A few moments of cogitation and everyone can recall examples of epilepsy as portrayed in works of literature or film. But what relationship do these cultural representations bear to medical representations, and vice versa? This is the issue explored in Jeanette Stirling’s book *Representing Epilepsy*. She shows that notions of hereditary taint, degeneration, criminality, and of the epileptic as “disordered other”, existing beyond acceptable social boundaries, have accreted to the category of epilepsy not only in literary works but also in medical texts, notably that of Gowers, although Hughlings Jackson seems largely exempted of this kind of statement. The “technically mediated and disembodied modes” (18) of medical discourses on epilepsy are not free of cultural bias, however much medics might wish to believe that they are.

Analysis of material falling within this “circuit of culture” includes the familiar, such as “epileptic” characters in works of Dickens and Dostoevsky, George Eliot’s *Silas Marner*, and Thomas Hardy’s *The
Mayor of Casterbridge (Lucette Le Sueur), as well as publications in the Lancet and British Medical Journal from the late 19th and early 20th centuries. Much of the latter makes sobering reading for a clinician, with the advocacy of isolation and even sterilisation for epileptics. Do we now advocate policies on medical grounds which will cause posterity to blanch? There is a Liverpool connection here: Francis Imlach (perhaps familiar from Alan Sykes’s recent articles on Birkbeck Nevins4 and William Carter5) undertook hystero-oophorectomy as a treatment for epilepsy (60), predicated on 19th century beliefs of a link between disordered sexuality (e.g. Hardy’s Lucette Le Sueur) and epileptic seizures.

Nineteenth century social responses to the “problem” of epilepsy included the development of dedicated epileptic “colonies”, an international phenomenon which saw epileptics physically removed beyond the boundaries of normal social interaction, to endure a seemingly enlightened (but gender segregated) regime of ergotherapy (131-177). Editorial in the medical journals debated the alleged benefits of these colonies. Stirling rightly regrets the absence of patient narratives from these institutions specifically (173), and more generally (189), there being perhaps no such accounts until the mid-20th century (e.g. by the author Margiad Evans6).

One stimulus for Stirling’s book derives from the fact that she experienced a medically provoked seizure in 1972 and was on anti-epileptic drugs until 1990 when she stopped medication, suffering no further seizures thereafter (186-187). Whether or not this change in medication occurred under medical supervision is not stated, but a rider would have been advisable, since not all individuals with epilepsy will benefit from medication withdrawal. Perhaps based on this experience, and on the historical record of the adverse effects of bromides, the first widely used treatment of epilepsy dating from the 19th century, Stirling seems to portray anti-epileptic medications as frankly dangerous, and as a cause of epilepsy, figuring them as partly causal in the suicide of Ian Curtis of the band Joy Division in 1980 (192-193).

The dyad of epileptic as creative genius/mental defective is also explored, with possible examples of the former including van Gogh (xix), St Paul, Mahomet, Julius Caesar, Napoleon (168), and Dostoevsky (98).

Voskuil’s observation that Dostoevsky did not take medication is cited as an indicator of his awareness (unsubstantiated) of the cost to creativity of contemporary drugs.

From my own medical cultural perspective, I have some disagreements with Stirling’s assertions and conclusions. For example, Othello’s “epilepsy is implicated in the murder of Desdemona” (4). From my reading of the play, it is far from certain that Othello has epilepsy, other than Iago’s assertion to that effect (and how much weight can be placed on that?). Stirling seems to accept without question Freud’s 1927-8 analysis of Dostoevsky’s “hystero-epilepsy” (44), although this formulation was questioned, if not entirely demolished, as early as 1931 by the historian EH Carr. Some of the Dickensian examples of epilepsy also fail to convince, perhaps through an overreliance on the paper on this subject by Cosnett. For example, Bradley Headstone’s attack on Eugene Wrayburn in Our Mutual Friend seems to be ascribed to his epileptic nature (106-107), with Stirling apparently willing to accept a category of “epileptic furore” (118,214) as well as grand mal seizures and automatisms. The epileptic patient as no more than symptomatology (184), the pressure for doctors to medicate epileptics regardless of drug side effects (188), and an uncompromising model of epilepsy that demands nothing less than aggressive medical response (196), are paradigms which I do not recognise from my clinical experience.

Lyndall Gordon’s fascinating account of the life of Emily Dickinson (1830-1886), Lives like loaded guns, details what is known of the life of one of America’s greatest poets, and the subsequent machinations amongst family members in bringing her to public attention (only 10 of her poems were published during her lifetime). It contains the suggestion that the poet may have suffered from epilepsy (116), a claim not made hitherto to my knowledge, but with a careful and appropriate rider about the dangers of attempting retrospective diagnosis(115). The formulation is based on a close reading of some of the poems, and on evidence of the prescription of glycerine, then used, among other indications, for epilepsy. This illness may be one explanation for Dickinson’s withdrawal from public life, and even from normal social intercourse. Her earliest editor, Isabel Loomis Todd, lover of Emily’s brother Austin, never saw her in the 5 years she was in Amherst, and in close contact with the Dickinson family, prior to the poet’s death.

If one accepts Gordon’s suggestion (since it is not amenable to refutation, it cannot be called an hypothesis), it begs the question as to

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7 A.J. Larner, ‘Has Shakespeare’s Iago deceived again?’ http://bmj.com/cgi/eletters/333/7582/1335, 2 January 2007]
what impact epilepsy had on Emily Dickinson’s creative output. Gordon notes, alluding to Dostoevsky, that epilepsy may open a “range of experience ... to the gifted” (123), and that the freedom the diagnosis gave Dickinson from domestic chores and attendance at social gatherings (121,124-125) may have facilitated her work. The author guesses that Dickinson’s four most productive years, 1861-1864, coincided with the sickness being at its height (123).

Like Jeanette Stirling’s book, the centenary history of the International League Against Epilepsy (ILAE) shows that the outlook for epileptics at the time of Emily Dickinson was bleak, with the expectation of inevitable intellectual decline, and the association of epilepsy with ideas of degeneration and criminality. Indeed the ILAE took shape from a precursor organisation, never realised, for the Study of the Causes and Prevention of Insanity.

The book documents the successive vicissitudes of the ILAE, its progress fractured soon after birth by the First World War, and its rebirth in 1935 shortly preceding the Second. During the latter, it was largely sustained by the American chapter and in particular through the efforts of Dr William Lennox. The evolution of bureaucratic structures and increasing professionalism in the organisation of ILAE conferences and in the running of its journal, Epilepsia, are apparent. The history of this journal in its various incarnations, four in all, is also covered at some length.

Commissions appointed to address specific issues of relevance to epilepsy are also discussed, perhaps most importantly those which have helped to establish classifications of the epileptic seizures and epilepsy syndromes, an endeavour in which Henri Gastaut played a significant role (he also wrote extensively, but with varying conclusions, on Dostoevsky’s epilepsy). More recently, the Global Campaign Against Epilepsy, a joint endeavour with the World Health Organisation and the International Bureau for Epilepsy (IBE), an organisation for lay individuals which has shared many of the goals of ILAE, has been of major significance. The ILAE history is closely bound up with that of IBE. Amalgamation of the two bodies was planned for many years, the joint organisation to be called Epilepsy International, but when it came to a vote of the membership in Kyoto in 1981, the proposal was rejected.

For the really committed reader, there are appendices including such material as Financial Statements and the Constitutions and Byelaws of the ILAE.

Perhaps it is inevitable that all institutional histories run some risk of self-indulgence, perhaps because of limited general interest (only 1000 copies of this book were printed). Nonetheless, one admires the level of
scholarship devoted to this book, in terms of searching through the existing archives, in which endeavour one intuits that Simon Shorvon, a prolific author on the subject of epilepsy, has taken the leading role. He and his colleagues are to be congratulated on a beautifully produced volume, undoubtedly a labour of love rather than a potential bestseller.