Literature and Epilepsy

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And then I knew that the voice
of the spirits had been let in
-as intense as an epileptic aura-
and that no longer would I sing
alone

Introduction

Literary fictions have the potential to move us, extend our sense of life and transform our prospective views. On the other hand, disease is one of (if not the) most challenging experience a human being can face in his lifetime. Literary recreations of illnesses can therefore have a doubly powerful effect on us and literature and medicine have indeed held close links throughout history. The 8th century BC epic poem of Homer, The Iliad, opens with a plague sent by Apollo against king Agamemnon’s army. Such paradoxical punishment inflicted by one of the mythological gods of healing can only be understood in the light of the ambiguous Greek term expressed in Aeschylus’ play Antigone: deinos; a term which refers to both the sublime and the terrible nature of man. An epitome of this characteristically human attribute can also be seen in the invention of the axe of silex in prehistoric times, with its twofold application for both hunting in order to survive and killing other fellow humans. A contemporary application of the prehistoric axe can be found in the use and misuse of uranium as well as by the interpretations of religion.

Likewise, another Greek term, which is not dead like the former: pharmakos; designates the dual –curative and poisonous– property of a drug, a contemporary of which is phenobarbitone: a substance used by mankind successfully to control epilepsy as well as to commit suicide or cause the death of others. The awareness of such a double-edged sword which typifies the contradictory anthropological condition has been seen by Francis Scott Fitzgerald as the best possible definition of intelligence, that is, the capacity to hold two opposite ideas in the brain and to keep functioning. As for the 20th century Anglo-Welsh writer and epilepsy sufferer,

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Margiad Evans, the word best attached to contradiction is epilepsy.³ It was, however, her predecessor in both literature and epilepsy, the Russian novelist Fyodor Dostoevsky, who expressed the paradox of being human through the voice of the fictional character, the so-called underground man: ‘I’m sufficiently educated not to be superstitious, but I am’.⁴

Of all human diseases, epilepsy best epitomizes the struggle of mankind through the combination of predisposition, chance and character which determine destiny. And its historical significance can be seen by the first medical text that broke free from superstition, religion and quackery: the 5th century BC Hippocratic monograph On the Sacred Disease, where its anonymous Coan author uses epilepsy as a paradigm to claim that every illness has a natural cause and seeks a rational explanation as opposed to the supernatural means by which disease had been understood until that point. It is therefore no surprise that one of the most cited worldwide Medical History textbooks is a monograph on epilepsy written by Owsei Temkin: The Falling Sickness.

But in spite of the continuous attention drawn and the scientific advances in an increasingly globalized world, epilepsy remains the most stigmatized of neurological disorders. At the intersection of literature and epilepsy, medically informed recreations by writers of fiction provide a patient’s perspective and hence the experience of being through sickness. By raising awareness within the general population, writers of fiction also contribute to narrow the technical gap of understanding between doctors and patients. And in doing so, they help to eradicate the stigma associated with the most frequent of severe neurological conditions. Literary fictions can open our minds, increase our empathy, awaken our imagination, challenge our current and eventually transform our future views.

**Physician-writers and epilepsy**

In a legendary reply to the question what to read to become a better doctor, the so-called English Hippocrates, Thomas Sydenham, advised his disciple and later physician-poet Richard Blackmore: ‘Read Don Quixote’.⁵ A somewhat ironic but nevertheless accurate answer - as any health professional familiar with Cervantes’ masterpiece would confirm - which reflects a balanced relationship, that is, a symbiosis that has existed between medicine and literature over the centuries. Further evidence of such reciprocal feedback amongst writers of fiction and clinicians include the medically informed impressions in Henry James’ The Turn of the Screw,

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³ M. Evans, The Nightingale Silenced. Transcription from a manuscript version supplied as a photocopy by the National Library of Wales (papers no 23368B) made by Jim Pratt and typed by Jane Dickson. West Linton, 2009, p. 2.
⁴ F. Dostoevsky, Notes from Underground (New York, Vintage Classics, 1993), p. 3.
as Purdon Martin pointed out, drawing a parallelism between Hughlings Jackson’s late 19th century reflections on *dreamy states* occurring in the context of epilepsy and the scientifically accurate descriptions depicted by the writer in the novel. Literature of fiction brings new insights into disease by contributing clarity and empathy, thus complementing medical literature in the professional development of the physician. Writers of fiction also provide a cultural background and a historical context for understanding the creation of science and arts as expressions of the human brain. This symbiosis between doctors and writers is best personified by the greatest of physician–writers: Anton Chekhov.

Influenced by Darwin, neurologists have traditionally taken a particular interest in medical anthropology with particular reference to language and to epilepsy. The anthropologist and a pioneer in neurology, Paul Broca, was the first to localize a specific task within an area of the brain, namely the faculty of language over the left third frontal convolution. The association of language and epilepsy was likewise noticed and described during the second half of the nineteenth century, by Hughlings Jackson. Furthermore, links between epilepsy and literature include a variant of language-induced epilepsy distinguished from reading-induced and from praxis-induced epilepsy, so-called *graphogenic epilepsy*. The introduction in medicine of the electroencephalogram in the first half of the 20th century also meant the introduction of a new language requiring specific interpretation skills. Purely based on typical electro-clinical features, the still in vogue 1981 and 1989 revised international classification of seizures and epilepsies and of epileptic syndromes, respectively, included *reading epilepsy*. However, non-fictional literature and medical literature fall outside the scope of the present article, which will chiefly focus on writers of fiction with particular reference to epilepsy.

Opposed to the great interest in epilepsy manifested by patient-writers and medical reporters, relatively few physician-writers, including Chekhov, have paid attention to epilepsy in their fictions. One of the few exceptions is the Russian neuroscientist and physician-writer Leonid Tsypkin who was inspired by Dostoevsky’s illness to write *Summer in Baden-Baden*. In this para-fictional novel, he recreates one of the novelist’s epileptic attacks triggered by emotional stress and

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8 J. Hughlings Jackson, ‘On a case of loss of power of expression: inability to talk, to write, and to read correctly after convulsive attacks’, *BMJ* 2. (1866), 92-94.
progressing from a dreamy and contradictory psychological state to loss of consciousness and convulsions followed by confusion and disorientation, as he was being helped by his wife:

But suddenly the floor began to shake beneath him, and instead of her face, which he had expected to see, (...) he saw some kind of strange, shifting, white blot, which began to expand rapidly, losing its whiteness and filling firstly with blue light but then darkening almost to the point of blackness, like the sky which he had observed that day, when he had been standing on the castle`s edge – and yes, this really was a sky, nocturnal almost and filled with stars which for some reason were enormous, like the sun, each (....) and a strange unexpected smell emanated from these lifeless stony wastelands – the smell of ozone usually experienced after thunderstorm – (...) and he flew after the shield with such effortless ease that he lost all sensation of his own body, merging with what had earlier been inaccessible and had now become a part of his own flesh.

He was half-sitting on the rug between Anna Grigorievna´s bed and the wall, where she had dragged him, gasping under the weight of his body, and placed a pillow under his head – and his convulsions were already coming to an end, but there was foam on his lips, and so she wiped it away – and slowly opening his eyes, he looked at her without recognition.11.

Hence, paraphrasing Thomas Sydenham’s legendary answer to the question What to do to become a better doctor (and indeed neurologist), it could also be advised: 'Read Dostoevsky'.

Writers with epilepsy: the being through

Writers of fiction with epilepsy contribute with their experience of disease, their medically informed intuitions, and their story-telling talent to the cultural history of epilepsy. Epilepsy can be devastating and yet within such devastation some writers have found a way forward in their process of artistic and indeed literary creation.12

The so-called father of literary life in Brasil, Joaquim Maria Machado de Assis (1839-1908) had seizures which were accounted for by his contemporaries Miguel Pereira and Agripino Grieco among others. He took a very secretive approach about his epilepsy and did not even mention it to his future wife. Despite the fact of his epilepsy being in the public domain and the somewhat subtle but quite clear presence in his oeuvre, he never referred to it in an explicit way and very seldomly discussed it

in his correspondence. For instance, in his novel *Brás Cubas* of 1882 he changed the expression ‘she rolled on the floor, epileptic’ in a later edition to ‘she rolled on the floor in convulsions’.

A further example of how he incorporated his epileptic experiences in his literary work appears in Chapter 41 in the same book, where he describes a hallucination of Brás, the protagonist, by way of a *jamais vu* illusion. Under the fresh impression of the perisheableness of beauty, he suddenly and for some brief and dreadful moments sees Virgília, his fiancée, defaced and ugly like his former love. Virgília’s behaviour towards Brás after the episode radically changes which raises suspicions of what he may have done, said or looked like during his hallucination without being aware of it, and she shortly afterwards breaks the engagement.

Machado makes use of an omnipresent narrator who knows the actions and thoughts of his characters. The chronology of his narrative is characterized by changes in tempo and rhythm. In chapter 47 we find a subplot type flashback within the narrative. As noted by Guerreiro, in his Diary we find descriptions of *absences* taking place only days apart:

September 4: Where I drank water and Lansac gave me salts to smell. It was in the afternoon, and I answered in Portuguese what he had asked in French. … I reported this to the doctor (Miguel Couto), and told him that the interval between the phenomenon and the last seizure that occurred at the Jornal (das Famílias) was 22 days (...) Case of the basin, in the evening September 17 (another absence on September 18).

According to current scientific terminology, de Assis appears to have suffered from rare tonic-clonic and frequent complex partial seizures and relatively frequent episodes. The latter do not seem to have been substantially improved by bromide treatment as prescribed by Dr Miguel Couto, along with the use of homeopathic remedies. Reports of comprehensible but inadequate talk, the sudden, unexplicable changes in behavior and seizures precipitated by deep emotion and thematically related to the cause of emotional upset have led Guerreiro to propose a retrospective diagnosis of non-dominant or right temporal lobe epilepsy. Machado’s Diary shows a particular interest and understanding of Dostoyevsky’s literature, and in his book *Quincas Borba* of 1891 he pays tribute to Dostoevsky.

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Contrary to Machado de Assis, the Anglo-Welsh writer Margiad Evans (1909-1958) took a somewhat less ashamed and more overtly autobiographic and confessional approach to her epilepsy. In *A Ray of Darkness* of 1952, she acknowledges the experience of a first convulsive seizure and of what led up to it, whilst she had become aware of isolated auras preceding it by many years:

To see, or to observe one thing, and in that same instant for the soul (it is too instantaneous for the mind) to give birth to its matching half, its sunny shadow. Such swift mental images I had constantly and they made me very happy. For that was why I was born, to be able to do just that and nothing else.  

In the same novel, the writer explains how ‘The spells became more frequent and longer and darker during the year 1948 than at any other time in my life’. As pointed out by Andrew Larner, Evans raises our awareness about the impact that epilepsy has on a person’s life and particularly on a pregnant woman with epilepsy, as well as on the significant side effects of the main two antiepileptic drugs available at the time: phenytoin and phenobarbitone. She later referred to primidone in *The Nightingale Silenced* as a third line add-on treatment which was relatively efficacious for her Jacksonian or unilateral epilepsy, which typically affected the left side of her body. Her accounts of the seizures take us back to the classical and still in vogue 19th century clinical descriptions of what we partial epilepsy:

For a short while after the illness I was very slightly paralysed or immobilised in the left side and hand: and the left side of my face and left top of my head felt as if they had been slapped hard by the bristle side of a brush. The psychic effect was, of course, more subtle and more minute.

Margiad Evans also wrote *The Old and the Young* in 1948, a book almost entirely devoted to her experiences with epilepsy, having also previously written in 1943 her *Autobiography*. In an unpublished manuscript written whilst she was hospitalized with a brain tumour, entitled *The Nightingale Silenced*, Evans gives several accounts of the devastating effects and sequelae of epilepsy, as noticed by Lloyd-Morgan:

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21 Ibid, p. 36.
A powerful convulsion took me. My body was then bent backward, my head followed the same hideous curve, my eyes were as though pulled into the sockets and out on a jerking string – and I was perfectly conscious… The convulsions began again, turning me always from the right to the left side, arching my back and neck until it seemed they must snap, torturing my eyes… Fits beginning now with a feeling that the spots on the wall were driven into my eyeballs like gravel.²²

She then goes on to manifest her frustration about the lack of attention paid to epilepsy by the medical profession as well as the general misconceptions surrounding this condition. Like Machado de Assis, Evans demonstrates her familiarity and shows her admiration for the oeuvre of Dostoevsky. She acknowledges the different levels of consciousness of epilepsy and refers to the dreamy states and the aura of ecstasy depicted by the Russian novelist in *The Devils*, considering that Dostoevsky’s use of epilepsy in his books is too idealistic. In fact, Evans is well aware of the suffering and objectively detrimental effects that epilepsy has and seems far from convinced about a doctor’s suggestion in the novel that there could be something pleasurable about epilepsy. She also offers an interesting insight into its traditional demonization:

The old idea of demoniac possession, I am sure, arose not from the onlookers of sufferers in fits but from the sufferers themselves. Because in the violent attacks one feels as though the body has been entered by a terrific alien power; and that that power is trying, after entrance, to push its way out again.²³

*The Nightingale Silenced* offers invaluable semiological features of epilepsy by way of describing the subjective experiences and the more overt symptoms. Evans distinguishes between major and minor fits or ‘sub-attacks’, the involuntary and uncontrolable nature of her brain under the influence of epilepsy, the lucid intervals, the after effects of status epilepticus, the confusion of feelings and contradictory nature of the condition, the defects of consciousness, the ’sensation of thought’, the ’prising’ of mind, and the fear and horror she refers to as the ’cloud of epilepsy’.²⁴ Finally, she draws parallelisms between her views and those of other writers such as Dickens, Melville, a Swedish writer by the name of Gunnar, and above all with the Spanish medieval poet and possible epilepsy sufferer Saint Therese of Jesus (or of Avila). Once again, she acknowledges the talent of Dostoevsky in depicting characters with epilepsy of different

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backgrounds, under different circumstances in his novels. Like the Russian novelist, Evans refers to the cognitive impairment caused by epilepsy and to the triggering effect on fits that ‘over-concentration’ and tiredness can have.25

**The epilepsy of Dostoevsky: a symbiosis of literature and medicine**

Fyodor Dostoevsky was born at the Moscow Hospital of the Poor on 30 October 1821, the second son of an army surgeon. Contrary to what Dostoevsky reiterated throughout his life, most likely in order to support a report from an army surgeon through which he was able to escape perennial army servitude, his epilepsy had not begun in Siberia in 1850 but most probably in the early 1840s – or perhaps slightly earlier in a milder form – as several firsthand accounts from his contemporaries suggest. The first convincing account of a witnessed epileptic attack dates back to October of 1844, aged 22, as his fellow student and roommate at the Military Academy of Engineers Grigorovitch recalled:

> He had fits of illness several times, when we were out walking. Once, when we were walking along Troitsky Street, we met a funeral procession. Dostoevsky quickly turned aside; he wanted to return home, but, as soon as he walked several steps, he had a strong attack of the illness. It was so strong that I had to ask passers-by to take him to the nearest drug-store, and we could hardly revive him. Usually, after such fits, he experienced a depression which lasted for two or three days.26

By the time Dostoevsky first portrayed epilepsy in his literature, he had already become acquainted with a physician with whom he was to enjoy a life-long friendship. Stefan Ianovskiy was indeed the first doctor as well as one of the earliest, to witness his fits, as the following first-hand account referring to an 1847 episode suggests:

> As soon as I approached the Hay Market Square, I saw Fyodor Mikhailovich. He was bareheaded, his coat was unbuttoned, and his tie was loosened. Some officer in a military uniform was supporting him by the elbow.27

In *The Landlady*, Dostoevsky makes old Murin suffer from epilepsy. Here, an epileptic seizure is instrumental to the plot, a precedent for the one involving the

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27 Idem.
protagonist of his later and more famous novel *The Idiot*. In this earlier novella, the writer’s unfortunate familiarity with the epileptic condition is nevertheless evident, as the following lines suggest:

A shot rang out, followed by a wild, almost inhuman shriek, and when the smoke had cleared a strange spectacle met Ordynov’s eyes. Trembling all over, he bent down over the old man. Murin lay on the floor; he was being racked by convulsions, his face was distorted with agony, and foam was visible on his twisted lips. Ordynov realized that the unhappy man was suffering an acute fit of epilepsy.\(^{28}\)

Dostoevsky apparently only became convinced about his own diagnosis of epilepsy during the decade of forced exile in Siberia (1849-1859) to which he had been condemned for joining a group of dissidents to the Tzar in the late 1840s, as he explains in a letter to his older brother Mikhail on 9 March 1857:

On the way back ... I stopped in Barnaul at a good friend’s. And there I had a stroke of misfortune. I quite unexpectedly had an epileptic fit that scared my wife to death and filled me with sadness and depression. The doctor (a learned and competent one) told me that, notwithstanding what other doctors had previously told me, I had real epilepsy and that I could expect to suffocate during one of the fits as a result of throat spasm, and that this is sure to be the cause of my death. I myself had begged the doctor to tell me the whole truth of his honor. In general, he advised me to beware of the new moon.\(^{29}\)

In 1863, the Russian neurophysiologist Ivan Sechenov (1829-1905), who like Dostoevsky had been a student at the Military Academy of Engineers of Saint Petersburg a few years earlier, published his important *Reflexes of the Brain* on returning to Russia. It was a period where the essential knowledge about the epilepsies was flourishing thanks to the ongoing works of neurologists across England, Germany and France. John Hughlings Jackson had been appointed in 1862 as Assistant Physician to the National Hospital for Epilepsy and Paralysis at Queen Square, London, the first institution dedicated to Neurological Disorders which had been, founded in 1860 with Brown-Séquard as Physician in chief. In 1862 - the year Dostoevsky went abroad for the first time, visiting London and Paris during the summer - Jean Martin Charcot had just joined the Parisian Salpêtrière Hospital where he was to become the first Professor in Neurology. It was in this scientific and


historical context that Dostoevsky wrote a letter to his colleague and ideological rival Ivan Turgenev dated 17 June 1863 expressing his intention of going abroad in search of medical advice from two of the most famous neurologists of his time:

I am very ill with epilepsy, which is getting worse and worse and driving me to despair. If only you knew how dejected I feel after my fits, sometimes for whole weeks on end! Actually, I am going to Berlin and to Paris - but for the shortest possible time - for no other reason than to consult specialists on epilepsy (Trouseau in Paris, Ramberg in Berlin). There are just no specialists in Russia, and I receive such a variety of contradictory advice from the local doctors that I have lost all faith in them.

Interestingly, the great German neurologist Heinrich Moritz Romberg (not Ramberg, as misspelled in Dostoevsky’s letter) was carrying out investigations about the possible influence that the phases of the moon could have on epilepsy. But regardless of whether the above intended consultations actually took place, Dostoevsky - who in 1863 and from 1867 to 1871 also travelled and lived in France, Italy, Germany and above all in Switzerland - in fact became acquainted with several doctors throughout his life, including his life-long friend Ianovsky from whom he borrowed medical textbooks, with the doctor he had referred to before as a `learned and competent one´, with Dr Troitski during his penal servitude (1849-1854), with Dr Ermakov in the seventh Battalion whilst serving in Siberia (1855-1859) as well as with Dr Blagonravov later on in life, from whom he sought specific advice for his medically informed fictional descriptions in The Brothers Karamazov:

The doctor, having listened to him and examined him, concluded that he was indeed suffering from something like a brain disorder (...) “In your condition hallucinations are quite possible, though they should be verified… but generally it is necessary to begin serious treatment without a moment’s delay, otherwise things will go badly”.

An account which was endorsed by a doctor’s opinion, as the following letter of appreciation by Dostoevsky with reference to the above quotation suggests:

I thank you, especially as a doctor, for your informing me of the accuracy of that person’s mental illness depicted by me. An expert’s opinion will support

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me, and you have to agree that under the given circumstances a person (Ivan Karamazov) could not have had any hallucination other than that one.\textsuperscript{33}

In \textit{The Brothers Karamazov} three assessments from doctors take place in order to determine whether the suspect and step-son of father Karamazov, the epileptic Smerdyakov, had genuine attacks of his epilepsy or whether he was shamming at the time of the parricide, as it turned out. Further evidence of Dostoevsky’s familiarity and use of medical knowledge is shown in \textit{The Insulted and Injured}, where he most likely is referring to the first efficacious treatment for epilepsy, the bromides, which had only been introduced in Europe four years earlier (late 1850s):

\begin{quote}
Follow my advice, lead a quiet life, and take the powders regularly. (….) For the time the only remedy is to take the powders and she must take the powders. I will go and try once more to impress on her the duty to obey medical instructions, and … that is, speaking generally… take the powders.\textsuperscript{34}
\end{quote}

But in a letter to his brother Mikhail, written only three years later, he contradicts \textit{The Insulted and Injured} doctor’s opinion:

\begin{quote}
Announce that I have been sick. I saw the announcement of the publication of the March issue of Notes of the Fatherland in the papers. That announcement by itself is as bad as a dose of medicine.\textsuperscript{35}
\end{quote}

Establishing a parallel between reality and fiction enables us to look at the disease from an objective as well as from a subjective perspective. The following account of his friend AG Shile refers to an incident contemporary to the novel where the second of Dostoevsky’s epileptic characters appears:

\begin{quote}
I came to his apartment on the Ekaterinsky Channel. He was deeply in meditation about something. His face was pale; he looked at my face and did not recognize me. He had some strange expression in his eyes... In less than ten minutes, Fyodor Mikhailovich had an epileptic fit. His face was completely changed by a painful grimace, (…) A foam appeared from his mouth, and he made such a snore that I felt terrified. I could not leave him; I was afraid that something worse could happen. I asked for the landlady.\textsuperscript{36}
\end{quote}

\textsuperscript{33} Op. cit., ref 29, p. 357.
\textsuperscript{34} F. Dostoevsky, \textit{The Insulted and Injured} (Pennsylvania, Wildside Press, 2003), p. 290.
\textsuperscript{35} Op. cit., ref 29, p. 133.
An account from reality that can be compared with a passage extracted from his 1861 novel *The Insulted and Injured*, where the mistreated orphan Nelly is portrayed in similar circumstances:

It was three o’clock in the morning. I had hardly knocked at the door of my room when I heard a moan, (…) There was a candle alight. I glanced into Nellie’s face and was dismayed; it was completely transformed; her eyes were burning as though in fever, and had a wild look as though she did not recognize me. (…) She nestled up to me tremulously as though she were afraid of something, (…) her words were strange and incoherent; I could understand nothing. (…) At last something like a thought was apparent in her face. After a violent epileptic fit she was usually for some time unable to collect her thoughts or to articulate distinctly.  

Conscious of the heterogeneous nature of epilepsy, Dostoevsky depicts it in characters of different age, sex and social background. His scepticism about treatment was shared by some of the most recognized physicians of the time. Indeed, his relationship with medicine and with doctors was always far from easy, as the opening paragraph of his autobiographical 1865 *Notes from Underground* show:

I am a sick man… I am a wicked man. An unattractive man. I think my liver hurts. However, I don’t know a fig about my sickness, and am not sure what it is that hurts me. I am not being treated and never have been, though I respect medicine and doctors. What’s more, I am also superstitious in the extreme; well, at least enough to respect medicine.  

A few months before writing the above, Dostoevsky’s beloved older brother Mikhail had died from either liver or gallbladder disease, whilst his phthisic first wife had also just passed away. Unlike his first wife, however, his second wife, the stenographer Anna Grigorievna, who he employed in 1866 in order to finish in time *The Gambler* and married in 1867, was not scared of epilepsy. On the contrary, she was perfectly aware, supportive and caring beyond professional advice, as her own account of her husband’s illness suggests:

The greatest interval between the fits of his illness was four months; sometimes they happened every week. There were terrible cases such as when he had two fits during the week, and sometimes had two seizures, one

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following another with an interval of several hours. He uttered a terrible, inhuman cry, a noise a normal person cannot make. Very often I ran from my room to his room and held him standing in the middle of his room with his face contorted by convulsions, his body shaking all over. I embraced him from the back, and then we went down on the floor together. Usually the catastrophe happened at night… Therefore, he used to sleep on a wide and low sofa, in case he regained his consciousness. (…) You know, one could not cure this illness. All I could do was to loosen the upper button of his shirt and take his head into my hands.39

**Pathological labelling, neophrenology and paleodiagnosis, with particular reference to the inspiring scientific debate about Dostoevsky’s epilepsy as analyzed in the medical literature**

Lack of factual evidence combined with theoretical superstructure has sometimes led reporters to attempt improbable retrospective diagnoses in some of our most remarkable ancestors. Some have gone as far as to reduce Picasso’s genius to an assumed and far from certain type of migraine which was supposed to have inspired the artist to his famous paintings at the time of cubism.40 Likewise, contemporary scientific bias in the absence of any convincing data has resulted in the pathological labelling of epilepsy in Saint Theresa of Jesus, Alexander the Great, Napoleon, Van Gogh, Flaubert, Tchaikovsky, Lewis Carroll, Helmholtz, Julius Caesar, Paganini and others. By looking at a case report of the past with contemporary scientific eyes it is often easy to incur an erroneous over-interpretation of historical events taken out of context. Such anachronistic views, far from shedding light, are more likely to throw a ‘ray of darkness’ on the subject. To examine retrospectively the life and illness of one of our most remarkable ancestors has indeed produced some anachronistic conclusions, often founded on current scientific terminology rather than on clinical data taken into historical context. In this sense, the term illness is no longer a synonym of disease and as such it is no longer considered as much a biographic event as a natural fact. This becomes particularly evident when examining a clinical history of the past. Apropos of an excessively positivistic approach, the medical historian Laín Entralgo writes:

The pathophysiological adepts make a succession of graphics and measurable figures out of the clinical history in order to build a perfectly geometrical curve

thus reducing it to a serial of lineal or numerable symbols along the energetic-
material process which the patient’s life has now become for the doctor.\footnote{P. Laín Entralgo, \textit{Historia de la Medicina} (Madrid, Masson, 2001), p. 479.}

In contrast, when a pathographical report from the past is examined free of
ethnocentrism and is constructed relying on solid background information,
combining factual evidence, historical context and the awareness that our current
scientific understanding does not necessarily reflect a closer approach to the truth or
indeed an accurate reality, the result is often enlightening. In many respects, such is
the case with the debate surrounding the retrospective analysis of the epilepsy of
Fyodor Dostoevsky, albeit having occasionally fallen to the wrong or ethnocentric
side of the spectrum. Thus, in a congress held in 1981 in Sophia Antipolis (Southern
France) commemorating the 100\textsuperscript{th} anniversary of Dostoevsky’s death, the French
epileptologist Henri Gastaut proposed a new hypothesis on the type of epilepsy the
Russian novelist might have suffered from. In 1907, Segalov first reflected on
Dostoevsky’s epilepsy from a medical perspective,\footnote{T. Segalov, \textit{Die Krankheit Dostojevskys. Grenzfragen der Literatur und Medizin} (Munich, Ernst Reinhrdt Verlag, 1907), p. 21.} and in the 1920s a warm dispute
was held between the writer Stefan Zweig and the neuropsychiatrist Sigmund Freud,
with the former more impressed about the resilience and intelligent use of
Dostoevsky’s epilepsy in his art.\footnote{S. Zweig, \textit{Drei Meister-Tres Maestros} (Balzac-Dickens-Dostoyevski) (Barcelona, Acantilado, 2004), pp. 121-22.} Relying more on his psychoanalytic theories rather
than on biographical evidence, Freud explained what he thought was a case of
\textit{hystero-epilepsy} (nowadays termed psychogenic non-epileptic attack disorder) in
Dostoevsky. Freud’s bet against epilepsy in Dostoevsky is also a reflection of his
contemporaries’ scientific view that an \textit{organic disease} of the brain was highly
unlikely to take place in someone capable of such outstanding intellectual
achievements, although he conceded some degree of uncertainty, reckoning that a
romantic view of his fellow-countryman, with later generations of psychoanalysts
assuming Freud’s theory.

Supported by increasingly available material and equipped with relevant
historical background in addition to scientific knowledge, later generations of
neurologists gathered not just literary depictions of epileptic phenomena, as
portrayed in several of the fictional characters throughout Dostoevsky’s work, but
they also included firsthand accounts from his contemporaries and new biographical
data and the new classifications of epilepsies based on electroencephalographic in
addition to clinical semiology to offer plausible scientific contemporary views on the
subject. Backed by Voskuil’s article of 1983, Gastaut clarified his first impressions
on Dostoevsky’s epilepsy, asserting that the writer had a very discreet temporal
lesion causing immediately secondarily generalized seizures, instead of primary
generalized epilepsy as he had proposed in 1978.

In 1963 Alajouanine had already proposed a diagnosis of temporal lobe
epilepsy in Dostoevsky, an hypothesis that has been backed up in some 21st century
assessments. With considerable discrepancy between biographical carelessness and
far-reaching theoretical superstructure, others have insisted on the inherited nature of
Dostoevsky’s epilepsy, assuming that the writer’s father had it too. Based upon such
an ‘extremely vague’ family history, as Rossetti has put it, a contemporary author
goes as far as adventuring that ‘recent data on the risks to offspring of epileptic
fathers confirms that the etiology of Dostoevsky’s epilepsy was probably inherited.

With the current classification of epilepsies under continuous scrutiny, it is
worth rewinding to the time and scientific environment surrounding Dostoevsky
when he wrote his novels. In 1868, as John Hughlings Jackson was delivering his
Goulstonian Lecture On certain points in the study and classification of diseases of
the nervous system at the Royal College of Physicians, Fyodor Mikhailovich
Dostoevsky was publishing The Idiot: a remarkable novel depicting an epileptic
character and indeed the epileptic process with unprecedented detail. By 1873,
Hughlings Jackson had defined an epileptic fit and epilepsy as we essentially
understand them nowadays. Coined by Charcot, the term Jacksonian epilepsy has
been used to describe a characteristic type of epilepsy included in our still in vogue
classifications. And in 1878 Hughlings Jackson co-founded with David Ferrier and

47 H. Gastaut, ‘Fyodor Mihailovitch Dostoievsky’s involuntary contribution to the symptomatology and prognosis of
49 C.R. Baumann et al., ‘Did Fyodor Mikhailovich Dostoevsky suffer from mesial temporal lobe epilepsy’?, Seizure, 14
(2005), 324-30.
50 A.O. Rossetti, ‘Dostoevsky’s epilepsy: Generalized or focal?’, Epilepsy Behav., 8 (2006), 446-47.
For further reading on the contemporary scientific approach to Dostoevsky’s epilepsy and for a review of the epilepsy
of Dostoevsky in the medical literature see A.J. Larner, ‘Dostoevsky’s epilepsy’, ACNR, 6(1) (2006), 26; and I. Iniesta,
On certain points in the study and classification of diseases of the nervous system’, Lancet, 1 (1869), 307-08, 344-45,
379-80. See also J. Hughlings Jackson, ‘A Study of Convulsions’, Trans. St. Andrews Medical Graduates Association,
3 (1870), 162-204, and J. Hughlings Jackson, ‘Remarks on limited convulsive seizures, and on the after-effects of
strong nervous discharges’, Lancet, 102 (1873), 840-41. For updated definitions see R. Fisher et al., ‘Epileptic seizures
and epilepsy: definitions proposed by the International League Against Epilepsy and the International Bureau for
Epilepsy’, Epilepsia, 46 (2005), 470-72.
others *Brain*: the first scientific journal in the medical literature entirely devoted to Neurology. Precisely in *Brain*, he went on to describe ‘intellectual warnings of epileptic fits’, including a connection with ‘a particular variety of epilepsy’ originating in the temporal lobe and linked by later generations of neurologists with temporal lobe epilepsy and indeed with the epilepsy of Dostoevsky.\(^{53}\)

**So, what can writers of fiction tell us about epilepsy?**

*Poets always came ahead of scientists to know the truth of the mysterious abyss of my Kingdom.*\(^{54}\)

In a fictionalized biographical recreation of Dostoevsky’s whereabouts abroad during the late 1860s, just like the physician-writer Tsypkin had done with *Summer in Baden-Baden*, the 2003 Nobel Prize for Literature J.M. Coetzee recreates the terrorist plot that prompted Dostoevsky to write *The Devils*, as well as the aura experienced by the novelist just before the loss of consciousness that took place in what we may define today as a secondarily generalized tonic-clonic epileptic seizure:

> He shakes his head, tries to gather his wits. But words seem to have fled him. He stands before the Finn like an actor who has forgotten his lines. The silence lies like a weight upon the room. A weight or a peace, he thinks: what peace there would be if everything were to fall still, the birds of the air frozen in their flight, the great globe suspended in its orbit! A fit is certainly on its way: there is nothing he can do to hold it back. He savours the last of the stillness. What a pity the stillness cannot last forever! From far away comes a scream that must be his own. There will be a gnashing of teeth – the words flash before him; then there is an end.\(^{55}\)

Dostoevsky’s friend and fellow writer Strakhov was the witness of Dostoevsky’s epileptic attacks and explained how Dostoevsky told him about the aura of ecstasy that heralded a grand mal attack, as well as the increasingly serious nature and frequency of the fits.\(^{56}\). And in a dialogue in his inspirational novel *The Devils*, the novelist draws from his own experience to explain how epilepsy can begin with subtle psychological symptoms and sensations that could be the warning of forthcoming more overt attacks:

\(^{53}\) J. Hughlings Jackson, ‘On a particular variety of epilepsy (“intellectual aura”), one case with symptoms of organic brain disease’, *Brain*, 11 (1888), 179-207.

\(^{54}\) J. Benavente, ‘*Monólogo del Ladrón de Sueños, de Vidas Cruzadas*, in *Voces de la Edad de Plata* (Madrid, Residencia de Estudiantes, 2000), p. 97. In 1922, Jacinto Benavente was awarded the Nobel Prize for Literature.


There are seconds; usually no more than five or six at a time; when you suddenly feel the presence of eternal harmony; completely attained (…) - Kirillov, does this occur often? - Once every three days, once a week. - Do you have epilepsy? - No. - Well, you will. Watch out Kirillov, I’ve heard that’s just the way epilepsy begins. An epileptic once described in detail his sensation before a seizure just the way you did.57

Dreamy states, intellectual auras or déjà vu phenomena had indeed been identified as possible epileptic symptoms of probable temporal lobe origin by contemporary neurologists of Dostoevsky (see Hughlings Jackson’s 1888 description of the ‘intellectual aura’ in the previous section), but it was Bancaud and colleagues in recent times who confirmed this hypothesis.58 Well recognized by Dostoevsky as a warning sign of an imminent major fit and very much related with the above described ecstatic feeling, déjà vu phenomena are involuntary psychological experiences which may give one the impression of being seized by the muse.59 The great Medieval Spanish poets Saint John of the Cross and Saint Theresa of Jesus as well as Dickens in David Copperfield (1850) portrayed such experiential phenomena including dreamy states, ecstatic sensations and déjà vu phenomena, respectively. In Apropos of the wet snow (1865), Dostoevsky describes such phenomena: ‘Yet it was strange: everything that had happened to me that day seemed to me now, on awakening, to have happened long, long ago, as if I had long, long ago outlived it all’.60

Such different approaches and indeed contributions to medicine through medical literature and fictional literature, between doctor and writer, has been expressed by Temkin in these terms:

What a contrast in perspective between Nietzsche’s epileptics of the idea and Jackson’s sufferers from discharging lesions and dreamy states! The contrast does not lie in scientific explanations but in the evaluation of the disease, Zola, Nietzsche, and Dostoievski, each in his own way dealt with epilepsy within the world of social intercourse and human values, in contrast to Jackson, for whom this world was not much more than an index of biological processes (…) If we do not look upon man at the end of the nineteenth century as isolated in national and professional departments, Jackson, Gowers, Samt, Falret,  

Lombroso, Dostoievski, Zola, Nietzsche, and others, all represent facets of the knowledge of and about epilepsy.  

From a different approach than Hughlings Jackson, Dostoevsky influenced our knowledge about epilepsy. Not only has his illness been retrospectively investigated by the above cited 20th and 21st century neurologists, but after reading Dostoevsky, Waxman and Geschwind described typical behavioral changes in the context of an epileptic syndrome, when in 1974 they identified some typical behavioural changes in patients with temporal lobe epilepsy, consisting in hyperreligiosity, hyposexuality and hypergraphia. Furthermore, Cirignotta et al named a rare seizure type after the Russian novelist, when analyzing electro-clinically an aura of ecstasy in a patient with right temporal lobe epilepsy, a symptom which had been depicted in detail over a century earlier by Dostoevsky in *The Idiot* and in *The Devils*. Likewise, inspired by Lewis Carroll in the 1950s, Todd introduced the term *Alice in Wonderland Syndrome* in reference to the visual distortions (metamorphopsia) occasionally associated with migraine or indeed with temporal lobe epilepsy.

As for Dostoevsky, nowhere else does he or any other writer depict epilepsy with such detail and accuracy as in the following paragraph extracted from his 1868 novel *The Idiot*:

Then suddenly something seemed torn asunder before him: his soul was suffused with intense inner light. The moment lasted perhaps half a second; yet, nonetheless, he clearly and consciously remembered the beginning, the very first sound of his terrible scream, which broke of itself from his breast and which he could not have checked by any effort. Then his consciousness was instantly extinguished and complete darkness followed. He was having an attack of epilepsy, of which he had been free for a very long time now. It is well known that attacks of epilepsy, that is the seizure itself, come on in an instant. In this instant, the face is suddenly horribly distorted, especially the gaze. Convulsions and spasms overwhelm the whole body and all the features of the face. A terrible, inconceivable scream that is unlike anything else breaks forth from the breast, in that scream everything human seems suddenly to vanish and it is impossible, or at the least very difficult, for the observer to conceive and admit that it is the very same man screaming (...). From the convulsions, thrashings and shudders, the body of the sick man slipped down

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the steps, (...) The prince was carried to his room; though he had come to, he did not fully regain consciousness for a rather long time.  

On the good use of epilepsy: towards a new paradigm?

Despite all the knowledge accumulated over the centuries, as Novalis once put it, man is yet to learn how to make a good use of his disease. A few decades after the romantic German poet’s assertion, Dostoevsky was to make an intelligent use of epilepsy. For, not only did he use it as a reasonable excuse to postpone some of his later publications, including certain chapters of his periodical Writer’s Diary (1873-1881), but he also made a good use of disease in the sense suggested by the Christian philosopher Blaise Pascal in his Prayer to ask of God the good use of disease, albeit through a more pragmatic approach.  

Firstly, he found a way to freedom from the perpetual military servitude to which he had been condemned in 1849 by the Tzar Nicholas I for the clandestine reunions he had held within the so-called Petrachevski circle. Such practical use of the disease came through a report from his Army physician, Dr. Ermakov, whom he had asked to raise the question with the new and not so tyrannical Tzar, Alexander II. The following letter together with the support of his influential friend Baron Wrangler were instrumental in obtaining the endorsement of the Royal Academy of Medicine of Moscow and the subsequent approval by the new Tzar:

Dostoyevsky had his first serious seizure of epilepsy in 1850... In 1853 he had another seizure, and now he has seizures each month. His present state of health is very weak... For several years he suffered from epilepsy, and now, as he is deteriorating from the disease, he cannot stay in the service of Your Majesty any longer.

The Brothers Karamazov was remarkably only written a year before his death, which was not caused by epilepsy but by a severe haemoptysis from a pulmonary ailment (possibly tuberculosis) for which he received treatment in several European spas, as reflected on his Writer’s Diary (1873-1881). Dostoevsky was repeatedly recommended by his doctor not to write in order to prevent epileptic attacks and he himself acknowledged several times in his correspondence, just like Margiad Evans later did in The Nightingale Silenced, that over-concentrating and lacking sleep had a detrimental effect on epilepsy. Thankfully, not only for his contemporary and future readers, but also for himself as he also acknowledged the therapeutic properties that

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writing had in his mental status, Dostoevsky never took the advice and carried on writing until the end. Hence, one could even say in Dostoevsky’s case, taking a quotation attributed to Hebbel, that ‘when a man is covered with wounds to cure him is to kill him’.

An epilepsy sufferer for two thirds of his life, Dostoevsky has contributed more than any other literary author to raise awareness about epilepsy at a time when the essential knowledge about the condition as we largely understand it nowadays was being unravelled. Not only did he find a way to come to terms with the disease and coped with it under extreme circumstances, but he also made an intelligent, pragmatic use of the disease in his literature. Hence, Dostoevsky’s own life represents a paradigm of resilience that offers hope to those suffering from epilepsy. Furthermore, through his vast literary oeuvre, his life encourages patients to find ways of coping better with disease by turning a disadvantage into an advantage. Not only did he make significant use throughout his forty years of artistic creation, but he also used his epilepsy in an encouraging and not so degrading way by making a Quixote/Christ-like figure of one of his masterpieces as well as the novel where the whole epileptic process is best depicted - Prince Myshkin in *The Idiot* - suffer from it, or write extensively about epilepsy thus creating strong characters that represent diverse aspects of the epileptic experience, whatever their position, whatever their intelligence, vices or virtues. In this novel, the Prince asks:

> What of it, if it is disease? (…) What does it matter that this intensity is abnormal, if the result, if the minute of sensation, remembered and analyzed afterward in a healthy state, turns out to be the acme of harmony and beauty, and gives a heretofore unheard of and undivined feeling of completeness, of proportion, of reconciliation, and of ecstatic worshipful fusion with the highest synthesis of life.\(^\text{68}\).

Because of the use of the ecstatic aura, most notably in *The Idiot* and in *The Devils*, his epilepsy has sometimes been misinterpreted almost as a positive aspect of his life. Much to the contrary, the novelist had a far from idealized view of epilepsy in reality, which he always considered a burden causing significant disruption, memory problems and certainly nothing pleasurable in his day-to-day life, as he confessed to Dr. Ianovsky late on in his life as well as to his acquaintance Yurev:

> The thing is that, for twenty-five years now, I have been suffering from epilepsy, which I contracted in Siberia.\(^\text{69}\) This illness has gradually deprived

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\(^{69}\) Dostoevsky contracted his epilepsy before he was sent to Siberia in 1849, although in line with the medical report that liberated him from the army, he was later to maintain that it was in Siberia where he developed the disease.
me of the ability to remember faces and events, to such an extent that I have (literally) even forgotten all the themes and details of my novels and, since some of them have never been reprinted since they were first published, I actually have no idea of what they are about. And so please do not be angry with me for having forgotten the time and circumstances of our acquaintance and of our subsequent meetings.\textsuperscript{70}

A different matter is how he reacted and the good use he made of it, not least in his literature. But perhaps we ought to search in Shakespeare’s Hamlet to find a statement which best reflects the somewhat contradictory view of Dostoevsky’s own epilepsy: ‘Nothing is good or bad, but thinking makes it so’.\textsuperscript{71}

\textit{Acknowledgements}

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\textsuperscript{70} Frank & Goldstein, ‘Selected letters of Fyodor Dostoevsky’, p. 126