PREPSYCHOTIC PERSONALITY IN ALCOHOLIC PSYCHOSES*

BY EUGENE DAVIDOFF, M. D., AND CARL A. WHITAKER, M. D.

In 1936, Hoch and Davidoff[1] reviewed the prepsychotic personality estimates of 200 consecutive patients in a group of alcoholic psychoses. Stress was placed on the relationship between the personality and the prognosis. Certain interesting facts were revealed in these unpublished data which merited further study. For this reason, we are now reporting on the personalities of 97 recent consecutive admissions wherein alcohol was considered an etiological factor in the psychosis. Twelve consecutive cases diagnosed without psychosis, alcoholism, were also studied so that the number of cases presented totaled 108. In 11 of this series preexisting psychotic states were demonstrated. Four were schizophrenics, three were manic-depressives. Four were organic reaction types and included one traumatic psychosis, one psychosis with brain abscess, one arteriosclerotic psychosis and one paretic.

The personality studies herein presented are based on the 97 remaining cases. That the previous personality has an important bearing on alcoholic states and that there are certain defects in adaptation in the chronic alcoholic is fairly well recognized.[2-9] However, as in all organic and toxic reaction types, the following situations must be considered in regard to the clinical picture or the production of the alcoholic state:

1. Wherein the personality plays the most important role.
2. Wherein both alcohol and the personality are of relatively equal importance.
3. Wherein alcohol itself plays a relatively greater role as in some cases of pathological intoxication and acute alcoholism or in the social drinker.
4. Wherein a preexisting psychosis is present and where alcohol is superimposed or of minor significance as in schizophrenia, manic-depressive psychosis or general paresis. Here there is indication of a severe previous mental disorder and alcohol is more or less incidental, or at best merely a precipitating factor.
5. Wherein coexisting organic or toxic complications such as arteriosclerosis or pneumonia cloud the picture.
6. Wherein there is an idiosyncrasy to small doses of alcohol.

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While types 1 and 2 predominated in the series, in general it may be said that in the more acute phases of the alcoholic psychoses, the alcohol itself is relatively more prominent in the symptomatology, although the total personality is of course important. In the more chronic phases of the alcoholic psychoses, the personality assumes a major role. However, it appeared from our material that almost all alcoholic psychoses, even the acute phases, are preceded by relatively long periods of chronic alcoholic addiction and that these psychoses occur in individuals with more or less severe adaptive and integrative defects.

The classification followed is that adopted by the American Psychiatric Association. There were 37 cases of pathological intoxication, 15 cases of delirium tremens, 4 of Korsakow's psychosis, 8 of acute hallucinosis; there were also 21 protracted cases termed "other types," including 12 deteriorating cases, 5 with pseudoparesis and 4 with paranoid trends.

There were 12 cases classified without psychosis, alcoholism, as noted above. It is probably well to point out too, that the chronic alcoholics without psychosis seen at the Syracuse Psychopathic Hospital are of rather severe and protracted type.

At first, a broad survey based on extraverted and introverted tendencies similar to the one employed by Hoch and Davidoff in their report on traumatic psychoses[10] and in their unpublished data on alcoholic psychoses was used. This was formulated in accordance with the predominating attitude of the individual in meeting life situations and was based on the personality studies contained in the guide and outline for psychiatric examination of the Department of Mental Hygiene.[11, 12]

The findings are indicated in Table 1. In the more serious forms of acute hallucinosis and in the deteriorating types, the introverts predominated. In the acute types including the delirium tremens group, and the cases designated as pathological intoxication where the effects noted are more directly the result of the toxic process, more extraverts were found. In the deteriorating group, it was noted that eight of the introverted personalities had recently been in this hospital with a diagnosis of chronic alcoholism, without psychosis. This rapid retrograde "change" occurred in only one of the extraverted chronic alcoholics. Seven of the introverts were

committed for continued treatment to State hospitals while only three extraverts were thus allocated.

TABLE 1

	Introverts	Extraverts	Total
Without psychosis (chronic and acute alcoholic states)	8	4	12
Pathological intoxication	16	21	37
Delirium tremens	2	13	15
Acute hallucinosis	6	2	8
Korsakow's psychosis	2	2	4
Other types (protracted forms)			
Deteriorating	10	2	12
Paranoid	4	1	5
Pseudoparetic	2	2	4
	50	47	97

In order to obtain a more intimate knowledge of, and to delineate more minutely, the prepsychotic personality traits exhibited by individuals in whom alcoholic psychoses developed, the case records were carefully studied for more specific characteristics described in the biographies and occurring prior to their state of chronic alcoholism. These traits and etiological factors in the 97 cases, recounted in the life history, are listed in the order of their frequency of occurrence in Table 2. The chronic alcoholics without psychosis were included because the defects noted closely paralleled those described in the psychotic group. As pointed out above, 9 of the 21 cases with protracted alcoholic psychoses had previously been in the hospital with a diagnosis of chronic alcoholism, without psychosis. Further, 12 cases of pathological intoxication and six cases of delirium tremens had been diagnosed similarly at the time of another admission. In the 21 protracted cases, 13 psychopathic personalities were encountered. It is at times difficult to differentiate between chronic alcoholism and alcoholic psychoses. The line between an episode of acute inebriation in a chronic alcoholic and a true pathological intoxication is often finely drawn.

In the group listed as "reacting poorly to change of state" we included those individuals who are frequently described under the heading of simple adult or social maladjustment. These patients in the critical transition periods of their early life, in the change from infancy to childhood, from childhood to puberty, from puberty to manhood and from the single state to the married state continue

to exhibit significant immature characteristics retained from the previous periods. These include: strong oral, anal, narcissistic or latent homosexual traits, irresponsibility, wish-fulfillment and the desire for more easily sought after gratifications which render their mature adjustment a doubtful and precarious matter.

TABLE 2. PERSONALITY TRAITS

Poor reaction to change of state or simple adult maladjustment	80
Immature sexuality	56
Marital difficulties	54
Circumscribed range of interests	46
Irritability	46
Psychopathic traits with instability	45
Psychoneurotic traits	40
Narcissism and strong self-preservative traits	40
Dependency	38
Mother attachment	35
Abnormal reaction to failure	30
Family and financial worries	30
Sadomasochistic traits (sadistic 17; masochistic 13)	30
Poor social adaptability	30
Depressive moods	29
Latent homosexual traits or tendencies	24
Paranoid bias	24
Compulsive states	24
Feelings of inferiority	24
Father antagonism	20
Failure of compensatory factors	20
Restricted sex outlets or deprivation of loved object	20
Repressive traits	17
Sibling rivalry or spoiled child reaction	16
Suggestibility	12
Impotence or fear of impotence	12
Hypomanic tendencies	12
Mental deficiency	6
Sympathy-getting devices	6
Organic complications	4
Overt homosexuality	3
Married.....74	
Single.....23	

Note: In the fiscal year ended June 30, 1938, the first admissions to State hospitals with alcoholic psychoses comprised 679 males and 152 females.[13]

The various characteristics listed under this heading included laziness, lack of initiative, apathy, ineffectuality, confusion in and inability to meet new situations, or on the other hand, more or less

marked reaction to feelings of guilt, tenseness and inability to relax. Other traits found are failure to take advantage of opportunities and work adjustment which is not commensurate with the opportunities offered or the preparation and training they have had.* The frequent changing of jobs or the seeking of "soft" jobs with a tendency toward routine, dependent tasks, frequent evasion of responsibility accompanied by complaining and querulousness over inconsequentialities, lack of hobbies and creative interest, narrowed and rigid outlooks on life with circumscribed range of vision and restricted range of interests, a tendency to live from day to day, a pervading feeling of emptiness and boredom, a lack of drive and inclination to reminiscence or daydreaming were the characteristics found in this subgroup.

The mechanisms in the psychoneurotic and the psychopathic drinker are closely allied. There are those who crave alcohol to provide a stimulus either to escape their boredom or feelings of guilt or to produce an unreal impetus to their repressed, unutilized creative urges. Occasional unsustained spurts of brilliance arise but in reaction to change of state these individuals revert to more infantile and more primitive methods of gratification and adaptation. They cannot integrate their feelings of guilt constructively. Alcohol "stupifies," allays the conflict and aids in carrying them back to these earlier methods of adaptation in their search to recapture the past. Occasionally they became wanderers or transients. Many of these traits occur in psychoneurotics and in psychopaths who do not drink.

One type of psychopathic drinker often denies the use of alcohol because of an apparent superficial conscious fear of community and social censure. He is only dimly aware of the causes of his alcoholism. He continues to drink because of his unconscious desire to punish himself in regard to these feelings of guilt. He would rather castigate himself for these hidden, unpleasant, unconscious cravings than have an outside authority punish him for alcoholism. He conceals the deep-seated guilt from his conscious self and it is therefore not so apparent to him as his conscious rationalized guilt, that is, alcoholism, which he seeks to conceal from society. Here, the unconscious guilt so far as the individual is concerned, is a

*One of the patients was a graduate of the Massachusetts Institute of Technology but worked for several years as a factory hand.

greater guilt, while the conscious guilt to him is secondary. However, on the surface, and in his apparent explanation to society, he would make it appear that the opposite situation exists. This type of individual frequently denies and "forgets" what he has done during an alcoholic debauch, and insists upon the fact that he is well thought of in his community, or projects his difficulties on the community.

Another type of psychopathic drinker attempts to impress you with the fact that he committed these antisocial acts only because he drank. Here the feelings of guilt are released by the alcohol, which serves as a means of escape or as an unconscious excuse for yielding to lower center cravings. Alcohol then is utilized as a substitute for strong unconscious urges not so well concealed from the person imbibing. He consciously censures and feels ashamed of these. He would rather be punished by authority for his alcoholism than have others aware of these strong urges which were not concealed from him. Here, the conscious guilt, insofar as the person himself is concerned, is the more primary one, and in reality the greater and unconscious guilt is the secondary or lesser guilt. Still, superficially, and in his apparent explanation to society it would seem that the opposite situation exists. The first type deceives himself as well as society, while the second type attempts to deceive only society, and is more aware of the unconscious urges which he will continue to use in his adaptation.

While every psychopathic personality and psychoneurotic does not drink, psychoneurotic and psychopathic traits occur frequently in the prepsychotic personality. Psychopathic and psychoneurotic drinkers offer a great challenge not only as regards their adjustment but also with respect to the concept of chronic alcoholism. It is often difficult to decide whether a given alcoholic presents a definite psychoneurosis or whether psychoneurotic traits are present which predispose to the alcoholic state. The same consideration applies in the psychopathic group. In a larger series of chronic alcoholics without psychosis, we have found it difficult to decide whether either a diagnosis of psychoneurosis or psychopathic personality or chronic alcoholism would better describe the patient. In six of the 12 cases of chronic alcoholism, a diagnosis of psychopathic personality or psychoneurosis would have been equally ten-

able, so that the alcoholism may have been only a manifestation of a severe psychoneurotic or psychopathic state. The psychoneurotic drinkers herein described are usually the moody, depressive, anxious and compulsive types. The psychopathic drinkers are usually unstable or schizoid.

In regard to hypomanic tendencies or depressive moods, it is oftimes difficult to decide whether one is dealing with a true cyclothymic reaction or whether these latent tendencies are released by alcohol. In a few of these cases a true manic-depressive reaction had to be seriously considered. On the other hand, in the three of the 11 cases with preexisting psychoses (noted above as belonging to the manic-depressive group) alcoholism, although considered as contributory by us, might with some reason be recognized as a more important factor in the production of the psychosis. However, where alcohol was the direct precipitating factor in producing characteristic acute phases of the symptomatology such as delirium tremens, we preferred the diagnosis of alcoholic psychosis. Where the preexisting psychosis was proven to be present prior to recent consumption of alcohol we preferred the diagnosis of manic-depressive reaction.

The alcoholic individual often uses alcohol not merely to escape from, but also to defer the appearance of more severe personality difficulties. In the group of 11 cases, where preexisting psychoses were present, four of whom were schizophrenics, the symptoms were released by alcohol. Among the more severe protracted group of alcoholic psychoses and in chronic alcoholism, a predominance of introverted and psychopathic personalities was noted. The question arises, therefore, whether there is any significant difference between the two groups, except that the alcoholic state releases, or is a manifestation of the deep-seated schizophrenic process in the former group. True, it masks and defers, but it finally contributes to the release of symptoms in the introverted psychopathic personality type. Nor can this be disregarded in the paranoid types, in the more chronic cases of auditory hallucinosis and in those types showing deterioration of the personality.

The primarily extraverted alcoholic drinks because actual situations in the environment become too hard to face and he attempts to "shut reality out." He then uses alcohol to release his compen-

satory or secondary introverted tendencies, and retreats into, and seeks satisfaction from, his own phantasies and cravings. In that way he escapes the environmental situations and the dictates of the superego which he finds difficult to face.

The introverted drinker indulges in alcohol because of his primary tendencies to evade reality, seeking satisfaction in the more primitive cravings arising within himself. When these unconscious urges begin to disturb him or are found unsatisfactory or unadaptable, he seeks to escape them but it is difficult for him to face the environmental forces in a natural manner. He then employs alcohol to remove the primary introverted tendencies—the so-called release of inhibition and the secondary extraverted tendency. Since alcohol is an artificial stimulant (in reality a depressant of the higher cortical functions) it accomplishes this purpose only temporarily and in the long run carries the introverted personality further away from reality. It removes the superego and finally releases the stronger, more primitive, primary, introverted, regressive tendencies. However, at first, he becomes dependent on alcohol in his abortive attempt to meet reality. In the true schizophrenic these primitive urges are more strongly concealed from the total personality and there is apparently less effort to escape from the regressive tendency.

Therefore, alcohol may precipitate a severe personality reaction in a person with predisposed psychoneurotic or psychopathic traits, or in a maladjusted schizoid or maladjusted extravert alcoholism may be a manifestation of the adaptation of that type of personality with an attempt on his part to escape or mask the tendencies. When compensatory factors fail alcohol releases first an acute toxic process or clouded state which pervades the picture. If the process continues, the toxic features tend to disappear and the more severe personality disorders come to the fore. However, it cannot be denied that excessive alcoholism in itself may produce organic deterioration which is partially although not wholly independent of the personality pattern, and may alter the personality pattern regressively, particularly in poorly-integrated individuals who lack compensatory powers.

It seems to us that there is a need for a subdivision in the group of alcoholic psychoses, to be designated as alcoholic personality dis-

orders. In this group, both factors are at first combined but the personality factors finally outweigh the alcoholic toxic effects in determining the course and the regressive personality alterations are more evident. Many of the cases included in the chronic alcoholic group without psychosis might, if more minutely studied, fall more properly into this subclassification of the alcoholic psychoses.

In eight cases where organic or severe toxic factors complicated the picture or were preexistent the course was more protracted and the prognosis more guarded. Deterioration of such mental processes as the sensorium, mental grasp and thinking capacity, is more likely to occur in this type, particularly where the plasticity of the personality is lessened.

Confirmation of some of these observations has been found in the administration of amphetamine (Benzedrine Sulfate) to a number of the patients herein described. Their reactions to this drug indicated that where the toxic alcoholic factors predominated amphetamine was usually effective in allaying these symptoms. Where personality disorders or complicating organic processes predominated and where deterioration was in progress, the results were not satisfactory. The presence of personality disorders may account for the ineffectiveness of amphetamine in the treatment of chronic alcoholic addiction.[14-20]

Case Material*

The following are abstracts of case records demonstrating some of the points under discussion:

Group I—Illustrative of the introverted drinker

Case 1. J. C., 39 years of age, diagnosis without psychosis, alcoholism. He had had three admissions within three years, with the same diagnosis.

This patient was described as a rather quiet child who never caused any trouble. As a youngster, he was bright but left school at an early age. In his earlier years he was much attached to his family. As he became older, he was considered to be selfish, seclusive, and did not want anyone near him. He had many relatives in Syracuse but lived alone in a rooming house where he paid the rent irregularly but tried to "run everybody." He was very finicky, high strung, never confided in anyone and was resistive to explaining his movements. He never went out with women but preferred the company of his own sex. At times he became somewhat irritable and

*We are indebted to Elinor S. Noetzel for some of the social service data contained in these abstracts.

"mean," was annoyed at the landlady, her daughter and friends who came to visit them, but would give no explanation for this. He was a carpenter, was considered a good worker but never held a steady job at this trade.

He has been drinking for the past 10 years. He used to drink in the company of men but lately has been alone. Of late he became more abusive toward his landlady, had been unemployed for a year prior to his first admission; stated that he did not like crowds because they made him nervous. At first, it was noted that drinking made him more friendly but ultimately he became more seclusive and abusive. He was married in 1932 but was separated from his wife four months after their marriage.

He was admitted to the hospital on each occasion because he had been drinking heavily and had become abusive and noisy. No delusions or hallucinations were elicited, nor was there any confusion or amnesia. His I. Q. was average. He evaded questioning relative to why he came to the hospital, minimized his alcoholism and denied that he had been abusive. On one occasion he stated that he came to the hospital to be cured, not to be questioned. He quieted down soon after each admission, became quite cooperative but was never very friendly nor did he present a natural affect. This case might well be considered for diagnosis under alcoholic personality disorder.

Case 2. W. W., 38 years of age, diagnosis dementia præcox, catatonic.

Always very much attached to his mother, W. W. never went out much, was quiet and seclusive, and overly religious. He was bright in the lower grades but soon lost interest, did not care much about school and left when in the sixth grade. He preferred the company of men, had no use for women, was very much devoted to his brother and displayed many latent homosexual tendencies. He worked irregularly as a skilled laborer but when he did work he was very competent. He had been drinking heavily for the past six years. He was admitted to the hospital because he wandered into a house, having broken the lock on the door, stated that he wanted to see the owner and then quietly walked out.

On admission, he was confused and tended to assault. After his confusion cleared up he showed a marked religious trend, heard "the voice of God" and at times saw "visions." He assumed peculiar positions and was found praying constantly. On the ward, he showed many homosexual tendencies and his behavior continued stereotyped and manneristic. Later, during his hospital residence, the auditory hallucinations began to disappear but he continued impulsive, assaultive and surly, and demonstrated a markedly inappropriate affect. Although he was admitted to the hospital in an acute state of alcoholism, after the acute phase cleared up, he showed a typical catatonic picture.

Case 3. E. N., 46 years of age, diagnosis alcoholic psychosis, paranoid type.

E. N. had always been described as quiet, shut-in, not interested in people and appearing to have very little drive. He was bright, had no difficulty in school, attended college for three years and graduated from a school of pharmacy but never owned a store of his own, nor did he work steadily for others. He was attached to his mother and very dependent upon her—he studied pharmacy to please her. His mother was fanatically opposed to people who drank. He was always finicky, particularly about his diet, and insisted on eating exactly four eggs a day. Frequently he went on hunting and fishing trips by himself instead of working or finding recreation in the company of his neighbors.

The patient was admitted to this hospital from a general hospital in an alcoholic stupor after a prolonged debauch. It was elicited that he had been drinking more or less heavily for 10 years prior to this time. After he recovered consciousness and the confusion began to subside he became fearful, responded to auditory hallucinations and thought people were following him. Subsequently, the hallucinations lessened considerably but he continued paranoid and threatening toward physicians and nurses. He was more or less evasive and untruthful. He was quite suspicious of, and finicky in regard to, the hospital food. He finally admitted that he thought people were against him and that his family physician was trying to harm him. His affect improved, however, but he remained more or less confused and suspicious, requiring commitment.

Group II—Illustrative of the extraverted drinker

Case 4. T. M., 39 years of age, diagnosis without psychosis, alcoholism.

The patient's father was described as rather cross, irritable and exacting in regard to the patient but on good terms with him. The mother as well as the patient had violent tantrums and the patient was overtly antagonistic toward her. The patient was always described as pleasant, congenial, a very good mixer; "things came easily to him" but at times he was an unusually hard worker. However, he worked only in spurts. He was always an exceptional student, attended parochial schools, graduated from college at the age of 19 and attended a university abroad. At one time he intended to study for the priesthood but soon abandoned this plan. At college he played football, engaged in many sports, always liked to have a good time, had many friends and was considered most "convivial."

He was further described by those who knew him as having a winning personality, good social background and unusual educational opportunities. He was an accomplished pianist and has been able to secure work in this

capacity in cafés and beer gardens where he had ready access to alcoholic beverages. He liked to impress people with his knowledge of Latin and Greek, and also delighted in recalling his university experiences.

He married a woman of different faith than his and for a while they were very happy and the patient did well financially. He worked as a salesman for various companies. However, for the past four or five years, the patient has been unemployed. At first, he tried to sell vacuum cleaners, cars and other accessories but was not successful. He felt that these things were beneath his dignity and for the past five years has been drinking excessively.

Lately his wife and he have not been getting along and he has accused her of being frigid. He stated that he was too proud and was embarrassed to be on relief. At one time it was discovered that he could not be trusted with money and lost various jobs as a result of this. Many of his friends tried to obtain jobs for him but just as soon as he would start working he would go on a spree. Immediately prior to his admission he became abusive toward his wife, overactive and mildly grandiose.

In the hospital he was somewhat overproductive and boastful, but no delusions, hallucinations nor memory impairment were noted. He had a mild tremor of the extremities. Soon after his discharge from the hospital a job was obtained for him by a friend but because of a drinking episode he delayed accepting this. He then obtained a position as a salesman and was not seen for three weeks. It was elicited that he had become drunk in a hotel in northern New York, where 30 whiskey bottles were found in his room. He had been drinking with various townspeople. When he returned to Syracuse he denied that he had been drinking, stated that he had colitis and could not leave his room. A year later he showed signs of deterioration and was committed.

Case 5. S. M., 37 years of age, diagnosis alcoholic psychosis, delirium tremens.

S. M. was the youngest of three siblings; one brother was a successful minister. His father who had also been a minister was always apprehensive of death and died at the age of 53. His mother, described as a very gentle and sympathetic person, was overprotective of the patient. She remarried two years after her husband's death. The patient had a marked brother identification but later became quite antagonistic toward him. He was described as happy-go-lucky and more or less of a playboy. He went to high school for three years, was fond of music and played in the high school band. He was expelled from high school because he instigated a strike. He was well liked, was happy when he had the center of the stage and always liked company. He had a fear of being alone, and of dying, and the brother thought that this feeling dated back to the time of his father's death.

Soon after he left high school he became a salesman and was quite successful although subject to the customary fluctuations. He wanted to be free and independent and worked solely on a commission basis. He was well liked by his business associates.

He married 14 years ago. At first, married life was congenial but he soon tired of his wife. During the last two years because of business difficulties his wife worked and lived in a nearby town where she was employed. While they were not definitely separated, he took to leaving home for long periods of time and has had several extramarital relationships. For the past year he has been living with another woman in Syracuse.

He began to drink heavily in 1936, always drinking in the company of men, when he drank he had a fear that if he slept he would die. He worked untiringly and found relief in alcohol.

He was admitted to the hospital from a neighboring institution because he saw snakes and insisted on "pulling large worms out of his buccal cavity" which he claimed came from his intestines. He was delirious, tremulous and fearful. During his stay in the hospital he improved rapidly and was discharged as recovered.

Case 6. X. X., 40 years of age, diagnosis manic-depressive psychosis, depressive type, who was at the same time alcoholic.

This woman is said to have been a spoiled child, given to tantrums, who never could absorb discipline yet never liked to take responsibility. She was always mischievous and given to mood swings. The patient was well educated and had worked in a professional capacity. At the age of 25 she married a well-known member of the community. She had always had difficulty in adjusting to her marital life, constantly quarreling with her husband and wishing to have her own way. She stated that she liked to go out but her husband was a homebody who did not like excitement. Following the birth of her fourth and last child she developed many somatic complaints. She said that she was tired. She began to miss the many friends and diversions she had enjoyed prior to the economic depression and found difficulty in adjusting to the change of living conditions.

She had been drinking for the past six years. Previous to her first admission she became more fault-finding and difficult to get along with, overactive, irritable and threatening, and thus began to drink. Following a minor drinking episode she became irritable, broke dishes and threw a knife at her husband. He stated that she had expressed delusions.

When she was admitted to the hospital she showed a great deal of increased psychomotor activity, was restless, manifested flight of ideas and clang association. She was quite mischievous and engaged in a flow of humorous conversation. After a few days her mild confusion cleared but she

continued in the above state for many weeks. She had five recurrent attacks, each precipitated by alcoholic sprees. The two last admissions were complicated by excessive use of barbiturates. It was noted that she had an idiosyncrasy to small doses of alcohol and previously had been diagnosed "neurocirculatory asthenia."

Group III—Illustrative of individuals with psychopathic and psychoneurotic traits or psychopathic personality and psychoneurosis

Case 7. O. P., 39 years of age, diagnosis alcoholic psychosis, pathological intoxication. This case illustrates simple adult maladjustment.

He was described as having been a good mixer, but quick-tempered and at times suspicious. He was given to somatic complaints and to instability. The patient had been a bright student and had graduated from the Massachusetts Institute of Technology. At one time he was employed as an engineer but never held a job steadily. He never got along well with his employers. For the past five years he has been working in a factory.

He was married 10 years ago but never adjusted well to marriage. He allowed his wife to work and took no responsibility. He rarely took his wife out and continued to go on fishing trips with men. He was never happy in one place and was inclined to be easily discouraged.

He has been drinking for the past three years and was admitted to the hospital for the first time after an alcoholic bout. His disturbed state rapidly cleared up. He came back to the hospital within a year, after he had beaten his wife while intoxicated. He was then excitable and boisterous. During the early part of his stay there was some clouding of consciousness; he was confused and his recent memory was impaired. He responded poorly to data of personal identification and expressed ideas of infidelity on the part of his wife. After a week these disappeared.

Case 8. L. P., 41 years of age, diagnosis psychoneurosis, anxiety hysteria.

The patient's father deserted the family when he was a young child. His mother was a kind woman who favored him over his more successful brother. He was antagonistic toward this brother. The patient did not get along well in school although he had an I. Q. rating of 98. He left school in the seventh grade to go to work. He did not obtain a job for himself but worked for his stepfather, with whom he did not get along.

In 1917 he enlisted in the navy. He was shellshocked during naval maneuvers when a cannon was fired unexpectedly while he working underneath it. Since that time he has had attacks in which he would awaken from his sleep in an anxious state and scream, stating that something dread-

ful was going to happen. Following his discharge from the navy he frequently complained that he was choking, had gripping sensations in his chest which made him fearful and anxious. Since his return from the World War he has been less friendly, made no attempt to meet people although he was superficially amiable. However, he was quite critical, continued to be restless, easily upset and frightened.

He was married 15 years ago and while he adjusted well to the marital state his complaints became more marked, and his tendency to work less. He always had difficulty in retaining jobs. He worked sporadically for his brother up until three years ago but was discharged because of an altercation during which he threatened the brother. At that time his brother stated that he had been drinking. For the past six years he has had repeated attacks of acute anxiety during which he would shake, complain of shortness of breath, pain in the chest and abdomen. There were vasomotor disturbances. He would become fearful and disturbed. During this time it was noted that after intercourse he would become excited and complain of feeling weak.

He had had four or five previous admissions to government hospitals because of these attacks. He stated that he drank to relieve the anxiety. He said that he had been drinking more heavily for the past five years but never sufficiently to become intoxicated. However, he stated that while drinking made him feel better temporarily he would become depressed and discouraged thereafter.

He was admitted to the hospital following an attack of anxiety in which he had imbibed somewhat of alcohol. The outstanding picture here is the anxiety state which was more or less precipitated by the alcohol, as well as later difficulties with his wife and son.

Case 9. C. B., 31 years of age, diagnosis without psychosis, psychopathic personality.

The patient's father was at one time a wealthy man in central New York who was very much dominated by his wife. She refused to discipline the patient and interfered with her husband when he wished to do so, so that he responded by totally disregarding the patient. The father committed suicide following bankruptcy. The patient's mother had been in this hospital with a diagnosis of psychopathic personality. The patient was much attached to his mother but very antagonistic toward his brother. He had been a sickly child and at one time it was thought that he had tuberculosis. He frequently engaged in wild schemes which were impossible of realization. He never cared for school and was quite retarded, although his I. Q. was 95. He enjoyed hurting younger children, was dishonest, very much interested

in his own appearance and dressed immaculately. Frequently he went into childish rages.

At the age of 18 he wanted to become a State trooper but his mother refused to allow this because she thought it was beneath their social dignity. He never worked for any length of time. His brother obtained a position for him with a friend but he worked for only three weeks when he walked out and never collected his salary. He was never interested in girls and there was evidence of overt homosexuality. The patient was described as unstable, had little moral or ethical sense and has always been in debt.

He has been drinking heavily for the past five years previous to coming to the hospital. He forged his brother's name to checks and insurance policies but these matters were always hushed up. He began to drink more heavily following one of these forgeries and for this reason was admitted to the hospital. He stated that he moved in society and frequently attended parties with a famous debutante. He assumed a snobbish, superior attitude. He stated that he was living on the income from an insurance policy which his father had left. During his hospital residence there was no evidence of psychosis, yet the patient showed signs of acute and chronic alcoholism. However, it was thought that the alcoholism was secondary to the basic psychopathy. He had had several previous residences in general hospitals, due to acute alcoholism.

Group IV—Illustrative of the organic reaction types

Case 10. H. L., 42 years of age, diagnosis psychosis with other brain and nervous disease, labyrinthitis and brain abscess.

This patient never received any discipline in his early life as his aunt and mother were quite indulgent. He was most dependent upon his mother. He has never been able to take responsibility, was quick-tempered and given to rages early in his life. He had mastoiditis in 1920, had two operations following this and one exploratory operation. He was told that he had brain abscess in 1927 and since that time has become more irritable and less ambitious.

He was married in 1924, never supported his wife and was very dependent upon her. In 1931, he began to imbibe heavily and would have periods of excitement during which he would strike his wife. He became more unstable and unemployable.

He was admitted to the hospital because of attacks of vertigo and confusion. He had been drinking heavily and then assaulted his wife. The brain abscess, alcoholism and poor personality integration contributed to the picture in this case. It was elicited in the history that following the diagnosis of brain abscess in 1927, he became listless, had no ambition and was subject to periods of extreme emotional instability.

Case 11. J. W. J., 59 years of age, diagnosis alcoholic psychosis, delirium tremens. This case is illustrative of a preexisting cerebral arteriosclerosis.

The patient was well adjusted and well adapted until four years ago. At that time he went to see a physician who treated him for arteriosclerosis. He began to keep company with disreputable women, spent money freely and also to drink heavily. He was admitted to the hospital because of an attack of delirium tremens. Following his recovery therefrom, the symptomatology of the more chronic condition of cerebral arteriosclerosis was revealed.

Case 12. E. B., 45 years of age, diagnosis alcoholic psychosis, deterioration. In this case, the alcoholism preceded and was contributory to the arteriosclerosis and is a complementary case to the one above.

The patient had been drinking for many years and had other physical complications, including cirrhosis of the liver and chronic nephritis associated with his alcoholic habits and poor method of adjustment. His blood pressure was 200/120 and arteriosclerosis was present. He was admitted to the hospital following an alcoholic debauch and was confused and deteriorated on admission. Thereafter he showed the clinical picture of liver cirrhosis and nephritis although his memory improved. However, he showed signs of early deterioration.

Summary

1. In the more acute phases of alcoholic psychoses, the toxic factors apparently predominate.

2. In the more protracted forms of alcoholic psychoses, the introverted personalities seem to predominate, although organic deterioration cannot be disregarded.

3. There appears to be need for a subdivision in the group of alcoholic psychoses to be designated "alcoholic personality disorders."

4. At times it is difficult to distinguish between psychotic, psychoneurotic or psychopathic individuals who drink, and alcoholic individuals with severe personality disorders.

5. The traits listed above (See Table 2) in order of their frequency are indicative of the maladjustments found in the personality of alcoholism.

6. Complicating organic factors as well as personality integration may influence the severity of the prognosis.

708 Irving Avenue
Syracuse, N. Y.

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