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THE LOST YEARS 1918–1935

With the war over, Dr. Vahram Torkomian knew that it was now time to see if the obstacles preventing Komitas from recovery could be removed by sending him far from home. The strain of caring for Komitas was apparent in the letter he wrote to friends in Paris at the time of Komitas's transfer there, in which he declared that his Parisian colleague, Dr. Cololian, “*should follow [Komitas] as closely and with as much empathy as I have.*”¹

During the arduous ten-day voyage to Paris, the young student Kevork Kamlamayan struggled with the enormous task of tending to a man who was both a delusional psychiatric patient and a national idol. Kamlamayan carried no medicine with him, only a letter and 1500 units of gold currency.² The letter was from Vahram Torkomian, and was addressed to Archag Tchobanian, who was to meet the two travelers upon their arrival. It read:

“...When [Komitas] arrives, do what is necessary to place him in a *Maison de Santé* on the outskirts of Paris... expenses have been looked after. 1500 [units of gold currency are] available. It is enough for a year. We are thinking about future expenses as well. According to [Komitas], we are all enemies, especially me and all others who have the title of “doctor.” He has been in this situation for two years. His condition has changed for the better, but he still requires much care, which is not

¹ **Vahram Torkomian**, *Hushadedres*, Courtesy of Torkomian family archives, p. 71.

² The money was probably in *mejidiye*, the Turkish currency.

possible here. Until now he was treated at the Hôpital de la Paix in Shishli, but for a person suffering from neurosis we don't have the facilities. He should be treated by trying to change his ideas, taking him out to the garden, taking him for walks... We had a Greek doctor in the hospital who used to spend lots of time with him, but unfortunately [the doctor] took ill... I would like to ask you to consult Dr. Gilbert Ballet with Dr. Cololian and, as they see fit, to let them treat him in an appropriate hospital. Four days ago, we had a meeting with the doctors [of Hôpital de la Paix]... and a report was signed. I beg you [to ensure] that Dr. Cololian follow him as closely and with as much empathy as I did.³

The letter has a tone of desperation, of wounded feelings caused by Komitas's rejection of Torkomian and others and by the failure of the treatment in Constantinople. While Torkomian claims to have noted some improvement — probably an alleviation of the symptoms of acute depression that prompted Komitas's hospitalization in August 1916 — he makes no direct reference either to Komitas's persecutory delusions or to the experience of his internment. The transfer from Constantinople to Paris was part of the attempt at “trying to change his ideas”⁴ by altering Komitas's environment, just as it was an acknowledgment that Constantinople offered neither the medical resources nor the political security that he needed to make a full recovery. Paris, with its progressive psychiatric institutions, its stable political environment, and its community of experts, was more promising. If only Komitas could be immersed in such a safe and therapeutic atmosphere and be freed of the constant reminders of genocide by a comprehensive program of

³ Հ. Ճ. Սիրունի, Կոմիտասին հետ, *Էջմիածին*, 1969, ապրիլ, էջ 38 (H. J. Siruni, With Komitas, *Ejmiatsin*, April 1969, p. 38).

⁴ The terms “ideas” and “idea-changing” are verbatim translations of *գաղափար* – *gaghpar*, by which Torkomian implies that Komitas was obsessed by persecutory ideas derived from his experiences in the death camp.

treatment, then, thought Torkomian, his scarcely suppressed rage might be dispelled and his sanity restored.

By the time Komitas arrived in Paris, his friends there had decided against hospitalizing him. They knew how greatly it had pained and angered him to be confined against his will to the hospital in Constantinople, and they did not want to rob him of his freedom a second time. It was decided to bring him to the rectory apartment of the Jean-Baptist Armenian Church at 15 Rue Jean-Goujon, where he had stayed on many occasions during his trips to Paris. The place did not hold happy memories for him, and because he was becoming less and less capable of rational thought, Komitas did not want to stay in the rectory's apartment, insisting instead on walking the grounds during the day and sleeping in the dark, cold cellar at night, much to the dismay of those charged with caring for him.⁵

By this time his bitterness was spilling over to encompass virtually his entire Parisian social circle. Like his friends in Constantinople, his friends in Paris had deceived him and ignored his rights as an individual. Consequently, he refused to speak to the members of Paris's Armenian community involved in his care and expressed a malignant alienation and anger that was painful and frightening to them.⁶ To Margaret Babayan, whom he had once adored as his closest, most trusted friend, he was now “indifferent... as if already in another world.”⁷ His intense embarrassment at what, in his own eyes, he had become — a tormented

⁵ Visitors to the church can descend to this cellar where Komitas isolated himself. It is now a depository for old books and journals. With its steep stairs and small window, it is dark, cold, and eerie.

⁶ **Darryl Watts** and **Gethin Morgan**, Malignant Alienation, *British Journal of Psychiatry* 164, 1994, p. 11-15.

⁷ **Մ. Բաբայան**, Յուշեր Կոմիտաս Վարդապետեն, *Արեւմուտք*, Փարիզ, 1946, N 5, էջ 147 (**Margaret Babayan**, Memories on Komitas, *Arevmoudk*, Paris, 1946, No. 5, p. 147).

scarecrow of his former self — meant that he could not face her. Little was left of the brilliant music scholar, of the flirtatious and good-humored man who had tried to win the heart of a talented, spirited opera.

Puzzled by his harsh treatment of them, his friends were confronted with the agonizing dilemma of what to do next. His transfer to Paris was producing none of the beneficial effects they had hoped for, and pressure was mounting from all sides. Komitas's arrival had been widely publicized in the Armenian press, and the Armenian community in Paris, to whom he was a cultural icon, was demanding that he be given the best treatment and care available. To this end, Archag Tchobanian, Margaret Babayan, and an Armenian-born, French-educated psychiatrist, Dr. Paul Cololian, formed a group called "*Komitas Vartabedi Paregamneru Hantsnakhump*" ("Friends of Komitas") dedicated to raising money for his hospital expenses and collecting his works.⁸ Over the coming years many would volunteer to

⁸ Although this group went under many names over the years, we refer to it as the "committee" of the "Friends of Komitas." The group originally dubbed "*Komitas Vartabedi Bashdban Hantsnakhump* [Committee for the Protection of Komitas Vartabed]." Later it also referred to itself as "*Komitasian Khênamadar Hantsnakhump* [Komitasian Curatorial Committee]" and "*Parisi Komitasian Hantsnazhoghov* [Komitas Commission of Paris]." By 1953 its letterhead read simply "*Comité du Père Komitas*." These changes reflected the evolving demands placed on the group. Its first task was finding a safe haven for Komitas, but as the years of his hospitalization passed, his most pressing need was the support of dedicated friends. After his death the committee helped establish an archive of his works in Yerevan, and between 1925 and 1951 was responsible for releasing a series of seven booklets which contained most of his published works.

On a recent trip to Paris, I visited the Armenian General Benevolent Union's Nubar Library and discovered that it had served for decades as a meeting place for Paul Cololian, Archag Tchobanian, Margaret Babayan, Aram Andonian (who was director of the library from 1928 to 1951), and Vahram Torkomian, who moved to Paris from Constantinople in 1922, after the massacre of Greeks and Armenians in Smyrna. Many of the decisions regarding Komitas and his work must have been made here. Even after Komitas's death, the group would gather at the library to discuss literature, politics, and issues concerning refugees of the Armenian Genocide.

serve on this committee, but none would prove more devoted than Margaret Babayan, who was its first chairperson. Through the diligence of Margaret and the committee, Komitas was cared for until his death, and his musical manuscripts were either published or sent to Yerevan, where an archive was established for them at the Charents Museum of Literature and Art.

Given Komitas's hostility toward all who tried to care for him, the members of the group soon believed they had no alternative but to place him in a hospital. On the advice of Dr. Paul Cololian, they chose a first-class mental hospital located in a suburb of Paris: Maison Spéciale de Santé de Ville-Évrard.⁹

Established as an asylum in 1869, Ville-Évrard had built a reputation as a treatment facility for the wealthy. Patients were divided into three "classes." The members of the *première classe*, each of whom paid roughly twenty francs a day for the privilege, stayed in "Pavilion 1," which was fenced off from the rest of the hospital, offered private, comfortably furnished rooms, and served finely prepared meals accompanied by wine. They were not required to wear the uniform of the asylum and were permitted to receive guests daily (two hours on Thursdays and Sundays, one hour on all other days of the week); they were also allowed access to a private garden which overlooked a wooded area. It was to this relatively comfortable class of patient that Komitas was assigned.¹⁰

⁹ I gathered much of the information given below during a visit I made to Ville-Évrard in summer 1997, when I also met with Gilbert Leon, a historian of psychiatry in Paris. Ville-Évrard kept record-books in which each patient's demographic, personal, medical, and diagnostic information was accorded two pages.

¹⁰ Medical File of Komitas, from Maison Spéciale de Santé Ville-Évrard, Docs. 2, Société d'études et de Recherches Historiques en Psychiatrie, Paris. Komitas's Ville-Évrard file is presently stored as a historical document by the Société d'Etudes et de Recherches Historiques en Psychiatrie (SERHEP). It was this organization that made the file available to me.

Komitas's French Psychiatrists and the Dilemma of His Diagnosis

The task of reviewing the medical files on Komitas in the archives of Ville-Évrard and Villejuif presented a number of challenges. Much of the diagnostic terminology that his French physicians used in their daily practice in the early part of the century was unfamiliar to me. This was an effect not only of time but also of place: I studied the history of psychiatry in North America, where the influence of German psychiatry has been pivotal.

At the time of Komitas's long stay in the asylums near Paris, French psychiatry was practiced in ways that made it distinct from the work being done in the rest of Europe, where most psychiatrists had begun to adopt the system of classification devised by the pioneering German psychiatrist Emil Kraepelin (1856–1926).¹¹ The French psychiatric community had been reluctant to accept Kraepelin's innovative work — perhaps, the historian Pierre Pichot suggests, because of the wave of nationalism sweeping through Europe at the time, which fueled French antagonism towards all things German.¹² In any case, the result was that “the rest of the world progressively accepted the ideas of the German school while French psychiatry became relatively isolated.”¹³

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The most informative psychiatric consultations date from the early years of Komitas's hospitalization in France (1919–1922), and were the work of three different psychiatrists: Paul Cololian, Maurice Ducoste,

¹¹ **Pierre Pichot**, Historical Introduction to Psychiatry, in: *The Scientific Basis of Psychiatry*, edited by Malcolm P.I. Weller and Michael W. Eysenck. London, W.B. Saunders, 1992, p. 43.

¹² *Ibid.*, 43.

¹³ *Ibid.*, 43.

and Paul Guiraud. Taken together, these clinical observations offer an invaluable portrait of Komitas's mental state at the time.

Dr. Paul Cololian was given the responsibility — indeed, the *moral duty*, according to Komitas's friends and admirers—of being the first physician to examine Komitas after the fifty-year-old monk's arrival in France. It was up to Cololian to answer the many urgent questions that Komitas's erratic behavior had provoked in his friends, and to recommend a course of action. As we noted, a group of friends and acquaintances had at first decided against hospitalizing him in the hope that the damage inflicted by his confinement to Hôpital de la Paix would be undone by allowing him to live quietly in the rectory of Jean-Baptiste Armenian Church in Paris. It soon became clear that his mental condition was complex, and that he probably required the attention of a psychiatrist. Cololian undertook a detailed examination of Komitas on April 6, 1919 — most of these examinations were conducted for legal purposes — and concluded that, for reasons of safety, he urgently needed to be hospitalized. The following day, Cololian, Kevork Kamlamayan (the student who had escorted Komitas on the voyage from Constantinople), and a small group of Komitas's friends brought him to la Maison Spéciale de Santé de Ville-Évrard. Cololian, who had received his psychiatric training in French hospitals, drew up the necessary medical certificate required him to be legally committed¹⁴ for

¹⁴ Cololian played a critical role in organizing medical assistance for Armenian expatriates and refugees. In 1919 he established a union of Armenian medical doctors, which later became known as the UMA (*Union Médicale Arménienne*). In collaboration with Vahram Torkomian, he also founded the Armenian Red Cross. These two organizations were soon working in tandem, with members of the UMA assisting the Armenian Red Cross by offering free consultations and medication to the wave of refugees that arrived in Paris at the time. Cololian's union (now called the UMAF) remains a vital resource for Armenians. In particular, their work in the aftermath of the 1988 earthquake in Armenia was invaluable.

purposes of treatment.¹⁵

The story told by the file's legal and medical documents is complex. Looking closely at the certificate written by Dr. Cololian on the day of Komitas's admission to Ville-Évrard, we find the patient's basic background and place of residence ("15 Rue Jean-Goujon," the address of the Jean-Baptiste Armenian Church). And then in a brief paragraph in French, Cololian's diagnostic impressions of Komitas's illness:

*...Dégénérescence mentale avec délire polymorphe: délire d'interprétation, idées de persécution, idées mystiques, agitation par instant et dépression mélancolique par l'autre hallucination de l'ouïe probable.*¹⁶

The term *dégénérescence mentale* was coined by Benedict-Augustin Morel (1809-1873), one of the great pioneers of French psychiatry and the first "psychobiologist" in the history of the field. Morel asserted that psychiatric diagnosis must take into account not only inherited biological factors but also external, environmental influences on the psyche, that nature and nurture are given the same importance. For Morel and his followers, mental deterioration (*dégénérescence mentale*) is the outcome of interaction between these two categories: "the double and potent influence of internal essential primary causes and external essential primary causes."¹⁷ It occurs when "external" causes such as grief, poverty, or significant personal loss are brought to bear on a person who possesses some innate disposition towards mental illness, a disposition we now refer to as "biological vulnerability."

¹⁵ Leon Murard and François Fourquer, eds., *Histoire de la psychiatrie de secteur, ou le secteur impossible*, in: *Recherches* 17. Vaille, Torrubis, 1975, p. 52.

¹⁶ Paul Cololian, Report, 6 April 1919, Medical file of Komitas, Archives of Hôpital Villejuif, Paris.

¹⁷ R. Friedlander, *Benedict-Augustin Morel and the Development of the Theory of Dégénérescence*. Ann Arbor, Michigan, University Microfilms International, 1979, p. 111.

The importance of “external factors” was later reinforced by proponents of Morel’s theories, among them Victor Magnan (1835–1912), who emphasized the significance of violent psychic trauma in mental illness. Using Morel’s theories, Magnan advanced explanations as to how people who had lived mentally healthy lives could abruptly become ill (e.g. delirious, melancholic, and/or manic)¹⁸ when placed under the influence of violent and severe stress.¹⁹

Cololian’s diagnosis thus did not focus solely on the severe psychological stress that had been inflicted on Komitas during his arrest and internment, but considered the aspects of his personal and family history — the “internal factors” — that may have rendered him vulnerable to the illness from which he was suffering. As we have noted, Komitas had approached the brink of emotional collapse, in both 1910 and 1912 and had retreated to a spa in the mountains near Kütahya. His parents, too, had displayed signs of deep emotional vulnerability: his father had lapsed into alcoholism in the final years of his life²⁰ and the circumstances surrounding the mysterious death of his mother, a woman prone to melancholy,²¹ suggest that she may have succumbed to post-*partum* depression, a psychiatric illness that afflicts many women shortly after they give birth.

If we translate the nineteenth-century terminology, Dr. Cololian uses in his diagnostic formulation into the vocabulary of present-day

¹⁸ Contemporary psychiatry now refers to these states as “confused,” “depressed,” and “psychotic-agitated,” respectively.

¹⁹ **Yves Pelicier**, France, in: *World History of Psychiatry*, edited by John G. Howells. New York, Brunner-Mazel, 1975, p. 130.

²⁰ **Առնակ**, Կոմիտաս Վարդապետ, *Հայրենիք*, Պոսթըն, 1936, N. 3, յունուար, էջ 73 (**Arnak**, Komitas Vartabed, *Hayrenik*. Boston 1936, No. 3, p. 73).

²¹ **Գ. Գասպարյան**, Կոմիտաս. կենսագրական ակնարկ, *Ժամանակակիցները Կոմիտասի մասին*, Երևան, Հայպետհրատ, 1960, էջ 8 (**G. Gasparyan**, Komitas: a Biographical Sketch, in: *Contemporaries on Komitas*. Yerevan, Arm. State Edition, 1960, p. 8).

North American psychiatric practice, we can say that Komitas was a biologically vulnerable person who developed a significant psychiatric disorder as a result of psychologically traumatic experiences.

The second term in Cololian's diagnosis, *délire polymorphe*, can also be traced to the work of Victor Magnan.²² As used by French psychiatrists at the time, *délire* denoted the presence of delusions, or "false interpretations" of the real world. The term *polymorphe* indicates that the delusions took several forms. This diagnostic format—first naming the main category of illness and then indicating the aspect of it most pronounced in a given patient—is still in use today (for example, depression with psychotic features).

The rest of Cololian's description of Komitas on the Ville-Évrard certificate is given over to a list of symptoms intended to justify his diagnostic conclusions. *Délire d'interprétation*, which appears in the sentence immediately following the diagnosis, is especially noteworthy. Serieux and Capgras, the French psychiatrists who established this class of symptom in 1909,²³ described *délire d'interprétation* as occurring in psychiatric patients whose intelligence was for the most part unaffected by their illness. By using the term, Cololian indicates clearly that Komitas's intelligence and memory had remained largely intact, thus ruling out the possibility that the illness had some organic cause like syphilis, which was one of the most common causes of psychiatric illness at the turn of the century, and typically produced severe cognitive impairment.

Cololian goes on to offer an opinion about the actual causes of Komitas's illness, most significantly identifying his *idées de persécution*,

²² J. Postel and C. Quételet, eds., *Nouvelle histoire de la psychiatrie*. Toulouse, Editions Privat, 1983, p. 338.

²³ *Ibid.*, 339.

first described in detail by the French psychiatrist Delasiauve,²⁴ who showed how these so-called “false beliefs” were often rooted in experiences of actual persecution — experiences that caused the moods of the afflicted person to be hyper-reactive to environmental stimuli, and forced him or her to lose trust in the intentions of others. In his opinion Komitas’s delusions of being persecuted had their source in an actual traumatic experience, precipitated by the persecution that had been inflicted on him by the Ottoman government.

The subsequent reference Cololian makes to Komitas’s *idées mystiques* reinforces this. The term reflects the elements of delusions that were shaped by his painful experiences as a clergyman: the attacks on his work by the conservative clergy and the malicious gossip of sexual misconduct that circulated through Ejmiatsin. Again, Cololian implies the sources of his illness do not lie entirely inside the patient’s head, but in actual instances of victimization.²⁵

Cololian goes on to describe Komitas’s moods, noting *agitation par instant et dépression mélancolique par l’autre*, encapsulating the fact that Komitas could swing rapidly from states of high alarm to episodes of deep, heavy sadness. This lack of control over emotion (in psychiatric terminology, an inability to modulate affect) is common in people who have experienced severe trauma. Cololian adds that Komitas also may be suffering auditory hallucinations (“hallucination de l’ouïe probable”).

Having ruled out certain organic causes for the illness, Dr. Cololian identified precipitating factors based on knowledge of his patient’s traumatic experiences, and described significant symptoms, both actual and possible, his recommendation for treatment being that it was urgent for Komitas to be in a specialized mental asylum.

²⁴ *Ibid.*, 339.

²⁵ *Ibid.*, 340.

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The next psychiatrist — in the terminology of the day, “alienist” — to examine Komitas was Dr. Maurice Ducoste, the emergency-room physician at Ville-Évrard. He carried out a psychiatric examination on April 7, the day of Komitas’s admission to the hospital. His difficulty in examining Komitas is apparent in his report. To Cololian’s observations, he adds only the general term *hypomanie* to indicate his belief that Komitas was suffering from a form of acute psychosis.²⁶ Because historians of French psychiatry do not give a precise explanation of the term, it can only be hypothesized that it was meant to indicate “mental alienation” of a relatively moderate intensity.²⁷

Ducoste’s detection of the “*probabilité d’interprétations délirantes*” supports Cololian’s observation that Komitas was suffering from “delirious interpretations.” Yet, Ducoste introduces an element of uncertainty, which may explain his use of the rather general term *hypomanie*. He seems to be avoiding a firm commitment to any specific diagnosis. Ducoste then refers to what he believes is Komitas’s

²⁶ *Copie des certificats médicaux*, Medical file of Komitas, Archives of Hôpital Villejuif, Paris. The term *hypomanie* has a long and complex history in psychiatric practice. Philippe Pinel (1745-1826), who is widely considered to be the father of French psychiatry, first employed it. Pinel gained notoriety for refusing to allow his patients to be bound in chains, which at the time was standard practice in Bicêtre, the prison-like asylum in Paris where he worked. In the psychiatric lexicon that Pinel developed, the term *manie* simply denoted “mental alienation”—that is, madness in all its forms. By adding prefixes, Pinel’s followers—most notably Esquirol (1772-1840)—used this term for specific diagnostic purposes. *Monomanie* was used in the diagnosis of illnesses that produced chronic psychosis with delusions, and *lypémanie* to diagnose depressions such as melancholic sadness. See: **Philippe Pinel**, *Traité médico-philosophique sur alienation mentale, ou la manie*, Paris, Richard, Caille, 1801; **J. Postel** and **C. Quézel**, eds., *Nouvelle histoire de la psychiatrie*. Toulouse, Editions Privat, 1983, p. 159.

²⁷ The Latin prefix *hypo-* means “to a lesser degree.” In contemporary North American psychiatry, *hypomania* is part of the terminology used in diagnosing a milder form of manic phase in manic-depressive psychosis.

psychiatric history. “*Aurait été, d’après les renseignements recueillis de ses compatriotes,*” he writes, “*traité à diverses reprises dans des établissements turcs ou russes* [According to his friends, he was treated many times in Turkish or Russian establishments].”²⁸

He also implies that Komitas is unaware of his social and mental situation. In present-day terminology, that he demonstrated a “lack of insight” into his own illness.

Komitas’s apparent inability to comprehend the fact of his illness may to some extent explain the descriptions in Ducoste’s report, in which the psychiatrist notes that his patient “*does not want to speak to doctors and refuses to sleep in a bed.*” Ducoste was unaware, however, that refusing the comfort of a bed was a habit Komitas had formed in his poverty-stricken childhood and had made a part of his ascetic practices as a monk.²⁹ The refusal may also have been a sign of lingering fear, of his readiness to escape if Turkish soldiers were suddenly to come for him again.

Ducoste concludes that Komitas requires the hospitalization requested by Dr. Cololian, and ends the certificate by noting that he is “*To be maintained under observation.*” Fifteen days later, in accordance with the French laws governing hospitalization for psychiatric treatment, Ducoste performed another brief examination and detected little change in the mental status of the patient: “*Continues to be hypomanic. No change since admission. Needs to stay.*”

It is likely that Ducoste was an extremely busy physician, a psychiatrist working in the crowded emergency ward of a psychiatric

²⁸ Here Ducoste is only partially correct. Before being admitted to Ville-Évrard, Komitas had spent time in only one psychiatric hospital, Hôpital de la Paix in Constantinople; he had never been treated in any other institution.

²⁹ The Ville-Évrard files contain a document in which a psychiatric nurse attendant describes Komitas’s preference for sleeping in a chaise longue, fully clothed but for his shoes.

hospital.³⁰ To him, Komitas would have been merely one patient among many others requiring prompt attention. Any impression we may have of Ducoste's hastiness is also a result of the fact that diagnostic practices in the early part of this century were markedly different from what they are now. As historians examining the casebooks of nineteenth-century asylums have noted: "*The process of diagnosis as a whole, and as seen in the light of modern categories, does not seem to have been precise or discussed in much detail.*"³¹ This lack of precision was most likely due to a lack of specific treatments.³²

In this light, Cololian's earlier diagnosis seems remarkably precise and complete. As we have seen, he identifies his patient, introduces a complex diagnostic impression, rejects medical conditions such as syphilis as causes of the illness, suggests that state terrorism may have been a precipitating factor, describes Komitas's moods, documents the possibility of hallucinations, and concludes with a proposed plan for treatment. Unlike his colleague, Cololian, an Armenian, **knew** Komitas, not only personally but also as an immensely important figure to the Armenian people. By this time, in Armenian communities everywhere, Komitas was being perceived as a living symbol of the sufferings endured by all victims of the Genocide.

As to what became of Komitas during his three-year stay at Ville-Évrard, the file is silent: it contains no record of examinations or attempted treatments.

³⁰ In 1881, not long before Ducoste's time, there were only 120 psychiatrists in France—one for every 300,000 inhabitants. See: **Pierre Pichot**, Historical Introduction to Psychiatry, in: *The Scientific Basis of Psychiatry*, edited by Malcolm P.I. Weller and Michael W. Eysenck. London, W.B. Saunders, 1992, p. 39.

³¹ **Trevor H. Turner**, *A Diagnostic Analysis of the Casebooks of Ticehurst House Asylum, 1845-1890*. Cambridge, Cambridge University Press, 1992, p. 33.

³² *Ibid.*, 34.

A document in Komitas's file at the Ville-Évrard archives gives us a vivid description of him. Dated April 20, 1919, and entitled "Fifteenth-day questionnaire of M. Gomidas" (the French transliteration of his name), it is an invaluable summary of his condition and behavior during his first two weeks at the hospital:

1. The patient is docile, obedient and polite.
2. He is neither timid nor violent with the personnel, but has displayed hostility towards Dr. Lwoff and to other patients who wanted to converse with him.
3. His disposition seems to be normal but he seldom communicates.
4. The patient never sleeps in his bed; he takes his shoes off and sleeps on the *chaise-longue*.
5. Satisfies his needs regularly and appropriately [referring to bowel movements].
6. His appetite is excellent, he eats all his meals appropriately, does not use the napkins given to him.
7. Never goes to the park.
8. He goes for walks and he rests alternately in the garden and in the corridor, he has read or written nothing since he came here.
9. He has played music on only three occasions.³³
10. He has not asked to go to Mass, nor have I seen him pray in any way.
11. He never speaks to Messieurs.³⁴
12. Apart from some conversation with his doctors during his visit, he does not get involved with anyone.
13. The patient looks with indifference on external events, always refuses the magazines and books offered to him.

³³ Komitas probably played the piano in the hospital's lounge.

³⁴ Possibly "Messieurs" refers to members of the hospital staff, e.g. orderlies.

14. Apart from his mania [his sickness] of sleeping on the *chaise-longue*, he has not shown any bizarre behavior since his admission.

15. Does not show any appreciation for the care he receives, nor does he make any complaints.

16. He never spoke of his family nor of his friends, except for his comrades who brought him here.

17. Because he does not communicate much, I am unable to say what delusions [*délire*] he has; from some of the words he wanted to tell me it seems that he adores good music and [thinks that] bad music harms humanity; [he considers] his students who brought him here not to be his friends (he was very upset when he said this) and they are not honest with him.³⁵

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Komitas remained at Maison Spéciale de Santé de Ville-Évrard until July 31, 1922, a period of three years and four months. During this time, no significant improvement was observed in his mental health, despite the excellent living conditions at the asylum.³⁶ The fund raising efforts of his friends had not always been successful in meeting the costs of keeping him as a privileged patient in a private institution, and the committee of the “Friends of Komitas” decided with regret that the time had come to transfer him to the public Hôpital Villejuif.

Founded in 1884, Hôpital Villejuif is located on the outskirts of Paris, and remains in operation to this day, surrounded by green lawns and gardens, flowerbeds, statues, and fountains. Komitas would spend the next thirteen years, the rest of his troubled life here in this quiet

³⁵ Medical File of Komitas, from *Maison Spéciale de Santé Ville-Évrard*, doc. 19, *Société d'Études et de Recherches Historiques en Psychiatrie*, Paris.

³⁶ According to his records at Ville-Évrard (doc. no. 15), Komitas weighed only 57 kilograms when he was admitted. One year later his weight had risen to 72 kilograms.

and surprisingly pleasant institution, growing older and grayer as a ward patient in room No. 3, a small, sparsely furnished room overlooking the gardens.

The transfer note written in 1922, when Komitas was moved from Ville-Évrard to Villejuif, is of considerable interest. It further illuminates the nature of his illness and the ways in which it was perceived by physicians working in the early decades of this century.

The note, dated July 31, 1922, was written by Dr. Paul Guiraud, who was in all likelihood Komitas's treating doctor during the three years at Ville-Évrard. It reads:

*“Persecutory and grandiose delusions are resulting from several bouts of periodic psychosis. He is withdrawn, isolated, mute and irritable. He has alternating inactivity and motor agitation. He believes that he is the victim of secret plots, and considers himself “initiated into the Mysteries of and brisk. Must remain interned. Can be transferred with a couple of chosen male nurses.”*³⁷

When an anthology of memoirs written by Komitas's friends and colleagues was published in 1960,³⁸ some readers (including Armenian psychiatrists) who read the book concluded that Komitas suffered from major psychiatric disorder. This opinion was based on the accounts of Komitas's delusions that were included in the memoirs, and grew in currency as a result of a lack of sustained, professional analysis—particularly analysis of his files at Ville-Évrard and Villejuif.

The prominent French psychiatrist who had treated Komitas was never identified, and as I researched Dr. Guiraud as a clinician³⁹ I found that he preferred using older diagnostic terms in place of the

³⁷ **Paul Guiraud**, Report, 31 July 1922. Medical file of Komitas, Archives of Hôpital Villejuif, Paris.

³⁸ **Gasbarian**, *Contemporaries on Komitas*, p. 8.

³⁹ **Pelicier**, *France*, p. 133.

various terms that were quickly coming into vogue through the influence of German and Swiss schools. He would, for instance, use *hebephrenia* to denote what was then becoming more and more widely known as *schizophrenia*, the category of mental illness in which the Swiss psychiatrist Eugene Bleuler was doing influential work.⁴⁰

What is important for our purposes here is not the fact that Guiraud favored one term over another, but that if he had detected in Komitas any sign of what we now call schizophrenia, he would have included the term *hebephrenia* in the transfer note. In doing so, he would have given credence to the widespread, long-standing assumptions about the nature of Komitas's illness.

As an opinion, of course, an assumption of schizophrenia was not entirely groundless. Even today, whenever a clinician encounters a patient who displays psychotic symptoms of the type that Komitas had — delusions (false beliefs) or hallucinations (hearing voices or seeing things that others do not) — he or she often places schizophrenia high on the list of possible diagnoses. But present-day practitioners know that psychotic symptoms can be produced by a great many factors other than schizophrenia, including depression, drug addiction, and trauma-related disorders.

Moreover, as the painter Panos Terlemezian observed on his visit to Ville-Évrard, Komitas never lost his capacity to use and understand abstraction, a crucial fact in determining whether his illness can be

⁴⁰ Even now, a given mental illness may go under two different names in two different countries. Efforts have therefore been made to universalize psychiatric terminology, in order to facilitate exchanges of research information at the international level. Two important examples of such efforts are the International Classification of Diseases (ICD) developed in Europe and the Diagnostic and Statistical Manual of Psychiatric Disorders (DSM) developed in North America.

linked to schizophrenia.⁴¹ His capacity for abstract thought and his ability to use symbols in a coherent manner in his responses to Terlemezian's questions indicate that he was not suffering from schizophrenia. His sophisticated comparison of Ville-Évrard to “a cemetery” and his use of the analogy of “peaches and apricots” to describe the relationship between Armenian and European musical forms show that his ability to think abstractly was undiminished.

Komitas's mental condition had not improved by the time he was transferred from Ville-Évrard to Hôpital Villejuif. The note written by Dr. Lwoff, the admitting physician at Villejuif,⁴² dated August 6, 1922, observes:

*“The patient is struck with persecutory delusions, with false interpretations and grandiose conceptualizations, mystical ideas, irritability, hostility toward physicians, resistance toward treatment.”*⁴³

Two weeks later Komitas was reexamined by Dr. Ducoste, who apparently could find nothing to add to Lwoff's evaluation. By the middle of August, all the “alienists” who had met with Komitas had arrived at a consensus: the patient was psychotic and had to remain in “placement volontaire,” “committed” to a hospital. Little or nothing could be done to help him.

For all its vaunted expertise, the French psychiatric system had produced no improvement in Komitas's condition in the three years he had spent in it. Bewildered and haunted by guilt, his friends now desperately began searching for alternative forms of treatment that might reestablish the ties that had been severed between Komitas and the society that revered him so deeply. Their inquiries soon directed

⁴¹ See: **Frank J. Fish**, *Clinical Psychopathology Signs and Symptoms in Psychiatry*. Bristol, Wright, 1967, p. 49.

⁴² Lwoff's first name is not given in the file.

⁴³ **Dr. Lwoff**, Report, 6 August 1922, Medical file of Komitas, Archives of Hôpital Villejuif, Paris.

them to Vienna, where Freud and his followers were attempting to treat psychological trauma using methods based on free association. Excited by the possibility of placing their troubled friend in the care of this famous innovator, they set about planning yet another transfer, and asked Dr. Lwoff for the required permission. His discharge note, written on August 5, 1922, remains part of Komitas's file at Villejuif:

*“May be released under the care of the Armenian Committee [the “Friends of Komitas”] chaired by the Bishop of the Armenian Church of Paris who will be responsible for the patient... [Komitas] is a monk with no family. Mr. Komitas will be transferred to Vienna (Austria) under the care of the Committee. The Committee has taken all the necessary measures for his transfer under good conditions.”*⁴⁴

Only two months after Komitas's admission to Villejuif, everything was in place for a move to Vienna. Yet the transfer never took place. Why? Surely many of the logistical problems involved in such a plan could have been overcome: the Mkhitarist Congregation of Vienna, whose abbey and properties were situated a mere ten-minute walk from Freud's clinic, would have been able to offer Komitas a place to stay. Was the plan aborted because of a lack of funds or a failure of nerve? The precise reasons are unknown. But whatever the case, the plan's failure doomed Komitas to languish in Villejuif until his death thirteen years later. What effect Freud's methods might have had on him, how successful they would have been in the face of Komitas's psychoses, is debatable, of course. Yet we cannot help but wonder how the great Viennese psychoanalyst would have responded to the sensitive and creative adult ravaged by catastrophic childhood losses and political persecution, a case, which had all but defeated Freud's eminent French colleagues.

⁴⁴ Dr. Lwoff, Report, 5 October 1922, Medical file of Komitas, Archives of Hôpital Villejuif, Paris.

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Throughout the many years of his hospitalization—three and a half years at Ville-Évrard, and the thirteen years he was to spend at another Parisian hospital, Villejuif, very little in the behavior described earlier seems to have changed. He typically reacted in one of two ways to visitors whom he believed to have participated in the “plot” to hospitalize him: either he would display indifference and ask to be left in peace, or he would become agitated to the point that his guests would be driven away in confusion and fear. Komitas received great many visitors during these years. He might have had a great many more if word had not spread that his guests were seldom greeted warmly. For a time, the visits were banned altogether: according to a September 19, 1921 document in the Ville-Évrard file, Margaret Babayan, acting as treasurer of “the Armenian society,” requested that all future visitors be prevented from seeing Komitas— probably a reaction to the uproar that reports of the visits had created within the Armenian community.

Komitas’s old friend and musical collaborator Dikran Chituni, who had moved to the safety of Paris not long after he did, waited eleven years before he visited.⁴⁵ Likewise, the journalist Siruni, who often passed through Paris, avoided visiting: “*Although I had heard that Komitas dismissed his friends, I was not afraid of rejection. I was terrified of his eyes. Who knows how much anger and resentment he held in them?*”⁴⁶ Eventually even Margaret stopped coming to the hospital.

What his friends and visitors did not know was that Komitas’s puzzling behavior toward them was fairly typical of severely traumatized persons: not having control over one’s thoughts and actions inevitably

⁴⁵ **Տ. Զիթունի**, Կոմիտասի հետ, *Հայրենիք*, Բուստոն, 1936, N. 2, էջ 99 (**Tigran Chituni**, With Komitas, *Hayrenik*, No. 2, 1936, p. 99).

⁴⁶ **Հ. Ճ. Սիրունի**, Կոմիտասի հետ, *Էջմիածին*, 1969, մայիս, էջ 38 (**H. J. Siruni**, With Komitas, *Ejmiatsin*, May, 1969, p. 22).

brings about overwhelming feelings of shame, fear, and helplessness. Anger and withdrawal are ways of defending against these feelings. While the traumatized person may long for intimacy, the fear of rejection and disappointment often forces him or her to behave in ways that produce the opposite result.

* * * * *

As years of research have shown, extremely traumatic experiences, such as being interned in a death-camp, cause profound alterations in the person's relationships to himself and those around him. "*Along with the loss of the belief in a just or ordered world,*" writes Patti Levin, victims lose "*the illusion of invulnerability.*" Often they also stop "*reaching out to others,*" despite the "*stronger needs for affective closeness*" that the loss-stress relationship typically creates. Because the damaging consequences are reinforced by difficulties controlling one's mood, by a decreased ability to experience feelings, and by the impulse to avoid any contact that may provoke anxiety, traumatized persons experience what Levin refers to as "*trauma residue... [which includes] intensely painful feelings of terror, disgust, rage, anxiety, irritation and apprehensiveness.*"⁴⁷ Seen in this light, the seemingly "irritable" behavior that Komitas often displayed becomes fully comprehensible.

A select few were spared his anger. One of these was his former roommate from Pangalti Street in Constantinople, the painter Panos Terlemezian whom Komitas received cordially. During his 1921 visit to Ville-Évrard when Panos asked him if he still sang, Komitas said that now he sang only "*very low and for myself.*" Although he made it clear that he did not want his friend to leave — "*Why don't you stay, since*

⁴⁷ **Patti Levin**, Assessing Post-Traumatic Stress Disorder with the Rorschach Projective Technique, in: *The International Handbook of Traumatic Stress*, edited by John P. Wilson and Beverley Raphael. New York, Plenum Press, 1993).

you have come here!” — His quick temper, his sadness, and his other volatile emotions were never far below the surface. After conversing for another half-hour, he became visibly upset. He went to the window, put his face to the glass, and fell silent. When Panos finally arose and left he made no sound.⁴⁸

His medical file makes no mention of psychiatric treatment being offered to him during this time. His negative attitude toward the psychiatrists caring for him, which may have become even more entrenched after the transfer from Ville-Évrard, had so alienated them that they abandoned their attempts to help. Or did the fact that electroshock therapy was not in common use, and pharmacological treatments were not yet devised, mean that patients committed to long-term stays in psychiatric wards had no remedy available to them but custodial care?⁴⁹

Five years after he had been taken there, the wisdom of placing Komitas in the custody of an asylum was publicly questioned by Asadur Navarian, a well-known Armenian writer who had been born in Komitas’s home town of Kütahya and had later moved to Paris. It was a challenge that spawned great public controversy. Navarian, accompanied by the

⁴⁸ Փ. Թերլեմեզյան, Կոմիտասի մասին, *Ժամանակակիցները Կոմիտասի մասին*, Երևան, Հայպետհրատ., 1960, էջ 186-197 (**Panos Terlemezian**, *On Komitas*, in: *Contemporaries on Komitas*. Yerevan, Arm. State Edition, 1960, p. 186-197).

⁴⁹ During Komitas’s years at Villejuif, a number of attempts were made to transfer him to other treatment facilities. Only two months after his admission to Villejuif, his friends, seeing that no improvement in his condition was imminent, tried to have him transferred to Vienna. Whether this plan failed for medical or financial reasons is unknown. The next attempt, in the summer of 1933, was made for administrative reasons. Because of overcrowding at Villejuif, the hospital’s administration wished to transfer a number of patients to a provincial asylum in Dordogne, and Komitas was among those listed for the move. The committee of “Friends” opposed this transfer; Asdvadzadur Harents, then the treasurer of the committee, pleaded with the administration to allow Komitas to remain at Villejuif. The administration consented. See: Medical file of Komitas, Archives of l’Hôpital Villejuif, Paris.

Torosian sisters (former members of one of Komitas's choirs), went to visit Komitas at Villejuif in December 1927. A month later he published two articles in *Haratch*, an Armenian-language daily based in Paris.

According to Navarian's account, when the visitors kissed Komitas's hand in observance of the traditional Armenian protocol for greeting clerics, he returned the gesture by kissing the hands of the young women, as if he were participating in a grand-salon. He then sat on the edge of his bed, a thin, stooped figure in a black clerical habit, which Navarian describes as "tragic," his hair and beard completely gray but his face still radiating dignity. His responses to the questions and comments of his guests were often incoherent, in the course of the conversation he mentioned his time in Chankiri, a statement that shattered a very old silence. Komitas was now fifty-seven and this is his first recorded mention of the place where over twelve years before, his sanity had begun to give way. After this, he continued to ramble, returning again and again to the idea of "home":

*"The universe is very wide [said Komitas]. Everyone has his own place in it. [The Primate of Romania] should stay in his own home and I'll stay in mine... This is what we should do in order to understand life. Our homes are our national soul... The home is the cornerstone of the social unit... Sometimes a flood, a bloody flood, comes and sweeps away our homes..."*⁵⁰

Navarian concluded his treatise by suggesting not only that the psychiatrists' diagnosis of Komitas's illness might have been wrong, but that Komitas had been thrown into the public asylum for the sake of saving fifteen francs (*ancien*) a day, presumably the difference in cost

⁵⁰ Ա. Նավարեան, Կոմիտաս Վարդապետ կը խօսի, դիպուած, թէ ապաքինում, *Յանաջ*, Փարիզ, 1927, N. 531, էջ 2 (Asadur Navarian, Komitas Vardapet Talks; Coincidence or Recovery? In: *Haratch*. Paris, No. 531, 1927, p. 2).

between Ville-Évrard and Villejuif.⁵¹ He asserted that Komitas's recovery was being impeded by the condescending attitude of his friends, who, he charged, were treating him unjustly as an irreversible mental case. Although he conceded that Komitas showed some signs of mental illness, Navarian did not request them as anything other than the predictable and treatable effects of the great hardships that Komitas had endured in life.

Navarian's articles, the first in a long series of speculative attempts made by various people to understand the nature of Komitas's illness, had an enormous impact on Armenian communities around the world. The Friends of Komitas were quick to publish a rebuttal in the Armenian press; their statement, presumably written by Tchobanian, declared that the opinions of Navarian lacked "seriousness and credibility," and asserted that the committee was doing everything it could to help the tormented patient.⁵²

This defense was not powerful enough to alter the widespread belief among Armenians that the committee of "Friends" bore at least some responsibility for Komitas's plight. As Siruni noted, after reading Navarian's assertions and the committee's response, the strange discrepancy between Komitas's hostile behavior toward friends and his cordial response to strangers implied to the public that he was profoundly

⁵¹ The "Friends of Komitas" committee continued its efforts to find money throughout the years of Komitas's hospitalization. In a letter dated September 11, 1926, Archag Tchobanian pleaded with a friend to forward any funds that might be raised from the sale of Russian translations of Komitas's work. In the same letter Margaret Babayan asks if the Academy Choir in Leningrad could organize a special fundraising concert of Armenian music. See: Archag Tchobanian and Margaret Babayan, Letter, 11 September 1926, doc. 70, Komitas Archives, Charents Museum of Literature and Art, Yerevan. The cost of caring for Komitas was twenty francs *ancien* a day. The perception of this cost can be gauged by noting that the typical wage of a nurse at the time was three francs a day.

⁵² **Siruni**, With Komitas, *Ejmiatsin*, May 1969, p. 24.

angry with his friends, that he had never forgiven them for depriving him of his home and belongings by hospitalizing him against his will. Siruni's own conclusion, expressed years later in an article written in 1969, was that Komitas's anger encompassed humanity as a whole.

* * * * *

As controversial as his articles on Komitas were, Navarian was right to remark on the powerful effects of his past tragedy on his present predicament. Indeed, many of the hardships that Komitas had endured over the course of his life — the early death of his mother, the death of his father, his complete lack of immediate family, his internment in Chankiri — were alive and vivid in one of his last recorded conversations. It took place in March 1933, when his old friend Armenag Shahmuratian and four others paid him a visit.

[Komitas] saw Shahmuratian and said...“Armen is that you? Where were you all this time?”...With perfect memory, he mentioned some names and asked for news of them...We all sat around a table, and at times he asked very coherent questions. At other times he said incomprehensible things and launched into long monologues...Then he advised us...“If you have nice faces like this, you will have unity in your homes...otherwise your families will be destroyed”... We asked him how he spent his time...did he write, read or work? He answered...“No, as long as I stay here and don't have my wife and my children with me, and no longer have a home, I can't work...I still have lots of work here...lots of soldiers which I have to watch...work is hard...very hard...I just finished that work...you came later...I finished earlier...”⁵³

⁵³ Գ. Ալեմշահ, Այց մը Վարդապետին, *Յանաջ*, Փարիզ, N. 50, 1976, էջ 116-117 (K. Alemshah, A visit to Komitas, *Haratch*, Paris, No. 50, 1976, p. 116-117).

Komitas now lived in an internal world governed by the ineradicable images of his past. Long stretches of time had collapsed to form a tightly linked chain of sad events, which remained fixated in his mind: his tragic childhood, his life without a family or home, his exhausting fear of “soldiers.” Eighteen years had passed since his arrest and internment at Chankiri, yet he still feared that at any moment policemen might reappear at his door and drag him back down into the horrors of the Genocide.

Memory would also bring the occasional moment of healing, however, and Komitas’s old humorous and compassionate self would briefly be restored. At the end of his meeting with Shahmuratian, for example, “*He saw us to the garden. We hugged him and kissed him again and again... The girls kissed his hand... Vartabed told them to give his greetings to the “Kertenkelles” [a type of lizard] as he jokingly called his students and friends in the old days...*”⁵⁴

As his life drew to a close, these moments of respite became more frequent, the passing of time finally closed some of his old wounds and allowed him to resolve his anger. This explains the atmosphere surrounding his last recorded meeting with friends, which took place in May 1935, only five months before he died. By this time a severe and painful foot infection, from which he had been suffering for months, despite surgery and various treatments, had begun to spread and was ravaging his health. Bedridden and very weak, he nevertheless conversed pleasantly and willingly with his visitors and asked each of about their families. As if aware of his approaching death, he reminisced about Kütahya and Ejmiadzin. But he appeared to think little of his own life, and instead advised his visitors “*to take care of the children of the Armenian nation...to love each other, to*

⁵⁴ *Ibid.*

love a lot so you can live...”⁵⁵ Later he asked them to kneel by his bed and blessed each one with his weak hands.

It is not known if any of his friends was present when, at five minutes after four on the afternoon of October 20, 1935, Komitas succumbed to “*cachexie organique*” (wasting caused by vascular illness), and his remarkable and deeply troubled life finally came to an end.⁵⁶

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Komitas’s funeral was held on Sunday, October 27, 1935, in the Jean-Baptist Armenian Church on Rue Jean-Goujon in Paris. He had lain in state there for three days, in an oak casket with a small glass window through which his emaciated face could be seen. The crowd of mourners that gathered for the funeral was probably more than a thousand strong and spilled out of the church’s doors. During the

⁵⁵ **Յովսէփ Կարապետեան**, Կոմիտաս Վարդապետ. Յուշեր, *Հայաստանի կոչ-նակ*, Նյու Յորք, 1935, դեկտեմբերի 14, էջ 1185 (**H. Garabedian**, Komitas Vardapet: Memories, *The Armenian Gotchnag*, New York, 14 December, 1935, p. 1185. See also: **Henry Krystal**, The Aging Survivor of the Holocaust: Integration and Self Healing in Posttraumatic States, *Journal of Geriatric Psychiatric* 14, no. 2 (1981): 165-189.

⁵⁶ Here are the details of Komitas’s death and funeral arrangements, as they appear in the Medical file of Komitas, Archives of l’Hôpital Villejuif, Paris:

(1) On October 16, 1935, a telegram was sent to Ms. Magasian at 242 rue de Courcelles, Paris, warning her of Komitas’s grave health.

(2) The death certificate issued on October 21, 1935 specifies the date of the death as October 20, 1935, at 16:00 hours and 5 minutes. The cause of death was identified as “*Cachexie Organique*.”

(3) A telegram was sent to Asdvadzadur Harents, announcing Komitas’s death and requesting clothing for the deceased.

(4) Two days after Komitas’s death, permission was granted to Mr. Alemshah to take an imprint of the face.

(5) The body was embalmed at 2 p.m., Wednesday October 23, 1935.

(6) In a document issued by the funeral home, which refers to itself as “*Pompes Funèbres Générales*,” the casket is described as being made of hard oak with metal corners.

funeral mass, Armenag Shahmuration sang Komitas's "God, Bestow on Us Your Mercy." Karekin Khachaturian, an Armenian bishop visiting from California, read the eulogy. Twelve other dignitaries also read eulogies, describing Komitas as an artist and a scholar who had introduced Armenian music to Armenians and foreigners alike. He was celebrated as a teacher whom thousands followed, a source of inspiration to Armenians everywhere.⁵⁷

In May 1936, Komitas's embalmed corpse was transferred to Armenia, and was put to rest at the Armenian Pantheon in Yerevan. Until an official memorial to the Genocide was finally erected in Yerevan in 1967, his tomb served as a cenotaph around which Armenians would gather every April 24 to commemorate the one and a half million people who perished in the terrors that began with the "Red Harvest" of 1915.

Abstract

The article covers the last 17 years of Komitas's life. Constantinople Armenians who took care of Komitas, on the advice of Dr. Vahram Torkomian, seeing no improvement in Komitas's mental health, while he was treated at Hopital de la Paix in Istanbul, decided to send him to Paris, hoping for better treatment and outcome. The article describes Komitas's medical care, both psychiatric and physical until his death in 1935 when Komitas was in custodial care in Paris sanatoriums. It describes and analyses the findings from Komitas's medical files at Ville- Evrard and Ville- Juif Hospitals. It reviews the psychiatric consultations, and explains the medical terms used at the beginning of the 20th century and its implications for psychiatric diagnosis used in Western psychiatry of today. Finally it describes his death due the bone infection in his foot and his funeral arrangements.

Keywords: Diagnosis, Ville Evrard, Ville Juif, Dr. Cololian, Dr. Vahram Torkomian.

⁵⁷ Կոմիտաս Վարդապետի թաղումը մեծ շուքով կատարվեցավ, *Յառաջ*, Փարիզ, N. 9-11, 1935, էջ 567-569 (The funeral of Komitas Vartabed was carried out with great fanfare, in: *Haratch*, Paris, No. 9-11, 1935, p. 567-569.

Ռիտա Սուլահյան Կույումջյան (*Մոնրեալ, Քվեբեկ, Կանադա*)
Բժիշկ-հոգեբույժ, Մոնրեալի Մաք-Գիլ համալսարան

ԿՈՐՍՎԱԾ ՏԱՐԻՆԵՐ **1918-1935**

Ամփոփում

Սույն հոդվածը նկարագրում է Կոմիտասի կյանքի և հիվանդության փարիզյան շրջանը մինչև իր մահը 1935 թ. հոկտեմբերին: 1918 թ. զինադարից հետո Կոմիտասի ընկերները բժիշկ Վահրամ Թորգոմյանի խորհրդով նրան բուժման նպատակով ուղարկում են Փարիզ: Կոստանդնուպոլսի Լա Պե հիվանդանոցում Կոմիտասի առողջությունն անփոփոխ էր մնում, և լավացում չէր արձանագրվում: Հոդվածն անդրադառնում է Փարիզի Վիլ Էվրար և Վիլ Ժուիֆ բուժական հաստատություններում Կոմիտասի բժշկական խնամքին: Վերլուծության են ենթարկվում բժշկական թղթապանակը, բժշկական խորհրդատվությունները, համեմատվում են XX դարասկզբին գործածված բժշկական ախտորոշիչ եզրույթները՝ ներկայիս գործածվող տարբերակների հետ: Քննարկվում են նաև նրա ոտքի ոսկորի հիվանդությունն ու ֆիզիկական հյուծման պատճառով մահվան պարագան, ապա նաև թաղման կազմակերպումը:

Հիմնաբառեր՝ ախտորոշում, Վիլ Էվրար, Վիլ Ժուիֆ, բժիշկ Քուլոյան, բժիշկ Վահրամ Թորգոմյան: