

## ‘Neurological Literature’: Epilepsy

A classic account of epilepsy as the ‘falling sickness’ is given in William Shakespeare’s *Julius Caesar* (1599; Act I, scene ii, lines 253-256):

CASCA: *He fell down in the market-place, and foamed at mouth, and was speechless.*  
BRUTUS: *‘Tis very like: he hath the falling-sickness.*

However, the only use of the word ‘epilepsy’ in the Shakespearean canon, to my knowledge, occurs in *Othello, The Moor of Venice* (1604), spoken by Iago shortly after Othello has collapsed, having been goaded by Iago into the belief that Desdemona has been unfaithful (Act IV, scene I, lines 51-56):

IAGO: *My lord is fallen into an epilepsy; This is his second fit; he had one yesterday.*  
CASSIO: *Rub him about the temples.*  
IAGO: *No, forbear; The lethargy must have his quiet course, If not he foams at mouth, and by and by Breaks out to savage madness.*

Considering the circumstances of the event, and Othello’s rapid recovery to continue the argument with Iago, I would suggest that this was more likely to be a syncopal, rather than epileptic, event. However, in his comprehensive recording of faints and fits in Shakespeare’s works, Kenneth Heaton seems ready to accept Iago’s diagnosis.<sup>1</sup>

An episode of impaired consciousness is central to the plot of *Silas Marner, the weaver of Raveloe* (1861) by George Eliot (1819-1880), occasioning the exile of the protagonist to Raveloe, where the locals observe further attacks:

“... he saw that Marner’s eyes were set like a dead man’s, and he spoke to him, and shook him, and his limbs were stiff ... just as he had made up his mind that the weaver was dead, he came all right again ... and said “Good-night”; and walked off.”

The locals are uncertain as to the cause of these events:

“Some said Marner must have been in a “fit”, a word which seemed to explain things otherwise incredible; but ... Mr Macey ... asked if anybody was ever known to go off in a fit and not fall down. A fit was a stroke, wasn’t it?”

What influence may epilepsy have on creative endeavour? It was once thought that Vincent van Gogh suffered from temporal lobe epilepsy but in recent times there has been a move away from this idea to suggestions of borderline personality disorder<sup>2</sup> and bipolar affective disorder.<sup>3</sup> It is well known that Fyodor Dostoyevsky (1821-1881) suffered from epilepsy, and that a number of characters in his oeuvre are epileptics, their fictional experiences likely based on the author’s own.<sup>4</sup>

“Dostoëffsky” is mentioned, in passing, in A

*ray of darkness*<sup>5</sup> (14,19,170), a work devoted to epilepsy by the Anglo-Welsh author Margiad Evans (1909-1958).<sup>6</sup> An acclaimed novelist of the 1930s, Evans was first diagnosed with epilepsy at the age of 42 whilst living in Gloucestershire. Her experiences prompted her to write “the story of my epilepsy ... an adventure of body and mind” (12). Her first major seizure occurred on the evening of 11th May 1950 whilst she was alone in her cottage, and is described thus (78):

“[I] looked up at the clock .. saw that it was ten minutes past eleven. The next thing I was still looking up at the clock and the hands stood at five and twenty minutes past midnight. I had fallen through Time, Continuity and Being.”

In the immediate aftermath, recalled later, her brain “worked ... like an engine misfiring and unsteered” (80). She found herself to have been incontinent of urine (81) and later found a cut at the base of her head at the back (86).

“... in one moment, I realised the incredible, impossible and ghastly truth – I had had an epileptic fit.” (81).

She rebutted the suggestions of relatives that it was simply a faint (98) and that she had just passed out, showing a clear understanding of the different symptoms of syncope:

“I had been close enough to it to be absolutely sure that one did not faint as I had fallen. There was a sinking away, a sick feeling, and a remembrance of it afterwards.” (99)

Retrospectively, she recalled “moments of separation from my consciousness” dating back to childhood, lasting a few seconds, which had been more frequent in the previous year (38,39), episodes which might possibly have been complex partial seizures.

Seen by her general practitioner the day following the first major seizure, he immediately prescribed luminal (85) (phenobarbital) and arranged for an appointment with Professor T, “a man of international reputation” (104), who, following an EEG, confirmed the diagnosis of epilepsy when he saw Margiad on 8th June 1950 (i.e. 4 weeks after the first major seizure): “he thought that I must have a slight scar on the brain from an old injury” (106).

Two problems which are still grappled with in epilepsy management today presently became apparent: pregnancy, and impaired cognitive function.<sup>7,8</sup> After commencing the luminal, “I was never so tired in my life”, and by 29th September 1950 Evans reported that she was “4 months gone with child” (111).

“Epilepsy and pregnancy. The shock of waking every morning to such a grim problem of life” (125).

Concerns that epilepsy might be hereditary



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(although there was no family history; 37,105) were finally overcome, by her general practitioner

“... reading ... a passage from *Nervous Diseases by the Professor of Neurology at London University, which he said was the last and most up-to-date work on epilepsy. ... there was in reality only the very slightest danger of its being hereditary.*” (128)

Her baby daughter was born uneventfully, but after a post partum fit “I was never again able to feed my child” (153).

The other major issue was the effect of anti-epileptic medications (“luminal and epinutin” [sic] 108) on a creative writer:

“since taking drugs I cannot keep awake for those free quiet hours which were my most creative. True my power of concentration is lost also” (19)

“... the drugs I have to take ... make me apathetic, have faded and dulled and dimmed the powers of imagination and concentration” (189)

In her final years, an exploratory operation revealed a brain tumour to have been the cause of her epilepsy (ref. 6, p55).

### References

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In the neurological literature, we find approximately 400 known neural disorders. A number of these disorders may be due to a disruption or failure of the blood brain barrier (BBB), including epilepsy. The convergence between BBB studies and clinical investigations of epilepsies has historically been limited to interactions between putative anti-epileptic drugs (AED) and the endothelium. Epilepsy, chronic neurological disorder characterized by sudden and recurrent seizures which are caused by an absence or excess of signaling of nerve cells in the brain. Seizures may include convulsions, lapses of consciousness, strange movements or sensations in parts of the body, odd behaviours. Epilepsy monitoring during a neurological evaluation. Keith Brofsky. Photodisc/Thinkstock. Britannica Quiz. 44 Questions from Britannica's Most Popular Health and Medicine Quizzes.