class 11

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ANALYSIS OF THE OLIVER SACKS' THE MAN WHO MISTOOK A WIFE FOR A HAT (Chapter 1-24)

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PART ONE: LOSSES

JOURNAL ENTRY – ANALYSIS OF CHAPTER 1

THE FACE BLINDNESS ANALYSIS

As a coincidence, the author starts with the book's title story allowing us to explore the thoughts of a fulfilled doctor that appears to have lost the correct view of life. Although the title indicates a lighthearted read, Oliver Sacks takes a more serious approach to the mentally impaired. The book discusses why a patient exhibits indications of transports, simplicity, excesses, and losses. Sacks was puzzled as to why most physicians had a mechanical and impersonal perspective to their clients. He turned his attention to alternative approaches to handling persons with neurological diseases.

The first Chapter spins around the character Dr. p. The character was a music tutor and a singer. He had a pretty weird condition as a tutor in which he was not capable of identifying the faces of his learners but instead used their voices to recognize them (Krpan, D., & O'Connor, A. J, 2017). Dr. P. was also prone to seeing faces where none existed. Sacks approach Dr. P. in a friendly, conversational manner when they first meet. His objective isn't just to figure out what is wrong with the doctor but rather to feel his character. In this regard, Sacks differs from several neurologists, who want to do testing as soon as it is possible.

Dr. P.'s condition allows him to see, while unable to put whatever he observes together to form a complete picture. He misidentifies his wife as a hat since he readily mixes his sensory input without a holistic understanding of his wife like a human (Ptashkin). It may even be hard to comprehend why Dr. P. can see stuff while failing to recognize faces. To understand, we must remember the distinction between perception and sensory input or the capability of our sensory systems to collect and organize information from the outside world.

Sacks do not advise Dr. P. to undergo therapy or any possible treatments; instead, he advises him to involve himself more in music. Throughout the book, Sacks' recommendation is indicative of

his approach to clients. Sacks appear to be much more interested in assisting patients in adapting to their conditions (Martin, 2017), mainly through the arts, than continue to live active lifestyles.

The author believed that the concerns at the core of client services required redefining as the manner individuals were all being addressed harmed not only clients but professionals too. It hindered a medic's capability to treat a condition of a client effectively.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 2

OLIVER SACKS' THE MAN WHO MISTOOK HIS WIFE FOR A HAT 4.

Lost in memories, found in spirituality.

What would it be like if you woke up one day with no capacity to make new memories? Consider being trapped in a realm of limbo, understanding what happened yesterday, and waiting for a future that will never arrive while being completely unaware of your situation. The account of "the lost mariner" includes the unbelievable but genuine story of Jimmie G., who is locked in this ambiguous situation. Jimmie was a forty-nine-year-old healthy-looking man who had already served in the military as a mariner in his youths when given to Dr. Sacks in 1975. Dr. Sacks was deeply devastated by his severe disease because he was characterized as "extremely clever," a personable and genial fellow. Jimmie G. was "secluded in a single instant of existence, with a gap or moat of forgetfulness all around him," according to Dr. Sacks. He is a guy with no past or tomorrow, trapped in a never-ending, worthless present time."

Though Jimmie was conscious of his amnesia, there was no reasonable way to express the gravity of his predicament to him. For example, he thought he was 19 years of age and was astonished and scared to discover an elderly guy looking back at him when he had been given a mirror. Given sufficient time, Jimmie could forget about the mirror event shortly after the dose of reality. His amnesia symptoms were among the strangest Dr. Sacks had ever encountered. After consulting with Jimmie's sibling and learning that Jimmie had a history of alcoholism), he confirmed his diagnosis of Korsakoff's condition. Korsakoff's syndrome is characterized by a chronic thiamine (vitamin B-1) shortage and is most typically caused by alcohol misuse, leading to the degradation of the brain's small but vital mammillary bodies. These tiny limbic system regions, which are positioned dorsal to the hypothalamus on the ventral side of the brain, are engaged in developing new experiences such as episodic memory and generate similar symptoms to Jimmie's when disrupted. Sadly, there was no treatment available for Jimmie's sickness.

Dr. Sacks was quite well aware that having Jimmie live with his sickness would necessitate methods beyond psychology, neurology, and any other type of therapy. Dr. Sacks, with the support of his siblings at the senior home, was prepared to help Jimmie find purpose and meaning in his existence. Whereas retrograde amnesia is very prevalent, Korsakoff's syndrome is comparatively rare, especially among heavy drinkers. In the instance of the missing mariner, it is sporadic for a Korsakoff patient to develop retrograde amnesia to a particular period and then stop progressing. Jimmie will always be trapped in a 1945 mindset, unable to break free from his enslavement, incapable of perceiving the chains that bind him. The Lost Mariner is a story about a personal tragedy as well as a neurological anomaly. Having no short-term memory is equivalent to having no life. Memory is an essential component of your personality, and being unable to retain memories puts you in a state of limbo where time stops still (Martin, 2017).

JOURNAL ENTRY – ANALYSIS OF CHAPTER 3

The Courageous Disembodied lady

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We are taught from a young age that our five senses allow us to experience the world; nevertheless, the story of the disembodied lady delves deeper into our secret sense or concealed sixth sense. According to Oliver Sacks, our daily lives are dependent on something hidden or new: the sixth sense of where one's body is located, known as proprioception.

Christina, who struggles from a loss of proprioception, or the inability to sense or feel her bodily self, is the protagonist of "The Disembodied Lady." She feels disembodied and immobile due to her illness, although she has gradually gained the capacity to move by using her brain. She was a twenty-seven-year-old mother of two and a computer engineer. Christina experienced a sudden attack of abdominal discomfort and was diagnosed with gallstones, which she had to have removed. Christina is put on antibiotics a few days well before the gallstone operation as part of her preparation.

Christina experiences a vision in which her body is out of command when she is in the clinic. Then, after a few hours, her vision comes true. Christina is shaky on her feet, swaying, dropping, and flailing objects all over the place, and she has zero control over her body. Medics initially disregarded her complaints. Her hands seemed to simply disappear from her as her conditions increase, she has been unable to move or sit up straight, and she has lost all sense of her body. A spinal puncture showed an infection in the spine, which had affected the proprioceptive nerves. According to Sacks, three components provide a feeling of the body: eyesight, proprioception, and balancing organs, which Christina had lacked.

As a result, Christina compensates for the loss with her other parts. Christina maintains control over her body by constant self-observation and extensive treatment, but her artificial means of adjusting for the loss of proprioception would never appear natural. Other people are unaware of Christina's disability. She equates herself to a pithed frog, describing her body as deaf and blind

to its own. According to Oliver Sacks, she has both excelled and struggled, who praises her courage and calls her a neurology heroine.

There are different situations that are comparable to Christina's case. The case of Ian Waterman is referred to as "the one who went missing." Ian Waterman lost his sense of proprioception, which is similar to the case of the disembodied lady (Christina). Waterman was Nineteen years old when he became ill with what appeared to be stomach influenza. Ian was in the treatment center a few weeks later, unable to sense his body parts. Ian had a sensory system disorder that was so unusual that even Jersey's experts couldn't figure out what it was. His palpable nerves had been devastated by the sickness, which was responsible for sending sensation and data about muscle and joint location, which is critical for our capacity to function. Ian was forced to interact with the environment as if he was in the space; he has no clue where his appendages are. With the help of therapy, he regains the focus of his appendages via his vision (Tuthill, 2018).

There are numerous strategies to make life better for persons who suffer from the condition. Physiotherapy is one technique to help persons with proprioception loss improve their quality of life. Doctors can help patients recover their motor skills, endurance, coordination, and balance while also assisting them in managing their everyday duties (Hausdorff JM, 2016). . Balance and dual-task training and proprioception therapy are also helpful in improving the condition of a patient. Joint relocation training, Tai Chi, coordination exercises, and neuromuscular workouts are common examples. Additionally, virtual reality, iProprio, and robotic technology are all being used to help persons with proprioception loss enhance their quality of life. Tactile inputs, visual and proprioceptive, direct the patient's movement with robotic equipment (Zeynep, 2016).

JOURNAL ENTRY – ANALYSIS OF CHAPTER 4

The Man Who Fell out of Bed

In Chapter, a guy was sent to the clinic with symptoms of a "lazy left leg." The guy awoke after a deep sleep to find what he assumed was a cadaver's left leg on his bed. He attempted to bodily withdraw the weird leg off his bed, disgusted. He quickly discovered it was linked to him and slipped out of bed with the missing limb. Once the neurologist checked what was going on, he quickly recognized the guy was referring to his leg. The patient's symptoms began with the weakening in his left leg and progressed to a more catastrophic condition in which he lost all sensibility in his left leg. It is a symptom of parietal ataxic hemiparesis1, a neurological condition. Dr. Sacks did not specify which brain region was generating the signs, but it has since been determined that injury to the right parietal lobe is to blame

The parietal lobe is in charge of your body's spatial reasoning and various sensory inputs to the brain, including your sense of touch. The corticospinal tract is frequently affected because the axons between the spinal cord and the cerebral cortex cannot effectively integrate or transfer data. If indeed the corticospinal tract begins on the right side of the brain, it will decussate in the myelencephalon and travel to the other part of the body, where it will link to the spinal cord and subsequently the left leg. Dr. Sacks did not comment on whether or not the condition was treatable. In some circumstances, antiepileptic medicines used to alleviate the symptoms, which are shown to work in as little as a few days.

If they are unable to be treated, they may be capable of overcoming their difficulties through rehabilitation, which involves a combination of mental and physical exercises to reduce symptoms (Connors, B, 2007). Although lesions to the parietal lobe are not uncommon, this type

of disease is uncommon. Patients with hemiparesis following a stroke are more likely to develop these symptoms. The patient in this research study is unusual in that he appears to be ordinary in every way except that he was getting almost hallucination-like images regarding his leg. He could not identify his own limb and be convinced the nurse had attached an impostor leg to his body.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 5

"Gifted Hands"

Madeline J., a fiery redhead with cerebral palsy who was admitted to Saint Benedict's Hospital in New York in 1980, was sixty years old at the time. Madeline was bright and had read a lot of books with the assistance of others. Madeline told Sacks that she couldn't do anything with her hands and that they were like "godforsaken lumps of dough." Madeline's answer surprised Sacks because cerebral palsy seldom affects the hands.

Furthermore, Madeline's hands, while moderately spastic, were not completely unusable, as she stated. Sacks then looked at the examples of people who were unable to utilize their hands. Thousands of soldiers said their hands felt "strange" and "lifeless" in one example. On the other hand, the soldiers could recall a time when they utilized their hands typically; Madaline, on the other hand, had never done so. Sacks attempted to persuade Madeline J. to eat with her hands by providing her food without utensils. Madeline eventually started eating bagels with her hands. She became interested in experiencing various objects with her hands after that. In her free time, Madeline started sculpting. Madeline had trouble controlling her hands during the first sixty years of her life, even though most individuals acquire a brain function when they are babies. Even more incredible, she regained control of her hands after 60 years.

Sacks comments in the Postscript that Madeline J.'s situation wasn't unusual; another patient, Simon K., had a comparable loss of control over his hands and, with aid, learned to use them properly. Sacks also point out that patients' capacity to move their hands and feet normally might be lost and restored at any time. Sacks attempts to address Madeline's impediment by teaching her to use her hands after realizing that her scenario is uncommon in medical literature.

Sacks' success demonstrates that people are difficult for motor function of their very own hands, even though this capacity can go inactive for years in some exceptional cases.

Sacks has discovered that there are more comparable cases of persons losing and taking back control of their hands after studying Madeline. On the other hand, Sacks improves medical knowledge of the topic by treating Madeline and demonstrating that her neurological disability may be remedied.

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JOURNAL ENTRY – ANALYSIS OF CHAPTER 6

Phantom limbs are excruciatingly uncomfortable.

Whenever neurologists speak about a "phantom," they refer to a mental image of a bodily part that continues long after the patient has lost that physical component. A sailor, for example, lost his index finger and had to live with the phantom of the finger for the next forty years. He'll go through some of the other properties of phantoms in this Chapter. The cause of a phantom is unknown to neurologists, although it is generally recognized that a sudden clinical problem, such as a stroke might eliminate it. Sacks questions if a "peripheral pathological illness could cure a phantom." Charles D., like Christina in the previous chapters, suffers from an intermittent loss of proprioception; nevertheless, he adjusts to this loss by staring at his feet; in other terms, by depending on his sense of vision more than expected.

Amputees would be uncomfortable with artificial limbs if they didn't have phantoms. As a result, it may be critical for patients to keep a phantom. Sacks reported a patient who could hit his thigh each morning to "wake up" his phantom lower limb. Another patient of Sacks was Charles D., who was dizzy and frequently fell to the floor. After more study, Sacks discovered that Charles could only move steadily while staring at his feet, implying that he was dealing from tabes, a condition characterized by a "delirium of proprioceptive illusions." In the late stages of tabes, persons such as Charles are frequently entirely oblivious of their legs, but, in the initial stages of the illness, individuals like Charles are frequently intermittently ignorant of their legs.

A patient informed Sacks that his foot phantom was sometimes pleasant and sometimes bad, which was one of the best descriptions of a phantom. His phantom enabled him to walk steadily with a prosthetic foot at best, which hurt him at worst. According to Sacks, patients must

create bodily habits for either maintaining or eliminating phantoms. Sacks mention in the Postscript that some patients with phantoms claim that their phantoms inflict pain. One lady with phantom leg pain told Sacks that the agony went away when doctors anesthetized her spinous ligament, diminished when they activated her higher spinal cord and increased when they electronically activated the spinal roots. Sacks mention a prospective solution for people who suffer from phantoms; nevertheless, in the meanwhile, patients will have to rely on routine and thorough education to deal with their phantoms.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 7

On the level

In St. Dunstan's Hospital, Oliver Sacks recalls meeting a guy named Mr. MacGregor. Sacks was welcomed by MacGregor, who said that others had told him he leaned "like the Leaning Tower of Pisa." MacGregor strolled around the room, bending to the left by roughly twenty degrees but claiming to be completely straight. Sacks presented MacGregor a video of his motions, and MacGregor, who had previously had Parkinson's disease, instantly saw that he was tilting to one side. According to Sacks, there are five significant senses, but the mind can also organize itself in other ways. The vestibular system is one technique to accomplish so. The ears are set up to work like carpenter's levels: when one inner ear is lower or higher than the other, the mind perceives that the body is out of proportion. Mr. MacGregor's condition, however, was significantly more complicated than a fundamental vestibular disorder. MacGregor leaned to one side since, even though his visual, vestibular, and proprioceptive systems were all functioning normally, the consequences of Parkinson's disease prevented his mind from integrating these three components.

We might look to the work of the renowned neurologist Purdon Martin to comprehend Mr. MacGregor's situation, according to Sacks, who maintained that one of the mind's responsibilities is to incorporate sensory data from the proprioceptive, visual, and vestibular systems. People with Parkinson's condition, on the other hand, cannot incorporate data, which means that even closing their eyes can lead to losing their balance. Mr. MacGregor suggested utilizing a level surface, his spectacles, to organize himself when speaking with Sacks about his illness. He and Sacks tried hanging a little pendulum on his spectacles so he could check his

alignment visually anytime he needed to. Because other people with Parkinson's could use these glasses to walk and stand straight, they were famous in the hospital.

Unlike when Sacks showed Jimmie G. his aging face, here Sacks appears to be doing the right thing by displaying MacGregor a film of his lean this is one example, in other terms, where disturbing a patient's fantasy is the moral and valuable thing to do. This Chapter, like many others, concludes with Sacks trying unconventional methods to help Mr. MacGregor deal with his current ailment. MacGregor needs to rely on his five senses in this instance, sight more than usual to assess whether he's sitting upright or not, but he reclaims his stance and a resemblance of everyday existence in the process.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 8

Eyes Right!

The unusual inclination of a woman not to overlook the left side of "the universe" is described in the "Eye's Right" section. Mrs. S, a lady in her fifties, had a stroke that affected her right cerebral hemisphere's back regions. The cerebral cortex is divided into two hemispheres: left and right; these two parties have "contralateral control," which means that the brain's left half regulates the right part of the body and vice versa. The opposing side of the body is impacted when one side of the brain is impaired. A stroke in the right hemisphere of the brain, for instance, can cripple the left leg and arm.

Since her "intelligence" was unaffected, she was unaware that she did not see the "left side of the globe;" she was unaware of her incorrect impression. As a result, items offered to her were invisible because they were on her left side, and she couldn't see them. It never occurred to her to tilt her head to the left when items were brought out to her on the left side. This underscores the fact that the left half of the globe does not exist. This resulted in odd behaviors, such as only applying cosmetics on the right side of her face and only arranging her hair on the right side of her head. When she was shown a screen on which she could envision her left side, she panicked out since the left half was invisible. The corpus callosum is a network of white fibers that connects the right and left hemispheres.

This framework provides communication between the two hemispheres, allowing data from the left to be taken out and processed on the right and likewise.

Communication between these two hemispheres is disrupted when this region is damaged. Split-brain patients have this disability, in which the right and left halves of the brain function independently of one another. Dr. Sperry, a brain researcher, described a study that was similar to Mrs. S's encounter. A patient with a split-brain was shown a toothbrush on the right side and correctly identified it as such. When the toothbrush was placed on the left side, though, he saw nothing. Mrs. S. had the same thing. On the other hand, Split-brain patients may have both vision fields intact and be able to distinguish both sides of the universe, but they cannot put things all together, as opposed to Mrs. S, who was unaware of the left side world. Moreover, the left or right hemispheres could be seen since each half of the visual field projects to a different part of the head, intersecting at the optic chiasm.

We must also remember that one side of the brain has a certain degree of dominance over another in specialized functions. The right brain is dominant for spatial ability, face recognition, visual imagery, and music in general. As a result of her left side being paralyzed, we suppose her right hemisphere, which is dominated by visual images, is damaged. She did, however, devise a plan to see the left side: a spinning wheelchair. Therefore, if she can't find anything she thinks should be there, she can go out in circles until she discovers it.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 9

The President's Speech

This is an accurate tale concerning people who have aphasia. These patients were listening to the president speak and began giggling at his remarks. Emily D., a retired English teacher, was among the ones who didn't laugh. She carefully listened to the president's address but was unable to comprehend it. Aphasia is a communication and speech problem caused by injury to specific brain areas. Aphasia affects people's ability to comprehend and use language. It's pretty frequent among persons over the age of sixty-five who have had a stroke.

Aphasia causes people to be unable to speak or comprehend what others are saying and affects their ability to write and read. Aphasia can be caused by injury to the brain's language area. Aphasia causes people to be unable to speak or comprehend what others are saying and affects their ability to write and read. Aphasia can be caused by injury to the brain's language area. This is because it is in charge of voice control and language recognition. The Broca's and Wernicke's areas of the brain contain this region. As a result, aphasia is caused by injury or damage to these regions of the brain and impairment to the route that connects them. Many causes, such as migraine, Alzheimer's, Parkinson's, brain tumor, stroke, and epilepsy, can cause this harm.

People in this story chuckle at the president's address, making one wonder why they are laughing if they don't comprehend what the president is saying. True, they couldn't comprehend what the president said, but they were aware that he was dishonest and that his statements were not deceiving them. This was the source of their amusement. You could be thinking that if they don't comprehend his language, how can they be sure he's telling the truth? The solution is that persons with aphasia start to pay attention to tones, gestures, and cadences because they can't relate to other people's perspectives to comprehend. They can determine if someone is dishonest or not by glancing at all of these and putting them collectively. It's remarkable how the true definition only serves a tiny portion of what individuals use to communicate with one another.

Emily D, who had a glioma in her right temporal lobe, was the one who didn't laugh. Emily couldn't tell what the tone was. She couldn't determine if a voice was pleased, unhappy, or angry. As a result, she had to pay close attention to the words and how they were employed. Emily struggled to comprehend and follow the slang jargon. She was unaffected by the speech. The author quotes Emily's comments on the speech: 'He isn't logical,' she stated. 'He doesn't have a strong command of the English language.' His word choice is incorrect. Either he has a brain injury, or he is hiding things. 'All of these incidents involved damage to the region of the brain that processes language.

As a result, aphasia therapy is challenging. Although it is difficult to repair a damaged brain section, persons with aphasia can benefit from sessions with a speech-language pathologist. These sessions will improve the person's capacity to communicate and speak.

PART TWO: EXCESSES

JOURNAL ENTRY – ANALYSIS OF CHAPTER 10

Witty Ticcy Ray

People with physical and mental disorders sometimes struggle to distinguish between their defects and their identity. Ray tries to build an identity apart from his Tourette's in Oliver Sacks' "Witty Ticcy Ray." Tourette's syndrome "is characterized by an excess of nerve activity, as well as a tremendous output and extravagance of odd actions and notions" and affects each person differently (Sacks, 1981). Following the widespread recognition of Tourette's syndrome in 1971, Sacks spoke with Ray, who had struggled with the disease from infancy. Oliver Sacks and Ray tried various therapeutic methods to manage Ray's Tourette's, including psychoanalytic medications and profound introspection.

According to Davison et al. (2014), A mental disorder is "a psychological condition linked with present discomfort and impairment." Physical illnesses have physiological or neurological roots, whereas mental disorders have cognitive and behavioral bases. Even though these diseases can be classified independently, they frequently coexist. Tourette's is a neurological condition that is also listed in the DSM-5 and causes various difficulties. "People with psychiatric illnesses typically suffer unfavorable stigmatization and stereotyping,"

according to Davison (2014). Ray, too, was stigmatized as a result of his Tourette syndrome. "Ray had been susceptible to such tics since the age of four and highly stigmatized by the attention they awakened," says Sacks in 1981.

Ray's mood swings were also a problem, as they were for many others with mental illnesses. Ray, for instance, had crazy energy and mannerism at times but also could be tic-free and tension-free with a "kinetic melody" (Sacks, 1981). Finally, people with mental illnesses frequently struggle to discover treatment alternatives that are both effective and pleasurable. Ray's initial therapy effort was also unsuccessful, forcing him to look into other options. Individuals with mental disorders may experience difficulties, yet these challenges may be overcome. For example,

Ray, for instance, based his whole identity on his Tourette's condition. "Ray looked, at least humorously, to have no idea of his identity save as a ticqueur," stated Sacks in 1981. Tics were a big part of Ray's personality that "Ray stated he couldn't fathom life without Tourette's, and he wasn't sure he would care for it." According to Sacks, 1981, Tics had been a part of Ray's life since he was a youngster, and they had hampered and challenged him. His ticking had so heavily influenced Ray's friendships and professional life that a life free of Tourette's would have seemed alien to him. Ray might also have been influenced by self-stigma, which is defined as "the propensity to absorb mental health stigma and perceive oneself in more unfavorable terms as a result of suffering a psychiatric condition" (Davison et al., 2014). Ray may have internalized the stigma he was subjected to, reducing himself to nothing more than a ticker. Many people who suffer from physical and mental illnesses may believe that their illness determines them; nevertheless, this negative perspective may be changed via various treatments.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 11

Cupid's Disease

Lovesickness is described as a profound, often dismal need to discover or be adored, but is it powerful enough to be classified as an ailment, or is it merely a strong emotion that might be debilitating? Many would contend that the notion of love itself is a contentious subject, yet picture being engrossed in all the joys it has to give even without realizing that "cupid" had launched his arrow. Dr. Sacks tells the story of Natasha, a nearly ninety-year-old woman who once had a case of "Cupid's Disease," sometimes known as syphilis, which prompted her to start romancing. Many would contend that the notion of love itself is a contentious subject, yet picture being engrossed in all the joys it has to give even without realizing that "cupid" had launched his arrow. Dr. Sacks tells the story of Natasha, a nearly ninety-year-old woman who once had a case of "Cupid's Disease," sometimes referred to as syphilis, which prompted her to start romancing.

A bacterial infection of the nervous system, the spinal cord, or the brain causes neurosyphilis. This kind of syphilis is most common in people who have had untreated syphilis for a long time, anywhere from 3 to 30 years. Treponema pallidum is the name of the bacteria that causes this illness. Neurosyphilis does not occur in every syphilis patient. Symptoms of the

condition include irregular movement, numbness in the legs, foot, or toes, issues with thinking, mental disorders such as tremors, depression, and even vision abnormalities. The limbic system, including the amygdala, the hippocampus, and the dentate and cingulate gyrus, are all affected by neurosyphilis. Syphilis is an infectious illness that is transmitted mainly via sexual contact. Almost all of the time, the infected person is ignorant that they have the condition, which is how it spreads.

Natasha arrived at the hospital ecstatic, saying how much more energized, vibrant, and luscious she felt, particularly with younger guys. Her friends questioned her sentiments because of her advanced age, believing it was simply not acceptable. She disregarded them at first but then realized that there was something amiss because she felt so well. She informed Dr. Sacks that she contracted syphilis in a brothel seventy years ago. Her spinal fluid testing revealed that she did suffer neurosyphilis. Spirochetes were stimulating her cerebral cortex. She asked Dr. Sacks whether he could treat it so that the condition would not improve or deteriorate but would just stay the same. Dr. Sacks administered penicillin to destroy the spirochetes, and her brain alterations were irreversible, just as she had wanted.

She left Dr. Sacks with milder but still vivid life ideas and no more damage to her cortex. It's conceivable that this form of neurosyphilis is prevalent, although there aren't many examples of it. Dr. Sacks concludes this Chapter with a postscript on a person with neurosyphilis who had bursts of excitement, but not in the manner of love, but in the form of creativity and imagination.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 12

A matter of identity

What would you call yourself if you were to come up with a title to define your life? How would you name your inner story so someone unfamiliar with you might recognize you? Most individuals can think of an answer after some thinking, but what if you can't? What if your sense of self-identity was inconsistent? Every day, everything else in the world, including impressions, feelings, ideas, and acts, was made up on the spot and forgotten in a matter of seconds.

Korsakov's syndrome is a long-term memory problem induced by a severe thiamine (vitamin B-1) deficit. Alcohol addiction is the most frequent cause, but it can also be caused by AIDS, chronic illness, or inadequate diet. Vitamin B-1 aids in the production of energy from sugar in the brain; as a result, when levels are insufficient, brain cells cannot produce the required energy to function effectively. Wernicke encephalopathy, a condition characterized by painful periods of bewilderment, muscle faltering and stumbling, a loss of coordination, and irregular or uncontrolled eye movements, is frequently present. Korsakov's patients have difficulty acquiring new material, recalling recent incidents, and have significant gaps in their excellent memory.

Moreover, patients "confabulate," or make up the information they don't remember and think to be genuine. Korsakov's symptoms are caused by damage to the mammillary bodies of the brain, as well as perhaps sections of the hippocampus and other frontal cortical areas. Dr. Sacks is brought to Mr. Thompson because he has trouble remembering and identifying people and a lack of knowledge of his self-identity. Thompson is said to be able to switch between a dozen different personalities in a matter of minutes. He alternates between what he considers the truth and what he makes up, addressing Dr. Sacks as a butcher and a car mechanic. He recognizes that he is inattentive and susceptible to confusion for brief periods but then reverts to further confabulations. Dr. Sacks defines his improvisations as a mix of assumptions, beliefs, and, in the end, imagination. His universe was entirely up to his perceptions and incoherences—to the point where he thought nothing else was wrong. He remembered nothing for more than a few seconds, hopelessly lost.

Dr. Sack talks about his futile attempts to "reconnect" Thompson to realities using social, family, and non-human means, but the attempts simply exacerbated Thompson's hallucinations. The presence of others thrills him to the point where his mind races in an attempt to discover some form of reality, as opposed to being alone, where he may find peace and a position in the universe that is tangible. Sacks further notes this illness's ubiquity by referring to his patient Jimmie G, who had close encounters with Korsakov's and confabulations.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 13

Yes, Father Sister

Consider what would happen if your best buddy began to transform into an entirely different person. The sincere, reticent person you've known all your life is now shallow, reckless, and constantly cracking jokes. While it might simply be that a buddy has come to their senses and revealed their true colors, Mrs. B, a research scientist, had a far more significant cause for her dramatic shift in demeanor. Dr. Oliver Sacks wrote about Mrs. B's story in his book "The Man Who Mistook His Wife for a Hat: And Other Clinical Tales." According to Dr. Sacks, this abrupt shift was triggered by a tumor, a considerable mass of cells situated in both frontal lobes of her brain. The tumor is made up of cancer cells and is difficult to erase; even if one remaining cell is eliminated, it can grow and establish a new tumor (Sacks, 2010).

Mrs. B's situation was particularly intriguing because of her apparent inability to combine diverse aspects of a person's personality. It was as if she saw a person as a collection of jigsaw pieces, and then when asked to describe the whole person, she only used one of the parts. Her

capacity to derive meaning from things seemed to be harmed by her apparent loss of integration. This had a significant negative impact on her life, with her family and friends trying to explain that she had been "desouled" in some way (Sacks, 2010).

The tumor's effects influenced Mrs. B's behavior. The brain is divided into several regions called lobes, each with its own set of activities. The tumor affected the lobe that deals with several elements of a person's identity, such as emotions, personality conscious cognition, and decision-making process, because it was positioned on the frontal lobes of her brain. The tumor's destruction had a visible impact on the frontal lobe's function, as well as her entire identity. It was unclear from Dr. Sacks' explanation of Mrs. B's case whether she could be helped for her illness or not. For both the person and others around them, it may be quite difficult not being the individual you once were. Therapy for her tumor would be critical due to this; however, due to the tumor's location and composition, treatment may be too risky.

Psychological counseling with the patient, seeking to solve the problem of integrating many parts of things and bring purpose back into her life, might be an option for tumor removal. , this is a typical occurrence, with many patients slipping farther into "dissolution" as their illness progresses (Sacks, 2010).

JOURNAL ENTRY – ANALYSIS OF CHAPTER 14

The Possessed

Think of a world where you could transform your awareness to a more lively self at the touch of a button; imagine a version of yourself who is more linguistically sharp, musically interested, and timing proficient on weekends, and a more quiet, subtle, and clear self during the week. This is the world in which "Witty Ticcy" Ray lives since he, like many others, suffers from Tourette's syndrome. The author offers us a case of severe and rare Tourette's syndrome in the 14th Chapter, "The Possessed" (TS). Tourette's syndrome is a neurological condition characterized by physical and vocal tics. It can sometimes be accompanied by a cognitive impairment such as attention deficit hyperactivity disorder (ADHD) or obsessive-compulsive disorder (OCD) (OCD). The condition can sometimes show in an aggressive and violent form, making the sufferer appear possessed, and this is known as "Super Tourette."

To illustrate, Dr. Sacks reminds us of a day when he was strolling through the streets of New York City and came across an elderly lady who was exaggeratingly mimicking persons

going by. Her movements were skewed, uncontrollable, and intense. She had lost her typical sense of self and inhibition walls. Without a doubt, she lost her uniqueness and took on the characteristics of every one. "This lady, who forgot her own self by being everyone, became nothing. How must it be for this lady with a thousand faces, masks, and personae in this whirlpool of identities?" Dr. Sacks describes himself in this way.

Although the exact origin of Tourette's syndrome is unknown, new research suggests that anomalies in the basal ganglia, which disrupt the usual dose of dopamine and serotonin neurotransmitters, may be to blame. Super Tourette can cause obsessive tics, frantic movements, and personality and behavioral problems in difficult situations. This Chapter focuses on how doctors' offices do not enable patients to communicate their jumbled brains and unclear personalities and how most of the information crucial to diagnosis is missed or cannot be fully comprehended. As a result, there is no more extraordinary place to observe someone than in their natural environment, in the actual world.

The significance of watching patients in their social surroundings and keeping track of their meaningful relationships with others isn't new in neuroscience; other writers and studies have already discussed "Street Neuroscience," as it is termed. For example, after seeing many people on the streets, James Parkinson initially characterized Parkinson's disease. Dr. Sacks has spent his time studying and watching Super-Tourette's since his chance encounter with that distressed woman on the street and has concluded that seeing others when they interact with others is a vital process in the diagnosis. It's not just about the sick but also about their relationships with others and how they see the universe.

PART 3: TRANSPORTS

JOURNAL ENTRY – ANALYSIS OF CHAPTER 9

Reminiscence

In this section of the book, Dr. Sacks describes the example of Mrs. O'C., an eighty-eight-year-old woman who complains of hearing music playing in her head all the time, even though her surroundings were perfectly silent. Mrs. O'C. Claimed that hearing this song brought back strong recollections and feelings from a time in her childhood in Ireland and she had no conscious memory of. Dr. Sacks assumed Mrs. O'C.'S symptoms were neurologically caused because she was in ideal physical health and popped up to be mentally stable. He discovered a tiny blood clotting or thrombosis, in the patient's right temporal lobe after conducting an EEG.

The temporal lobes are referred to as the "musical lobes" by Dr. Sacks because they are important for a variety of activities, including auditory and memory perception. Patients with abnormalities or defects in these lobes frequently experience musical hallucinations, which trigger strong memories, as was the scenario with Mrs. O'C. Patients who have less serious

epileptic seizures are treated with anticonvulsant or antiepileptic medicine, however those who have more serious symptoms may need surgery. Mrs. O'C. Profited from the seizures since she was able to work from home. Although she was initially concerned by the music and other symptoms, she later recognized them as a type of healing and did not seek medical attention for the seizures, which were manageable. Instead, in her instance, the seizures became less and less frequent.

The patient's illness and symptoms were relatively frequent in this instance, since Dr. Sacks cites other individuals who had temporal lobe injury and thus suffered from hallucinations and epileptic seizures. For instance, one of the people he describes is Mrs. O'M, another one of his patients. She, like Mrs. O'C, had epileptic episodes that resulted in music hallucinations. Mrs. O'M., on the other hand, made no attempt to elucidate the significance or personal and emotional circumstances that could have contributed to the familiar music she was hearing, preferring instead to have the treatment end the music and sounds. She ultimately met with Dr. Sacks after four years of having these symptoms and believing she had gone insane, and stated her desire to have the epileptic seizures stopped. Dr. Sacks then prescribed anticonvulsants to alleviate her symptoms and prevent her from having seizures.

Mrs. O'C.'S refusal of medication, despite the fact that her seizures started to fade on their own, demonstrates how distinctive her case was in comparison to people with a similar sickness. She regarded it as a gift that she was regaining old memories from her upbringing that she had forgotten about, and she started to self-heal as a result.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 16

Incontinent Nostalgia

Sacks takes a few moments to relate Rose R's story. Rose is a post-encephalitic patient who develops memory after being treated with L-Dopa. Patients who get L-Dopa frequently feel reminiscence, according to Sacks. Due to Parkinsonism, Rose has been in a state of trance for the past 24years. When Oliver Sacks employed L-Dopa to help patients, he discovered that the substance frequently triggered abrupt, intense reminiscences. When he employed L-Dopa to treat a 63-year-old lady with Parkinson's disease, she showed signs of nostalgia, enhanced libido, and an increase in sexual recollections. The lady was taken aback because she stated she had not felt this energetic when she was a teenager. At some point in life, almost everyone has an unexpected reminiscence. A word, tone, or smell that stimulates the recollection might sometimes start the recall. However, patients with chronic migraines or epilepsy may encounter involuntary

reminiscences. The 63-year-old lady in this book is similar to Natasha from Part Two in that she has a sharp increase in libido and vitality, which she attributes to a mental "disease."

People's views seem to be "stacked with an almost endless number of dormant memory-traces" that can be summoned into awareness at any moment. L-dopa, alcohol, Epileptic fits and migraines can all bring up old memories, resulting in a vivid "re-enactment." There is a well-established connection between epilepsy and memory, and many epileptics suffer from rapid, involuntary reminiscence episodes. Sacks discusses what the "self" is and how it is tied to memory once more when examining the number of generally inaccessible memories housed in each person's brain.

L-Dopa, a precursor to dopamine that can easily cross via the blood brain barrier, was given to the patient to attempt to better her symptoms. It almost appeared like L-Dopa worked as a time machine when she received her initial doses. It not only transported her back in time, allowing her to recall current events, social habits, and every verse of a song she hadn't heard in 40 years, but it also reverted her symptoms to their initial stages. She had increased control over her emotions and a dramatic relief from her oculogyric-trance and Parkinsonism throughout these initial stages.

Despite the fact that Parkinson's disease is a widespread ailment that many people face nowadays, post-encephalitic Parkinsonism is relatively uncommon. The Spanish flu epidemic of the 1900s is thought to be the cause of post-encephalitic Parkinsonism. What made this case study so interesting wasn't how L-Dopa medication alleviated physical symptoms of Parkinson's disease, but how it triggered an uncontrolled flood of memories from forty years ago. Doctors also attempted to reduce the patient's L-Dopa dose, which resulted in the patient's full loss of previously recalled memories.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 17

A passage to India

Dr. Sacks has a patient Bhagawhadi who is having a Grand Mal seizure (serve trembling and muscular spasm) as a result of a tumor in her brain in this book. Seizures started to travel rostral, reaching the brain through the Temporal Lobe. Shifting from a state of unconsciousness to a calm, almost "dreamy" seizer. The temporal lobe, parietal lobe, and lastly Occipital lobe are the four lobes of the human mind, and each lobe is unique in that it handles distinct body functions at the top level. So, in "Passage to India," the patient has Reminiscence and Nostalgic visions; she is effectively with her own "phantasy," which is generating hallucinations.

Bhagawhadi had a tough time being treated since she had high intracranial pressure that was causing cerebral edema. They put her on steroids right once to control the swelling and help

her see images of gardens. Trees, villages, and houses. She appeared to like the seizers because she could clearly picture herself in India; she claims people in her village are dancing, singing, and walking about. Apparently, the steroids were not helpful because she continued to struggle with seizures, but she would have died if they hadn't been given to her.

She could feel the seizers coming on more easily now, and she was having them for extended periods of time during the day, so she knew her time was running out. When asked how she was doing, she would often remark, "I am dying." 'I'm returning home.' I'm going back to where I started you might consider it a comeback The patient's health deteriorated, and she stopped answering to external stimuli. She wasn't supposed to feel any pain or pressure anymore. Bhagawhadi was no longer able to hear or speak since death had her by the throat, and she was swiftly dwindling. Regardless of the fact that she usually had a smile on her face and appeared to be nice, Bhagawhadi died three days later. Her instance will be remembered for its rarity and uniqueness.'

She had the exact opposite of a normal case, and she started to perceive visual hallucinations clearly. "They felt more like particular paintings or tone poems, sometimes joyous, sometimes sorrowful, revocation, evocation, visits to and from a cherished and beloved childhood," says the author.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 18

The patient with the enhanced sense of smell

In the narrative The Dog under the Skin, we'll meet Stephen D, a 22-year-old medical student who was diagnosed with Hypermosmia. To get high, the patient uses PCP and cocaine. He had a vision that he was a dog and then woke up to find himself in the middle of his dream. He characterized his increased sense of smell as "transformative," saying he would "see" stuff like he had never seen them before and tell the difference between different hues of brown leather-wrapped books. He used his odour to recognize his patients before he saw them and to traverse the city of New York.

He returned to normal after three weeks of superhuman ability to smell, happy with the encounter and nostalgic for those days. Improvement of smell: can be caused by a variety of factors, including fetishism and paraphilia, as well as overexcitement, like in the context of drug

usage. An enhanced sense of smell is known as hyperosmia, which is caused by a decreased threshold for scent. Because we have studied which regions of the brain's architecture are important for our experience of smell, this example of a patient with a heightened sense of smell is relevant to lecture material. The limbic system, which contains the olfactory bulbs and regulates feelings, is a brain region. As a result, the odour is the one that is most intimately linked to emotion and memory.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 19

Murder

The patient's initial round of symptoms is discussed in this Chapter as organic amnesia since he really cannot recall the murder he perpetrated as a result of his usage of PCP (phencyclidine), an anesthetic, hallucinogenic, and sedative substance (Sacks,2010). The limbic system and prefrontal cortex example amygdala connected with the temporal lobe, and thus memory, are two parts of the brain that may play a major part in supporting these conditions. Sacks (1985) detailed unsuccessful attempts to cure the patient using sodium amytal and hypnosis. In relation to the treatment, the patient's preferred choice at the moment was to commit him to a psychiatric facility (Sacks, 2010).

As a result, the patient might try to control his possibly unexpected behavior in a setting apart from community (Sacks, 2010). The patient's memory problems were frequent due to PCP usage, but what was unusual was his quick recall of the crime he performed after suffering serious injuries in an accident (Sacks, 2010). After avoiding a head-on collision with a car while bicycling, the patient suffered bilateral frontal lobe contusions, extensive subdurmal, hemiplegia (paralysis on one half of the body), and remained in a coma (Sacks, 2010). As per Sacks, the patient's convulsions and severe epilepsy in the temporal lobes (along with other brain abnormalities) were cured by luck, wellness, time, youth, regular psychotherapy and anticonvulsants (Sacks, 2010).

Unlike some other patients with frontal lobe loss, and anticipated careless, vulgar, unconstrained attitude was substituted with an intact, consistent persona in this study case (Sacks, 1985). In addition, the patient's anticipated passive, experience memory hallucinations were substituted by tortured, intense ones in which he had not only witnessed but also re-enacted his victim's murder (Sacks, 2010). The exact cause of the patient's amnesia and then unexpected restoration of his murderous impulses following serious brain injury never was officially determined (Sacks, 2010).

JOURNAL ENTRY – ANALYSIS OF CHAPTER 20

Chapter 20: The vision of Hildegard

The patient's symptoms were mostly characterized as hallucinations in this Chapter, notably visual auras that can occur in conjunction with migraines (Stern, 2009). Sack reported her experience as having many imagined lights and fortified uras (zigzag-like bands of light), while some say that the patient's sketches and explanations are not consistent with migraine hallucinations (e.g., featured human figures) (Schott, 2007). Another possibility for Sacks' diagnosis is that her visual hallucinations were caused by a lesion in the route between the eye and vision-related parts of the cortex (Boksa, 2009). The visual cortex is the part of the brain that is most likely to be generating these symptoms. Dr. Sacks never mentioned the patient's therapy,

but the symptoms may be managed today by using any of a number of migraine-relieving drugs (STeeple. 2009).

SSRIs, antidepressants, and anticonvulsants (if seizures are present) are among the drugs used to treat the signs of visual hallucinations (Teeple et al., 2009). Beyond the visual hallucinations, the patient's individual character and symptoms would have to be assessed in order to decide the appropriate treatment for the auras and migraine (i.e., visual disturbance). Although various patients encounter headaches in various ways, it is not uncommon for migraine sufferers to encounter visual auras (Teeple et al., 2009).

This case study is remarkable in that, unlike other patients who experience visual hallucinations, this woman perceives the lights and figures she encounters as divine visions (Sacks, 1993). Her neurophysiology was read as supernatural inspiration, and Sacks sees her perception as a source of amazement, peace, and motivation for the brain's capability to force the world to shrink into a spirit world via physiological processes (Sacks, 1993).

PART 4: THE WORLD OF THE SIMPLE

JOURNAL ENTRY – ANALYSIS OF CHAPTER 21

Rebecca who chose overlooking flaws and appeal the soul.

Dr. Oliver Sacks, a neurosurgeon and author, narrates the story of a victim who forever changed his perspective on and how he will see his prospective patients as a neurologist. Rebecca is the name of the patient. The story begins by providing the reader a sense of who Rebecca is. Rebecca's grandma portrays her as a clumsy nineteen-year-old girl, which Dr. Sacks agrees with. Dr. Sacks' problem is that he often bases his judgments of most individuals, even Rebecca, on their outward looks. One of the entries in Dr. Sacks' assessment of Rebecca's file even described to her as a "motor idiot."

Rebecca was reared by her grandmother, who conveyed her worries about Rebecca to Dr. Sacks. Rebecca's grandmother told Dr. Sacks of her granddaughter's incapacity to complete daily tasks. This is related to her right asymmetry, which prevents her from properly dressing herself. Rebecca, for instance, would frequently put her clothing on inside out. Rebecca finds these everyday tasks quite difficult. Rebecca, on the other hand, was able to feel strong emotions. For example, Rebecca's profound affection for her grandmother. Rebecca's grandmother told Dr. Sacks a lot of nasty things regarding her, and it was obvious.

In fact, Dr. Sacks saw that Rebecca's suffering was lessening with time. Rebecca actually sat down with Dr. Sacks at some point and told him she thought it would be better if she stopped attending sessions. Since Rebecca no longer saw the sessions and workshop as helpful to her, as they may have been to others. Dr. Sacks believed that the majority of his patients could be treated in the same way. However, when Rebecca expressed her feelings to Dr. Sacks, he realized that different individuals require various structures and that not everybody can be put in the same living scenario to be happy.

Rebecca's artistic expressiveness and spiritual traits, as well as her self-awareness, were discovered on realms beyond standard neurological and psychiatric categories, according to Sacks. Sacks considers psychological and neurological testing to be a "defectology" that ignores key human characteristics. He enthusiastically endorses music and storytelling as means of comprehension as well as story therapies that work by overlooking flaws and appealing to the soul.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 22

A walking Groove

Martin A. is a sixty-one-year-old Parkinson's disease patient. He is admitted to "the Home" due to his inability to care for himself. He suffered a severe episode of meningitis as a child, which left him with mental and physical problems. He had stayed with his mother and father till they died, then labored at low-wage jobs but was continually fired. According to Sacks, Martin possesses "extraordinary musical abilities and sensibility," which he can share with others. He can't read music, yet he claims to be familiar with almost two thousand operas and has a fantastic musical recall. He also has a fantastic ear but a less-than-stellar voice. Despite this, he enjoys singing in the church choir, where he is protected by other, stronger voices, and choral

works like the Messiah Handel and the "Matthew Passion" Bach. His father was a "renowned performer at the Met New York Metropolitan Opera." Sacks speculates on the kind of musical skill Martin could have possessed if he hadn't been diagnosed with meningitis as a kid, or if his muse had not died.

The significance of Martin A.'s recall is significant since he has little mental life or an inner world by neurotypical norms. Normally, to be a self, one must recall oneself and be linked to one's own life story. Jimmie G., William Thompson, and Stephen R. all suffered from acute amnesia, demonstrating how challenging it is to create selfhood without the need for a memory. Martin A. isn't amnesiac, but he is one of the characters in Sacks' "World of the Basic" segment. Sacks had predicted that developmentally impaired persons will live in a bleak, meaningless environment. He was merely following the biases of neurology in this anticipation, which implies a knack for abduction.

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Sacks observes "a guy in his fullness totally attending" when he observes Martin A. sing in chapel. This poetic, uncredited excerpt is from a poem by D.H. Lawrence (1885–1930), an English poet. "Thought" is the title of the poem, which is not referenced in Sacks' book (Martin,

2017). Lawrence compares and contrasts two types of cognition in the poem: one is a pointless intellectual trick, while the other is a profound absorption in life (much like Sacks contrasts worthless memory tricks with profound concrete contemplation). Lawrence's poem's speaker "loathes" the style of thinking that involves "the twisting and jiggling of already existing concepts." He appreciates the others: "Thought is a man in his wholeness, wholly attending," he says.

As a result, although some neurologists believe Martin A. lives in a benighted universe devoid of all cognition, Sacks implies the exact opposite. Martin A. thinks, despite his lack of abstract cognition, in that he is capable of completely attending to Bach's melody and the world's rhythm.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 23

The gifted disabled Twins

In this Chapter, Sacks not only examines the lives of John and Michael, whose amazing mathematical abilities made them famous, but he also criticizes the neurological community, which he says makes intellectual handicap far too simple to grasp. Previously, neurologists only looked at John and Michael's mental abilities in the most basic, quantitative terms. Despite their mental disabilities, the twins, like Rebecca and Martin A., are creative geniuses in particular fields. Sacks try to comprehend the twin boys' abilities without being too harsh in his assessments. The twins can do arithmetic, according to Sacks' account, but they don't grasp what they're doing. As a result, they can count to 111 by dividing it into three equal groups of 37. It's

uncertain whether the twins can actually "see" 111 in a fraction of a second or if they have to count it using mathematics. The matches Sacks dropped were obtained from the twins themselves, who may have counted them beforehand, according to critics.

Several experts have criticized Sacks' treatment of the twins in this book, stating that it reveals less about their cognitive ability than it appears. Nonetheless, Sacks' reasoning appears to show that, contrary to popular assumption, the twins' mathematical knowledge is extremely complex (their passion for mathematics may be even better than that of a professor). Sacks does not try to understand or decipher the twins' computational models; rather, he holds them in high regard.

Notwithstanding their apparent lack of ordinary mental skills, the twins' mathematical perception abilities are astounding. The twin brothers have been "popularly diagnosed as autistic, psychotic, or severely retarded." But, if they are genuinely sure mentally deficient, how do we describe their ability to discern which day during the week a date far off in the future or past belongs, speedily and concisely? How do we account for their ability to give ten-digit primes without knowing how to read or write something down? John and Michael

Converse with each other through numbers using a secret language that only they understand. According to the author, "numbers are so awesome for them. Additionally, numbers are the only close friends the twins have recognized in their autistic and unconnected lives." Patients with abnormally developed brains can demonstrate unpredicted and improved prodigy in other areas of the psyche. Perhaps their mysterious illness is the reason why the twins see the world differently and, as a result, have responsiveness to numbers that most of us lack. We're not sure how John and Michael did everything described in the Chapter. Still, it is clear how minimal knowledge we have concerning the diversification and plasticity of the human mind and how

tenaciously we hold fast to our understanding of the term normalcy. Such clients show us how the human brain is a complex organ that has several manifestations and that life has more facets than we can ever think visualize.

JOURNAL ENTRY – ANALYSIS OF CHAPTER 24

Autistic or Artistic

Oliver Sacks tested José, a twenty-one-year-old man who was classified as "hopelessly retarded." Despite his colleagues' protests, Sacks insisted on José drawing a picture of his pocket watch, which he dutifully did. José's attention to detail and confidence as a drawer impressed Sacks. He left the test, knowing that José was an aberration.

Soon after his first visit, Sacks asked José to replicate a shot of people canoeing on a lake. José began to make an outstanding copy of the image without hesitation. José, according to Sacks, had improved the sketch in some ways, giving the two small beings a feeling of drama and aliveness they didn't have before. José had a tremendous creative aptitude and a fantastic

sense of humor when he drew multiple images for Sacks. José's predicament is intriguing to him because "idiot savants" are people with severe intellectual limitations who excel at specialized intellectual skills.

José's abilities are comparable to those of a gifted artist with a "normal" brain. Since he was eight years old, José had been having temporal lobe seizures and had an excessive amount of spinal fluid in his body, prompting doctors to diagnose him with autism. José's medical condition had "interfered" with his mental faculties, according to experts. Since his parents had taken him out of school when he was young, José had been secluded from most other people. Sacks claim that José regarded painting as a means of communicating with the outer world. José was rushed to the hospital following a "violent episode," possibly epileptic, in which he destroyed various objects and put others at risk. José was severely medicated during his stay in the hospital; the drugs provided him some control over his seizures, giving him more time to draw. When Sacks saw José for the third time, he requested him to sketch more pictures. José sketched a picture of a tiny and large fish, which Sacks took for himself and José. José created a lovely spring habitat for Sacks after giving him a snapshot of a winter natural scene.

Sacks encouraged José to speak with him at subsequent sessions. José's words were frequently incomprehensible, but Sacks remarked that he was making any noise at all—he had been nearly silent the entire time prior. He wondered if José's inability to communicate was a symptom of a larger struggle for self-expression that included painting. José's behavior, according to Sacks, is a sign of his emotional development, meaning that, contrary to what his other doctors have said, José is attempting to communicate and connect with others and the outside world. Instead of basing it after a photograph, Sacks drew a gorgeous landscape from reality the last time he saw José, observing the small garden in his hospital. According to Sacks,

the drawing was excellent. He notes that autistic persons, like José, are more engaged in the tangible and concrete than the abstract. José is a wonderful artist because he has a natural understanding of the physical world. José has a kind of autism that manifested itself late in his life. José's autism may have manifested later in life, which would explain why he was more approachable and communicative than previous autistic people Sacks had met.

Sacks responds to a letter from Doctor C. C. Park on some of the distinguishing characteristics of autistic people's drawings, such as the capacity to "represent the item as perceived" and the ability to reduce subjects to their simplest, stereotyped form Postscript. Sacks also explores how Japanese educators have been able to teach exceptional autistic people how to become excellent, mature artists and sculptors while preserving their own distinct style.

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