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Preface

This is the third volume of ‘Neurological Disorders in Famous Artists’, a ‘series’ we initiated in 2005 highlighting the relationship between neurological disease and creativity in famous painters, writers, poets, philosophers, and musicians. The first trigger was the important observation that the biographic reports of Guillaume Apollinaire available at that time failed to match the actual changes in his personality and activity after World War I, mainly because of unwarranted psychological interpretations in a man who in fact suffered from a traumatic brain lesion, with subsequent paralysis, epilepsy, and associated emotional behaviors. Following this landmark several examples of dramatic modifications in artistic output after stroke, brain tumor or other neurological diseases were identified in poets such as Guy de Maupassant, painters like Caspar David Friedrich and Anton Räderscheidt, or composers including George Gershwin, Joseph Haydn or Maurice Ravel, which we addressed in the preceding volumes. On the other hand, we also emphasized that neurological diseases can sometimes be the start of artistic renewal, as was the case in Willem de Kooning (dementia), Carl Fredrik Reuterswärdt or Lovis Corinth (stroke). In this third volume, we present a series of painters, musicians and writers who also had to fight against an acute or chronic neurological disease, sometimes without success (e.g. Shostakovich, Schumann, Wolf, and Pascal), but often with a dynamic and paradoxically creative integration of the clinical disorder into their artistic production (e.g. Klee and Ramuz). The case of Blaise Cendrars is particularly striking; he lost his right writing hand during the war in 1915 and developed phantom pain which considerably influenced his subsequent work, written with the left hand. Forty years later he lost the use of his left hand after a stroke; he

partly recovered, but was finally paralyzed after stroke recurrence. Writers may also occasionally write the first report of a medical condition that they observed in themselves. This was the case for Stendhal who made the first detailed report of aphasic transient ischemic attacks, before he died of a stroke shortly thereafter. In other, fortunately rarer instances, a neurological disease has been inaccurately attributed to an artist in order to explain certain features of his work, the best example being de Chirico whose paintings supposedly were influenced by migraine or epilepsy from which he is unlikely to have suffered. Egon Schiele's depiction of his body in self-portraits rather displayed emotions and psychic conflicts in dystonia-like poses he knew from photographs of hysterical patients, but he did not himself suffer from the disease. Similarly in this volume some chapters focus on neurological conditions reported in artistic work. We already know about hemiplegia or chorea in Egyptian frescoes, and of the Babinski sign in baby Jesus' foot being kissed in medieval paintings, but less known are certain conditions described by Shakespeare, Dumas, and in operas.

The editors are grateful to the erudite authors of the chapters herein, often striking and entertaining, and which bring new light to both artists and neurological conditions.

Julien Bogousslavsky

Michael G. Hennerici

Hansjörg Bänzner

Claudio Bassetti