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ENT HISTORY

Did Van Gogh have Ménière's disease?

Van Gogh souffrait-il d'une maladie de Ménière?

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Summary Very surprising diagnoses have sometimes been made of the illness from which Vincent van Gogh suffered. Most of them can be safely ignored; the diagnosis of Ménière's disease, however, put forward by K. I. Arenberg, deserves attention. This diagnosis was first criticized in a doctoral thesis in 1992 in the university of Saint-Etienne (France), and again in a book published by Henri André Martin in 1994, and the present study is based on these. Analyzing van Gogh's pathology presupposes awareness of the family context in which he lived, his eventful life, his artistic career and of his correspondence, which notably provides no support for a diagnosis of Ménière's disease. Analysis, indeed, enables Ménière's disease to be categorically eliminated in favor of temporal epilepsy, as confirmed in 1956 by Gastaut following the diagnosis initially made half a century earlier by Dr Rey. Van Gogh's illness is an example of the contradictory changes in affect, behavior and personality to be observed in epileptic patients. Absinth intoxication doubtless aggravated van Gogh's epilepsy and may account for certain prolonged episodes of confusion. It would be wrong, however, to speak of alcoholic dementia rather than of a probable epileptic psychosis or other pathology such as hallucinatory psychosis, or delirious attack, either isolated or related to late-onset schizophrenia. Apart from certain episodes of severe mental disorder, however, van Gogh's exceptional creativity was maintained up to the very end. Like any other artist, his temperament was expressed in his art, exalted rather than impaired by his illness.

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Introduction

For a century now, a legend has been forged, reiterated and built up that saddles Van Gogh with the image of the visionary of genius inspired by madness, the starving martyr

and victim of society, and his work with that of wild creativity born of frantic irrational gesticulation. Van Gogh is reduced to the tragic madman of genius.

The diagnoses that have been made, sometimes long after his death, of the disorders from which he suffered are often remarkable: sunstroke, tuberculous meningoencephalitis, tuberculous schizophrenia, or again brain tumor. Others are more deserving of consideration. This is in par-

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ticular the case of the diagnosis of Ménière's disease, put forward by K. I. Arenberg [1].

My student Christèle Gandié-Espalieu made a critical analysis of this diagnosis in her doctoral thesis in 1992 [2], and this was followed by "La maladie de Van Gogh: le mystère d'une fin tragique" ("Van Gogh's disease: the mystery of a tragic end") [3], a book written by my father Henri André Martin, published by Buchet/Chastel in 1994, which forms the basis of the present article.

Dietrich Blumer, professor of psychiatry in the USA, has a chapter on the subject in his forthcoming book [4], which seems to come to the same conclusions.

Context

Vincent Willem Van Gogh was born on March 30, 1853 in the manse of Groot-Zundert, a little village in northern Brabant, to a reformed pastor and the daughter of a bookbinder in the service of the court at The Hague, just one year after the death of the couple's first child, a boy also christened Vincent Willem. Three of his uncles on his father's side were art dealers, and the fourth a vice-admiral. He had three sisters and two brothers, including Theodoros (or Theo for short) who was four years younger and was also to become an art dealer and Vincent's constant support.

Vincent was a temperamental boy, although well loved by his parents, with quite a difficult childhood. Although he by no means shone at school, he did become fluent in French and also studied English and German. At the age of 15, he was obliged to leave school due to a family financial crisis, and found a job as a sales assistant in the Goupil art firm, where he made reproductions of masterpieces.

Goupil sent him to London in 1873, then to Paris in 1876, where he lived in Montmartre. At this time began a long period of reflection about religion. He was dismissed from the firm the same year and went back to England, where he worked as a school assistant while his religious vocation took shape. He moved in with his uncle Johannes in Amsterdam, to prepare the entrance exam to the Theology School; but, after 15 months' solid work, he failed to get admission. He then moved to Borinage as a missionary, from 1878 to 1880, where the hardship of the miners' lives made a deep impression on him. The Church, however, found this commitment excessive and relieved him of his post. He survived thanks to financial assistance from Theo, and went back to drawing. The summer of 1881 he spent in Essen, where he suffered his first great experience of unrequited love. In 1882, he moved to The Hague and took up with a prostitute called Sien. He revolted against the outer trappings of religion, quarreled with his father and, on Christmas Day, stormed out of the family home. He began to feel an irresistible calling to be a painter. Sien gave birth to her second child; Vincent considered her as his wife, but she was sinking into alcoholism and went back to her mother, who encouraged her to continue in prostitution despite Vincent's insistent objections. He returned to his father's manse in 1883 then left for Antwerp in late 1885 and on to Paris in March 1886. This was for him an epiphany: Theo introduced him to the art of the Impressionists. Van Gogh's palette became brighter; he was bursting with activity, organizing exhibitions, making friends with Emile Bernard, Toulouse-Lautrec and soon after

with Gauguin and the Pont-Aven group, and with Signac and Seurat. . .

Until September 1888, there was no real sign of the pathological disorders to come. But then everything began to go downhill: Van Gogh's new life was also made up of late nights, endless conversations and unbridled passion. Under the influence of his friends, and Toulouse-Lautrec in particular, he took to drink. It was absinth that was to seal his fate. After two years of this hectic life, his mood began to darken; he quarreled with his fellow artists, and strained his relation with Theo, who wrote home [5]: "It's as though there were two beings in him – one wonderfully gifted, delicate and gentle, the other proud, selfish and hard." Vincent was becoming alcoholic, and felt the need to flee this scene: what had been only too brief a moment of happiness had turned into a living hell.

On February 20th, 1888, Vincent Van Gogh visited Arles. He discovered Provence in the snow. Even so, the almond trees were in blossom, and soon the sky turned "a hard blue with brilliant sun". In April, the orchards burst into flower. He moved into the Yellow House on September 18. The joy of setting up house brought his frenzy of work to a climax. "I work like a painting train engine," he wrote to Theo [6]. He went without food to buy paint and canvass, and painted day and night.

He had so much admiration for Gauguin that he invited him to come and join him, in his dream of a community of artists. Gauguin arrived in Arles in late October 1888. In return for his monthly remittances, Theo would get not only Vincent's work but also one painting of Gauguin's every month. "The housed is going very well, «he wrote,» It does me a lot of good to have the company of someone as intelligent as Gauguin and watch him at work" [6]. They both moved away from impressionism, but their paths very soon diverged. As winter set in, the arguments became interminable, heated and probably drunken. Around this time, Gauguin noted that his friend had a number of amnesiac sleepwalking episodes, which he felt as threatening. During a violent argument in a café, Van Gogh flung his glass of absinth in Gauguin's face; the next day, he could remember nothing about it – but Gauguin left. On December 23rd, after a heavy drinking bout, Van Gogh cut off the lobe of his left ear. He was bleeding, and this time his state of comatose agitation lasted longer than usual; the police found him the next day "showing no signs of life", and he was admitted to hospital in Arles on the 24th. He was discharged on seventh January. On ninth February he suffered terrifying hallucinations. It was then that he painted his self-portrait with bandaged ear (Fig. 1), and recovered his will to work. But the townsfolk of Arles sent a request to the authorities for Vincent to be committed as a "danger to the community". At the end of February, Van Gogh was committed to hospital in Arles. He was perfectly aware, conscious that he was being locked up; he was not allowed books, paints or even his pipe. An intern by the name of Rey had charge of him and allowed him time out on permission, telling him to go easy on the drink. Periods of unutterable anxiety alternated with moments of calm and optimism.

On May 8, 1889, he was admitted on a voluntarily basis to the St Paul asylum in Saint-Rémy, under the care of Dr Peyron, and felt well there. After a week, he was allowed

to paint, and a room was even made available to him as a studio. He began by painting a series of impressionist canvasses, such as his "Irises", in the asylum gardens, and then developed a newer style in his Provence landscape series, "Cypresses", "Starry Night", etc. The asylum provided him with numerous scenes: "Trees in front of Asylum", "Garden of St Paul Hospital" (1889), etc. He also did a lot of paintings based on engravings and reproductions, such as "Prisoners Exercising".

Despite his determination and long moments of lucidity, however, Vincent was subject to nightmares and visual and auditory hallucinations. These would be followed by periods of complete prostration, deep melancholia and a horror of life, from which, however, he would rapidly recover. He analysed himself clear-headedly; he tried to work out where these attacks were coming from and what caused them. He called on all his strength, and threw himself into his work. He wrote [6]: "I work like a man possessed, I have a dull fury of work more than ever." He set about it with a consuming pressure to produce while there was still time; for, no matter how much he pulled himself together, he believed that madness was closing in and that he soon would be reduced to a wretch like the worst cases in the asylum.

In the midst of his work, his illness caught up with him; he tried to escape his hallucinations, flee, run around the hospital grounds, crash into trees, howl in fear – then, suddenly, find peace, begin writing and painting again. He was like a new man, with all his rare intelligence, who had rid himself of something bad. He believed he was on the path to healing. He quickly recovered confidence, convinced that his work alone could save him. Calm at last, he hastened to write to his brother that it is over now, and the fits were very unlikely to strike him again.

His condition improved, and on February 20, 1890 he was obviously so well that a request to spend two days in Arles could hardly be turned down. But he got drunk again on absinth and was found in a ditch. A renewed attack struck him down for no less than two months, with prostration alternating with extreme agitation. He wrote to Theo [6]: "If I were without your friendship, I would be sent without regret to suicide...".

He decided to go north again and arrived in Auvers-sur-Oise on May 21, 1890, following the advice of Pissaro, who had a friend there, Dr Paul Gachet, a painter and engraver. They made acquaintance, and Vincent ate and painted at Gachet's house once a week, working on his portrait. He had found the joy of painting again, but at



Figure 1 Self-portrait with bandaged ear January-February 1889, oil on canvass, 55 x 45 cm. Copyright DR.

times tended to get discouraged. On July 29, in his final letter, found on his body, he wrote to Theo [6]: "Well, my own work, I risk my life on it and it has half dissolved my reason...".

The local weekly, the *Echo Pontoisien*, of August 7 1890, reported: "On Sunday July 27, a certain Van Gogh, aged 37, a Dutch subject and painter passing through Auvers, shot himself with a revolver in the fields; being merely wounded, he went back to his room, where he died the day after next." Theo was at his bedside. He himself was driven mad by syphilis and was admitted to a psychiatric hospital in October 1890, where he died on January 25, 1891.

Clinical analysis

It is worth bearing in mind that Van Gogh showed genuinely pathological signs only intermittently and in the last two years of his life. There can be no question of explaining all of his disorder in terms of an especially harmful impact of alcoholism. There can be no doubt that, during his last months, Van Gogh suffered from a condition exacerbated by alcohol and vexation: intermittent paroxysmal states taking the form of relatively cyclical seizures and episodes of confusion leaving no memory trace.

The theory of Ménière's disease

* Van Gogh did indeed speak about the ear as a source of certain of his ills. But this was only later on, and by analogy with the symptoms of fellow patients in the hospital of Arles.

The episode during which he cut off an earlobe came after a drinking bout that led to a violent, delirious reaction with auditory and visual hallucinations of which he had no memory. Unless, that is, we go along with Hans Kaufmann and Rita Wildegans's 2009 hypothesis [7], that Gauguin was a master of fencing and dealt him a blow with a saber...

Vincent, during his time in Arles Hospital, wrote [6]: "One of them here shouts and speaks all the time like me, for a fortnight, thinking he hears voices and speech in the echoes in the corridors, probably because his hearing nerve is diseased and oversensitive, and for me it's both vision and hearing...".

These disorders, which were never lateralized according to Van Gogh, were clearly auditory and visual hallucinations, not tinnitus.

* Van Gogh was indeed subject to paroxysmal seizures, often of sudden onset without prodrome, but which he never described as true vertigo attacks.

Some sentences in the letters to Theo, taken out of context, might suggest disturbed balance: "I'm writing today now that my head is behaving itself. I was afraid of exciting it before getting better" (letter B, December 21, 1889) [6]. But he was probably speaking of a fear of a recurrence of hallucinations.

In letter 592 of May 25, 1889 [6], he does indeed say, "The shock was such that I couldn't bear to move at all and nothing would have suited me better than never to wake up again." But, later in the same letter, he says that what he most of all fears are "sounds and strange voices".

* Vincent often mentions his stomach; but these are dyspeptic disorders, which he quite rightly attributes to

tobacco, “bad wine” and a diet that was insufficient and unbalanced.

It can thus be said that nothing in Van Gogh’s correspondence points to a diagnosis of Ménière’s disease.

What was wrong with Vincent Van Gogh?

The answer, beyond the shadow of a doubt, is psychomotor partial temporal lobe epilepsy, as diagnosed by Rey, the intern, in 1889 and confirmed by Gastaut’s 1956 study of Van Gogh [8] founded on work on emotional change in confirmed temporal lobe epilepsy. This epilepsy may have developed in a favorable terrain (early temporo-limbic lesion), but was certainly triggered by absinth, which at the time was consumed in large amounts, especially in the south of France, and the convulsive effects of which were well-known at the time: in 1873, Magnan [9] had described “absinthic epilepsy”.

It was in fact during his time in Paris, where he was introduced to absinth, that Van Gogh developed subliminal temporal seizures in parallel to an aggravation of his previous emotional and behavioral disorders.

In partial seizure with elementary semiology and no loss of consciousness, visual and auditory hallucinations are not rare; there may also be associated epigastric and abdominal, circulatory and vasomotor and many other manifestations.

In partial seizure with complex semiology, loss of consciousness may be isolated, as a transient stupor. The face becomes frozen and expressionless. Gauguin testified to this in the case of Van Gogh. A range of symptoms is frequently induced, including often complex and usually visual/auditory hallucination, in which the subject recalls and re-experiences fragments of his or her life in great detail. During attacks that did not involve amnesia, Van Gogh sometimes recalled his childhood, the house where he had lived with his parents, his surroundings down to the smallest blade of grass, with incredible exactness. Usually, however, the visual hallucinations consisted of more or less complex figurative representations, whether in color or not, immobile or in movement, and in general faithfully reproducing reality. They might represent scenes, such as that in which Vincent described himself being chased by the police. The auditory hallucinations could be verbal (words, sentences, conversations) or musical (songs, melodies). Several times in his letters [6], Vincent reported that, “I observe in others that they too hear strange voices during their attacks, like me, and that in front of them too things appear changeable.” But sometimes his mind would be filled with a melody, repeating monotonously. Sometimes other phenomena were associated, such as an unexpected thought taking the foreground; these were usually new ideas (a parasitic remembered idea or not), often obsessive, compulsive, forcing him to express it or act it out. There are several examples that could be cited in the case of Vincent, leading to the kind of unconsidered action already mentioned which could also be an aggressive or defensive reaction following a hallucination. On other occasions, affective manifestations occurred. These could be a feeling of fear, intense fright and anxiety or, on the contrary, happiness and ecstasy. Reactions of fury or violence were more exceptional. We

know how much Vincent feared these “dreadful” periods of “terrifying tension”, as Dr Peyron put it.

In most temporal epilepsy subjects, personality alterations are frequent but hard to detect. In Van Gogh, on the other hand, the changes were blatant, characterized by exacerbated affect, bipolar oscillation between anger and extreme ethical and religious paroxysms – to the point of giving an impression of double personality – with a focus on detail and stubborn perseveration, and finally reduced sexuality [10]. He developed an intercritical state of dysphoria, with transient and varied symptoms: depression-irritation punctuated by syncope and physical malaise alternating with moments of anxiety and brief euphoria. At the height of his illness, he became paranoid, hallucinated and delirious, prey to intense affect, agitation and episodes of confusion/amnesia, as is typical in epileptic psychosis [11].

Certain writers express astonishment at the duration of his episodes, which are to be interpreted as iterative complex partial states or subintractant seizures, linked by residual postcritical confusion. Such seizures, and especially their iteration, are generalized or extended in clonic motor symptoms by propagation to somatomotor areas, of which there were no definitive signs in Van Gogh’s case, apart from a few motor phenomena that were reported. Vincent sometimes had some recollection, however vague, of these episodes. Epileptic rage occurred, but very rarely. Moreover, as the epileptogenic focus remains constant in any given patient, it is astonishing that there should have been such varied critical symptoms involving different regions of the cerebral cortex (lateral temporal auditory hallucinations, parieto-occipital visual hallucinations, frontal or prefrontal compulsive thought, medial temporal ectemnesia, etc.). Vincent Van Gogh may thus have suffered from epilepsy originating in the parieto-occipital crossroads, known to have numerous possible propagation pathways.

Van Gogh, moreover, did not suffer from dementia, as can be seen from his writings and paintings right up until the end of his life. He did not show the symptoms of general paralysis, a well-known pathology at the time, or any signs of tabes.

Absinth intoxication, although not amounting to alcoholic dementia, doubtless aggravated his epilepsy and could also account for certain prolonged states of confusion.

Finally, there can be no doubt as to an alcohol-related psychiatric pathology: probably epileptic psychosis, as Gastaut would have it, or another pathology such as hallucinatory psychosis, acute delirious episode, either isolated or part of late-manifestation schizophrenia (Jaspers) [12] or at least a borderline condition; after all, his brother Theo also suffered from psychiatric disorder...

Conclusion

Vincent van Gogh’s personality was out of the ordinary. He was of a dysphoric disposition, with recurrent psychotic episodes the last two years of his eventful life.

The hypothesis of Ménière’s disease can definitely be ruled out; the diagnosis must be temporal epilepsy, following Gastaut (1956) who in turn followed the diagnosis made by Dr Rey half a century earlier. Gastaut’s authentically

neuropsychiatric research was practically ignored despite his celebrity, as this pathology was a focus of psychiatric interest until the 1950s before coming to be considered exclusively neurologic.

Van Gogh's illness is an example of the contradictory alterations undergone by epileptics in terms of affect, behavior and personality.

However, apart from some episodes of severe mental disorder, Van Gogh's exceptional creativity lasted right up until his dying day. Like any other artist, his temperament was expressed in his art, exalted rather than impaired by his illness.

Disclosure of interest

The author declare that he has no conflicts of interest concerning this article.

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