

conundrum. How can an unconscious disorder be “non-organic?”

– JOSEPH H. FRIEDMAN, MD

Disclosure of Financial Interests

Joseph Friedman, MD, and spouse/significant other.

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Conflicts: In addition to the potential conflicts posed by my ties to industry that are listed, during the years 2001-2009 I was a paid consultant for: Eli Lilly, Bristol Myers Squibb, Janssen, Ovation, Pfizer, makers of each of the atypicals in use or being tested.

A Terrible Spirit Hath Taken Him

How do we establish the identity, the individuality, of a specific systemic disease? We gather its outward manifestations such as fever, weakness, rash or pain, then solemnly declare its separateness from other known diseases. Finally we confer a name upon it. Human progress, though, is glacially slow, measured more in millennia than in years; and of humanity's many worthy disciplines, none has progressed more slowly than rational medicine.

Consider our understanding of a family of illnesses called epilepsy. The signs that announce epilepsy emerge dramatically, are often sharply defined and so distinguishable from other systemic disorders as to separate epilepsy from the banal family of known diseases. Indeed, few diseases arise so abruptly and speak so audaciously. A fever, even a devastating fever, can be the sign of countless disorders, but a convulsion culminating with the loss of consciousness – a falling down – can only herald something perilously different.

And so, in the eyes of both ancient physicians and equally ancient non-medical observers, epilepsy - the Falling Sickness - was set apart and considered beyond the domain of conventional medicine since it was obviously a manifestation of spirit-possession.

The Bible tells this plaintive story: “And behold, a man of the company cried out, saying, Master, I beseech thee, look upon my son: for he is mine only child. And lo, a spirit taketh him, and he suddenly crieth out; and it teareth him that he foameth again, and bruising him hardly departeth from him. And I besought thy disciples to cast him out; and they could not.” (Luke 9: 38 – 40.)

Seeing a child – or a young adult – suddenly and without visible provocation become transformed, consumed by convulsions, incontinent, crying in incomprehensible words as though talking in an alien language, bereft of consciousness – or sometimes transfigured to a state of exalted consciousness – this surely cannot be some mundane disorder much like a rheumatism or a belly ache. And by its impetuous appearance, it must certainly be an abrupt invasion from without.

By common consent, and common sense, epilepsy was defined as a problem to be confronted only by those skilled in challenging exotic spirits or demons and adept in their expulsion.

Spirit possession was the prevailing causation of epilepsy through the 19th Century. Romans, demonstrating an even-handed attitude, called the disease either *morbis sacer* (the sacred disease), *morbis demoniacus* (the demonic disease) or *morbis comitialis* (the public place disease) Yet even four centuries before Roman ascendancy, Hippocrates (c.460 - 370 BCE) denied an extracorporeal origin of epilepsy declaring, “Neither truly do I count it a worthy opinion to hold that the body

of man is polluted by God, the most impure by the most holy.” Epilepsy, he concluded, is no different that other diseases.

A final comment by Hippocrates: He declared that epilepsy can be cured “. . . without minding purifications, spells and all other illiberal practices of a like kind.” Galen, some five centuries later, agreed that epilepsy was surely in the realm of the secular, treatable diseases, although he incorrectly ascribed epilepsy to his theory of humors.

Yet these classical voices of antiquity, while heard, were not heeded. The satanic origin of epilepsy was an unqualified axiom for another millennium. (See, for example, the Salem witch trials of 1692.)

John of Gaddesden (1280 – 1361), court physician to King Edward I and England's most prominent physician of his age, described how to distinguish satanic possession from mundane epilepsy: “Utter these words into the ear of the suspect: ‘Depart demon and go forth.’ If he be lunatic or demoniac he immediately becomes dead for nearly an hour. If he does not fall when he hears this word, then you know he is epileptic.”

Demons were still alive and thriving as etiologic agents in the late 17th Century. Thomas Willis (1621 – 1675), with neither irony nor tongue in cheek, declared: “As often as the Devil is permitted to afflict Miserable Mortals with his delusions, he is not able to draw more cruel arrows . . . than by the assaults of this Monstrous Disease.”

And to prove the ubiquity of the Devil even in artless, guileless children, the great Dutch physician Gerhard van Swieten (1700 – 1772) wrote: “I have seen an innocent boy of four years of age, who, as soon as he began to repeat the Lord's prayer, was immediately convulsed.” A credulous younger van Swieten was certain of the tangible reality of demonic possession. But latter in life, as court physician to Empress Maria Theresa, he decried this superstition that had infiltrated medicine; and it was Swieten who later denounced the beliefs, widespread in Austro-Hungary, in vampirism and other demonic persuasions.

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