

A CASE OF PERSONALITY SPLITTING

Observation collected in the service of Professor Ball,
at Sainte-Anne Clinic,
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S..., a 30-year-old bachelor, entered the clinic on February 10, 1882. In the hereditary background, which we won't delve into for specific reasons, there is a notable longevity among both paternal and maternal ancestors.

The personal history is quite intriguing. In childhood, the patient experienced frequent convulsions that persisted until the age of 3 or 4. These convulsions were of violent intensity; the face turned cyanotic, the body took on a bluish tint, and convulsive jerks affected all limbs.

At the age of 6, scarlet fever.

At 7, in Milan, he climbed to the top of the cathedral with his father on a hot summer day; there, the sun's rays caused sunstroke, followed by a prolonged loss of consciousness. After a considerable period, he regained consciousness but could only leave the bed six weeks later.

Between 10 and 12, a series of rheumatic fever attacks occurred almost continuously. Joints were mostly spared, but there were sharp muscular pains throughout the limbs. Strangely, the serous membranes, both of the heart and its coverings, unlike the joint serous membranes, were quite seriously affected. The patient seems to have had endo-pericarditis at that time. He was vigorously treated (counter-irritation to the precordial region using several large vesicants, whose traces are still clearly visible); however, since then, he suffered from palpitations triggered by any emotion, even mild. Auscultation no longer reveals any friction, but the heart sounds, though regular, are poorly struck and distant at the apex, and the first sound is prolonged and slightly blowing. Today, the pulse is regular and fairly strong, but the patient claims that, during palpitation episodes, doctors have a hard time feeling his pulses.

The patient has always engaged in venereal excesses, often repeating coitus 7 or 8 times in a night. At 19, in Bucharest (sic), he contracted a severe syphilis. The chancre was followed by skin rashes and mucous patches. At 24, some skin gummata appeared,

* Article published in the journal *L'Encéphale*, a journal of mental and nervous diseases, under the direction of Mr Benjamin Ball and Jules Bernard Luys, Paris, 1882, pp. 472-476.

with specific traces still visible on the forearms. At the same time, a large part of the tongue was destroyed by a deep ulceration. This was the last syphilitic incident. He confesses to having contracted about a dozen gonorrhoea in his lifetime.

He has always indulged in excessive alcohol consumption, frequently getting drunk during pleasure outings with friends. Consequently, his nights were generally restless and disturbed by nightmares: visions of animals, terrifying hallucinations, falling into precipices.

He recounts always being impressionable, emotional, irritable, with impulses to resort to violence against those who contradicted him. Finally, he tells us that, from birth to 21 years old, he was constantly subject to fainting spells. Their frequency decreased with age, but hardly a day passed without an episode. These occurred at any time, day or night, morning or evening. They abruptly ceased at 21. However, these spells did not prevent him from pursuing education; he pursued classical studies but was isolated in boarding schools and subjected to a special regimen.

At 25, the patient, whose main occupation was travelling, found himself in Montevideo and suffered a second sunstroke. He remained unconscious for a month, and the impact was so severe that he only regained his previous physical states 18 to 20 months later. From then on, he always suffered in the occipital and frontal regions, and these pains persist to this day.

It is during the convalescence of this disease that S... experienced the strange phenomena that constitute the subject of this observation: 3 or 4 days after regaining consciousness, he distinctly heard a man's voice, clearly articulated, saying the following phrase: "Are you feeling better today?" Believing there was someone in the room, the patient responded, and a short conversation ensued. The next day, the same question. Intrigued this time, our patient looked and saw no one in the room he occupied. "Who are you?" he asked. "Mr Gabbadge", the voice replied, and the conversation continued for a few moments. It was only several days later that the patient glimpsed his interlocutor. From that day on, he always appeared in the same form and attire, as he still does today. This visual hallucination is as vivid as the auditory one, and here is S...'s description of his fictitious interlocutor.

He always sees him face to face, but only in bust. He is constantly in hunting attire. He is a robust and well-built man, around 36, with a strong beard. The complexion is dark chestnut. The eyes are large and black, with strongly defined eyebrows. This man never agreed to provide any other information about himself; despite S...'s repeated requests, he never revealed his profession or way of life. Thus, S... obtained all the directories, English, French, American, etc., without ever finding Gabbadge's mysterious address.

The nights that followed were bad; Gabbadge prevented our patient from sleeping by asking him numerous questions to which he felt compelled to respond.

From that day on, a struggle ensued between them every moment, every day, every night; a struggle that would become increasingly violent and, consequently, more painful for the patient, as Gabbadge came to order the most insane and criminal acts. These battles are so intimate, they seem to take place so well in the patient's own mind, and they are sometimes followed by such excruciating headaches that S... has come to imagine he has two brains, one on the left, belonging to Gabbadge, and the other to himself. Such is the origin of his ideas of resistance because he cannot conceive that, with these two brains functioning in his own head, victory must inevitably fall on the side of his adversary.

Gabbadge will no longer let any event, no matter how insignificant, in the unfortunate S...'s intimate life pass without taking part, and the patient's efforts will never succeed in freeing him from his powerful grip. Several times, absolute fasting was prescribed for five or six days by this fictitious character, and the doctors had to feed S... through rectal feeding. Today, the patient tells us that, for some time now, all kinds of meat have been forbidden to him; he eats vegetables. Having wanted to resist once again, he swallowed a bite of meat, but a few moments later, he experienced symptoms of intoxication and excessive headaches.

Let's go back to the beginning of the illness and revisit our hallucinated patient during the complete physical recovery from the effects of his sunstroke, that is, from 20 to 22 months after this accident; we will only cite a few examples among a thousand, randomly chosen, from S...'s life to establish the authoritative influence of the fictitious character on the decisions of the one whose feeble brain gave him existence.

One day, while at home reading his newspaper, sitting in front of a blazing fire in the fireplace, suddenly advised by Gabbadge, he throws his chain and watch into the coals and only decides to leave his place after confirming the total destruction of these objects. A few days later, he rents a carriage and has himself driven aimlessly through the streets of London for a consecutive day and night, barely stopping for some food, so much so that the coachman, realising he was dealing with a madman, takes him to the police station, where he gets paid for his horse, which was exhausted. There, S... declares that he obeyed Gabbadge, and for this reason, he was sent to his doctor, Dr Bond. Often, significant sums of money were lost at cards by following Gabbadge's treacherous inclinations. Sometimes, he acts as a prophet, and recently, one morning in the hospital, he predicted the death of a patient near S... for that evening, who, although condemned, had not shown any worsening of

his condition that day. By a strange coincidence, the prediction came true.

Finally, we need to discuss two types of irresistible criminal impulses: the tendency to murder and the tendency to suicide.

About 3 or 4 years after Gabbadge's appearance, S... receives an order to make a young child perish, designated to him. He procures a bottle of "Chloridine" for this purpose and forcibly makes his delicate victim ingest it, who succumbs a few hours later. The next day, he used the same poison to destroy himself, but he was saved by abundant vomiting caused by the ingestion of this substance.

Shortly afterward, still guided by his fatal adviser, he boards a small boat one evening and, reaching the middle of the bay of Montevideo, wraps himself in a blanket and throws himself into the sea. Movements are paralysed by the clothing, so in a few moments, he loses consciousness. When he came to, he was on the shore, surrounded by fishermen who were giving him eager care after picking him up almost lifeless in their boat, against which he had providentially collided.

Several other suicide attempts followed those we have just reported; thus, on his return to London, during the crossing, he threw himself into the waves a second time and was brought back on board again by one of the crew. A few days before his current admission to the asylum, he swallowed, for the same purpose, an eye lotion used by one of his friends for an eye condition. This time again, he got away with vomiting followed by a malaise for a few days.

We will conclude the long enumeration of these disastrous insanities by recalling a last attempted murder he committed upon arriving in London. Some of his friends took turns spending nights with him, both to watch over him and to provide the care his condition required. Gabbadge pointed out one of them as a victim; so it was to plunge a knife into his heart that S... got out of bed one evening, and the crime would have been committed if the friend, who was on his guard, had not thrown himself on him to disarm him.

All these criminal acts deeply affect S... in his moments of lucidity, and often he bitterly laments the impossibility in which he finds himself of summoning sufficient energy from within himself to triumph over his ruthless dominator.

During the time he has been under our observation, S... has continued to receive visits from his mysterious friend. One morning, he tells me that Gabbadge has advised him to be wary of his doctors and not to follow any prescribed treatments. It is with great difficulty that we manage to overcome his prejudices. He complies to some extent with our advice, but he continues to receive visits from this character who delights in countering our influence.

One day, in a moment of relative lucidity, pressed with questions, he finally tells us that Gabbage is most likely an evil spirit or, at the very least, the soul of a man who has been dead for a long time, since his address is not found in any directory. He remains convinced, nonetheless, that this character possesses the left half of his body. One day, a subcutaneous morphine injection was administered on the left side. He immediately exclaimed, “You have injected on Gabbage’s side, so it won’t do me any good”.

Finally, let’s add that this patient, tormented by incessant insomnia, suffers much more from his hallucinations at night than during the day.

Here we see, in the midst of the 19th century, a possessed individual comparable to those who have filled the history of past times. It is interesting to note that no religious or mystical ideas are associated with these observations, which present the most prosaic and banal character imaginable. Their clarity itself is proof of this. The patient seems to perceive himself in a mirror and takes himself for a foreign person. One cannot imagine a clearer case of personality splitting.*

* In his work *La Morphinomanie* (Paris, 1885), Professor Benjamin Ball illustrates his tenth lesson, dedicated to “cerebral dualism”, by recounting the case of Marcus Slade. However, he takes care not to reveal the patient’s identity, simply referring to him as “*a young man I had the opportunity to present to you*” (p. 220). His exposition concludes with this information (p. 223): “*This patient left the clinic a long time ago, but I learned that he was still in the same state of hallucination and continued to be under the influence of his persecutor.*”