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One hundred years ago: Nijinsky and the origins of schizophrenia

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A footpath in the Square de la Tour Saint-Jacques in Paris is named for the dancer Vaslav Nijinsky (1889-1950). It was in the nearby Théâtre du Châtelet that the 'God of Dance' astounded audiences and scandalised critics with his pioneering choreography. However, it would not last – in March 1919, Nijinsky was diagnosed with schizophrenia, and the world lost the art of its greatest dancer. His case captured the interest of clinicians and the general public during the first half of the twentieth century. An acquaintance with royalty, politicians and leading artists, he became a case for some of the most renowned psychiatrists of the day, including Bleuler, Binswanger, Wagner-Jauregg, Jung, Adler and Sakel. However, this is not merely a case of historical interest. Schizophrenia is a neurodevelopmental disorder, in which premorbid motor and intellectual abnormalities are present before the onset of psychosis, which generally occurs in late adolescence; but Nijinsky was aged 30 at the time of his diagnosis and had arguably the most finely tuned motor skills in history. Here, his case is revisited, and discussed through the prism of novel pathophysiological mechanisms.

His early years in St. Petersburg

Born in Ukraine in 1889 (or 1890), Vaslav was a child prodigy. His parents, of Polish origin, were talented ballet dancers touring in Russia, and they introduced Vaslav to the stage at an early age. The family was not without misfortune; his older brother Stanislaw (1887-1917) suffered a severe brain injury at young age after falling from a window and spent most of his life in asylums, and his younger sister Bronislava (1891-1972; who followed in his steps to become a famous ballerina). However, there are no reports that Vaslav's birth was problematic, and he was described as a hyperkinetic boy, full of energy. In 1900, he entered the Imperial Russian Ballet School in St. Petersburg, arguably the greatest school of dance. (Nureyev and Baryshnikov, who later dominated the world dance scene, also trained there.)

His school years are described in *The Tragedy of Nijinsky* (Robert Hale, London, 1937) written by his classmate Anatole Bourman (1888-1962). From the day he joined the school his teachers recognised his sensational talent ('His body is perfect. The most symmetrical human I have ever seen'). However, he was also an instant target for all the other children. As a member of a poor family amid the aristocratic elite, with a strong Polish accent, unsophisticated manners, a timid character and an academic boldness, these were not easy days for him. As Bourman puts it, 'he was made to feel inferior at every turn; he was ignored in our games, and utterly despised. He was someone to be ordered about, to be sneered at and scorned. Whether or not he deserved criticism, Nijinsky found it'. This bullying masterclass lasted eight years and included a somewhat unexplained accident on the stage in which Nijinsky allegedly lost consciousness for a week.

But he endured, perfecting his dance leap during extensive hours of rehearsing. As Bourman wrote, 'Nijinsky seems to linger two or three seconds in the air before coming down, suspended in the air'. Before the age of eighteen, he performed a *pas de deux* with Anna Pavlova (1881-1931), the greatest ballerina at the Mariinsky Theatre in St. Petersburg. He became a rising star and began giving lucrative private lessons to aristocrats in order to top up his modest income and to support his mother. A wealthy aristocrat, Prince Lvov, became his benefactor and probably his first partner, but he soon grew tired of Nijinsky and 'passed him on' to other lovers. It was at this time that Sergei Diaghilev (1872-1929), a dance impresario who was gaining success in Europe, entered his life as both a lover and as a key figure in his artistic career.

The God of Dance in Paris

Les Ballets Russes was the iconic dance company of the age. With Nijinsky, *prima ballerina* Tamara Karsavina (1885-1978), Michael Fokine's choreography and Stravinsky's music, the company exhilarated Europe. Between 1909 and 1913, *Petrushka*, *Les Sylphides*, *Scheherazade* and *Le Spectre de la Rose* became instant ballet classics (**Figure 1**). In his book *Memoirs of a Ballet Master* (Constable and Co. Ltd, London 1961), Fokine (1880-1942) describes Nijinsky's enthusiasm and how 'he grasped everything quickly and exactly, understanding thoroughly the purpose of each detail'. His performances were so exceptional that Nijinsky was soon named 'The God of Dance'. He was known not only for his technical perfection, but also his sense of theatrical drama through which he embodied the delicate emotions of his roles.

Nijinsky's debut as a choreographer, with *L'après-midi d'un faune* (**Figure 2**), opened modern dance to a wider audience. It was on 29 May 1912, at the Théâtre du Châtelet in Paris, that this first 'dissonant' ballet was premiered, uncoupling music and movement, with ungracious and angular postures replacing classical dance positions. (Debussy's original scores, complete with the notation for the dance movements, are on permanent display as part of the Sir John Ritblat Treasures at the British Library; it was these that first triggered my interest in Nijinsky's case.) The controversy following the premiere of *L'après-midi d'un faune* was extraordinary. The editor of *Le Figaro*, Gaston Calmette, dismissed a favorable critic to make his own front-page comment, describing his outrage at Nijinsky's '*faux pas*'; however, by contrast Auguste Rodin saluted the renovation of dance. A detailed musical analysis by musicologist Dr. Davina Caddy (*The Ballets Russes and Beyond*, Cambridge University Press, 2012) mirrors this ballet with other artistic dissonant movements of the time, such as cubism. The 'flat' positions of Nijinsky's choreography mimic the two-dimensional ancient Egyptian and Greek art that he saw in the Louvre.

Nijinsky's fortune turns: the prodrome

There is some evidence to suggest that Nijinsky's partnership with Prince Lvov and Sergei Diaghilev were less driven by love than by a tacit agreement for mutual interest. In Paris, Nijinsky frequently escaped Diaghilev's supervision and spent time with female prostitutes. The Copernican turn occurred in late 1913. At the end of a three-week voyage to Brazil for a tour with the Ballets Russes (during which Diaghilev remained in Europe), Nijinsky became engaged to the Hungarian aristocrat Romola de Pulszky (1891-1978). They married in Buenos Aires and the news was cabled to the company's director. Upon his return to Paris, Nijinsky was fired and Diaghilev found a new *protégé* in Leonid Massine (1896-1979).

For the first time, Nijinsky was in charge of his own destiny. However, he had never been interested in management, always delegating non-artistic, day-to-day affairs to others – he had never even had a contract. Suddenly, he found himself newly married, with no income and no job prospects. An attempt as a dance impresario in London was a financial disaster and led him to a nervous breakdown. In 1914, he and his pregnant wife travelled to Budapest where “neurasthenia with depressive state” was later diagnosed. The outbreak of The Great War found them on the wrong side, and Nijinsky, as a Russian, spent 18 months under house arrest. It took interventions from Pope Benedict XV, Emperor Franz-Joseph I of Austria, King Alfonso XIII of Spain and the US ambassador in Vienna to get him a safe passage home (with the condition that he rejoined the Ballets Russes) – this list illustrates the celebrity he had gained during his golden years.

Second period with the Ballets Russes and first psychotic symptoms

Nijinsky was given the control of the company during a long tour of the US and Canada, while Diaghilev retreated to Europe. The total managerial chaos of this tour resulted in a financial loss of \$250,000 – however, artistically it was a greatly acclaimed success. President Wilson congratulated him personally and he met Charles Chaplin, who was greatly impressed by him, but noted his sadness. While the war continued, the company visited neutral Spain. It was the first time that Nijinsky had travelled with both his wife and Diaghilev, and conflicts, over finances but also due to jealousy, were permanent. At the paroxysm in Barcelona, Nijinsky refused to dance, but was detained at the train station by the police, who forcibly returned him to the *Gran Teatre del Liceo*. June 1917 saw Nijinsky's last professional performance in Europe, before he sailed to South America. Barcelona was also the last appearance of ballerina Olga Khokhlova before she married Picasso, who at the time was designing costumes for the company.

Bourman, his former classmate who was now also at the company, wrote about the onset of Nijinsky's psychosis in Argentina: 'I realised that some terrific change had taken place in his innermost being... before answering the simplest question, he would pause for a long moment,

searching me with distrustful look'. Bourman goes on to describe how 'the delusion of persecution showed itself repeatedly during our four weeks at Buenos Aires. It became habitual for Vaslav to hunt me out, and after glancing about fearfully, half whisper, '*They will kill me here! Watch and you will see that this time, at least, I am speaking the truth. I know I am going to die. They will kill me!*'. No particular person or persons seemed to be suspected and the 'They' remained a mystery". During the last days there 'his answers were eccentric. He was planning a series of original interpretations, but they were dances that I, who knew dancing, recognized as physical impossibilities. Vaslav, my friend, seemed mad". Highlighting the paranoia, another source (Moore, L. *Nijinsky*, Profile Books Ltd, London 2013), indicates that Nijinsky and Romola felt so threatened that a bodyguard was hired.

Nijinsky's time with the company was over. With Europe still at war and the Russian revolution and civil war impeding his return home, Nijinsky, his wife and their first daughter Kyra (1913-1998) moved to St. Moritz in Switzerland at the end of 1917. Isolated, unable to dance and mentally fragile, the bubble of Nijinsky's world, where he had always lived, burst.

Psychosis in his own words

Clearly there are limitations to the retrospective diagnosis of mental disorders, and historical cases are subject to heated debate (see Karl Jaspers, *Strindberg und Van Gogh*, E. Bircher, Leipzig 1922). However, Nijinsky is different. From January to March 1919, he captured his thoughts and experiences in four diaries, which became a classic self-portrait of the symptoms of schizophrenia. A heavily edited version was published by Romola (*The Diary of Vaslav Nijinsky*, Simon and Schuster, New York, 1936) to raise funds for his care, but unexpurgated full editions became available a few years after her death. The English translation edited by Joan Acocella (Penguin Classics, London. 1995) and the French translation edited by Christian Dumais-Lvowski (*Nijinsky Cahiers*, Ed. Actes du Sud. 1995) are the best known.

The diaries are written using basic grammar and vocabulary, as he struggled with verbal communication in any language. The sentences are short, simplistic, repetitive and frequently contradictory (p.24; '*The ape is descend from an ape, and that ape from God. God is descended from God, and God from God*'), and classic clanging and phonetic associations typical of thought disorder are seen. Poems are rich in perseveration and incoherence, with the frequent iteration of meaningless phonemes (p. 292. '*Je me tu quante tu te tu/ Je me tu quante tu te tu/ tu te tu te tu te tu / tu tu tu tu tu tu*').

Delusions of influence (p.41 “*I write without thinking. I scratched my nose, thinking something was tickling me, but I realised that God did this on purpose so that I would correct my notebook. God writes all this for me and men’s*”) and grandiose delusions with omnipotence are frequently described (p. 184. “*I understand people without words. I see their actions and understand everything. I understand everything. I can do everything. I am peasant. I am a factory worker. I am servant. I am a gentleman. I am an aristocrat. I am a tsar. I am an Emperor. I am God. I am God. I am everything. I am life. I am eternity. I will be always and everywhere*”) as well as auditory hallucinations (p.14; ‘*God said to me, ‘Go home and tell your wife that you are mad*’).

Nevertheless, amid the psychotic symptoms, the diaries also contain his memories (for an update on the phenomenology of schizophrenic delusions see McKenna, *Delusions, Understanding the un-understandable*, Cambridge University Press, 2017). Particularly revealing are those concerning Diaghilev. Nijinsky describes their first meeting (p.104) in crude terms: “*I hated him, but I went in search of luck. I found luck there because I immediately made love to him. I trembled like an aspen leaf. I hated him, but I put up a pretence, for I knew that my mother and I would starve to death. I realised one had to live, and therefore it did not matter to me what sacrifice I made*”. In modern terms, a traumatic sexual experience.

Bleuler dixit

The excellent biography *Nijinsky a leap into madness* by professor of psychiatry Peter Ostwald (Robson Books, London, 1991) contains a detailed psychopathological analysis. Dr. Fränkel was the St. Moritz doctor and also Prof. Eugen Bleuler’s former student, who he approached asking for his assistance. Nijinsky was seen by Bleuler on the 6th March 1919 at the Burghölzli, a large state psychiatric asylum near Zurich. His report concluded: “Intelligence evidently very good in the past, now he is a confused schizophrenic with mild manic excitement”, but did not recommend his admission, although he changed his view two days later, following an episode of violence.

Bleuler (1857-1939) is a key figure in the history of psychiatry. He coined the term schizophrenia in 1911 (*Dementia Praecox or the group of schizophrenias*, International Universities Press, New York, 1950), replacing the earlier term *Dementia Praecox*. In 1905, the influential Emil Kraepelin (1856-1926) had merged three illnesses (Kahlbaum’s catatonia, Hecker’s hebephrenia and paranoia) into the single entity of *Dementia Praecox*. Its main characteristics were the degeneration and incurability, in contrast to Manic-Depressive Psychosis (Bipolar disorder), in which the patient recovers between episodes. However, the notion of inexorable deterioration was not shared by all psychiatrists, most notably by Bleuler. It is in this context that the term schizophrenia was first used, referring to a set of illnesses (“group of schizophrenias”) with not a

single, but several, pathophysiological mechanisms. Today, all psychiatrists should still learn the 4 'A's that define Bleuler's fundamental symptoms: Autism, Ambivalence, Affectivity and Association (loose associations) as well as the accessory symptoms: hallucinations, delusions and catatonia. Importantly, the illness course was seen as not necessarily deteriorating, which imbues his works with therapeutic optimism.

After two days of care, Nijinsky was transferred to the Bellevue sanatorium in Kreuzlingen, with the diagnosis of 'catatonia'. This clinic was directed by Ludwig Binswanger (1881-1966), who trained with Jung and Bleuler and was a life-long friend of Freud – he is also known as a pioneer in existential psychology (Broome et al. *The Maudsley Reader in Phenomenological Psychiatry*, Cambridge Press, Cambridge. 2012). In this family-run clinic, Binswanger's cousin Kurt was Nijinsky's attendant psychiatrist (his uncle Otto was a professor of psychiatry in Jena and Nietzsche's physician). The clinic was a 'therapeutic community' with a compassionate approach, where psychoanalytical therapy, education and reintegration were the aims, and no physical or chemical restraints were allowed. Tests only shown a 'trace' of albumin in urine and were negative for syphilis. Nijinsky was considered to be suffering with a 'psychogenic catatonia'. During his first five months there, many disruptive episodes are described, including violent outbursts, catatonic behaviour, mutism, paranoid ideas, hallucinatory experiences, mood swings and the ignoring of social conventions, including "indecent" exposure. Eventually, at his wife's request, Nijinsky was discharged to her care.

Entering the chronicity

Upon his re-admission four months later, Nijinsky's state had deteriorated. He suffered with hallucinations and persecutory delusions, but mostly with motor symptoms, either catatonic behaviour or sudden episodes of rage and violence, infantilism and poor self-care, as well as mannerisms and stereotypic behaviour. In March 1920, Nijinsky was transferred to the Steinhof Hospital in Vienna, directed by Wagner-Jauregg (1857-1940), who was later awarded the 1927 Nobel Prize for the treatment of general paresis of tertiary syphilis with malaria-induced fever. All records of Nijinsky's stay (or stays) were destroyed, but nothing indicates that novel therapies were introduced, or his presentation changed. Whether psychoanalyst Sigmund Freud (1856-1939) was consulted or not is unclear, but Nijinsky was not one of his patients. Vienna also witnessed Nijinsky's first reunion with his sister and mother, but it did not have the desired effect; in a catatonic state at the time, he did not even greet them. Unresponsive emotions were common, and Nijinsky did not react when Tamara (1920-2017), his second daughter, was born. His elder daughter Kyra, then four, stayed in Budapest with her grandparents.

The next fifteen years were spent in and out of psychiatric institutions during catatonic and violent episodes. At this time Nijinsky was mostly alone, under the care of nurses, his wife having moved to the US to find her way in acting, and his daughters living elsewhere. He was in Paris from 1923 to 1929, and some clinical descriptions during the admission have survived. His communication was mostly non-verbal; he presented stereotypic gestures, with incoherent speech and 'word salad', incomprehensibly muttering, hallucinating and unable to look after himself. In Paris, there is a suggestion he might have been treated with terebenthine-induced abscess, an intervention based on the observation that fever was associated with the improvement of psychosis. The following five years back at Bellevue continued similarly: catatonic, with stiff passivity followed by episodes of excitement and violence, living 'in his own laughter' according to Binswanger. Alfred Adler (1870-1937), psychiatrist and founder of individual psychology, visited him in 1934; he also concurred with the diagnosis of schizophrenia, and was later asked to write the foreword for the first edition of Nijinsky's diaries – however, Romola did not like his concept of inferiority complex and it was suppressed, only to be rediscovered and published in 1981 (Adler, 1981).

Sakel and the final curtain

By this time, Romola had returned and had started looking for alternatives to the psychodynamic therapies with which Nijinsky was being treated. Among the novel 'biological therapies' was that of psychiatrist Manfred Sakel (1900-1957), the pioneer of the insulin coma technique, a shock therapy that gained extraordinary acceptance before the antipsychotic era. Nijinsky received a total of 224 insulin injections from 1938, first at the Bellevue and then in Münsingen, near Bern. He seems to have experienced a noticeable improvement of the catatonia (**Figure 3**), albeit relapsing soon after to the motor inhibition, mutism, hebephrenic state and violent episodes. Nijinsky and Romola were in Switzerland at the beginning of the Second World War, but decided to move to Budapest in 1940, closer to Romola's family. During crises, Nijinsky continued with stays in hospitals. However, by 1943, as someone with schizophrenia, he was at risk of becoming a victim of the Nazi eradication genocide and moved to a small countryside hospital. In May 1945, orders were given to exterminate all psychiatric patients, and Nijinsky had to hide in nearby caves.

A remarkable change occurred after the Red Army took over Hungary. Amid Russian soldiers, who recognised him, Nijinsky experienced a notable recovery; for the first time in 26 years, he was sociable and talkative, and at one point was even seen to 'whirl and dance' with them. This phase was short lived, but somehow Nijinsky became less excitable during his final years. After the war, he and Romola first moved to Austria, where hypertension was detected, and then to London in 1948. It seems he never saw a psychiatrist or required admission during his time in the UK. He

passed away on 8th April 1950 due to 'uremia with chronic nephritis'. Initially buried in St. Marylebone Cemetery in London, his remains are now at Montmartre cemetery in Paris.

What can we learn?

Nijinsky's diagnosis seems firm, as all the clinicians who visited him agreed with the schizophrenia diagnosis. Through the course of his illness, he presented all current cardinal symptoms for schizophrenia. Nijinsky suffered with delusions (persecutory and grandiose), auditory hallucinations and thought disorder, but also with motor symptoms (catatonia-excitement) and a hebephrenic end state. Only Prof. Ostwald questioned the diagnosis, proposing instead a schizoaffective disorder, due to the predominance of mood symptoms and associating catatonia with affective disorder. In my opinion, the progression to hebephrenia, with practically no symptom-free period in 30 years, suggests schizophrenia. Noteworthy, despite motor symptoms are a trans-diagnostic domain, they should still be considered as a core feature of schizophrenia (Peralta and Cuesta, 2017).

More challenging is fitting Nijinsky's case into the current schizophrenia model. Over the last century, the concept of schizophrenia has embraced from a deteriorating brain disease to a complex psychological defense mechanism. A major step was the current framework of schizophrenia as a neurodevelopmental disorder (Picchioni and Murray, 2007), based on a heterogeneous genetic and neurobiological background that influences early brain development. No gross brain abnormalities are seen, but subtle pathological changes in specific neural cell populations and in cell-cell communication are described. Minor physical abnormalities, neurological soft-signs and subtle motor abnormalities are the silent markers, appearing long before the onset of psychosis (Kahn *et al.*, 2015). Over time, other extra-uterine life risk factors have been added, most notably cannabis use, urban upbringing, migration and trauma, requiring a re-formulation into an integrated sociodevelopmental-cognitive model (Howes and Murray, 2014). Nevertheless, it is still unclear how early insults are involved in other primary psychotic disorders, such as the chronic delusional disorder/paranoia.

However, how can the neurodevelopmental paradigm fit into Nijinsky's case? It is difficult to argue that the most perfectly tuned body in history, prodigiously balanced with harmonious movements, had subtle motor abnormalities. Or that the associative neural circuits had been disrupted early, considering his ability to embody the emotions of his roles or the avant-garde choreographies he staged. It is also true that Nijinsky was not academically talented, was prone to choleric outbursts and had serious difficulties with inter-personal relationships, but this, in my view, speaks more of his limited range of interests, mental rigidity and, if any, of an autistic (vs artistic) spectrum

personality. Noteworthy is the preponderance of traumatic events in Nijinsky's patho-biography. He was heavily bullied at school, and his early adult life was not much more pleasant. As Binswanger described, Diaghilev "handled him terribly brutally, beat him, locked him in a room when he went away, allowing him to be with nobody else until his 18th and abused him sexually".

Epidemiological evidence indicates that sexual, emotional and physical trauma is increasingly recognised as an independent major risk factor for schizophrenia (Hardy *et al.*, 2016); although its biological basis are still to be fully understood. Nijinsky's schizophrenia could be linked to these childhood and adult life stressors rather than to an intra-utero abnormal brain developmental process. For instance, fear perception is increased in those who have experienced childhood abuse (without comorbid psychosis), with enhanced ventromedial fronto-cingulate activation and altered functional connectivity with associated limbic regions (Hart *et al.*, 2018). Moreover, those who have experienced severe traumatic events might have a distinct epigenetic profile (McKinney, 2017), but research is incomplete.

Proposing that schizophrenia is a heterogeneous disorder, or even a syndrome like dementia, with different pathophysiological mechanism(s) has a long tradition in our field, from Bleuler to contemporary authors such as Carpenter and Kirkpatrick (Kirkpatrick *et al.*, 2001). Anecdotal anomalies in the well-established neurodevelopmental model should help to expand the current conceptual paradigm to incorporate novel mechanisms, including the role of traumatic experiences in schizophrenia onset. Nijinsky's case could be a paradigmatic example of the latter. The proposed deconstruction of mental symptoms into their cognitive domains (Insel and Cuthbert, 2015), resembling Bleuler's fundamental symptoms approach, seems a logical, albeit initial, step in the understanding of this complex disorder and its multiple causes. One hundred years later, Nijinsky might still be revolutionising the world.

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Figure 1. Nijinsky at his peak as a ballet dancer during the period 1909-1912. On the left as *Petrushka* and on the right in *Les Orientales*.

Figure 2. Nijinsky in his first choreography, *L'après-midi d'un faune*, in 1912. On the right, the ballet movements written on Debussy's score. On the left, Nijinsky dressed as the faun, in one of the ballet's unorthodox dance positions.

Figure 3. Nijinsky during his illness. On the left, at age 37 in Paris during a catatonic state. On the right, ten years later, after insulin shock treatment, performing his first ballet movements in decades.