For me, as a physician, nature’s richness is to be studied in the phenomena of health and disease, in the endless forms of individual adaptation by which human organisms, people, adapt and reconstruct themselves, faced with the challenges and vicissitudes of life.


Physicians make for privileged writers. We have access to the meat of people’s stories in our daily practice, seeing patients at their most vulnerable and their most human. Illness helps to define who we are; our limitations, both temporary and permanent, shape our stories. Doctors see this, patient after patient, many times a day. It is easy to imagine a physician with a literary bent using these stories as the base for their own creative work, but not all physicians have the eye and the talent to translate the events of the consulting room into words. Jacques Ferron did, and he took his experiences, using them to craft vignettes and works of fiction and non-fiction that bore witness to what he saw in the reaches of rural and suburban Quebec. His writings give us glimpses of archetypal situations that many of us may not directly recognize but all containing truth and honesty that we can very much appreciate.

Oliver Sacks does this as well, but he has set himself the challenge of writing non-fictional accounts. The people that Sacks tells us about are real, and their stories are factual tales of human loss and redemption. Through Sacks’ eye, we see people who have suffered some neurological loss, often bizarre and terrifying in its seeming randomness. A painter suffers achromatopsia, losing all ability to perceive colours, lost in an endless, monochromatic world where even the idea of red is alien. A surgeon suffers from Tourette’s syndrome, carving a respected practice in the spaces between random attacks of movement and words. Sacks himself loses the use of his legs after an accident and follows his own case with a writer’s unflinching eye. These are not mere sketches of patients, presented in just enough detail to have us arrive at a diagnosis and suggest a therapy; rather, Sacks paints these people in rich, vibrant hues, showing us what their illnesses have cost them, and how they have grown or changed because of their loss. He writes these patients as full and complete human beings. They become characters, immediate and vibrant, real and felt for. Sacks takes the real-life clinical details of these people, and makes us care.

I would like to present one instance of this in particular. In “The Last Hippie,” published in *An Anthropologist on Mars*, we meet Greg, who in the sixties walks away from a privileged life to join the Hare Krishnas. He begins to suffer progressive vision loss, baldness and increased girth, but he also begins to grow “Buddha-like,” less concerned with his past and oblivious to the future. He is touted as a model of enlightenment for several years, but as these signs continue to progress, he is finally sent for medical investigation. He is found to have a pituitary tumour that has grown unchecked into his hippocampus. By now, it has destroyed Greg’s eyesight, left him obese and hairless, and obliterated his ability to form new memories. His life, figuratively speaking, ends in 1968, and nothing since then has remained with him. Sacks writes of Greg’s pitiable state, his difficulty with language, his total arrest of his time-sense such that Greg believes – and will always believe – the year to be 1969. He writes of the fact that Greg does not comprehend that anything has happened, his laissez-faire attitude existing as a symptom and not as acceptance of illness.

But Sacks goes beyond mere reportage. The two, doctor and patient, share love for the music of the
Grateful Dead, and at the end of the passage, Sacks, who has grown quite fond of Greg, takes him to a concert by their mutual heroes in Madison Square Garden. We are transported into Greg’s awakening to sudden fullness of experience. Sacks writes:

“The first half of the concert had many earlier pieces, songs from the sixties, and Greg knew them, loved them, joined in. His energy and joy were amazing to see; he clapped and sang nonstop, with none of the weakness and fatigue he generally showed. He showed a rare and wonderful continuity of attention, everything orienting him, holding him together. Looking at Greg transformed this way, I could see no trace of his amnesia […] he seemed at this moment completely normal, as if the music was infusing him with its own strength, its coherence, its spirit.” (p. 75)

Through Sacks’ writing we are at the concert with them, hearing the guitars, the drums, the crowd singing along with Jerry Garcia and his Grateful Dead. We see Greg come alive, vibrant where there was dullness before. And then, just when we think that the tale has come to its wonderful ending, we proceed into the coda, the second half of the concert, where the Dead play songs recorded after Greg’s memory was destroyed by the tumour. We feel his confusion at the new and unfamiliar lyrics, even though everyone else around him knows the words by heart. We hear him tell Sacks that he has never heard anything like this before, that this music – recorded in the mid to late seventies – must be “the music of the future.” (p. 76) And we are left hanging in the lurch when, days after this glorious event, Sacks is met with bemusement by Greg, who says that he has never heard the Dead play anything live at Madison Square Garden, but that he would someday love to.

The stories Sacks tells are stories that we would not otherwise be privy to. He takes the clinical details of people’s illness and weaves them into tales that tell us exactly what has happened. Greg’s awakening at the Grateful Dead concert tells us more than any mere statement of fact. In this, we see the power of the physician-writer; there is something precious in our access to stories, and when we bear witness to these in a way that reminds us of the humanity as well as illness, like Ferron and Sacks, we have bridged that gap between the art and the science of medicine.

It has been said by some of Sacks’ critics that he is engaging in medical voyeurism; that he has become, to satirize the title of one of his best known books, “the man who mistook his patients for a writing career.” One could certainly argue that stories like Greg’s have an element of the carnival sideshow about them; as one reviewer has said, the stories that Sacks writes “frighten the life out of me.” But the reviewer goes on to write, “the potential horrors of our dependence on tiny bits of tissue inside the skull are somewhat mitigated, in Sacks’ handling of them, by his friendly curiosity and his belief that the human organism is surprisingly adaptable.” Simple voyeurism would be Sacks poking his patients with sticks and presenting their reaction to us for gross entertainment, but that is not what he does. One interviewer suggests that Sacks’ writing is elevated by his affection toward his patients. His works help us bridge the gap between the physical brain, the intangible mind, and the resultant person.

The best medical writing illuminates the human condition through the metaphor of illness – with apologies to Susan Sontag – and Sacks uses this metaphor to show us one of the most promising secrets of medicine: scratch beneath the surface of loss, get through the layers of despair and confusion, and you just might find adaptation, growth, and new and surprising perspectives. When asked by this same interviewer what he wishes his readers to understand, Sacks replies of his patients, “their individuality, their complexity, their tragedy, their bravery, but especially the ways in which a devastating loss may sometimes lead to a discovery of powers or creation of powers in other directions.” A nobler commission for medical writing, in my own admittedly biased opinion, has yet to be offered.

References