

## Hans Heinrich Landolt (1917–1971)

On September 9th, 1971, Dr. Hans Heinrich Landolt, medical director of the “Schweizerische Anstalt für Epileptische” died in Zurich, unexpectedly for all but his family and closest friends. Of frail health since childhood, he had suffered from a heart disease for the last few years, but nobody was aware of that other serious illness which was threatening his life. The deceased himself would always minimize the gravity of his condition.

The son of a well known ophthalmologist and university professor, coming from a renowned Swiss family, he was born in Strassburg on September 3rd, 1917, during the first world war. One year later, shortly after the birth of a brother, the family went back to settle in the southern part of Switzerland: In Lugano, the boy grew up in an Italian speaking community and within the radius of Roman culture. When only fifteen years old, he lost his father. A friend of the family stepped in and assured the education of the two boys. When it came to the choice of a vocation, the young man, who was a brilliant student of the humanities and a gifted pianist—he played in concert halls as an adolescent—faced conflicting inclinations. In spite of his special liking for music, he decided for the study of medicine as a career, keeping up music as a recreational activity. After his promotion in Zurich he offered his services to the International Red Cross and was sent to Germany and England for inspection of prisoners’ camps.

After his marriage in 1947 to Florida Magoria, the daughter of an old Locarnese family, he took his wife to Paris, where Landolt acquired his neuropsychiatric training under the auspices of Prof. Garcin at the Salpêtrière. In 1949 he entered the “Schweizerische Anstalt für Epileptische” in Zurich as an intern. In the person of Dr. Braun, the medical director, he found a modest, kind and sensitive superior, who was soon to become his fatherly friend and whose unrelenting sense of duty towards the patients in his charge became exemplary for Dr. Landolt. Dr. Braun was, moreover, well aware of the new developments in epilepsy research and of the modern technical tools which made them possible. The spirit of friendship and confidence between the strikingly similar personalities was put to test when Dr. Braun fell seriously ill and his pupil had to take temporary charge of the house. When Dr. Braun died in 1954, Dr. Landolt was elected his successor. He wrote in his first annual report: “The last year has become one of sad and serious importance for all of us, when the inexorable disease led to the death of our honoured and esteemed medical director. It is hard to comprehend what he has meant to us and still means to us beyond his death”. The same words may now stand for their author himself.

Landolt was a leading epileptologist and a much sought-after guest speaker in Switzerland and abroad. The usual honours were bestowed on him. He has attained a great deal in his field of activity. Much of it outlasts the early completion of his life: The results of his research work, the memory of an amiable noble character and the gratefulness of countless patients.

It is the place, at this occasion, to outline the scope of Landolts' scientific achievements.

Science, it is true, is a word he would use with caution. He kept away from the hustling activity of some of today's ambitious research workers. Naturally, he had to give many speeches and to write papers on the nature and treatment of epilepsy, addressed both to specialists and laymen, as was expected from the head of the National Center for Epilepsy. He never evaded such duties, but he would not consider this as scientific activity. Nor is the testing of new anticonvulsants generally looked upon as true research. For the epileptic patient it is, however, of paramount importance that this job be done by an institution of high objectivity and experience. A critical mind as well as intuition are required to sift the chaff from the wheat. Landolt and co-workers deserve great merit for having recognized and described the specific effects of Suxinutine. Tegretol and Mogadon, although they may never have been given proper credit for it.

Noteworthy among Landolt's writings is above all his monograph on *Temporal Epilepsy and its Psychopathology* (Karger, 1960), the crop of a sabbatical leave. It opens with a comprehensive review of neurophysiological and clinical knowledge of that time, including his own vast experience. The last parts report the author's detailed psychiatric investigations on 120 patients with temporal epilepsy. They include an attempt to distill from general psychopathology a specific temporal epilepsy psychosyndrome. Landolt's subtle description reflects the delicacy of the task: "The syndrome is not difficult to recognize, but difficult to define", he concludes.

Interwoven in this standard work, at the same time the subject of a number of other papers, is Landolt's most original and very personal contribution to epilepsy research. His reflections on psychophysic interrelations and foremost among these his observation, verified by many workers since, namely that during the majority of productive twilight states, the previously pathological EEG assumes a more normal aspect. The term coined by Landolt "forced normalization" is generally accepted. His pathophysiological interpretation was formulated with utmost caution. He believed that these striking changes in bioelectrical activity were due to overshooting inhibition, as a response to dysfunction of damaged brain tissue and at the expense of a normal mental state. There is but a small step from such considerations to the hypothesis that excessive discharges in inhibitory systems might be involved. He also asked himself whether an abnormal EEG—or rather the underlying biological alterations—could be a prerequisite for the development of productive twilight states, both in epilepsy and in schizophrenia. Landolt looked at the EEG in a pragmatic way, without much concern about the inadequacy with which it reflects the brain's intricate activity. In his favorite field of psychophysical correlations, he attempted to understand intuitively

rather than to explain in neurophysiological terms. He thought it futile to look for clearcut causal connections in a field where causes and effects were reciprocally and inextricably intertwined. This also explains why most of Landolt's publications exhibit scarce numerical data. He did not care to force complex, sometimes ill-defined findings into rigid categories. The modern trend, to present all scientific data in a way to satisfy the computer, was looked upon by Landolt with slight irony. Statistics he commented once were "the favourite pasture ground of the dilettants". He rather cultivated a method of research which has wrongly become unpopular, namely thinking. The gradual progress of his conceptions can be traced in the successive publications, noticeable by subtle differences in the wording of his reflections. They were promising to bring new light into a highly topical problem. It did not fall to his lot to bring his thinking to this hopeful end.

It must be remembered that, for the head of an important medical center, research work means essentially off-time work. This was particularly true for Landolt, since his term fell in a time of change: As a consequence of neurophysiological discoveries, accumulation of clinical experience, and not least the farsighted and relentless efforts of the unforgotten W. G. Lennox, the conceptions about the nature of the epilepsies and their management underwent a profound transformation. It was not an easy job to adapt to the requirements of a modern epilepsy clinic an institution originally conceived to harbour mentally deteriorated epileptics and to provide them with spiritual comfort. The outfit for modern diagnostic methods, the repair and replacement of inadequate buildings were a heavy burden for the small budget, the more so when chronic patients, working in agriculture and in workshops made way to more demanding patients, coming in for short periods of investigation. Landolt succeeded in convincing the administration and authorities that these efforts were imperative if the institution was to keep pace with progress.

The most demanding task, planned many years ago and now close to completion, was the renovation of old and building of new houses to fit the concept of a modern epilepsy center. Landolt spent a great amount of time and energy on this ambitious project, unfortunately at the expense of his health. In 1964 he suffered a heart attack that upset him profoundly. After recovery he had to discipline his activities and set strict priorities. Meetings and travelling were cut out most, training his personnel was kept up; first priority, however, went to his patients. This attitude was to be expected in a man of Landolt's character. The attempt to assess this personality structure of his is a difficult task. Reserved and introverted, he did not readily open himself to others. Too modest to pride himself on his achievements or to crave for honours, he was, however, susceptible of recognition. Soft, shy and rather vulnerable as he was, he would, when he suspected a challenge or offence rather retreat than fight it out. Some may have believed that he shunned discussion and collaboration out of self-confidence. His colleagues and friends knew better. Whoever took the initiative and sought contact with him found a cultivated mind and a warm-hearted friend. This is the way we shall remember him.

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