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CASES OF SUICIDAL INTENT IN CONGENITAL IMBECILES.*

By C. S. W. COBBOLD, M.D.,

[Medical Superintendent of the Earlswood Asylum.]

At Earlswood Asylum during the past four years, at least six cases have come under my observation in which suicide has been definitely contemplated by congenital imbeciles. I am not aware that such cases have been previously described.

In most of my cases suicide was actually attempted, while in each of the others some very definite step was taken by the patient as a preliminary to the intended act of self-destruction.

I proceed at once briefly to record the cases, offering also a few remarks upon each:--

D. W. had had incipient phthisis for many years, and was always a bad sleeper. At the age of 37 he was a useful helper in the infirmary ward, able to amuse himself by reading the papers, and was fond of studying murders and tragedies generally. He had been imbecile from birth, his condition being ascribed to a fright sustained by his mother during pregnancy. One of his brothers died of epilepsy (there were at least five in the family), but nothing further of importance appears in the family history. Patient was of a brooding disposition, simple and childish in manner, always smiled happily when addressed, but replied always as briefly as possible. He was uniformly gentle with the children in the ward, and was fond (without my knowledge) of several cats which had come to be a nuisance in the hospital. I found it necessary to order that all the cats except one should be got rid of. Before all the removals had been effected, one Sunday morning in February, 1883, D. W. was reported to be missing, and had been seen leaving the building. I then first learned that he had been vexed about the cats, and had threatened to "make a hole in a pond." Diligent search was made, and the patient was brought in by two countrymen after nine hours' absence. He had run away with the intention of drowning himself, but had not the courage to carry it out. He had run and walked aimlessly along the roads until perfectly exhausted, and had then turned of his own accord to come back to the asylum before he was accosted by the men who afterwards helped him on his return journey. He was much exhausted, but cried passionately about the cats, and begged me to give him some

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poison and "finish him at once." I did my best to soothe him, and placed him under the care of a special attendant in the first-class patients' room. In a few days he was quite cheerful again, had recovered from his stiffness, and said he would never run away again even if six of his cats were killed. He returned to his work in the hospital wards.

Two years later, February, 1885, he was again mentally unsettled owing to a nurse leaving to whom he had been attached. Being carefully watched and kindly treated he soon settled down again to his usual work.

In January, 1886, he was distinctly melancholic for four days, and absolutely refused food for 48 hours; he threatened suicide, would not reply when addressed, and did not sleep except under the influence of drugs. This time there was no external cause for the depression; D. W. admitted this to me himself when he had again become quite cheerful. He was soon afterwards removed to a county asylum.

Remarks.—What strikes one most forcibly in this case is the slightness of the motive which induced a man of nearly 40 years of age to decide that his life was no longer worth living. The loss of a cat was absolutely the sole cause of this man's unbearable misery. This is a good example of that want of a due sense of the relative importance of things which is common to all humanity, but is most markedly exemplified in the insane. Then, again, one notes the feebleness of will and purpose which prevented the patient from either carrying out his original design or substituting anything definite in its place. He had sufficient money with him to reach his home, but he made no attempt to do so.

S. S., aged 29, imbecile. The mental condition is attributed *by his friends* to the shock of a scald at six years of age.

Says $11 + 7 = 17$. Breaks down at repeating five figures, often at four; he can read and write fairly well, and is useful in doing light errands. He is rather quick-tempered when teased, and will then become abusive, but not violent unless interfered with. In July, 1886, another patient had been teasing him and "calling him names." S. S. went at once to the brook on the farm, divested himself of all his clothing except his shirt, walked into shallow water and dipped his head into the water. Having had his ardour partially cooled he walked out of the water again, but afterwards went in once more and repeated the operation as before. By this time he had been observed and was quickly brought back to the asylum. He afterwards stated that he had intended to commit suicide. When brought back he told me as his excuse that R. W. had called him "Mr. Dirty-Case;" he then dropped on his knees and prayed impulsively for forgiveness with one breath to the Almighty, to myself, and to the steward. I

an hour's time the patient was as cheerful and calm as if nothing had happened.

Remarks.—In this case again one cannot but be struck with the absurd inadequacy of the annoyance to serve as a motive for suicide; also with the weakness of purpose which fortunately prevented the patient from carrying out his intention. He has since told me that the water was too deep for him to commit suicide. He probably does not fully understand the meaning of suicide, and thought it was necessary to be very careful not to drown himself. I have purposely refrained from explaining the matter to him, so cannot say exactly how much he knows about it. Since this occurrence S. S. has been perfectly happy and cheerful as usual, and has promised freely *never to commit suicide again*.

J. L. M. was a congenital imbecile, with no idea of number, but able to read a little and make himself useful in small ways, and as a carpenter's labourer. In January, 1885, his age being then 39 years, it was noted, "Patient is more restless of late. He went to bed at midday yesterday without any reason for doing so. This morning he put a carving knife to his throat, but I cannot make out that he has any definite suicidal intent; he is perfectly cheerful, constantly laughing, but is exceedingly silly, many of his actions being apparently quite purposeless. It is difficult to understand what he says, but he answers questions in the affirmative as to whether he is happy and comfortable; he also appears to volunteer the statement that he 'doesn't want to kill anybody.'" The deputy-head attendant, an intelligent man, who was present when the patient put the knife to his throat, says he feels sure J. L. M. meant to cut his throat; a look in the patient's eyes appears to have been the chief element in producing this conviction.

During the 18 months since this occurrence the patient has been quite happy, and has not made any attempt upon himself. His mental tendency is in the direction of dementia; he talks incoherently, and has lately wet himself several times, which was never the case before.

Remarks.—The suicidal tendency in this case appears to have been of the nature of a momentary impulse, occurring without any apparent cause, and unaccompanied by depression or passion of any kind.

H. F. S., aged 19, son of a solicitor in New Zealand, stated by his father to be imbecile from birth, was always returned in census as "incapable of receiving instruction." Can read fairly. Writing and articulation defective from athetosis. Mother's uncle insane. He is an example of congenital moral imbecility combined with congenital

athetosis. Is sly, untruthful, cunning, deceitful, wanton, mischievous, and hypocritical by nature. Is always abjectly penitent after being *discovered* in evil-doing, but is utterly unable to restrain his propensities in the future. He provokes the attendants in every possible way, and occasionally becomes very violent himself. Can do simple mental arithmetic, but he breaks down when he is asked to repeat five or six figures consecutively after me from memory, though he sometimes repeats five correctly.

In July, 1885, he had been placed in a constant observation ward owing to his having been violent to other patients; just as dinner was being cleared away he cut the back of his right hand rather badly with a knife, trying to open a vein, and was just prevented by the attendant from cutting at his throat. He admits that he was so miserable (owing to his misdeeds and their consequences) that he wished to take his life. He has threatened this also at other times when in an excited and insubordinate state, *e.g.*, in February, 1886. He is subject to uncontrollable impulses of various kinds, *e.g.*, attacking an unsuspecting attendant from behind; running away through the town in the most demonstrative manner when not pursued, whereas if he had walked quietly he would have passed unnoticed.

Remarks.—The suicidal intent in this case is always essentially an impulse, and is not the result of reflection. The patient gets into a state of passionate excitement and feels he must do something desperate; but he lacks the steadfastness of purpose necessary to consummate the suicidal act, his excitement always passes quickly away, and he has no deliberate and fixed intent to take his life. These outbursts of uncontrolled passion only occur at intervals. Since the patient has been at Earlswood he has learned to do very useful work as a basket-maker.

A. E. O., aged 20, imbecile, has now been under observation for over eight months; he is a most amiable and apparently good-natured congenital imbecile who is markedly improving under training in our schools and carpenter's shop. Was in "a home" for two years at age 9 to 11. Breaks down at repeating five figures consecutively. Can calculate simple sums mentally. The certificate upon which he was admitted in 1885 stated, "When in desponding moods he has tried on four or five occasions within the last few years to commit suicide, she (his sister) and others having had to take knives away from him, and he has also threatened to drown himself." I have been unable to obtain definite details as to the patient's condition on the occasions referred to.

The threatening to drown occurred because his mother was very ill and likely to die. He remembers this and says he had many opportunities of drowning himself, but never tried to do so. He remembers

nothing of trying to cut his throat, but he has been told that it happened when he was in America.

Remarks.—This is another example of suicidal intent in an imbecile without adequate cause, and without the steadfastness of purpose necessary to the accomplishment of the act.

W. E. P., an imbecile. The mental condition is ascribed by the friends to a fright at three years of age, but this is doubtful; his father died of paralysis and softening; a half-brother is epileptic. Patient had been unable to learn any trade elsewhere, but became a good compositor at Earlswood. He was morally as well as intellectually imbecile. In November, 1884, being then 25 years of age, he became first hypochondriacal and then suffered from severe melancholia; he afterwards tried to starve himself, and hid himself away under some stairs, where he was not found for some time. He was soon afterwards removed from Earlswood Asylum.

Remarks.—This was a case of melancholia with suicidal intent occurring in an imbecile.

It will be seen that all the cases now recorded occurred in males; but I recollect two cases occurring in females at a county asylum. In one case, an adult female congenital imbecile, who was decidedly melancholic on admission, had just previously attempted to drown herself. The second case was that of an excitable imbecile girl, who was at times maniacal and very violent, at other times she was rational and well-behaved, while at others again she calmly but cheerfully avowed her intention of taking her own life as it was of no use to her. She attempted this in various ways at different times, and eventually succeeded in her object by strangulation. The suicidal intent in this case was not due to melancholic depression, nor to any sudden impulse, but was, for months together, a fixed and determined purpose in the patient's mind.

The facts now brought forward appear to show that suicidal tendencies may be exhibited by congenital imbeciles under at least three different aspects. First, as an accompaniment of a definite attack of melancholia; secondly, as a fixed purpose without emotional depression; and thirdly, as a transitory impulse arising either without any external cause or in consequence of some absurdly slight annoyance. The first two conditions are met with in other forms of insanity, but the last-named appears to be peculiar to imbeciles.

The transitory suicidal intent of the imbecile, to which I would now draw special attention, appears to have very definite

characteristics of its own. I would point out three of these as being illustrated by several of the above cases.

1. The absence or slighness of an exciting cause (the death of a cat and "being called names" are instances of the latter).

2. The want of the courage or steadfastness of purpose necessary to consummate the act of self-destruction.

3. The rapidity with which the suicidal purpose passes away and is forgotten.



