Oliver Sacks: Everything in its place.
First loves and last tales

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Oliver Sacks is well known as neurologist, scientist and story teller. “Everything in its Place – first loves and last tales”, a book of essays published posthumously, elegantly puts together fascinating clinical case histories with a collection of short stories dealing with boyhood reminiscences and the mysteries of the world. The central part of the book is made up of clinical histories concerning both neurological and psychiatric disorders. Deeply interested in how our brain functions, Sacks reflects at lengths about the brain/mind interface. Having worked for 25 years as a neurologist in a psychiatric hospital in the Bronx in New York, he bridges the neurological and psychiatric divide in a masterly fashion. His case histories are perfect examples of a union of literary and scientific skills, science being for Sacks always a human enterprise. He is at his best describing clinical cases and tales. From a “Journey inside the brain” to clinical case reports, his profound insight in such conditions as mood disorders, Tourette syndrome or dementia, and his exploration of dreams and hallucinations, the reader will be fascinated by his curiosity and his capacity to reveal the unexpected, joining the dots together. For example, while he was travelling in Arizona with a patient with a severe Tourette syndrome who usually had such compulsive ticks that he would touch people around him, he asked him whether he would mind taking a walk around the cacti. “No” said the patient, “what would be the point”, implicitly suggesting that by touching people he expected a reaction, whether positive, negative or neutral. But no such reaction could be expected from a plant. Tourette syndrome, as Sacks suggests, cannot be studied in isolation, and social interactions have always to be considered. Writing about dementia, the author comments that given the multiformity of symptoms, one can understand why standardised tests, which may be helpful for delineating patients for genetic tests or drug trials, give little idea what the disease is actually like. He also states that, contrary to the opinion that patients with Alzheimer’s disease do not realise that they are impaired, it is more common for patients to realise their condition and most of them are terrified while they lose their intellectual competences. I was also particularly interested in a chapter entitled “The lost virtues of the asylum.” Asylum in its original usage meant refuge and protection for unfortunate and lunatic patients. Although such a hospital provided control and protection for patients, who often remained there for a long period of time, there was little preparation for a return to life outside and residents became institutionalised. Thus, whereas in the 1950s the advent of antipsychotic and antidepressive drugs seemed to promise at least some alleviation of symptoms, if not a cure, the trend was to offer the patients short hospital stays to break the psychosis. This was followed by patients returning to their communities, where they could be maintained on medication, benefit from psychotherapy and be monitored in outpatient clinics. This reduced drastically the populations of psychiatric hospitals. In spite of all the efforts in western countries to develop different models of residential communities caring for mentally ill patients,
these patients still remain the least supported and all too often the most excluded people in our society today. There are many more fascinating stories that I leave to the reader to discover. The book gives an astonishing glimpse into Sacks’s amazing ability to catch the scientific aspects of neurological and psychiatric disorders, together with his marvellous ability to dwell on the complexity of human existence. This book will be of interest to a wide audience and, for those who have not read his previous books, it is an excellent introduction to Sacks’ writings.