

of Ezra and Nehemiah, long after the period when the Book of Deuteronomy is held to have been surreptitiously written, they still saw no inconsistency between its commands and their own practice. They had never discovered that its teaching in regard to a central sanctuary or the service of other gods forbade the existence of their own temple and the acknowledgment of the existence of divine "angels" in the court of Yahveh. And what the priests at Elephantinê failed to see in the sixth and fifth centuries before our era, we may be quite sure their ancestors at Jerusalem would have failed to see in the centuries of an earlier epoch.

A. H. SAYCE.

THE THOUGHT OF PAUL.

IV. THE THEORY THAT PAUL WAS AN EPILEPTIC.

ONE other preliminary question still remains, which demands our consideration. It affects the very foundations on which rests our right to accept as in any degree valuable Paul's belief in the truth and power of his own personal experiences.

The question whether Paul was afflicted with epilepsy is not a matter of mere pathological curiosity. An affirmative reply opens the way to very grave inferences which are drawn by many, who know what an epileptic condition means. "Epileptic insanity" is the explanation of Paul's visions given confidently by numerous physicians and other modern scholars. The same explanation for the visions of Ezekiel was stated to me with full assurance by an experimental pathologist of great distinction whom I knew well.¹ As he declared, he could produce any number of

¹ Another medical friend, also an extremely able pathologist, was equally confident that the visions of Ezekiel were the dreams of an eater of hashish.

similar examples to the visions of Paul and of Ezekiel from any asylum for epileptic lunatics, and they were all on the same level of rationality.

Elsewhere,¹ I have stated the reasons which made me reject any such hypothesis, and maintain that Paul was not an epileptic degenerate, and that the illness from which he suffered was a different ailment. Since I am not a physician, however, and since my first statement of opinion on the subject was set aside as on that ground unworthy of consideration by a much-respected scholar who had probably even less medical knowledge of the special disease than I had, I will give to the present Section the form of a review of a small dissertation on the subject by Professor Adolf Seeligmüller, of Halle,² who has long been a specialist in cases of epilepsy and brain disease, and can therefore speak with authority. I shall simply re-state his opinions in the rougher and less scientific language of the ordinary man. In some respects my statement must fail to reach the standard of scientific accuracy which a trained medical man would desire. Such a physician will find the scientific statement in Dr. Seeligmüller's work.

I may be allowed to congratulate myself that, in the dissertation here quoted, medical arguments exclude any disease except two; and one of these two is chronic attacks of malarial fever, which appeared to me to be clearly and inexorably indicated by the words of Paul himself. Every one who lived long in Turkey before the cause and the means of averting that disease were known, had abundant opportunity of observing its symptoms and external character in the case of his friends, and of experimenting in them with

¹ The opinion is quoted in my *Historical Commentary on Galatians*, p. 423 ff.

² *Geh. Medizinalrat* and Professor of Nerve-diseases in the University of Halle; the pamphlet was published in 1910 (Leipzig, Hinrichs) under the title of *War Paulus Epileptiker?*

his own person. Paul, like the moderns until the pathological character of the illness was discovered a few years ago, could only state external character and symptoms; and hence his words were full of meaning to one who had seen and felt that kind of fever, which formerly no one in the country¹ escaped. Every one who had lived long in the country, and was not totally devoid of medical sense and aptitude, had to learn to treat it, to watch it, and to observe every symptom.

As to the other disease which the medical conditions admit as possible, I shall have something to add which is not medical, but lies in the sphere of religious history.

Dr. Seeligmüller in several places takes occasion to point out how much this question has suffered from being treated by persons who possess no medical training or experience, and in particular by persons who have not had special experience in nerve-diseases, and who have a quite incorrect conception of what epilepsy is. He mentions in the outset that the identification of the "thorn in the flesh" with epilepsy had for many years seemed to him to be medically unsound and impossible; and he had gradually been drawn on, first to discuss the subject with friends, then to give a public lecture in 1902,² and finally to embody in a formal treatise the arguments over which he had so long meditated.

The suggestion that Paul was afflicted with epilepsy was, so far as the German professor is aware, first made by Ziegler at Göttingen in 1804; but Krenkel in 1890³ is reckoned responsible for the prevalence of the epileptic theory in theological circles. Professor Seeligmüller has

¹ That no one escaped was the opinion expressed to me thirty years ago by many residents in Western Asia Minor.

² Already in 1895 he had begun to work on this lecture.

³ *Beiträge z. Aufhellung der Gesch. u. der Briefe des Ap. Paulus* (diss. iv.), 2nd edition, 1905.

restricted his attention to German circles. The late Bishop Lightfoot advocated at great length the same theory in his edition of the *Epistle to the Galatians* before 1875; but it may be correct to say that Krenkel had the biggest share in spreading that belief, which according to Dr. Seeligmüller has now become almost a fixed fact to start from among the German theologians. I hope that he is mistaken in thinking that they accept so unanimously theory for fact.

It need hardly be said that Lightfoot did not accept, or even think of, the inferences that physicians must inevitably draw from his own theory. Ask any medical man what degree of foundation or reality belongs to the visions and fancies of an epileptic. Those who accept that theory must be prepared to sacrifice the visions as mere delusions.

It is too often the case that we regard such epileptic attacks as mere episodes interrupting the usual course of life of an ordinary man. Even a medical man,¹ discussing the subject many years ago, put his opinion to me in the form that "when the brain and nervous system is strained to the highest pitch of exertion, it is nearest the breaking point," and the breaking point is an attack of the evil. But he did not add, as the German Professor does, that after the breaking point has been reached, the system does not resume its former power of activity and endurance. It begins anew on a lower level than before. This is the fundamental idea in Dr. Seeligmüller's treatise, if I take him aright; and the following paragraphs are merely a statement of the outward aspect of this fundamental fact.

The first step is to clear the non-medical mind of the false idea that convulsive fits and epilepsy are equivalent terms, or that fainting fits furnish proof of epilepsy.

To do so the reader is conducted through the epileptic division of a great lunatic asylum at Nietleben, near Halle.

¹ Not, however, an expert in nervous diseases.

Examples are pointed out and described fully of the two kinds of epileptic fits, the severe and the mild (which are called in Germany apparently by the French terms *grand mal* and *petit mal*).

As to the former the physician gives a typical example of the *grand mal*. He tells how with a piercing shriek a tall powerful man suddenly falls down senseless, and his head as it strikes the ground causes a loud crash. The sufferer is wholly unconscious. The physical effects are horrible; but the epileptic remembers nothing of them afterwards. He has for the time ceased to be a part of the world of men.¹ In another place we are informed that the disease is not to be counted as a painful one, except in so far as the effects, caused by such accidents as a blow sustained in falling, produce injuries which are still felt painful after consciousness returns. The return to life is slow. The sufferer often lies for hours in a deep sleep. He comes back to the world of human existence with clouded and dulled brain, and is in a surly excitable frame of mind: he feels extremely weak and faint, and this sense of extreme fatigue continues often for days. In many cases several or even many fits occur in quick succession one after another, before the attack ceases for the time.

Such attacks are preceded by certain premonitory symptoms, technically called *aura*.

It has been common to class as epileptic all diseases in which fits, whether accompanied or not by unconsciousness, are a symptom. But such fits are only a symptom, and are induced by other diseases besides epilepsy. Epilepsy is a disease of the brain, as yet utterly obscure; and it is of two kinds, partial (due to injury of the head affecting

¹ Except that the extremities of the body quiver, and certain other physical effects are observed; but the sufferer knows and remembers nothing of them.

the brain, or to abscesses or other evils on the brain surface, the seat of which can usually be determined accurately), and idiopathic or true epilepsy, whose cause lies in the brain, though not even autopsy can determine any precise locality. The latter class is far the more numerous.

Owing to the insufficiency of earlier diagnosis, the statements even of physicians previous to about 1860, when neurological investigations took new life, have to be received with great caution. The distinction between hysteria and epilepsy is often difficult, and requires the most careful observation both during attacks and in the interparoxysmal periods. Of difficulties like these Krenkel evidently had not the faintest conception (p. 10).

It is in this treatise laid down as a canon in diagnosis that no skilled neurologist would venture to infer epilepsy from one attack of convulsions and unconsciousness, however closely the symptoms might resemble those of an epileptic fit of the severest kind. There must be repeated attacks before epilepsy can be diagnosed or even safely spoken of. Among the external symptoms there is hardly one which might not in a single case occur from some other cause. Of the internal cause, as it lies in the brain, one can as yet gather nothing, except to some degree in the case of "partial epilepsy," as already described.

The milder class of attacks (*petit mal*) are much less terrible, taking the form of a short unconsciousness (*absentia mentis*) or even of mere melancholia and confusion of mind,¹ after which the sufferer resumes his ordinary action. This class, though sometimes continuing at intervals for many years, chiefly in the case of young persons, passes sooner or later into the severer type.² The ultimate result is the same.

¹ "Epileptische Schwindel," explained as *Benömmensein und Wirrwerden*, p. 6.

² *Schwere Störungen der Intelligenz, welche bei längerem Bestehen der epileptischen Krankheit sich fast regelmässig einstellen*, p. 8.

It is the terrible issue of epileptic fits on which Dr. Seeligmüller insists: "if only epilepsy, as so many persons ignorant of medicine assume, meant nothing more than occasional fits with passing loss of consciousness!" (p. 7). Epilepsy turns through loss of intellectual and moral power and activity into insanity; and epileptic madness is the most dangerous to the friends of the sufferer.

One of the points on which Dr. Seeligmüller most strongly insists is that the *petit mal* furnishes no sort of explanation of St. Paul's visions and experiences, especially the "thorn in the flesh." The *petit mal* is not recognised or dreamed of by any but physicians as a milder stage of epilepsy. It has no resemblance even in the faintest degree to what Paul and Luke mention. When a person falls to the earth as by a sudden stroke,¹ it is either the *grand mal*, or it is something different from epilepsy. Not even Dr. Krenkel or Bishop Lightfoot would have thought of *petit mal* either as epilepsy or as explaining the case of Paul. The *petit mal* may therefore be left out of consideration. We are dealing with what the ordinary world calls epilepsy, and suggests as covering the phenomena before us.

The connexion between epilepsy and what may roughly and unscientifically be called insanity is very close. One who suffers from epileptic fits may at any moment be overtaken by insanity; and in more than 75 per cent. of epileptic cases there follows insanity through "epileptische Degeneration" (p. 10). Apart from pronounced insanity the earlier, or in a few cases the only consequences of this general and slighter character are sufficiently awful, and they are described in some detail as follows:—

(1) The intelligence suffers: the epileptic begins to fail in mental grasp, he becomes slow of wit, he cannot easily understand a question, he loses power of language and may

¹ Acts ix., etc.

even repeat meaninglessly words or syllables : common symptoms are obstinate conceit, opinionativeness, etc. : his feeling of his own importance is exaggerated : even the aspect of the face alters (pp. 11-13).

(2) The character deteriorates : the epileptic becomes excitable and irritable, he feels keenly that he is harshly or unjustly treated in comparison with others and that his merits have not been fairly recognised :¹ sometimes he is affected by fits of passion accompanied by shrieking or growling or purposeless acts of destruction, which may even take the form of injury to the person or attempted suicide, and the recollection of acts done at such times is faint or sometimes entirely lost.

(3) The energy to act and the power of action deteriorates in the epileptic. It is very rare to find that the sufferer can maintain himself in a position equal to that of his family and origin. He often sinks into gravest misconduct ; and at last there remains nothing for his parents except to keep him at home, where he is either an idler or a nuisance of whom every one stands in dread ; and if he has no family to look after him and keep him within bounds, he becomes a criminal and a vagabond (pp. 17-19).

Such are the milder consequences which result from epilepsy ; and Dr. Seeligmüller says expressly that his whole description is taken from his own experience and private practice as a physician.

There are certain conditions (*Dämmerzustände*) which usually happen in the intervals between fits (*grand mal*), or appear as "epileptic equivalents," i.e. take the place of fits. In such states the sufferer is in a condition not unlike sleep-

¹ Many of the symptoms are, of course, merely external, and the same symptoms often result from other causes. In my own experience there is no calamity so great for a young man as to begin to feel himself unjustly treated, whether his feeling be right or wrong : it often leads on to permanent deterioration of character and moral power.

walking : he seems conscious, does his business, goes about, and then suddenly after hours or days recovers his proper consciousness and has forgotten entirely what happened during the intervening period. Not seldom are journeys made in such a condition (*Porionomania*) ; Dr. Seeligmüller mentions among others a business man who recovered to find himself on a ship in Bombay harbour, instead of in Paris ; but it is a characteristic of these attacks that the travels are wholly purposeless and detrimental to the proper work of the sufferer. All the conditions called *Dämmerzustände* either are completely forgotten after the attack is ended, or are remembered only in a vague, imperfect and confused fashion.

The conditions called *Dämmerzustände* are found in 60 per cent. of cases treated in an asylum. They usually begin only after epileptic attacks have continued for a long time.

It is needless to go into further detail. What has been already stated is enough to give a fair idea of the situation, as a professor of this and allied diseases in Halle describes it.

If I do not err in briefly summarising his argument, it is as follows.

(1) Paul's attacks of illness, the "thorn in the flesh," and his visions, must be identified either with the phenomena of the *grand mal*, or with the pathological phenomena of the intervening periods (*Dämmerzustände*) and of the *aura* preliminary to an attack of the *grand mal*. Neither the illness nor the visions can be identified with the former, because these are always accompanied by complete unconsciousness and leave no memory of themselves. Luke's account, twice given in a summary of Paul's own words, once as his own narrative, is that during the great experience of his conversion Paul retained consciousness and was able immediately afterwards to continue his journey to

Damascus, though he had lost his eyesight.¹ Paul himself describes his visions as if he were fully conscious of them and remembered them afterwards.

Moreover the visions, apart from the one which accompanied the Conversion, have no resemblance to attacks of the *grand mal*, but must be identified either with phenomena of the intervening periods or of the *aura*. These phenomena are either utterly purposeless, and performed in a state of changed consciousness (or, so to say, changed personality), and forgotten when one returns to one's ordinary consciousness and personality, or they are evidence of growing moral and mental deterioration, which cannot be mistaken or regarded as interludes in the life of a man of exceptional and extraordinary powers and activity. Paul was certainly much given to travelling; but the purposefulness and method and premeditation of his journeying forms a most marked feature of his career. Some might perhaps adduce the journey of Acts xvi. 7 f. as an example of Poromania, because it involved change of plan, and led him into a new sphere of activity, but his choice of Bithynia and his turning towards Troas were chosen by him as a *pis aller* (unless we suppose that a wholly unpremeditated North-Galatian mission should be interpolated), and in any case he did not regard these changes as interferences with his work, but as conducive to it.

With this exception Paul's journeying was a marvel of constructive purpose; and even this exception is more difficult to understand only because of its having long been

¹ Dr. Seeligmüller does not, as I think, allude to blindness as one of the symptoms supervening on the *grand mal*, though it may be reckoned perhaps as related to the subsequent weakness and confusion of mind, and to the feeling of great fatigue and incapacity for exertion. If however subsequent weakness of mind ensued on Paul's attacks, the epileptic theory falls to the ground. Paul, evidently, was as purposeful, active and resourceful, quite as great a writer and thinker, after attacks continuing over thirty years.

encumbered with misconceptions. The exception was merely a stage in his gradual formation of a plan as wide as the Roman Empire : he did not start with a preconceived plan : he worked out a plan by tentatives ; and this exception was one of the tentatives, turned to good purpose where it led him.

(2) The theorists leave out of sight the most grave aspect of epilepsy, as a disease of the brain which is steadily progressive and produces deterioration of mind and usually of character. Nothing in the career of Paul suggests the slightest tendency to degeneration. His tone of spirit only grows more elevated as time passes.

Dr. Seeligmüller's method of exhibiting his proof is, in the first place, to take the description of Paul's character and achievements and activity as stated by Krenkel, to compare this description with Krenkel's epilepsy-theory, and to show the inconsistency of the two. No neurological expert, as he says, could for a moment think of regarding a character like Krenkel's Paul as afflicted with epilepsy in any degree. Every reader can compare for himself his own conception of Paul's boundless and inexhaustible energy, his vast intellectual power, his marvellous command of the resources of the Greek language, and his lofty moral character growing more lofty and noble as time passed, with Dr. Seeligmüller's picture of the epileptic. The two are obviously irreconcilable. Either the German Professor's picture is coloured and untrustworthy, or Paul was not afflicted with epilepsy. Whether he was afflicted by some other disease, which would reduce his visions to mere delusions, is another question, on which we need not here enter. There will be something more to say about it later.

In the second place the Halle Professor takes up in detail Krenkel's positive arguments. He shows that certain facts

recorded by or about Paul have no value as indications of an epileptic condition, as for example Krenkel mentions that the sensation which Paul experienced of suffering blows on the head points to epilepsy¹ (p. 46). No expert in neurology would consider such sensations as pathologically indicative or helpful in diagnosis. Moreover, this argument depends on a doubtful interpretation of 2 Cor. xii. 7.

Wendland,² who supports Krenkel, quotes Ilberg on the *Strafrechtliche Bedeutung der Epilepsie*³ to the effect that recollection is not necessarily destroyed in the case of the milder phenomena occurring during intervening periods (i.e. *Dämmerzustände*) between severer attacks of *grand mal*. Dr. Seeligmüller replies that, even in the case of the *petit mal* there is a tendency to confuse between automatic continuance of the interrupted action and real recollection of what occurred during the unconscious moment (*absentia mentis*): in different parts of his treatise he gives various examples of this resumption of the interrupted action, which is a quite well-known phenomenon. Recollection of *Dämmerzustände* is at best faint and confused, and often fails entirely. There is nothing in it like Paul's vivid and powerful memory of his vision.

Further, nothing but the *grand mal* could for a moment be thought of as possibly explaining Paul's conversion with its strongly marked phenomena.

The occasional expressions of self-glorification that occur

¹ Presumably Krenkel's argument is founded on the fact that the epileptic falling in a fit (*grand mal*) strikes his head hard on the ground. He suffers no pain from the blow, however, and remembers nothing about it.

² *Hellenisch-römische Kultur*, p. 125 ff. I have not read either Wendland or Krenkel: I started to read the latter's *Beiträge*, but found very soon that there was nothing to gain from it. Time must be used profitably.

³ *Zft. f. d. gesammte Strafrechtswissenschaft*, xxi. 1901, p. 45.

in Paul's writings—what he himself calls “boasting” or “glorying”—might perhaps be regarded by some persons as examples of the egotistic and self-centred view that characterises the epileptic in the process of degeneration. But, first, these expressions are forced from Paul in self-defence, and he generally apologises for them: secondly, they must be set against the general tone of extreme humility that characterises his writings, for he regards himself as nought and worthless and criminal, saved from moral death by external power: thirdly, his whole life of self-sacrifice and his extraordinary power of understanding others and sympathising with them contradicts the idea that those occasional expressions indicated a self-centred view or showed satisfaction with himself. Krenkel rightly does not even mention this argument as worthy of any consideration in the case.

The same remark applies to Krenkel's use of the description of Paul's personal appearance, as given in the *Acta of Paul and Thekla*. This description contains nothing that possesses even the smallest value in diagnosis. Epileptic sufferers are quite frequently tall, well-proportioned and handsome. Paul's plainness, or even ugliness, his small stature, his bowed legs, his meeting-eyebrows, might have a thousand other causes than epilepsy, and are in no way indicative of epilepsy. The one detail in that description that is of value is the eyes, which expressed the fire and spirit of an angel. Through the eyes the mind speaks most directly; and the mind that spoke through Paul's eyes was not that of an epileptic.

One of Krenkel's arguments is founded on Paul's depreciation of his own powers in preaching to the Corinthians, ii. 1-3. He omitted to study ii. 4-7; and he was evidently unable to perceive the irony of 1 Corinthians i.-iv., that masterpiece in all literature of graceful and delightful irony. It is

not uncharacteristic of Krenkel's work that he shows himself so insensitive to the finer qualities of literature.

The person who, like Krenkel, finds in Paul's shaving of his head at Cenchreae (Acts xviii. 18) a proof of epilepsy could find such proof in every act of Paul's life, if he only set himself to do so, and in every act of every man's life.

The truth is that the epileptic theory in Paul's case (where not due to the straining after originality) arises largely from the desire to eliminate the visions and other apparently marvellous phenomena as untrustworthy. We have the strongest evidence for them in Paul's own words. We cannot get rid of that evidence without getting rid of Paul (as Manen did). Krenkel and others, however, try at once to keep their Paul and throw him overboard: when he talked of visions, etc., he was an epileptic in a developed stage of degeneration: in all other respects he was the sanest, the ablest, the most vigorous of men. The nerve-physician can only reply that this is impossible: you cannot have an epileptic like that. The theory is merely a proof of ignorance. "Krenkel's knowledge of epilepsy must be called very scanty and defective, and often fundamentally false; and he is quite unable even to distinguish the phenomena of the *grand mal* from those which occur during the intervening periods" (p. 42). There was only one Paul, not two.

Krenkel, however, has already attempted to meet this counter-argument: Paul's ability to do so much, although he was an epileptic, is a proof of his marvellous genius and lofty character—or shall we say, of the Divine power and inspiration which worked through him and in him? Then we are landed in a more marvellous theory than the plain and simple one. To avoid accepting a "miracle" Krenkel proposes to accept a greater "miracle." There is nothing to say except that the whole theory is "*grundfalsch*."

The theory of epilepsy, as our Author thinks, could never have been started, except by persons who knew nothing about neurology. It has been unwarily taken up by a few medical men without carefully studying the evidence, simply because it suggested a medical cause for certain remarkable and obscure phenomena in the career of Paul.¹ However these phenomena ought to be explained, epilepsy furnishes no explanation. There is, of course, a marked tendency in the last thirty or forty years to explain all unusual mental phenomena, from the visions of Paul to the character of the confirmed criminal, as due to pathological causes. The tendency to explain genius as a form of insanity has also been strong in recent times, and since Dryden (or a much earlier time) people have pleased themselves with the foolish idea that "great wits to madness are allied." This alliance, however, is due not to the greatness of the wit, but to the want of balance in the moral character.

This leads on to another question and argument. It is maintained that many of the greatest men in history have been epileptics. If they were epileptic, why should not Paul also have been epileptic, and yet have retained for so many years his marvellous powers of mind? Julius Caesar, Charles V., Napoleon I., Mohammed, Cambyses, etc.,² are all enumerated among those who were victims of epilepsy.

Dr. Seeligmüller meets this argument with a flat negative, almost with contempt. It was in the infancy of medicine, even before neurological science had been born, that this idea arose. He asks who records the evidence, what is the authority of these writers, what the credibility

¹ Lombroso is dismissed in the sharpest word of criticism by Dr. Seeligmüller as "already quite antiquated."

² Cromwell is, I think, given by others as an example of an epileptic.

of [the assertion. He regards all the cases mentioned with the utmost suspicion. One single sentence about Cambyses, quoted from Herodotus, is the sole evidence—on account of the severe bodily pains that he endured through the disease, “sacred sickness,” which afflicted him from birth, his mind suffered along with his body, and he used to act in the style of a madman towards his relatives. Dr. Seeligmüller wastes not one word in refutation (p. 63). He has previously pointed out that epilepsy cannot be called a painful disease in itself; and just before, as generally bearing on this subject, he quotes a paragraph from Kussmaul’s article *Ueber Epilepsie*.¹ No historical person whose general character corresponds to the description of an epileptic can be taken as proved to be so, except on the ground of typical attacks of epilepsy recorded: the diagnosis will be more or less probable according as attacks of the less developed kind like *absentia mentis*, preliminary symptoms (*aura*), and *Dämmerzustände*, have been proved. Even these only warrant a conjecture of epilepsy. On the other hand it is not justifiable to explain striking personalities in history as epileptics, only because they give free play to their passions and inclinations, and showed themselves changeable, and because their motives for action are not clear.²

In the case of Mohammed one should prefer to the theory of epilepsy almost any conceivable form of illness which is accompanied by ecstatic conditions. Both Sprenger and Pelman reject expressly the epilepsy-theory about him; but Dr. Seeligmüller, not being an Orientalist, refrains from detailed discussion of this case.

It is recorded that Julius Caesar suffered from epileptic

¹ *Deutsche Revue*, Oct.–Dec., 1902.

² A loose and abbreviated translation of Kussmaul’s paragraph.

fits. The Professor at Halle does not investigate this case ; but the tone of his treatise leaves little doubt what his answer would be. We have no trustworthy evidence that those fainting fits were really epileptic. We are not informed whether they became worse as time passed ; and everything that is known about Caesar negatives conclusively the idea that he was afflicted with the brain-disease called epilepsy.

The case of Napoleon is one to which Dr. Seeligmüller has given considerable attention. Krenkel's proof of Napoleon's epilepsy is completed within eight lines of text and two footnotes. That distinct traces of moral degeneration, such as is characteristic of epileptics, can be seen in the career of Napoleon, is true ; but is every person that degenerates morally an epileptic ? All such symptoms occur, as has been stated above, equally distinctly in non-epileptic persons. As to Napoleon's fits, those who call them epileptic fits are learned men and great historians, but they are not nerve experts ; Krenkel quotes from a nerve expert, Wildermuth, a sentence to which every expert will assent, that in pronounced cases of degeneracy the epileptic shows the ugly picture of the typical scoundrel ; but the expert does not say either that Napoleon and Paul were epileptics, or that every scoundrel is an epileptic.

The learned Professor quotes the case of a boy four years old, strong, full-blooded, spoiled by parents who thought that the fits of passion, to which he abandoned himself with increasing frequency as he found that they procured him his desires, were epileptic attacks. The cure which was prescribed was a tumbler of cold water dashed in his face and a good sound thrashing thereafter. This boy's type of mind seems to the expert to be as like Napoleon's as one hair is to another ; and the Professor proceeds to sketch, on the authority of Lombroso, the almost inevitable effect produced

on such a nature by his early training and surroundings.¹ On Taine Napoleon makes the impression of a great bandit ; the laws of morals and propriety did not exist for him ; at school he was a master of lies ; the lives of two million of men were nought in his eyes compared with the attainment of his aims ; but his vast powers of mind and energy enabled him to comprehend that his world-wide purposes, selfish as they were, could be realised only through the imposing of law, order and discipline on the subject world.

As to Napoleon's attacks of sleepiness and his nerve-fits (which he experienced already at school), the Halle Professor of nerve-diseases regards them as wholly lacking in the true character of epilepsy. Taking one typical case of a so-called epileptic fit, described by an eye-witness, Talleyrand, he quotes the whole account, and shows that in numerous respects it either lacks certain characteristics of an epileptic seizure, or presents positive characteristics that are inconsistent with epilepsy. He regards it as a nervous attack due to extreme excitation, great fatigue from over-work, and especially to the sufferer's habit of eating hurriedly and ravenously : it occurred a few minutes after dinner, probably an indigestible dinner, at Strasburg. The two attacks of sleep during battles recorded (but not well described in detail) he considers to have been simply the result of over-fatigue, in which nature at last overpowered even the energy and endurance of Napoleon.

These symptoms show nothing but the most superficial resemblance to true epilepsy. Binswanger² has been far

¹ In a character which possesses little natural strength of will and purpose, but only irrational obstinacy in trifling matters, the effect of such training is to produce (so far as my experience in the East goes) a state of mind like demoniac possession, in which an originally ill-balanced mind is given over wholly to the dictates of evil passion without any counter-balancing influence. The only possible cure is "conversion" and a growing sense of religion and duty.

² *Die Epilepsie*, Vienna, 1899, p. 314.

from careful in his diagnosis of the evidence regarding Napoleon, Mohammed, etc. Dr. Seeligmüller mentions cases from his own practice, and describes in some detail a case of fainting with almost all the external appearance of epilepsy, which occurred to a young man of good family, exposed during his year of military service to the cruelty and injustice of a vulgar non-commissioned officer: the fit was due to extreme fatigue caused by long-continued marching at the double in great heat and to necessarily suppressed anger at this punishment, which was inflicted from mere personal spite. This fit proved to have no real epileptic character, as the sequel showed; for the youth grew into a strong and mentally gifted man.

The dictum of Lombroso, a writer whose work is already quite antiquated—"Epilepsy is possibly the foundation of genius, and the occasion of genius is a degenerative psychosis of the epileptoid species"—is one which Dr. Seeligmüller cannot accept. The idea that Paul was an epileptic is an instance of the attempt to apply this dictum to a special case, and is as false as the dictum itself.

There are some places in which the Halle Professor's arguments may at first sight disappoint readers, because they are founded on lack of evidence that certain phenomena can be proved in the case of Paul. This kind of reasoning approximates to, or is identical with, the argument *a silentio*, which is in most respects false and worse than useless. But, in this case, it is employed because the general principle laid down by high medical authority¹ for all cases where the individual cannot be subjected to direct diagnosis, demands such positive proof. It is not a rule devised for the case of Paul, but is a universal principle. Even where the positive indications demanded by the principle can be established, only a presumption and conjecture as to the

¹ Quoted on p. 62 from Kussmaul, as above mentioned.

existence of epilepsy follows. Without the proof of such positive indications, there is not even a presumption. How necessary then is it to demand some positive evidence of *aura* and *Dämmerzustände* before saying point-blank that Paul and other great men were epileptics.

Still it must be remembered in the case of Paul that the last thing that Luke would have been likely to think of, and the thing most completely discordant with his design as historian of the Church, was to record such phenomena. He was not, and never intended to be, a biographer of Paul ; and all studies or criticisms of the Acts, which proceed on the supposition that Luke desired to give an account of the life either of Paul, or of Peter, or of the history and achievements of any or all of the Apostles, deserve forthwith to be set aside as valueless.

Such record as the Professor demands could not be expected ; and the argument that there is no such record, though conclusive to the mind of a judge trying a case in court, suffers in the estimation of ordinary historical students. After all, ancient history must often be reduced to a balancing of probabilities ; and in the case of Paul we could not venture to dismiss a theory in this matter because it is not positively proved. We have rather to disprove it by positive reasons, and Dr. Seeligmüller succeeds in doing that without having to trust to the mere lack of evidence in support of the epilepsy-theory.

From the medical point of view what was the disease from which Paul suffered ? The Professor, p. 70 ff., rejects without a word such suggestions as temptations of the flesh, the sting of conscience for his sins in the past, and opponents or difficulties that hindered his work. Headaches of a bad kind, especially the so-called *Migräne*, present some of the features of the "thorn in the flesh" ; but lack the supremely necessary feature. Headache, however extreme,

cannot be supposed to have prostrated so utterly a man of Paul's energy : in the Professor's practice they have never proved sufficient to make a man of high energy and determination abandon his work. Only in the form of *Augen-migräne* might this explanation be admitted as possible, because such attacks are accompanied by loss of consciousness, delirium, and a condition resembling a fit (p. 73).

On the other hand, the theory of disease of the eyes in any other form, as hitherto suggested, cannot be brought into accordance with modern medical knowledge. Equally unworthy of serious consideration are toothache, stones, haemorrhoids, hypochondriac attacks or fits of melancholia, leprosy, neurasthenia. The last is suggested by the Professor's esteemed medical friend, Professor Herzog, of Munich, who was presumably interested from childhood in Pauline topics, owing to his upbringing in the house of his father, the famous Encyclopaedist. The phenomena of neurasthenia, though to some degree worthy of consideration, do not produce in the nerve-expert such an impression as suits the case of Paul.¹

The theory of malaria is in a different category. It is marked by periodic or intermittent attacks, which temporarily incapacitate the sufferer. It induces a chronic liability to attack, which is lasting, and often life-long.² It produces as its consequents or "equivalents" sharp neuralgic attacks of an obstinate and temporarily debilitating character, and these present the same general phenomena that give on the first view some plausibility to the theory of headaches or of neurasthenia. As an incidental proof

¹ Herzog, though a respected and valued medical colleague, is not (says the Halle Professor) a specialist in nervous diseases. The Munich Professor agrees in rejecting epilepsy, because it induces in greater or less degree a progressive weakening of the mental powers, which is irreconcilable with the character of Paul.

² Medical friends of my acquaintance maintain that it is never completely eradicated.

of the connection between malaria and neuralgia, Dr. Seeligmüller mentions that neuralgia in the head has been for centuries familiar to physicians as *malaria larvata*. Malaria was a disease common in the country, and therefore one to which Paul was readily exposed.

Between these two possibilities—*Augen-migräne* and malaria—Dr. Seeligmüller for the present cannot decide. He is not aware of any other sufficient medical cause; but he leaves the case open in regard to these two.

To this I would add that there is no proof of *Augen-migräne* having been considered in that country and at that time to be the result of Divine curse,¹ except in so far as the popular mind may have looked on it as simply a kind of malaria-fever (which was to the non-medical mind very natural, since the phenomena of *Augen-migräne* present much similarity to certain effects of chronic malaria). It is, however, now well established by many imprecations found in the country and published in recent times, that fever was understood to be caused by a special visitation of Divine anger, and that the gods were entreated by the composers of such curses to afflict with fever the person or persons against whom the curse was directed.² Thus malaria fulfils the conditions in a way that *Augen-migräne* does not do. In such curses the eyes sometimes find a place merely as a part of the human body, on which any and every disease or mutilation is invoked. The imprecator would be quite satisfied with any other disease, but the one that he specially prays for is the unseen fire of fever, which burns up the bodily strength without any external affection through the direct destroying power of the god.

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¹ That Paul's disease was considered to be so is established clearly by Paul's own words (Gal. iv. 13 ff.), as is universally admitted.

² See references and examples in the present writer's *Hist. Comm. on Galatians*, p. 423.