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THE INEBRIETY OF INSANITY

FROM

A MEDICO-LEGAL POINT OF
VIEW.

BY

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THE INEBRIETY OF INSANITY FROM A MEDICO-LEGAL POINT OF VIEW.

INSANITY is a general term used to designate disease of the brain, and includes a great variety of degenerative processes. Inebriety is one of these degenerations, and is often pre-eminent as an insanity, which it not only develops but often masks and conceals. Insanity is a full-developed, organized stage of dissolution. Inebriety is another phase of the same condition, only more obscure and complex. Both are interchangeable and alternating, and both follow fixed lines of degenerative march.

In a certain number of cases the inebriety conceals the real condition, as in general paralysis. Here the drinking habit will appear suddenly, and be explained and justified as a result of certain circumstances, first appearing in moderation, regularly every day, then in excess at night, at intervals, then finally to excess every day. Associated with this is intense egotism and general exhilaration. These cases are often taken to asylums where indulgence in the habit is prohibited, when advanced stages of general paralysis appear. The inebriety is a symptom and also an exciting cause. During this stage of spirit-drinking masked delirium of an elevated nature appears. Changes of conduct and character are common, as shown by the following cases:

A., a miserly, sordid man, began to drink and soon became very generous. He gave away a large amount of property in a strange, unreasoning way, and died suddenly, leaving a will that was contested.

B., after forty years of temperate, exemplary living as a quiet country lawyer, began to use spirits as a food, and warmly defended their value. Soon after he became involved in projects to sell counterfeit money, and later was arrested and sent to prison. When the spirits were withdrawn, general paralysis appeared, and he finally died in prison, the true nature of the case being unrecognized.

C., a manufacturer, a careful, prudent, business man, a total abstainer, of excellent reputation and a leader in the community, began at the death of his wife to use spirits daily. He defended his course rationally and frankly. Later he drank to stupor at night, became reckless in his business, associated with fast women, and committed bigamy. Finally, he was arrested as an accessory to murder by poisoning. General paralysis appeared, and he died in an insane hospital. Twice his family made legal efforts to have his

mental condition examined, but the medical testimony failed to recognize anything beyond his inebriety.

D., a mechanic, previously temperate, began to drink excessively every night. A year later he was arrested for forgery and assault, and two years afterwards he died of general paralysis, in prison.

These cases outline a class whose crimes are strange and unreasonable, persons whose previous character gave no indication of this ending. The use of spirits was strange and unusual, and the changes of conduct and character were overlooked. Delusions of strength and general exhilaration of the mind, with intense activity, frequently appear to the unthinking, not as disease, but rather as evidence of good health, while imprudent acts and altered conduct is considered transitory, and due to spirits alone.

Another class of these cases have more confusing symptoms. They usually begin the use of spirits after some illness, or shock, or injury, and drink excessively, developing delusions of persecution and neglect, with intense suspicions of those nearest to them. Suddenly crime is committed, or strange wills made, or dishonest papers executed. Then comes the question of mental soundness, and the fact of the free use of spirits is accepted as evidence of a voluntary, wilful state, which, legally, is supposed to increase the measure of responsibility. The altered character and conduct, and the unreasonable acts in question, are not studied from a physical side, and the man is placed in prison, perhaps under sentence of execution. Later, music, it takes on a religious form, with confessions, repentance, and intense desire to repair the wrong, or to become a light-house of warning to others. Often the confessions are delirious, and consist of extravagant statements based on a few facts and untrue in detail. If the punishment is death, these statements in the crimes. If exhilaration follows, bravado and doubts of the execution of the sentence are prominent. Then follow denials of the crime, with indifference and exalted confidence, and satisfaction in the power to overcome the present situation. Both of these states finally merge into paralysis, with dementia and death. If the death penalty follows early in the case, these extreme stages may not appear. If long imprisonment, the record of insanity and death in an insane asylum or prison hospital is common. After trial and sentence, these cases are lost to public interest, but confinement in prison reveals their true condition.

Another class of insanities is preceded by inebriety, and hence concealed and unknown. They are the various forms of progressive degeneration called "dementias." There is a slowly increasing failure of all the intellectual and moral faculties, a dulling and weakening of the mental and emotional activities. This is not idiocy or stupor, but profound or partial failure of the entire organism.

In many of these cases, inebriety is a prominent, early symptom, and crime, law-breaking, and wrongs are not infrequent. There are some dis-

ting forms of dementia that are prominent in legal cases. One class, called senile dementia, is peculiar to old age or to exhaustion in middle life. The following are illustrative cases:

A., a merchant, who at fifty had acquired a fortune, was a model man in his community. Without explanation, he began to use large quantities of wine at night. Later he used stronger spirits, and, although not intoxicated, was constantly under the influence of alcohol. His habits and character changed, and a year later, as president of a bank, he was found guilty of forgery and malefeasance. The defence of inebriety was considered irrational, and two years later he died in prison of dementia.

B., a very exemplary clergyman, began to drink spirits to excess at sixty years of age. He became involved in a social scandal and forgery and was sent to prison for two years. Insanity was urged at the trial as the evident cause of the crime, but this defence was not recognized. Eight months later he died of exhaustion and dementia, in the prison hospital.

These cases are examples of a large class who begin to use spirits to excess in the middle or advanced periods of life. Finally they become involved in some crime, usually of an aggravated character, against property or person. After conviction and confinement the real condition appears.

Another class of these cases is observed in persons from twenty to forty years of age, who suddenly become inebriates, commit crime, and die of dementia. The dementia is due to heredity, or to the premature exhaustion of the brain and nervous system.

A. at twenty-five began to drink to excess, two years later was convicted of manslaughter, and died in prison a year after of dementia. He came from a degenerate family who all died in early life from various exhaustive diseases. He graduated at fifteen as a prize student, and was a brilliant lawyer of great promise at twenty. The inebriety at twenty-five was a symptom of premature age, exhaustion, and dementia.

B., after ten years of intense mental activity in business, became an inebriate and a criminal at the age of twenty-eight. He died in prison at twenty-nine, of dementia. In this case dementia and exhaustion were due to overwork, and inebriety and criminality were only symptoms.

C., at thirty-one years, began to drink and consort with low persons, and later was convicted of bold, unreasoning forgeries. He died in prison of consumption and dementia. In this case, a long period of excessive overwork and mental strain resulted in inebriety, criminality, and death.

In these cases, the decisions of the court were based entirely on the crime, and the fact of inebriety, associated with it, was regarded as an aggravation and evidence of wilfulness.

Many of these cases have marked symptoms of mental change, such as lack of former activity and precision, loss of pride, honor, and ambition; changes in manners and conduct, talk and expressions, these becoming either apathetic or excited. The usual progressive stages of dementia are hurried along in a confused medley of symptoms that become more com-

plex as the palsy from alcohol deepens. But the original cause is seldom concealed, and is always apparent on careful study.

A third class of cases come under legal notice where the inebriety is an initial symptom. They are the slow, progressive, systemized insanities, that after a long initial period develop into some particular form of mania, delirium, and delusion. They are termed insanities of involution, and are literally the progressive tearing down of the brain citadel, and breaking up of the processes of control and adjustment.

Many of these cases become inebriates, and after a variable drinking period abstain, and show symptoms of distinct forms of insanity. Some of these cases have been described as alcoholic insanity, while, in fact, the use of spirits was only a symptom, and not an active cause. The insanity, undoubtedly, comes from some fault of the organism, such as cell and brain starvation, exhaustion, and poisoning.

The derangement of functional activities is manifest in physical pain and suffering, and alcohol is a most fascinating narcotic. Later, the narcotism of spirits becomes painful and repelling and is given up, and the real condition appears. The use of spirits in these cases is not so impulsive or imperative as it is in paresis or dementia, and appears to be more under the control of the will. The pledge, the prayer, the threat, or short punishment in jail, has a deterring power, but only for short, variable intervals. Crimes and law-breaking are common, and seem to start from sudden, dominant ideas that seize and possess the mind to the exclusion of all other considerations. The various manias and phobias describe the dominant thought of the impulse which leads to crime. These mental states are awakened and roused to activity by the action of alcohol. A man, previous to drinking, may have had a thought of the possible unfaithfulness of his wife, or the dishonesty of his friends or associates, or the persecution and jealousy of others, or some special fear or possible disaster in the future from certain causes. Later, when he becomes an inebriate, these morbid thoughts, which were at the beginning hints of brain defects, but were controlled, now become fixed and settled convictions. In the sober moments they may be suppressed and concealed, but when spirits are used, they come into full activity.

Crime in these states may show deliberation, cunning, and premeditation, and even acute reasoning as to the effects and consequences of the act.

A., an inebriate, thirty-four years of age, whose inebriety was of four years' duration, set fire to a rival's store at a time and in circumstances that manifested shrewd cunning and calculation of the effects. Loss of life and concealment of it were revealed when he became sober. He was sentenced for life, and a year after he became a chronic maniac with delusions of persecutions.

B., whose inebriety was of two years' duration, shot his father-in-law, without apparent motive, and with premeditation and studied reasoning to

conceal his personal identity. He was sentenced to be hung, and before the execution developed mania, and died in an insane asylum a year later. In both of these cases, the act was, no doubt, the development of a thought occurring previously, and restrained for the time; finally, it became an obsession that dominated every other impulse.

Persons of this class convicted of crime have uncertain conceptions of both the act and the motive which impelled it. Confessions which are minute as to details and reasonings concerning the crime are unreliable, and should never be considered of value as testimony unless sustained by other and confirmatory facts. Delusional confessions and hysterical statements, implicating the prisoner and others, have often been accepted as evidence with great injustice to innocent persons. In a number of instances such confessions have been found to be false; and inebriates of this class have accused themselves of crimes which they never committed, and have been punished by death in consequence. The same is true of all statements implicating others. When the anæsthetic action of alcohol has passed away, or the man becomes partially sober, a state of bewilderment follows, and his memory of the crime and its motives is hazy and uncertain. At this time, a newspaper account of the act, or the statement of his friends, or some zealous officer of the law, or reporter, may suggest a motive, or range of details of the crime which, after hearing once, he accepts as true without question. The brain in such cases is incapable of forming clear conceptions of acts, or realizing the purpose and motives that predominated.

All such cases should be placed under expert medical observation for a year or more, and no statements of the crime should be used against them, neither should personal confession be considered as evidence except in confirmation of other facts.

Strange, unusual wills, fraudulent contracts and papers, by persons who are recognized as inebriates, should be critically studied, considering first the author and then the act. The first inquiry should be of the onset and history of the drinking period, and the evident changes which have been observed during this time; then going back to the history anterior to the use of spirits, including heredity, disease and injury, culture, nutrition, and growth. Every fact which has a bearing on the mental and physical health of the man must be noted by this inquiry. If this study is exhaustive the actual condition of the case will appear. The act and its motives, the conditions which preceded it, and the surroundings are all important facts from which to form a correct estimate of the man and the act. Most of these cases show a continuous chain of cause and effect, either from inheritance or disease, marked by changes of conduct and thought before spirits were used, and by decided deviations afterwards.

Where there is a history of sun-stroke or heat-stroke or of an injury causing unconsciousness or a severe fever with delirium appears before spirits are used, followed by inebriety and crime, there is a reasonable expectation of insanity. It may not be of a marked type, and may vary

from the forms described in the text-books, but it will have all the essential elements of insanity.

In a case of bigamy, where inebriety had come on suddenly, and irregularities of conduct followed, I found an extreme state of irritation and wild, strange anger, that was continuous for months before. He had been in jail three months awaiting trial, being deprived of spirits, and nearly all his waking hours were spent in passionate denunciations of others.

A clergyman of quiet, amiable disposition was treated under my care for inebriety, and recovered. Soon after, he displayed a most violent, unreasonable temper in little things, and committed assaults on his wife and family. This became very serious, but fortunately he died before any crime was committed.

Both of these cases were insane, and both manifested extreme changes of temper, that would have led up to crime with absolute certainty.

In another case under my care, the removal of spirits was followed by delusions of death from poisoning by his family. In no other particular did he show mental weakness. This delusion grew to a serious magnitude and became threatening. He made a will, ignoring his family; finally, he was treated with opium, and became an opium inebriate, and his delusion disappeared. His family relations were re-established, and he made a new will before his death, which occurred two years later. The insanity in this case took on the form of delusions, and would have ended in crime had not opium been given. In a similar case, a soldier, who had seen hard service in the late war, was treated in an asylum for inebriety of three years' duration. Soon after, he displayed a violent temper which became marked mania from the most trifling cause. He attempted injury on several occasions and was dangerous in his uncontrolled anger. By accident, he became an opium-taker and his mania subsided. He lived five years after this time, then, died of exhaustion and dementia. Melancholy and noted physical depression, with delusions of health, and insane efforts to find some new medicine or means to restore health and perpetuate life, are symptoms in a certain number of cases.

The question in any case which comes into legal notice is the presence of insanity or inebriety. Is the inebriety only a symptom, and insanity the original cause; or is inebriety the cause and insanity the sequel or result? Whichever condition is prominent, alcohol has injured the brain, disturbed and lessened the sensory nerves, and palsied the centres of perception. The brain is enfeebled and unable to act normally because of false impressions, and imperfect power of control.

If the facts of the case indicate some previous change and failure of reason or conduct, and the inebriety is comparatively sudden, it may be considered as a symptom of deeper disturbances. If the inebriety appears after disease, or mental or physical shock, or states of extreme exhaustion, it is clearly a symptom. If inebriety comes on gradually, associated with exhilaration, or unusual depression, grave central brain degenerations are to

be expected. If the inebriety is marked by criminal thoughts and conduct foreign to his previous life, the higher brain centres are breaking down or destroyed. If the inebriety is of three or more years' duration, and has been prominent in frequent intoxications, the insanity is to be inferred, and the possibility of sanity and normal power of reason and control is a fiction unknown in theory or practical experience.

The history and character of the criminal act often give a clear conception of the degenerative brain that executed it. The faults of reasoning and exaggerations and underrating of the results and consequences of acts, with the reckless disregard of the interests of others, are clear evidence of brain failure.

The consideration and final adjustment of these cases and their acts should extend over a sufficiently long period of time to enable the court to be fully acquainted with all the facts at issue.

If, in a case of capital crime, the person should be under medical observation for a year or more, his real condition would appear. If the act of such person becomes a question, the same exhaustive study is essential to reach reasonably accurate conclusions.

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