

## The man who mistook his wife for a hat

At the World Congress of Neurology in London last June, a highlight of the social program was an opera staged at the famous Lyric Theatre, Hammersmith. The opera, produced by internationally renowned personalities in theatre and in films – Michael Nyman (composer), Christopher Rawlence (librettist), and Michael McCarthy (director) – had the unique distinction of being called the first ever ‘neurological opera’. It was based on the most famous of the ‘strange but true’ case studies in neurology, published by Oliver Sacks in 1985 in his best seller of the same name (1). Dr. Oliver Sacks, a medical graduate from Oxford, is a clinical professor of neurology at the NYU school of medicine in New York, and consultant neurologist to the Little Sisters of the Poor at the Beth Abraham Hospital. This is how Dr Sacks introduces his extraordinary patient, the main character of the story.

“Dr P was a musician of distinction, well known for many years as a singer, and then, at the local School of Music, as a teacher. It was here, in relation to his students, that certain strange problems were first observed. Sometimes a student would present himself, and Dr P would not recognise him; or, specifically, would not recognise his face. The moment the student spoke, he would be recognised by his voice. Such incidents multiplied, causing embarrassment, perplexity, fear, and sometimes, comedy. For not only did Dr P increasingly fail to see faces, but he saw faces when there were no faces to see: genially, Magoo-like when in the street, he might pat the heads of water-hydrants and parking-meters, taking these to be the heads of children; he would amiably address carved knobs on the furniture, and be astounded when they did not reply...

“What seems to be the matter?” I asked him at length. “Nothing that I know of,” he replied with a smile, ‘but people seem to think there’s something wrong with my eyes.’ But you don’t recognise any visual problems?’ ‘No, not directly, but I occasionally make mistakes’.... What a lovely man, I thought to myself. How can there be anything seriously the matter? Would he permit me to examine him?....”

The neurological examination was normal, except for the reflexes which were a trifle abnormal on the left. It was during this part of the examination that the first bizarre experience occurred. Dr S had taken off his patient’s left shoe to test his plantar response and left him to put on the shoe himself, but he had not done this.

“Can I help?” I asked.

“Help what? Help whom?”

“Help you put on your shoe.”

“Ach,” he said, “I had forgotten the shoe”, adding, *sotto voce*, ‘The shoe? The shoe?’ He seemed baffled.

“Your shoe,” I repeated. ‘Perhaps you’d put it on.’

He continued to look downwards, though not at the shoe, with an intense but misplaced concentration.

Finally his gaze settled on his foot: ‘That is my shoe, yes?’

Did I mis-hear? Did he mis-see?

‘My eyes,’ he explained, and put a hand to his foot. ‘This is my shoe, no?’

‘No, it is not. That is your foot. There is your shoe.’

‘Ah! I thought that was my foot.’....

The battle of wits with the neurologist continues....

‘What is this?’ I asked, holding up a glove.

‘May I examine it?’ he asked, and, taking it from me, he proceeded to examine it.

‘A continuous surface,’ he announced at last, ‘infolded on itself. It appears to have’ he hesitated – ‘five outpouchings, if this is the word.’

‘Yes,’ I said cautiously. You have given me a description. Now tell me what it is.’

‘A container of some sort?’

‘Yes, I said, ‘and what would it contain?’

‘It would contain its contents’ said Dr. P. with a laugh. ‘There are many possibilities. It could be a change-purse, for example. For coins of five sizes. It could....’

I interrupted the barmy flow. ‘Does it not look familiar? Do you think it might contain, might fit, a part of your body?’

No light of recognition dawned on his face.

No child would have the power to see and speak of ‘a continuous surface.... infolded on itself’, but any child, any infant, would immediately know a glove as a glove, see it as familiar, as going with a hand. Dr P didn’t. He saw nothing as familiar. Visually, he was lost in a world of lifeless abstractions. Indeed he did not have a real visual world, as he did not have a real visual self. He could speak about things, but did not see them face-to-face.

Dr Sacks records the strange event which gave the title to his book and the opera as follows:

“...He appeared to have decided that the examination was over, and started to look round for his hat. He reached out his hand, and took hold of his wife’s head, tried to lift it off, to put it on. He had apparently mistaken his wife for a hat.”

How does he do anything? What happens when he is dressing, goes to the lavatory, has a bath? The wife explained: ‘I put his usual clothes out, in all the usual places, and he dresses without difficulty, singing to himself. He does everything singing to himself. But if he is interrupted and loses the thread, he comes to a complete stop, doesn’t know his clothes – or his own body. He sings all the time – eating songs, dressing songs, bathing songs, everything. He can’t do anything unless he makes it a song’.

In *The World as Representation and Will*, Schopenhauer speaks of music as ‘pure will’. How fascinated he would have been by Dr P a man who had wholly lost the world as a representation, but wholly preserved it as music or will.



And this, mercifully, held to the end – for despite the gradual advance of his disease (a massive tumour or degenerative process in the visual parts of his brain) Dr P lived and taught music to the last days of his life

In the postscript, Dr Sacks refers to a rather extensive literature on visual agnosia in general, and prosopagnosia in particular (2,3), though so scattered and in so many languages that it is easily overlooked. One of the authors, Kertesz, had mentioned the case of a farmer who had developed prosopagnosia and could no longer distinguish (the faces of) his cows. Another such patient, an attendant in a Natural History Museum, mistook his own reflection for the diorama of an ape!

The opera, in a very sensitive way, depicts the tragedy of Dr P (played by Ketil Hugaas, a highly esteemed oratorio singer and a most popular Norwegian bass singer) who, with the help of his wife (Itziar Martinez Galdos), learns to use his highly developed musical sense as a guide through a visually incomprehensible world. The following opening address by Dr S (Julian Pike), in an atmosphere of a medical conference is a conclusion in itself:

Neurology's favourite term is  
Deficit.  
The word denotes impairment  
Or incapacity of neurological function.  
Loss of language, memory, vision,  
Dexterity, identity  
And a myriad  
Of other lacks and losses  
Of specific functions.

For all these dysfunctions – another favourite term –  
we have privative words of every sort:

Aphonia, aphemia, aphasia, alexia, apraxia, agnosia,  
amnesia, ataxia.

A word for every specific

Neural or mental function

Of which patients

May find themselves deprived.

Deficit

Loss

Everything that patients aren't. And nothing that they  
are.

Such language tells us nothing

About an individual's history.

It conveys nothing of the person

And the reality

Of facing disease

And struggling to survive it.

To restore the human subject

At the centre...

The suffering, afflicted,

Fighting

Human subject...

We must deepen a case history

To a narrative or tale.

Only then do we have

A *who*

As well as a *what* – a patient in relation to disease – a  
real person.

## References

1. Sacks O. *The man who mistook his wife for a hat* 1986; London: Picador
2. Macrae D, Trolle E. The defect of function in visual agnosia. *Brain* 1956; **79**: 94-110.
3. Kertesz A. Visual agnosia: the dual deficit of perception and recognition. *Cortex* 1979; **15**: 403-19.

Nimal Senanayake, Senior Professor of Medicine, Faculty of Medicine, University of Peradeniya. (e-mail: nimalsen@slt.lk)