

## Chapter Ten

# *The Neurological Patient in History*

### *A Commentary*

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On the evening of Tuesday, December 2, 2009, at 5:05 pm, Henry Gustav Molaison, aged eighty-two, died of respiratory failure in a nursing home in Connecticut; his death almost coincided, fortuitously with a workshop on the neurological patient in history some three days later in London, the papers of which comprise this volume. This brief commentary will offer some reflections on the workshop paper—but it begins with Mr. Molaison, known to the world only by his initials, H. M.

Not coincidentally, of course, does this commentary focus on H. M., for H. M. was a historic neurological patient: having lost his sense of the past, unable to form new memories, H. M. featured in a myriad of textbooks and scientific papers. H. M. became immortalized as a case of profound amnesia, the result of an operation to resect his medial temporal lobes in 1953—from his early childhood, H. M. had suffered from epilepsy. “He has taught us a great deal about the cognitive and neural organization of memory. We are in his debt,” as one neuroscientist would write many years later, thanking H. M. for his persistent “dedication to research.” “What’s new with the amnesic patient H. M.?” she asked affectionately in her article of the same title.<sup>1</sup>

As an object of neuroscience, as a familiar, *patient* persona, H. M. enjoyed, it would seem, unusual degrees of intimacy and individuation; his obituaries, though, would strangely lack a sense of agency and self, indeed, that of a biography. Being passed through many an eminent laboratory of brain science, the neurological patient H. M. led an existence rather resembling a chronology of scientific observations: a public profile inseparable from the person who was Henry Molaison.

For us, what makes the case of this amnesic patient a useful entryway into a reflection upon the essays assembled here is the peculiar combination of anonymity and iconicity that is evinced by these two initials, and that came together in the patient life of Molaison. In other words, there seems to be something palpably distinct here about the neurological patient—only

unusually palpable in the case of H. M.—that is not simply about questions of case and category, or merely about anonymity and matters of sources, access, and documentation. Certainly the essays in this volume suggest this much—that the patient, and H. M. is evidently just one incarnation, is a more complex and intriguing figure than the mere object of a science called neurology, more than the disciplined psychiatric subject of the Foucauldian kind, and more as well than the generic patient who was to be reinserted in our stories by a medical history *from below*.

As I read these essays, what renders the neurological patient distinct, then, as a subject and as a challenge to historical interrogation, are the very oscillations and interactions between what we may call the iconic on the one hand, and the anonymous on the other: two extreme ends of a spectrum, or dimensions, within which is located the neurological patient. Needless to say, there are other ways to think about this distinctness of the neurological patient, and neither do I propose these labels—iconicity and anonymity—as rigid denominators. But they usefully gesture at what are the complexities that enter into the fashioning of what seems to me—and this is the point—a peculiar form of neurological individuality. Indeed, in their different ways, it is these very complexities that the essays in this volume most forcefully bring out—from the *emblematic* patient, the term Kushner’s essay turns to productive use, to the *scripted*, ritualistic enactments of patient and neurologist that Casper examines in his contribution.

Any such suggestion as to the peculiarities of the neurological patient must begin with a form of caveat. What I referred to as iconicity above, or a distinctness that the case of H. M. may serve to indicate, also brings with it the danger involved in prioritizing in our historical narratives this or that case, this or that neurological experience, this or that category of patient. We could indeed have started quite differently. Take, for instance, the elderly lady who is the protagonist of *Princess Margaret Blvd.* (2008), a film by Kazik Radwanski that is a cinematic reflection on Alzheimer’s disease. One of the most moving scenes of the film finds her lost and helpless in the early hours of a winter day in the parking lot of a desolate suburban shopping mall; known not even by her initials, mumbling incoherent fragments of language to herself, remaining unheard and unnoticed, she teaches no one about the organization of anything in particular.

And there are, of course, the many other, thousands of nameless patients suffering from aphasia, Alzheimer’s, Parkinson’s, and other diseases—patients *infâmes*, to invoke Foucault’s term for a historical problematic that is clearly not peculiar to the case at hand. It is certainly familiar from writing the history of patients generally. It is this danger of oversight and conflation that Kushner’s essay is arguing so passionately, that of confusing—and here Kushner has in mind the neurologists—the emblematic and the not-so-emblematic patient, or what I referred to above as the two dimensions of

iconicity and anonymity. It is to take H. M., as it were, for the neurological patient rather than the elderly lady with dementia. And to this I would add that being aware of these complexities should be a demand made at least equally upon us, the historians, and not so much the yardstick by which to judge our historical actors. An excitement with the exotic, extraordinary, or extreme may be a nosological will-o'-the-wisp; it certainly can be a historiographic one.

And yet it would be as wrong not to take very seriously at the same time what seems to be one of the defining peculiarities of the neurological patient: his or her curious individuality. It is a condition that may or may not be indicated by initials, but it is hard indeed to imagine another medical specialty that would have generated a similar amount of individuated disease as did neurology. H. M. is a case in point, but many more spring to mind: the tourettic patients Harold Kushner discusses in his essay for instance—the Marquise de Dampierre, the businessman “O.,” Twitchy—and in very different ways, what might be called an emblematic population, the nervous kid and the Wandering Jew. The case of Robert Nichols’s neuroasthenic self-fashioning, the subject of Stephen Jacyna’s essay, can be seen as yet another variation of such individuation. And so can be seen those many iconic patients that populate neurological history at large: Siegfried Sassoon, Broca’s Tan, Phineas Gage, Lou Gering, Sybil, and the curious patients Oliver Sacks parades in his popular writings.

As much as historians of medicine have come to appreciate that the Cambridge-educated, upper-class poet Sassoon doesn’t exhaust the history and experience of shell shock there seems to be preserved in the neurological patient a peculiar, irreducible form of individuality, or residues thereof, that our historical accounts need to reflect. It is, at any rate, in this connection—the complexities that underlie the constructions of neurological individuality—that I find these essays most revealing. Together they demonstrate how we can in our historical accounts make productive these oscillations and interactions—rather than seeing them as limiting, or indeed as two separate dimensions. Together they also suggest something of the very different shapes such processes of interaction can historically assume, and the great many factors that impinge on them. From Ballenger’s account of the public constructions of Alzheimer’s disease in the United States since the 1970s—a story of advocacy movements, of identity politics and being given a voice—to Gatley’s close reading of a bohemian artistic couple coping with the trajectory into fatal neurological illness in the years surrounding the Great War, they reveal something of the intricacies of crafting neurological individuality.

The elderly, nameless lady with dementia mentioned above would thus be no exception. As both Ballenger and Lorch examine in their essays, juxtaposed to the emblems of neurological history stand the numberless,

nameless patients whose voices and identities are neither straightforwardly their own, nor simply imposed and owned by others. Ballenger’s essay has already been briefly mentioned as illustrating the complex interplay of multiple actors and agencies that can be involved in giving voice to neurological disease and constructing neurological identities, though here we are concerned less strictly perhaps with the iconic or emblematic than with those patients giving a public face to a disease. A similar historical complexity is evident in Lorch’s contribution, which deals with a very different time period, context, and disease. It is a demonstration not least of the complexity of the historical circumstances that shape the emergence of a patient population and that thus shape and reshape the interlocking private and public dimensions of neurological identity.

Lorch’s study, with its focus on civil law, significantly broadens our understanding of the factors at work in this context; as far as the legal relations of psychiatry and neurology are concerned, questions of criminal law and the advent of national systems of insurance are usually highlighted. Civil law courts, however, did not have to deal with the extreme fringes of society, insane murderers, and rapists. Instead, like the outpatient and specialty clinics that then were taking root in Britain and elsewhere, they began to make salient (among other things) a relatively benign and much broader population of speech-impaired idiots, who could not, or so it seemed, be perceived or conceptualized in terms of a unity of insanity. Their intellect was far less straightforwardly and completely corrupted, seemingly being able, when summoned by the law, to express themselves by alternative means. As Lorch shows, the aphasic patient, his or her capacity to deliver testimony, and thus his or her entitlement to a voice, will, and identity, was conditioned by transformations in British civil law that paralleled and interacted with the clinical definitions or perceptions of aphasia.

But beyond this narrower legal context, Lorch’s paper suggests a range of further factors and complex cultural and social transformations at work in the emergence of the aphasic patient as a case of impaired self-expression. A great deal of conceptual and boundary-drawing work thus was spent in the Victorian period on categories such as “the expert,” “the specialist,” “scientific authority,” or “laity,” and these various, unstable groupings all had their stakes in the aphasic patient. (Lorch’s paper moreover raises the question as to the significance of national contexts in this connection). Meanwhile, it was a sea change in literacy, mass schooling, and average education levels that implicated this nineteenth-century neurological patient who was capable of expression through media other than language.

This picture of aphasia is one of a tremendous amount of negotiation, dynamics involving law reforms, lawyers, medical experts, greedy family members, and revolutions in cultural technologies and media environments. To fully integrate such various dimensions into a history of the aphasic

patient would seem to constitute a laudable project. It would mean to reconstruct the historicity and historical conditions of both aphasic iconicity *and* anonymity. And it would not least mean to restore a certain agency to the neurological patient; in this case, the historical means and spaces of expression available in the crafting of his or her identity.

Indeed, I would argue, taking seriously the patient as an agent in neurological historiography should lead to very fruitful elaboration of what philosopher of science Ian Hacking has labelled the process of “making up people.”<sup>2</sup> We still must know much more about the historical processes through which the iconic, emblematic, the proto- or stereotypical narratives and images of the neurological patient get produced, appropriated, recycled, and mediated. In very different ways, the significance of a patient’s literacy, education, and persona thus comes to the fore in the two contemporary cases discussed by Jacyna and Gatley, that of the neurosenescent Robert Nichols and that of the French expatriate painter Jacques Raverat, respectively. Having much in common in terms of class background, as well as geographically and culturally, the two cases impressively demonstrate how particular constellations of literacy, lay neurological knowledge, social setting, and available means and technologies of expression conspire in the specifics of self-fashioning in matters of neurological identity and the coping with neurological disease.

The crafted iconicity of a patient, we may say, is never a matter only of passivity, and as such is subject to historically specific means and conditions of self-expression. And both these cases also powerfully bring home the importance of nontextual, nonverbal means of expression and of personal interaction in such self-fashioning (or being self-fashioned). In doing so, both cases, moreover, point to factors involved in the “making up” of the neurological patient that move us well beyond the clinical encounter, or processes of disciplining, medicalization, and the boundaries defined through professional medical practice, legal systems, or the public domain. “Bodily performances,” as Jacyna suggests, even a type of fatherly friendship, of imagined camaraderie, learnedness, and admiration were an essential component to Nichols’s self-constructions and his transactions with his doctors. In Raverat’s case, it was the intimacy of an early twentieth-century Bohemian marriage; pictorial, visual means of expression; and artistic sensibilities that mediated the patient’s self-image.

Clearly, however, these were elite self-images; they were not available in every *case*. As such, they perhaps are more iconic to us as regards the interwar patient than they ever were at the time. This, of course, is not to say they were irrelevant, but rather that we still need to know more about the channels through which certain neurological images become self-images—how they turn iconic and make their reentry into the crafting of neurological identities.

But there is more to be gleaned from these essays than the circulation and construction of images and narratives. Elite or not, both Gatley’s and Jacyna’s cases plastically point us to a second, related theme that strikes me as crucial to several if not all of the present treatments of the neurological patient and his or her individuations. I want to conclude these brief comments on this other theme: it is the centrality of language, and of bodily and written expressions in the making up of these historical images of the neurological patient. Or, put negatively, it is the instructive absence in these various accounts of the very iconic organ that increasingly has come to shape our conceptions of neurological disease—the brain.

In fact, this absence may not be entirely coincidental. The living brain as a concrete, palpable site of observation and intervention, after all, is a matter of very recent history.<sup>3</sup> Notwithstanding the fact that the cerebral subject—as a discursive entity—has a long prehistory, predating as Fernando Vidal recently has persuasively argued elsewhere, the recent surge of the neurosciences by decades and even centuries,<sup>4</sup> it was not until recently that neurological patients in fact carried around in their wallets the (self-reassuring) images of their own MRI brain scans or stuck them onto the doors of their fridges.<sup>5</sup> This is not a trivial point. Indeed the contingency of this latter, braincentric “neuroculture” is one of the crucial themes, I believe, that implicitly traverses these essays here.<sup>6</sup>

The case for the signal importance of bodily expression and performance, and of the theatrical and ritualistic in the lives of the neurological patient (as opposed to the central nervous system), is made most explicitly in Casper’s contribution. Casper deals with the neurological examination as a type of scripted, enacted encounter between neurologist and patient mediated through textbooks and neurological pedagogy, thus coming to similar conclusions with Jacyna: ritual and bodily performance matters in the history of the neurological patient, and they matter, we may imagine, when aphasics appear in court or when touretic patients violate social expectation and norms. By this, then, I do not mean the replacement of one romantic figure—or the “romance of the brain” as historian Susan Cozens has aptly labelled it—by another romance, that of the *body*.<sup>7</sup> As Casper emphasizes, “In a world before high-definition X-rays, computer-aided analyses, and PET, CAT, and MRI imaging, the living body, normal and pathological, and the dead body, determined the neurologist’s practices” (chap. 1). And they determined, I would add, in at times quite unromantic ways, the self-techniques, means of expressions, images, and imaginations available to the neurological patient.

As the essays in this volume reveal, the practices, means, and techniques of neurological individuation were subject to significant mutations and they often bore only little resemblance to the ones prevailing in our contemporary, imaging-technology mediated age of a braincentric neuroculture.

Historically, we have grown prone to forget that it was the body, the peripheral nervous and neuromuscular systems, the vegetative nervous system, and a great diversity of technologies of observation and means of expression—some image-based, some not—that have tended to come together in alternative forms of neurological culture: neurological knowledge and practices interacted in complex ways with the culturally and socially available resources as regards behavioral norms and means of expression, shaping what the neurological patient could be at a given time and period. And taken together, I would argue, these various contributions on the neurological patient invite us to pay detailed attention to these bodily cultures: the body in the history of neurology, that is, and to its historically specific means of expression; and to how, finally, these individual, neurological experiences and identities intermeshed with the emblematic narratives of neurology and its rituals.

It is as such, then, that the neurological patient in his ory points us beyond this iconic organ, the central nervous system—so central to our own images of the neurological—and asks us to look beyond neurology conceived as only a specialty and a matter of clinical research as well. In this, as these essays show—not in restoring the patients' perspective for its own sake (a quite sentimental endeavor)—resides the importance of reinserting the patient in our stories of the history of neurology: the neurological patient provides more than a merely a fruitful, additional area of inquiry in the history of neurology—it should prompt us to reconsider and revisit many of these themes that already have been worked into the historiography.

To be sure, if the history of neurology has been written for the most part as the biography of famous neurologists, professional historians have tended to intervene in relation to a number of themes that took the history of neurology in very different directions. But, they arguably too tended to reproduce this neurologists' perspective: clinical research, institutions, therapeutic regimes, language, war, even aesthetics—historians eagerly latching on the early uses and importance of film and photography in neurology. We need, as the essays in this volume make clear, more complicated pictures of how these thematic complexes and historical circumstances became interwoven in the crafting of particular neurological identities. And by the same token, as I also have suggested, these essays should prompt us to reconsider from historical perspectives, in our present days of neuroscientific myopia, the place of the body, and of bodily expressions and performances in the history of the nervous system. In fact, as much as we still lack a deeper understanding of the historical dimensions of the neurological patient, this history remains by and large an historically uncharted terrain—in particular as far the twentieth century is concerned. In all these connections, I should think, the *Neurological Patient in History* offers a great many suggestive advances: from the neurological examination Casper discusses to the self-fashionings

of a Robert Nichols; performance, practices of giving voice, and techniques of the self, to employ another one of Foucault’s winged phrases, thus loom large in these histories at hand. They also are central to Ballanger’s contribution; and common to both the papers by Lorch and Kushner is a focus on language and written expression: the neurological patient’s testimony (too much, an excess in the one case; too little or too incoherent in the other) and the textual work of the clinician, psychotherapist, or an Oliver Sachs. After all, this neurological patient is an individual one—insofar as it performs, has a body, possesses a language, writes, and sometimes is known by his or her initials.

## Notes

1. Suzanne Corkin, “What’s New with the Amnesic Patient H. M.?” *Nature Reviews Neuroscience* 3 (2002): 153–60; and Benedict Carey, “H. M., an Unforgettable Amnesiac, Dies at 82,” *New York Times*, December 5, 2009.

2. Ian Hacking, “Making Up People,” in *Reconstructing Individualism*, ed. T. C. Heller, M. Sosna, and D. E. Wellbery (Stanford: Stanford University Press, 1986), 222–36.

3. See esp. John Braslow, *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century* (Berkeley: University of California Press, 1997); and Jack D. Pressman, *Last Resort: Psychosurgery and the Limits of Medicine* (Cambridge: Cambridge University Press, 1998).

4. Fernando Vidal, “Brainhood: Anthropological Figure of Modernity,” *History of the Human Sciences* 22 (2009): 5–36.

5. Simon Cohn, “When Patients See Their Mental Illness,” in *Technologized Images, Technologized Bodies: Anthropological Approaches to a New Politics of Vision*, ed. J. Edwards, P. Harvey, and P. Wade (Oxford: Bergahn, 2010).

6. “Neuroculture” is the term I picked up from a workshop titled “Neurocultures” (on February 20–22, 2009, at the Max Planck Institute for the History of Science, Berlin).

7. Susan Cozze’s, “Knowledge of the Brain: The Visualizing Tools of Contemporary Historiography,” in *The Historiography of Contemporary Science and Technology*, ed. T. Söderqvist (London: Routledge, 1997), 156.