

Swarthmore College

Works

Russian Faculty Works

Russian

Fall 2012

Diagnosing Prince Myshkin

Brian R. Johnson

Swarthmore College, bjohnso1@swarthmore.edu

Follow this and additional works at: <https://works.swarthmore.edu/fac-russian>



Part of the [Slavic Languages and Societies Commons](#)

Let us know how access to these works benefits you

Recommended Citation

Brian R. Johnson. (2012). "Diagnosing Prince Myshkin". *Slavic And East European Journal*. Volume 56, Issue 3. 377-393.

<https://works.swarthmore.edu/fac-russian/212>

This work is brought to you for free by Swarthmore College Libraries' Works. It has been accepted for inclusion in Russian Faculty Works by an authorized administrator of Works. For more information, please contact myworks@swarthmore.edu.

DIAGNOSING PRINCE MYSHKIN

Author(s): Brian R. Johnson

Source: *The Slavic and East European Journal*, Vol. 56, No. 3 (FALL 2012), pp. 377-393

Published by: American Association of Teachers of Slavic and East European Languages

Stable URL: <http://www.jstor.org/stable/41698559>

Accessed: 19-08-2016 17:49 UTC

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at

<http://about.jstor.org/terms>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.



American Association of Teachers of Slavic and East European Languages is collaborating with JSTOR to digitize, preserve and extend access to *The Slavic and East European Journal*

DIAGNOSING PRINCE MYSHKIN

Brian Johnson, Swarthmore College

Dedicated in memory of James L. Rice

1. Introduction

Who is Prince Myshkin? Is he a “holy fool,” a “rogue,” a “philosopher,” or simply a “fool”?¹ All of the above? None of the above? No one seems to know. Opinions differ and change over the course of the novel. Ippolit captures the ambiguity and contradiction in Myshkin’s identity when he declares: “He is either a doctor or indeed of an extraordinary intelligence and able to guess many things. (But that he is ultimately an “idiot” there can be no doubt at all.)” (*Idiot* 389; *PSS* 8: 323). Ippolit’s paradoxical summation identifies the one point upon which there is universal agreement: Myshkin is “ultimately an “idiot”” in the eyes of everyone in the novel.

But how can Myshkin be at once “of extraordinary intelligence” and an “idiot”? Does this epithet really explain his identity? No. It explains what is wrong with him. It diagnoses him without stabilizing his identity. He is a “doctor,” a “rogue,” a “philosopher,” a “fool” who is also an idiot, who suffers from idiocy, a medical condition, as Myshkin himself explains multiple times. The question “Who is Prince Myshkin?” is destabilized in the novel, bifurcated into questions of identity and diagnosis, questions which are inextricably bound together. His stable diagnosis as an “idiot” serves as the fundamental characteristic of his unstable identity, which in turn cannot be divorced from his diagnosis no matter how his identity is perceived. How then can we proceed to answer, or even to approach, the question “Who is Prince Myshkin?”

The fundamental difficulty in unraveling the enigma that is the prince lies in the narrative technique. As Robin Feuer Miller explains in her classic book

I would like to thank the anonymous *SEEJ* reviewers for their insightful and helpful comments.

1. Rogozhin tells Myshkin: “you come out as a holy fool” (*Idiot* 15; *PSS* 8: 14). In the Epanchins’ initial encounter with the prince, Alexandra Epanchina declares “This prince may be a great rogue and not an idiot at all,” and Aglaya agrees with her opinion (*Idiot* 55–56; *PSS* 48). Their sister Adelaida tells the prince: “You’re a philosopher and have come to teach us” (*Idiot* 59; *PSS* 8: 51). Much later in the novel Epanchina declares “this wretched little princeling is a sick idiot, second of all he’s a fool” (*Idiot* 509; *PSS* 421).

Dostoevsky and The Idiot: Author, Narrator, and Reader, Dostoevsky utilizes “enigma with explanation” in the narrative: “Dostoevsky’s decision to present the prince ‘enigmatically, *throughout the entire novel*,’ means that the reader is to learn about him through stories and rumors, but shall also be permitted flashes of understanding” (Miller 78). This leads to a fascinating and frustrating narrative, one which offers no definitive answers: “The *final* irony of the narrative in the novel is that the narrator’s description and explanation prove to have been misleading in the end; the sparsely scattered facts and abundant mysteries are the stuff out of which the reader must form his understanding of the meaning” (Miller 81).

One set of facts concerning the prince is neither sparse nor widely scattered: the passages concerning Myshkin’s medical history all occur in the first five chapters of *The Idiot*. Dostoevsky began writing these chapters on December 18, 1867,² and mailed them to his publisher just a few weeks later. These five chapters, along with the following two chapters, were all written within a month and were published together as the first installment of the novel in *The Russian Messenger* in January of 1868. The placement of the medical history within these initial chapters—the tightest and most cohesive section in the novel—foregrounds this aspect of Prince Myskhin’s biography. His reputation as an “idiot” consistently precedes him, determining beforehand the initial impression he makes upon other characters. The title of the novel itself certainly points to the importance of this diagnosis in regard to his identity.

Myshkin’s medical history is largely a product of Dostoevsky’s own familiarity with the medical world of his time. As James Rice definitively shows in his groundbreaking *Dostoevsky and the Healing Art*, Dostoevsky was well read in the sphere of medicine and was quite knowledgeable on every aspect of epilepsy, including prognosis, treatment, and related conditions. He was also familiar with the most prominent neurological physicians of Europe and Russia.³

Rice’s book focuses on the “healing arts” and stops short of applying this knowledge to Dostoevsky’s “literary art.”⁴ Acknowledging the great debt due Rice in terms of preliminary research, this article applies the body of knowl-

2. Letter to Apollon Maikov of 31 December 1867 (12 January 1868). See *Complete Letters* 2.295–302; *PSS* 28.2: 239–45.

3. Rice *passim*. To fully appreciate the depth of Dostoevsky’s medical knowledge one must read Rice’s work as a whole. The work is simply indispensable to any scholar interested in Dostoevsky’s epilepsy and the medical world of his time. Not only does Rice provide rich and exhaustive detail on every aspect of Dostoevsky’s medical history, he also introduces the reader to the medical practices and developments of Dostoevsky’s era, and also to a general history of the treatment of epilepsy and related neurological conditions.

4. Rice does address some of Dostoevsky’s works *passim* and also in the final chapters of his book, but these analyses are geared more toward illuminating Dostoevsky’s medical knowledge than his artistic strategies.

edge he identified to Dostoevsky's *The Idiot*. In doing so it elucidates some of the central motifs and characteristics associated with the prince: the cultural connotations of his illness; his strange sexuality; his fixation on execution; the motif of recognition; the setting, figures, and methods of Myshkin's treatment abroad; and the use of the word "idiot."

2. Recognition

One motif that Dostoevsky's medical knowledge elucidates is that of recognition. Very early in the narrative, as Prince Myshkin sits opposite Rogozhin on the train from Warsaw to Petersburg, we discover that the prince is epileptic even before we learn his name. In the initial description of Prince Myshkin, the narrator relates that "[h]is eyes were big, blue and intent; their gaze had something quiet but heavy about it and was filled with that strange expression by which some are able to guess at first sight that the subject has the falling sickness [*paduchiu bolezni*]" (*Idiot* 6; PSS 8: 6). From ancient times physicians claimed that an epileptic could be recognized by his features, specifically his eyes, and this belief lasted into the nineteenth century. Owsei Temkin notes this idea in *The Falling Sickness*, his comprehensive work on the history of epilepsy:

A particular look of epileptics had been noted by the ancient physiognomists, and in 1843 Billod had written that their "look has a characteristic expression which, no doubt, it owes to a dilatation often unequal, of the pupil, which is somewhat more than physiological and has become habitual." Maudsley spoke of "the heavy, lost look so often seen in confirmed epileptics." (Temkin 376)

The parallels here are striking. The identifying trait of "a dilatation often unequal, of the pupil" is reflected in the fact that Myshkin's "eyes were big."⁵ The "heavy, lost look" cited by Maudsley⁶ is replicated in Myshkin's "gaze" which "had something quiet but heavy about it." Temkin himself identifies this trait as one of the "small touches [in Dostoevsky's works] which have

5. The unequal dilatation (or dilation) of the pupil may also have a biographical source. Upon first meeting Dostoevsky, Anna Grigorievna Snitkina remembers that her future husband's eyes were dilated unequally: "it was his eyes that really struck me. They weren't alike—one was dark brown, while the other had a pupil so dilated that you couldn't see the iris at all" (A. Dostoevsky 18). In a footnote, Anna Grigoreyevna explains that this unequal dilation was not caused by his epilepsy, but was an indirect result of a seizure: "During an epileptic attack Dostoevsky had fallen against some sharp object and severely injured his right eye. He was treated by Professor Junge, who prescribed treatment with atropine drops, as a result of which the pupil had markedly dilated." Perhaps Dostoevsky remembered this event and wanted to impart to his prince the same "enigmatic expression" that his second wife recalls the unequal dilation of his pupils had given him.

6. Although Dostoevsky could not have been familiar at the time with Maudsley's text *Responsibility in Mental Disease*, as it was published in English in New York in 1874, he may have read Billod's work, which appeared in the French journal *Annales médico-psychologiques* in 1843 while Dostoevsky was under the care of Dr. Yanovsky for a nervous complaint before his arrest and exile.

their counterpart in the medical literature of the time” (Temkin 376).⁷ The narrator’s use of the word “subject” [*sub"ekt*] even frames this deduction as a general scientific rule.

Dostoevsky takes this concept of recognition of a disorder on the basis of physical features, notably the eyes, and expands it to instantaneous recognition of someone heretofore unseen. The first instance of this motif occurs on the train from Warsaw to Petersburg. The narrator notes that both characters have “remarkable physiognomies” (*Idiot* 5; *PSS* 8: 5), opening the possibility that they can recognize each other’s disorders; indeed, perhaps Rogozhin is one of those “some” who “are able to guess at first sight that the subject has the falling sickness.” The motif of recognition between this pair continues in the scenes where Myshkin senses Rogozhin’s eyes following him as he wanders around St. Petersburg in a pre-epileptic state, and most notably when Myshkin recognizes Rogozhin’s house from its “physiognomy” (*Idiot* 207; *PSS* 8: 172).

The motif of recognition also plays a role in the first encounter between Myshkin and Nastasya Filippovna. When he sees her in the flesh for the first time, he acknowledges he recognized her from her portrait, but he adds that “It’s as if I’ve also seen you somewhere. [...] As if I’ve seen your eyes somewhere... but that can’t be! I’m just... I’ve never even been here before. Maybe in a dream...” (*Idiot* 105; *PSS* 8: 89–90). Recognizing in him that forgiving savior she imagined would come to her, Nastasya Filippovna says in regard to the prince: “As if I haven’t dreamed of you myself?” (*Idiot* 170–71; *PSS* 8: 144). Both characters seem to recognize each other from their dreams, imparting a mystical aspect to their mutual recognition.

Additionally, two less mystical encounters of recognition occur. When Ippolit sees Aglaya in the flesh for the first time he says of her “She’s so pretty that I guessed it was her at first sight earlier, though I’d never seen her before” (*Idiot* 287; *PSS* 8: 239). Ivan Petrovich, who knew the prince in his childhood, recognizes Myshkin at once during the fateful party at the Epanchins, saying, “I recognized you at once, even your face” (*Idiot* 539; *PSS* 8: 447).

3. Naming the diagnosis

The next piece of Myshkin’s medical history is also revealed in the initial conversation between Rogozhin and the prince:

he [Myshkin] said, among other things, that he had indeed been away from Russia for a long time, more than four years, that he had been sent abroad on account of illness, some strange nervous illness like the falling sickness or St. Vitus’s dance [*po kakoi-to strannoï nervnoi bolezni, vrode paduchei ili vittovoi pliaski*], some sort of trembling and convulsions. (*Idiot* 6; *PSS* 8: 6)

7. Temkin found Dostoevsky’s depictions of ecstatic pre-epileptic auras in *Demons* and *The Idiot* to be so accurate that he cites them in an appendix to his book (Temkin 393–95).

This appears to be an instance where the narrator's description and explanation prove to be, in Miller's words, "misleading in the end." Our unreliable narrator claims to be conveying what Myshkin "said," but if we take the narrator's words at face value, it means the prince is uncertain about his diagnosis. Is he suffering from St. Vitus's dance, the falling sickness, or just "some sort of trembling and convulsions"? Having just returned from Dr. Schneider's asylum, would he not have a better grasp of his own diagnosis?

The obvious explanation is that Dostoevsky is engaging in obfuscation to establish an enigmatic and mysterious aura around the prince in the very first scenes. Yet this particular mystery only lasts until Myshkin suffers his first seizure. At this point any doubts as to the specific diagnosis are dispelled, as Dostoevsky depicts Myshkin's first epileptic episode with the classic hallmark symptoms of a *grand mal* seizure, including a pre-epileptic aura. Moreover, the illness is directly referred to as epilepsy [*epilepsiia*]. For Dostoevsky the terms epilepsy and falling sickness were, for all intents and purposes, synonymous: he uses them interchangeably in his letters and in *The Insulted and the Injured*, his first novel prior to *The Idiot* to incorporate an epileptic.⁸ Since Myshkin clearly suffers from the author's own affliction, not St. Vitus's Dance, and since he never again gives an uncertain diagnosis of his disorder, is there a purpose behind this obfuscation beyond presenting the prince enigmatically?

The obfuscation in part reflects the similarity between these two disorders and the difficulty in distinguishing them: "At the time, epilepsy and chorea [St. Vitus's Dance] were seen in close proximity and mentioning them together was by no means strange" (Temkin 376). The symptoms of St. Vitus's Dance (now known as Sydenham's chorea) are very similar to those of epilepsy. St. Vitus's Dance is "a neurological disorder characterized by irregular, involuntary, and purposeless movements in muscle groups in various parts of the body. [...] It is chiefly a disease of childhood, occurring most frequently between the ages of 5 and 15 years" ("Chorea"). The symptoms Myshkin initially describes could just as easily be attributed to St. Vitus's Dance as to epilepsy, since his illness started in childhood and involves "some sort of trembling and convulsions." Thus Myshkin's confusion about his own illness parallels the potentially muddled diagnosis of his own physicians.

Furthermore, each of the terms of Myshkin's possible disorders endows him with a different set of connotations. The term epilepsy [*epilepsiia*] is a loan word, devoid of Russian cultural associations, and is associated with the European medical community and, accordingly, an emphasis on the physiological basis of nervous disorders. This term isolates Myshkin's disorder, shielding it from the cultural connotations associated with "falling sickness" [*paduchaia*]. Even though at this point in time, and in Dostoevsky's mind, the

8. An episode of epilepsy is also depicted in the early short story *The Landlady* [1847], but its depiction does not amount to the creation of an "epileptic."

two terms are synonymous, *paduchaia* still carries the cultural connotations associated with neurological disorders, aligning with the ancient view of epileptics as touched by God, as holy fools, or conversely as possessed by demons who cause the convulsions suffered by the epileptic. In using both terms to diagnose Myshkin, Dostoevsky evokes these Russian cultural connotations with the term *paduchaia* and avoids them with the term *epilepsiia*.

The connotations of the term 'St. Vitus's Dance' extend beyond the Russian cultural context. Its symptoms were mistaken for ecstatic dancing, and hence its holy appellation: "The name St. Vitus' dance derives from the late Middle Ages, when persons in the grip of the disorder attended the chapels of St. Vitus, who was believed to have curative powers" ("Chorea"). This term evokes a context of ecstasy and mysticism not present in the term "falling sickness," and it also bridges the European and Russian traditions, as St. Vitus is a saint in both the Orthodox and Catholic traditions. Whereas a holy fool may be chosen of God and speak for God, those afflicted with St. Vitus's dance are possessed by God. It is the holy appellation in the term St. Vitus's Dance which segregates it from the other two terms: "The popular desire to connect epilepsy with supernatural powers found its Christian counterpart in the association with certain saints" (Temkin 100).

In including St. Vitus's dance in the mix, Dostoevsky brings the cultural connotations of all these convulsive disorders to bear on his artistic plan. The term *epilepsy* indicates the scientific realm, devoid of any supernatural or superstitious connotations; *falling sickness* indicates the Russian cultural tradition with its own particular connotations; and *St. Vitus's Dance* indicates the tradition of associating epilepsy with "supernatural powers," a tradition dating back to the ancient Greeks, who called the disease *morbus sacer*, the sacred disease. Although in the end Myshkin is associated primarily with *epilepsy*, the manifold connotations are nonetheless evoked.

4. Physicians, asylums, treatments and prognosis

After the scenes on the train identify Myshkin as epileptic, he reveals more details of his medical history in his conversations at the Epanchin household. In response to General Epanchin's initial questioning, Myshkin reveals the conditions of his upbringing, the effect of his seizures upon his mental condition, and his medical treatment at an asylum in Switzerland:

The prince, at his parents' death, was left still a little child; all his life he lived and grew up in the country, since his health also called for village air. Pavlishchev entrusted him to some old lady landowners, his relations; first a governess was hired for him, then a tutor; he said, however, that though he remembered everything, he was hardly capable of giving a satisfactory account of it, because he had been unaware of many things. The frequent attacks of his illness had made almost an idiot of him (the prince actually said 'idiot'). He told, finally, how one day in Berlin, Pavlishchev met Professor Schneider, a Swiss, who studied precisely such illnesses, had an institution in Switzerland, in canton Valais, used his own method of treatment by cold water and gymnastics, treated idiotism, insanity, also provided education, and generally attended to

spiritual development; that Pavlishchev had sent him to Schneider in Switzerland about five years ago, and had died himself two years ago, suddenly, without making any arrangements; that Schneider had kept him and gone on with his treatment for another two years; that he had not cured him but had helped him very much; and that, finally, by his own wish and owing to a certain new circumstance, he had now sent him to Russia. (*Idiot* 28; *PSS* 8: 24–25)

His subsequent conversation with the Epanchin women then expands his medical history. In this passage, Myshkin describes the sensations he experienced while within the state of idiocy, his trip to the asylum, and how he was retrieved from a state of stupor:

When they brought me from Russia, through various German towns, I only looked on silently and, I remember, I didn't even ask about anything. That was after a series of strong and painful fits of my illness, and whenever my illness worsened and I had several fits in a row, I always lapsed into a total stupor, lost my memory completely, and though my mind worked, the logical flow of thought was as if broken. I couldn't put more than two or three ideas together coherently. So it seems to me. But when the fits subsided, I became healthy and strong again, as I am now. I remember a feeling of unbearable sadness; I even wanted to weep; I was surprised and anxious all the time: it affected me terribly that it was all *foreign*—that much I understood. The foreign was killing me. I was completely awakened from that darkness, I remember, in the evening, in Basel, as we drove into Switzerland, and what roused me was the braying of an ass in the town market. The ass struck me terribly and for some reason I took an extraordinary liking to it, and at the same time it was as if everything cleared up in my head. (*Idiot* 56; *PSS* 8: 48)

These two lengthy passages, in addition to the scene on the train and two later off-hand comments, essentially constitute the entire medical history of the prince.

The location and circumstances of Myshkin's medical treatment paint a portrait of the medical community of Europe, its prominent figures and its common practices. The figure of Dr. Schneider and his regimen of treatment are a compendium of medical figures and viewpoints that span much of the nineteenth century. Dr. Schneider's "institution in Switzerland," which "treated idiotism, insanity" and "provided education, and generally attended to spiritual development," conjures up images of European asylums that attended to the needs of patients with a wide variety of nervous complaints, including epilepsy and insanity. The supervising physicians at these facilities were interested in cataloguing various nervous disorders in an attempt to better diagnose and treat them. The most famous of these asylums was Salpêtrière in Paris, where the pioneering Philippe Pinel (1745–1826) and his student Jean-Étienne Esquirol (1772–1840) conducted their research. Their observations of patients suffering from nervous disorders, including epileptics, constituted the raw material for ever-expanding investigations into the subject.

Esquirol is the author of *Mental Maladies*, a treatise that "appeared in 1838 and remained a leading work in the field throughout Dostoevsky's lifetime" (Rice 111). Esquirol advocated treatments very similar to those Myshkin received: "Thus, tepid baths, frictions, moderate exercise in the open air, etc.,

would be useful. [...] If epilepsy is produced by the constitutional effort that takes place at the age of puberty, the patient requires a good regimen and exercise; gymnastics and the cold bath are not to be neglected" (Esquirol 164).

Dostoevsky long hoped to find a cure for his affliction, and the question of a cure comes early in Myshkin's medical history. Rogozhin laughs when he hears the prince was not cured of his affliction at the asylum, mocking the amount of money wasted on the treatment there. Esquirol utilized varied techniques as he ceaselessly searched for a cure for epilepsy; although he was unable to find a cure, his remedies did offer relief and placed the epilepsy temporarily in remission: "Each new remedy suspended the attacks for a certain time, ranging from a fortnight in some individuals to a maximum of three months in others" (Temkin 292). This parallels the results of the treatment Myshkin received at the hands of Dr. Schneider, who "had not cured him but had helped him very much"; Myshkin returns to Russia in this very state of temporary remission Esquirol was able to find for his own patients.

The location of Dr. Schneider's asylum in the Swiss canton of Valais offers an idyllic setting nestled in the high Swiss Alps near the borders of France and Italy. It also conjures up the city of Geneva, located not far from canton Valais and the location where Dostoevsky wrote much of the early parts of *The Idiot*, including all of the first seven chapters. This setting evokes the work and personality of Théodore Herpin (1799–1865), one of the doctors Dostoevsky lists on his visa application of 1863, and one who had an optimistic outlook on curing epilepsy. Herpin attended school in Geneva, a city with which his name is always associated in the literature: "With medical degrees first from Paris (1822) and then from Geneva, he practiced for three decades in the Swiss community, until 1853. [...] From 1853 until his sudden death, Herpin practiced in Paris, where Dostoevsky might reasonably have hoped to consult him in the autumn of 1863" (Rice 163).

Dostoevsky may or may not have consulted with Herpin in 1863, but it is likely Herpin was in Dostoevsky's mind during the writing of *The Idiot*. While in Geneva, during the initial stage of work on the novel, "Dostoevsky's epileptic attacks became more frequent" (Frank 230).⁹ Additionally, Herpin's final work *Des accès incomplets d'épilepsie* was posthumously released in 1867, and it is quite likely that Dostoevsky read this work at that time: "Dostoevsky's residence in Geneva in the last months of 1867, when the memory of Herpin de Genève was sure to be actively promoted by booksellers, leads us to conclude that F. M. read this important and precocious study at this crucial time—while projecting and drafting *The Idiot*" (Rice

9. Dostoevsky primarily blamed climate and changes in the weather for his attacks. They lessened in intensity and frequency as he got further into his work on *The Idiot* and took up residence in Italy, but his concern over the possibility of attacks never abated completely. See Frank 230–31, 241, 244, 248.

163). Even if he did not read the work, he undoubtedly noticed the release of the specialist's work.

As with most physicians of the time, Herpin worked with both the insane and epileptics, but he observed epileptics in isolation from other patients; this innovation meant that his observational statistics allowed for greater accuracy in diagnosis. Based on this data, and in contrast to his predecessors, Herpin "arrived at a much more optimistic view [of treatment and cure] than had prevailed among the former generation" (Temkin 285). In response to his colleagues' dim view of treating the disease, Herpin "denounced such pessimism as unfounded. Epilepsy was a curable disease and there existed potent drugs for its treatment, above all, *selinum palustre*¹⁰ and zinc oxide" (Temkin 292). Despite opposition to Herpin's optimism, "zinc remained among the drugs used for epilepsy and found its defenders" (Temkin 293). Certainly Herpin's assertion that epilepsy could be treated, an assertion that flew in the face of prevailing wisdom, is reflected in Myshkin's own remarkable recovery from the initial state of stupor caused by his epilepsy.

The European motifs in Myshkin's medical history are not limited to the Swiss and the French; Myshkin says that his guardian, Pavlishchev, met Dr. Schneider in Berlin. The doctor's German name and the city of Berlin evoke the figure of Moritz Heinrich Romberg,¹¹ a Berlin neurologist and another of the specialists Dostoevsky listed on his visa application of 1863. Romberg is the author of *A Manual of the Nervous Diseases of Man*, "the first nosology of diseases of the nervous system" (Rice 119).

Chapter 32 in Romberg's treatise, entitled "Spasms from excitement of the brain. Epilepsy" (Romberg 2: 197–229), would have been of particular interest to Dostoevsky. This chapter displays several remarkable parallels with Myshkin's account of his treatment. First, like Esquirol and others, Romberg advocates a remedy involving cold water and baths. In reference to one successful case Romberg writes, "I advised drinking the waters of Marienbad for three successive years, for four weeks each time; cold washing of the head and trunk; the cold water cure; and, subsequently, the baths; the result was most satisfactory, and it is now eight years since the least trace of the disease has been manifested" (Romberg 2: 225). Romberg would have approved of the "gymnastics" and "spiritual development" that Myshkin refers to, for he claimed that "[t]herapeutic attempts will fail unless supported by a strict mental and bodily regimen" (Romberg 2: 229). Myshkin also underwent a "men-

10. A plant also known as marsh parsley.

11. Romberg is one of the few specialists of the time to agree with the ancient belief that the moon affected epilepsy: "The planetary influence of the moon (especially of the new and full moon,) upon the course of epilepsy, was known to the ancients, and although here and there doubts have been raised against this view, the accurate observations of others have established its correctness" (Romberg 205). Dostoevsky himself attempted to verify this accuracy as he kept track of the phases of the moon in his seizure logs.

tal” regime while under Schneider’s care; he tells Rogozhin that he studied at his professor’s, but that “They found it impossible to educate me systematically because of my illness” (*Idiot* 9; *PSS* 8: 9). He also tells General Epanchin that he “studied constantly for four years, though not quite in a regular way but by his [Schneider’s] special system” (*Idiot* 29; *PSS* 8: 25). Yet Myshkin did master the skill of calligraphy, a skill he demonstrates much to General Epanchin’s pleasure (*ibid.*).

5. Idiocy

Myshkin reports that due to the frequency and severity of his attacks, he would lose control of his faculties and would enter a stupor-like state in which he was aware of his surroundings but not entirely able to comprehend what was happening around him. In explaining this state, he says to General Epanchin that his attacks made an “idiot” of him. His use of the word is not meant to be self-deprecatory; rather, he is using medical terminology that he absorbed from Dr. Schneider. At the end of the novel, when Myshkin has reverted to a state of stupor upon the shock of seeing Nastasya Filippovna’s corpse, the narrator surmises that “if Schneider himself had come now from Switzerland to have a look at his former pupil and patient, he [...] would have waved his hand now and said, as he did then: ‘An idiot!’” (*Idiot* 611; *PSS* 8: 507). At the time European physicians used the terms *idiot* and *idiotism* to refer to a mental disorder, one that implies not only simple-mindedness, but a degree of unresponsiveness that borders on stupor. Dostoevsky himself uses this term in this manner in a letter of 1867 to Dr. Yanovsky: “this epilepsy [*paduchaia*] will end up carrying me off! [...] My memory has grown completely dim (completely!). I don’t recognize people any more; I forget what I read the day before. I’m afraid of going mad or falling into idiocy” (Dostoevsky *Complete* 2: 289; *PSS* 28.2: 358).

Idiotism, along with epilepsy, was discussed in the medical literature of the nineteenth century as a discrete pathology. Idiotism is one of the original types Pinel uses in his system of classification of nervous disorders, and his student Esquirol expands upon Pinel’s classification with a lengthy chapter entitled “Idiocy” which details cases of said illness (Esquirol 445–96). In contrast to Herpin’s later optimism, and despite his own efforts toward a cure, Esquirol’s prognosis for epilepsy was dim. He asserted, “Epilepsy, sooner or later, leads to insanity, either in infancy, or at a more advanced age. Of the three hundred epileptics who reside at the Salpêtrière, more than one half are insane. The same is true of those at the Bicêtre and at Charenton.¹² Some are idiots or imbeciles, others in a state of dementia, and others still, maniacs, and even furious” (Esquirol 53). This process of degradation occurs through dam-

12. Along with Salpêtrière, Bicêtre and Charenton were asylums for the insane where Esquirol conducted his studies.

age to the brain: “fevers, and inflammations of the meninges and encephalon, by enfeebling the cerebral system, predispose to insanity, which appears after some months, sometimes years” (Esquirol 53).

Myshkin’s idiocy has much in common with Esquirol’s definition. Esquirol treats the state of “stupor” as the characteristic that separates idiocy from other mental illnesses such as dementia, imbecility, or monomania (Esquirol 446). Esquirol’s work also separates idiocy from the disease of epilepsy; idiocy is a byproduct of the other disorder: “Idiocy is not a disease, but a condition in which the intellectual faculties are never manifested” (Esquirol 446). This describes Myshkin’s state before his treatment. He relates that he was aware of his surroundings, but unable to process his perceptions: “though my mind worked, the logical flow of thought was broken. I couldn’t put more than two or three ideas together coherently.” Esquirol describes essentially the same phenomenon: “Incapable of attention, idiots cannot control their senses. They hear, but do not understand; they see but do not regard” (Esquirol 467). In fact, Myshkin’s description of his initial state has more in common with Esquirol’s definition of dementia than with that of idiocy. Esquirol states, “We can cure dementia, and conceive the possibility of suspending its symptoms” (Esquirol 447). In Esquirol’s view, the possibility of suspension of symptoms is the factor that distinguishes idiocy from dementia. He writes: “The condition of a man in a state of dementia may change; that of the idiot is ever the same” (Esquirol 447). Since Myshkin’s symptoms are suspended, he would fall under the category of dementia in Esquirol’s system. Esquirol’s separation of the state of idiocy from the disease of epilepsy and his optimism about the suspension of the symptoms of dementia are also evident in the grim prognosis of Dr. Schneider after Myshkin is returned to his asylum in a state of stupor: “Schneider frowns and shakes his head more and more; he hints at a total derangement of the mental organs; he does not yet speak positively of incurability, but he allows himself the saddest hints” (*Idiot* 613; *PSS* 8: 508). Esquirol’s endeavors were intended to catalogue symptoms and create a nosology of disorders which could be used by specialists in the field for diagnostic purposes, and these symptoms, whether assigned to idiocy or dementia, were all part of the same matrix of mental disorders of which epilepsy was considered to be a component.

6. Execution

Before Myshkin could be educated at Dr. Schneider’s asylum he had to be retrieved from his initial state of stupor. In treating such a “torpid subject” Romberg asserts that the subject “requires to be roused by stimuli.” Romberg recommends a standard cold water treatment, but also mentions a more extreme method practiced in centuries past: “The older authors recommended [...] to let the patient see the execution of criminals, and drink the warm blood of the malefactor” (Romberg 227). Although no such extreme methods as

drinking warm blood are depicted in Myshkin's medical history, Dr. Schneider did bring Myshkin to witness an execution. As Myshkin was already cognizant at this point in his medical history, the execution cannot be considered the mechanism of fright which initially brought him out of his stupor, yet the odd destination for a day-trip with his physician could be interpreted as an attempt to further rouse Myshkin from his torpid state, for it certainly has precedence in medicine. Myshkin relates the impression the execution made upon him in detail to the Epanchin women, a very odd topic of conversation. This passage has traditionally been interpreted as Dostoevsky reflecting on his own emotions and state of mind before his scheduled execution. This is certainly true, but given the context of Dostoevsky's medical knowledge, it may well be as related to Myshkin's treatment for epilepsy as it is to Dostoevsky's own personal biography. It certainly offers a good explanation of why the prince would be witnessing an execution with his physician.

7. Sexual deficiency

Dostoevsky's medical knowledge also elucidates the enigma that is the prince's sexuality. A connection between his illness and his virility is made in two passages within the first five chapters of the novel. After Myshkin gratefully accepts Rogozhin's invitation to accompany him to Nastasya Filippovna's that evening, Rogozhin asks Myshkin whether he is a great fancier of the opposite sex. Myshkin answers with his characteristic frankness that he is in effect celibate due to his illness:

"And are you a great fancier of the female sex, Prince? Tell me beforehand!"

"N-n-no! I'm... Maybe you don't know, but because of my inborn illness, I don't know women at all."

"Well, in that case," Rogozhin exclaimed, "you come out as a holy fool [*iurodivyi*], Prince, and God loves your kind!" (*Idiot* 15; *PSS* 8: 14)

This information is later reiterated when Ganya inquires about Myshkin's reaction to the portrait of Nastasya Filippovna:

"And would *you* marry such a woman?" Ganya continued, not taking his inflamed eyes off him.

"I can't marry anybody, I'm unwell," said the prince. (*Idiot* 37; *PSS* 8: 32)

In his response to Rogozhin, it becomes clear that Myshkin has not had any experience with women on an intimate level, and he says this is due to his "inborn illness." In his response to Ganya, he claims he is unable to marry because he is "unwell." The early placement of these revelations within the framework of the novel surrounds the prince with an aura of sexual chastity, an enduring and fundamental characteristic of his enigmatic personality.

Although the link between sexuality and illness is clear, the underlying reasons for the link are not. Given the prince's moral sensibilities, he would surely not be intimate with women outside the bounds of matrimony, so his virginity is not necessarily the result of a defect he associates with his

epilepsy. But the manner in which Rogozhin responds to him, that he comes “out as a holy fool” because of his virginity, portrays him as somehow different in his sexuality, emphasizing the *caritas* of his love over the *eros*. This charitable side of Myshkin’s affections, and the seemingly absolute absence of any sexual feeling, is reiterated by Myshkin himself in his tale of the poor fool Marie in Switzerland; although in his tale they share a kiss, he insists he did not harbor erotic feelings toward her.

Not only is Myshkin a virgin, he perceives himself as unsuitable for matrimony. His presumed virginity and apparent sexual dysfunction are significant factors in his relationships with both Nastasya Filippovna and Aglaya, ones which make him appear to be a ridiculous and unsuitable suitor (see Burgin). As the novel unfolds it comes to light that Myshkin is quite willing to marry either Nastasya Filippovna or Aglaya; his avowal to Ganya that he cannot marry, then, must be taken to indicate that he is incapable of fulfilling one of the duties of matrimony, i.e., the consummation of the marriage. Myshkin may be unwilling or unable to fulfill that duty. The unwillingness could be explained by the belief that epilepsy was hereditary and that epileptics could pass their affliction on to their descendants. Dostoevsky himself expressed the same sentiment when he declared to his brother he never would have married his first wife had he known he suffered from genuine epilepsy: “If I had known for certain that I had genuine falling sickness, I would not have married” (Dostoevsky *Complete* 1: 305; *PSS* 28.1: 275).

The inability to consummate a marriage is also explained by the medical context in a variety of ways. The association of epilepsy with sexuality has a long historical tradition. In antiquity, “sexual life in general was connected to it in many ways. The epileptic attack was compared to the sexual act” (Temkin 32), and historically the disease was surrounded by superstitions which often linked the manifestation of epilepsy with deviant sexuality:

In Antiquity the influence of sexual intercourse upon epilepsy had been widely discussed. During the Middle Ages and Renaissance the opinion prevailed that sexual excesses were harmful for epileptics, while complete continence might also engender attacks of the disease. From the second half of the eighteenth century, this point of view was strongly emphasized. (Temkin 230)

Given the understanding that epilepsy was connected to sexuality, early treatments for epilepsy naturally addressed sexual behavior. Bromide of potassium, which was used to treat epilepsy, had the side effect of impotence. The impotence itself was deliberately induced to prevent epileptic seizures in a specific form of epilepsy that doctors believed was caused by masturbation, a notion that persisted throughout the nineteenth century (Temkin 298–99). Abstinence and castration had been offered as treatment since antiquity: “most authorities [of that time] thought coitus harmful for epileptics, and advised abstinence from it, some even going as far as to recommend castration as a treatment” (Temkin 32). In the Middle Ages, castration was used as a

treatment for epilepsy as well: “Whenever castration was practiced [in the sixteenth and seventeenth centuries], it was as a therapeutic measure, and as such it remained alive to the end of the nineteenth century” (Temkin 133). In the eighteenth century, the threat of castration or cauterization was used as a method of detecting feigned epilepsy: “while the patient was supposedly unconscious the physician explained that castration or cauterization would have to be performed. Such threats often had the wished-for result: the person would immediately rise and beg to be spared such treatment” (Temkin 169). Castration was also used as a way to prevent the disease from being given to offspring: “among the ancient Scotch it was customary to perform castration upon epileptic and maniacal subjects, in order to prevent the disease from being conveyed to a new generation” (Romberg 2: 220).¹³

Although castration was not widespread as a treatment for epilepsy in Dostoevsky’s time, one incident reported in medical literature hailed castration as a cure. Reported by Dr. Joseph Frank¹⁴ and cited in Romberg’s nosology, this “sensational report from the early nineteenth century, describing a case of epilepsy supposedly cured for the last eleven years of the patient’s life after castration was performed [was] duly cited in standard textbooks [...] throughout Dostoevsky’s lifetime” (Rice 121):

the young man was admitted into the clinical ward of Dr. Frank. Paroxysms that varied in duration returned almost weekly; after each fit the testicles were drawn up; the left epididymis was excessively tender. Dr. Frank advised castration, which was performed, and though the testicles presented no morbid appearances the epileptic fits did not return, and eleven years later the patient was still found to continue free from epileptic seizures. (Romberg 2: 221)

This medical literature offers tantalizing explanations for Myshkin’s strange sexuality: he refrains from sexual contact to avoid passing the disease to his progeny, he has become impotent or sexually deficient due to treatment for his epilepsy, or he has been castrated as a cure for his disease. The motif of castration is of particular resonance in the novel. A linguistic link to this motif is found in the surname Schneider, German for tailor, a noun formed from the verb *schneiden*, meaning to cut. Deeper, overt links to castration are prevalent in relation to Rogozhin. In his article “Rogozhin and the ‘Castrates’: Russian Religious Traditions in Dostoevsky’s *The Idiot*,” William J. Comer demonstrates how Dostoevsky “build[s] links between Rogozhin and his house and the ‘Castrates,’” a non-Orthodox religious sect that practiced “not just the abstract castration of physical desire, but actual physical castration” (Comer 89, 91). Comer convincingly shows how Dostoevsky connects Rogozhin’s house, family history, and his murder of Nastasya Filippovna to the sect of the castrates, their rituals of physical mutilation, and their reputation for amassing great wealth.

13. Temkin also addresses the same speculation upon the habits of the ancient Scots (132–33).

14. No relation to Dostoevsky’s preeminent modern biographer.

It may be Rogozhin who is primarily associated with the sect of the castrates, but it is Myshkin who is associated with their repudiation of sexual contact. Whether Myshkin's celibacy is explained by his illness, by a treatment for his illness, or religious sensibility, Dostoevsky clearly wants to associate the sexuality of the prince with the status of an angelic eunuch.¹⁵ This sexuality approximates what Dostoevsky believed to be the highest ideal of human love as he explains it in a journal entry of 1864. Meditating upon the death of his first wife, Dostoevsky tries to envision eternal life. The Christian ideal will only come in the future, when "man has by the laws of nature been definitively reborn as another nature that does not marry and is not given in marriage" (Knapp 1998, 221; *PSS* 20: 173). He sees it as part of a new form of humanity, one in which, paraphrasing the Gospel of Matthew, "They do not marry nor are given in marriage, but live as angels of God" (*PSS* 20: 173). This passage from Mark so impressed Dostoevsky that he marked it in his New Testament (see Kjetsaa 21). Frank explains that, in Dostoevsky's eyes, "Only at the end of time—only when the nature of man has been radically transformed into that of an asexual, seraphic being—will the total realization of the Christian ideal of love become possible. Prince Myshkin approximates the extremest incarnation of this ideal that humanity can reach in its present unregenerate form" (Frank 304). But in order to approximate that incarnation in a person of flesh and blood—for despite Myshkin's saintliness, he is still a flawed human—Dostoevsky ironically resorted to a defect of the flesh to accomplish the necessary approximation of an angelic eunuch, as it is Myshkin's epilepsy which induces his celibacy. And just as his illness can be interpreted as divine or profane, his celibacy can be read as an approximation of the highest ideal of humanity or the result of a genetic defect, or even the result of a drastic human cure for a miserable affliction.

8. Conclusion

Myshkin's medical history is no magic key to unraveling the enigma that is the prince. It cannot definitively answer the question "Who is Prince Myshkin?" It does, however, offer insight into the make-up of the prince and the tenuous identity he manifests in the interim period between his initial and eventual states of stupor. What we witness in between these two poles—the action of the novel itself—is ultimately the product of Myshkin's medical treatment, for it is the treatment he receives that brings him out of his state of stupor, alleviates his seizures, educates and socializes him, and allows him to live a "normal" life, if only for a short time. In this sense, an analysis of the

15. The connection between Myshkin's sexuality and an angelic nature has been noted by others. Avrahm Yarmolinsky rhetorically asks, "Is this angel perhaps a eunuch?" (260), and Liza Knapp interprets "Myshkin's virginal lack of erotic love [to be] part of his Christlike nature" and discusses "the question of whether imitation of Christ can occur within marriage and family or not" (196).

Prince's case history, its intrinsic interest notwithstanding, is crucial to understanding the novel. It elucidates some larger, overarching themes and evokes those "flashes of understanding" of which Miller speaks, giving the reader footing from which to "form his understanding of the meaning."

REFERENCES

- Billod, [Louis-Antoine Eugène]. "Recherches et considérations relatives à la symptomatologie de l'épilepsie." *Annales medico-psychologiques* 2 (1843): 381–423.
- Burgin, Diana L. "Prince Myškin, the True Lover and 'Impossible Bridegroom': A Problem in Dostoevskian Narrative." *Slavic and East European Journal* 27.2 (1983): 158–75.
- "Chorea." *The New Encyclopaedia Britannica*. 15th ed. 2002. Vol. 3: 266–67.
- Comer, William J. "Rogozhin and the 'Castrates': Russian Religious Traditions in Dostoevsky's *The Idiot*." *Slavic and East European Journal* 40.1 (Spring 1996): 85–99.
- Dostoevsky, Anna. *Reminiscences*. Ed. and trans. Beatrice Stillman. New York: Liveright, 1975.
- Dostoevskii, F. M. *Polnoe sobranie sochinenii v tridsati tomakh*. 30 vols. Leningrad: Nauka, 1973–1990.
- . *Complete Letters*. Ed. and trans. David Lowe and Ronald Meyer. 5 vols. Ann Arbor, MI: Ardis, 1988–1991.
- . *The Idiot*. Trans. Richard Pevear and Larissa Volokhonsky. New York: Knopf, 2001.
- Esquirol, J. E. D. *Mental Maladies: A Treatise on Insanity*. Trans. E. K. Hunt. Philadelphia: Lea and Blanchard, 1845. Facsimile reprint: New York: Hafner, 1965.
- Frank, Joseph. *The Miraculous Years: 1865–1871*. Princeton, NJ: Princeton UP, 1995.
- Herpin, Théodore. *Des accès incomplets d'épilepsie*. Paris: Baillière, 1867.
- Kjetsaa, Geir. *Dostoevsky and His New Testament*. Atlantic Highlands, NJ: Humanities Press, 1984.
- Knapp, Liza. "Myshkin through a Murky Glass, Guessingly." *Dostoevsky's The Idiot: A Critical Companion*. Ed. Liza Knapp. Evanston, IL: Northwestern UP, 1998. 191–215.
- Maudsley, Henry. *Responsibility in Mental Disease*. New York: Appleton, 1874.
- Miller, Robin Feuer. *Dostoevsky and The Idiot: Author, Narrator and Reader*. Cambridge, MA: Harvard UP, 1981.
- Rice, James L. *Dostoevsky and the Healing Art: An Essay in Literary and Medical History*. Ann Arbor, MI: Ardis, 1985.
- Romberg, Moritz Heinrich. *A Manual of the Nervous Diseases of Man*. Trans. and ed. E. H. Sieveking. 2 vols. London: Sydenham Society, 1853.
- Temkin, Owsei. *The Falling Sickness: A History of Epilepsy from the Greeks to the Beginnings of Modern Neurology*. 2nd ed. Baltimore, MD: John Hopkins, 1971.
- Yarmolinsky, Avrahm. *Dostoevsky: His Life and Art*. New York: Criterion, 1957.

 Реферат

Брайан Джонсон
 Обоснование диагноза Князя Мышкина

Кем является Князь Мышкин? Это центральный вопрос романа Ф. М. Достоевского *Идиот* (1869). Этот вопрос делится на связанные между собой представления о его личности и диагнозе. Устойчивый диагноз Мышкина как

идиота служит характерной чертой его неустойчивой личности, которая, в свою очередь, не может быть отделена от его диагноза, как бы ни была воспринята.

Один из способов приближения к ответу заключается в анализе медицинской истории Мышкина, находящейся в первых пяти главах романа *Идиот*. Сам факт того, что медицинская история включена в самую сжатую и последовательную часть романа, придаёт особое значение биографии Князя Мышкина. Его репутация “идиота” постоянно ему предшествует, заранее определяя первоначальное впечатление о нем других героев. Название самого романа также указывает на важность диагноза князя по отношению к его личности.

В значительной степени медицинская история Мышкина является результатом осведомленности Достоевского о медицинском мире его времени. Достоевский был начитан в области медицины, и ему были хорошо известны прогноз и лечение эпилепсии, а также и симптомы, имеющие отношение к другим болезням. С помощью этих фактов данная статья проясняет трактовку романа *Идиот*. Она объясняет несколько центральных лейтмотивов и характеристик, связанных с болезнью князя: культурные коннотации болезни Мышкина, странное проявление его сексуальности, его пристрастие к смертной казни, лейтмотив узнавания, употребление слова “идиот”, а также места, персонажи, и методика, имеющие отношение к лечению Мышкина за границей.