

A number of other diagnostic possibilities have been considered and ruled out: fully developed or borderline schizophrenia, manic-depressive psychosis, paranoid state, and severe recent brain damage or deterioration. Although the confusional features are sometimes superficially similar to those found in schizophrenic functioning, they are not accompanied by the abundance of bizarre ideas and inappropriate emotions one expects from schizophrenics. Neither euphoric nor depressive features are clear enough or extreme enough to point to a manic-depressive disorder. Severe recent brain damage or deterioration is contra-indicated by the many areas of intact functioning still available to Mr. Ruby, even if only on a fluctuating basis. His paranoid trend does not appear to be so extreme or pervasive as to constitute a paranoid state. There are personality features present that might be termed hysterical, obsessive and anti-social, but these features do not appear to account for the impaired functioning observed.

It is therefore strongly indicated that a thorough electro-encephalographic study and physical neurological examination be carried out to investigate the nature and extent of the indicated brain dysfunction. (The present test results may be considered a reasonably thorough mental neurological examination.) It is possible that the EEG and physical neurological examinations will produce ambiguous or negative findings. In this event, the test results would still speak strongly for the probable presence of organic brain dysfunction; sometimes this condition emerges most clearly in the psychological test results. And in any event, the descriptions of his impaired functioning and his explosive emotionality given above would stand as irrational, impulsive acts of aggression are likely to be outstanding characteristics of Mr. Ruby.

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