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Dostoevsky's epilepsy induced by television

The great Russian writer Fyodor Dostoevsky (1821-81) had a special type of epilepsy that was described by himself as sudden and brief episodes with an "aura" consisting of pleasure, happiness, and comfort, followed by tonic-clonic seizures. This type of epilepsy has been called "ecstatic epilepsy" or "Dostoevsky's epilepsy",^{1,3} although it has been suggested that some historic personages had the same type of seizures.^{4,5} Dostoevsky projected his affective experiences on to his literary characters—for example, in the case of Prince Myshkin in *The idiot*.

We report a 25 year old woman, without prior personal or familial history of neurological disease, who was evaluated because

of a 10 year history of recurrent paroxysmal "ecstatic" episodes induced by close proximity to a television screen. The episodes began abruptly with fixed posture and isolation from the external environment, which was followed by a sensation of "internal peace", calmness, and intense pleasure without sexual connotations. She compared this sensation with "being drugged", and to a sense of full personal satisfaction, as "watching the sea". Her relatives had to separate her from the television to control the situation. Three episodes were followed by tonic-clonic seizures. When the patient was under an emotional stress, she alone was able to induce the episodes by placing herself in front of the television set. The episodes were easily induced and were independent of the content of the television programme. Neurological examination, interictal EEG, cranial CT, and MRI were normal. An EEG obtained while she was approaching the television screen showed generalised spike and polyspike wave complexes lasting three seconds during which she had a mild degree of impaired awareness.

Our patient had "ecstatic epilepsy", similar to that described by Dostoevsky. This type of epilepsy has rarely been reported.^{1,4} She is exceptional because of the induction by television and the presence of generalised epileptiform activity. Of the reported patients, only two had focal abnormalities in

the brain, consisting of a right temporal tumour,³ and a right temporal epileptiform activity.¹

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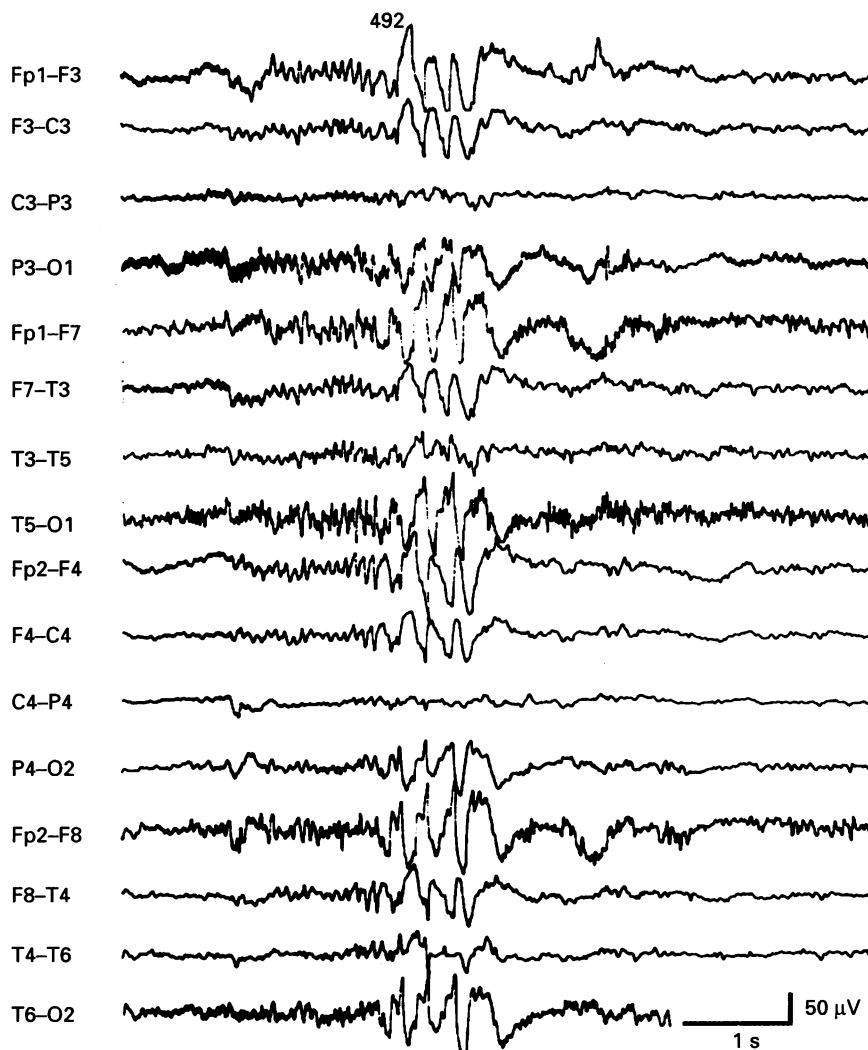
Influence of obtaining a neurological opinion on the diagnosis and management of hospital inpatients

There are relatively few clinical neurologists in the United Kingdom (about 1:234 000 population). Most are based at regional neuroscience centres but regularly visit district general hospitals. A few general hospitals are served by physicians with an interest in neurology. As a contribution to debate about the future provision and distribution of neurological services in general hospitals, we have audited the impact of obtaining the opinion of a clinical neurologist on the diagnosis and management of inpatients under other specialties in a multidisciplinary (teaching) hospital (The Royal Free Hospital).

Referrals of inpatients were recorded over a six month period. The notes of the 169 patients seen were then reviewed and the following information recorded: age and sex of the patient, date of admission and of the neurological opinion, specialty of the referring consultant, diagnosis at referral, neurologist's diagnosis, and suggested management and outcome. Referred patients were assessed by both consultant and trainee neurologists. If initial assessment by a trainee did not yield a clear diagnosis, the patient was immediately reviewed by a consultant. When the diagnosis remained uncertain, ultimate outcome was ascertained by review of the patient's hospital records 12-18 months after the opinion.

Of the 169 patients seen, 80 were male and 89 female. Mean age was 54 (range 7-92) years. The table gives the specialty of the admitting referring consultant and the diagnoses made by the neurologists.

As a consequence of the neurological consultation 91 patients (54%) had their diagnosis confirmed. A further 30 (18%) had their diagnosis changed. Examples included changes from the referring doctor's diagnosis of cerebrovascular disease to Wernicke's encephalopathy (one patient), from epilepsy to other causes (including pseudoseizures, cardiogenic syncope, and postural hypotension—seven patients in total), from cervical disc to spasmodic torticollis (one patient), from dementia to phenytoin toxicity (one patient), from subarachnoid haemorrhage to middle cerebral artery infarct



Electroencephalogram registered while the patient was near the television monitor, showing generalised spike and polyspike wave complexes. There is a superimposed electrostatic activity generated by the monitor.