A painting depicting a doctor in a dark, cluttered room. The doctor, a man with a beard wearing a dark suit, is seated on the left, leaning forward and looking at a patient lying on a table. The patient is covered with a white sheet and a yellow blanket. The room is dimly lit, with a lamp on a table to the left and a window in the background. The overall atmosphere is somber and focused.

Oliver Sacks: insights into the subspecialty of 'existential neurology':

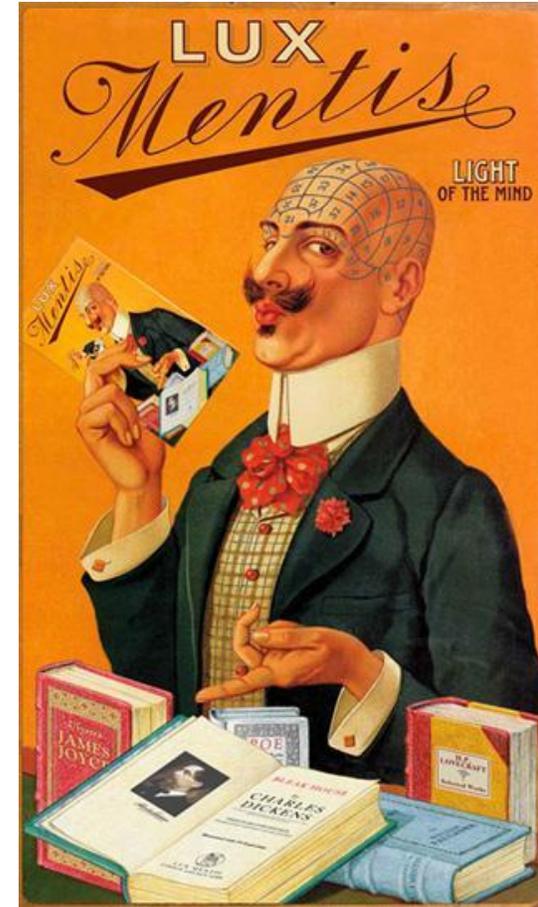
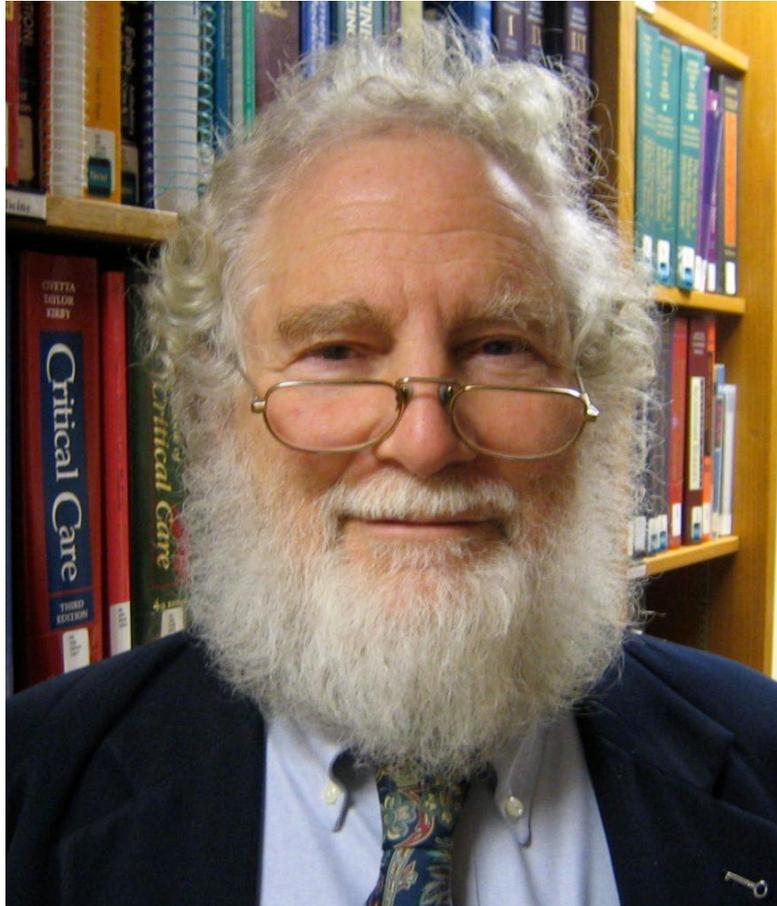
Michael P.H. Stanley, MD

Tufts Medical Center / Tufts University School of Medicine

I have nothing to disclose



How I came to catalogue O's books

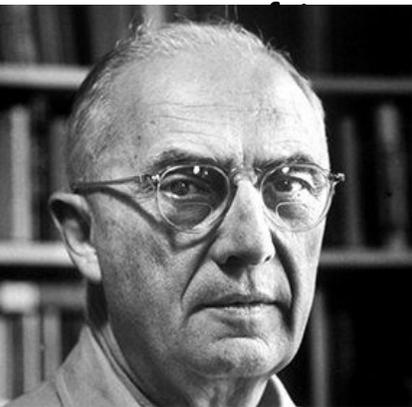


How I came to know Oliver Sacks (sort of)



How I got interested in the problem

- Patients frequently present with problems that have apparently no significant lever grounded in a mechanism of biology that can be pulled to solve their problem.
 - “Do you think I can’t walk because my persona hurts?”
 - What if she said “soul?”
 - We are studying attributes like ‘criminality,’ and ‘orthodox’ vs ‘mystical’ experience now, what if I put her the machine, and found the network for where her soul hurts? Would we feel comfortable with that interpretation, and if not, why? More interesting, if yes, why?
- Patients frequently present with remarkable “culturally salient” abilities and capacities because of their connection to, or despite their neurological



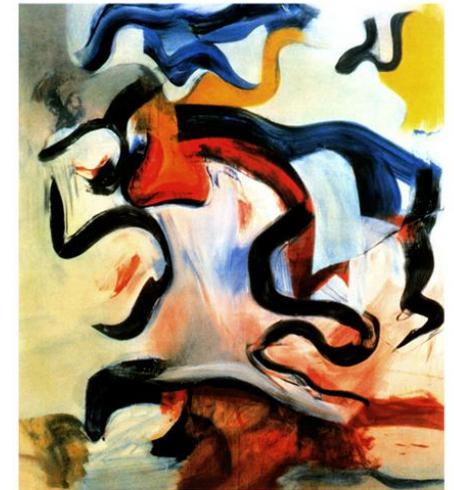
music, performance

Do the same models and methods for studying mechanisms at one level of aggregation hold true for these? In other words, is it fair to ignore the fact that I am trying to study a planet with a microscope when what I really need is a telescope.

- I think we do in fact have the tool by the wrong end, as it were. And I think the question of Art-Science or Romantic Science as a discipline says a lot about our difficulties with finding the right methodologies for these problems

- Is the paradigm not unfamiliar to us
 - The brain might teach us much about aphasia, but how much can it teach us about language?

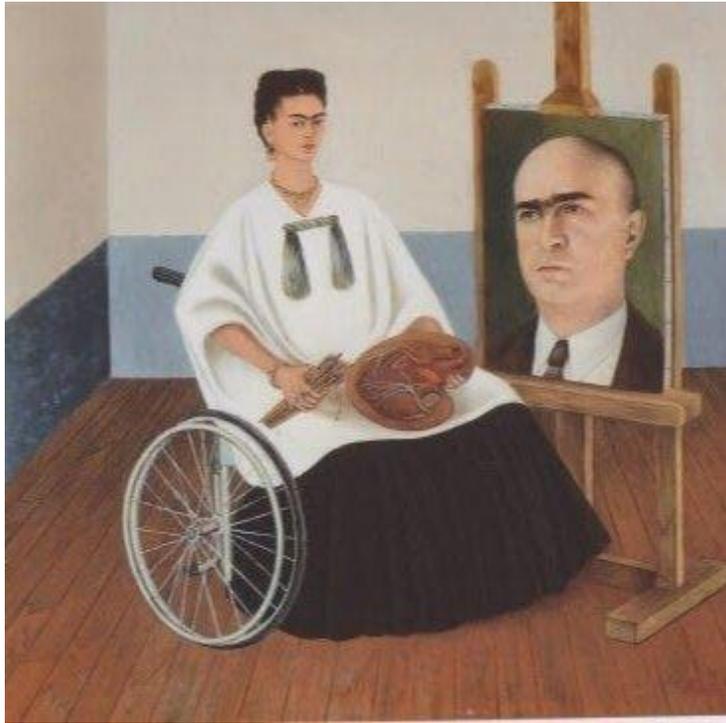
Different Strokes



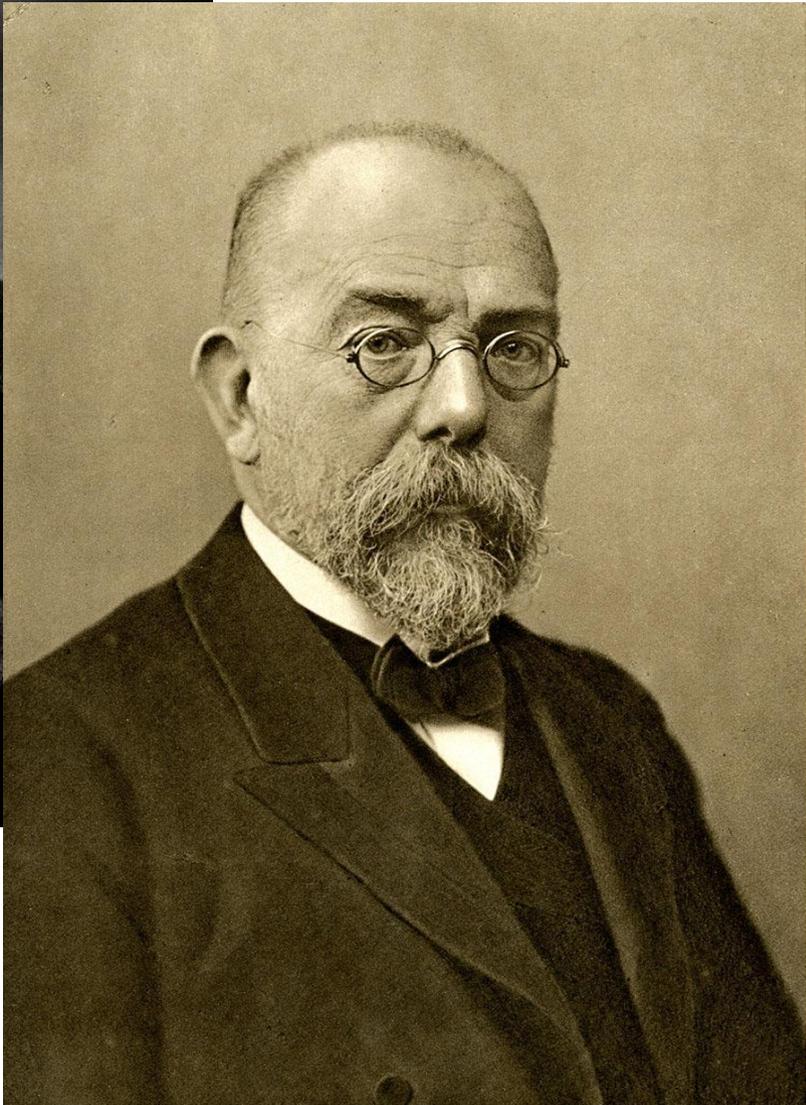
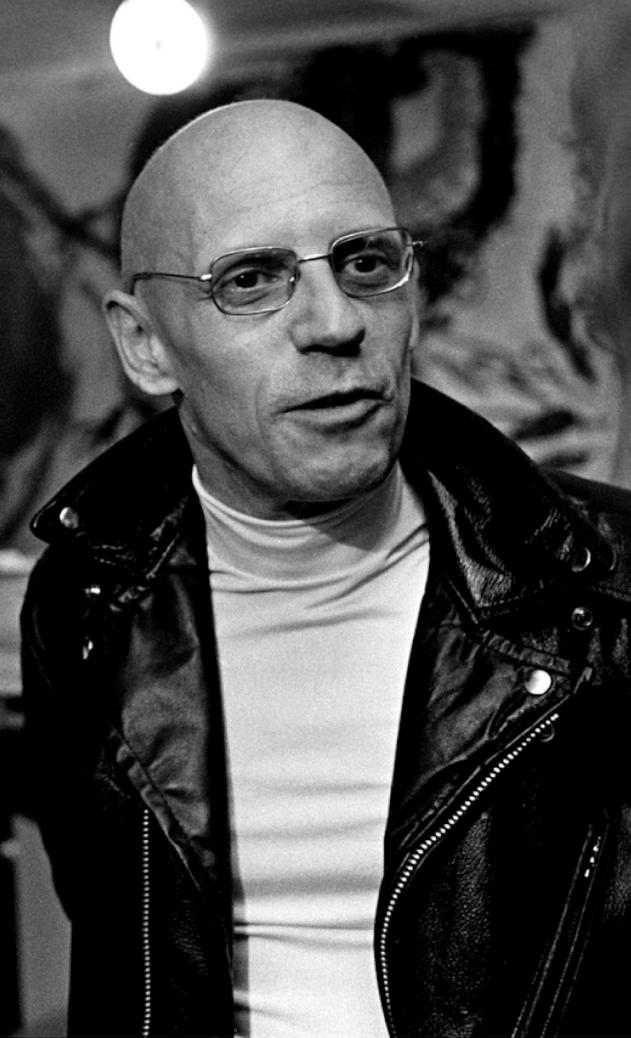
This page: Willem de Kooning, *Self-portrait, 1958*, oil on canvas, 80 x 70". © 1997 Willem de Kooning Foundation Trust/Artsy Rights Society, New York. Opposite: *Rembrandt, Self-portrait, 1658*, oil, 52 x 40". © The Frick Collection, New York.

The Late Work of Willem de Kooning

On the 22nd of this month, “Willem de Kooning: The Late Paintings” opens at New York’s Museum of Modern Art, the final stop on its five-city tour. In the following pages Peter Schjeldahl discusses the controversial late phase of the artist’s career.







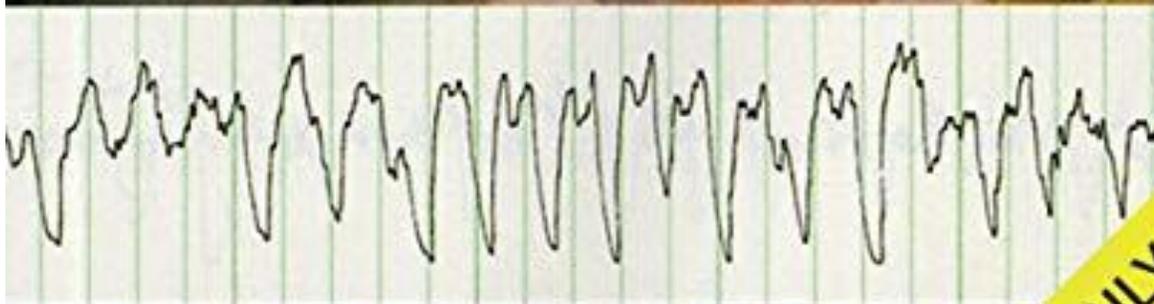


OLIVER SACKS



"ONE OF
THE MOST
BEAUTIFULLY
COMPOSED
AND MOVING
WORKS OF
OUR TIME."

—THE
WASHINGTON
POST

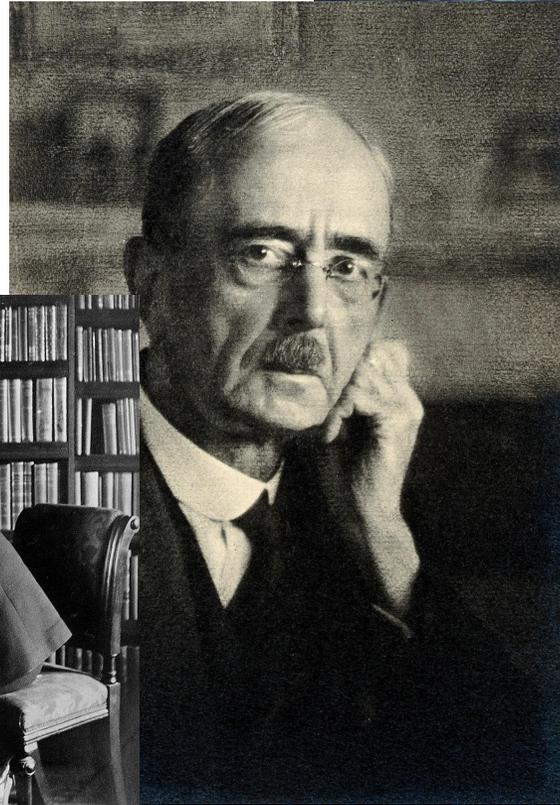


AWAKENING

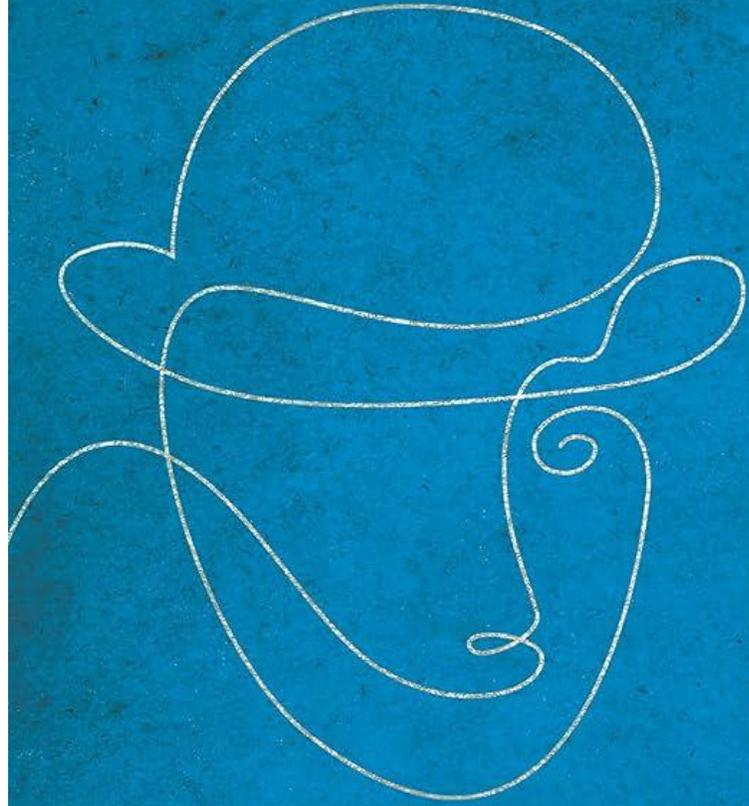
BY THE AUTHOR OF THE MAN WHO MISTOOK HIS WIFE FOR A HAT

ONLY FROM
audible

positions, go
sucking, lapping
sucking, smacking



PICADOR
COLLECTION



THE MAN WHO MISTOOK
HIS WIFE FOR A HAT
Oliver Sacks

THE MILLION-COPY BESTSELLER



Ceci est ma femme.

THE MAN WHO MISTOOK HIS
WIFE FOR A HAT

OLIVER
SACKS

'A gripping journey into the recesses
of the human mind' *Daily Mail*

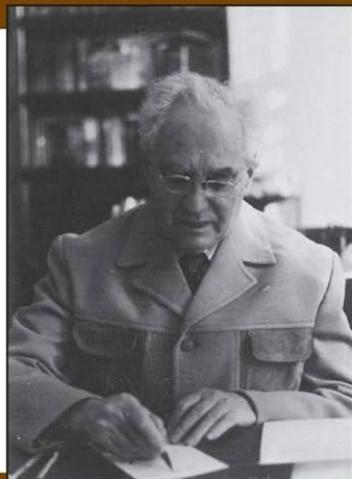


An Anthropologist on Mars

OLIVER
SACKS



The Man WITH A Shattered World

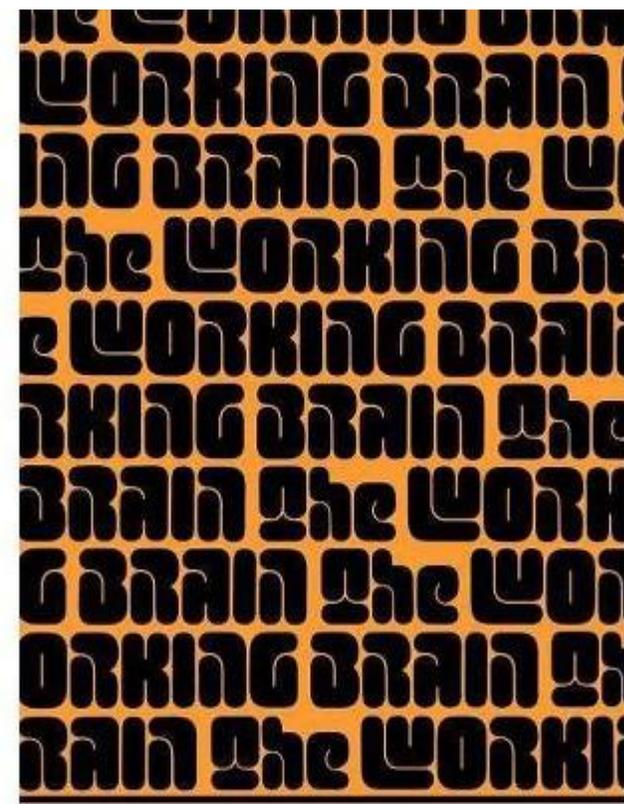
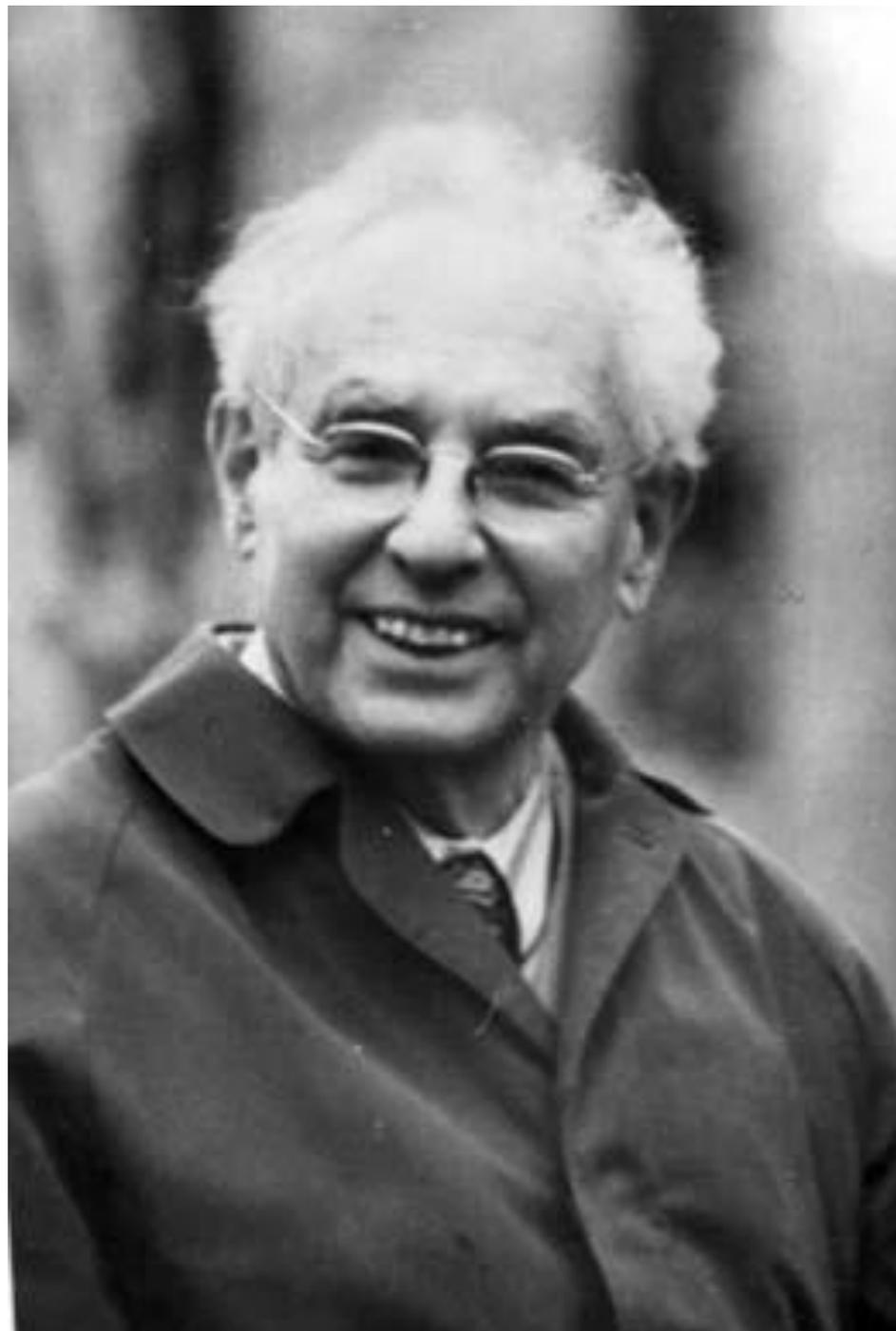


THE
HISTORY
OF A
BRAIN
WOUND

A. R. LURIA

WITH A FOREWORD BY

Oliver Sacks



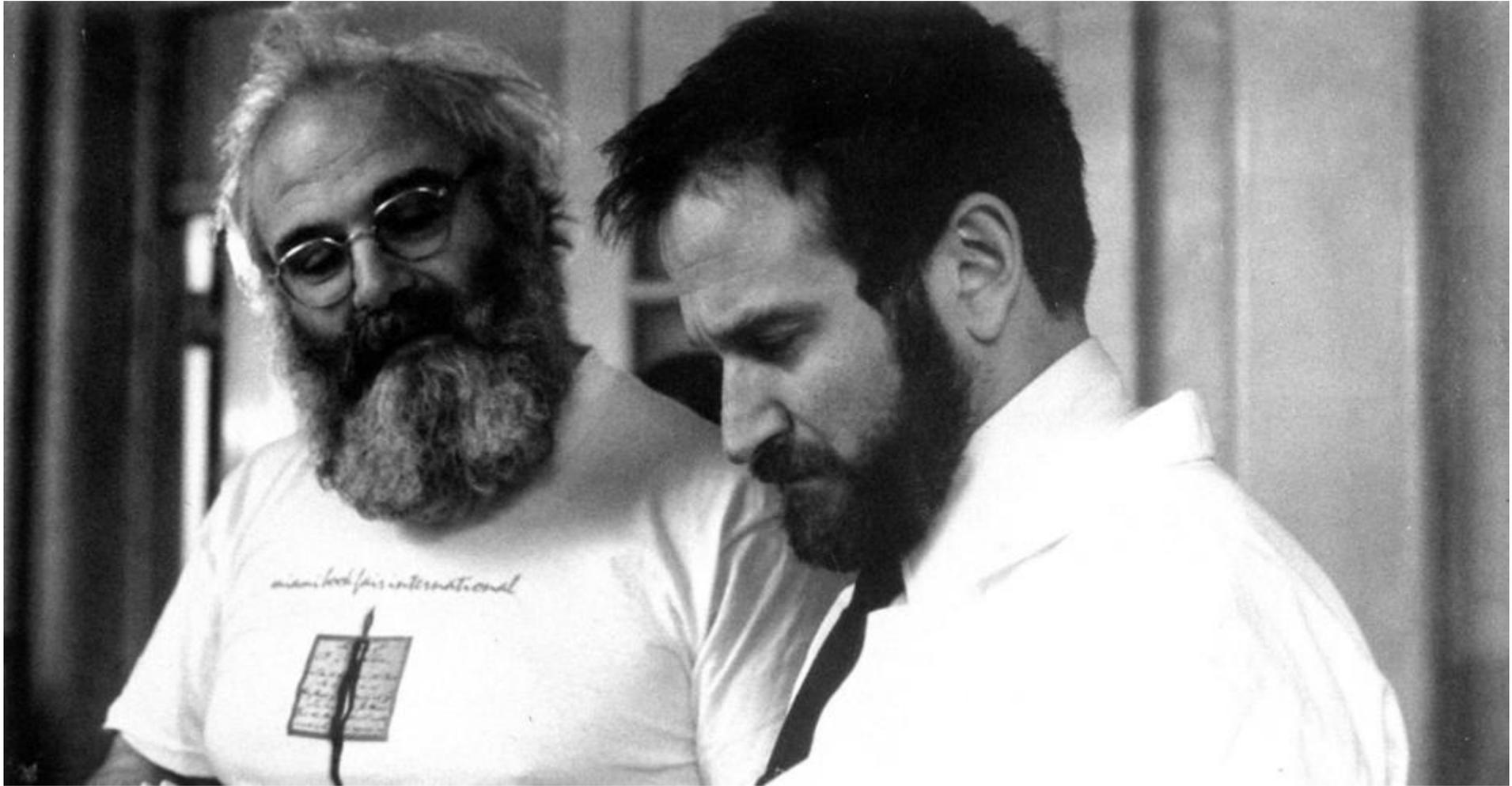
The Working Brain

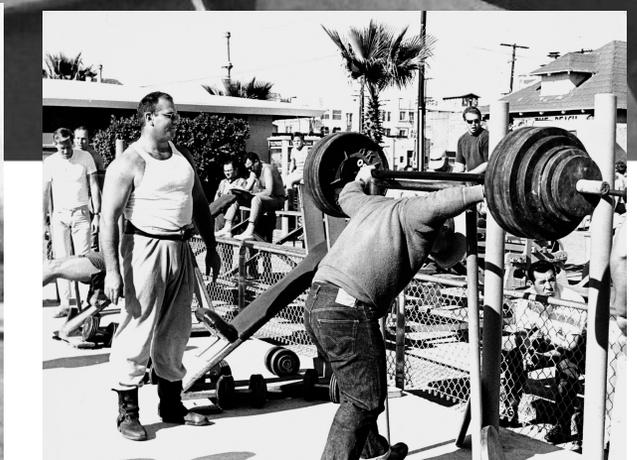
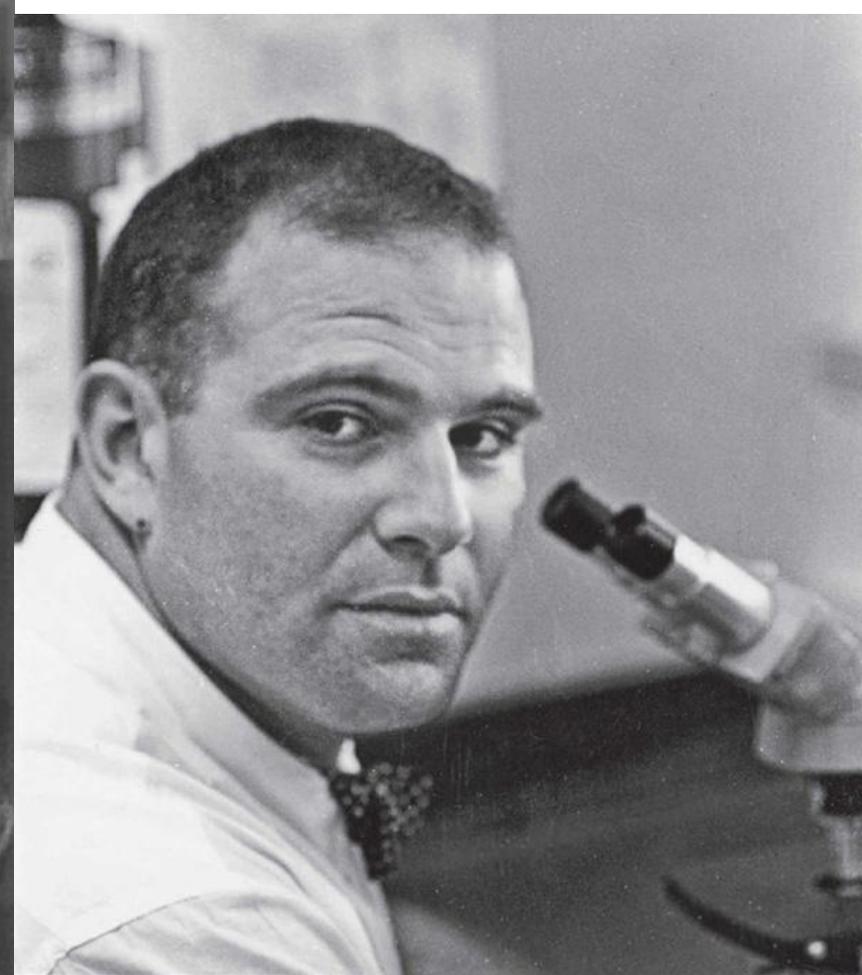
An Introduction to Neuropsychology

A. R. Luria

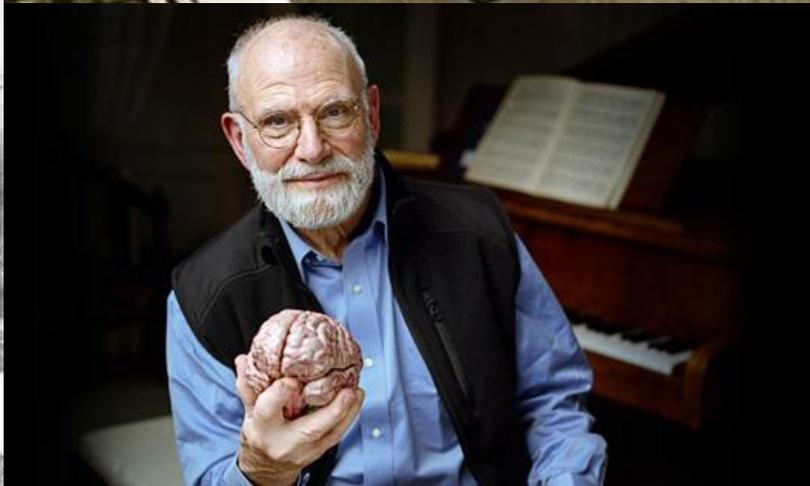


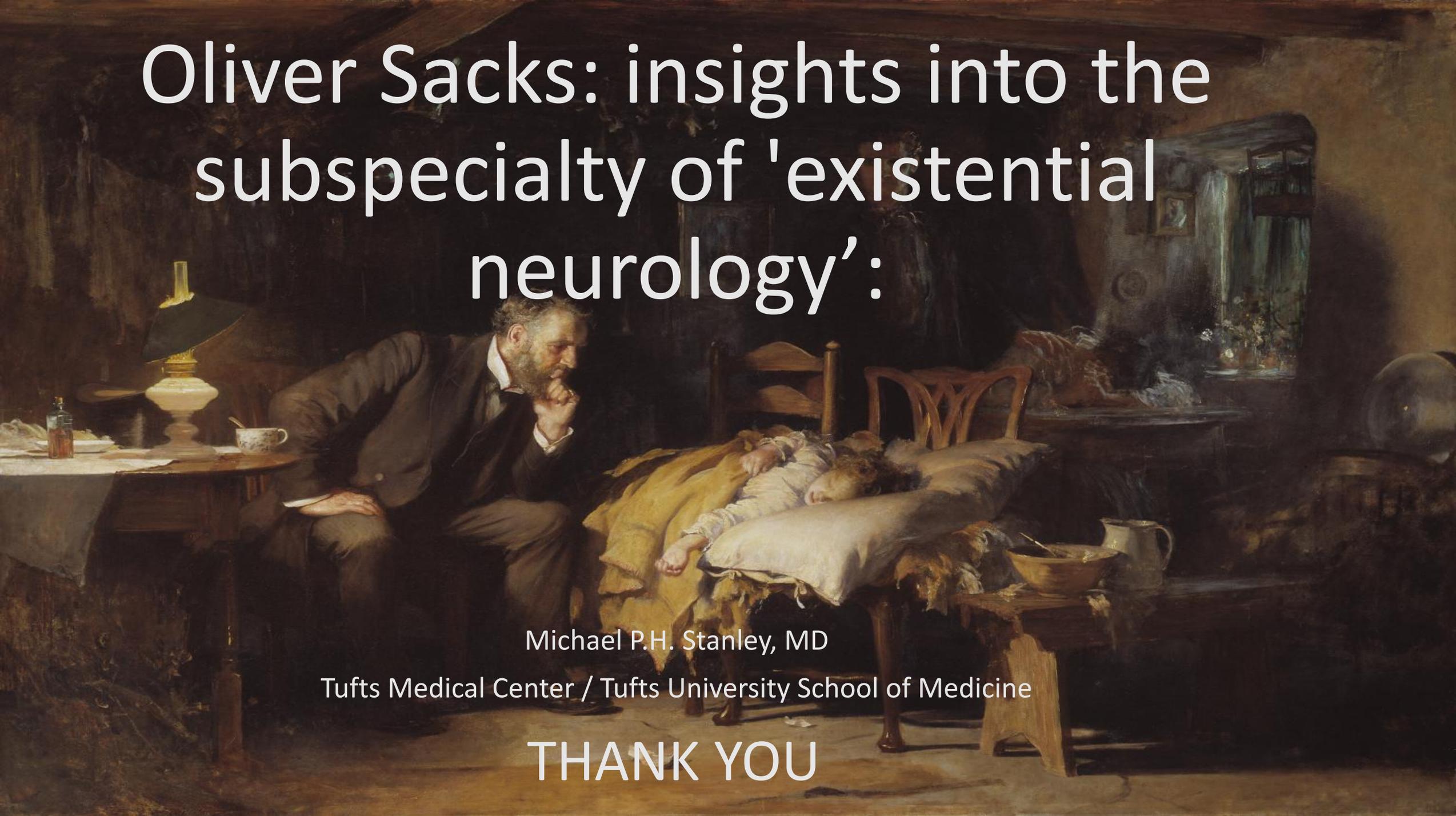










A painting depicting a doctor in a dark, dimly lit room. The doctor, a man with a beard wearing a dark suit, is seated on the left, leaning forward and looking at a patient lying on a table. The patient is covered with a white sheet and a yellow blanket. The room is filled with various objects, including a table with a lamp, a cup, and a bottle, and a window in the background. The overall atmosphere is somber and focused.

Oliver Sacks: insights into the subspecialty of 'existential neurology':

Michael P.H. Stanley, MD

Tufts Medical Center / Tufts University School of Medicine

THANK YOU

“It’s Not Nonsense, It’s Shakespeare”



HOME
EVENTS

**Annals of
NEUROLOGY**

An Official Journal of
the American Neurological
Association and the
Child Neurology Society



OPINION COMMENTARY [Follow](#)

Neuro-Images

Self Portrait – Artist as Patient: An Illustration of Left-Sided Neglect

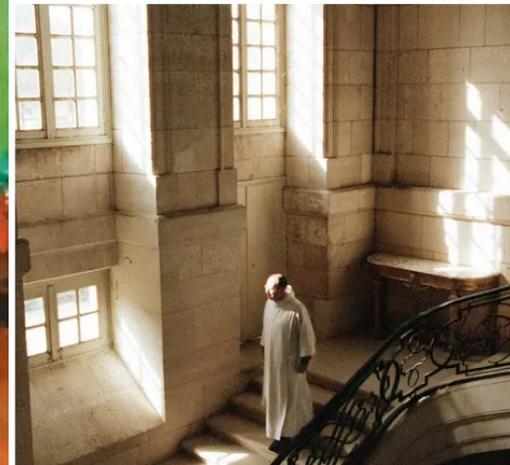
Michael P. H Stanley MD Clifford B. Saper MD, PhD

The Bard on the Ward

‘It’s more nonsense,’ the nurse said of the terminal patient’s scrawled words. They were from ‘Macbeth.’

Art from a mind at sea

Louise’s Parkinsonism didn’t tamp her artistic drive, but exposed the link between perception, thought and creativity



SPIRITUALITY AND RELIGION

A monk showed me that spirituality needs more space in medicine

As a doctor, I’ve seen how brain diseases can become entwined with spiritual pain. Who is responsible for addressing it?

by Michael P H Stanley