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IMPERATIVE CONCEPTIONS.

A Note by C. H. HUGHES, M. D.

THE insane display with their delusions many morbid states besides, some of which are clearly comprehended by the general practitioner and some are not, and even the mind of the skilled psychiatric clinician and experienced student of medico-legal alienism, is not always clear upon all of these states. Among the data of Alienism the morbid impulses of the homicidal, suicidal, pyromaniacal, kleptomaniacal and the perverse inclinations and acts of the reasoning or affective insane are well enough known to psychiaters. These, as well as singular aversions and freaks of speech, feeling and conduct, are recorded in the literature of insanity. But the imperative conceptions of the insane independent of delusions as evidence of mental unbalance were questioned in the Guiteau trial and are still doubted by some eminent authorities.

The following auto-description sent me by a patient whom I have had under treatment will settle this question. Impulsions to suicide and extreme melancholia atonita have coexisted in the history of this patient who is now much improved as to these mental states, and it may be premised that she descended from an irreproachable and upright ancestry, being the daughter of a distinguished English-speaking divine noted for his probity and piety, and she herself is a christian church member, hitherto noted for her religious fervor and zeal and indefatigable church work.

Here is the record so far as I may give it without disclosing too much of the personnel of the patient.

M.—A.

Dr. Hughes:—I write to know if you thought it would do me any good to take medicine at home, that is, if you can send me some without me going to see you. I am not well by any means, and yet I am not sick. You said for me to quit swearing. I can't, would that I could. I go about my work crying and talking. I will say, "well I just will not do that any more," and it will not be five minutes until I will be at it again. It seems to me I have done awful deeds and they follow me, or that I am possessed of evil spirits and can't get rid of them. I think and say such awful things. I never did so before, and do not believe I want to now. It is not convenient for me to go to St. Louis so often, and I do hate giving up being cured. If you will oblige me, write and tell me what you think. Direct to

M. M. A.

When such imperative conceptions pass the boundary line of normal restraint into the uninhabitable realm of mental aberrations and become resistless expressions and acts violative of the proprieties and normal restraint of environment and have a recognizable disease for their basis, we class them as evidences of insanity. The mental state is that of insanity, and the condition is only a question of degree, for here is ill health affecting the brain and a change of natural character out of harmony with natural self and environment as a consequence, and this is true mental aberration.

One of my office patients while engaged in business came to me expressly to be relieved of a conception and impulse to kill a certain person in his employ. He had insomnia, cerebraesthesia and aepsia nervosa. When relieved of these nervous conditions, he recovered. Some years subsequently he actually attempted to kill one of his men, for which he was arraigned and taken into court. He was not under treatment at the time.

Recurring morbid conceptions and frequent impulses to suicide are often observed in every neurologist's practice, certainly they are very frequent in mine.

Enough significance is not attached by the general practitioner to the imperative conceptions and morbid impulses of cerebrasthenic dyspepsia. They are not so frequent as the phobias, but they do exist in some patients and will be revealed to us if we inquire closely of the psychopathic cases. A volume might be written in illustration of the many forms of imperative conceptions and impulses of the actively neuropathic, but to enumerate them is not the intent of this article, but simply to illustrate the nature of the imperious conception which so often precedes the recognized outbreak and overt act of insanity.

Wigan, author of "Duality of the Mind", who was an acute observer, as well as an ingenious theorist, called these cases "madness of volition", "a state of mind so common", he says, "that no person at all conversant with the management of the insane but must have met with many instances". He could enumerate many examples of it, "the most remarkable of which", he gives the following, which by the way is a case of true *folie circulaire* of the French, the cyclothemia of Kohlbaum:

"I was once visiting at a very respectable establishment for persons of deranged intellects of the upper class, when the house was suddenly disturbed in the middle of the night by the violent noises and language of a young gentleman who had been long an inmate, and whose disease assumed a character of periodicity. There was a kind of cycle, beginning with intense despondency, passing on to composure, to cheerfulness, hilarity, boisterous gaiety, violent and convulsive mirth, extravagant volubility and wit, gross and monstrous obscenity, incoherence, and thence into the most furious mania, requiring coercion. This gradually subsided into melancholy, left him two or three weeks in a state of tranquility, and then went again its miserable round. On the present occasion the patient insisted on seeing the head of the establishment, but as he was manacled by both wrists to the bed, it was not thought necessary to comply with his demand. The violence of the efforts he made and his furious screams, at last alarmed the attendants lest he should break a blood-vessel, and the

gentleman was called out of bed. On approaching the patient, who had become instantly calm when told that the doctor was called and would come to him, he said, 'What is the reason of this disturbance, sir; and why am I called out of bed at this unreasonable hour?'

" 'Don't be angry, doctor', was the reply, 'I wish to tell you that I can get my hands at liberty. You see how small they are. You must send to the ladies' establishment for a smaller pair of manacles.'

" 'There is no danger of that, sir; you are perfectly secured; lie quiet and go to sleep.'

"In vain did the patient urge with increasing violence the necessity of securing himself more firmly. The doctor refused; when the young man succeeded in extricating one hand and gave him a violent blow—'Do you believe me now?' said he.

"This was an irresistible argument; a pair of ladies' manacles were sent for, and securely fastened. The patient pulled in all directions for some time, and finding himself quite unable to get his hands out, said, 'All right now I am quiet. While I knew that there was a possibility of extrication I could not restrain my propensity to kill somebody. I am sure I should have done it, though I tried so hard to prevent it. Now that I know myself secure, I am quiet. Now do, my dear doctor, sit down and have a little chat with me. I have thoroughly waked you up, and it will be charity to bestow half an hour on me.'

"The gentleman told me that his conversation was then exceedingly witty and agreeable, and that only on a few occasions did he utter any incoherent expressions, and those only when the conversation flagged and he seemed to be off his guard.

"The next day he had his usual paroxysms of violence, passing on into furious mania."*

Wigan's explanation of the mental phenomenon we are considering in accordance with his theory of the mind, was on the supposition that one of the brains(hemispheres) was

* *Duality of Mind*, 1844, p. 286-7-8.

in vain endeavoring to control the other which was going wrong, "felt its authority slipping away" and desired the aid of more positive restraint from without. In our case, medical restraint; in his, that of wristlets.

These imperative conceptions and morbid impulses without definite delusion at the time, are quite common and characteristic of circular insanity and paranoia, but it is not so often we find them as in the subject of this paper, unassociated with well defined mania without delusion.

Nor do we find them associated with melancholia without delusion, as in this case, the patient's melancholia being a sequence, and a rational one, of the imperative conceptions.

A very genteel victim of the invisibles and voices now coming to my office has, along with his auditory hallucinations, imperative conceptions of a loathsome character which he shamefully confides to me. His abnormal cerebral condition about the sight and auditory centers of his brain is a sequel of typhoid fever, from which he convalesced four months ago, afterward vainly seeking relief of a Christian scientist from the annoying voices. Irresistible imperative conceptions of the auditorily hallucinated often appear as the most prominent evidence of grave insanity, but in proof that imperative conceptions and apparently resistless impulses are not *per se* evidences of insanity, the case we record, as well as the history of Ben Johnson's impulsive habit and peculiarity of touching and counting the palings of a certain fence so often passed by him, with many others, is confirmative.

