



## A SECOND CASE OF DUAL PERSONALITY.

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**S**OME six years ago I reported in detail a remarkable case of dual personality, which is recorded in the proceedings of the Medical Society of the Missouri Valley. I now record a second case along the same line of psychic manifestations:

During his convalescence I had the pleasure of presenting the gentleman to the Kansas City Academy of Medicine.

The young man is sixteen years old; weight 162 pounds, and is six feet and two inches tall. He passed the examination admitting him to the ministry with a grade of one hundred, and is in his senior collegiate year for the B. A. degree.

He was a normally born baby, and grew and developed rapidly. At the time of taking this history he relates events of his second year.

At five years of age he astonished his parents by imparting to them his own reasoning that led him to the positive conclusion that his mission in life was a call to the ministry. He was logical in his arguments, and reasoned more like a mature person rather than a mere child of five years. This has continued to be a feature of his mental characteristics.

At six years of age he developed a frontal head pain which came quickly, two or three times a week, lasting an hour, all day, or, occasionally, twenty-four hours. At times it was severe, at others mild. There was no mental daze, vertigo or other manifestations than the pain. When eight years old his eyes were refracted, when the pain attacks were reduced one-half in frequency, but not lessened in severity. Violent exercise was always followed by a sudden attack of head pain. About this time, at intervals of two or three months, he would have a "smothering spell," after which he would go to bed for a few hours, or for an entire day. This indisposition, as a rule, came on in the evening after eating.

During his ninth year he complained from once a week to once in four or eight weeks of a sudden "little dancing glimmer" of the eyes with a slight momentary mental daze followed by frontal head pains.

During the tenth to the fourteenth year he had five attacks of prostrating pain in the stomach, sudden in onset, lasting for an hour, and putting him to bed for the remainder of the day.

During the fifteenth year the "eye dancing" attacks were attended by more momentary mental daze, more sharply accentuated, followed by the usual headache. While he recited good lessons, he noticed for the first time that he had to exert greater mental effort than his equal class-mates, and he was less accurate in his examinations.

The first of May, 1904, a sad feeling came over him quickly. He was desperately dissatisfied, despondent, and lost the desire for life and would have welcomed death. This condition lasted about two weeks, and left him as quickly as it came. From this time to July the same thing recurred at weekly intervals for about a half day at a time.

About the first of July he felt tired and laid down to rest. He was conscious of being irritable. After sleeping fifteen minutes they called him to receive a friend. Though he saw the friend enter the house he could not move. He had mental vision and could hear and understand everything said to him, but he could not speak a word or emit an audible sound. Though not chilled, he felt as if submerged in ice-water. The whole experience was but two or three minutes duration, but to him it seemed hours.

A few days later he was subject to an oral examination of five hours duration, passing with a grade of one hundred, and was admitted to the ministry. In an hour or two after the examination an unexplainable drowsy stupor came over him. He felt if he could lapse into unconsciousness he would be relieved. There was a mental depression and feeling as if he should do something, but he could not mentally determine what it was; there was something urging him on, an impulse. He still remained depressed four days later, and has a faint memory of sitting down to the sewing machine and performing in what he described as a silly and childish manner. He then ate supper, laid down, and just one week later, after a good night's sleep, got up as usual with absolutely no knowledge of anything occurring in the meantime.

During this week he remained at home, but everything was strange to him. His friends he did not know. Neither was he acquainted with his family, excepting his mother, whom he seemed to regard as having some acquaintance with. He took a large knife from the kitchen and made such unreasonable play with it in the presence of his mother, that she feared he would attack her with it, and she escaped his presence for her own safety. Most of the time, however, they kept him in bed without any resentment on his part. He showed an unnatural mental irritability and a blank, vagueness of mind, the latter necessarily being an accompaniment of his absolute strange surroundings or misconception. Other than the mental, symptoms were negative, excepting some albumen appearing in the urine succeeding the mental change, and disappearing on returning to his natural self.

The evening after coming to his natural self he experienced a half hour mental blank followed by a like period of a mental, misty haze. This recurred on the second and third days when he remained mentally clear and self-poised for the next two weeks. At the end of this time, while leisurely sitting on a stool, without warning or seeming provocation, he fell head first through the glass door of the library case. A spicule of glass passed clear through the fleshy part of the hand and little finger junction, considerably lacerating the parts. There were no convulsive manifestations, either tonic or clonic, but memory consciousness was entirely lost for the moment. While the second self period lasted for the next twenty-four hours it differed somewhat, perhaps in degree of intensity rather than in reality, from the former second self. For instance, while he possessed a memory of time, space and self-individuality, he was not able to distinguish objects and things from each other. The knowledge for things seen and their names were gone from him, a combination of apraxia and alexia, forms of mind blindness.

For the next week he enjoyed the associations of his natural self. He noted the second self approaching in the afternoon in the form of feeling restlessly nervous, followed by an increasing memory, "misty haze," culminating in complete loss of the first self, after which he knew nothing more of his own personality till he gradually shaded back in the mental change to his real self two and a half weeks later, and he found he was in a hospital. He thinks he was at himself in a week after going to the hospital, but the general information indicates that the most of the two and a half weeks were consumed in getting rid of the mental haze and mists of the second self. The gradual change from the first to the second self, and from the second to the first self at this time was especially marked.

He now enjoyed three days at home visiting himself and family. The evening of the third day he realized he was nervous and, accompanied by his father, visited his physician, which was his last conscious memory till he found himself sitting at the window, three days later, in my private home, six hundred miles away. He immediately inquired the name of the city and place he was in and persons about him, how he came there and with whom he came. In other words, he entered into the journey with his father without objection, slept in the sleeper all night, traveled all next day and reached my private home the next night, traveling six hundred miles with seeming interest in the trip, was courteous when in-

roduced to me, entered into a general, but limited conversation, retired for the night, had breakfast in the morning, associated with those about him till 10 a.m., when his first self assumed control and left him a stranger among strangers with absolutely no knowledge of anything that had transpired since he went to visit his physician. In about an hour after assuming his first self his father called to see him, and received an affectionate and cheerful greeting. In his strange surroundings so far from home, it was a great relief to him, as his father's presence was proof to him that we told him the truth, and gave him facts to base his mental bearings on again. Personally, he was cheerful, bright and gentlemanly; mentally, he showed the maturity of a man rather than a boy sixteen.

About a week later his nurse summoned me to his room. I found him sitting on the radiator puffing at an unlit cigarette. He had the actions and appearance of an average unrefined, ignorant north end tough. He abruptly demanded a match of me to light his cigarette, and when I declined he rushed for me like an enraged bull, with the remark: "Let me get at him! I'll kill him!" He was in great fury, and kept avowing his determination to kill me, saying, "I will get you yet!" His whole actions were those of a revengeful person determined on murder. No lay witness could have interpreted his acts differently. Also, as he lay on the bed under restraint, he repeatedly tried to strike me, and finally I said to him: "You attempt again to hit me, and I will hit you so hard you will not know your face," at the same time assuming the attitude of striking. "I see you would," he said, and tried to get out of my reach to protect himself. I mention this to show that any witness would testify that he acted with revengeful motive, because I refused him a smoke, and that he made reasonable effort to protect himself from injury when he found he was restrained and could not defend himself.

He was under restraint three days, frequently avowing his determination to get me. After the third day he gradually shaded back to the first mental self, but with no knowledge of what occurred during the time he was under restraint. He did remember asking me for a match, and it seemed to him that some sort of trouble followed, and that I hit him. He was very positive that I struck him, showing that I made a receptive mental impression on him when I suggested I would strike him if he did not desist. It was only after repeated assurance that no one struck him that he concluded that he was wrong.

This was the first time that he ever became violent, and the only previous time he had shown a tendency to be dangerous was when he made the uncalled for play with the big knife, and frightened his mother from the house. In this violent attack the gradual mental shading from the first to the second self began in a slight nervousness, culminating in violence, which had the resemblance of premeditation, and the merging of the first self into the second self was completed at the moment of my suggestion to hit him so that the impression was received and registered partly in the first, and partly in the second self.

He was much affected on resuming the first self again. When told of his acts he exacted promises of his attendants that they would restrain him at once if he showed symptoms of an attack. He did nicely for a week, when he seemed a little nervous and was not content till his nurse yielded to his request to place him under restraint. He showed considerable restless-

ness and nervousness, probably exaggerated, by his fear of becoming violent again. His perceptive and receptive faculties showed perversion by his misinterpretation of things said or done about him, causing him to have transient delusion of persecution of a mild character, gradually shading into the second self, where the delusions were lost or supplanted by another individuality, receiving mental impressions correctly, but with that indefiniteness of everything being new or strange to him. In two days he returned to his first self again.

For the next five weeks, regularly on a Saturday, and lasting till Monday, he had mild delusional states with melancholia depression, which shaded into and were lost in a mild manifestation of the second self. During this time he would go to his own room, remaining away from others entirely as a precautionary measure of safety, still fearing a return of the violent attack. Also, he had learned to recognize a period of mental confusion, miscomprehension which marked the passage point between the two personalities and that the mingling and conversation with others at this time accentuated his confusion. Absenting himself from outside impressions lessened mental dread (pain), of which he was conscious as the crossing period of his two individualities.

During the three succeeding weeks the first self was master. The nervous phases of the past did not recur and he became positive of his recovery and was determined to go home. The most questionable manifestation of mental instability was the inability of his father and myself to arouse his judgment faculty to the realization of the fact that his going home jeopardized his convalescence. He was argumentative almost to the point of insubordination. Every effort to reason with him was resented and waived aside. He would tolerate no advice, and while he was mentally lucid his judgment conclusions were of a type which might be said to be mislinked somewhere. While in his height of determined resentfulness without warning to him, I sprang to a position in front of and over him as he sat slightly reclining and poured such a rapid fire of positive commands into him that for a moment he sat as if stunned; and while I had him thus overawed and mentally subjected, I forcefully commanded, in a suggestive form, the connecting links of the two individualities now missing for four months and a half; "they must be produced!" I commanded.

With this unusual method of mental suggestion applied to him, he was sent into the fresh air for thirty minutes walk. On his return he entered the door excitedly happy, waving his hand, saying, "I want to see the doctor;" and he sat down and related to me link by link, the events of the alternate missing weeks, some imperfectly, some with exactness, but in three or four days all the mysterious blanks had been cleared up, and he again was acquainted with himself.

He remained at the sanitarium two weeks longer and became quite a companion to me. His remarkable intelligence and scholarly attainments made him very interesting outside of the psychological problem which I was constantly studying.

He became very analytical of the events and links of the first and second self. He said the time his mother fled from him there was an irresistible impulse that he was to use the knife, but he felt sorry for her; his pity went out to her; he fully recognized her fear of him, and knew she was trying to get away from him, still there was that something urg-

ing him to the act, and he was sparing her for the moment, much as the cat does the mouse, with the ultimate intention of destroying it.

A letter written by him to me July 7th, 1905, one year after his discharge, relates that he has remained well, and that he has never experienced any tendency to being nervous, unless he over-fatigues, but nothing to inconvenience him. He says he is still faithfully taking his medicine, just as I outlined the method for him. A second letter, dated September 1st, 1906, states that he has remained perfectly well up to the present time.

He was admitted to my sanitarium August 20th, 1904, and discharged November 14th, the same year, to all appearances well, and has remained well since.

#### DISCUSSION.

DR. F. E. COULTER, Omaha, Neb.—We have never, as yet, taken the psychic condition of our patients sufficiently into account, but there seems to be going over the profession at the present time a wave upon this particular line of work. The doctor's very careful analysis, not only of the conditions he found present, but of the treatment that he instituted, are of great interest. I think we should profit by such lessons, not only in cases of dual personality as the doctor has referred to, but in cases that come to us every day. The general practitioner, I think, is unknowingly using the same methods to a very great extent, and I think that many of the results attributed to medicine are due to psychic influence. There is one thing I would like to impress upon you and to emphasize, and that is that psychic diseases need psychic treatment, and the sooner the profession commences to grasp that idea the sooner will we begin to do something for those patients that go by in a listless, helpless sort of a way and finally get into a condition where relief is past. I trust that we will grasp that idea and look more after the psychic conditions, and not be always looking so much for something to cut out and throw away.

DR. J. M. BARSTOW, Council Bluffs, Ia.—The paper is of interest, not only to the specialist, but to the general practitioner. Dr. Coulter has emphasized the psychic phase of it, which is of course of great value in obtaining mental rest by suggestion. Now whilst the paper has not in detail outlined what the physical conditions of this patient were, to me, as a physician, that would be a detail of great importance, for I am a firm believer that where there are no manifestations of physical degeneration you must look for some cause of derangement either in the co-ordinate act, or some distinct pathological condition as a deciding cause. Now the doctor may assume, and possibly it is, in my judgment, either one of two things, either inco-ordinate function or auto-infection, or to make it perhaps better understood to say that there is a condition of poisoning; in other words, that we are all capable of poisoning ourselves, and that perhaps in no two of us does this lack of elimination become the basis of the same physical mark or expression. Now I apprehend that this patient that the doctor has described had marked vasomotor disturbance; I apprehend that there was a decided contraction of the small arteries; in other words that his feet and hands were at times decidedly cold. (To Dr. Burnett): How was that doctor?

DR. BURNETT.—Not during the paroxysm.

DR. BARSTOW (continuing).—That eliminates only one factor. Now if you will note these patients, note them carefully, and particularly those subject to paroxysmal attacks, you will notice that they are at times more or less silent and gloomy and their hands and feet will be for temporary periods cold. An epileptic often presents that condition in a marked degree. In those cases where there are no epileptic manifestations the disturbance of elimination and of circulation has been of decided character. It has appeared to me that in many of these cases the cause of the incoordination in the operations of the circulation is perhaps a defect in the vasomotor nerves, and particularly those supplying the smaller arteries. Now the logic of that is this: Many of these epileptics will have cold hands for an hour or two and it will be almost impossible to warm them up, there being evidently a constriction of the

arterial circulation, excluding the warm blood from the extremities. Now it is just as possible, and I believe I can say consistently, just as probable, that this same constriction can at times take place in portions of the cerebral circulation. A great many of our epileptic patients will drop suddenly in the middle of a word, and recollection of the word will be absolutely gone. In those cases, as a rule, the pulse is thready and hard, if you can get it early in the attack. You will observe the eye, how dilated the pupil, due to nerve relaxation. Now if the principles of co-ordination and elimination are physiologically true, why, we must of necessity, in our reasoning, carry them a little bit further. We say if they are true, then elimination, one of the important factors in health, has been decidedly interfered with. Now there is another problem beyond this. In other words, there are certain conditions of health and disease in which extraordinary chemical actions take place, extraordinary combinations are formed.

DR. J. M. AIKIN, Omaha, Neb.—I feel that we cannot pass this paper by without making some brief observations upon it because of the merit it has. The class of cases referred to by Dr. Burnett, while not numerous, are at the same time not so infrequent but what they certainly merit the careful investigation that Dr. Burnett has given to this particular case. I noted this; that in his clinical history of the boy he was one of the precocious type, being able at the early age of two years to remember events as he did, and then at five to be able to reason logically to a conclusion that his mission in life was to follow a certain vocation, and being able, by a logical process of reasoning to convince his parents that the object that he had in life was the proper one; then, too, his unusual height when sixteen years old unless, indeed, he came of a family of giants, so far as height was concerned. The doctor did not state in his paper whether or not the boy was a departure from the normal of his family in physical stature and weight. I take it that he was a departure from the normal. Another thing I noticed in the presentation of the history of this case was that after the doctor was able to weld the links of his two natures and bring him back to himself, that he then could recall incidents that occurred after having lost his individuality. The incident in the kitchen in which he used a knife in a promiscuous way in the presence of his mother; and also that he did not lose possession of the fact that his name was Jones, or whatever it may have been, he did not take upon himself any other name. In that respect he differs somewhat from the usual characteristics presented by those who have a dual life. I recall three cases very clearly in my personal experience, one of them in my state hospital experience, in which the patient lost his personality and with it his name, and was for about eighteen months an inmate in the asylum and entirely different from his previous personality, when a very little incident, that of a superficial burn on the lower extremity had the effect of bringing back his original personality and replacing the assumed personality within a period of a few hours time. In talking with him he had no recollection whatever of the period of nearly two years in which he was going under another name and was a different personality. We had another case that I know about, and quite a number of the physicians here know the gentleman personally. He was a lawyer, a jurist and a practicing lawyer again, and then lost his individuality on this side of the river, went away and stayed away several months, came to himself again and came back and assumed the position of an excrescence on the body of the medical practice—became a Christian Scientist. He became one of the leaders in that element, then abandoned that and now has "D. D." affixed to his name and tells me that he has now arrived at the plane of vocation in life which satisfies his every ambition, social and spiritual, and he tells me that he has no recollection whatever of the period from the time he left Honey Creek up here and wandered around over this part of the country, until he came to himself—no recollection of that period of time whatever, and in that time he assumed another name. The second was that of a younger man, a clerk employed in a department in the offices of one of the railroads in Omaha, who did a similar trick, and for nearly four months wandered about over the country, and was finally discovered in an adjoining state going under an assumed name. Subsequently I talked with him and he had no knowledge of that period. He went along for several months engaged in his former occupation in another city than Omaha, and again lapsed into a period of another personality which period only lasted two or three weeks until he was back to his home again. He had no recollection of what passed in the meantime.

DR. T. E. POTTER, St. Joseph.—One or two points I want to notice and call attention to in this paper, and that is that it develops to some extent the theory that Brown-Sequard advanced several years ago, that man was of two personalities. We know that he has two hemispheres of the brain, and that to some extent they are independent of each other. Brown-Sequard advanced the theory that if a man was right handed it would be likely to develop the left side of the brain, and that if he was a left handed man it would be likely to develop the right side of the brain. He said if one side of the brain was developed at the expense of the other that it accounted for these cases of eccentricity, and that some of these fanatics would talk of one particular subject and pursue it to such an extent that you could scarcely reason with them if they happen to be wrong. He said further that if a man wanted to be very intelligent and very strong mentally that he should be an ambidextrous man, and that by being so he would develop both sides of the brain equally. In that way it would give him mental strength. Further than that he said that this theory, or this idea, would account for men who were undecided in their views on certain subjects—that the right side of the brain wanted to do one thing while the left side of the brain wanted to do something else, and the result was that he could come to no proper decision. There may be something in this, for we do know, as surgeons, that there are cases in which a great portion of the cerebrum on one side is destroyed, and yet the man is able to go on and do work and make a living, and accomplish a great deal, when we know that a great portion of one side of the cerebrum is destroyed. This condition does prove to my mind that there is something in this dual character of man. A man has a couple of eyes, but when one is damaged he goes on and pursues his course in life without being at such a great disadvantage, and he makes a good living. If he has one arm cut off, why he can also go on and make a living with his right hand when his left is off; so he can if his right leg is off, he can get around with the other. We have many cases, too, of abscesses of the brain, where the pathological condition is, say, in the left hemisphere, but the man is still capable of reasoning, and how does he reason? He reasons with the right hemisphere. I was once present at a post mortem examination where the right side of the brain, the right hemisphere was destroyed. The abscess and the liquor puris had been absorbed and the cortical structure of the right hemisphere had been destroyed so that there was not enough gray cells to do any work. The Sunday before this woman's death I saw her at Sabbath school, and she was singing a Sunday school song. While she was eccentric she had intelligence enough to go there and enjoy the meeting and had been making a living for herself and mother. When I examined this hemisphere it was so damaged that I am certain she could not have done a particle of mental work with that side of the brain, yet at the same time she was capable of earning a living and could reason, it proves that she was doing the necessary amount of work, that she did do with only one hemisphere. There is something in the theory. This idea was first advanced by Brown-Sequard, and he said this would account for somnambulism, and when I heard the doctor's report it brought this to my mind that Brown-Sequard said that in many cases this would account for somnambulism—that a man would get up and go out over the city, climb walls and do wonderful things and then return, and when awakened the next morning know nothing about it. This report of this case reminds me of that condition. The doctor, if I understood him rightly, tried to put into this paper the suggestive treatment that brought the two links together.

DR. A. S. VON MANSFELDE, Ashland, Neb.—Mr. President, I am reminded of Horace Greeley and his saying, that the man who knows nothing about farming will give the most advice on how successfully to farm. I am in that position. I am only a country practitioner, who does not know anything about mental or nervous diseases, but who is greatly intent upon knowing a little about them. Now before I speak on the text of the paper I wish to say with Moleschott, I believe, that there is no thought without phosphorus, and permit me to add, that without brain there is no mentation. When we speak of having psychic disease I think we are entering a region of imagination to a great extent. I am putting myself in the position of my friend from Council Bluffs—that we have to have certain physical changes in the brain substance to have certain disease manifestations. Now if the writer does not tell us in closing the paper what really existed and how he treated the case, without the mental impressions that he made, we will miss very much of the good that the paper would otherwise do. Now I guess that we are dealing here with a case of super-circulation of the brain, super-nutrition of the brain, super-



mentation and extreme hysteria with occasional maniacal manifestations, and that the title of the paper of "Dual Existence" is a misnomer. There were no dual conditions in that case like there were in the one read by the author some time ago. I think we are dealing here with a case of extreme hysteria, because, if there was a dual existence, surely the man would not have been able at the termination of his treatment to tell all that had happened on both sides of the fence, he couldn't have done what is not within the province of the human brain to do. Now, I hope that the doctor will tell us just what he thinks was the matter with the boy, and what he did with him. He was complimented a minute ago about the splendid treatment that he gave, but he has only told us about the mental suggestions that he gave, and nothing about the medical treatment. I want the doctor to kindly say what he thinks was the matter in that brain, what physical changes possibly existed and their connection with the psychic manifestations, and why he discusses these manifestations as "Dual Existence."

DR. MARY STRONG.—I wanted to ask the doctor what he knows about the man's history, and the history of his parents; whether either parent indulged in alcohol. It seems to me, just as an ordinary general practitioner, that it is an example of what can occur in a good many children that are over-stimulated when they are little. He did not tell us how much that child's brain was stimulated when he was two years old. I have seen a case of marked hysteria in a little girl less than three years old. As for the hysterical part of it I quite agree with Dr. von Mansfelde. I think about three-quarters of that was hysteria. We have plenty of hysteria in the male just as much as we do in the female.

DR. BURNETT (closing).—Dr. Barstow wants to know something about the physical condition of this patient. He looks like an athlete. There was an excessive hyper-physical development. It took four good, strong men to handle him. His father was a man five feet eight inches tall, a good, well built, strong man. This boy had grown like a weed and had attained premature development—had grown like a green potato sprout in a dark cellar; an unnatural growth with the necessary frailty and imperfection of the basic structural elements out of which nature could build nothing but an unstable and inco-ordinate mental status. Because of this developmental error he was a precocious child; mental prehension reached out far beyond his years.

Again, Dr. Barstow speaks of auto-infection, self-poisoning, as a possible etiological factor. His ability to take, digest and assimilate food was faultless. Excretions were correct, excepting the albumin as mentioned, which appeared in the urine after the seizures and disappeared as soon as he cleared up mentally.

We have many ills, mental states and convulsive states, which we are apt to wrongfully attribute to self-poisoning (thus frequently getting the horse by the tail), but you get upset nervously first and see how quickly your secretions will become changed, poisoned. As an example a woman of our town went to a building which had collapsed, where her husband was supposed to be entombed, and she became very much excited and nervously upset. She nursed her healthy baby shortly afterwards, and inside of two hours the baby was in convulsions. The general circulatory conditions were good.

However, Dr. Barstow is nearing the correct diagnosis when he speaks of epilepsy and the spasmodic conditions we have to deal with. I will refer to this phase later. Dr. Akin succinctly refers to the overgrowth with its imperfections, the precociousness of mentation and, best of all, the inherent struggle of isolated functional brain areas, seemingly in conflict with each other for supremacy; but in fact these struggles, these brain clashings, these explosions and non-reacting periods of the second self are the result of incoordination of the integral areal association due to defect in development of the molecular chemic status of the brain cell. Had the second self continued for months among strangers he probably would have gone by another name, but, with his people, they suggested his old name to which he answered. All acts of the second self (excepting the violence) were seemingly products of suggestions made by words to him, or things in his surroundings.

Dr. Potter speaks about the double development of the brain. A right handed man develops the left side of his brain, and a left handed man develops the right side of his brain.

I have a boy whom I lecture on once a year, who has the greater part of the motor and frontal area of the right brain shot away, but still that boy goes on with

seemingly normal mentation except that he is below par. He has not been able to get up a higher plane of mentation. He has developed epileptoid attacks of late. He has not enough brain cortex left in that half of the brain to originate a respectable fit. He is right handed, therefore, naturally developed in the left brain, which is doing all his mental work.

Dr. Mary Strong refers to the family history: It was excellent. The father was a minister of the gospel all his life; and there was absolutely nothing in the family history that you could find fault with. I have never found a more intellectual or better balanced man than his father. All the rest of the children were good, nice, clean children, with no bad habits of any kind, and there was nothing wrong on the mother's side. In the abstract on the program I state: "precocious brain, developing brief, momentary head pains at sixth year; dazes at ninth year; gastric crises, tenth to fifteenth year; transient psychic disturbance; memory efforts, etc." To me this is nothing more than varied manifestations of an epileptoid condition. It is what kind of epilepsy today, in making a diagnosis, instead of simply saying that it is epilepsy. This was a form of epilepsy which was manifested by the outbursts of localized areas at different times, paralyzing the consciousness of the higher or first self, and during this period he remained in that subconscious state, or second self. In the complete fit unconsciousness is absolute and no vicarious attempts at consciousness are made. I believe it was an epileptic condition commencing down at childhood, and I treated him just as I would an epileptic. A close study of the symptom complex renders the diagnosis of hysteria as untenable, even absurd. The main feature of the treatment given him was the bromide treatment with auxiliaries, systematized to anticipate these periods. By the systematic effect of the drugs I determined the time when to give the dose, when to increase the size of the dose and when to decrease it, until I got so I could hold him along an even mental plane. After that I discharged him and he has continued his treatment for two years just the same as if he had been with me, and he has not had an attack since. According to my advice I have instructed him to let brain work alone. He has lived out in the country, and in this letter which I just handed to the secretary, he says he is pretty near a full fledged farmer, leaving himself free from mental strain and to the enjoyment of good health.

