Review:

The Man Who Mistook His Wife for a Hat

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In *The Man Who Mistook His Wife for a Hat* (hereafter abbreviated as *Hat*),[1] Oliver Sacks embarks on a tour de force of neuroscientific case studies, following individuals afflicted with neurological disorders and coupling their struggles—and profound victories—with a personal understanding of the distinct brain abnormalities driving their disorders. Affable, compassionate and provocative, *Hat* employs modern neurology in an investigation of what it means to be human in contexts which often rob us of the very things we most associate with humanity: our memories, our perceptions, our intellect and our health. Borrowing extensively from Luria's *Man with a Shattered World* and *Mind of the Mnemonist,* a Soviet memoir of a man's battle to regain agency following a wartime brain injury, Sacks foregoes the typical dense vocabulary and prose of the neuroscience literature to present us with human stories which prove as profound for the poet and philosopher as for doctors. With a couple of noteworthy exceptions, in the 40 years since *Hat* was published most of the conditions described in the book remain as intractable as they were then. Sacks rebels against the broad tendency in neuroscience to focus on *deficit* and *disability* to instead focus on *experience* and *adaptation*. While, as is often the case in neurology, many of Sacks's cases do not have happy

[1] Oliver Sacks, *The Man Who Mistook his Wife for a Hat and Other Clinical Tales* (Toronto: Vintage Canada, 2021).

endings, the overarching theme in *Hat* is one of individual character, experience and agency.

Hat is divided into four major sections: (1) "Losses," (2) "Excesses," (3) "Transports," and (4) "World of the Simple." Across each, Sacks implores the reader to see beyond the apparent deficits and struggles to understand the world within. Each section begins with an introduction by Sacks, reflecting on the state of the field and his own broad thoughts, ideas and feelings on the subjects, followed by humanistic case studies of the patients therein.

"Losses," as the name implies, delves into case studies where critical functions of everyday life have been lost, starting with the titular case study—Dr. P, a professor of music who, as a result of (presumptive) losses in the right cortical visual representation areas, progressively loses his ability to render visual observations into mental images—by the later stages of his condition, he loses visual imagery in his dreams, yet throughout his loss of visual imagery and concrete representation, there is constant production of art—from his paintings which begin as portraits and become increasingly abstract ("Though in the final pictures, I feared, there was only chaos and agnosia"[2]) to the fact that he continues to teach and live through music until he passes away. Following this hopeful story, Sacks takes on a more somber tone with Jimmy P—a man who loses his ability to form new memories and as such is temporally locked in 1945, just after the end of the second world war. Unlike Dr. P, Jimmy does not find a workaround for his amnesia—while he reaches 'a sort of calm'[3], he remains a Lost Mariner—like Kurt Vonnegut's Billy Pilgrim, he remains a man unstuck in time—perfectly functional, quite bright, yet lost in a world without memory or context for

[2] Sacks, 21.

[3] Sacks, 51.

his surrounding life. The remaining chapters of *Losses* deal primarily with deficits of the proprioceptive systems—those which the body uses to interpret its own position in space and structural continuity. Now taken for granted, proprioceptive neuroscience was still in its infancy in this time—cases like Christina, who loses her proprioception following an infection and must use visual cues to understand the position of her own body, executing manually what once came automatically[4], or Mr. MacGregor, who replaces lost internal leveling mechanisms with literal levels attached to his glasses, to great effect.[5] These cases have provided profound insight for future cases, such as the Wobblers in Norman Doidge's *The Brain that Changes Itself*.[6] While the impacts of these losses remain profound, treatments for those with proprioceptive disorders have improved dramatically. The chapter on phantom limbs will also be familiar to some as a result of the mirror-box treatments developed by V.S. Ramachandran in the late 1990s (10 years after *Hat*'s publication)[7] and later popularized in medical literature[8] and media, appearing in the popular TV show *House MD*.[9] Even as *Hat* begins to show its age in light of 40 years of neuroscientific development, Sacks's foresight is evident; by his own admission Sacks was not a particularly talented experimentalist,[10] yet he undeniably shows a

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[4] Sacks, 61.

[5] Sacks, 88.

[6] Norman Doidge, *The brain that changes itself: Neuroplasticity in clinical practice* (Washington, DC: Psychotherapy Networker, 2012).

[7] V. S. Ramachandran, *Phantoms in the Brain: Probing the Mysteries of the Human Mind* (Harper Collins: 1999).

[8] R. Casale, C. Damiani, and V. Rosati, "Mirror therapy in the rehabilitation of lower-limb amputation: are there any contraindications?", *American Journal of Physical Medicine & Rehabilitation* (2009), 837–842.

[9] David Straiton, "The Tyrant," *House MD* (season 6, episode 3: October 5, 2009).

[10] Ric Burns, Oliver Sacks: *His Own Life* (Kino Lorber: 2021).

phenomenal sense of foresight that would be the envy of many a science-fiction author in his ability to predict and shape future developments in the field.

"Excesses" is the second section of *Hat*, a direct counterpoint to "Losses"—this section in many ways exemplifies Sacks at his best, taking directly to task Sacks's concern over the obsession with deficits in the field of neurology.[11] (Regrettably, it is also the shortest chapter in the book.) Here Sacks makes another prophetic neurological foresight in Tourette syndrome; now likely a recognizable term even to the non-neurologist reader, its novelty in 1985 must be underscored. It is clear on reading the chapter on "Witty Ticcy" Ray and the final chapter on Tourette's patients more broadly that the condition had been all but forgotten since its discovery by Tourette, a student of Charcot who published on the condition in 1885, exactly 100 years prior to the publication of *Hat*. With both Ray and Natasha K. (the second case study subject, who as a product of neurosyphilis experienced euphoria and improved well being) there is the noteworthy phenomenon of the patient understanding that their symptoms must be managed—with Ray, to manage his Tourette's in his day-to-day, and with Natasha to ensure that the neurosyphilis did not advance and damage her brain—but also a desire to remain as they are. *Excesses* exemplifies the frayed borders in neurology between abnormal symptoms and lived experience of the individual.

"Transports," as its title implies, takes the reader on journeys through the perspectives of the case studies investigated. In the case of Mrs. O'C., who is affected by a sort of musical epilepsy, Sacks bridges the work of Sigmund Freud and the neurologist Wilder Penfield (first director of the famous Montreal Neurological Institute and the inven-

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[11] Sacks, *The Man Who Mistook his Wife for a Hat and Other Clinical Tales*, 101.

tor of the "Montreal Procedure", employed to treat epilepsy while mapping the human cortex experientially[12,13]), connecting a clearly neurological phenomenon with profound reminiscence that would be very much at home on the psychotherapist's couch[14]. The case of Bhagawhandi P. takes the theme of reminiscent visions to another level: a young woman far from home dying of brain cancer has dreamlike visions of returning "home."[15] Sacks' own speculation here is more limited. He does not venture into the possibility of the visions being a product of the cancer itself (only very recently have scientists considered how brain tumors communicate with the brain proper),[16] but rather he indulges the content of the mystical experiences themselves as originating in the childhood fantasies and deeply-held desires of the patient—one last journey and a return to a place where they felt more truly at home. From here, Sacks moves into the world of drug-induced "journeys." Though psychedelic drugs were known to Sacks, and were used by him, these experiences were not documented until long after *Hat* (in his book *Hallucinations*, where he extrapolates on his own experiences with visions and visionary drugs, which was not published until 2012). However, his familiarity likely contributes to his openness to the visionary experiences of Stephen D., who under the influence of amphetamines has visionary experiences of becoming

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[12] William Feindel, "Wilder Penfield", *The Canadian Encyclopedia* (March 8, 2008).

[13] Richard Ciupka. "Wilder Penfield", *Heritage Minutes* (March 31, 1991).

[14] Sacks, *The Man Who Mistook his Wife for a Hat and Other Clinical Tales*, 170.

[15] Sacks, 183.

[16] S. Krishna. et al, "Glioblastoma remodelling of human neural circuits decreases survival", *Nature* 617 (2023), 599–607.

a dog.[17] Sacks completes the section with a chapter on the medieval mystic Hildegard von Bingen. In a method somewhat reminiscent of Freud's work on Judge Schreber, it is not based on direct medical supervision or notes, but rather on the self-reported codex made by Hildegard herself.[18] Sacks shows some of his greatest qualities as a clinical writer here, engaging deeply with the visions of Hildegard and treating them as instrumental rather than pathological in her journey to mysticism. The section ends with a quote from Dostoyevsky and leaves the reader with a deep sense that what appears as pathology may enable a profound connection with the divine.

The final section of the book, "The World of the Simple," examines minds which are generally considered disabled. Rather than focusing on the *defectology* of these cases, Sacks is most intrigued by the capabilities which remain intact. Just as Luria was fascinated by Zazetsky's ability to write more easily than he could read after his brain injury,[19] Sacks is enamoured with the "romantic science" of the many ways in which the patients in this section exceed expectations. He starts this section by examining his own bias in working with Rebecca, the "idiot Ecclesiastes"[20] who reveals the failures of her clinical environment, showing only deficits in clinical examinations yet proving herself to be capable of profoundly poetic thought in the garden, the synagogue, and the theatre. The following two cases, of an intellectually disabled man with profound

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[17] Sacks, *The Man Who Mistook his Wife for a Hat and Other Clinical Tales*, 184.

[18] Sacks, 190.

[19] A. R. Luria, *The Man with a Shattered World* (Harvard University Press: 1987), 18

[20] Sacks, *The Man Who Mistook his Wife for a Hat and Other Clinical Tales*, 212.

musical intelligence[21] and a pair of twins with profound autism coupled with incredible memory and a shared ability and affinity for prime numbers, challenges both standing assumptions about 'idiot-savants' which remain popular today, as well as the tendency of neurological institutions to seek out a lower standard of normative utility over the internal experience of these individuals. The final chapter of the book investigates "The Autist Artist," who is first described, like the twins, as a sort of idiot-savant, "just a Xerox"[22]—in this patient Sacks captures not only the drawing ability but the art within: the ability to capture 'iconicity' within his drawings (which are inserted as figures throughout the chapter).

Hat remains, in many ways, Oliver Sacks's seminal work. It is easy to read for non-scientists while remaining deeply insightful for the neuroscientist 40 years after its initial publication, and its ability to build narrative storytelling through humanized case studies has had a lasting impact on neuroscience writing. The case study model of the book allows for singular chapters or sections to be read in isolation. This is part of Sacks's brilliance in writing, but it does leave a certain vacuum overall—by his own report, Sacks does not consider himself a theoretician and is not overly concerned with building any kind of encompassing theory around his case studies. Such reflections, for better or worse, are left to the reader, and the lack of an overall afterword (though there is a post-script after each chapter) can be somewhat unsatisfying. In this sense the book can read more like a collection of short stories than a continuous book. While Sacks suggests that the topic of the book is neurological disorders affecting the *self*, this is better described as a theme, and Sacks presents no unifying hy-

[21] Sacks, 220.

[22] Sacks, 256.

pothesis between cases or sections beyond a sense of awe at the phenomena of the human mind.

Since Sacks we have seen a re-emergence of personalized case studies from a diverse range of writers, such as V.S. Ramachandran (*Phantoms in the Brain*), Norman Doidge (*The Brain that Changes Itself*), Henry Marsh (*Admissions: A Life in Brain Surgery*), Lisa Genova (*Still Alice*), and Gabor Maté (*In the Realm of Hungry Ghosts*). All owe a literary debt to Sacks' style and foresight. While all of these works have their respective strengths, few if any possess the aloof compassion of Sacks, whose work fundamentally tells the stories of the patients therein and asks the reader simply to reflect, contrary to the general tendency to write case studies in the service of a broader thesis. There is nothing wrong with writing based on a thesis *per se*, but the explicit avoidance of this in *Hat* frees Sacks to make the patient into the *subject* of the work, rather than the *object* of the thesis. Besides bridging neuroscience and philosophy, Sacks is quick to remind us of his own influences, such as A.R. Luria, Gilles de Tourette, Jean-Martin Charcot, Wilder Penfield and Sigmund Freud, along with other classical scholars of neurology who, prior to Sacks, risked slipping into obscurity in the field of neuroscience. In *Hat*, we find exemplary writing which continues to inspire the field of medical and neurological case study writing in a structure that is as welcoming to the neuroscience or psychological novice as it is informative to experienced researchers.