

The British Journal of Inebriety

VOL. XIII. No. 1.

JULY, 1915.

DUAL PERSONALITY AND INTEMPERANCE.*

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ON a previous occasion when I had the honour of reading a paper before this Society I took some pains to emphasize the responsibility of certain inebriates, and the logical inference that in such cases penal methods of treatment are indicated. I pointed out, however, that without careful and skilled diagnosis no such treatment could be justified. To-day I propose, by way of contrast, to discuss those cases which, to my mind, are at the remote end of the scale in the matter of responsibility, and to do so in the light of three cases which have been under my care recently. I hope thus to reinforce what I have already said about the imperative necessity of careful diagnosis, and the futility of any routine treatment of intemperance.

CLINICAL CASES.

CASE I.—Mr. X, aged forty-five, married, father of a family, owner of a successful printing business in the provinces. Patient suffers from fugues, during which he leaves home and travels, generally on foot, sometimes motor-ing, occasionally by rail, indefinitely administering to himself incredible doses of cocaine hypodermically. He collapses at the end of one to three days from sheer exhaustion. Years ago he underwent a severe operation, and, owing to a deplorable surgical accident, this operation was not only not

* An address introductory to a discussion before the Society for the Study of Inebriety at the Spring Meeting, Tuesday, April 13, 1915, held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W.

successful, but left him in a worse state than any he had previously been in. The surgeon was obliged to enlarge a wound for many days after the operation, and, in order to render this somewhat less painful than it otherwise would have been, applied cocaine. When the patient left the nursing home, he was told to continue this process of enlarging the wound himself, and was advised to use cocaine for the purpose. After some time the habit gradually grew on him, and he had difficulty in breaking himself of the drug, which he now began to take for the sake of the sense of well-being which it conferred on him. Being a man of strong will, he increased the intervals at which he took the drug until he was taking it only once a week, but found that in order to produce the desired effect he had to increase the dose. A year after his operation he was indulging in the drug once a week at most, and once a month at least. The dose then being taken was 1 grain per hour for twelve or fifteen hours. At this time he spent his first night away from home, walking the streets of London the whole night through. To quote his own words: "My friends were becoming seriously alarmed. A consultation was held with Dr. —, who ordered me away to a home in Scotland, where I spent three of the most wretched months of my life. On leaving this home I went to Edinburgh, and immediately obtained a supply of the drug with suicidal intent, taking 10 grains in one dose, the result being delirium for about two hours. Since then no similar suggestion has entered my mind." From that date the patient has twice been under treatment in one of the better known quack institutions, never with any but temporary benefit. The longest absence from home has been five days; the maximum dose taken 120 grains in forty-eight hours; the period of abstinence has varied from a few days to six months. Now, in Mr. X we have a patient of an intelligence well above the average; furthermore, he is a man of the very highest principles, a strong Churchman, a well-known philanthropist, a respected employer of labour, a devoted husband and father. We have seen that he can go for a week to six months without the slightest craving for the drug. At the end of that time something happens, and nothing will keep him from the drug; while all the time he must be moving away—always getting away, in every sense of the word, from his normal life. In fact, we have a transition from personality A to personality B. In most cases of dual personality there is either complete or partial amnesia in each phase with regard to the other. In Mr. X's case there is not only no amnesia, but there is hypermnnesia—that is to say, a heightened sense of memory with regard to what happened before the transition. The causes which provoke the change are well defined: they have nothing to do with his business, they have nothing to do with his social or religious life, but are entirely restricted to domestic matters. There are certain points upon which Mr. X and his wife differ, partly religious, partly in their relation to each other. Mr. X feels that his wife does not entirely share his views on religion, and that she disapproves of a great deal of his philanthropic and social activity; Mrs. X feels that her husband ought to stay at home during the intervals between his fugues, and make up for his bad behaviour by tamely sitting by the fireside. She in-

sinuates that if his righteousness were more than a mere hypocritical profession it would keep him from breaking down, and his first duty is not to ruin her life by these frequent absences from home.

If we compare the two phases of Mr. X's personality, we may note the following points :

A	B
1. Relatively calm.	Intensely restless.
2. No craving.	Irresistible craving for drug.
3. High aspirations dominate conduct.	Conduct subservient to craving and restlessness.

Now, it is obvious that the treatment for this patient when he is in phase B is restraint—that is to say, that when he is found in this condition he ought to be put under immediate supervision of the most strict order ; but at the same time it is definitely proven by his history that similar supervision applied in phase A not only produces phase B, but produces it in the most disastrous way. I refer you to the fact that, after three months' strict supervision and restraint in Scotland, he went straight out and obtained a supply of the drug and took it (for the only time in his life) with suicidal intent. That was the effect upon him of three months' detention by the prescription of a very famous specialist. When I treated him, I sent him a six months' trip across Canada by himself, to the intense annoyance of his friends and family, who thought that a disaster was certain to occur. They were wrong ; he remained perfectly right the whole time, and without any craving for the drug. I warned them that if they tried to supervise him, and to introduce into his life the element of restraint, there would be a catastrophe. I warned his wife she must show more sympathy towards him, and that they must understand each other better. But it was no use ; she continued to jeer at him, and incidentally at my treatment of him. He became restless, obviously so, and then he was sent to play golf in Devonshire under the eye of a friend, which friend watched him as a cat watches a mouse. The result was exactly what I had predicted : a man who had been away for six months on his own and kept perfectly right was goaded to madness by the consciousness that he was being shadowed. The change took place, and he went into one of the worst fugues that he has ever had. I should mention in closing the description of this case that Mr. X

never has the slightest trouble in supplying himself with the drug. I should like you to notice, in the other two cases which I shall quote, the same feature. It is quite useless as a means of protection to withhold money from the patient; nothing short of actual restraint is going to keep him from the drug once the transformation has taken place.

CASE II.—Mr. Y, aged forty-three, married, the father of a family, a man of independent means, and a well-known mathematician. For many years he has suffered from an alteration of personality, during which he has fugues not dissimilar to those of the first case I have quoted. Also, like Mr. X, Mr. Y shows the remarkable feature of remembering in each phase of the personality what happened in the other one; also, like Mr. X, the causes which produce the transformation in Mr. Y are purely domestic—a wife who is frankly impossible, and understands nothing of her husband's condition or requirements. His mathematical researches and quiet life in the depth of Buckinghamshire have nothing in them to upset him, except the fact that when his wife shows herself more than usually intolerant and irritating the transformation from A to B takes place. The nature of the fugue is as follows: When the restless fit comes on him, he immediately leaves home and enters a world entirely disconnected with the world he usually lives in—a world in which he is known by different names, in which he has different friends, different interests, different habits, different environment—and in this secondary personality the one object of his life is the corruption of society. He does not do any serious evil himself, and appears to have no desire to commit evil directly, but his whole time is spent in endeavouring to corrupt his fellow-creatures. The mildest possible thing he could do would be to beguile an innocent youth having a Good Templars' badge, and bring his whole influence to bear to make him take alcohol, finally leaving him drunk by evening.

If we compare phase A and phase B we get—

A	B
1. A Christian, strong Nonconformist and sincere.	A devil worshipper.
2. A patient and methodical worker.	A patient and methodical evil-doer.
3. A teetotaler.	Heavy but careful drinker.
4. Pure-minded.	Impure-minded.
5. Merciful.	Cruel.
6. A great reader.	Hardly ever reads at all.
7. A steady walker.	A vagrant walker, often enormous distances.

It is particularly to be noted that in phase A Mr. Y never goes out for a walk without carefully thinking out beforehand where he purposes to go, and how long it will take to do it—this is a special feature of his methodical mind. In B state, on the contrary, he rejoices in the feeling that he does not know where he is going, and at each turning makes a fresh decision. In A phase he is constantly thinking of his mathematical researches, and pleasantly occupied in his thoughts therewith; in B phase he never thinks of his work, but his mental life is dominated by the desire to contrive wicked devices. In A phase he likes a game of bridge, but rarely plays; whereas in B phase he plays enormously, brilliantly, and successfully. In A phase he is economical; in B phase recklessly extravagant. The last fugue that this patient had was precipitated by discovering that his wife and solicitor were conspiring to tie up his money in such a way that he would not be able to escape again. Like Mr. X, he has never the slightest difficulty in obtaining money, or alcohol, or anything else that he wants, when he is in stage B; but the thought of plans being laid, when he was in phase A, to prevent his having another fugue, was more than he could tolerate. One important point that I would like to emphasize I give you in the patient's own words. He says: "Moral turpitude is exactly the psychological equivalent of the physical wandering; brain and mind insist, as my physical nature does, in getting as far as possible from the *status quo*." This feature, of course, runs through all these cases, and in technical language it is equivalent to this: the more complete the dissociation, the greater the relief from conflict.

We have hitherto noted a good many points in common between X and Y, but when it comes to practical treatment there is a great difference. X, we noted, had his very worst bouts after having been three months under restraint. Not so with Y; he is not only willing to be put under restraint, but begs for it, provided that the environment is suitable and that he may work. We have noted that in both cases the real storm centre is the wife. In the first case X is devoted to his wife, and does not wish to be separated from her; in the second case Y is, shall we say, less devoted to his wife, and welcomes every barrier that will protect him from her intrusive attacks. X knows that if he is under restraint he is cut off from his business and from the social and philanthropic interests which mean so much to him; Y, on the other hand, knows that if he is under restraint he

is not only not cut off from his mathematics, but gets more time, more peace, and more leisure, than otherwise for pursuing the great interest of his life. You will see, therefore, that restraint means two very different things to these two men.

CASE III.—Mr. Z, aged thirty-eight, married, the father of a family, motor engineer by profession. He suffers from bouts of periodical impulsive drinking. The drinking habit began when he first went to the University, and for many years he drank to excess. At the age of twenty-five he steadied up, and put his capital into a motor business in London. He kept perfectly straight until this concern came to grief about two years later, and just at the time when he was about to be married. He disappeared for ten days, married, and then kept perfectly straight for twenty months; went into another business, and his partner went wrong, whereupon the fits began coming again at irregular intervals of from three to six months. After each fit he would always leave off all alcohol quite suddenly. The sort of thing that happens with this case is, he goes out with a motor-car on business; the prospective customer refuses to buy the car, or else the car breaks down, and off he goes, drinking steadily for two or three days. He is always sanguine: it is not himself he trusts so much as his car, he always believes that everything is going to go well, although he will at any moment admit that if something goes wrong with the car, or if he has a serious breakdown or collision, he will undoubtedly go wrong. For instance, returning home with the car, twenty or thirty miles from his place of business he has a puncture; he cannot be bothered putting it right, and drives into the very nearest garage with a flat tyre, goes straight to the public house, and drinks himself into a state of complete mental confusion. In this state he will remain one, two, or perhaps three days, finally returning home in a dishevelled, dejected, and deplorable state. Unlike the other two cases that I have mentioned, his memory of what happened in the B phase is most imperfect, but he has an impression that under the influence of alcohol he is able to pass as sober among strangers. This, of course, is improbable; he always plays billiards to a tremendous extent, and apparently plays it successfully. Like X and Y, he states that empty pockets are no hindrance whatever to indulgence, that he has never yet been kept straight through want of money, because he can always raise money owing to the cunning and plausibility of his B personality. In this case we have an individual whose storm centre is connected with work; unlike the other two, his married life is perfectly happy—that is to say, would be perfectly happy except for his failings. His wife is an extraordinarily wise and patient lady, and manages him as well as anyone could. On the whole, Z is not intolerant of restraint, in so far as it has been tried, though he has never been actually in an institution under the Act. His wife has taken him away to very quiet places where he has *nothing to do but look after the garden*, and, considering all things, he is patient of such control. At the same time he naturally longs to get back to his work, and to earn some money again. If things have been going badly with him, and he

is feeling unsafe, he will not leave home except accompanied by his wife ; but in his normal condition he is always sanguine, and inclined to underrate both his difficulties and his low power of resistance.

CONSIDERATION OF CASES.

It may be useful to resume the main points of these cases.

The conflict with X and Y is domestic ; in Z it is connected with business. The diathesis of X and Z is typically epileptic, but this cannot be said of Y. X and Y are both religious men ; Z is not. The drug is cocaine with X, alcohol with Y and Z. Memory is intensified in X, unaffected with Y, confused with Z. X reacts to restraint very badly, Y enjoys it, Z is fairly tolerant of it. X and Y both crave to get away from the *status quo* ; Z only wishes to forget.

In common these cases all manifest dissociation. It is Nature's protection for certain minds that are incapable of reacting to conflict. All education, all philosophic systems, all religions aim at developing in the individual the power of reacting normally to conflict. The personality of each of us has been built up into a homogeneous structure which has for its main characteristic continuity. In the cases which I have described to you the outstanding feature is discontinuity. The cutting off of certain mental elements, their obliteration and eclipse, is what we mean by dissociation. Note that in all of these cases the transition is a sudden one, occupying sometimes only a few minutes. Ideals, aspirations, interests, desires, are suddenly altered, and the driving force of the man's life is there and then deflected, as if the sluice-gate above a weir were opened and the stream at once flows in a different direction. Contrast all this with a man who is always conscious of a desire for alcohol ; who drinks steadily all the week, and looks forward all the time to getting properly drunk on Saturday night. His craving, his self-indulgence, his bestiality, are all permanent and integral parts of his personality, and the treatment that is indicated for him is always the same, because you are always dealing with the same personality. Hence the justification of penal and disciplinary measures. But in the cases of dual personality your treatment of personality A cannot produce its effect upon personality B ; indeed, in the case of X we saw that such treatment precipitated a change to personality B. In the former cases your measures must be directed to stimulate the self-control and elevate the aspirations

of the individual ; in the latter cases it must be directed solely to obviating the transition from phase A to phase B. If you punish personality A for the misdeeds of personality B, you are meting out nothing less than vicarious suffering. It is useless to inspire Dr. Jekyll with a sense of guilt ; he knows that his misdeeds are committed by Mr. Hyde ; it is vain to make A loathe the conduct of B, because he probably loathes it already more than you can imagine.

Finally, with regard to practical measures. All the ordinary methods must, of course, be tried, because when you are dealing with psychasthenics such as these, trivial leaks of nerve energy must be scrupulously dealt with. All possible sources of auto-intoxication must receive attention ; eyestrain, however trivial, must be relieved. If the blood-pressure is abnormal (these cases are almost always hypotonic) this should be rectified. If the epileptic factor seems to be present, bromides should be given regularly, and a purin-free diet prescribed.

Above all, let us never forget that the responsibility of the individual for intemperance is so intricate, so subtle, and so complex a problem, that it is better to tread cautiously, like the angels, than to rush in like the complacent creators of panaceas.