ALCOHOLIC HALLUCINOSIS AMONG SERVICEMEN IN CYPRUS

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Introduction

ALCOHOLIC hallucinosis in Servicemen has been infrequently mentioned in the literature. Wallis (1957, 1958) described six patients with brief episodes of clouding of consciousness and hallucinosis; only one of these had both auditory and visual hallucinations. The present study was prompted by the observation that the syndrome was a common mode of presentation of alcoholics admitted to British Military Hospitals in Cyprus, and that it differed in many respects from that seen in civilian practice.

Material and Method

The admission records of the British Military Hospital, Dhekelia, and the Military Hospital, Nicosia, for 1958, 1959 and the first quarter of 1960, were examined and the number of chronic alcoholic admissions ascertained. The practical definition of chronic alcoholism adopted was that of habitual drinking to such an extent as to warrant hospitalization for treatment of its medical and psychiatric ill-effects. These patients were then grouped according to year, military rank and mode of presentation. In addition, the aetiological and clinical features of those presenting with hallucinosis were studied (these patients were all seen by the author).

Results

There were 22 chronic alcoholics admitted during the period: 13 (60 per cent) were senior non-commissioned officers (N.C.O.s). They and officers make up 75 per cent of the total. The annual chronic alcoholic admission rates, expressed as percentages of total annual psychiatric admissions, were 6 per cent in 1958, 15 per cent in 1959 and 25 per cent (approximately) in 1960. During the whole period, chronic alcoholics amount to 11 per cent of the total psychiatric admissions. (See Table I.)

When grouped according to presenting clinical features, the material falls into the following categories:

Group (a)  Chronic alcoholism with an acute psychiatric syndrome, 8 patients:
Clouding of consciousness with hallucinosis: 7.
Clouding of consciousness with hallucinosis and an epileptiform convolution: 1.

Group (b)  Chronic alcoholism without an acute psychiatric syndrome, 14 patients:
Epileptiform fit: 1.
Medical complications of continued drinking: 13.

The eight patients with hallucinosis and clouding of consciousness showed a syndrome quite distinct from delirium tremens, which was not seen in its classical
form among the chronic alcoholics during the period under study, and deserve closer attention.

**Clinical Features**

All eight patients were senior N.C.O.s. Approximately 40 years of age (35-45), the typical sufferer had been in the Middle East for two years (1 year 1 month-2 years 11 months). The personality type was rigid and inflexible, with limited interests other than alcohol and constantly exhibited obsessional traits. Although able to function satisfactorily in a sheltered and undemanding environment, this type of man was quite incapable of coping with new unfamiliar tasks; in this respect he was fundamentally inadequate. Most were employed on clerical and maintenance work where adherence to a strict routine, rather than originality, was required: only one man (W.O.II B) was employed in an operational capacity. The most constant feature of these N.C.O.s’ leisure activities was their over-riding interest in the activities of the Sergeants’ Mess. This institution was the hub of their existence and four of the eight patients had been presidents or members of the Mess Committee within three months of the onset of the illness; the shared belief was that military advancement came only to those whose faces were known there.

Only four of six married men were living with their wives, the remaining two being legally separated; two men were single. The proportion who had not made a satisfactory marital adjustment seems far higher than that of senior N.C.O.s as a whole.

None had a history of previous non-alcoholic psychiatric illness and none had a clearly neurotic premorbid personality. One man (W.O.I c) had been hospitalized within the preceding six months for an “anxiety state” which was almost certainly a mild withdrawal reaction, while another (SERGEANT E) gave a history of a previous episode of clouding of consciousness which, escaping medical notice, had followed a period of heavy drinking. Drinking had been constant and heavy over a great many
years, and had tended to rise steeply in amount with each term of service in stations
where alcohol was cheap. Owing to the unreliable testimony of these men, no accurate
estimate of their daily alcohol consumption could be made.

When first seen, all these men but one (w.o. I c) appeared to be in good physical
health. It was difficult to isolate symptoms due to excess from those of withdrawal,
but the following were found to accompany cessation of drinking: gastro-intestinal,
4 men; short-lived depressions of considerable intensity, 2; epileptic fit, 1 (SERGEANT D).
In one patient, clouding of consciousness appeared while he was still drinking but,
in the remainder, this occurred some time after withdrawal of alcohol. During this
latent interval (average 3.3 days), complete loss of appetite, inability to sleep and
frightening dreams, restlessness and a varying degree of tremor were experienced.

The onset of clouding, acute in every case, was associated with disorientation in
time and place (usually worse at night), perplexity, restlessness, confusion, irrational
behaviour and speech disturbance ranging from slurring to incoherence. Every patient
experienced both visual and auditory hallucinations, while two had, in addition,
tactile hallucinations. The most striking feature of the hallucinosis was the curious
indifference shown by the patient towards it and, in five men, a complete lack of
frightened behaviour so characteristic of delirium tremens. The only example of
markedly terrified behaviour was shown by a man who, although indifferent to the
apparent presence of two highly coloured cheetahs in his room, tried to flee from the
hospital when a member of the nursing staff peered in at him through a window in the
door.

The content of both perceptual abnormalities and delusional experiences was
obviously determined by the patients' previous experience. Hallucinations were of a
mundane type; visual phenomena included colourless expressionless faces (5 patients),
animals and insects (3), a patient's grandmother (1) and "a sergeant in his bath" (1);
auditory hallucinations took the form of derogatory voices (4 patients), other voices
(3), traffic (2), musical sounds (2), a pack of dogs (1) or tapping noises (1). Delusions,
often paranoid, seemed to originate from impaired grasp and seldom from hallucina-
tions. They were transitory and ever-changing in form. N.C.O.s of mechanical arms
directed traffic, a clerical sergeant answered telephones, while a keen infantry shot
"potted" ducks as they flew overhead.

The course of the condition (average duration three days) was benign in every case,
and no serious physical complication, e.g. pneumonia, fractures or circulatory failure
was seen. With a regime of heavy sedation, small doses of soluble insulin and paren-
teral vitamins, normal appetite and sleep had returned to every man within five days.
One patient (w.o. II c) developed an acute upper respiratory infection, but he had lost
a good deal of weight prior to his illness and had an enlarged tender liver. Three other
men showed hepatomegaly, while another gave abnormal liver function test results.
Two N.C.O.s showed evidence of peripheral neuropathy, a smaller proportion than
in Group (b). Tremor was a constant feature after resumption of clear consciousness.
but only one man continued to suffer from hallucinations; he heard derogatory voices
for some five weeks, but retained good insight into the nature of his experiences. All
eight men returned to their units (average time in hospital 5 weeks), and none was
sufficiently disabled to require medical evacuation to the United Kingdom.
<table>
<thead>
<tr>
<th>Patient</th>
<th>Characteristics of Delirium</th>
<th>Duration of Delirium</th>
<th>Duration of Hallucinations</th>
<th>Visual Hallucinations</th>
<th>Auditory Hallucinations</th>
<th>Physical state</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGT. K</td>
<td>Not very restless. Constant visual and auditory hallucinations.</td>
<td>4 days</td>
<td>5 days</td>
<td>Faces—looking at him and keeping him awake. No affective response.</td>
<td>Voices muttering “He is going crackers.” No response.</td>
<td>Moderate tremor. Good general condition.</td>
</tr>
<tr>
<td>Patient</td>
<td>Service in MELF</td>
<td>Total Service (Years)</td>
<td>Duration of heavy drinking. (Years)</td>
<td>Marital status</td>
<td>Premonitory symptoms</td>
<td>Withdrawal period. (Days)</td>
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<tr>
<td>W.O.I C</td>
<td>2 years 5 months</td>
<td>20</td>
<td>8</td>
<td>Married</td>
<td>Tremor. Anorexia. Vomiting. Diarrhoea. Restlessness.</td>
<td>3</td>
</tr>
<tr>
<td>Aet. 40</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>F./SGT. A</td>
<td>2 years 3 months</td>
<td>25</td>
<td>25</td>
<td>Married</td>
<td>Not known</td>
<td>3</td>
</tr>
<tr>
<td>Aet. 41</td>
<td></td>
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<td></td>
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<tr>
<td>SGT. D</td>
<td>2 years 3 months</td>
<td>28</td>
<td>--</td>
<td>Single</td>
<td>Depression. Suicidal threat. Anorexia.</td>
<td>Nil</td>
</tr>
<tr>
<td>Aet. 41</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SGT. N</td>
<td>2 years 6 months</td>
<td>9</td>
<td>10</td>
<td>Separated</td>
<td>Nausea. Vomiting.</td>
<td>5</td>
</tr>
<tr>
<td>Aet. 34</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>SGT. K</td>
<td>1 year 1 month</td>
<td>18</td>
<td>14</td>
<td>Single</td>
<td>Depression</td>
<td>4</td>
</tr>
<tr>
<td>Aet. 37</td>
<td></td>
<td></td>
<td></td>
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<td>Aet. 45</td>
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<tr>
<td>SGT. E</td>
<td>2 years 3 months</td>
<td>17</td>
<td>10</td>
<td>Married</td>
<td>Epileptic fit.</td>
<td>36 hours</td>
</tr>
<tr>
<td>Aet. 37</td>
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<tr>
<td>W.O.II B</td>
<td>1 year 6 months</td>
<td>18</td>
<td>12</td>
<td>Married</td>
<td>Hallucinations (Visual)</td>
<td>2</td>
</tr>
<tr>
<td>Aet. 37</td>
<td></td>
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*Transfer from BMH Benghazi*
Discussion

The clinical picture here described is one of hallucinosis with clouding of consciousness. It resembles that described by Wallis (1957, 1958) not only in clinical features, but also in its benign nature, short duration and good prognosis. In addition, the findings bear out Benedetti’s statement (1952) that in acute alcoholic hallucinosis one could observe both hallucinations and delirium. However, this condition contrasts with delirium tremens in several respects; the benign course and good prognosis as opposed to the frequent complications of delirium tremens and its commonly accepted mortality of 10 per cent (Figurelli 1958); the lack of the characteristic and predominant emotion of fear of hallucinations; the frequency of florid auditory hallucinosis which is not a prominent feature of delirium tremens (Mayer-Gross, Slater and Roth 1954).

This lack of affective response to hallucinations in acute alcoholic hallucinosis has been fully described elsewhere by Victor and Hope (1958). However, these authors regard indifference to hallucinations as an ominous prognostic sign, and several of their examples developed an illness indistinguishable from schizophrenia; the presence of the feature in this series may be accounted for by the discipline of these men after many years of military service, and also by their retention of partial insight which may be due to the widespread dissemination of knowledge of delirium tremens in the Armed Services. The good prognosis of acute alcoholic hallucinosis generally has been noted by Victor and Hope (1955); only one man of this series (SERGEANT N) remained hallucinated for any length of time (5 weeks), and he subsequently returned to his unit. That the content and type of delusions are often determined by the patient's occupational experience has been commented on with respect to both delirium (Curran and Partridge 1955) and schizophrenia (Lucas et al. 1962).

In keeping with the clear-cut results of the classic Lexington experiments (Isbell et al. 1955) and Sorenson's observations (1959), this illness was due to alcohol withdrawal in all but one instance.

The high proportion of senior N.C.O.s among the chronic alcoholics ascertained for this study tends to confirm Wallinga's observations (1956) that alcoholism is particularly prevalent among senior N.C.O.s, and contradicts Wellman's observation (1955) of Canadian Naval alcoholics that the vulnerable category was that of enlisted men while N.C.O.s were protected from excessive drinking by group standards and service conditions. The personalities of the present group and that of Wallinga are strikingly similar in that they are inflexible, constricted, appear to have reached their promotion ceilings and are prone to marital discord. However, Wallinga's material shows a high incidence of pre-existing psychiatric disorder which was certainly not apparent in the present group. Jellinek (1960) has stressed the importance of abnormal personality versus social custom in describing the differing genuses of alcoholism in Anglo-Saxon countries and France. Similarly, the difference in etiology of British army as opposed to American naval excessive drinking may be due to environment (British military messes unlike American ships are not "dry"), rather than gross psychiatric abnormality. It is noteworthy that 75 per cent of the present alcoholics were members of military messes. The apparent increase of the condition from 1958 to 1960 may be related to the reduction of alertness consequent on the Cyprus Truce of March, 1959.
Alcoholic Hallucinosis

Summary

A review has been made of twenty-two hospital admissions for chronic alcoholism occurring among the British Service population of the Middle East during 1958, 1959 and the first quarter of 1960. They included thirteen senior N.C.O.s and four officers. The mode of clinical presentation has been examined. Eight senior N.C.O.s showed the syndrome of acute hallucinosis and clouding of consciousness; stress has been laid on its benign course, lack of affective response to the hallucinations and the good immediate outcome. The personality type of these N.C.O.s has been investigated; there was a high proportion of inadequate obsessional personalities coupled with a notable absence of frank premorbid neurosis and a tendency towards unsatisfactory marital adjustments. The aetiological importance of habitual drinking in the Mess was discussed.

The lack of reference to this syndrome in Servicemen in the relevant literature was pointed out.

ACKNOWLEDGMENTS

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REFERENCES


HONORARY CONSULTANT TO THE ARMY

Lieutenant-Colonel Philip R. Evans, M.Sc., M.D., F.R.C.P., has been appointed Honorary Consultant in Pediatrics to the Army. Lieutenant-Colonel Evans served with the Royal Army Medical Corps in the North African and Central Mediterranean Theatres during the war, and was mentioned in despatches.