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REVIEW

A case of epilepsy and psychosis in the seventeenth century

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A seventeenth-century painter left an account of his seizures, trances and visions; in 1923 Freud commented on this "demonological neurosis" without discussing the seizures. Attention is drawn to the concurrence of epilepsy and psychosis in this early autobiographical source.

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The occurrence of psychosis in the course of epilepsy has been the subject of several recent reviews (e.g. McKenna *et al.*, 1985; Trimble, 1991). To my knowledge, none of the reviewers have mentioned an early report of this concurrence: the case of Christoph Haizmann, a seventeenth-century painter whose illness was discussed by Freud (1923).

In 1677 the painter Christoph Haizmann of Bavaria was "suddenly seized with a fit while in Church and to the horror of all present was shaken by certain unnatural convulsions" (Macalpine and Hunter, 1956). He had convulsions "with increasing severity until the following day". This ushered in an illness featuring repeated convulsions and visions of the devil. He recorded the apparitions in paintings and a diary, the latter annotated by attending clerics. (It is from this manuscript that the quotations in this paragraph and the next are drawn.) He attributed his illness to a pact with the devil signed nine years earlier, while he was suffering "despair of the progress of his art and of the possibility of earning a livelihood by it". This melancholic state had followed the death of a family member, possibly a parent.

The acute illness remitted with priestly ministration, but a month later it recurred. He recorded in his diary the harrowing details of complex auditory and visual hallucinations occurring during altered states. These states lasted an hour or longer; during them he was often in a "trance" and "gave no sign of life except . . . breathing". The florid psychosis lasted till May 1678, when he entered a religious order. Even afterwards he continued to suffer frequent temptations by the devil; convulsions were not mentioned. He died in 1700.

With due regard to the limits of the clinical information, we can say that Haizmann had an acute illness with both psychotic and ictal manifestations and then a chronic psychosis; prior to known epilepsy he had been depressed. The mute, motionless states during which he hallucinated infernal tortures can best be described as catatonic.

In 1923, Freud wrote a study of the paintings and the diary. He used the material to elaborate his ideas about melancholia and the father complex. Macalpine and Hunter (1956) discussed Freud's paper and the manuscript on which it was based in an erudite volume that includes Haizmann's manuscript and paintings. They considered Haizmann's illness to be schizophrenic, even though Freud had called it a "demonological neurosis". Hunter, apart from his expertise in the history of medicine, became an ardent neuropsychiatrist who held to organic explanations for virtually all psychopathology (Hunter, 1973), but the book (written with his mother, the psychoanalyst Dr Ida Macalpine) made no mention of the possibility that Haizmann suffered from an epileptic psychosis.

The manuscript raises many questions currently alive in the neuropsychiatry of epilepsy. Did Haizmann have a limbic encephalitis, which might present with the acute onset of psychosis, catatonia and seizures? (Glaser and Pincus, 1969; Raskin and Frank, 1974.) Fever was not mentioned as part of his acute illness, though observers were able to recognize a fever in his terminal one. Nor was post-acute cognitive impairment mentioned. Flor-Henry (1983) suggested that Anna O., the paradigm Freudian hysteric, suffered from encephalitis; he offered no comment on Haizmann. We must reject such a conjecture as against the available evidence. Were the convulsions epileptic? Freud made no attempt to analyze them as hysterical, and we have no basis for doubting the organic nature of the fits. Hallucinations and catatonia would be unusual accompaniments of pseudo-seizures, at least today (Trimble, 1986; Meierkord *et al.*, 1991). Did the illness begin with status epilepticus? The first day of the acute

illness featured repeated seizures, but the events cannot be reconstructed with precision. Non-convulsive generalized status epilepticus can produce catatonic manifestations but probably not Haizmann's concurrent psychotic experience (Guberman *et al.*, 1986). In his own comprehensive review of the history of status epilepticus, Hunter (1959) made no mention of Haizmann.

Was Haizmann hyper-religious? Religiosity has been said to characterize epileptic psychosis (Dewhurst and Beard, 1970; Waxman and Geschwind, 1975), though this claim has been disputed (Sensky 1983; Tucker *et al.*, 1987). The illness must be interpreted in its cultural context, but that it was an abnormal state was clearly recognized even by contemporary religious observers. Thus it seems fair to emphasize the religious coloring of the psychosis as possibly related to epilepsy. Did he experience an excessive tendency to paint or write? Hypergraphia and its non-verbal counterpart are impossible to diagnose unequivocally in this case. The manuscript passed down to us is a copy made by a scribe, and there is nothing to indicate that Haizmann's own diary was voluminous; it cannot be inspected for the other features suggested by Waxman and Geschwind (1975) to characterize epileptics' writings or drawings. Haizmann had been a painter for many years before his psychotic illness, and there is no evidence as to the volume of his work, except that he produced eight paintings in the period of several months at the time of his acute illness.

Freud's paper is of interest as an additional discussion of psychosis, the usual psychoanalytic reference being the "Schreber" case (Freud, 1911). Schreber was a prominent jurist whose "memoirs of [his] nervous illness" (Schreber, 1988) Freud read and analyzed. Much less attention has been paid in the psychoanalytic literature on psychosis to the shorter paper discussed here. Macalpine and Hunter drew attention to shared phenomenologic features in the two psychotic subjects, as did Freud (1923) himself, and provocatively demonstrated similarities in the gender confusion displayed in the psychotic ideation of the two men. Both men suffered hallucinatory alterations of body experience, and in both men catatonic states gave way to elaborate delusional explanations. Recent discussions of catatonia (Barnes *et al.*, 1986; Rogers, 1991) have focused on the motor features of the syndrome and largely ignored internal experience. One recent psychoanalytic writer (Freeman, 1969) commented at length on aspects of the psychopathology of catatonia. He believed that catatonics "must be considered to be in an altered state of consciousness the signs and symptoms of which are reminiscent of those found in organic mental states" (p. 95).

Freud understood in psychodynamic terms not only the *meaning* of the subjects' fantasies to themselves but also the *etiology and pathogenesis* of psychosis in both psychotic autobiographers. Some psychoanalytic writers have conflated the two issues, as if understanding meaning were equivalent to explaining causation. Others (Freeman, 1969) have recognized that analysis of mental content is distinct from explanation of psychopathological form and have made explicit comparisons between organic and schizophrenic states. Sandler *et al.* (1992) in their authoritative review of psychoanalytic concepts indicated that the basic organizing functions of the personality can go awry in similar ways in organic psychosis and schizophrenia (p. 79). It seems a short step to allow that schizophrenia itself is a psychosis determined by organic factors but in which mental content is organized in ways possibly susceptible to psychoanalytic understanding. Freud himself was glad to make an organic diagnosis when one was available. In the "Dora" case, he alluded to a patient sent to him for "hysteria", in whom certain mental features and a "careful physical examination" led to a diagnosis of tabes dorsalis (Freud, 1905, p. 17). The scotoma in Freud's paper and in Hunter and Macalpine's book for the occurrence of epilepsy in a psychotic patient leads one to hope that the mental sequelae of epilepsy can soon be understood as well as those of syphilis were nearly a century ago.

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