveresk and within a few yards of my uncle's. The experiment succeeded, my hand touched the stone, and I started within two feet of the wall. This was my last consciousness until on Sunday morning I found myself in bed with my clothes on, having simply removed my boots. I had found the bed where I usually slept at my uncle's and had lain down upon it. The period from my starting from the white stone in the wall to my awaking in the morning is a perfect blank in my existence, of which I have not nor ever had any consciousness, yet my uncle's man informed me that I had reached the room and went to bed without assistance. It was like the delirium of fever, it made no impression, it left no trace behind. According to this, my experience, is not the savage's reasoning more just than that of civilized man? An Indian does not resent an injury done when the aggressor is intoxicated. The Indian says, "Rum did it." It may not be safe to consider it as an aggravation because it might be simulated, yet the malice prepense is no more founded than in the maniac. From the time I started from the white stone to the next morning I might have committed a dozen murders and yet been unconscious of hurting a fly. Although the period alluded to seems a blank in my existence, the suffering of the next morning is too deeply impressed ever to be erased from the tablet of memory.

And let us hope that this assertion was strictly true and that the disagreeable experience, so interestingly described, kept him ever after from following in the footsteps of his illustrious countryman who found his greatest pleasure in

"Bousing at the nappy
An gettin' fou and unco happy."

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