This article explores three interlocking ideas: first, that neuroscience has a basis in detective fiction; second, that this consists of a common ritualistic association; and third, that neuroscience now purports to improve on and replace society’s epistemologically and morally outmoded or failed rituals – including that of detective fiction. However, neuroscientific reason’s identification of societal faults is itself based on techniques borrowed from the literature upon which it claims to improve. Thus neuroscience convolves: in a necessarily literary way, it creates and sets itself the task that it innocently claims to have discovered, and that needs to be solved.

Preliminary evidence of detective fiction’s influence on science is provided by eminent neuroscientist V.S. Ramachandran’s book *The Tell-Tale Brain*, whose title puns on detective fiction pioneer Edgar Allan Poe’s short story ‘The Tell-Tale Heart’. Within, Ramachandran clearly suggests where his scientific, methodological predisposition originates: “You know my methods, Watson,” says Sherlock Holmes before explaining how he has found the vital clue. And so before we journey any further into the mysteries of the human brain, I feel that I should outline the methods behind my approach.”1 If said predetermined methods are good enough for literature’s most celebrated, most perceptive detective, they also must surely suit
the brain’s “mysteries”. Also writing of Holmes, James and John Kissane claim that in probably his most famous tale,

[the detective-hero has a genuine adversary, but it is another intellect as human, and almost as scientific, as his own. The effect which *The Hound of the Baskervilles* so solidly achieves—a genuine intellectual adversary is another intellect as human, almost as scientific, as his own. The effect which *The Hound of the Baskervilles* so solidly achieves—an effect perhaps fundamental to the detective story genre—is therefore a ritualistic one. It possesses the characteristic quality of the predictable result whose achieving brings a special satisfaction [...].

Kissane and Kissane directly equate Holmes and the entire detective genre with both ritual and science, normalising the spuriously supernatural canine of that particular novel’s title to the domain of the familiarly, knowably “human”. The ‘predictable result’ mentioned is redolent of scientific experiment and its tenets of logical hypothesis and demonstrability, but it goes further here, producing a ‘special satisfaction’—fact-hunting is actually pleasurable, and furthermore, ‘fundamental’, an exercise in obviousness, reason and repetition which is invaluably necessary to human life. However, Kissane and Kissane also point out that ‘if the effect of ritual is reassuring, there must of course be some need for reassurance. [...] Certain details of the novel give a suggestion that civilization itself has at best a precarious hold upon its hard-won position.’ Holmes may be reasonable, but the rest of the world is decidedly less so. Although Kissane and Kissane make the case that medical man Sir Arthur Conan Doyle used this tension ‘to dramatize a struggle of scientific reason against superstition and irrationality,’ there is a sense this dramatisation sates the need for reassurance rather than doing away with it. In Doyle’s oeuvre, reason becomes the ritual, not its opposite, and the scientific mind uses detective fiction’s neatly self-enclosed
format to show rationality’s superiority had always already been the case.

Indeed, it is all a question of “case”. The OED, in the 6th sense listed for the noun ‘case’, defines it as ‘the actual state of affairs; the way things stand’, before the 7th sense ties it to all things legal and mentions ‘an incident or set of circumstances under investigation by the police or a detective.’ While detective work, whether fictional or in “real life”, presents itself as a mystery, the unquestioned assumption is that there is a clear, undisputable truth behind this which structures the “case” itself and allows it to even exist at all. It is interesting, then, that the OED’s 8th sense for the noun ‘case’ relates it to the realm of medicine, as in ‘the condition or state of a person receiving or requiring medical treatment; clinical condition. Also: the account of the symptoms and other details of an illness given by a person.’ In this latter, the conflation of the ‘account’ of symptoms and details with the actual ‘condition/state/illness’ itself once again illustrates how a ‘case’ both hides and reveals. There is a ready parallel between the ‘incident or set of circumstances’ in the legal sense and the ‘symptoms and other details’ in the medical; both require investigation, both have a truth at their core which is equivalent to the story of this investigation, both have a “case” history and yet still have a “case” to answer.

The narrativised nexus of the medical and legal “case” has also been recently remarked by neuroscientists Peter Kempster and Andrew Lees, who write: ‘Neurologists publish case histories that generally take the form of solved mysteries. Like conventional detective stories, they are reassuring, affirming the belief that even obscure neurological maladies can be diagnosed.’ Again, the ‘reassuring’ aspect of ritual is highlighted, with ‘conventional’ procedure leading to pre-established outcome. ‘Mysteries’ paradoxically ‘solved’ in advance, the potentially identity-skewing, function-threatening bizarreness of neurological conditions are reduced to
commonplace biological truths. Like Kissane and Kissane, Kempster and Lees also ‘investigate the power of the neurologist’s alter ego, Sherlock Holmes […]’, identifying him directly with best-selling author and neurologist Oliver Sacks.8 The investigation of ‘cases’ is thus evidently assigned as much to neurologists as detectives. The detective yarn and neuroscience, both taking recognisable shape in the mid-to-late 19th century and swiftly expanding throughout the 20th, are now ubiquitous; but where the former is designated a fanciful conceit of the culture industry, the latter now promises to ‘reassuringly’ reveal as already ‘solved’ even the greatest ‘mysteries’ of the brain, this part of the human anatomy which is rapidly coming to define selfhood itself.9

This tipping of the scales in neuroscience’s favour can be observed in recent US television series Perception (2012–2015). Protagonist Dr Daniel Pierce is an eccentric but virtuosic American professor who lends his neuropsychiatric skills to the Federal Bureau of Investigation to help solve various complex crimes. Pierce is therefore simultaneously a neuroscientist and a detective, conveniently combining a mercurial, brilliant Sherlock Holmes character with the specialized medical expertise of a Dr Watson. The show’s premise is complicated further by the fact that Pierce, as if his plate were not full enough already, is also a regularly hallucinating schizophrenic – but rather than hampering his abilities as a teacher, researcher or investigator, actually these ‘revealing visions help him uncover what lies beneath conscious emotion.’10 The idea driving the narrative is that Pierce’s delusions somehow allow as much, if not even more access to what is “real” as anyone else’s orthodox, non-hallucinatory experiences. At once neuroscientific diagnostician and patient, Pierce dissolves the boundaries between the subject and object of investigation. Thus the ideal detective, Pierce has multiple levels of insight into the human mind – the uncannily astute, the academically trained and the inherently empathetic – even when the mind in question apparently goes wrong.
Which, as the series progresses, comes to happen quite often. Each episode showcases some interesting neurological condition: prosopagnosia (or “face blindness”), autism, Capgras delusion (where sufferers claim close friends or relatives have been replaced by impostors), epilepsy, and so on. The show’s dramatic success turns on how conditions like these demand a reassessment of objective reality, and by extension the legal system stemming therefrom. Legal authority, it is implied, is nothing without neuroscientific discourse to back it up, neuroscience being the highest form of knowledge around. This series-defining idea, that what is “real” is up for debate and currently neuroscience is winning this debate, is foregrounded in the opening moments of *Perception*’s first episode. Dr Pierce is leading a discussion in a lecture hall full of students, and asks:

“What is reality?” [show of hands – Pierce points one out] “Hippy guy.”

“The observable universe?”

“Suppose that answer might fly in the Physics department but this is neuroscience. Who’s got the brains to give me an answer relating to the brain?” [Pierce points to another raised hand] “Ironic t-shirt.” [laughter]

“Reality is exactly what we see and hear instead of what we fantasize about or dream, or, you know, maybe hallucinate.”

“Ahh, hallucination. There’s an answer I would have expected from hippy guy.” [laughter] “Sex, drugs and rock and roll, right?” [laughter] “OK, now here’s something that’s really going to alter your consciousness: reality is a figment of your imagination. Who here hasn’t woken up breathless from a nightmare and thought ‘Oh thank god it’s just a dream’? That’s because the neurochemical impulses fired when we’re
dreaming, or fantasising, or hallucinating are indistinguishable from the ones banging around inside our skulls when we actually experience those events. So. If what we perceive is often wrong, how can we ever know what’s real – and what isn’t?”

With this final note on the unreliability of human perception, the lecture hall appropriately fades into the series title, focusing on the ‘c’ of ‘perception’ in a play on ‘to see’. In this opening, Pierce establishes the contemporary authority of neuroscience – the ‘Physics department’ might have been fashionable and influential in the previous century, but in the 21st, ‘reality’ is decidedly the brain expert’s domain, the one who truly has ‘brains’. Pierce’s humorous but knowing assertion that ‘reality is a figment of your imagination’ is a cryptic forewarning, as soon after he is revealed to suffer the hallucinations he seemingly equates with ‘reality’ in his neuroscientifically-inflected critique of perception. Like all good detective fiction, it is a clue allowing the viewer to participate in the ritual of investigation, but across as well as within episodes – to uncover the broader neuropsychiatric mystery of the schizophrenic neuroscientist-cum-detective at its centre, and broader still, the ultimate vaunting of neuroscience as detective work itself.

Despite Perception’s convoluted premise, Dr Pierce maintains some semblance of an ordinary life by sticking to a strict routine, implemented by his confidant assistant Max Lewicki. This is supposed to balance his work, diet, home-life and so on, and thus minimizes the occurrence of his intrusive hallucinations. However, fate takes another neurological twist when Pierce’s estranged father is diagnosed with Alzheimer’s disease and the two are forced to live together, threatening to upset Pierce’s precious work/life balance and his sanity. Desperate to get away, he jumps at any chance to help close friend and FBI agent Kate Moretti; though the increased stress presumably puts him at risk of decompensating, for Pierce
working with the FBI serves as a more potent form of Lewicki’s stabilising routine. It functions as a therapeutic ritual of reason where Pierce symbolically restores internal order by solving external puzzles, while also apparently deploying his schizophrenia in a focused and useful manner – in a type of doubled mimesis where delusion aids reason aids delusion, Pierce’s hallucinations adapt themselves to the details of each neurologically-themed case, actually helping him investigate before benignly dissipating. The therapeutic capacity of this ritual to Pierce’s triple role as detective, neuroscientist and patient is made evident in Season 3, Episode 5. Moretti has approached Pierce with an apt case, the bizarre death of neuroscientist Landon Jennings, just as Pierce is anxious to leave his house and his increasingly challenging father. When Moretti notices his home-life seems amiss, Pierce steers the conversation away from her inquiries:

“Anything you want to talk about?”

“Yes, I want to talk about the case! You brought it to me because the victim’s a neuroscientist?”

“I brought it to you for the same reason the [...] police brought it to the FBI – it doesn’t seem possible. Whoever killed Jennings got in and out of a secure safe room and then vanished into thin air.”

“A locked door mystery. Thank you. I feel better already.”12

Enthusiasm for the case eases Pierce’s mind regarding his own problems. The greater the case’s difficulty, the greater this enthusiasm, and the more his own “case” has been treated. Therefore the ostensibly impossible scenario Moretti presents him is of utmost satisfaction and therapeutic value. Pierce represents neuroscience’s value to detective work; but he also implies detective work’s value to neuroscience – and even to
clinical neurology, making a patient actually “feel better” – by tipping his hat to the history of detective fiction, and explicitly acknowledging this ‘locked door mystery’.

Covering approximately the mid-19th to the mid-20th century, detective fiction’s central figures go from Edgar Allan Poe’s ratiocinating Dupin, through Sherlock Holmes, to various sanitized parlour-room sleuths (as in Agatha Christie), and the hardboiled backlash typified by Raymond Chandler’s iconic creation, Philip Marlowe. It is about this point that screen detectives really became prevalent, as film noir and related genres arguably hit their peak, and the writing of detective fiction began to pertain as much to celluloid as print. The textual detectives of the historical trajectory above either gave way to or themselves joined the burgeoning ranks of screen sleuths. Then, more than half a century of variations later (including police procedurals, true crime exposés, and so on), Dr Daniel Pierce the fictional detective comes with more baggage than just his schizophrenic delusions. If the detective figure has been considered a preternaturally intuitive expert on human behaviour, Ronald R. Thomas nevertheless writes that ‘conventions of the form generally require the detective to explain what seems to be his uncanny act of second sight as the simple application of a technique, or even a technology, to the variables of the present occasion.’ When making accurate snap judgements on opaque characters and events, or on truth and justice, the methods and fruits of science, that is, ‘technique’ or ‘technology’, count above the law of the land. The law’s discursively-appended machinery, such as the medical judgement of the psychological community, occupies a grey area, as often suspected as trusted. Neuroscience has usurped and improved upon this position of the traditional psychological sciences, and in Perception, how this relates to detective work is depicted as a simultaneously technological and epistemological issue.
In Season 1, Episode 3, the plot hinges on a severe case of post-head-trauma anterograde amnesia. Lacey, survivor of a 1986 spate of murder-kidnappings, unwittingly suffered a head injury which rendered her unable to produce new memories. Utterly confused and “stuck” in 1986, after her escape Lacey was tragically misdiagnosed as dangerously delusional and kept continuously sedated and institutionalized ever since. Having originally sought her testimony to help solve a resurgence of the serial killings, Pierce decides to redress this additional injustice. Taking Lacey for a brain scan, he comments to Moretti:

“Right there, significant accumulation of hemosiderin, old haemorrhaged blood.”

“Meaning what?”

“Lacey suffered a traumatic brain injury at the time of her abduction […].”

“How come nobody noticed this back in 1986?”

“They didn’t have this technology so they just drugged her, assuming it was a psychiatric problem, and they kept drugging her.”

“OK, now how does this [scan] help us?”

“It gives us a diagnosis… and a plan.”

A bygone authority is doubly critiqued here. Modern neuroscience’s technologically superior knowledge allows Pierce and Moretti to re-diagnose a grave medico-psychological error, but also gives them a new ‘plan’ for approaching crimes unsolved by a previous generation’s legal establishment – to interrogate their star witness, they do not treat Lacey as mentally unstable, but as a 17-year-old, trapped in that age as she is by her memory. The inadequacies of the former epistemological regime are framed as bordering on criminal, almost worse than the serial murders themselves; technological, neuroscientific
advances are thus aligned with an urgently necessary recalibration of justice.

Palpable here is a blossoming cultural confidence in the authority of neuroscience to identify truth where legal and medical discourses have failed. However, the relationship between fictional detectives and neuroscience is not as simple as it seems. This is appreciable in the examples cited from *Perception* so far: on the one hand, modern imaging technologies coupled with Pierce’s neuroscientific expertise are used to supplant outmoded investigative techniques (as much as to solve cases), and thus claim privileged access to “reality”; on the other, Pierce brings into question the very possibility of that reality, this questioning itself complicated by his own neuroscientifically analysable set of delusional behaviours. The writers of this detective fiction at once place their trust in the workings of brain science just as they undermine this trust. Providing dramatic tension and scope for characterisation, this type of central self-contradiction is in itself nothing new. For example, Sherlock Holmes’s notorious penchant for cocaine seems contrary to his otherwise impeccable rationality; Dr Watson has no qualms telling him his ‘brain may […] be roused and excited, but it is a pathological and morbid process, which involves increased tissue-change and may at last leave a permanent weakness.’ But as much as the detective genre is manipulated and turned on its head in order to find its limits, so too neuroscience is fictionalised or dramatised in an attempt to comprehend its consequences. If Dr Daniel Pierce represents the fictional aspect of this process, then Dr Oliver Sacks provides the “real life” dramatisation of neurological case studies, where the ritual of reason provided by the detective model can truly have an impact.

During a longstanding and seemingly evergreen career, neurologist Sacks has combined his clinical duties with a growing body of written work. While not at all divorced from his everyday experiences as a practising doctor, his writing is
mainly not the typical scholarly, journal article fare one might expect from a medical man. Instead, across books such as *Awakenings* (1973), *The Man Who Mistook His Wife for a Hat* (1985) and *An Anthropologist on Mars* (1995), Sacks has straddled the supposed divide between his authorial and medical roles and developed the self-styled “clinical tale”. Though at first this generic neologism might appear self-contradictorily problematic, it has nevertheless proved successful enough a blend to prompt *New York Times* editor and literary critic Anatole Broyard into dubbing Sacks ‘a kind of poet laureate of contemporary medicine.’ Indeed, this oft-reformulated yet chimerical description of Sacks – ‘the poet laureate of medicine’ – sums up the perhaps paradoxical nature of his writing, where “clinical tales” are offered up in the name of “poetic medicine”. Not only is ongoing use of Broyard’s enigmatic hyperbole rarely accredited to him personally, but the 2011 edition of Sacks’s *The Man Who Mistook His Wife for a Hat* no longer includes the author’s preferred phrase ‘Clinical Tales’ as a subtitle, while the phrase itself only makes one brief appearance in the preface. The reasons for this omission are unclear, especially considering Sacks’s 8-page justification for just such a subtitle, and even an entire genre, in the 1986 issue of journal *Literature and Medicine*:

I have subtitled a recent book “Clinical Tales,” a term which might seem wilful oxymoron to some; to me it seemed entirely natural, indeed, unavoidable, for the sort of narratives I presented. But what is meant by the term? And what relation has it to “case history,” on the one hand – and to “literature,” on the other?

Such tales are “clinical” insofar as they have a factual, clinical basis, and lend themselves to a clinical or medical analysis. And they are “tales” insofar as they have a subject – and a theme – neither of which is possessed by a description or case history.
“Clinical tales” cannot be reduced to mere case histories, but neither are they simply allegorical writing. Sacks continues by dramatically asserting that his ‘unavoidable’ and ‘entirely natural’ recourse to “clinical tales” actually involved being ‘forced to’ take up this ‘elemental form’.21 Perceptible here is a clear alignment for Sacks of the given, the normal, with the destined, the inevitable, meaning that he sees “clinical tales” as normative, a form of natural generic law. The rest of the article is a considered yet ardent rationale for the seamlessness between “case history” and “literature”, betraying Sacks’s belief that this will be the main component, or angle, of the criticism levelled at him for the coinage of “clinical tales”, or for his style in general. Though he is quick to admit his lack of bona fide literary credentials, Sacks is at pains to stress the centrality of personal narratives, not just to patients, but to doctors, to writers, and to anyone else in between, such as himself or his cherished hero, the Russian pioneer of neuropsychology Alexander Luria.

Sacks’s espousal of “clinical tales” informs his much-noted personal style just as it provides the urgency impelling him to elaborate a genre based on his own medical experiences (including at times as a patient, mirroring Dr Pierce’s complicated multiple role in *Perception*).22 Speaking as much about himself as his patients, Sacks insists on the importance of subjectivity to what he calls ‘one’s “world” (the integration of one’s nervous system, one’s mind, one’s self).23 As any such existential realm, or so-called “world”, will eventually require some kind of mapping, Sacks continues by comparing patients’ accounts of their movements within their own “worlds” to the genre of travel or exploration narratives. This leads him to once again admit his wide-ranging debt to Luria – both in terms of clinical outlook and literary style: ‘Luria was always fond of comparing scientific investigations to detective stories (he had a great passion for these!), and the explorations of patients to both: “Mystery Tales,” he would say of all three. For one cannot, as a reflective human being, be precipitated into illness without finding one’s new condition or situation a problem’.24
Taking Luria’s lead, Sacks fashions himself as a detective, a solver of problems and interpreter of mysteries; but these problems and mysteries extend beyond simple medical analyses of patients and on into the realm of self-consciousness, where the true revelation to be sought might be one’s very self.

Quoting Nietzsche on how the problems (in the purposefully ambiguous sense of both questions and difficulties) involved with being a patient are always trumped by a boundless curiosity, Sacks acknowledges that such a philosophical engagement with their own particular situations might not be to all patients’ tastes or capacities. Regardless, he points out that all patients are thrown into a [...] “philosophical emergency.” For any alteration in one’s world, especially a deep and singular alteration, must present itself to the patient as a problem or challenge […]. Equally, every such patient is thrown into a “tale,” a real-life narrative or drama, whether he knows it, or likes it, or not. He is thrown into the problematic, and thrown into the dramatic […]. And the problematic and the dramatic are fused together, so he finds himself playing the central (and sole) role in a philosophical or symbolic drama.25

At the very least it is Sacks’s tone here that is ‘dramatic’ once more: the compelling nature of the ‘emergency’ he speaks of lends his prose an inevitability which reflects the plight of patients in the mirror of his chosen writing format, creating an equivalence at the philosophical, theoretical level. If Sacks has been “forced” into writing clinical tales as mentioned, this is because, in an inversion of his own quandary on how to present his materials, those he writes about have just as much been ‘thrown’ into a fusion of the profound personal change that they have experienced (potentially both physically and mentally), and the story of that very change itself. In proposing this fusion
Sacks implies a parallel between his case studies and the real people on whom they are based, as he considers this method of viewing patients a fruitful way of bringing closer together first and third person accounts of existence. To appreciate properly the experiential, theoretical and private fusion, one must combine the analytic and investigative tools of detective, writer and clinical neurologist in a practical, written fusion, open to objective scrutiny.

To recap, when a ‘philosophical emergency’ causes a profound ‘alteration in one’s world’, this ‘tale’, this ‘real-life narrative or drama’, poses a ‘problem or a challenge’ whose resolution requires analysing the tale itself (that is, the change to a patient and its resultant philosophical ramifications). In essence, Sacks advocates a type of neurological detective work, illuminating the murky features of the human condition by investigating its more interesting instances, neurologically speaking. But it is his artistry in writing up (and of course firstly selecting) these instances that chiefly makes them so interesting. What Sacks’s books really reveal is mostly about himself, his predilections as a reader and a writer who just happens to also be a neurologist, and his repeatedly avowed intention (a la Luria) to rehabilitate two relatively unfashionable things: firstly, the notion of a Romantic Science which paints a more accurate and more accommodating likeness of human nature; and secondly, to salvage the central concept of “self” which has been squashed by science in its onward march through cultural life. The way that Sacks’s “self”-recuperating scientific detective work is conducted is modelled on the literary genre that bears its name – a genre which, just like the subjects of Sacks’s projects, requires at base a problem to be solved in order to be effective, instructive or at the least intriguing. A detective needs something to investigate. Otherwise, one cannot truly be called a detective in any sense of the word.

Of course, one could simply decide to investigate anything and call it detective work – so long as the object of
investigation can be shown to be problematic enough, again in both the sense of difficulty and curiousness, to be deemed worthy of investigation. One of the best ways to narrativise even the most quotidian of mini-mysteries is to marry it with the literary aspects of detective fiction: a missing sock becomes a mysterious and long-lost item which has puzzled great minds for ages, a secret ingredient is the future of all cooking and its obfuscation a crime of proportions to match any other. The purpose of these undoubtedly unlikely and trivial examples is simply to demonstrate that accessing this literary quality allows investigation of the everyday to become a matter of potential intrigue, a ritual bestowing symbolically-charged status upon even the least important minutiae of life. It is this access to the literary in his neurological writings that has specifically allowed for Sacks’s success. Fellow neuroscientists Peter Kempster and Andrew Lees make the case yet more plainly:

Oliver Sacks is the most widely read neurologist physician-writer, and his books belong with a broader heritage of medical literature. [During the 19th century] medical writers [discerned] that the narrative methods used by novelists could help to organise and connect information in clinical accounts. One source of Sacks’ success has been his ability to draw on these latent literary properties by writing books that consist of anonymised neurological case histories. In many of them, Sacks gives himself the role of detective – observing, gently questioning and sometimes searching out clues in the streets or in the homes of his patients.26

In this portrayal, Kempster and Lees have Sacks going beyond the medical exam, the clinical case history or even the novelist’s narrativisation of events – his detective work, spurred on by a deep appreciation of the literary genre confirmed through correspondence with Sacks himself,27 extends past the
consulting room or written page and spills out onto the ‘streets’ and into the ‘homes’ of those under investigation.

As his star has risen, cases have in fact been brought to Sacks from outside his own pool of patients, permitting his philosophical concerns to also spill out from the rehabilitation of the medical self onto broader theoretical, cultural and scientific issues – but still under the aegis of a well-orchestrated detective’s investigation. A good example is Sacks’s 2010 article for the evocatively titled ‘A Neurologist’s Notebook’, his longstanding occasional column for *The New Yorker* magazine. This article is called ‘A Man of Letters’ and is subtitled ‘Why was the morning paper suddenly in a foreign language?’ From the outset this subtitle poses a question, or problem, concisely mystifying the quotidian aspect of the morning paper to the level of intrigue. The defamiliarisation of something so ordinary makes investigation seem utterly necessary and inevitable, and so the ritual of reason supersedes and interjects into the ritual of the everyday mundane. The article is about the eponymous ‘man of letters’, writer Howard Engel, and his post-stroke development of a reading disorder called alexia (essentially translatable from its etymological roots as ‘without words’). Again, the problem is not simply summarized in the article’s title, but set up by it, announcing the loss of selfhood in advance: first we are told the article concerns a person who deals with words, and next that words can fail us at any moment. From here the bulk of the article covers the history of alexia and related afflictions, the complicated relationship between evolution and brain plasticity, and the philosophical issues raised by alexia. However, all this is tackled in light of the basic premise: a man of letters who is missing his letters. How one person’s loss of identity relates to the larger picture is precisely the challenge that Sacks the author-detective sets himself by framing the story this way, and though discernible throughout, this is most clearly appreciable in three places which simultaneously obscure the subtext of how neurological
detective work is intimately tied to notions of literariness and writing themselves.

The first instance is in the article’s opening lines, which read like a postmodern, self-referential piece of detective fiction: ‘In January of 2002, I received a strange letter from Howard Engel, the Canadian writer who created the Benny Cooperman series of detective novels. One morning a few months before, he had got up feeling fine. He dressed and made breakfast and then went to the front porch to get his newspaper. But the paper on his doorstep seemed to have undergone a transformation’. As discussed above, suspense is provided by the juxtaposition of run-of-the-mill, everyday rituals, with the pre-provided knowledge that something ‘strange’ is about to intrude. In the midst of this comes explicit mention of detective novels and their fabricated nature. This creates a connection between detective writer Engel and article author Sacks, this latter presenting his (ostensibly unfabricated) material in Engel’s own generic idiom. The newspaper then intercedes here, and permeates throughout, as a powerful, symbolic way of negotiating all of these implicit relationships, even forming the visual basis for the article’s graphics. While in Engel’s world the intellectual stability and ritualised literacy represented by the paper has ‘undergone a transformation’ of Kafkaesque proportions, Sacks reconciles the strange and the ordinary through his own investigation, reinstating the missing authority of the written word and explaining away the mysterious newspaper. Ironically perhaps, given his incumbent alexia, Engel first writes to Sacks after reading about a case similar to his own elsewhere in Sacks’s oeuvre. For Engel, this cements Sacks’s medical detective pedigree, reinforcing Sacks’s general authority as expert interpreter of Engel’s own situation, regardless of its “clinical tale” specificity.

Instead, a wider discussion of neuroscience and psychology develops, with the goal of summing up the clues gathered and illuminating alexia’s philosophical implications on
a larger scientific scale. This conclusion is staged by Sacks in two parts towards the article’s end. Having gone through the rest of Engel’s case – the months of diagnosis, tentative treatment, and eventual reintegration into something resembling the pre-stroke course of his life – Sacks neatly brings the postmodern self-consciousness of the piece’s opening full circle. Though unable to read, Engel’s particular alexia allowed him to write and thus resume his life as a ‘man of letters.’ After the initial anguish had mostly subsided, Engel’s writer’s brain simply took charge once again, and he ‘[reintroduced] his alter ego, the detective Benny Cooperman, but it would be a Cooperman transformed: the great detective, waking in a hospital bed, finds himself not only alexic but amnesiac as well. His powers of inference, however, are intact, and enable him to stitch together disparate clues, to figure out how he landed in the hospital and what happened in the mysterious few days he can no longer remember’. Engel directly uses his own extraordinary experience to refashion his protagonist and continue his writing career, and in aligning himself with his detective character, it seems only fitting Cooperman’s object of investigation should be himself, dramatically mirroring what Engel went through to “rediscover” his literacy. It is a matter of art imitating life imitating art, and Sacks attaches himself to this convoluted structure as the neurologist detective who deciphers the case’s problems, which of course he had pointed out were underlying questions all along: ‘Howard Engel is still alexic, but he has found a way to remain a man of letters. “The problems never went away,” he writes, “but I became cleverer at solving them.” That he was able to do so is a testament to the adaptability of the human brain’.

So too has Oliver Sacks become cleverer at solving problems, the newfound awareness of which makes them appear to have been perennial. Sacks has not dispensed entirely with specifically personal involvement in his medical “cases”; upon his 2007 appointment to a more interdisciplinary role at New York’s Columbia University (where his title was simply
that of resident ‘Artist’), he made it clear that ‘his clinical work
would remain a focus, not least because it inspires so much of
his writing.’32 But it is evident that writing now greatly inspires
his clinical work, expanding the scope of the ritual of reason. By
incorporating stories such as Howard Engel’s into his repertoire,
one where Sacks’s secondary investigation merely followed the
primary detective work of Engel and his team of doctors, Sacks
claims authority over a greater swathe of human knowledge and
expertise than before. Having rescued the individual self in his
earlier work, later writings move to a wider concern for
humanity – a movement from the peculiarities and mysteries of
one person’s brain at a time to the much more general
‘adaptability of the human brain’ writ large. The implication is
that neurological detective work, through the growth in
popularity of the initially tentative and niche format of the
clinical tale, now stakes a claim over a larger terrain than just
some occasional neuro-quirk on the landscape. Despite deriving
its methods and force from genre fiction, the authority of the
neurological detective has come to outstrip that of his or her
largely under-acknowledged literary forebear.

Notes

1 V.S. Ramachandran, The Tell-Tale Brain: Unlocking the Mystery of

2 James Kissane and John M. Kissane, ‘Sherlock Holmes and
The Ritual of Reason’, Nineteenth-Century Fiction, 17.4 (March

3 Ibid, pp. 360–1.

5 OED Online, ‘case, n.1’ (March 2015).  

6 Ibid.


10 As noted on the back cover of: Perception, ‘The Complete First Season’ [on DVD] (ABC Studios, 2014). Transcriptions of dialogue from the series are all my own.

11 Perception, Season 1, Episode 1, on ‘The Complete First Season’ DVD (2014).

12 Perception, Season 3, Episode 5.  
<http://www.amazon.co.uk/gp/product/B00OMBA71K/ref=dv_dp_ep5> [accessed 13 April 2015].


As of 13 April 2015, neither Sacks’s personal webpage (www.oliversacks.com) nor the University of Warwick where Sacks is a visiting professor (http://www2.warwick.ac.uk/newsandevents/events/distinguishedlecture/oliversacks/), mention Broyard, instead anonymously citing The New York Times.


Oliver Sacks, ‘Clinical Tales’, Literature and Medicine, 5 (Jan 1986), pp. 16–23 (p. 16; emphasis from original).

Ibid; emphasis from original.

For example, Cf. Oliver Sacks, The Mind’s Eye (London: Picador, 2010); or A Leg to Stand On (London: Picador, 2012 [1984]).

Sacks 1986, p. 18; emphasis from original.

Sacks 1986, p. 19; emphasis from original.

Sacks 1986, p. 20; emphasis from original.

Kempster and Lees 2013, p. 374.

Ibid.


Ibid.
30 Ibid, p. 28.
31 Ibid.