

## THE MADNESS OF DIONYSUS: A NEUROSURGICAL PERSPECTIVE ON FRIEDRICH NIETZSCHE

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Received, March 7, 2007.

Accepted, May 4, 2007.

**OBJECTIVE:** To examine the possibility that an intracranial mass may have been the etiology of the headaches and neurological findings of the philosopher Friedrich Nietzsche (1844–1900) and the cause of his ultimate mental collapse in 1889.

**METHODS:** The authors conducted a comprehensive English and German language literature search on the topic of Nietzsche's health and illness, examining Nietzsche's own writings, medical notes from his physicians, contemporary medical literature, biographical texts, and past attempts at pathography. We also examined archived portraits and engravings of the philosopher from 1864 onward. An English language search in the modern literature on the topic of psychiatric presentations of intracranial mass lesions was also conducted.

**RESULTS:** From his late 20s onward, Nietzsche experienced severe, generally right-sided headaches. He concurrently suffered a progressive loss of vision in his right eye and developed cranial nerve findings that were documented on neurological examinations in addition to a disconjugate gaze evident in photographs. His neurological findings are consistent with a right-sided frontotemporal mass. In 1889, Nietzsche also developed a new-onset mania which was followed by a dense abulia, also consistent with a large frontal tumor.

**CONCLUSION:** A close examination of Nietzsche's symptomatic progression and neurological signs reveals a clinical course consistent with a large, slow growing, right-sided cranial base lesion, such as a medial sphenoid wing meningioma. Aspects of his presentation seem to directly contradict the diagnosis of syphilis, which has been the standard explanation of Nietzsche's madness. The meningioma hypothesis is difficult, though not impossible, to prove; imaging studies of Nietzsche's remains could reveal the bony sequelae of such a lesion.

**KEY WORDS:** Abulia, Mania, Meningioma, Nietzsche, Pathography, Syphilis

*Neurosurgery* 61:626–632, 2007

DOI: 10.1227/01.NEU.0000280033.22877.EE

www.neurosurgery-online.com

*A casual stroll through the lunatic asylum shows that faith does not prove anything.*

—Friedrich Nietzsche, *The Antichrist*, sec. 51

In the writings of the famous German philosopher Friedrich Nietzsche (1844–1900), one sees the marks of ill health that plagued him throughout his adult life. Indeed, by his own account, the entire body of his later work was in no small part a product of his debilitating afflictions. Severe headaches, protracted vomiting, and visual disturbances had a marked effect on the course of his philosophy and his life. His central principle of *amor fati*, embracing the totality of one's fate, including suffering, and his attacks upon Christianity as a manifestation of *resentiment*, an ideological symptom of physical and psychological weakness, were both conceived primarily from his attempts to cope with, understand, and overcome his own

painful illness (12). Ultimately, Nietzsche utterly succumbed to progressive disease. Insane at the age of 44, the philosopher who proclaimed "Above all, die at the right time!" (11, p 71), spent the last 10 years of his life as an invalid. However, more than a century after his death, the etiology of his illness remains poorly understood.

### Nietzsche's Development and Deterioration

Friedrich Wilhelm Nietzsche (*Fig. 1*) was born in a small village of Prussian Saxony in 1844. The son of a Lutheran minister, he displayed precocious aptitudes for letters and music. He studied theology and classical language at Bonn and later at Leipzig, earning academic distinction and the respect of his professors. He accepted an offer of professorship in classical philology at the University of Basel when he was only

24 years old (9). In the ensuing 10 years, he was plagued by progressively severe headaches, typically frontal, generally on the right side, and accompanied by visual disturbances, eye pain, nausea, and vomiting (6). Although Nietzsche had always been myopic (6, 17), during his tenure at Basel, his right eye underwent a progressive loss of visual acuity. By the age of 30, he was essentially blind in his right eye (3, 16). The precise etiology of this asymmetric visual loss is unknown, although one ophthalmologist in 1877 attributed it to a "retinal exudate" (3), which would be more suggestive of an intraocular inflammatory process.



**FIGURE 1.** Friedrich Wilhelm Nietzsche (1844–1900).

These afflictions forced Nietzsche to take at least two extended sick leaves until he resigned his post and left Basel in 1879, 10 years after he was made the youngest professor in the history of the institution. He would return 10 years later, escorted by his closest friends, to be committed to a lunatic asylum. During those intervening years, Nietzsche remained productive, despite the headaches that continued to interrupt his work. His headaches were episodic and typically rendered him incapacitated for periods of 4 to 9 days (6). In 1876, he was diagnosed with neuralgia after he expressed to a physician that he was worried he had a brain tumor (6). Even after his mental breakdown in early 1889, records from his doctors note that he "often complains of supra-orbital neuralgia on the right side" (15, p 193).

Examination of Nietzsche's work (Table 1) suggests a progression of psychiatric symptoms superimposed upon his physical suffering. This has led some authors to assert that Nietzsche's ultimate breakdown was purely the result of psychiatric disease, the intimations of which are found throughout his life and work (17). His first book, *The Birth of Tragedy from the Spirit of Music* (1872), is a rich yet restrained dialectic. Nietzsche's middle works, typified in his *Thus Spoke Zarathustra* (1884), have an exuberant and overwhelming style, yet can hardly be considered evidence of psychopathology. By the time he wrote his autobiography, *Ecce Homo* (1888), however, his voice had become manifestly grandiose. Coherent and deeply insightful, this book nonetheless bore the chapter titles "Why I am So Wise," "Why I am So Clever," "Why I Write Such Good Books," and, lastly, "Why I am a Destiny." In it, he called his *Thus Spoke Zarathustra* "The greatest gift that could ever have been given to mankind" (12, p 675). *Ecce Homo* was finished in 1888, a year which saw Nietzsche complete four other major works in a furious streak of creative activity. *Twilight of the Idols* was written in a mere 10 days. Another, *The Antichrist*, was the

first in a planned series of four volumes that was to set forth nothing less than the "revaluation of all values."

The philosophical worth of these works is beyond question (9). However, between December 1888 and January 1889, while still revising the proof of his autobiography, Nietzsche became overtly manic. His friend Jacob Burkhardt received a letter dated January 5, 1889, which convinced him at once that his friend was no longer sane (15). In it, Nietzsche says that he would rather have remained a Basel professor than become God, but his ego was not so large. One of the five postscripts to that letter reads: "I go everywhere in my student's jacket, and here and there slap people on the back and ask 'Are we content? I am the god who has created this farce!'" (13, p 348)

At the same time, Nietzsche's old friend and colleague Franz Overbeck received a postcard signed "Dionysus," in which Nietzsche claimed that he was "just having all anti-Semites shot" (13, p 347). He also posted a letter to King Umberto of Italy, whom he addressed as his son, announcing that he would arrive in Rome on Tuesday and looked forward to his audience with the Pope (9). Nietzsche never regained his sanity.

### The Nature of Nietzsche's Pathology

The precise nature of Nietzsche's pathology has been inconsistently and inadequately described, despite rampant conjecture on the subject. Syphilis, schizophrenia, bipolar disorder (17), frontotemporal dementia (14), and brain tumor (7, 16) have all been proposed, but evidence tends to be only partially convincing in each case. The suggestion has even been made that Nietzsche was driven mad by the idiocy of his contemporaries (9). Nietzsche himself blamed his afflictions on listening to too much Wagner, asking, "Has not this nerve shattering music ruined my health?" (13, p 180). Wagner, meanwhile,

**TABLE 1. Major works of Friedrich Nietzsche (1844–1900)**

Year <sup>a</sup>	Work
1872	<i>The Birth of Tragedy from the Spirit of Music</i>
1873–1876	<i>Untimely Meditations</i> (Vols. I–IV)
1878	<i>Human, All Too Human</i>
1882	<i>The Gay Science</i>
1884	<i>Thus Spoke Zarathustra (A Book for All and None)</i>
1886	<i>Beyond Good and Evil (Prelude to a Philosophy of the Future)</i>
1887	<i>On the Genealogy of Morals</i>
1888	<i>The Case of Wagner (A Musician's Problem)</i>
1888	<i>Twilight of the Idols, or How to Philosophize with a Hammer</i> (published 1889)
1888	<i>Nietzsche Contra Wagner</i> (published 1889)
1888	<i>The Antichrist</i> (published 1894)
1888	<i>Ecce Homo (How One Becomes What One Is)</i> (published 1908)

<sup>a</sup> Works were published in the year of completion unless otherwise noted.

opined that “excessive masturbation” was at the root of Nietzsche’s troubles (6, p 203).

Nietzsche’s own physicians agreed on the etiology of some of his major symptoms. Their contemporary descriptions have persisted throughout most subsequent accounts of his life and illness. His chronic headaches, nausea, and visual disturbances were taken to be migraines. Elsewhere his dyspepsia is ascribed to his abuse of chloral hydrate, prescribed as a sleep aid (15). His progressive visual loss was considered simple myopia, although at least one account suggests that he had retinitis in his right eye (3). As for his madness and subsequent collapse, syphilis was certainly the most likely etiology of dementia in a middle-aged man in 1889 (5), and has been the standard explanation of Nietzsche’s ultimate decline.

Given the severity and multitude of Nietzsche’s symptoms viewed in aggregate, it is decidedly non-Oslerian to posit migraines, myopia, retinitis, and a psychiatric disorder collectively as causative in Nietzsche’s case. Diagnostic confusion is perhaps hardly surprising as Nietzsche consulted with many physicians and yet prided himself on “...the insistence on not allowing myself any longer to be cared for, waited on, and *doctored*...I took *myself* in hand, I made *myself* healthy again” (12, p 680). It is, therefore, reasonable to propose that he was not entirely forthcoming with his physicians regarding the totality of his medical history.

### The Syphilis Hypothesis

To explain Nietzsche’s constellation of symptoms, many authors have implicated syphilis, the “Great Imitator” (5). However, Sax (16) and Schain (17) make powerful arguments that Nietzsche did not have syphilis at all, citing his protracted life of 10 years after the onset of parietic symptoms and the fact that he never developed the characteristic syphilitic tremor. Indeed, late in 1890, nearly 2 years after his mental breakdown, Nietzsche’s friend and disciple Peter Gast still took delight as Nietzsche improvised on the piano at the asylum: “Oh if you had been listening! Not one wrong note! Interwoven tones of Tristan like sensitiveness...Beethoven like profundity... it beggars description. Oh, for a phonograph!” (15, p 216). Such virtuosity would be unexpected in a patient experiencing advanced neurosyphilis.

Casting further doubt on the syphilis diagnosis, the actual event of Nietzsche’s presumed infection is known only through third-hand accounts at best. There is an oft-recounted tale of Nietzsche’s visit to a brothel in Cologne in 1865, which was romanticized by Thomas Mann in *Dr. Faustus*; however, this is not taken seriously even by authors who maintain that Nietzsche did indeed have syphilis (5, p 185). Nietzsche himself wrote that he was put off by those “apparitions in tinsel and gauze,” (6, p 64) and on the evening in question, he confined himself to playing on the piano in the brothel’s parlor. Interestingly, the psychiatrist Carl Jung (1875–1961) had a considerable role in popularizing the notion that Nietzsche had syphilis (5, p 186). His chief evidence for this, however, was based on rumors that Nietzsche had been infected with an unspecified venereal disease in 1867 and on a recurring dream

of Nietzsche’s involving a toad (8, p 193). Jung interpreted Nietzsche’s toad dream as evidence for the subconscious apprehension that he had been infected with syphilis. Jung also hypothesized that Nietzsche was actually infected at a homosexual brothel, although his evidence for this is scarcely more compelling (5, p 189). Even assuming that Nietzsche was infected during his college years, this would mean he suffered a 23-year latency period during which he was often ill, followed by a 10-year survival after the onset of fulminant neurological symptoms. Although unheard of, this would place Nietzsche at the extreme of longevity for cases of tertiary syphilis (16).

### Potential Evidence for an Intracranial Mass Lesion

As early as 1926, the suggestion was made that Nietzsche’s symptoms could have been caused by a brain tumor (7, p 151). Sax (16) also offers alternate explanations for Nietzsche’s constellation of symptoms, including optic nerve meningioma. He bases this surmise on the picture reproduced in *Figure 2*, circa 1874, which supposedly demonstrates evi-



**FIGURE 2.** Photographs and an engraving of Nietzsche revealing the development and progression of a right Cranial Nerve VI palsy between 1874 and 1882. A dilated right pupil is also discernible in the 1875 photograph.

dence of proptosis: "Note the prominence of the right eye, which almost appears to bulge out of the head..." (16, 51). To our scrutiny, this claim is tenuous at best. The left eye, however, is clearly adducted toward the camera, and the right appears to be gazing straight ahead, suggesting a right abducens palsy. This is clearly not the case in the 1865 photograph, in which the right eye is obviously abducted past midline (Fig. 2). The 1875 photograph shows a dilated right pupil and disconjugate gaze, albeit more subtly. We found no photographs taken after 1874 in which Nietzsche can be seen to abduct his right eye past midline (Fig. 2). Although we found no evidence that Nietzsche or his physicians ever mention double vision, if the vision of his right eye had deteriorated to the extent suggested (3), one would not expect him to have noticed a horizontal diplopia.

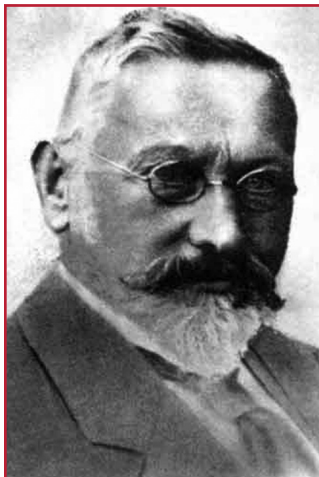
### Nietzsche's Physical Findings

In January 1889, Nietzsche was brought to the asylum at Basel by his friends Jacob Burkhardt and Franz Overbeck after they received disturbing letters posted from Turin. Upon arrival there, he was frankly manic, complaining of the bad weather and promising that "for you good people, I shall prepare the loveliest weather tomorrow" (15, p 170). He was coherent enough though to relate a recent history of severe headaches and nausea to his examining physician. His neurological examination was described as follows:

Pupillary disparity, right larger than left, reaction sluggish. Convergent strabismus-acute myopia. Tongue heavily furred, no deviation, no tremor! Facial nerve almost normal; right nasolabial fold slightly contracted. Exaggerated patellar reflex; plantar reflexes normal...(15, p 170).

Along with the strabismus, right Cranial Nerve III palsy and hyper-reflexia, the exclamation point after "no tremor" is notable, as the presence of tremor would be an expected finding in tertiary syphilis (5, 16).

Nietzsche remained at Basel for 1 week before his mother requested that he be moved closer to her home in Germany. Nietzsche was transferred to the Psychiatric Clinic at the University of Jena, then under the direction of noted neuropsychiatrist Otto Binswanger (1852–1929) (Fig. 3). A description of Nietzsche's arrival there indicates that, "Looking up at the ceiling he enters the room with majestic strides



**FIGURE 3.** Otto Binswanger (1852–1929), Director of the Jena Asylum. He described *encephalitis subcorticalis chronica progressiva*, later known as Binswanger's disease.

and gives thanks for the 'magnificent reception'" (15, p 183). His physical examination upon arrival at Jena is documented as follows:

Pupils right wide, left rather narrower, left contracted with slight irregularity, all reactions normal on left, on right only reaction to convergence, consensual reactions only on left...symmetrical smile, tongue non tremulous with deviations to right...Romberg negative...screws left shoulder up spasmodically when walking...slight ankle clonus on left...head percussion not sensitive, facial nerves sensitive (15, p 183).

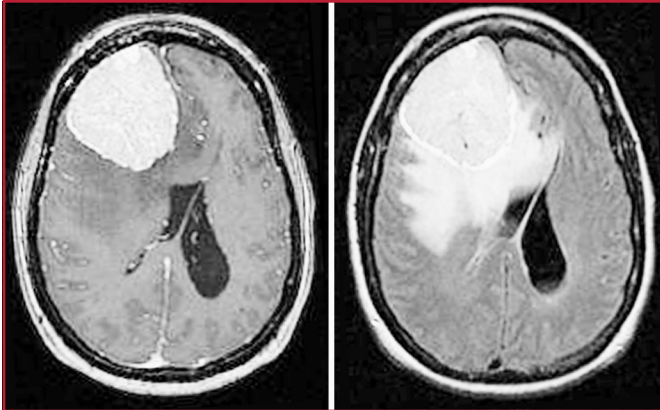
Although this examination appears to document an Argyll-Robertson pupil, it should be noted that "the Jena records were made by persons who had paralysis (i.e., syphilis) in mind all the time," and that a subsequent review of cases from Basel diagnosed as syphilis around the same time were in fact schizophrenia (15, p 236).

Whereas Dr. Binswanger's colleagues, most likely students given that Nietzsche's limited finances meant he was a second-class patient at Jena, seemed satisfied with paralytic syphilis as a diagnosis, at least one of them subsequently questioned this:

In Jena the diagnosis had been made: 'Progressive paralysis on a syphilitic basis.'...But he did live on for almost a dozen years in a tolerable physical condition. Was he really syphilitic? I began to doubt it more and more as time went on...(18, p 225).

Nietzsche's longstanding history of lateralized headaches, associated cranial nerve palsies, and contralateral hyper-reflexia are more suggestive of an intracranial mass lesion, specifically a mass in the vicinity of the optic canal, superior orbital fissure, cavernous sinus, and medial portion of the sphenoid wing. In 1889, however, the art of neurological localization was still in its infancy, and the potential significance of many of Nietzsche's presenting signs was only beginning to be appreciated. The routine use of reflex examination was only instituted in 1886 by S. Weir Mitchell in Philadelphia. Before the 1890s, neurological texts did not contain descriptions of detailed cranial nerve examinations. It was only after the first successful surgical resections of intracranial lesions in Queen's Square and Glasgow in the 1880s that discrete localization began to have any widespread importance for practicing neurologists (4).

Perhaps even more intriguingly, an enlarging intracranial mass fits Nietzsche's psychiatric progression as well. Although psychiatric manifestations of frontal tumors are more typically in the form of negative symptoms, there are well documented series of frontal and frontotemporal mass lesions presenting as mania (1, 2, 10, 19). Manic presentation has particularly been described in tumors that interrupt the frontolimbic pathways (19), and right-sided pathology has been shown to correlate with positive psychiatric symptoms. Indeed, an intracranial mass lesion, particularly in frontotemporal locations, is an



**FIGURE 4.** Magnetic resonance imaging scans of a right-sided meningioma demonstrating mass effect, midline shift and bifrontal edema (A, post-gadolinium axial T1-weighted scan; B, axial fluid-attenuated inversion recovery image). Such a lesion arising in the cranial base could have been responsible for Nietzsche's cranial neuropathies, and continued expansion could have caused his psychiatric symptoms.

important consideration on the list of differential diagnoses in the evaluation of secondary mania (1, 19).

After spending 1 year as an inpatient in Jena, Nietzsche was released to the care of his mother. He stayed at her home in the small resort city of Naumburg until her death in 1897, at which time his sister, Elisabeth, took over his care and moved him to her home in Weimar. After his release from Jena, his manic symptoms gradually gave way to a dense abulia (17). He became passive, docile, and emotionally labile. By 1893, he was mute and akinetic, although he is rumored to have spoken once subsequently. He said only "I believe I have written some good books" (6, p 349) before lapsing back into a silence that would persist until his death in 1900. His cause of death has been variously reported as stroke (5) or pneumonia (15). At the behest of his sister, no autopsy was performed.



**FIGURE 5.** Nietzsche's gravesite at Röcken, Germany.

## Perspective

Although many authors have assumed that Nietzsche's neurological and psychiatric deterioration was largely or entirely the result of neurosyphilis, it is clear that the diagnosis itself is in doubt and alternative possibilities should be considered. A large, slow-growing, frontal cranial base tumor such as a meningioma (Fig. 4) could explain Nietzsche's documented signs and symptoms, including right-sided frontal headaches, an afferent pupillary defect and loss of visual acuity in the right eye (although some evidence suggests an intraocular etiology for this); a right Cranial Nerve III palsy, a right Cranial Nerve

VI palsy (either via mass effect or direct involvement), contralateral long tract signs (left ankle clonus and patellar hyperreflexia); and particularly the "supraorbital neuralgia" noted at Jena via involvement of the right V1 at the cavernous sinus or superior orbital fissure. It is not unexpected that the localizing significance of these findings was not appreciated at the time of Nietzsche's acute presentation in 1889. A cranial base tumor could grow large enough to cause psychiatric symptoms, including mania, and could also account for the emotional lability, depression, and abulia that Nietzsche developed two years after his manic presentation and maintained until his death in 1900 (2).

This hypothesis is also unique among other attempts to explain Nietzsche's pathology in that it is conceivably testable. A meningioma large enough to account for Nietzsche's presentation and progression should have left an enduring mark upon his relic. Radiographic studies could reveal hyperostosis, erosions, or calcifications along the base of Nietzsche's cranium. His body lies in rest at his family's plot in Röcken, in the modern German state of Saxony-Anhalt between Leipzig and Weißenfels (Fig. 5).

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## Acknowledgments

Christopher M. Owen, M.D., is supported by a postgraduate research fellowship from the University of California, Irvine. We thank Michael Owen, M.D., for his assistance and support in revising this article. We dedicate this article to the memory of Professor Martin C. Dillon, Ph.D. (1938–2005), Distinguished Teaching Professor of Philosophy at the State University of New York at Binghamton, who sparked Christopher M. Owen's enthusiasm for Nietzsche prior to his medical career.

## COMMENTS

One of the first courses I took as an undergraduate was in philosophy and was taught by a professor who was totally enamored of Friedrich Nietzsche. His history, his contributions, and, of course, his demise were discussed in more detail than I thought necessary at the time; so much for youth. At the time, I found him to be a boring and somewhat monomaniacal person: brooding, manic, and thought to have suffered the ravages of syphilis. His writings covered a very wide spectrum, including critiques of philosophy, science, morality, and religion, among other topics. At the incredible young age of 24, he became a Professor of Classical Philology at the University of Basel and was clearly a giant early on. Having said that, it was most interesting to go from a young undergraduate to a practicing neurosurgeon, and then to read this article in which the authors argue that, rather than syphilis, the patient was suffering from a brain tumor. With careful research of contemporary materials, some most interesting ocular findings, and several contemporary neurological examinations, the authors have come up with some very real observations. Rather than syphilis, a manic Nietzsche clearly could have had a frontal brain tumor. The authors have done some very methodical documentation and have certainly convinced me that a frontal brain tumor, most likely a meningioma, could have caused Nietzsche's underlying disorder. I found this a most fascinating article and consider it a wonderful addition to the Legacy section.

**James T. Goodrich**  
Bronx, New York

Nietzsche's importance in *Geistesgeschichte*, or intellectual history, is indisputable. However, some of his writings, or at least their interpretation, are much more controversial. In his work, *Beyond Good and Evil* (1886), for instance, he exhorts individuals to make decisions and lead their lives without regard for the artificially and arbitrarily created labels, "good" and "evil." Concomitantly, he assails his contemporary philosophers and their predecessors for their blind acceptance of prevailing morality and values as the basis for all intellectual thought. Not surprisingly, this work was met with widespread condemnation and ultimately led to accusations that Nietzsche was championing immorality. To this day, many contend that *Beyond Good and Evil* provided the intellectual foundation and impetus for the perceived unraveling of contemporary society's moral fabric. A closer read, however, reveals something quite to the contrary. Instead of condoning "immoral" decision making, Nietzsche implores individuals to chart out and execute well-formulated courses of action without being burdened by dogmatic adherence to artificially created concepts such as "good" or "evil." In the end, he concludes that this would lead to the creation of superior, stronger, and more independent individuals.

Nietzsche's basic concept has obvious applications in contemporary neurosurgery, science, and beyond. When individuals are not restricted by certain thought paradigms, innovation and creativity are permitted to flourish, and major breakthroughs can occur. Stated

in a more colloquial way, encouraging people to "think outside the box" facilitates progress.

In this article, Owen et al. provide an interesting and potentially verifiable hypothesis of Nietzsche's medical condition just before his death. Consistent with the spirit of the writings of the subject which it describes, this well-referenced article asks the reader to at least entertain the possibility that conventional wisdom about a historical event may not be accurate. With the synthesis of their research, Owen et al. raise the possibility that an important 19th century historical figure could have succumbed to a neurological lesion. But, more importantly, the authors do the Journal's readership a service by highlighting the life of an individual who, although controversial, trumpeted the importance of expanding the frontiers of thought beyond traditional boundaries.

**Bryan C. Oh**  
Los Angeles, California

This article presents a very intriguing story presented logically such that the authors' conclusion is not only probable but also welcome.

**Lycurgus M. Davey**  
New Haven, Connecticut

It is appropriate that generalists in the modern field of comparative literature concern themselves with new medical hypotheses about the physical and mental traits of one of the most famous philosophers of the late 19th century. Nietzsche's story strikes many writers and artists as paradigmatic of a massive crisis afflicting European civilization, and his views, including his obsession with questions of health and decadence in society, have enormous currency (1). Nietzsche emerged on the scene as the interest of the naturalists, such as the novelist Emile Zola, in biological, psychological, and social pathologies was reaching its climax. His death occurred in the same year as the publication of Sigmund Freud's *Interpretation of Dreams*. Thus, it is hardly surprising that Freud's younger contemporary, Thomas Mann, used Nietzsche as a model for Adrian Leverkühn, a character who exemplifies the tragic position of the creative artist in a time when his world is going mad, in his novel, *Doktor Faustus*. Mann drew on the legend and gave it a specific nonhistorical symbolic twist by having Leverkühn contract syphilis in a Hungarian border town by adding a dangerous cross from Apollonian into Dionysian territory and into imbalance. The self-inflicted disease replicates the collapse of the "Western" Apollonian by the "Eastern" Dionysian principle, which figured importantly in Nietzsche's psychohistorical meditations.

The International Comparative Literature Association was born of discussions at the sixth congress of the International Federation for Modern Languages and Literatures at Oxford in 1954 when interest in the relation between literary history and the history of science was strong and psychology and psychoanalysis enjoyed special prominence (2). In a classical essay of 1961, a pioneer of the postwar restart of international comparative studies, Henry Remak, explained why "comparative literature" would develop as the pre-eminent cluster for interdisciplinary work. With the waning of the Freudian direction, it was virtually inevitable that "comparatists" would rekindle interest in neuroscience. But the main emphases of this attraction for literary scholars have been in the fields of "memory" and "identity," which correlate very readily with traditional literary areas of analysis: patterns of narration and portrayals of character. A good example of this scholarly orientation is Suzanne Nalbantian's *Memory in Literature: From Rousseau to Neuroscience* (4). In *I Am Charlotte Simmons* (2006), the contemporary novelist Tom Wolfe has raised awareness that neuroscience can have a bearing on our understanding of identity.

That Nietzsche remains an attractive legend around which to spin new fabrications is evident in books such as *When Nietzsche Wept* (6) by the prominent psychiatrist Irvin Yalom. Out of actual elements of Nietzsche's biography, Yalom invents a nonhistorical relationship for the philosopher with Josef Breuer, a pioneer in the founding of modern psychoanalysis, during the difficult period of Nietzsche's chaste romance with bewitching Lou Salome (approximately 1882), who herself later became a practicing psychoanalyst. Because the events of the novel predate Nietzsche's sensational breakdown in Turin during his Zarathustra phase, Yalom can concentrate on the existential issues that Nietzsche's own philosophy and attempt at living raise. Thus, through Nietzsche's troubled symbiosis with physician and friend Breuer (as invented by Yalom), the book can strive tacitly to offer its own cultural commentary on the role of psychotherapy under the modern condition. Yalom wisely sounds a note of skepticism over the thesis of syphilis when Breuer performs a thorough, and, of course, fictitious, clinical evaluation of his patient.

The 375-page book, *Nietzsche: A Novel* (3), by the Nietzsche expert and historian David Farrell Krell surely counts as one of the more radical engagements with the philosopher. It sets in directly with the crisis in Turin and the worried intervention of Nietzsche's Basel colleagues. Krell not only follows the case chronologically in meticulous detail all the way to Nietzsche's death, but he also intermingles historical facts and pieces of Nietzsche's writings and utterances with invented reconstructions of the probable experiences, memories, feelings, and thoughts of all the parties involved, including Nietzsche himself. The daring expansive "inner" portrait increasingly seeks to imitate Nietzsche's rhapsodic or frenzied state. As Krell shuttles among minds and levels of reality, clearly influenced by Joyce's *Ulysses* and *Finnegans Wake*, he aims to impart more than a deep wonder over the existential mysteries probed by Nietzsche. The reader is induced to slip over into a Dionysiac communion with the now effectively undead incarnation of "Zarathustra." The total complex of the Nietzschean "sickness" (medical, social, and metaphysical) is elevated to vatic status.

Hardly any other thinker or artist at the dawn of high modernism has benefited from being so frequently mentioned in memoirs by contemporaries or studied biographically in retrospect as Nietzsche. The centenary of his death saw a flood of monographs and articles, among which was an important book by Richard Schain (5) that directly tackled the legend of Nietzsche's syphilis. Schain very competently draws together the main documented details of the philosopher's life from childhood up to his mental collapse in Turin and devotes much of his work to describing him as an asylum inmate and his descent into apathy. Schain also rehearses the possible type of dementia and the many controversies over diagnosis that started during Nietzsche's lifetime and have continued to the present. In a chapter titled "Nietzsche's Legacy," Schain essays an appreciation of the unparalleled appeal of his thought and life story for our age.

Clearly, Schain's book is a platform for Owen et al., a foundational synthesis of the "story" gathered one century later that includes the irritation and incitement of the syphilis thesis. Schain pleads in his penultimate chapter for a more rigorous application of advances in science in view of the unsatisfactory suggestions to date and because no postmortem was performed in 1900 despite Nietzsche's international stature. Owen et al.'s article offers a specific, concrete reply to this

need, and can serve more broadly as an example of the value of neuroscientific approaches in forensic medicine and forensic anthropology. The reviewer is not qualified to pass judgment on the probable "correctness" of the meticulously argued case for an intracranial mass lesion as explanatory of Nietzsche's final breakdown and of many of his earlier symptoms and patterns of behavior. The key point here is that Owen et al. justifiably call for a new attempt to analyze the remains. This would involve a combination of physical visualization using our latest technology and application of more recently accrued knowledge in the field of neuroscience.

There is a more perplexing dimension buried in the call to reassess the reasons for Nietzsche's breakdown. If, as Owen et al. assert, neuroscience can at last reach a convincing "verdict" for a particular medical problem other than syphilis, we will still face the dilemma that bothers writers like Tom Wolfe. The dilemma is also fundamental to the legal system of the culture that Nietzsche affected: To "whom" do we attribute "identity" and concomitant "responsibility" and "where" along the line of a particular life does "mental illness" intrude in a manner that legitimately alters the status or authority of any individual (let alone possibly altering the status of the inspiration of a great philosopher!), and just how do we determine these things? It has taken many centuries to accrue standards in judicial proceedings through trial and error. Psychoanalysis deeply affected our social and legal institutions during the 20th century, sometimes for the worse, many argue. Neuroscience is now provoking, and must provoke, a renewed philosophical discussion of the nature of mental life. It is a good guess that this kind of discussion will be as intense as was that between "materialists" and more traditional thinkers in the Enlightenment. The debate requires the participation of neuroscientists of philosophical bent in order to fend off, to the extent possible, populist oversimplifications of the knowledge base and its possible implications.

Owen et al. suggest a forensic method of testing in an instance in which we have a mountain of other evidence of varying reliability. This is a worthwhile proposal in basic terms of "pure" science; it is an exciting proposal because it can spark renewed controversy over a major figure in cultural history. Because of the forensic thrust, I see this article as being a contribution not so much to medical history, but more suited to *Clio Medica*. However, being from the scientific perspective, this is a contribution to the junction in interdisciplinary studies where science, literature, and philosophy meet.

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