

The Epilepsy of Dostoevsky

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Summary

The evidence in favour of a diagnosis of limbic epilepsy in the case of Dostoevsky is reviewed. Independent records from numerous biographical sources support the widely held view that Dostoevsky had frequent convulsive episodes, that the episodes began in childhood and continued throughout his life and that Dostoevsky himself was able accurately to record the premonitory aura and sequelae of such episodes. In addition the increasing memory impairment he suffered both for recent and remote events from the age of 40 supports the presence of progressive brain damage. This information renders implausible the analytic interpretations of Freud and his followers, that Dostoevsky's epilepsy was hysterical in origin, where epileptiform somatization was presumed to dispose of excessive psychic excitation, and that this process had its roots in Dostoevsky's unconscious hatred of his father and latent homosexuality. Nevertheless, Dostoevsky's neuroticism is clearly supported by his life-long hypochondriasis, obsessionality, paranoid traits, tendency to reactive depressions, and experience of quasi-hallucinatory episodes which were probably not epileptic in origin. Neither his epilepsy nor his neuroticism can explain or detract from the profundity and wisdom of the literary monuments which clearly attest Dostoevsky's ample genius.

Although it is widely accepted that Dostoevsky suffered from epilepsy there have been sceptics, notably Freud¹ and some of his followers, who denied the diagnosis and considered his attacks to be hysterical. Dostoevsky himself had no doubt that he suffered epileptic attacks, although initially he was uncertain, and in a letter to his brother, dated 30 July 1854, he referred to his 'strange fits, like epilepsy and all the same not epilepsy'. The explanation comes in another letter (9 March 1857) written shortly after his marriage to his first wife Marya Dmitriyevna Isayeva. He had just experienced an attack that, as he says, 'frightened my wife to death and filled me with melancholy and despondency', he continues, 'the doctor told me, contrary to all previous testimonies of doctors, that I had real epilepsy. When I married I had complete faith in the doctors who had assured me that these were simply nervous attacks which might pass with a change in my life. If I had known for certain that I had real epilepsy I would not have gotten married'².

Accounts provided by his second wife Anya should clear any uncertainty. Shortly after his marriage to her he had 2 fits on the same day. She wrote: 'Fyodor Mikhailovitch was telling my sister an interesting story. Suddenly he broke off in mid-syllable, turned white, started to get up from the couch and began leaning over toward me. I looked in amazement at his changed face. Suddenly there was a horrible, inhuman scream or more precisely a howl and he began to topple forward. I grabbed Fyodor Mikhailovitch by the shoulders and put him on the couch by main force, but I was appalled to realise that his unconscious body was sliding off it and that I did not have the strength to hold him back—I let him slide onto the floor—and held his head through his convulsions—Little by little the convulsions stopped and Fyodor Mikhailovitch began recovering consciousness; but he did not know where he was at first—to my extreme distress he suffered a second attack an hour after the first one'³.

Anya pointed out that these particular attacks were exceptional in that they occurred during the daytime when he was fully awake, whereas 'as was almost always the case', they occurred at night whilst he was asleep. Dostoevsky refers to his nocturnal attacks in letters to Anya and in one he comments: 'As usual when I have a fit I spoilt the overlay mattress and I have had to pay 15 thalers for it.' Commonly he experienced muscle aching after his attacks and in various fits he noted that he injured his right knee, bruised his legs, 'sprained a small bone' in his back and 'injured a muscle'⁴.

His friends were in no doubt that his attacks were epileptic and nor has the diagnosis been questioned by neurologists including Alajouanine⁵ and Gastaut⁶.

The frequency of his attacks varied and there was at least one period when he had none for 5 and a half months, though in 1858, whilst serving as a soldier in Semipalatinsk, he had 4 fits in a single month. His last attack occurred in 1880 some 3 months before his death.

It is of interest that his father suffered from convulsions and that in 1878 his son Alësha died at the age of 3 years in status epilepticus.

When his attacks began is uncertain. Dostoevsky himself said that they began during his 4 years of imprisonment in Omsk (1849–1853) following his involvement in the Petrachevsky affair. In a letter to Sergy Andrevich Yuryev (11 July 1878) he wrote, 'The point is I have suffered from epilepsy acquired in Siberia for 25 years'⁷, and in other letters⁸ he refers to his attacks beginning a year or two before his discharge from prison—that is in 1851 or 1852 when he was about 28 years of age. Some of his friends in their letters also referred to an onset at this time.

Freud considered that his attacks began in childhood and Gastaut⁶ says that almost certainly the attack Dostoevsky regarded as his first had been preceded over several years by others which were not identified as such. Gide⁹, without giving reasons, refers to 'this disease, from which he suffered even before Siberia' and Alajouanine⁵ too considers, from his examination of a number of biographies, that the

attacks may have begun at the age of 7 years but were very infrequent before he was 28 years old.

Some of Dostoevsky's contemporaries writing long after his epilepsy was established and upon whose accounts Gastaut and Alajouanine appear to have based their opinions, refer to 'fits' in his earlier years. Thus Grigorovitch (cit. Mayne¹⁰) who was in prison with Dostoevsky in Siberia remarked that at the College of Engineering when aged 16 years '... those troubles which had occasionally shown themselves even in his boyhood now became increasingly frequent. Sometimes he would even have a fit on one of our few walks together'; and Vrangel (cit. Mayne¹⁰) says that Dostoevsky told him the first fits 'had overtaken him in Petersburg: but the malady had developed in prison'; he moved to Petersburg in 1837.

A number of non-medical writers have been deceived by reading in medical texts that 'fits' of depression, tension and irritability are common in epileptics and have assumed that they are epileptiform phenomena; this is seldom the case. Thus Kravenchko¹¹ refers to 'his fits of depression and hypochondria—all probably the preliminary stages of his epilepsy'.

It might well be that Dostoevsky's unsophisticated contemporaries made similar errors and they can hardly be blamed in view of the existing ignorance and confusion about the phenomenology of epilepsy.

The most emphatic statement about the date of onset comes from his physician and friend, Yarmakov, who provided Dostoevsky with a certificate stating: 'In 1850 for the first time he suffered an attack of the falling sickness (epilepsia)—the fit lasted 15 minutes—In 1853 this attack occurred a second time and since then has appeared at the end of every month'².

Did Dostoevsky suffer from primary generalized epilepsy or partial (cortical) epilepsy—and if the latter, was the limbic system the site of the pathology? Gastaut⁶ has claimed that Dostoevsky's epilepsy was primary generalized but his arguments are faulty and some of the facts upon which they are based are inaccurate. He considers Dostoevsky's auras to be as fictional as Prince Myshkin's experiences; but if so, how did Dostoevsky describe so accurately a phenomenon, some 20 or 30 years before Hughlings Jackson gave us our first real understanding of cortical epilepsy? Perhaps his imagination was responsible for a degree of flamboyant exaggeration but could this alone have invented such an accurate description of a clinical phenomenon, and not only describe its features appropriately but define its duration—a few seconds—so accurately?

Putting aside for the moment the epileptic experiences of his fictional characters, there are frequent references, both in his letters and in accounts by his friends and relatives, to the fact that Dostoevsky knew when he was about to have an attack, but little information about the nature of the warning or aura. To Dostoevsky his attacks were, if not an everyday affair, at least a common occurrence. A failing of many

autobiographers is that the more common their experiences the less likely they are to be discussed.

Information about his auras comes from 3 reports, one by his niece and the others by 2 of his friends. Vrangal (cit. Mayne¹⁰) wrote: 'He told me he could always feel the fit coming on, and always experienced beforehand an indescribable sense of well being'. His niece Sophia Kovalewska gave a more detailed account. Dostoevsky told her and her sister about one of the attacks he suffered in Siberia: 'I felt that heaven was going down upon the earth and that it had engulfed me. I have really touched God. He came into me myself, yes God exists, I cried, and I don't remember anything else'. He added, 'You all, healthy people, can't imagine the happiness which we epileptics feel during the seconds before our fit. Mahomet, in his Koran, said he had seen Paradise and gone into it. All these stupid clever men are quite sure that he was a liar and a charlatan. But no, he did not lie, he really had been in Paradise during an attack of epilepsy; he was a victim of this disease like I was. I don't know if this felicity lasts for seconds, hours or months, but believe me, for all the joys that life may bring, I would not exchange this one.'

He described his experience to his friend Strakhov on another occasion. 'During a few moments I feel such a happiness that it is impossible to realise at other times, and other people cannot imagine it. I feel a complete harmony within myself and in the world, and this feeling is so strong and so sweet that for a few seconds of this enjoyment I would readily exchange 10 years of my life—perhaps even my whole life⁵.

Written many years after the conversations such accounts must be somewhat impressionistic but there seems no reason to discount them as Gastaut does, or misinterpret them as does Freud. Ecstatic auras are not common but the medical literature provides sufficient examples to demonstrate that they can be authentic epileptic phenomena.

The most dramatic descriptions of these ictal experiences come from Dostoevsky's novels. In *The Idiot*¹², Prince Myshkin 'Remembered that during his epileptic fits, or rather immediately preceding them, he had always experienced a moment or two when his whole heart, and mind, and body seemed to wake up to vigour and light; when he became filled with joy and hope, and all his anxieties seemed to be swept away forever—When his attack was over—he used to say to himself—what matter though it be only disease, an abnormal tension of the brain if, when I recall and analyse the moment, it seems to have been one of harmony and beauty in the highest degree—an instant of sensation, overflowing with unbounded joy and rapture, ecstatic devotion and completest life?—And he added with a smile "No doubt the epileptic Mahomet refers to that same moment when he says that he visited all the dwellings of Allah in less time than he needed to empty his pitcher of water".' And as a prelude to another attack '—something appeared to burst open

before him; a wonderful inner light illuminated his soul. This lasted perhaps half a second, yet he distinctly remembered hearing the beginning of the wail, the strange, dreadful wail, which burst from his lips of its own accord, and which no effort of will on his part could suppress. Next moment he was absolutely unconscious; black darkness blotted out everything.'

In *The Possessed*³, Dostoevsky again makes use of these ecstatic states. Shatov visited Kirillov who 'came out of his reverie and spoke more coherently than he usually did—

'There are seconds—they come 5 or 6 at a time—when you suddenly feel the presence of the eternal harmony perfectly attained. It's something not earthly—I don't mean in the sense that it's heavenly—but in the sense that man cannot endure it in his earthly aspect. He must be physically changed or die—If it lasted more than 5 seconds, the soul could not endure it and must perish. In those 5 seconds I live through a lifetime, and I'd give my whole life for them, because they are worth it.'

Shatov asked 'Kirillov, does this happen often?'

'One in 3 days, or one a week.'

'Don't you have fits, perhaps?'

'No.'

'Well, you will. Be careful Kirillov. I've heard that's just how fits begin. An epileptic exactly described that sensation before a fit, word for word as you've done. He mentioned 5 seconds, too, and said that more could not be endured. Remember Mahomet's pitcher from which no drop of water was spilt while he circled Paradise on his horse. That was a case of 5 seconds too; that's too much like your eternal harmony, and Mahomet was an epileptic. Be careful Kirillov, it's epilepsy!'

If one accepts that Dostoevsky experienced a few seconds warning that he was about to suffer a major attack, one has to accept that he suffered from cortical epilepsy; and if his ecstatic experiences were partial seizures, it indicates that his epileptic discharges originated from the limbic cortex, in all probability from the medial aspect of one of his temporal lobes. In other words he suffered from limbic epilepsy.

There is some evidence that Dostoevsky's lesion may have been left sided, for following his attacks, even after he had recovered consciousness, his speech remained disordered for a while and he had difficulty in writing, using the wrong words. In her description of the first of his fits that she witnessed, Anya mentions that, as he recovered consciousness, 'He had even lost the power of speech. He kept trying to say something, but instead of the word he wanted to say he would pronounce another, and it was impossible to understand him'.

There is further evidence offering support for the diagnosis of limbic epilepsy. If his illness began as early as 7 years this would be late for primary generalized epilepsy, and if, as Dostoevsky himself maintained, it was not until he was 28 years

old, this diagnosis is out of the question. The nocturnal occurrence of many of his attacks also supports a limbic origin. Dostoevsky often refers to the varying severity of his fits but goes into no details. This suggests the possibility that, in addition to his grand mal or major attacks, he may have suffered psychomotor or complex partial seizures. There is a description of what might well be psychomotor attacks terminating with a period of psychomotor status in *The Possessed*³.

Suddenly apropos of nothing Nikolay Vsyevolodovitch was guilty of incredible outrages upon various persons and, what was most striking, these outrages were utterly unheard of, quite inconceivable, unlike anything commonly done, utterly silly and mischievous, quite unprovoked and objectless.

In the first of these

He suddenly went up to Pyotr Parlovitch, took him unexpectedly and firmly by the nose, and succeeded in leading him 2 or 3 steps across the room—he looked dreamy at the very instant of the operation ‘as though he had gone out of his mind’.

It is of interest that Hughlings Jackson referred to psychomotor attacks as ‘dreamy states’. The same evening at a dance he

led out Madame Liputin—a very pretty woman who was dreadfully shy of him—he suddenly, before all the company, seized her round the waist and kissed her on the lips 2 or 3 times with great relish. The poor frightened lady fainted. Nicolay Vsyevolodovitch took his hat and went up to the husband who stood petrified in the middle of the general excitement. Looking at him he, too, became confused and muttering hurriedly “Don’t be angry!” went away.

Later he was interviewed by the Governor who made the illuminating remark: ‘What can be the meaning of such acts which seem almost like outbreaks of delirium?’

Nikolay bent down as if to whisper something in the Governor’s ear but the old man suddenly felt that, instead of telling him some interesting secret, Nikolay had seized the upper part of his ear between his teeth and was nipping it rather hard.

He was arrested and confined in a special cell in the guard house. That night

at 2 o’clock in the morning the prisoner, who had till then been calm and had even slept, suddenly became noisy, began furiously beating on the door with his fists, with unnatural strength wrenched the iron grating off the door, broke the window and cut his hands all over—it appeared he was suffering from brain fever—All our 3 doctors gave it as their opinion that the patient might well have been in a delirious state for 3 days before—It is true that some of us retained the conviction that the scamp had been simply making fun of us, and that the illness was neither here nor there.

Once his postictal confusion settled, Dostoevsky’s attacks were followed by periods of depression; ‘As if I had lost the most precious being in the world, as if I had

buried someone'; was the way he described his state of mind³. Dostoevsky wrote to Strakhov in 1871 'I've been ailing for some time but I have been chiefly tormented after a fit of epilepsy. When the attacks have not occurred for a long time and suddenly break out, then an extraordinary, moral anguish results. I come to despair. Formerly this depression continued about 3 days after the fit, but now up to 7, up to 8 days'². Of course Dostoevsky was subject to periods of depression at other times too, so without a detailed clinical account one cannot say whether his postictal episodes were a reaction to his fits or were directly related to a limbic abnormality, though the latter would seem to be probable.

Nor can one decide if he showed in significant degree any of the personality changes that sometimes occur with limbic epilepsy. Slater, Beard and Glithero¹⁴ amongst others have pointed out that patients with limbic epilepsy often become irritable, bad tempered and violent, and tend, some years after the onset of their attacks, to display stubbornness and obstinacy, and to become improvident and religiose. Frank⁸ emphasizes that Dostoevsky showed all these traits but they may have existed before his epilepsy began, uncertainty about the time of onset of his illness makes it impossible to decide. Dostoevsky kept records of his attacks but it is doubtful if this could be construed as an example of the hypergraphia sometimes found in limbic epileptics—and in any case we know he was somewhat obsessional. It may be of some importance that as he grew older he showed an increasing interest in religion, especially the mystical aspects of Christianity⁷, and as Alajouanine⁵ has pointed out 'Between the early realistic works of Dostoevsky and the mystic great works of the end of his life, the change is quite impressive'.

There is a remarkable lack of reference in his novels to sexual passions, and women play relatively unimportant roles. Can this be ascribed to the hyposexuality associated with limbic epilepsy? Freud noted this under-emphasis but considered that it was an expression of latent homosexuality!

The clinical change shown by Dostoevsky that provides strong support for the diagnosis of limbic epilepsy is his memory impairment. Writing of their first meeting in 1867 when Dostoevsky was only 40 years of age, Anya commented 'He kept asking me my name and then forgot it at once'. And in the section of her memoirs dealing with the period 1878–1879 she wrote, 'Fyodor Mikhailovich's epileptic seizures were seriously damaging his memory, chiefly his memory for names and faces; and he earned a good many enemies by his failure to recognise people. Even when they told him their names, he was completely unable to figure out just who he was speaking to without detailed questioning'³. Dostoevsky was well aware of his disability and in a letter to Sergey Andreyevich Yurkev (11 July 1878) he wrote 'Little by little this illness has deprived me of my memory for people and events, to such a degree that I have forgotten all the subjects and details of my novels, and since I have not read some of them since they were published, they remain literally unknown to me. And so

do not be angry that I have forgotten all the circumstances and the time when we were acquainted and when I used to meet you. This often happens to me with regard to other people too. If you will be so good, tell me, at some time when you have an opportunity, about the time and details of our first acquaintance⁷. Although his difficulty in recording new information can be attributed to limbic defects, his loss of remote memories suggests that by this time his brain damage had extended to other cortical areas.

Freud's paper on Dostoevsky's illness was written between 1926 and 1928. Freud¹ states 'It is highly probable that his so called epilepsy was only a symptom of his neurosis and must accordingly be classified as hysterioepilepsy—The "epileptic reaction"—is at the disposal of the neurosis whose essence it is to get rid by somatic means of amounts of excitation which it cannot deal with psychically—thus the epileptic attack becomes a symptom of hysteria'.

In support of his views Freud wrote 'The most probable assumption is that the attacks went back far into his childhood—but did not assume an epileptic form until after the shattering experience of his eighteenth year—the murder of his father'. Presumably Freud means hysterical attacks but in any case there is no evidence that he had an attack of any kind related to his father's death. Although it was widely believed that his father was murdered by his own serfs, it is curious that none was punished! Frank⁸ has questioned the truth of this story. Contemporary records indicate that the matter was investigated by 2 local doctors who concluded that the cause of death was apoplexy. Frank found that the rumour of murder was spread by an avaricious neighbour who had reasons of self-interest to disseminate this invention. Had it been accepted, there would have been considerable financial loss to the Dostoevsky family as the valuable serfs would have been deported, and without compensation the family would have had to sell their estate.

Freud's views on the origin of Dostoevsky's illness were based on his belief that Dostoevsky showed an unconscious hatred of his father. 'Parricide is the principal and primal crime of humanity—but normally the hatred is repressed because of the fear of punishment and castration and in Dostoevsky's case, additionally, by a strong innate bisexual disposition—one of the preconditions of neurosis. This showed itself in viable form in latent homosexuality'. And to support his proposals he wrote wistfully—'it would be very much to the point if it could be established that they (his fits) ceased completely during his exile in Siberia'. If so, 'this would merely substantiate the view that they were his punishment. He did not need them any longer as he was being punished in another way—but he accepted the undeserved punishment at the hands of the Little Father, the Tsar, as a substitute for the punishment he deserved for the sin against his real father'. To allow him to ignore those statements by Dostoevsky that conflict with his hypothesis, Freud stated 'Unfortunately there is reason to distrust the autobiographical statements of neurotics'.

Dostoevsky's moments of ecstasy are explained in a similar manner. 'The moment of supreme bliss—may well be a record of the triumph and sense of liberation felt on hearing the news of his father's death—to be followed by an all the more cruel punishment.' And his gambling—that 'was a form of self punishment as well'.

Freud has not escaped criticism. Frank⁸ commented that he became aware of disturbing discrepancies between the source material and Freud's account. And Stocker¹⁵ describes Freud's contribution as 'an attempt by a pygmy psychoanalyst to obtain the measure of a giant novelist'. Certainly his paper throws more light upon Freud than it does on Dostoevsky.

Epilepsy was not the only disorder from which Dostoevsky suffered; his neurotic symptoms were at least as troublesome. From an early age Dostoevsky was overconcerned with his health and in 1849 before being sent to Siberia he remarked 'the difficult autumn months are approaching and my hypochondria with them'⁷. His personal diagnosis can hardly be challenged and throughout his life his symptoms provided a rich source of material for his somewhat verbose letters. 'I am sick unto death—with a most extreme derangement of the whole of the nervous system—coming on for 3 or 4 years'. 'My health is good except for haemorrhoids and disturbance of the nerves. I have spasms of the throat again, my appetite is poor and I have very little sleep and that with unhealthy dreams—my sensitivity is increased—I have recently felt all the time as though the floor were heaving under me, and it is like being in a ship's cabin in my room. From all of which I conclude that my nerves are out of order'⁷.

After his return from Siberia things were no different. Writing to his wife in August, 1873—'I still don't feel at all well, Anya: my nerves are very jangled, my head is fogged and everything seems to be going round. It is dreadful—It is like a dream of drowsiness from which no one can wake me'⁴.

He was also subject to mood disturbances and readily became depressed. The reactivity of his symptoms suggests strongly that these episodes were a neurotic problem. In his notebooks and letters there are frequent references to his emotional disturbances and he undertook many 'cures' for these and his chest symptoms at Wiesbaden, Baden Baden, Homburg and particularly Bad Ems. Writing to Anya from Ems—'I am very depressed. I don't know how I shall get through the month here' (16th June 1874) and a few years later during another 'cure'—'I feel weak and depressed. I have pains in my chest and I have the most terrible nightmares. I sleep very badly' (9th August 1879). His wife refers to him being always preoccupied with dark forebodings about the future³. And in what must have been a rather more severe episode Dostoevsky wrote (May 1867) 'I am not communicative. I am gloomy and have absolutely no gift of self expression. I have no form, no gesture'⁴.

He seems to have been mildly obsessional and Anya remarks that he was a 'great lover of cleanliness and order and would therefore be angry if he found his study in

disarray⁴. In parallel with his obsessionality he appears to have been somewhat prudish and in a letter to his wife (18th July 1876) he writes 'I have taken Zola to read (in bed) because during the last few years I have neglected European literature terribly, and just imagine I can hardly read it, it is such filth⁴.

She refers frequently to his jealousy and calls it 'an unpleasant trait to his character' but although excessive it did not reach delusional intensity. Nevertheless he did exhibit other paranoid traits. When 16 years old, in his first year at the College of Engineering, his friend Grigorovitch¹⁰ later recorded that he was reticent and showed a 'general lack of frankness and youthful expansion. He never took part in his comrade's amusements and usually sat in a remote corner with a book'. Martynanov¹⁰ discussed Dostoevsky with some naval cadets who had been degraded and forced to serve with him as soldiers in Semipalatinsk. They reported that he always looked gloomy and behaved with much reserve. 'Every experience of sympathy he met with mistrust as if he suspected in it some secret purpose'. And Balinsky, one of his colleagues in the Petrachevsky affair, commented that he was 'firmly convinced that all mankind envies and persecutes him'⁸.

It is likely too that Dostoevsky experienced quasi-hallucinatory phenomena similar to those suffered by Golyadkin in *The Double*⁸. These have some of the characteristics of autoscopy though a closer parallel would be Stevenson's bipartite Dr. Jekyll and Mr. Hyde. Closely related is the so called 'vision of the Neva' first used in the story *A Weak Heart* (1840) and subsequently repeated in a feuilleton (1861) and other short stories. Looking along the River Neva, the narrator of the story comments: 'It seemed finally that this whole world with all its inhabitants strong and weak, with all their domiciles, the shelters of the poor or gilded mansions, resembled at this twilight hour a fantastic magic vision—it was as if my eyes had been opened to something new, to a completely new world, unfamiliar to me and known only by certain obscure rumours, by certain mysterious signs'⁸.

Such experiences can be epileptic in nature but if so they last for only a few seconds. More often they are emotionally determined and last much longer. Without information about their duration, no conclusion is possible into which of the 2 categories they fall but the latter is the more probable—particularly as *A Weak Heart* was written in 1840.

A remarkable aberration of Dostoevsky was his passion for roulette associated with a remarkable lack of insight into what can only be described as a crippling disability. An unusual feature is that until 1862 when he was 41 years old he seems to have shown no interest in gambling and when in prison did not even play cards. Furthermore in 1871 he terminated his gambling abruptly and although he continued to visit German spas where the game was available, he never again participated.

In 1863 he spent a few days in Wiesbaden and in a letter to Anya he wrote 'There were a few hundred people playing and on my honour I did not find any who knew

how to play except two—Please don't think that I am showing off when I say I know the secret of how not to lose but win. I really do know the secret.' A few days later he wrote from Baden Baden 'I have lost everything, absolutely and completely everything', and 12 days later from Turin, 'My watch is in pawn in Geneva'⁴.

1867 was a particularly bad year. On 20 May 1867 from Homburg he wrote 'I cannot tear myself away from my obsessions—and come to you. And now it is impossible—Would you believe that yesterday I lost everything'. Once again—and not the last by any means—his watch was in pawn. On the following day: 'For God's sake make haste with the money'. As it happens it had been sent before he despatched this letter and on the very next day: 'This is about the twentieth time that I have proved by experience that if, on approaching the table, one plays coolly, calmly and calculatingly, it is absolutely impossible to lose—and now everything is lost through miscalculation—if only I could have allowed myself 4 days more, I should have won it all back—But of course I shall not play any more!⁴. Nevertheless he made several more visits to the tables in this same year, ending each with appeals to his wife for money so that he could retrieve his watch and pay his hotel bills. In August he went to Baden Baden this time accompanied by his wife. To A. N. Maykov he wrote that the visit 'ended by pawning my clothes. Anya Grigoryevna has pawned everything, her last little trinkets' (Mayne,¹⁰ 1961).

Finally one must consider the relationship between Dostoevsky's epilepsy and his writing. As has already been pointed out he made use of his epileptic experiences in his novels and stories—Prince Myshkin in *The Idiot*, Kirillov in *The Possessed* Smirdyakov in *The Brothers Karamazov*, Nellie in *The Insulted and Injured*, whilst in *The Lodging Woman* 2 of the characters were epileptics. In *The Gambler* the general suffered 'some kind of fit', whilst the Gambler himself confessed 'I almost go into convulsions'. Gide⁹ has pointed out that 'his persistence in making epilepsy intervene as a factor in his novels, sufficiently indicates the role he assigned this disease in moulding his ethical conceptions and directing the course of his thought'. Mochulsky² shares Gide's views; 'Dostoevsky bestowed upon his beloved hero (Prince Myshkin) that which was most intimate and holy in him: his ecstasy and his epilepsy'.

The coincidence of epilepsy and genius is well recognized. As Lennox¹⁶ and others have pointed out epilepsy afflicted Julius Caesar, Caligula, Petrarch, Alexander the Great, Mahomet, Handel, Pascal, Helmholz, Paganini, Byron, William Pitt, Napoleon, Flaubert, Swinburne, Edward Lear and Van Gogh; whilst Molière and Dickens suffered childhood convulsions. Fortunately, should intellectual impairment complicate limbic epilepsy, it is usually a late phenomenon coming on after the usual period of maximum productivity. A benign relationship between Dostoevsky's genius and epilepsy has been suggested. Thus Lombroso¹⁷ considered that he was preoccupied with his ego and driven to express himself in his work, confessing his

illness to gain relief from inner torments. In this there is some anticipation of psychoanalytic views, but Freud¹ felt that his illness may have had a deleterious effect upon his work: 'Dostoevsky threw away the chance of becoming a teacher and liberator of humanity and made himself one with its gaolers. Had it not been for his neurosis he might have adopted another, an apostolic, way of life'. In contradistinction Pauly¹⁸ considered that his epilepsy, and particularly his mystic interpretation of his auras, led him to become 'a religious and political apostle in social life!'

Gastaut⁶ (1978) concluded that the genius of Dostoevsky was innate and was unrelated to his epileptic condition. Furthermore he considered that our views on epilepsy have been incorrectly enriched by Dostoevsky's ecstatic experience which he insists never occurred except in the writer's imagination. Most of those who have attempted to define the possible relationships have concluded that his epilepsy made appreciable contributions to his writings. But surely no one has gone as far as Squires¹⁹ who, in spite of coming to the extraordinary conclusion that 'Dostoevsky was an epileptiform schizophrenic, paranoid type, complicated by hysterical overlay, the epilepsy being foundational', concluded that he was the 'great pioneer in the formulation of the doctrine of the Unconscious—his genius consisted in the vivid portrayal of his disorder. Without his epilepsy, which allowed him to retreat into the Unconscious, there could be no Dostoevsky, for it was only because he was abnormal that he was able to explore the unconscious with a sureness that dwarfs Freud'. Squires displays an inability to distinguish between the unconscious of Freud and the unconscious of the neurologist! Of course, some patients with limbic epilepsy do develop a paranoid form of schizophrenia but there is no evidence that Dostoevsky was one of them.

Schmidt²⁰ maintained that Dostoevsky's epilepsy dominated his life and work, and that his illness made him a mystic; while Zweig wrote 'Dostoevsky's genius was as much indebted to his disease as Tolstoi's was to his health. Epilepsy enabled him to rise to a concentration of such intensity of feeling, unattainable to the ordinary perception'. Alajouanine stated that it would be naive to consider Dostoevsky's epilepsy to be the essential origin of his genius, but he stressed that it was an exceptional experience and that it had driven him to manifest his seminal vision, thus exerting immense influence upon his literary work, his attitudes towards life and the world, as well as upon his ethics and philosophy. It is just for these reasons that Alajouanine considered that Dostoevsky occupies the highest place amongst Russian novelists. Clearly he believes that Dostoevsky could not have attained this position had it not been for his epilepsy.

Just how important was his illness in the light of our current knowledge of epilepsy? Dostoevsky utilized his personal epileptic experiences in his novels but what is unusual about that? He made use of other life experiences too; one example is the

detailed description of his own threatened execution in *The Idiot*, the only difference from his personal account being that Myshkin's friend occupied the eighth place in line for the firing squad whereas Dostoevsky was sixth. If his accounts of epilepsy were expurgated from his novels, one would certainly lose a few interesting pages but it would make no difference to the profound philosophies expounded in his writings. Would the Idiot, Prince Myshkin, without his convulsions, be less of a tragic figure?

Ictal phenomena are merely an activation of potentialities that already exist in the brain and, furthermore, they occur as the result of brain damage. It is hard—indeed impossible—to accept that genius can arise as the result of a brain lesion. Certainly brain damage occurs in the so called 'idiots savants' but their activities are extraordinarily circumscribed, stereotyped and unthinking. Perhaps, at least in part, it was Freud's appreciation that in adults, epilepsy implies brain damage—however trivial—that caused him to abandon this diagnosis in a man he recognized as a genius. Perhaps he felt that to suffer a neurosis, was less degrading and that it provided an easier means of understanding Dostoevsky's originality and wisdom, for in some individuals a neurosis can have a profound influence upon their productivity, originality and understanding of human problems and activities.

Brain damage represents a loss of function not a gain, although it is true there may sometimes be apparent benefits. Thus a withdrawn, reticent individual may be rendered a little disinhibited and so become more outgoing and sociable. It is possible that in some degree Dostoevsky's later mysticism may have had an association with his brain damage. Ageing, too may be associated with the evolution of mystical beliefs but it is at least equally likely that in Dostoevsky its appearance merely represents the natural evolution of his philosophy, and if so, it might be regarded as an indication of maturity.

In this materialistic scientific world and its acceptance of a monistic view of mind-brain relationships, it would seem that one has to conclude that apart from contributing to the content of some of Dostoevsky's novels and perhaps encouraging or bringing to light his mysticism, his epilepsy played little part in his literary success. Instead of being envied for possessing a uniquely inspirational disability, Dostoevsky is to be admired and honoured all the more because he was an epileptic and, in spite of it, achieved greatness.

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