

Van Gogh Had Meniere's Disease and Not Epilepsy

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We intend to correct the historical error that Vincent Van Gogh's medical problems resulted from epilepsy plus madness, a diagnosis made during his life but for which no rigid criteria are apparent. Review of 796 personal letters to family and friends written between 1884 and his suicide in 1890 reveals a man constantly in control of his reason and suffering from severe repeated attacks of disabling vertigo, not a seizure disorder. His own diagnosis of epilepsy was made from the written diagnosis by Dr Peyron, the physician at the asylum of St Remy (France), wherein on May 9, 1889, Van Gogh voluntarily committed himself to the asylum for epileptics and lunatics. However, the clinical descriptions in his letters are those of a person suffering from Meniere's disease, not epilepsy. The authors point out that Prosper Meniere's description of his syndrome (an inner-ear disorder) was not well known when Van Gogh died and that it often was misdiagnosed as epilepsy well into the 20th century.

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VINCENT VAN GOGH was born in Zundert, Holland, on March 30, 1853, and died by his own hand at the age of 37 years in Auvers, France, on July 29, 1890. His creative genius, his reputed "madness," and the growing popularity of his works have made his short but productive life the subject of challenging discussions among literary, artistic, and medical professionals ever since his death. His voluminous correspondence¹ is an untapped retrospective clinical history of his illness. Van Gogh had an illness that was characterized by "attacks," often in clusters, interspersed with symptom-free periods that lasted for "months at a time." The casual diagnosis of epilepsy by Dr Peyron was not seriously questioned until recently.

In 1979 the Japanese otologist, K. Yasuda, first raised the question of inner ear dysfunction in an article entitled "Was Van Gogh Suffering From Meniere's Disease?"² Van Gogh's extant letters,¹ written between 1884 and 1890, clearly describe disabling attacks of "vertigo" typical of labyrinthine vertigo, accompanied by nausea and vomiting and noise intolerance and separated by symptom-free periods. He also de-

scribed positional vertigo, motion intolerance, tinnitus, fluctuating hearing loss, noise intolerance, and hyperacusis.

EPILEPSY AND MENIERE'S DISEASE IN LATE 19TH-CENTURY FRANCE

Jean Martin Charcot, a leading neurologist of his time, published a series of lectures on *Diseases of the Nervous System* in 1881.³ In lectures 17 and 18, titled "Meniere's Vertigo (*Vertigo Ab Aura Laesa*)," he mentioned Meniere's June 8, 1861, communication to the Academy of Medicine. Charcot went on to say:

Nevertheless, I believe that I might assert that in spite of these works a knowledge of the pathological condition in question has not yet entered as it ought into everyday practice. Although cases of Meniere's disease are not rare, far otherwise, at least in civil practice they are nearly almost always misconstrued, connected as they are with more common disorders as, amongst others, with apoplectic cerebral congestion or apoplectic stroke, epileptic petit mal, or again and chiefly with gastric vertigo. I have for my own part often witnessed mistakes of this kind; as an example, I will mention the case of a patient whom I have attended and who, having fallen on the Place de la Bourse, owing to a fit of labyrinthine vertigo had been treated by blood letting. The real character of the disease was not recognized until very late, after a great many episodes had occurred. Complete absolute deafness in both ears put an end to all the symptoms. I might also cite the case of a young American lady who had for many years been considered an epileptic and consequently treated without

indeed the least improvement by large doses of bromide of potassium. It would be easy for me to multiply examples.

Charcot then listed the symptoms of Meniere's disease, charging his colleagues to memorize this disease presentation so that they should not continue to misdiagnose Meniere's disease as epilepsy.

As recently as 1904 Spratling,⁴ in his volume on *Epilepsy and Its Treatment*, contributed to the continuing diagnostic confusion between Meniere's disease and epilepsy:

Vertigo: occasionally difficulty may be experienced in diagnosing aural or auditory vertigo, when severe in form (Meniere's disease), from lighter forms of epilepsy. As a rule, the onset of aural vertigo is sudden, but it may be slow in passing away, whereas in epilepsy the symptoms disappear at once. A patient may suffer from both aural vertigo and epilepsy (Gowers). In some cases in which there is considerable brain instability and the origin of the disease labyrinthine, the attacks may so closely simulate those of true epilepsy, even to the loss of consciousness, as to create much confusion.

In the register at the St Remy (France) asylum,⁵ Dr Peyron wrote: "It is my opinion that M. Van Gogh is subject to epileptic fits at very infrequent intervals" (May 9, 1889). This statement is the basis of the diagnosis of epilepsy in Van Gogh, but no rigid criteria were ever described.

The undersigned, director of the asylum of Saint-Remy, certifies that Van Gogh (Vincent), age thirty-six, born in Holland and presently domiciled in Arles, having been treated at the hospital in that town, is suffering from acute mania with hallucinations of sight and hearing which may have caused him to mutilate himself by cutting off his ear. At present he seems to have recovered his reason, but he does not feel that he possesses the strength and the courage to live independently and has voluntarily asked to be admitted to this institution. As a result of the preceding it is my opinion that M. Van Gogh is subject to epileptic fits at very infrequent intervals, and that it is advisable to keep him under prolonged observation in this establishment.

Thus, Van Gogh has been diagnosed for the last 100 years as an epileptic.

By the medical standards of diagnosis of the 19th century, Van Gogh's symp-

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toms could well have been considered epileptiform, not really epileptic. That he was diagnosed as an epileptic reflects a lack of dissemination of state-of-the-art medical knowledge from Paris to the smaller cities in the provinces. It is clear that Charcot and a few others^{4,6} were aware of Meniere's disease and its common confusion with epilepsy, but unfortunately none of them treated Van Gogh as a patient.

VAN GOGH'S VIOLENT VERTIGO

The onset of attacks of dizziness and vertigo, not epilepsy, first were described by Van Gogh in his Paris days: "In Paris . . . I was always feeling dizzy. . . and at that time it was recurring to me rather regularly" (letter W44).¹ Again to his sister, Wilhelmina, he wrote: "So far I have had four major attacks," (letter W11)¹ and to Theo, his brother, he wrote: "My illness was smoldering while I was in Paris" (letter 604).¹ As is the accepted standard today,⁷ Van Gogh differentiated minor and major attacks of vertigo: minor attacks or adjunctive spells were described as "vertigo was felt with me always" (letter W4),¹ compared with major attacks or definitive spells,⁷ which he described as: "So far I have had four major attacks" (letter W11).¹ In letter 592, May 25, 1889, from St Remy, Van Gogh describes the fact that he had minor attacks or adjunctive spells between major attacks:

Now that it (the attacks of "vertige") has gone on decreasing for five months, I have good hope of getting over it, or at least, of not having such violent attacks.

Additionally, Van Gogh reported to Wilhelmina (letter W4): "Vertigo was felt with me always"; and to Theo (letter 638): "An attack of vertigo comes on in the long run."¹ Van Gogh's letters contain many other references to his attacks of vertigo (letters 592, 604, 605, 638, 692, W4, W11, and more). Van Gogh had suggested that his attacks may have had a physical etiology, a disorder of the ear and auditory nerve (letter 592, May 25, 1889).

Van Gogh also described to Theo the characteristic symptom-free period between attacks (letter 631, May 1890):

I have just said the same thing to M. Peyron, and I pointed out to him that such attacks as I have just had have always been followed by three or four months of complete quiet.

Positional exacerbation of vertigo and disequilibrium is typical of patients with Meniere's disease. Van Gogh wrote to Emile Bernard, a postimpressionist painter: "I am writing today, now that my head has gotten a bit steadier. I was possibly afraid to excite

it before being cured" (letter B-21, December 1889). In a letter to his brother Theo, Van Gogh wrote: "Then the shock was such that it sickened me to move, and nothing would have pleased me better than never to have woken up again" (letter 592, May 25, 1889). In another letter Van Gogh wrote: "Due to a bad stomach while attacks were persisting, I could not eat," describing the nausea and vomiting that can accompany a major attack of Meniere's. Travel, motion intolerance, movement, or positional changes exacerbate the nausea and dizziness of a Meniere's attack. After traveling to Arles (France) in February 1890, Van Gogh had an attack with nausea and had to be brought back (to the asylum) by carriage. Dr Peyron wrote: "The attack lasted longer this time and it finally proved that these trips were bad for him."⁵

The nystagmus that accompanies an attack of Meniere's disease could have been interpreted by Van Gogh/Dr Rey as a visual hallucination. In comparing himself with the epileptics around him in the asylum, Van Gogh said:

I am again, speaking of my condition, so grateful for another thing. I gather from others that during the attacks they have also heard strange sounds and voices as I did and that in their eyes too things seemed to be changing.

This is a common description of nystagmus by patients with vertigo.

Van Gogh attributed his weakness to his nausea and vomiting during and immediately following his attacks. On April 20, 1888 (letter 478), he wrote to Theo from Arles:

My stomach is very weak, but I hope to be able to get it right; it will take time and patience. In any case I am really much better already than in Paris.

By September 11, 1888 (letter 536), he wrote to Theo: "Now I myself have nothing wrong with my stomach at the moment, consequently my brain is freer and I hope clearer."

The last letter (606, part I) in September 1889 to Theo describes perfectly the symptom-free interval so characteristic of patients with Meniere's disease:

My health during the intervals [between "vertige"], and my stomach are so much better than before, that I believe it will still take years before I am quite incapable [incapacitated] which I feared in the beginning would be the case immediately. In the beginning, I was so defeated, that I had no desire even to see my friends again and to work, and now the desire for these two things is stirring, and then there is the fact that one's appetite and health are perfect during the intervals.

The symptom-free periods between attacks of vertigo are characteristic of Meniere's disease.

It is well known that patients with chronic, recurring episodic vertigo and dizziness can develop severe secondary psychological problems, including bizarre behavior. Only long-term pain produces a more severe psychological response. Frequently, the patients are led to believe that their condition is hopeless when they are told "nothing can be done for you." Van Gogh expressed this despondent attitude in September 1889 (letter 605):

Life passes like this, time does not return, but I am dead set on my work, for just this very reason, that I know the opportunities of working do not return. Especially in my case, in which a more violent attack may forever destroy my power to paint.

During the attacks I feel a coward before the pain and suffering—more of a coward than I ought to be, and it is perhaps this very moral cowardice which, whereas I had no desire to get better before, makes me eat like two now, work hard, limit my relations with the other patients for fear of a relapse—altogether I am now trying to recover like a man who meant to commit suicide and, finding the water too cold, tries to regain the bank.

After all, one must not only make pictures, but one must also see people, and from time to time recover one's balance and replenish oneself with ideas through the company of others. I have given up the hope that it (these attacks) will not come back—on the contrary, we must expect that from time to time I shall have an attack.

But I cannot live, since I have this dizziness ("vertige") so often, except in a fourth- or fifth-rate situation.

TINNITUS AND AURAL PRESSURE

Historians have speculated as to why Van Gogh cut off part of his left ear and sent it to a prostitute. Felix Rey, a physician at the city hospital in the town of Arles where Van Gogh was then living, was called to see Van Gogh at 11:30 PM, December 23, 1888. He wrote that Van Gogh returned to his room from the brothel and "assailed by auditory hallucinations mutilated himself by cutting off his ear."⁸ This bizarre behavior suggests that his tinnitus had become intolerable and that he felt he might alleviate the "auditory hallucinations" by eliminating their source. Some patients with Meniere's disease experience such overwhelming tinnitus that they would "cut off their ear" or "poke a hole in it with an ice pick" to try to relieve it. Not infrequently such patients beg to have the hearing nerve sectioned on that side to relieve the intolerable tinnitus. Thus, Runyan⁸ in "Why Did Van Gogh Cut Off His Ear?" wrote in 1981:

It is unlikely that Van Gogh experienced frightening auditory hallucinations during his psychotic attack similar to those he experienced in other attacks. Afterward while in the sanitarium, he wrote that other patients

heard strange sounds and voices as he had speculated in one case that this was probably due to disease of the nerves in the ear. Thus, in a psychotic state, Van Gogh could have felt that his own ear was diseased and cut it off to silence the disturbing sounds.

The word *tinnitus* was not in common use in France in the 19th century. Van Gogh, in 1888, did not use the word *tinnitus* to describe the "strange sounds and voices" in his ear that he perceived. Even Meniere, in his original reports in 1861, used the word "noises," and not "tinnitus."⁹ What we now call *tinnitus* Meniere described as "noises in or of the ear."

Characteristic of Meniere's disease and not included by Meniere in his classic description^{9,11} is fullness or pressure in the head or centered on the ear.¹⁰ In letter W11 to his sister, Van Gogh described symptoms that suggest this characteristic:

... Had the profound feeling at times that his mind was a turbid pool, but this was a disease. I am unable to describe exactly what is the matter with me; now and then there are horrible fits of anxiety, apparently without cause, or otherwise a feeling of emptiness or fatigue in the head.

In October 1888 (letter 558B), he had written to Theo: "My brain is still feeling tired and dried up, but this week, I am feeling better than during the previous fortnight."

The symptom-free intervals between Meniere's attacks, which are so characteristic of the disease, were described on January 28, 1888 (letter 574):

It astonishes me already when I compare my condition today with what it was a month ago. Before that, I knew well enough that one could fracture one's legs and arms and recover afterward, but I did not know that you could fracture the brain in our head and recover from that too.

AUDITORY ASPECTS

Hyperacusis from loud noises with recruitment of loudness and distortion of sound is a hallmark of Meniere's disease. This is described by Van Gogh in May 1890 in a letter (643) to "my dear friend Gauguin" less than 2 months before his suicide:

I stayed in Paris only three days and the noise, etc., of Paris had such a bad effect on me that I thought it was wise for my head's sake to fly to the country.

In June 1880 (letter W21) he wrote: "As for myself, I am still afraid of the noise and bustle of Paris."

A recent unsolicited letter from a patient of one of us (I.K.A.) expresses the same effect on her Meniere's-diseased ear:

... Because sound is still very irritating to my right ear. Highway noise is especially

painful; I have not been out of town in the past few weeks because of this. All sound, however, bothers the ear—I try to stay indoors in a quiet environment as much as possible, hoping this and time might help.

The fluctuating hearing loss of Meniere's disease was described by Van Gogh on May 25, 1888 (letter 592)⁵:

I am, again speaking of my own condition, so grateful for another thing. I gather from others that during their attacks they have also heard strange sounds and voices as I did, and that in their eyes too things seemed to be changing. And that lessens the horror that I retained at first of the attacks I have had, and which when it comes to you unaware, cannot but frighten you beyond measure. Once you know that it is part of the disease, you can take it like anything else. If I had not seen other lunatics close up, I should not have been able to free myself from dwelling on it constantly. For the anguish and suffering are no joke once you are caught by an attack. Most epileptics bite their tongue and injure themselves. Rey told me that he had seen a case where someone had mutilated his own ear, as I did, and I think I heard a doctor here say, when he came to see me with director, that he had seen it before. I really think that once you know what it is, once you are conscious of your condition, and of being subject to attacks, then you can do something yourself to prevent your being taken unawares by the suffering and terror. Now that it has gone on decreasing for five months, I have good hope of getting over it, or at least of not having such violent attacks. There is someone here who has been shouting and talking like me all the time, and for a fortnight, he thinks he hears voices and words in the echoes of the corridors, probably because the nerves of the ear are diseased and too sensitive, and in my case it was my sight as well as my hearing, which according to what Rey told me one day is usual in the beginning of epilepsy.

Dr Peyron wrote on the register⁵ of the asylum when Van Gogh left, almost exactly 1 year after admission:

The patient seemed calm most of the time. He had several attacks during his stay in the establishment . . . his fit broke out after a trip to Arles and lasted almost two months. Between these attacks the patient is perfectly calm and devotes himself to his painting.

In the margin Peyron wrote, "cured." Van Gogh's "fit" lasted almost 2 months. This is consistent with imbalance that may follow and that persists after a severe attack of labyrinthine vertigo. It is inconsistent with an epileptic attack, which lasts moments and has no residual symptoms until the next attack, other than the bitten tongue or bruised limbs from the flailing of grand mal epilepsy. Van Gogh never suffered any of these.

Toward the end of his tormented life, Van Gogh became despondent over his apparently hopeless, incurable illness (letter 605, September 10, 1889):

I must say that M. Peyron does not give me much hope for the future and I think this right, he makes me realize that everything is doubtful that one can be sure of nothing beforehand. I myself expect it [attacks of "vertige"] to return . . . and that things may continue this way for a long time.

COMMENT

Based on Van Gogh's written statements in letters, he suffered from frightening attacks of disabling, recurrent vertigo, with nausea and auditory and visual disturbances that were described as hallucinations. He used the French word *vertige* to describe his attacks of vertigo. Between the severe attacks, persistent imbalance, motion intolerance, and positional dizziness accompanied by intolerance for loud sounds might cluster for several months. There were also characteristic symptom-free periods that alternated with recurrent major and minor adjunctive spells of vertigo and dizziness.

Van Gogh's handwritten statements describing his attacks and his illness are compelling evidence for a diagnosis of Meniere's disease and not epilepsy. His voluntary admission to the asylum at St Remy, hoping to find help for his attacks of vertigo that everyone else thought was a form of epilepsy (epileptoid) and his rational behavior at the asylum as well as before and after attacks as described in his voluminous correspondence, should forever banish the notion that he was an epileptic or "mad."

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