

### 1: The Team – The Animated Mind of Oliver Sacks

*Norman Doidge explores the legacy of Oliver Sacks, whose work and life remind us that humanity belongs at the heart of medicine Oliver Sacks emerges from Lake Tahoe in a swimming cap and goggles.*

We take it for granted, but how is it possible? What is going on in our brains? But mostly Musicophilia is about the more mysterious, and currently inexplicable, ways in which music affects the brain, for good or ill. And when it affects the brain, it affects the whole person, as Plato knew, seeking to ban some types of music from his Republic for the health of the citizenry. People with aphasia can be taught to speak again through singing. On the other hand, previously healthy people begin to have "musical hallucinations", blasted by intrusive ghostly music during every waking second; and others have seizures in response to music, or "musicogenic epilepsy" - which, intriguingly, can be selective. But such a violent response to certain music might be more common than suspected: There is, of course, a continuum between the pathological states that Sacks discusses and everyday experiences of music. It is intriguing, too, to wonder where on the continuum certain historical figures could be placed. Here, for example, is Tchaikovsky as a child, weeping in bed: It is here in my head. Save me from it! Here, too, is Shostakovich, refusing to have a piece of shrapnel removed from his head, because when he tilted his head in a certain way he could hear music, which he incorporated into his compositions. At the other end of the continuum are those Sacks describes as "amusic", who do not seem to understand or feel music at all. And yet even profound amusia might be just an exaggerated form of a dysfunction, or adaptation, that affects us all. We might be drawn to this conclusion in a roundabout way, by seeing that, contrastingly, other people are awakened to profound musical powers after some kind of brain injury. A year-old man struck by lightning suddenly experiences an unquenchable thirst for music, learns to play the piano, and starts to compose. In a wonderful footnote, Sacks offers his own wry confession that "in I was taking massive doses of amphetamines", and experienced a heightening of his powers of musical memory and transcription, although his abstract reasoning was shot to pieces. This, he suggests, might be the effect of suppressing the work of the temporal lobes. And so the intriguing hypothesis develops that we might all have such latent musical talents, if only we could find the spigot and turn it. Sacks also describes a rare congenital disorder called Williams syndrome, in which people never develop mentally beyond the abilities of a toddler, but have an extraordinary musical facility, playing back any piece on first hearing. Though he never exactly spells it out, the melancholy supposition arises that a repression of musical potential is the price we pay for our powers of ratiocination. Some might think the price is too high.

*Oliver Sacks, a professor of neurology at the New York University School of Medicine, is the author of many books, including "Awakenings" and "The Man Who Mistook His Wife for a Hat."*

His new book is *Hallucinations*. I think it probably should. I think I was afraid [of hallucinogenic drugs] "or maybe not passionately interested. But when I became a neurology resident " I was 30 at the time " I was also part of the beach culture in Venice and Santa Monica. So I broke my long virginity, first very gently, with cannabis, with some pot, and then I tried other things. When and where did you do this, and how did it go? It was in I had moved from Santa Monica out to Topanga Canyon. I had a little house there. And I lit up and took a deep inhalation " and for some reason gazed at my hand. My hand seemed to get larger and larger, and at the same time more remote from me, so that finally it looked like a cosmic hand, spread across the whole universe. I found that very intriguing, and I was torn between the neurological concept of megalomania, when things look large, and a feeling that this was a sort of mystical experience of a primitive kind. Your expertise is in the neurological. How do you understand the visual experience you were having? Size and distance are normally coupled and, in a way, the image on my retina was normal. But as it were an improbable percept developed: But this sort of thing can happen with a fever or various neurological conditions " or sometimes the opposite, when things appear very small. But there must have been some sort of stimulation of something mystical as well, because it was an enchanting and awesome experience. When and how did you first come to take LSD? I think it was a few months after I smoked that joint. There was a lot of LSD around. In one of the early experiences I had with LSD, recklessly, I had mixed it with some other drugs and topped it off with some cannabis. Newton added indigo to the spectrum because he thought the spectrum ought to have seven colors, as the musical scale has seven notes. Anyhow I got stoned on acid. It seemed wonderfully luminous, and sort of numinous at the same time. This must be the color which Giotto tried to get into his paintings but could never get. I had had a sense of bliss or rapture, almost orgasm, seeing the indigo. For months after, I kept looking for indigo. I went to a mineralogical museum and looked at azurite, which is often described as indigo. But it was nothing like what I had seen when stoned. I did see indigo again, curiously. I was at a concert, listening to some Monteverdi. And I was enraptured by the music, thrown into a sort of ecstasy. The concert was in the Egyptology gallery of a museum in New York, and in the interval I went out and saw some of the lapis lazuli things. And they were indigo. Was this experience at the Monteverdi concert enhanced by psychedelic drugs? It was the music alone. And that persuaded me that music alone, or art alone, or nature, can take one all the way. Your experiences with LSD were not frightening or disturbing. One may become anxious and the anxiety may move towards paranoia and delusion, which can be terrifying, and dangerous " especially if one acts on delusions. I was always a solitary drug-taker. You had your own experience on this score. It was back in my foolish youth. The body gets used to it, and gradually you have to take more and more. I was on a very hefty dose when I got to the end of the bottle. But I went to work, I had a motorcycle at the time, but fortunately I went by bus and train instead. I think I had an intimation that something bad or mad might be happening. When it did happen it was very sudden. I was having a cup of coffee in a diner, and the coffee suddenly turned green, and then purple. I looked up and saw someone paying at the cash register " he had a huge proboscis-like head, like a sea elephant. I was panicked, I ran across the street and got onto a bus, and on the bus everyone had huge, egg-like heads, with insect eyes that darted suddenly. This was a very bad trip indeed, and I could only maintain a semblance of control by writing it all down in my notebook. Writing is a necessity for me, to organize and clarify experience " especially in situations like that. Things got worse and worse, and when I finally got off the bus, buildings were blowing like flags in a high wind. What have you just taken? It was an enormous relief to find I only had the delirium tremens, and was not going mad. I found with some of my own patients " I work with patients in old age homes, among other places " quite a lot of older people who are intellectually intact but have poor vision or hearing will start getting hallucinations. They usually do not mention this. And this is very much in the public consciousness and medical consciousness " that hallucinations may have a terrible import.

## 3: On the Move: A Life by Oliver Sacks

*I took many pictures of Oliver Sacks during our life together – and not just because I adored him. He was an irresistible subject for a photographer, with his bushy beard, sparkling bespectacled.*

August 12, 6 Minutes If you want to see the qualities that make Dr. My chairman was indignant. My A was not some attempt to affirm a spurious equality but rather an acknowledgment of the uniqueness of each student. I felt that a student could not be reduced to a number or a test, any more than a patient could. How could I judge students without seeing them in a variety of situations, how they stood on the ungradable qualities of empathy, concern, responsibility, judgment? Eventually, I was no longer asked to grade my students. Sacks is a neurologist. Am I a narrow specialist, applying my expertise to address a specific need of the pupil or patient? Sacks embeds his answer in practically every paragraph. His purpose, always, is the health and flourishing of the human being. His prose bubbles and eddies with insight and compassion, rich currents of thought cascading in long sentences that layer adjectives like river sediments, each deposit deepening and shifting the fluid organic whole. Sacks does not choose between being scientist and humanist. Instead, he weds the roles together, merging them into one. How does this process begin? For Sacks, it starts with listening to his patients. He lends not only an analytic eye but a sympathetic ear. Sacks grew up with three brothers; two became doctors, but the third, Michael, was troubled by schizophrenia. Over time, Michael found he could confide only in his younger brother Oliver: But I was still his little brother, just twelve years old, not yet a medicalizer, and able to listen sensitively and sympathetically to anything he said, even if I could not fully understand it. Much of neuroscience aims to reduce our minds to mechanisms. We seek the brain region responsible for X, the neurotransmitter that underlies Y, the biological mechanism for Z. Never mind if X, Y, and Z happen to be our most precious expressions of self. Shining in this way, the light of neurology is bright and deadly. It explains and sterilizes us, turns us into labeled anatomical diagrams. They are not bundles of symptoms. So it must be with teachers. Recent decades have given us a wealth you might say a clutter of tools and checklists. Our shelves overflow with tables of state standards, banks of test items, standardized assessments. These tools begin a conversation; they do not end it. To learn any subject—math, history, Spanish, even neurology—is to undertake a fabulous and singular journey, to exercise your humanity at its highest level. To be sure, specialization has its benefits. As a math teacher, my job is quite specifically to help my students learn mathematics, not to cook their breakfast or to counsel them on romance. Neither my cooking nor my counsel would do them any favors. For Sacks, this goes double: There were fewer and fewer primary care physicians, the base of the pyramid. I found myself feeling not like a super-specialist in migraine but like the general practitioner these patients should have seen to begin with. I felt it my business, my responsibility, to enquire about every aspect of their lives. Later, of his patients at Beth Abraham hospital, he writes: I lived next door to the hospital and sometimes spent twelve or fifteen hours a day with them. They were welcome to visit me; some of the more active ones would come over to my place for a cup of cocoa on Sunday mornings. This might seem to threaten the idea of clinical distance. So we grow to fear attachment, enmeshment—any sort of excess sympathy—as a sign that lines are being crossed, balances disturbed. Instead, we stay cool. In fact, the whole purpose of professionalism is to create space for a clear and purposeful connectedness. He writes of his own psychoanalyst: I still see Dr. Shengold twice a week, as I have been doing for almost fifty years. And this is something I also feel with my own patients. They can tell me things, and I can ask things, which would be impermissible in ordinary social intercourse. In those crippled by illness or disorder, he finds hidden strengths, adaptive resilience. In those dismissed by others—as psychologically diminished, intellectually null, or beyond treatment—he finds untold complexity and richness. But the day is only so long; owing sympathy and attention to all of my students, I inevitably shortchange most of them. They each face unique puzzles and struggles, carry with them distinctive strengths and personal motives—but hell if I manage to discover half of these stories before they graduate and move on. Our educational system is increasingly a statistical one. But he insists that they are not enough. Alongside the cold and towering arsenal of data, he supplies an utterly necessary complement: The word essential springs

to mind, in its two distinct senses: Tests are only stethoscopes. They are not the heartbeat itself. Sacks is dying of cancer.

4: [www.enganchecubano.com](http://www.enganchecubano.com): Customer reviews: On the Move: A Life

*Oliver Sacks Biography Scientist, Neurologist, Educator, Psychiatrist () Neurologist and author Oliver Sacks has written numerous works on patients with often unusual conditions.*

See Article History Alternative Title: Sacks spent most of his childhood in London, though his parents his father was a general practitioner and his mother a surgeon sent him to a boarding school for four years during World War II to escape the air raids then strafing the city. He completed an internship at Middlesex Hospital in London in and served as house surgeon of Queen Elizabeth Hospital in Birmingham in In Sacks became an instructor at Albert Einstein College of Medicine in the Bronx borough of New York City, eventually becoming a clinical professor of neurology He also joined Beth Abraham Hospital, a charity institution in the Bronx, as a staff neurologist There he met a group of patients who had contracted a sleeping sickness , encephalitis lethargica, during an epidemic that broke out between and The patients had survived only to develop a type of parkinsonism that caused varying degrees of immobility, speechlessness, and depression. Sacks enumerated further experiences, both professional and personal, in a series of volumes written for a popular audience. Sacks took care to illuminate the existential as well as pathological conditions of his patients in works such as *The Man Who Mistook His Wife for a Hat* While most critics found his descriptions of the often strange afflictions to be humane and sympathetic, some accused Sacks of merely attempting to excite and amuse his audience. Sacks continued to record the extraordinary circumstances of the patients he encountered and the equally remarkable adaptations that they developed. In *Seeing Voices* , he explored the ways in which sign language not only provides the deaf with a means of communication but also serves as the foundation for a discrete culture. In *An Anthropologist on Mars* , he documented the lives of seven patients living with conditions ranging from autism to brain damage and described the unique ways in which they created functional lives in spite of their disabilities. Sacks described his journey to Micronesia to study a population with a high incidence of colour blindness and to Guam to study a mysterious form of paralysis in *The Island of the Colorblind* He presented further case studies in *The Mind Traveler* , a program produced for television, and wrote of patients with conditions relating to music in *Musicophilia: Tales of Music and the Brain* Hallucinations inventoried conditions and circumstances from epilepsy to drug use to sensory deprivation that can cause hallucinations and chronicled the effects of illusory neurological phenomena on those who experienced them. Among his autobiographical works were *Uncle Tungsten*: In Sacks received a Guggenheim fellowship for his studies of the influence of culture on the aberrant neurological processes underlying the rare inherited disease known as Tourette syndrome. He was appointed Columbia University Artist, a position created for him to ensure that Columbia students from all disciplines would benefit from his association with the university. Though Sacks resided permanently in the United States, he never relinquished British citizenship. In February he announced that he had been diagnosed with terminal cancer. The ocular melanoma for which he had previously been treated spread to his liver, and he ultimately succumbed to the illness. *The River of Consciousness* , a collection of essays, was published posthumously. Learn More in these related Britannica articles:

### 5: Oliver Sacks: Tripping in Topanga, - Los Angeles Review of Books

*I took many pictures of Oliver Sacks during our life together "and not just because I adored him. He was an irresistible subject for a photographer, with his bushy beard, sparkling bespectacled eyes, expressive hands, gaptoothed smile and the athletic build of someone who could easily swim long distances, even into his 80s.*

Early life[ edit ] Sacks was born in Cricklewood , London, England, the youngest of four children born to Jewish parents: Samuel Sacks, a Lithuanian Jewish [7] [8] physician died June , [9] and Muriel Elsie Landau , one of the first female surgeons in England died , who was one of 18 siblings. Memories of a Chemical Boyhood. Sacks recalls, "I had been seduced by a series of vivid lectures on the history of medicine" and nutrition, given by Sinclair. Sacks focused his research on Jamaica ginger , a toxic and commonly abused drug known to cause irreversible nerve damage. As a result he became depressed: His parents then suggested he spend the summer of living on Israeli kibbutz Ein HaShofet , where the physical labour would help him. He spent time traveling around the country, with time scuba diving at the Red Sea port city of Eilat , and began to reconsider his future: I had become very interested in neurophysiology, but I also loved marine biology;. Seeing patients, listening to them, trying to enter or at least imagine their experiences and predicaments, feeling concerned for them, taking responsibility for them, was quite new to me It was not just a question of diagnosis and treatment; much graver questions could present themselves"questions about the quality of life and whether life was even worth living in some circumstances. During his years as a student, he helped home-deliver a number of babies. He completed his internship in June , but was uncertain about his future. After some interviews and checking his background, they told him he would be best in medical research. Taylor, the head medical officer, told him, "You are clearly talented and we would love to have you, but I am not sure about your motives for joining. He used the next three months to travel across Canada and deep into the Canadian Rockies, which he described in his personal journal, later published as Canada: He described some of his experiences in a New Yorker article, [20] and in his book Hallucinations. And then one day he gave it all up"the drugs, the sex, the motorcycles, the bodybuilding. In July , he joined the faculty of Columbia University Medical Center as a professor of neurology and psychiatry. He was also a visiting professor at the University of Warwick in the UK. He accepted a very limited number of private patients, in spite of being in great demand for such consultations. He served on the boards of the Neurosciences Institute and the New York Botanical Garden [28] where he had been an extremely frequent visitor since he first moved to New York City, as well as a very active member of The Fern Society, which meets there. Writing[ edit ] In , Sacks first began to write of his experiences with some of his neurological patients. His first such book, Ward 23, was burned by Sacks during an episode of self-doubt. He also counted among his inspirations the case histories of the Russian neuropsychologist A. Luria , who became a close friend through correspondence between and , until Dr. Auden encouraged Sacks to adapt his writing style to "be metaphorical, be mythical, be whatever you need". The patients he described were often able to adapt to their situation in different ways despite the fact that their neurological conditions were usually considered incurable. In his book A Leg to Stand On he wrote about the consequences of a near-fatal accident he had at age 41 in , a year after the publication of Awakenings, when he fell off a cliff and severely injured his left leg while mountaineering alone above Hardangerfjord , Norway. The title article of his book, An Anthropologist on Mars , which won a Polk Award for magazine reporting, is about Temple Grandin , an autistic professor. In his book The Island of the Colorblind Sacks wrote about an island where many people have achromatopsia total colourblindness, very low visual acuity and high photophobia. The second section of this book, entitled Cycad Island, describes the Chamorro people of Guam , who have a high incidence of a neurodegenerative disease locally known as Lytico-Bodig disease a devastating combination of ALS , dementia and parkinsonism. Later, along with Paul Alan Cox , Sacks published papers suggesting a possible environmental cause for the disease, namely the toxin beta-methylamino L-alanine BMAA from the cycad nut accumulating by biomagnification in the flying fox bat. In it he examined why ordinary people can sometimes experience hallucinations and challenges the stigma associated with the word. Much more commonly, they are linked to sensory deprivation,

intoxication, illness or injury. The book was described by Entertainment Weekly as: An absorbing plunge into a mystery of the mind. Most of the essays in "River of Consciousness" he had previously published in various periodicals or in science-essay-anthology books where he was one of many authors, and are no longer readily obtainable. Sacks specified the order of his essays in "River of Consciousness" prior to his death. Some of the essays focus on repressed memories and other tricks the mind plays on itself. Sacks was a prolific handwritten-letter correspondent, and he never communicated by e-mail.

## 6: Oliver Sacks - Wikipedia

*Oliver Sacks was born in London, England into a family of physicians and scientists (his mother was a surgeon and his father a general practitioner). He earned his medical degree at Oxford University (Queen's College), and did residencies and fellowship work at Mt. Zion Hospital in San Francisco and at UCLA.*

Y Z When I ask, he names each of them, following my finger as I go down the list. He interrupts himself at one point: He goes on to explain the difference between organic and nonorganic chemistry. And in fact, O knew very little about her work up until shortly before we made this trip. O sat on the edge of his bed, inches from the TV screen, as he needs to in order to hear properly, and watched without stirring, mesmerised especially by the visuals, for 90 minutes. She looked to be in the middle of a task, concentrating. A simple hedge fenced the house. There was a child-sized table and chairs in the front yard, the setting for a tea party. In my memory, she curtsied. She ushered us into the dining room, where a table was set. She wore a simple tunic made from several different kinds of coloured and patterned fabric; she may have made it herself. She wore white pants under the tunic and wedge sandals. The chairs were carved from tree stumps. The tablecloth was embroidered with seashells. These were not stairs in any conventional way. Oliver "ever the naturalist" knew exactly: This looks like a stairway carved out of a wall of basalt! Adding to this remarkable sight: There, she showed us two custom-made instruments, a celeste and what looked like a harpsichord. Both had been modified somehow through instructions from a programme on her Mac. She served it topped with fresh, plain skyr, which has a sour bite to it " along with coffee and tea. The tea set was out of Alice in Wonderland " each cup literally half a cup, sliced in half. We finished the pie. Leaving New York, the city looked embroidered in gold thread. Now, clouds and stars, and what sounds like a hymn: As if the sky were full of shooting stars. As the church bells pealed 12 times. As the ground was snow-covered, white, the floor of a cloud. As everyone kissed and hugged one another. He knows the Irish gentleman who organises these concerts, Kevin. They feature students from Juilliard. A handful of people in folding chairs " maybe Kevin had saved seats for O and me in the front row. Just as he was making his introductions, a woman rushed in by herself and plopped on to the cushy rose-coloured sofa right next to our seats: Lauren Hutton, the model from the 70s: I recognised her instantly by her gap-toothed smile and slightly crossed eyes. Now in her late 60s, still beautiful, her face naturally lined. The concert began with no further ado, and we all sat back and enjoyed the programme " Brahms, Haydn, Ravel " by these enchanting musicians. With the final note, Lauren Hutton was the first to pop up and give the trio a standing ovation. There was a small reception afterwards. Nothing fancy " two bottles of San Pellegrino and a couple bottles of wine " but no bottle-opener. O and I were talking with Kevin when Lauren Hutton walked up to us: Even a knife would do " I could pry it open with a penknife. She laughed and smiled that famous gap-toothed smile. The bottle got opened somehow. Eventually she circled back and poured water for everyone. She overheard Oliver talking to Kevin about his new book, *Hallucinations*, which was coming out in a couple weeks. Lauren leaned across the table and listened intently. Oliver Sacks " imagine that! No idea! The two of them hit it off. She was fast-talking, bawdy, opinionated, a broad " the opposite of Oliver except for having in common that mysterious quality: Somewhere along the way, she explained the black eye: I looked up and saw that the room was empty by now but for Kevin and us. Lauren Hutton offered Oliver an arm and we walked slowly to the parking garage. I pushed things out of the way in the back seat; she tossed in her handbag, and dove in. She immediately popped her head between our seats " the three of us were practically ear-to-ear. Her incredible face blocked my rearview mirror. This prompted a series of questions about the periodic table, the elements, the composition of the very air we were breathing. A dozen questions led to a dozen more, like a student soaking up knowledge. We talked about travels " Iceland, Africa " and Plato, Socrates, the pygmies, William Burroughs, poets! She was clearly intensely curious, life-loving, adventurous. Traffic was thick, so it took quite a while to get downtown. Eventually, we reached her address, or close enough. I cannot thank you enough. This is where I exit. Goodbye " for now. Oliver took a breath as we headed west and home. I turned 54 equivalent to the atomic number for xenon, so O gave me four xenon flashlights. O did not feel well much of the time "

nauseated, tired, slept a lot. We almost cancelled the trip, last minute. But I could see he was worried, talked him into peeing into a clear glass so I could check, and was startled when he brought it into the kitchen; his urine was the colour of Coca-Cola. It seemed to clear up some while we were in St Croix. Later O just returned from his GP, who thinks he has some kind of gallbladder inflammation, maybe gallstones.

### 7: Celebrating the Life and Work of Oliver Sacks | Commonwealth Club

*Oliver Sacks, in full Oliver Wolf Sacks, (born July 9, , London, Englandâ€”died August 30, , New York, New York, U.S.), British neurologist and writer who won acclaim for his sympathetic case histories of patients with unusual neurological disorders.*

Sacks, a neurologist all week, but a gay, leatherclad biker called Wolf at weekends. Oliver Sacks great accomplishment to me was to show us the people of the cases he describes as quite separate from their disorders. Not schizophrenics, but people with schizophrenia, not autistics or even autistic people, but people with autism a Oliver Sacks died today, 30th August Not schizophrenics, but people with schizophrenia, not autistics or even autistic people, but people with autism and all of them appreciated by Sacks as suffering from their symptoms but not, in any basic way, being them. He treated his patients as co-researchers into their symptoms and gave them a new perspective, one that, as might be said, was healthier than thinking they were sick and needed to find a doctor to cure them. Sacks life was made more difficult by the fact he had prosopagnosia, face blindness. Add to that shyness, and this great author and neurologist had a lot to overcome with his patients himself. Probably it made him much more empathetic. For most people Oliver Sacks will forever be Robin Williams who played him in the film Awakenings based on his book of the same name. A brilliant book as a lot of his books were, but none as good as his last book, his autobiography On the Move. I will miss Oliver. After reading this book I feel he is "Oliver" to me. I would like to have known him. A lovely man, an innovative scientist and doctor and an enjoyable author. This has been by a long way the best book of Update This piece, Sabbath is the last piece Oliver Sacks wrote. If you are a fan, you will enjoy this. If you come from an Orthodox Jewish community in the UK, you will identify with it, nodding your head perhaps at the traditions, perhaps at how he deserts it, perhaps at both, as I did. It is worth reading though. So looking forward to it after the abridged version On the Move: A Life which I enjoyed but turned out to be the worst abridgement ever. This is much better. The story of a man who lived life to the full. The super-intellectual doctor full of humanity and love for people, disease processes and chickens in the week. But the gay leather man lifting weights on Shoal Bay high on amphetamines at weekends! What a life he lived.

**8: Awakenings: How Oliver Sacks put a human face on the science of the mind - The Globe and Mail**

*Oliver Wolf Sacks, CBE FRCP (9 July - 30 August ) was a British neurologist, naturalist, historian of science, and www.enganchecubano.com in Britain, and mostly educated there, he spent his career in the United States.*

Oliver Sacks does not trust fiction. The difference lies not only in the prose and the overtly fictional form in which Funes is presented, but in the moral tone of the narrator. In the case-history which Dr Sacks provides of his patient Mr Thompson, he does not hold back from pronouncing him damned. Jimmie, the other Korsakov sufferer in the book, is granted a soul because he achieves short periods of concentration and repose during the hospital Mass: But who was the more tragic, or who was more damned – the man who knew it, or the man who did not? But that is the contradiction which Sacks fails to resolve, and it is, of course, largely for that reason that he is so read and admired in the literary world. Perhaps it is also the reason his books are almost invariably reviewed by writers and intellectuals rather than his fellow neurologists. He writes with the authority of a medical doctor not just of symptoms and diagnoses, but of intimations of immortality, and of the spiritual significance of remembrance of things past. He acts as the non-fictional conscience of imaginative art. My God, we are extraordinary, look how interestingly wrong we can go. After a thorough examination of the works of Oliver Sacks, you come away with the oldish thought that identity matters, as well as a new conviction that, along with good social relations, the purchase of a hard hat might be a useful hedge against soul death. The text of the revised edition of *Awakenings* is practically doubled by its footnotes, and *An Anthropologist on Mars* is itself almost a stand-alone footnote to *The Man who Mistook His Wife for a Hat*. Many of the case-histories are similar to the cases in the earlier book or amplifications of them. Sacks has the same spiritual concern for him that he had for Jimmie and Mr Thompson: Greg, I suppose, expressed no opinion either way, though he did enjoy the Dead concert to which Sacks took him, for as long as he could retain the memory of it. Sacks goes to stay with Dr Bennett and wonders at his capacity to perform tic-free operations while spending the rest of his time – which includes some hairy driving – ticc'ing up a storm. For Sacks, this is an example of the will, the inner life, shining through: Rather than merely seeing the difference between patients as what they can or cannot manage, Sacks offers a disease-as-personality theory. In *Awakenings* he states: We would all applaud those who can overcome their disabilities, but it seems impertinent to consign those who are unable to do so – for whatever reason, biology or character whatever that is – to a spiritual wasteland. The others, the fighters, as Sacks puts it, who have retained their sense of identity, are, I suppose, Homo sacksian. He wants to present them, empathetically, in their totality, as persons rather than bundles of neurological symptoms. This is the current thinking, and a great improvement on cold medical authority, but if in their totality, which must include their disease, the patients have become depleted, it would seem decent to consider them more or less ill, rather than more or less persons. But then if your philosophical position is that illness takes its tone from character again, whatever that is, I suppose the latter view follows logically. Of course, Dr Sacks, in his authorial hat, is writing books, not being a medical consultant, but there is a disturbing moment in his examination of Dr P. Dr Sacks was consulted by Dr P. The fact that the appointment with Sacks was made and kept suggests that someone, if not Dr P. He talks to Dr P. The tests tell nothing, he says, of Dr P. Can you tell me what you find wrong, make recommendations? What I would prescribe, in a case such as yours, is a life which consists entirely of music. Music has been the centre, now make it the whole, of your life. We are not told how Dr P. Had I been the patient, I would have been left confused and deeply alarmed. Doubtless, something else happened here that Sacks does not write up, but it seems a curious lacuna. Agreeing with Freud that a full life – inner and outer – consists of work and love, Sacks finds most disturbing those patients who are most detached, most emotionally deficient. So do we all. Those who cannot connect – that is, those with whom Sacks cannot make a human relationship, to whom he can only relate as physician – are condemned. The two-way relationship needs to work for Sacks to feel comfortable. In the final essay of *An Anthropologist on Mars*, the autistic Temple Grandin is shown as a highly intelligent woman who has achieved an independent life as a biologist working primarily with cattle. Sacks visits her and she explains how her autism has prevented her from having the normal experiences from

which social knowledge is constructed. Sacks is very moved by Grandin, and impressed. He knows as a neurologist the emotional limits of autistic patients and the difficulties living holds for them, even if they are fortunate enough to be highly intelligent. Sacks tells us, by way of ending both the essay and the book: He will hug and wants to feel a reciprocation. Doubtless we all do, but this is the human Oliver Sacks trying to connect, rather than an equally human Dr Sacks respecting the existential reality of his patient. Moreover, the moment provides a moving conclusion to his story. A story needs a conclusion whereas a case-history may not have one. In fact, stories have all kinds of needs that a case-history will not supply, and Sacks is insistent that he is writing the stories of his patients, not their cases. This is not intended to fudge fact and fiction, but to enlarge patients into people. But metaphors are not in fact descriptions of people in their totality. They are intentional, and consciously or unconsciously edited tropes, not complete, contained narratives. This is hardly an overturning of the medicalising tendency of doctors. And when we read these stories, as we do, to tell us more about ourselves, we read them as exaggerations of what we are, as metaphors for what we are capable of. Their subjects may not be patients as freaks, but they are patients as emblems. They are, as it were, for our use and our wonderment. Around their illness, the thoughts of Leibniz, Kant, Kierkegaard, Nietzsche and Proust are hoist like scaffolding, as if to stiffen their reality into meaning. In *The Island of the Colour-Blind* Sacks the romantic is clearly visible, rather than merely inferred. It is a very different kind of book: *The Island of the Colour-Blind* is a somewhat misleading title, as Pingelap turns out to have a population of , of whom 57 are congenitally colour-blind. This would be fine if it was written with self-conscious humour, but Sacks continually tries to redeem the minor key of the story with grand claims for what to the lay reader seems only a mildly interesting situation. Colour-blindness “complete achromatopsia, seeing no colour at all, only degrees of luminosity that the colour-sighted would regard as grey, rather than the more common red-green colour-blindness” is also not new territory for Sacks. The narrative interest depended on the fact that Jonathan I. Not only do they see quite differently from the majority, and suffer, therefore, a degree of social stigma, but their condition carries with it an extreme sensitivity to light, so that they are only able to function fully in twilight and darkness. Although we lose the metaphor of the country of the blind, we do get quite a bit of medical information and develop a sympathy for their lot. Much of the story, however, is travelogue, as Sacks gathers about him a Norwegian achromat, Knut Nordby, an ophthalmologist friend, Bob Wasserman, and all their test equipment. Spam, it seems, is devastating the eating habits of Micronesia: But we were all revolted by the Spam which appeared with each meal “invariably fried; why, I wondered, should the Pingelapese eat this filthy stuff when their own basic diet was both healthy and delicious? As he lands on Pingelap, children arrive to investigate. I thought, I have arrived. I am here at last. I want to spend the rest of my life here” and some of these beautiful children could be mine. Another neurological mystery is found on Guam. A disease known as lytico-bodig, which has elements of both Parkinsons and motor neurone disease, is endemic and goes back in families to the beginning of the last century. Again, this is old Sacks territory. The variety of the symptoms and their late onset, as well as the Parkinsonian aspects, are reminiscent of his post-encephalitic patients in *Awakenings*. The situation presents a great challenge to the brain investigators who have yet to find the cause. It may be the result of a craving for the seeds of a particular cycad which is used by the locals as flour for tortillas and tamales. The seeds are poisonous unless lengthily prepared. It may also be the result of what seemed to be naturally very low calcium and magnesium levels. In any event, the affected families are suffering greatly, and Sacks visits them, observing and making tests. The disease seems to be self-limiting. This is not the first time the locals have met neurologists. The doctor who lives on Guam and tries to make the lives of sufferers more comfortable says: Metaphors for the sublime come readily to Dr Sacks from out-of-the-way places and medical conditions, and perhaps the plethora of them in this book will work better in the visual medium of television, but after my rereadings of his other works, I began to long for someone to come along and fill instances of the mundane everyday with meaning. There must surely, I found myself brooding, be some significance in the ordinary.

## OLIVER SACKS WHOLE WORK IN pdf

*We are thrilled to announce an upcoming tribute to the remarkable life and work of Dr. Oliver Sacks produced by the World Science Festival. Dr. Sacks, a longtime contributor to the Festival, will be the subject of this year's opening night event, June 1, in New York City.*

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